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# Alcohol Consultation Research

Mixed Methodological Research

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# 1. Executive Summary

## Public Consultation

- A 7 minute online questionnaire was used to collect data from members of the public and there were 91 responses.
- 37% of the sample said that within the last 6 months they never or rarely consumed alcohol, though over a tenth (14%) had typically had alcohol 4 or more times a week.
- The majority drink between 1 and 4 units of alcohol on a typical drinking day (62%), while a tenth (11%) drink 10 or more units.
- Respondents were relatively aware of Government advice on the maximum number of units of alcohol that should be drunk by both men and women per day.
- Fairly low proportions (24%) of men and women (17%) admitted to drinking more than their recommended maximum intake of alcohol more often than once a month.
- There were high levels of awareness of the health consequences of alcohol consumption, particularly liver disease (96%).
- Alcohol consumption is strongly associated with negative social impacts, particularly anti-social behaviour (91%), domestic abuse (89%) and assaults and violence (87%).
- Around half of the sample had experienced, observed or been affected by alcohol related anti-social behaviour in Dudley (52%) or by underage drinking (51%).
- The most commonly experienced health issues as a direct result of alcohol consumption were risky sexual behaviour (12%) and becoming overweight (10%), though three quarters (75%) had never been affected by any such issues.
- Reducing all types of alcohol related issues and problems were seen as priority and alcohol education for children and young adults was considered to be the most important strategy, though respondents were positive about all possible forms of action.
- Services that would be recommended to a friend or family member in need of alcohol support were the GP (56%), alcohol treatment centres (46%) and Alcoholics Anonymous (43%).
- 64% were aware of alcohol treatment centres in Dudley, primarily Aquarius (66%).

## Service Providers

- Four 45 minute depth telephone interviews were undertaken with managers of the 4 alcohol treatment services offered across the Borough.
- It is clearly essential that alcohol services are flexible and tailored towards the specific needs of the individual dependent upon factors such as the level of dependency, emotional support available and mental and physical health.
- Service providers believe that their outcomes are good but their audience can be difficult to work with and people have to want to help themselves.
- Improvements that could be made were broad and include family interventions, better integration of teams communication, more ring fenced detox hospital beds, long term support for recovering addicts, peer mentoring, back to work interventions, audit tool development and greater recognition of the strong association between alcohol and drugs.

- All of the 4 Service Managers interviewed agreed that alcohol misuse was an issue in Dudley and immediate reference was made to the negative impacts of binge drinking, alcohol use amongst young people and to “*hot spots*” such as Stourbridge.
- Anti-social behaviour, assaults, violence, domestic abuse, family breakdown and hidden harm were all felt to be strongly associated with alcohol misuse in Dudley. In contrast, respondents were generally unable to comment on the association between alcohol use and accidents and knife crime and homelessness were not felt to be key issues.
- Service providers felt that priorities relating to health and the reduction in A&E attendances and hospital admissions were key as was tackling underage drinking and violent crime.
- Service providers feel there is a need to spend more money, to increase awareness of the issues relating to alcohol misuse within partnership organisations, more education, preventative measures and more collaborative working.
- The strategies considered to be the most important were those relating to underage drinking and training and education (young people, NHS staff and pubs and clubs).
- Other priorities discussed include “*treatment for young people*”, the need to be “*hard hitting*” and the importance of building “*rapprochement*” and developing relationships.
- Positive comments were made in relation to the current relationships with the Alcohol Commissioners and respondents felt that there was a need to maintain current close relationships and to ensure honest and open communication.
- Feedback from service users was considered important and is collected in a variety of ways including both paper and online questionnaires and informal user forums. Many ways in which feedback had been used to implement change and make improvements were discussed.

## Service Users

- Only 18 service users completed the hard copy questionnaire and therefore this data should be interpreted with caution.
- Service users struggled to identify the maximum number of units that should be drunk per day according to Government advice.
- There were fairly high levels of awareness of the main health risks associated with alcohol e.g. liver disease and high blood pressure.
- Stronger associations were made between alcohol and negative social impacts such as homelessness, anti-social behaviour and assaults and violence.
- The priorities considered to be the most important were those directly related to harm such as alcohol related anti-social behaviour, violent crime and domestic abuse.
- Most of the suggested actions for tackling alcohol misuse were considered important, particularly alcohol education for children and young adults.
- The services which were often used were counselling services and alcohol maintenance support groups.
- The services that were considered to be the most effective were alcohol maintenance support group and relapse prevention.
- Suggested improvements included more advertising on problems and available help, more funding, more counselling services and the availability of “after office groups”.

- 12 respondents (67%) said that services were 'very' or 'fairly good' and 13 of the 18 (72%) would recommend them to someone else in need of help.
- Only 2 respondents (11%) said that they had previously been given the opportunity to give feedback on the alcohol services and both said they had done so.

### **Professionals**

- Eight 30 minute depth interviews were undertaken with professionals working in the alcohol arena in Dudley.
- The professionals undertake a substantial proportion of work that is directly related to alcohol and alcohol misuse in the Borough and this was extremely wide ranging.
- Although some professionals only have limited or indirect involvement, most work with the treatment services on some level and in general positive comments were made.
- Possible improvements included more early intervention work and workshops with young people, tackling long waiting lists for inpatient detox services, more psychological support services, more transport and more work with the children of parents who abuse alcohol.
- There was a clear feeling that alcohol misuse is a big problem for the area and possible causes for this discussed were the availability of cheap alcohol to poverty and social deprivation, individual personal circumstances, or psychological or physical health problems.
- As with the service users, antisocial behaviour, assaults, violence and domestic abuse, crime, family breakdown and hidden harm were considered to be most strongly associated with alcohol misuse in Dudley.
- The main priority with regards to tackling alcohol misuse in Dudley is felt to be education and communication about alcohol, dealing with underage drinking and collaboration and partnership working.
- The strategies felt to be most important in terms of the positive effects on local alcohol misuse in the Dudley Borough were also around education and raising awareness, amongst both the younger and older age groups.
- As with the service providers, the majority of professionals feel that that setting the alcohol agenda locally was crucial as the area has its own issues and cultural differences compared to other areas and people are more likely to respond to local initiatives.
- Further support that the service require from the Alcohol Commissioners to help address issues around alcohol misuse more effectively include clearer pathways and signposting, earlier interventions, family interventions, additional resources for out-reach work, education for young people and additional support for young people after the age of 13.

### **Key Target Groups**

#### **Young People**

- Two mini (60 minute) focus groups were undertaken with young people in the Borough, one with 14-15 year olds and the other with 16-17 year olds.
- Young people had reasonably good awareness of units and the recommended Government guidelines for alcohol consumption.

- This does not mean that they are sympathetic to the guidelines and most young people we spoke to said that getting drunk was the norm. Young people do not think about their level of alcohol consumption in units but rather how drunk they feel or how much fun they are having.
- Although acknowledging that young people in their community typically drink a lot, this was not seen as a problem.
- Self-assessment of alcohol consumption on a typical night out ranged from 5 – 10 units in one sitting.
- The Government was not seen as a credible communicator for alcohol harm reduction information.
- Young people in Dudley are very clued up about the possible negative consequences of alcohol misuse, both on the individual and in the wider community. However they could not envisage that anything really bad would ever happen to them or any of their friends.
- All respondents had undergone alcohol education in school or college. This education was not perceived to have been effective.
- Young people did not feel that clubs or pubs would make good partners for any programme aiming to reduce alcohol consumption; it would be against their self-interest.
- Getting hold of alcohol either in shops or certain pubs/clubs with reputations for selling to young people was not a problem for our respondents. Neither did they want any action to be taken to make it harder for young people to buy alcohol.
- If confronted with any alcohol related issues the main sources of information for young people would be parents, older relatives or siblings and friends who have experience of drinking. No one in our groups was aware of any services run in Dudley specifically aiming to help young people with alcohol issues.
- Communication about alcohol needs to be measured and rational. If taught simply through one-way lecturing in the classroom it is likely to be felt as 'pushy' and could be ignored as a result. Honestly and openly explaining the impact of alcohol misuse on a personal level and in the community is likely to have a greater impact than simply saying 'don't drink' and 'it is bad for you'.
- Internet and social media were mentioned as a channel for reaching out to young people with alcohol information that is perhaps not being utilised enough at the moment.

### **Men aged 30-45 employed in routine or manual occupations**

- One 90 minute focus group was undertaken with 9 men, aged between 30 and 45 working in routine or manual occupations. Half of this group involved the evaluation of social marketing material designed to promote alcohol awareness which is discussed in a different report.
- There were high levels of knowledge and accuracy of alcohol units and the Government's guidelines for alcohol consumption and spontaneous awareness of the Government's potential plans for a minimum price of a unit of alcohol, which was viewed negatively.
- Respondents slightly underestimate the daily Government recommendations but despite this the guidelines were not seen as realistic and were generally dismissed.



- There was a strong sense that "*Tolerance levels*" are different for different people and that it's OK for some people to drink more than others.
- Most men who took part in the focus group did not drink in the week, or rarely did so although many would drink to excess on the weekend for the fun and enjoyment of it.
- There was a clear understanding that the amount of alcohol consumed on a heavy night out was likely to be higher than Government recommendations but there was a strong sense that as long as this is only occasionally or just at weekends it doesn't matter and there was a belief that "*everything is bad for you*" and you might as well not bother listening to the recommendations because they change all the time and they aren't clear enough.
- Respondents were fairly able to identify social/community and health consequences of alcohol misuse although there were some gaps in knowledge, for example there was no awareness of the association between alcohol misuse and cancer and scepticism about the association with birth defects.
- Respondents would be reluctant and unwilling to ask for help and advice about alcohol-related issues unless things got extremely serious. Respondents "*self-diagnose*" and there was a sense that the trigger would have to be other people's involvement and concern.

## **BME**

- One focus group was undertaken with 10 Yemeni women with the aid of an interpreter.
- All of the women who participated in the focus group were forbidden to drink alcohol by their religion, though they were aware of the consequences of alcohol consumption from seeing drunk people in the street and on television.
- They were highly concerned about children in cases where a member of their family drinks alcohol as children "weren't being given what they need".
- The participants were aware of the health risks associated with alcohol consumption and all agreed that they would be able to tell a drinker apart from a non-drinker based on the look of their skin.
- Upbringing was considered to be a major contributor to later alcohol misuse, as were misleading groups of friends and advertising.
- Education on the negative impacts of alcohol was thought to be key for tackling some of the problems, particularly that of underage drinking.
- All of the women thought that GPs should take accountability for helping people in need of support, though most felt a sense of collective responsibility to give advice to those who drink themselves.
- None of the participants knew of any alcohol treatment services in the Dudley area and would be most likely to send someone with a drinking problem to the mosque or to give advice themselves.
- The group considered Dudley to be one of the worst areas for alcohol misuse and suggested that this could be improved by raising the price of alcohol, prohibiting the sale of alcohol after hours or by closing the pubs.

## 2. Background and overview

In September 2012 independent market research company Public Knowledge were commissioned by Dudley Public Health to undertake a research project which involved consultation with stakeholders of Dudley's Alcohol Strategy to examine needs, attitudes, beliefs, experiences and alcohol awareness levels to inform the development of Dudley's Alcohol Strategy for 2013.

According to the Information Centre for Health and Social Care (IC, 2012) there were 1,168,300 alcohol related admissions to hospitals across the UK in 2010/11. While figures show a 3% decrease from 2009/10, admissions during the 2010/11 period were still 49% higher than in 2002/03.<sup>1</sup> These statistics give only a small indication of the challenges faced by the NHS with regard to alcohol misuse.

Dudley PCT began to specifically tackle these issues in 2008 by forming a multi-agency Alcohol Strategy Group responsible for the development of Dudley's Alcohol Strategy. The existing strategy focuses on awareness raising and education, prevention, treatment and enforcement in an attempt to reduce the impact of alcohol misuse on individuals, families and communities.

In March 2013 the current strategy comes to an end and the Alcohol Strategy Group will be responsible for the development of a new strategy. This research was designed to inform effective and relevant strategy and to gain insight into the needs of key stakeholders across the Dudley Borough, specifically:

- Alcohol service users
- Service providers
- Professionals working in the alcohol arena
- Members of the public
- Key target groups, specifically young people, BME communities and men aged 30-35 working in routine and manual occupations.

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<sup>1</sup> Information Centre for Health and Social Care:  
[http://www.ic.nhs.uk/webfiles/publications/003\\_Health\\_Lifestyles/Alcohol\\_2012/Statistics\\_on\\_Alcohol\\_England\\_2012.pdf](http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/Alcohol_2012/Statistics_on_Alcohol_England_2012.pdf)

## 3. Members of the Public

### 3.1. Methodology

A 5-7 minute online survey was designed in collaboration with Dudley Public Health and used to gather data from members of the public to identify their attitudes towards alcohol consumption and their priorities for tackling alcohol misuse within the Dudley Borough.

Dudley Public Health were responsible for distributing a link to the online survey, which was scripted and hosted by Public Knowledge, resulting in completion by 91 eligible participants. Due to the fairly low sample size, caution is advised in the interpretation of this data.

### 3.2. Profile of Respondents

The first section of the questionnaire gathered data on the primary demographics of respondents. As shown in Table 1a and b, while there was a spread of ages, the majority of respondents fell into the 25-54 year old category (78%) and roughly three quarters of all respondents were female (77%). Respondents tended to be located in a handful of key areas including Brierley Hill (18%), Halesowen South (12%), Wordsley (10%), Sedgley (8%) and Wollaston & Stourbridge West (7%), though data was collected from areas across the Dudley Borough. The majority of respondents were classified as socio-economic grades B (44%) and C1 (38%) and were White British (97%).

**Table 1a: Demographics of Respondents**

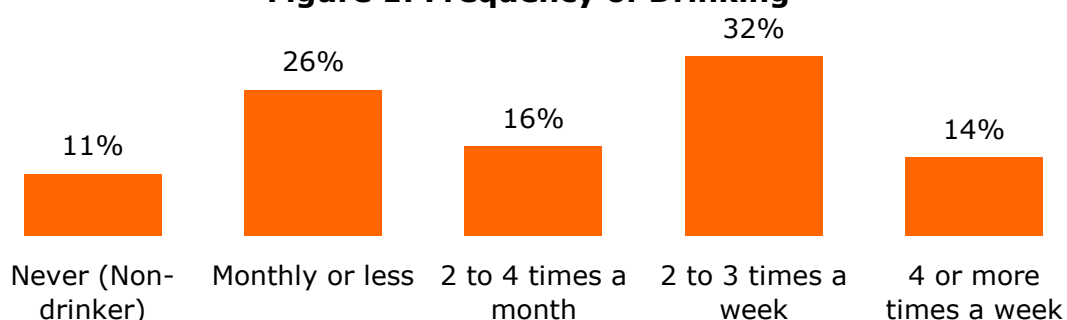
Demographic characteristics		% of respondents
Gender	Male	23%
	Female	77%
Age	18-24	5%
	25-34	20%
	35-44	27%
	45-54	31%
	55 plus	16%
SEG	A	5%
	B	44%
	C1	38%
	C2	8%
	D	-
	E	3%
	Prefer not to say	1%
Ethnicity	White British	97%
	BME	3%

**Table 1b: Location of Respondents**

Demographic characteristics		% of respondents
Location	Brierley Hill	18%
	Halesowen South	12%
	Wordsley	10%
	Sedgley	8%
	Wollaston & Stourbridge West	7%
	Gornal Wood	5%
	Kingswinford South	5%
	Quarry Bank & Cradley	4%
	Brockmoor & Pensnett	3%
	Netherton & Woodside	3%
	Pedmore & Stourbridge East	3%
	Other (all < 2%)	19%

### 3.3. Amount of Alcohol Consumed and Units

The next section of the questionnaire assessed attitudes towards and real behaviour regarding the quantity and frequency of drinking. Respondents were first asked how often they usually drink alcohol (Figure 1). As shown, drinking habits varied greatly with around a third (37%) of the sample who say they never drink or drink once a month or less and over a tenth (14%) who say they drink 4 or more times a week. Those who said they drink alcohol at least once a month were most likely to fall under the 2 to 3 times a week category. Interestingly, there was little difference in the drinking behaviours of men and women. Women were however significantly more likely to say that they drink 2 to 4 times a month (20%).

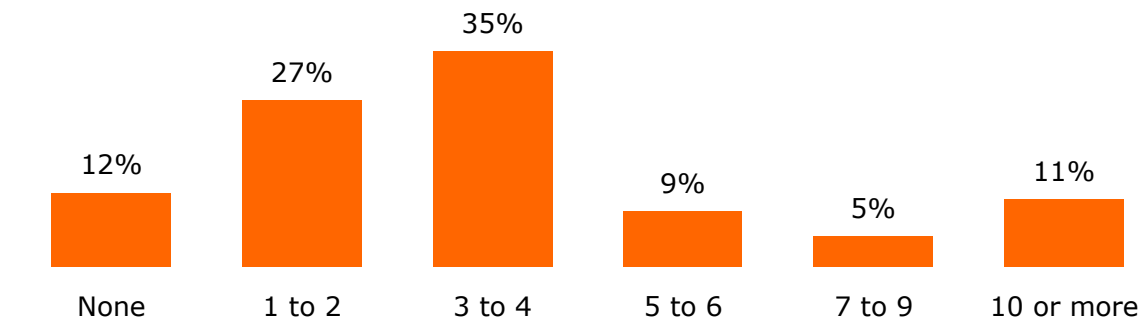
**Figure 1: Frequency of Drinking**

**Q1. Thinking about the past 6 months, how often do you usually drink alcohol?**

Base: All respondents - 91

Respondents were next asked how many units they drink on a typical day (Figure 2). On a 'typical' drinking day, the majority of respondents said that they drink between 1 and 4 units of alcohol (62%). A tenth (11%) said that they 'typically' drink 10 or more units, suggesting that these respondents binge rather than perhaps drinking less alcohol more often. There was no significant variation in the units of alcohol consumed by men and women within the sample.

**Figure 2: Number of Units drunk on Typical Day**

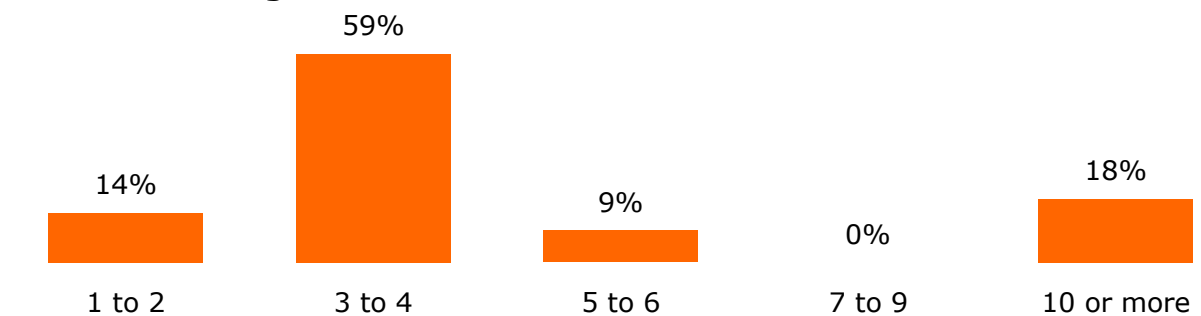


**Q2. How many units do you drink on a typical day when you are drinking?**

Base: All respondents - 91

The next question asked respondents to identify the maximum number of units that should be consumed by men and women per day, according to Government advice. Respondents were free to give any number and responses were coded into bands at input (Figures 3 and 4).

**Figure 3: Guidelines on Units of Alcohol for Men**

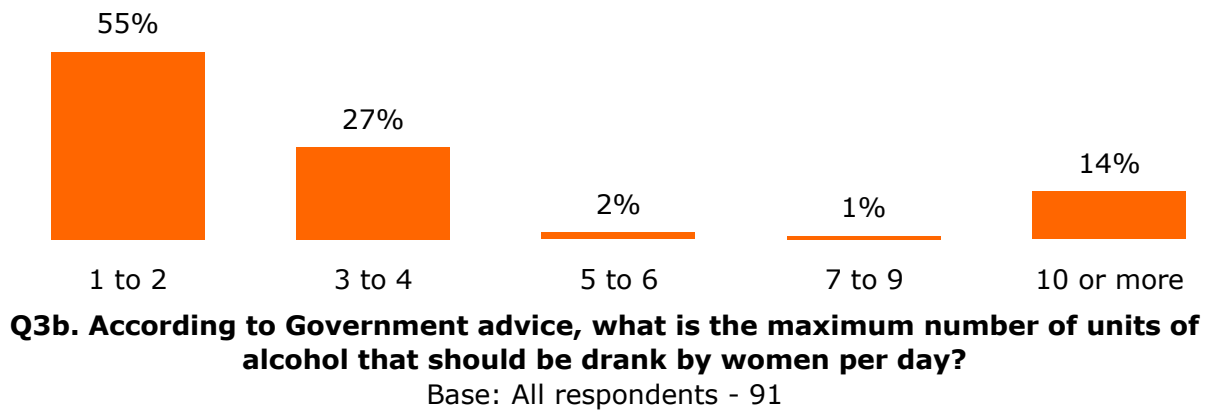


**Q3a. According to Government advice, what is the maximum number of units of alcohol that should be drunk by men per day?**

Base: All respondents - 91

Three fifths (59%) of respondents correctly identified the alcohol intake recommendation for a man of a maximum of 3 to 4 units per day. While some respondents may believe that the recommendation for a man is 10 or more units per day, it is likely that many of those who gave this response were answering with reference to a weekly allowance rather than daily.

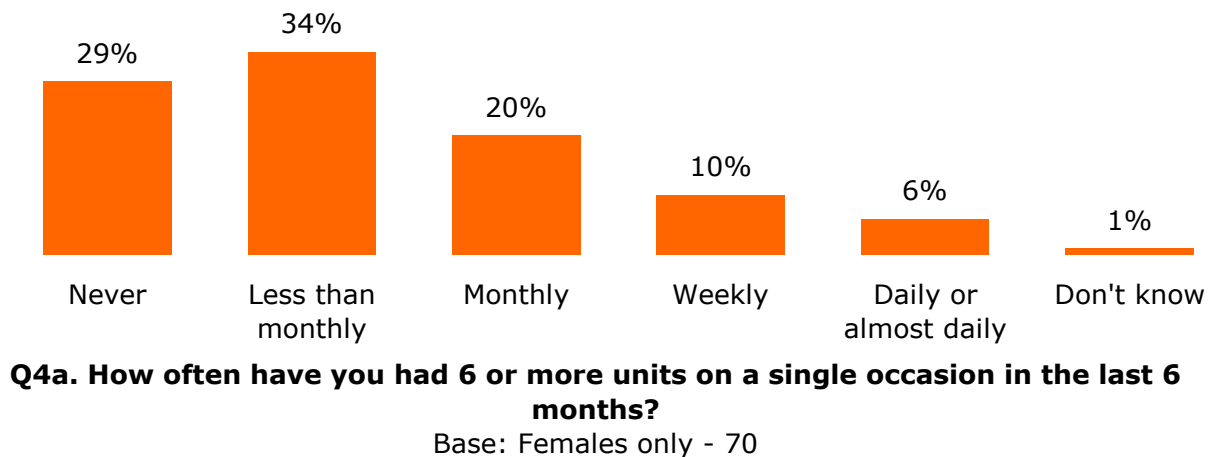
**Figure 4: Guidelines on Units of Alcohol for Women**



Respondents were clearly aware that women are advised to drink fewer units of alcohol per day than men, with over half suggesting that the guidelines for women are 1 or 2 units per day (55%).

As shown in Figure 5, female respondents were next asked how frequently within the last 6 months they have drank 6 or more units of alcohol on a single occasion. Within the last 6 months most said that they have never had 6 or more units on a single occasion (29%) or have drank this quantity less than monthly (34%). 16% of those asked said they have drank more than the recommended maximum intake on either a weekly or daily basis.

**Figure 5: Frequency of Women Drinking More than Recommended**

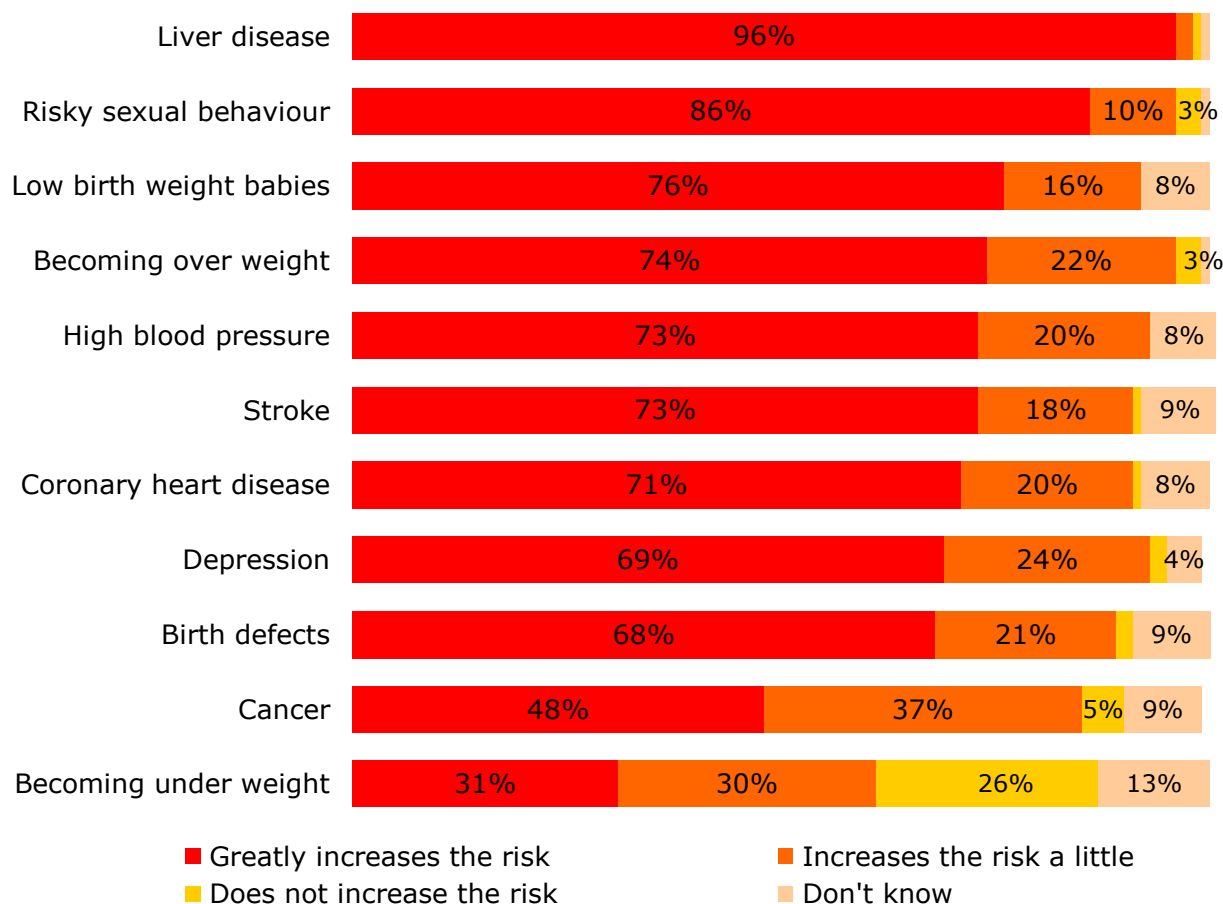


Male respondents were instead asked how many times they had drank 8 or more units on a single occasion in the last 6 months. Of the 21 men who participated in the survey, three fifths (62%) said they had never had 8 or more units on a single occasion in the last 6 months but 24% had done this weekly.

### 3.4. Health and Social Impacts of Alcohol

Respondents were then asked which of a list of health and social impacts they thought were related to alcohol consumption. Figure 6 shows the data for health.

**Figure 6: Impact of Alcohol on Health**



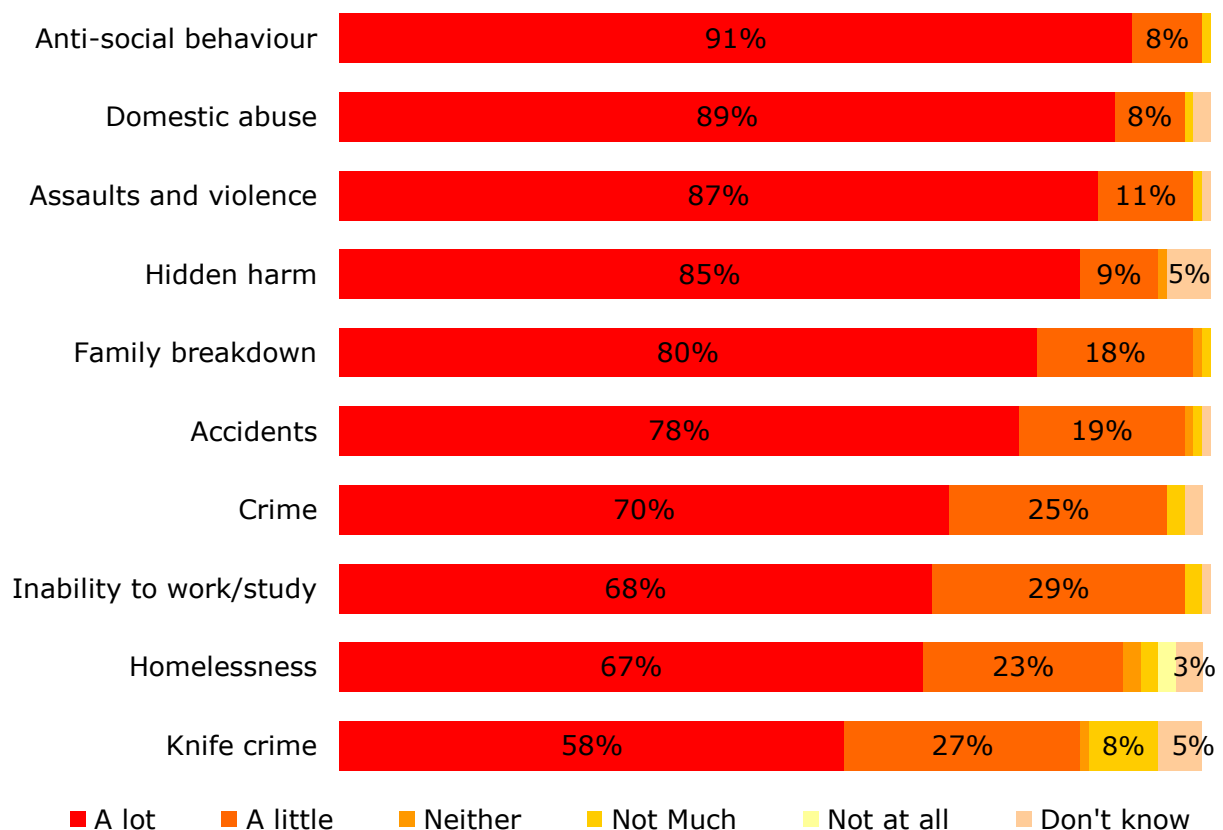
**Q5. What impact, if any, does drinking alcohol have on the following...?**

Base: All respondents - 91

Liver disease (96%) and risky sexual behaviour (86%) were the problems most commonly believed to be greatly affected by alcohol consumption, though there was a consensus that alcohol was a great contributor to almost all of the health impacts listed. Respondents were least sure that alcohol could greatly increase the risk of developing cancer (48%) or becoming under-weight (31%) and a further quarter (26%) of respondents completely disagreed by saying that alcohol would not increase the risk of becoming under-weight. For many of the listed health problems there was a relatively high proportion of respondents who gave a "don't know" response.

Respondents were then given a list of social impacts and were asked about the extent to which they associate alcohol consumption with each. Figure 7 shows the responses.

**Figure 7: Social Impacts of Alcohol Consumption**



**Q6. To what extent do you associate the consumption of alcohol with the following social impacts?**

Base: All respondents - 91

Generally speaking, there was agreement that alcohol consumption is strongly associated with negative social impacts. Anti-social behaviour (91%), domestic abuse (89%) and assaults and violence (87%) were the impacts most commonly strongly associated with the consumption of alcohol, whilst an inability to work or study (68%), homelessness (67%) and knife crime (58%) were the least likely. The relationship between knife crime and alcohol was the most likely to split opinion, with a further tenth (8%) of respondents saying that they didn't particularly make an association between the two.

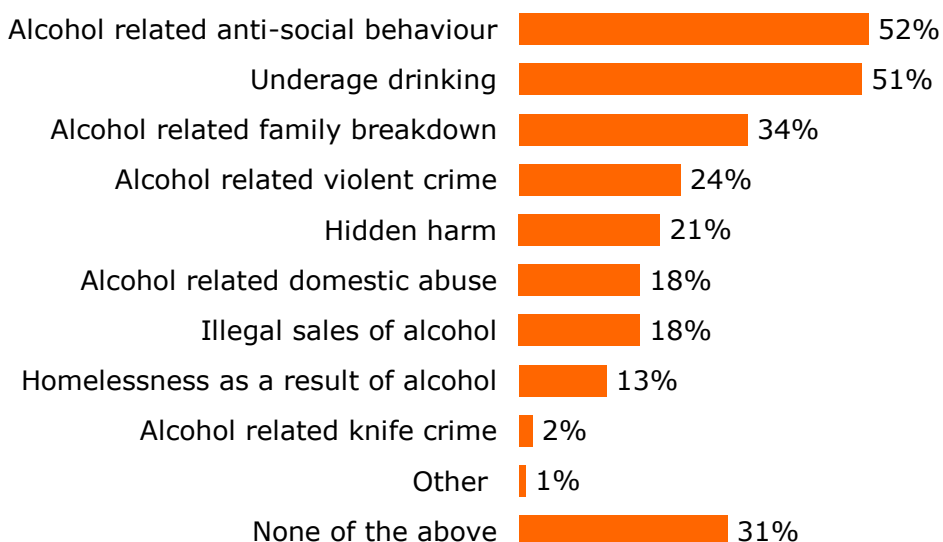
Non-drinkers (n=10) were significantly more likely to agree that alcohol consumption is associated 'a lot' with half of the listed social impacts including domestic abuse (100%), accidents (100%), family breakdown (100%) and hidden harm (100%).

### 3.5. Local Priorities

The next section of questions asked respondents about alcohol related priorities specifically for the Dudley Borough. They were first asked whether or not they had experienced, observed or been affected by any of a given list of social problems in Dudley. Figure 8 shows the proportion of 'yes' responses to each problem.



**Figure 8: Social problems in Dudley**



**Q7. Have you experienced/observed or been affected by any of the following social problems in Dudley?**

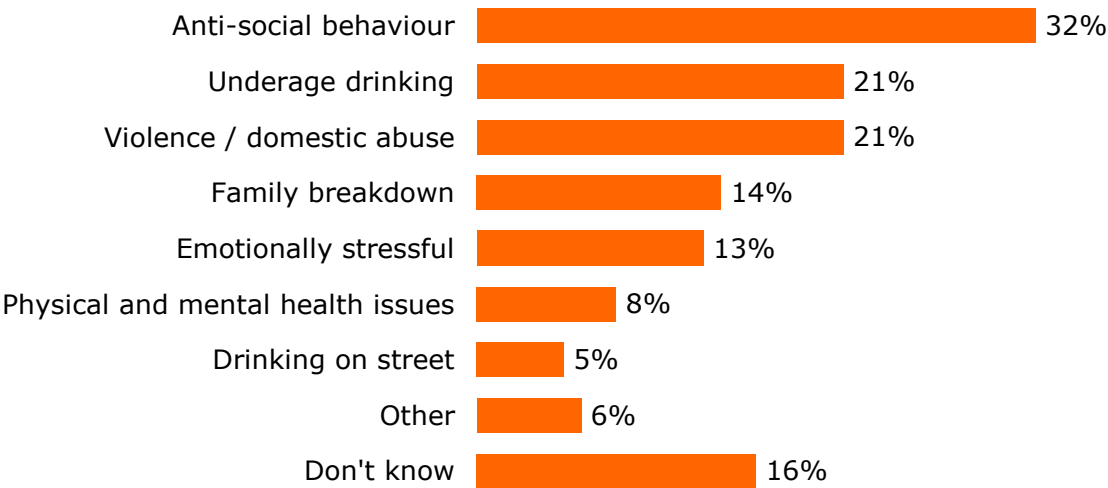
Base: All respondents - 91

Around half of those who participated in the survey said they had experienced, observed or been affected by alcohol related anti-social behaviour in Dudley (52%) and a similar proportion said they had experienced underage drinking (51%). Relatively high proportions also said that they had experienced or observed alcohol related family breakdown (34%), alcohol related violent crime (24%) and hidden harm (24%) in Dudley. More positively, a third (33%) said they had observed no such social problems.

One respondent said that they had experienced or observed drink driving when asked to clarify their 'other' response.

Those who said they had experienced, observed or had been affected by any of the social problems listed were asked to describe their experience using an open question format with coded responses in Figure 9.

**Figure 9: Social Problems**



**Q8. Please could you describe this experience(s)?**

Base: All respondents who had experienced social problems at Q8 - 63

Of those who said they had experienced social problems, anti-social behaviour (32%), underage drinking (21%) and violence or domestic abuse (21%) were the most common themes. Some verbatim comments are given below:

*"Some people I have seen have behaved unlike themselves and have become angry and abusive when normally they do not show this type of behaviour. I have seen in local towns (Stourbridge) on a 'roller-disco' night young girls drunk and being sick outside the leisure centre."*

*"Being asked to buy drink by children for children and witnessing fights."*

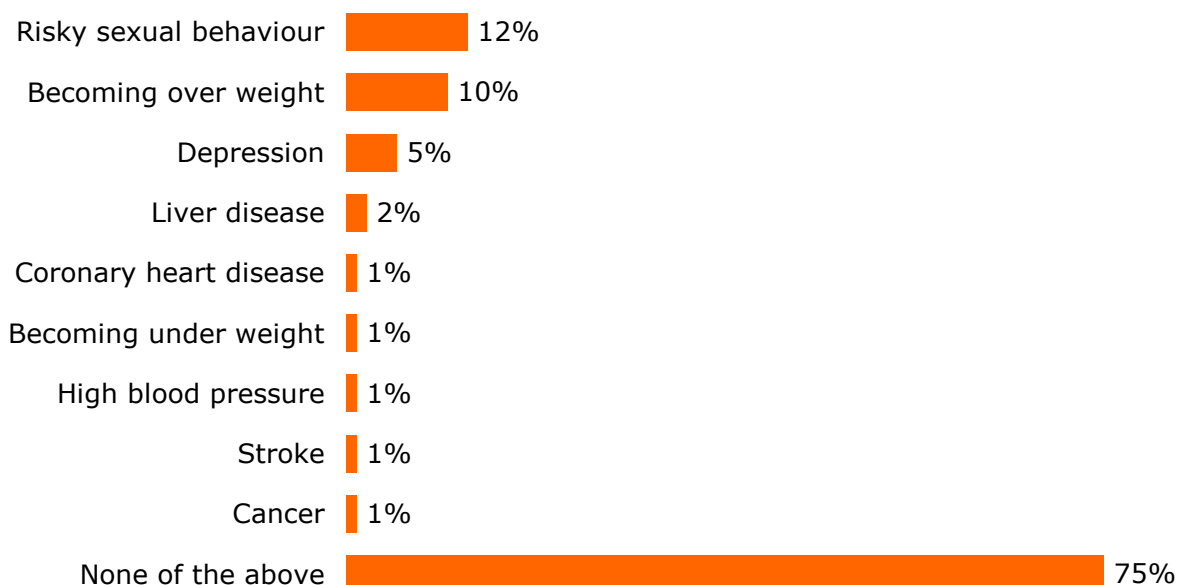
*"Children under 16 that I teach being sold alcohol in local shops. Teenagers drinking on the streets, leading to anti-social behaviour and incidents of violence."*

*"Neighbours keeping me awake with all night parties, drinking and making a disturbance, falling into my car drunk and denting it badly."*

*"In the street, a group of people clearly worse for drinking, shouting, fighting - not necessarily directed at others but intimidating none the less."*

Participants were then asked whether they had personally experienced or been affected by health issues as a direct result of drinking alcohol (Figure 10).

**Figure 10: Personal Experience with Health Issues as a Direct Result of Drinking Alcohol**



**Q9. Have you personally experienced/been affected by any of the following health issues as a direct result of drinking alcohol?**

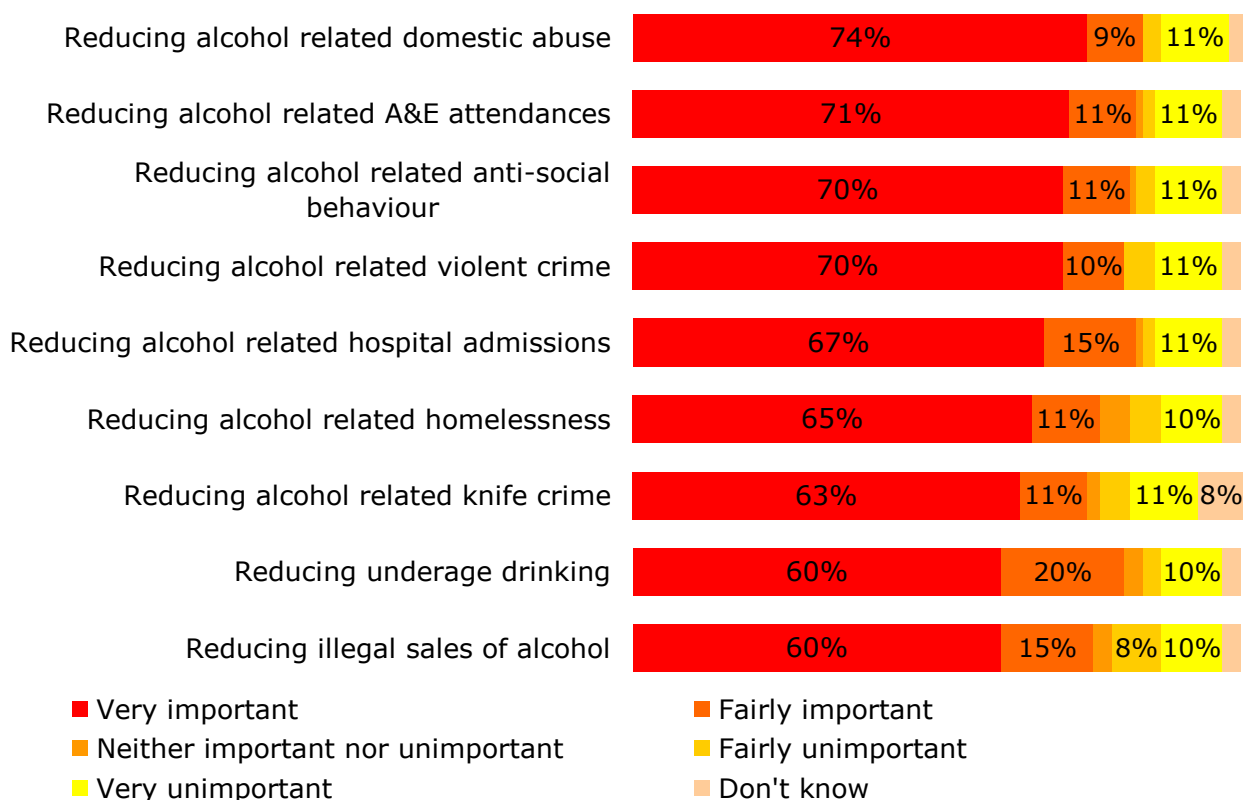
Base: All respondents - 91

The most commonly experienced health issues as a direct result of alcohol consumption were risky sexual behaviour (12%) and becoming overweight (10%). Three quarters (75%) of the sample had never experienced or been affected by any of the listed health issues.

Respondents were next provided with a list of alcohol related priorities and were asked to rate how important each is for the Dudley Borough on a scale of 1 to 5 (Figure 11).

Reducing alcohol related domestic abuse (74%), A&E attendances (71%), anti-social behaviour (70%) and violent crime (70%) were the priorities most likely to be considered "very important" for the Dudley Borough, though high proportions of respondents agreed that all of the listed priorities were important. Reducing underage drinking (60%) and illegal sales of alcohol (60%) were the priorities least likely to be considered "very important" but were shown to be as important as the other listed priorities when "very" and "fairly" important responses were combined (80% and 75% agreement of importance respectively).

**Figure 11: Priorities for the Dudley borough**



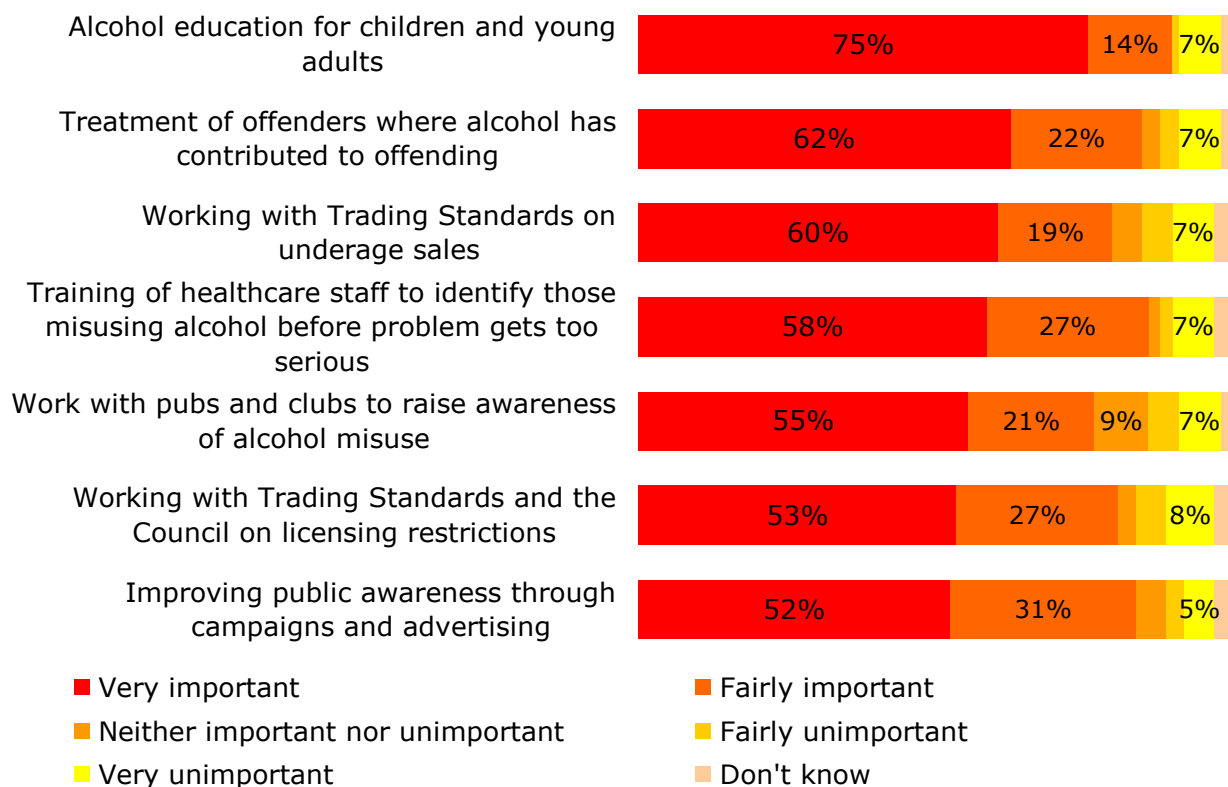
**Q10. How important do you think the following priorities are for the Dudley borough?**

Base: All respondents - 91

Respondents were then asked about ways in which the outcomes presented in the previous question might be achieved. They were asked to rank, on a scale of 1 to 5, how important each of a given set of actions are in tackling alcohol misuse in Dudley (see Figure 12).

Alcohol education for children and young adults (75%) was the action most likely to be considered "very important" for the Dudley Borough. While only around half of respondents said that they thought working with Trading Standards and the Council on licensing restrictions (53%) and improving public awareness of alcohol misuse through campaigns and advertising (52%) was "very important", relatively high proportions instead ranked these actions as "fairly important" (27% and 31% respectively).

**Figure 12: Importance of actions for the Dudley borough**

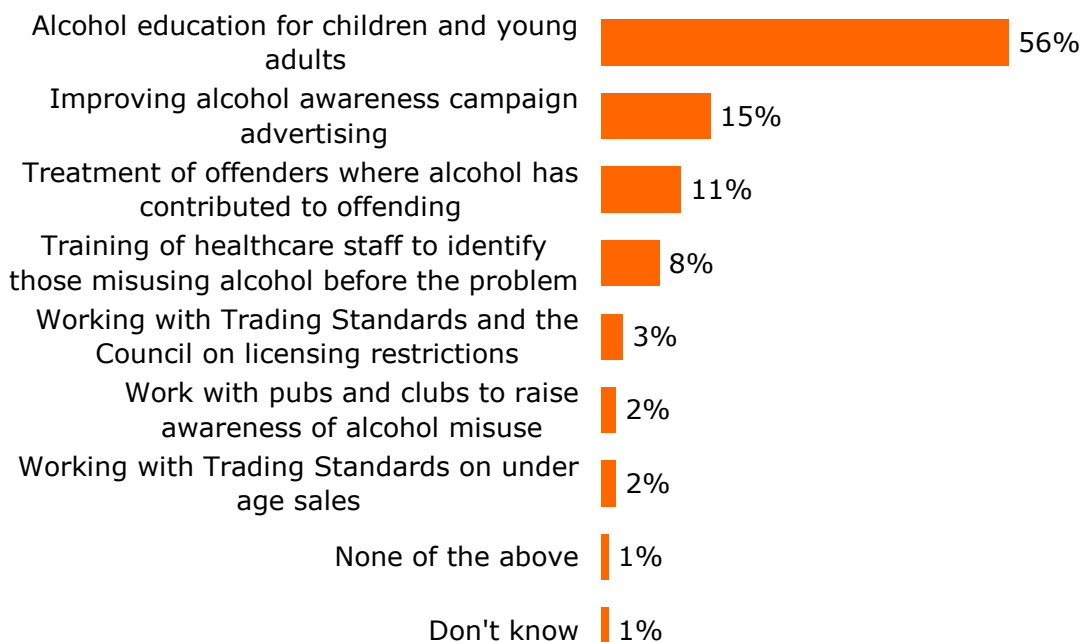


**Q11. How important do you feel each of these actions are in tackling alcohol misuse in Dudley?**

Base: All respondents - 91

As a means of clarifying which actions were considered most important, respondents were asked to select one action from the previous list for tackling alcohol misuse in Dudley (Figure 13).

**Figure 13: Most Important Action for Tackling Alcohol Misuse in Dudley**



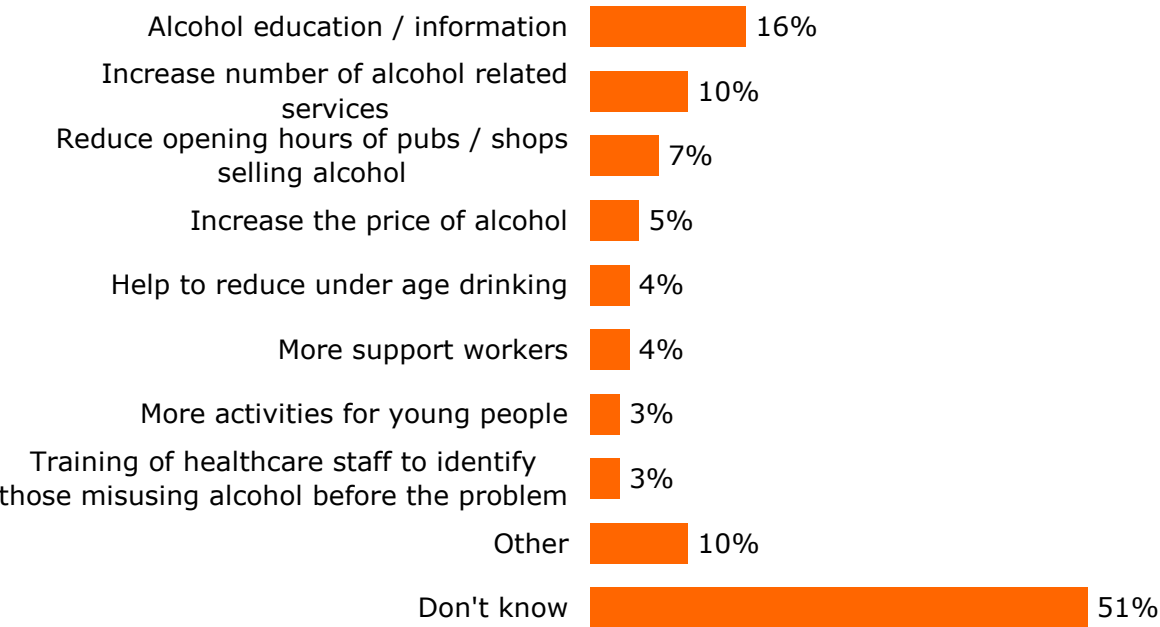
**Q12. Which one action do you feel is most important for tackling alcohol misuse in Dudley?**

Base: All respondents - 91

Reflecting the findings of the previous question, alcohol education for children and young adults was considered to be the most important action for tackling alcohol misuse, an action that was selected by over half of all respondents (56%). Female respondents were significantly more likely give this response than males (63% and 33% respectively).

In an open question format, respondents were next asked if they could think of anything else that should be prioritised in terms of the local alcohol agenda in Dudley. Coded responses are shown in Figure 14.

**Figure 14: Other Priorities for Alcohol Agenda in Dudley**



**Q12a. Is there anything else you think should be prioritised in terms of the local alcohol agenda in Dudley?**

Base: All respondents - 91

Responses most commonly centred on the key themes of alcohol education and information (16%) and an increase in the number of alcohol related services (10%). Around half of all respondents gave a “don’t know” response. A selection of verbatim is given below:

*"Training of none health professionals, fines for pubs and clubs who continue to serve people past a certain limit and a payment tariff for drink related treatment in A&E."*

*"More youth workers on the streets to engage with underage drinkers, more evening activities for young people and safe places for teenagers to go to socialise. Alcohol awareness training in secondary schools for staff so teachers feel confident in dealing with alcohol related issues and interventions in schools to support young people who drink."*

*"Anything that can nip the problem in the bud - so young people, peer pressure etc. I think if people want to drink they're going to find ways and means of doing it regardless, so it's somehow getting the message to them that the way to be cool is NOT to drink, not the other way round."*

*"Promoting a more sophisticated European attitude to drinking: moderation, eating with alcohol, and an aversion to being drunk."*

*"Young people to be offered coffee houses which were as acceptable to them as an alternative to pubs and clubs."*

### 3.6. Alcohol Support

The final section of the questionnaire focused on alcohol treatment services in the Dudley Borough. Respondents were first given a list of services and were asked which they would recommend to a friend or family member in need of help or support for alcohol misuse (Figure 15).

**Figure 15: Recommendations for Alcohol Misuse Services**



**Q13. If a friend or family member required help or support for alcohol misuse, which of the following services would you suggest?**

Base: All respondents - 91

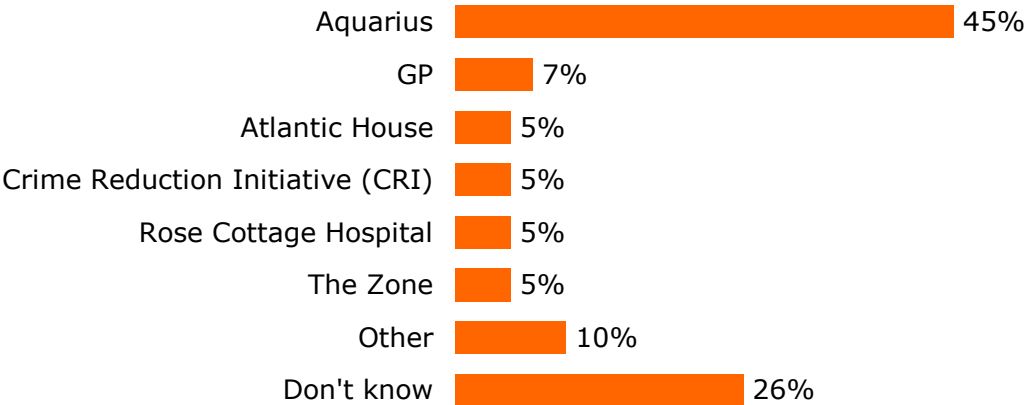
Over half (56%) of those who participated in the survey said they would recommend that a friend or family member in need of alcohol misuse support visits their GP. High proportions also said that they would recommend that they visit an alcohol treatment centre in Dudley (46%) or Alcoholics Anonymous (43%). An A&E department (3%) and a pharmacy (2%) were the places that respondents would be least likely to recommend.

All those who gave an 'other' response were then asked to specify precisely which 'other' service they would suggest and of the 15 respondents who said that they would suggest something 'other', 87% said they would recommend Aquarius and the remainder said they would suggest either church (7%) or counselling (7%). This suggests that some respondents may not have associated Aquarius with the term 'alcohol treatment centre' at the previous question.



All those who said that they would recommend an alcohol treatment centre for a friend or family member in need of help or support for alcohol misuse were then asked to specify which treatment centre in Dudley they would suggest (see Figure 16).

**Figure 16: Alcohol Treatment Centres Which Would be Recommended**



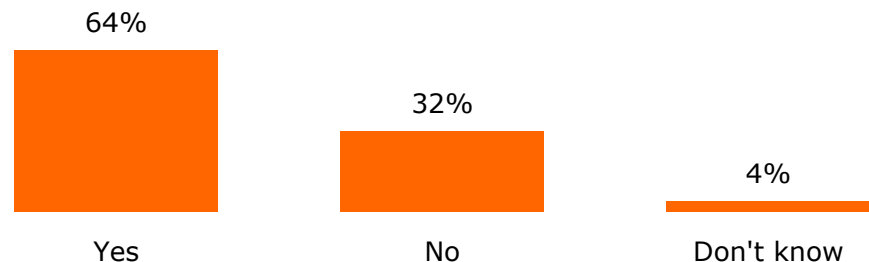
**Q13a. Please specify the specific alcohol treatment centre in Dudley you would suggest?**

Base: All respondents who said they would suggest an alcohol treatment centre at Q13 - 42

Almost half (45%) of those who were asked to specify the treatment centre they would recommend said Aquarius. A quarter (26%) said that they would suggest an alcohol treatment centre but were unable to specify precisely which.

In order to gauge awareness of alcohol treatment centres and services within the sample as a whole, respondents were next asked if they were aware that Dudley had services which are available for help, support and advice. As shown in Figure 17 around two thirds (64%) of respondents said that they were aware of alcohol treatment services in Dudley.

**Figure 17: Awareness of Alcohol Treatment Centres**

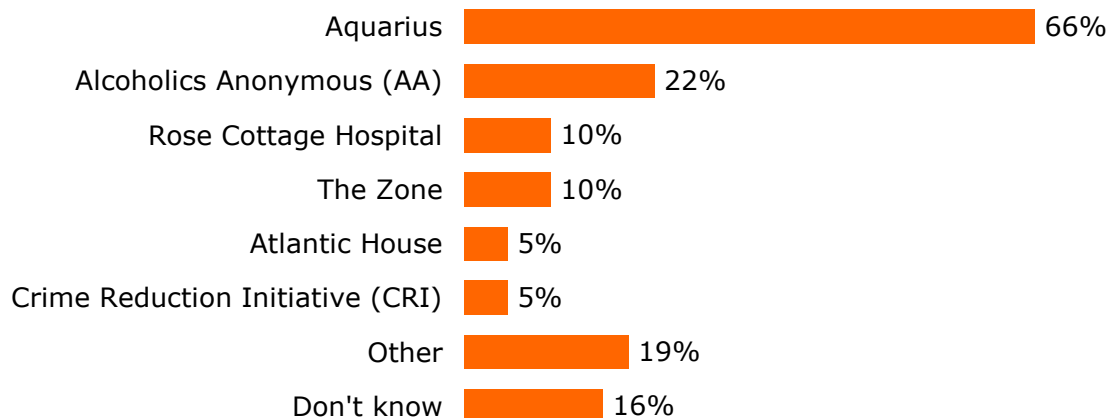


**Q14. Were you aware that there are alcohol treatment services available in Dudley which can provide help, support and advice?**

Base: All respondents - 91

These respondents were then provided with a list of services and were asked to identify which ones they were aware of (Figure 18).

**Figure 18: Prompted Awareness of Specific Treatment Services in Dudley**



**Q14a. Please name the alcohol treatment services in Dudley you are aware of**

Base: Respondents aware of an alcohol treatment centre at Q14 - 58

Of those who said they were aware of at least one alcohol treatment service at the previous question, two thirds (66%) said they knew of Aquarius. Aquarius was by far the most known amongst the respondents, followed by Alcoholics Anonymous (22%), Rose Cottage Hospital (10%) and The Zone (10%). 16% of those who said they were aware of alcohol treatment services in Dudley were unable to specify specifically which services these were even when prompted.

## 4. Service Providers

### 4.1. Methodology

Contact details for Managers of the Alcohol Service Centres across Dudley were provided to Public Knowledge by Dudley Public Health following warm-up introductory emails. Public Knowledge then undertook scheduling processes and all 4 managers from the service centres across Dudley agreed to take part in an interview, specifically Aquarius, Rose Cottage, The Zone and Atlantic House.

A 45 minute semi-structured discussion guide was designed in collaboration between Dudley Public Health and Public Knowledge to aid the discussion. Data was collected in accordance with the Market Research Society Code of Conduct in November and December 2012. All of the interviews were undertaken over the phone and were recorded and transcribed for analysis and reporting purposes.

### 4.2. Overview of the Centres

Respondents were first asked to provide details about their role and some background information about the centre in which they work and a summary for each centre is provided below. In all cases when asked about the type of addictions they deal with, respondents were keen to make it clear that alcohol addiction isn't always the only issue their clients face. Often alcohol is a problem secondary to others such as drug misuse, domestic violence and mental health problems and these other problems may be a cause of alcohol misuse as well as a consequence.

*"They come with lots of other problems which sometimes predate the drinking but often come as a result. It might be that they've developed mental health problems or that they started to drink because of a [mental health] problem."* Rose Cottage

#### **Aquarius**

The respondent has been employed at Aquarius in Brierley Hill as the Service Manager for the last 15 years. Aquarius is part of a larger, "well established" organisation and there are 18 staff at the centre treating primarily alcohol but also gambling addictions. The centre treats a range of people aged 18 plus, primarily those aged between 25 and 55 years and they say that the proportion of female patients is on the rise. They normally treat people who are at higher levels of dependency (scoring 20 or plus on the audit scale) equating to approximately 470 people in a year. Aquarius talked extensively about the new Single Point of Contact System (SPOC) recently commissioned by Dudley Public Health to help deal with referrals from partnership organisations more quickly and efficiently and to help manage the range of other alcohol related issues that result from misuse.

*"We have a single point of contact [SPOC] commissioned by Dudley Public Health... running since August 6th, essentially that's a data hub and it will start taking all referrals from partner agencies including GPs or families or friends."* Aquarius

*"Alcohol covers whole related issues for people, domestic violence, finances, emotional, psychological, physical, housing problems. If anybody is scoring 20 points on the audit questionnaire, then they have a particular pathway, they refer them into the QES Core Services, below 15 then they could have health training, but it could be guiding and supporting people into seeking financial help through CAB or into Relate."* Aquarius

*"Part of the triage is to indicate concerns about health for that individual, so a referral could come through from a GP which says 'requiring a detoxification'. So that referral into the SPOC would go straight onto the substance misuse team, based at Rose Cottage and a detox would be arranged... We contact that individual and look at their areas of need and what they're presenting with."* Aquarius

*"With the detox we can see that person and react very quickly. Historically what's happened is that a person has had to wait weeks potentially, before they're actually seen, now we're making contact virtually same day."* Aquarius

Aquarius also discuss evidence of positive improvements as evidenced by the Alcohol Star which is a means of measuring performance in terms of *"alcohol, use of time, physical health, emotional health, drugs, offending, money and family"*.

*"As part of the care plan, people do an alcohol star, by alcohol concern which covers criminality, emotion, drinking, family... self-reported score... done a minimum three monthly but often sooner... The outcome star shows quite dramatic changes. For example, in the three months just gone, April to June 2012, average initial drinking was 246 units. The latest review is 110, a change of minus 136... I've got the measurements, alcohol, use of time, physical health, emotional health, drugs, offending, money and family and all show positive change."* Aquarius

## **The Zone**

The respondent is the 'Project Manager', a role which involves *"overseeing day to day management of the project, the staff, the clients and the work."* The respondent has been working at the centre for ten years and has been in their current role for three. The Zone is a *"drug and alcohol centre for young people"* specifically those under 18 years of age starting from 10 or 12 years old. They offer *"interventions around drugs and alcohol, including novel psychoactive substances and solvents"* and referrals come from GPs and schools as well as directly from family members.

*"It's half alcohol and half drugs. Alcohol tends to come up quite highly, but what we have to bear in mind is that sometimes people present with alcohol [problems] and it isn't always the primary problem... I'm not saying that it isn't a problem but maybe their cannabis use is what's causing the chaos, more than the drinking."* The Zone

*"We get referrals from all over the place, family members, GPs, schools, anybody and everybody who we work with and the Youth Offending Team."* The Zone

The problems seen by The Zone are rarely physical dependency and are more likely to relate to binge drinking and in many cases young people are reluctant to engage. The respondent states that there is a gender skew with an increased proportion of boys using the services although when they do see girls they are more likely to see "complex" problems and issues. As might be expected within a service for young people the staff are required to deal with a variety of other issues including sexual health and relationship problems. Individuals carry a case load of around 25 to 30 young people each at any one time and the frequency with which they see the young people is based on individual need. Referral to adult services after age 18 is rare, largely because of the low levels of dependency within the service users and they aim for "85% positive discharge across the service, drugs and alcohol."

*"A lot of young people are resistant to coming to us. We've been doing a lot of work around trying to make an engagement with young person before we talk about referral, they can meet a worker and break down the barriers."* The Zone

*"30% girls attendance... Those girls that we do have are pretty complex, there's all sorts of stuff going on for them."* The Zone

*"Very rarely see physically dependent drinkers but lots of binge drinkers."* The Zone

*"Drugs and alcohol is our focus, but we try and deal with all the other issues, sexual health, relationships, whatever it might be that comes along."* The Zone

## **Atlantic House**

The respondent is the 'Service Manager' for the Drug Interventions Programme and has been working for the programme for three and a half years. Drug Interventions is a "criminal justice service which primarily deals with Class A drugs within prisons and within the community" but which also deals with clients with alcohol issues given the overlap between drug and alcohol issues. There are seven staff who work on a rotational basis within Brierley Hill Police Station and the drugs workers give prisoners with alcohol issues advice and information and refer them to local alcohol agencies.

*"We give brief advice and information to those clients.... The prisoners come in, if they have an alcohol issue the drugs workers in the police station would give advice and information and refer on to local alcohol agencies."* Atlantic House

The AUDIT questionnaire is completed with all individuals who come through the custody block and those with a score of 15 or higher are referred to alcohol treatment services. Atlantic

House's electronic systems also keep track of the AUDIT scores so that improvements or deteriorations in repeat offenders can be monitored.

*"We do the AUDIT score... Anybody who scores 15 and above we encourage a referral to Aquarius and we encourage referrals to the BBV (blood borne virus nurse for things like hepatitis as a matter of course." Atlantic House*

*"A series of questions scoring 0 to 4 on each one, like 'How often do you have a drink containing alcohol?' 0 is never, 4 is four plus times a week. Another one is 'How often during the last year have you been able to remember what happened the night before you had a drink?' It's totted up and then it's got a risk score of 0 to 7 is low, 8 to 15 is increasing, 16 to 19 is a higher, and 20 plus is a possible dependency." Atlantic House*

Staff at Atlantic House undertake face-to-face outreach work to encourage people who have stopped engaging with treatment services at Aquarius to return to alcohol misuse services in the Borough or to consider Alcoholics Anonymous (AA) as an alternative approach which is generally seen as more beneficial. Atlantic House hold the view that the 12 step programme managed by AA is more trusted because the treatment services are perceived to not always provide accurate and honest information. AA is also considered to be more effective for older respondents who might have been through alcohol treatment services unsuccessfully in the past.

*"If they drop out of Aquarius or don't engage, the SPOC at Aquarius gets in contact with us and then we'll do some outreach to try and bring them back into the service... we knock on doors. Because when we see somebody in custody we get their permission to go and visit, make phone calls, etc. so if we have permission to visit their property, find out why they didn't attend." Atlantic House*

*"We don't want to intimidate or seem to be badgering clients. We lay out the pros and cons with the health and lifestyle risks... especially those we see on a regular basis... And if they don't want to do Aquarius we'll encourage things like AA." Atlantic House*

*"I spoke to a gentleman yesterday... He's been to the alcohol service twice and found them a waste of space. The information he received he found wasn't accurate... he did a detox and was told that after he'd be fine. Within a week he was back on the alcohol again. That could have been his choice, or he misunderstood the information, I don't know, but he mistrusted the alcohol service." Atlantic House*

*"You go to meetings. It's a 12 step process supported by people who have been there, done it. What is said in AA stays in AA. It's like a little club. Everyone takes ownership and they then have a sponsor and a support network..." Atlantic House*

*"The older client group like AA. If they've been through the treatment service and are drinking occasionally or trying to abstain totally and they've got the right mind-set... But the 12 steps are very difficult and it takes a while, and you have to be focused. Some people live and breathe the 12 steps; others do it piecemeal and think they can get away doing just steps 1, 4, and 7, and it doesn't work like that."* Atlantic House

Atlantic House are not particularly positive about the alcohol treatment services available in the Borough generally and that includes local service Aquarius specifically. They feel that Aquarius is not proficient enough at chasing respondents up and encouraging them to reengage and that they need to be more proactive, more structured and more tailored towards the specific needs of individual service users.

*"Some are good [alcohol treatment services], some are bad, some do absolutely nothing... I've just received a list from them [Aquarius] of clients that my service have referred to them and it's just a case of, 'Letter sent, no contact.' They're not chasing them up. Because they were referred from the Drug Interventions Programme, they've asked us to go and chase them."* Atlantic House

*"I've worked in different Boroughs, Stoke and other places and they seem to be more switched on... proactive rather than reactive. The service in Staffordshire had a regular attendance. If someone didn't attend they went round to find out why..."* Atlantic House

*"It needs to be more client focused... tailored towards the client and more structured."* Atlantic House

Atlantic House also discussed links with The Zone but this is minimal and contact is extremely rare and they felt that there needed to be more interest in alcohol issues within the prison service specifically.

*"We link with The Zone but just through people we see in the cells and in the community. If we see a young person in custody we make that referral but that's very rare, only about three in the last three years."* Atlantic House

*"There's a lack of knowledge and interest within the prison fraternity pre-release for people coming back into Dudley with alcohol issues. There's very few people referred from prisons to alcohol services. We've had a few inappropriate referrals who don't have drug issues, but who have alcohol issues."* Atlantic House

### **Dudley Walsall Mental Health NHS Trust Rose Cottage**

The respondent is the Substance Misuse Service Manager for Dudley Walsall Mental Health NHS Trust at Rose Cottage and has been in their role for approximately twelve years. There are a number of teams at Rose Cottage who *"work here under the umbrella of the substance misuse*



service” each with overlapping but different roles. Specifically these teams are the home detox team, the drug and alcohol liaison team, the community alcohol team and the community drug team, a full time social worker and those involved in the delivery of medical interventions. Each of these teams are discussed briefly below.

*“Team of three home detox nurses... Referrals are taken from GPs, primarily, some from consultant psychiatrists in mental health... the team assess people at home to see if they're safe to have a home detox. If not, they're offered an inpatient detox. They liaise with the GP who prescribes the medication and do a full home detox, going in 2-3 times a day for the first few days as they're having quite high levels of medication and they need observation... They then gradually reduce those visits...”* Rose Cottage

*“I've got three clinical nurse specialists, DALTs, the drug and alcohol liaison team, based here but working at Russell Hall. They all do slightly different jobs. There's a specific alcohol liaison nurse who sees anybody admitted to the wards identified as having an alcohol problem... She will assess them, offer advice, discuss follow up, referrals, help the medics and nurses manage patients on the ward, give advice about detox and manage withdrawals. There's another liaison nurse based in the Emergency Department, she is drugs and alcohol and offers a similar role but people are in and out quicker, they attend because they're drunk or in withdrawal or where the secondary reason is alcohol, an accident, a fight, domestic violence... The third is an alcohol liaison nurse who works partly in the hospital and partly in the community with frequent attenders, up to 60/70 times a year... There's a whole bunch of reasons for that [regular attendance]... housing problems, mental health, domestic violence. Often, they're on their own, sometimes their coping skill is to attend the department, they're lonely or they've lost skills in dealing with problems.”* Rose Cottage

*“The community alcohol team is a team of three, one senior OT and two nurses... 50/60% referrals from GPs, the rest from mental health, Social Services, the police... People who have been drinking 10/20/30 years plus... Often dependent drinkers and they come with lots of other problems, which sometimes predate the drinking but often come as a result... domestic violence, adult survival of child sex abuse, increasing amounts of over 65s... physical or mental health problems, housing issues, they're on their own, they haven't got any support and they've lost their jobs... The majority are seen at home. They're not very good at attending appointments, they're sometimes not very good at answering the door... we work with them intensively for however long is necessary...”* Rose Cottage

*“The drug team are a team of two... We see up to 50 drug patients under Atlantic House... complex drug users who have multiple problems... we find increasingly that when somebody has dealt with their drug problem, they've come off class A drugs and done well, but they're developing alcohol problems and getting dependent and damaged very quickly because of the underlying damage from drug use... They start drinking and maybe something to do with dependency or their personality, they find they're drinking extensively.”* Rose Cottage



*"We've got one fulltime social worker and her remit is residential rehab... budget for from the local authority... We get referrals from the drug service and Aquarius and within our own service... [name] will assess them extensively and try and match that person with the right rehab, follow them through, review them."* Rose Cottage

*"We have an addictions consultant and they have a team of doctors working with them... They admit people to our two ring fenced beds at Bushy Fields psychiatric hospital... one male, one female bed, always a waiting list... a couple of months if you're a man, less if you're a woman, but it's been more than that. We detox as many as is safe in the community, but there are people who just can't be detoxed at home. They're on their own or they've got a history of serious withdrawal symptoms or mental health."* Rose Cottage

When asked about the types of treatment services offered, respondents generally focused on the fact that they offer "flexible" services appropriate and tailored to specific individual needs. Most develop care plans and "goal setting" in collaboration with clients according to factors such as the level of alcohol dependency, the length of time that alcohol has been an issue, physical and mental health and emotional support available.

*"They have a welcome interview looking at supporting and clarifying what our service does, then a longer assessment with one of our practitioners and part of that is to develop the care plan... looking at what their needs are, it could be finance or it could be emotional, and from there they will then go in to a range of treatment options."* Aquarius

*"We look at any intervention we can, whether that's blood pressure testing, urine drug testing or breathalysing if it was relevant. We'd look at health assessments and liver function tests."* The Zone

*"Sometimes it's motivational work to help them achieve abstinence, or sometimes it's controlled drinking. It's very much guided by themselves... we offer a very flexible approach depending on the needs of the individual."* Rose Cottage

*"One of the key things throughout a person's journey and to start off with is, 'where are they in the cycle of change?' We adapt our interventions to where that person is... One of the successes we get is matching interventions to where the individual is."* Aquarius

One to one treatment services or "key-working" tended to be considered the most effective, as were group interventions particularly those which involved the family specifically and helping to build support networks. There was however, variation in what was specifically seen as the most effective treatment or service depending on the type of people the centre cater for.

*"It's the one to one direct interventions... we call it key working. You've really just got to get to know them, break down the barriers because otherwise they just feed you what they think you want to hear and you don't get anywhere."* The Zone

*"They can see us an hour a week but to make any real change it's got to come from within the family. Some young people don't want family members to know but if we get family members involved in their care plan it's the way forward."* The Zone

*"We do day services, which involves group work, one to ones, activity groups, service user involvement... We've got peer mentors and a volunteer coordinator... We have a structured intervention support programme, day programme for the individual, and alongside that we've got 5 support workers who provide the recovery element of the service. Within day services we do women's groups, a family and relative group... a range of groups, within that it's CBT."* Aquarius

Respondents were probed about the effectiveness of the services that were offered and whether certain things were more effective in treating alcohol misuse than others. In this section respondents focused again on the importance of tailoring to individual need and although generally services are felt to be effective it was acknowledged that there are limits and in cases of chronic substance misuse issues there is only so much that can be done.

*"All of them [the services] are effective, the women's group we've got a regular 12 women who actually attend that, the peer groups and the support groups are very regularly attended, and through the outcomes people are saying, and through feedback, they're actually finding the benefits, obviously, as I said earlier, with people's outcomes, their drinking is changing to a higher level."* Aquarius

*"We match these [services] to what's actually appropriate... listening to what service users find helpful and useful for them... we've got structured engagement using motivational intervening and CBT, stuff we actually know works."* Aquarius

*"I'd like to say we're very effective. We're working with a group of service users who have chronic substance misuse problems, mental health problems and complex problems. It is a chronic relapsing condition so we do get people relapsing and you have to see that as part of it... We have a lot of successful discharges, whether it be abstinence or whether it be that somebodies aim was reduce the drink or control the drinking."* Rose Cottage

*"For people who start a detox, 80/85/90% people complete."* Rose Cottage

*"Each are very successful in their own way but the success, the outcomes, might not just be that patient stops drinking, stops using drugs. It's unfortunate but that's sort of not the*

*nature of the people we work with. You have to define it in other ways. Maybe they're only referred once a year instead of three times a year."* Rose Cottage

Respondents were also probed about whether there were any services not currently offered that they thought would be beneficial or any improvements that they thought should be made more generally. As illustrated there were a broad range of responses although one of the key things to emerge was the integration of teams and better communication between the organisations working alongside them. A shortage of hospital beds, long term support, peer mentoring, back to work interventions, audit tool development and the importance of recognising the strong association between alcohol and drugs were also discussed.

*"There's a shortage of beds, we've only got two ring fence beds. So people are waiting some time... There's been talk, for many years, of a pan-Black Country, inpatient detox unit, which would be very welcome, we could easily fill, six/eight beds."* Rose Cottage

*"There's more to be done there for people who have stopped drinking... we point them in the direction of voluntary work but often they're not able to get a job, they're on benefits."* Rose Cottage

*"Long term support and people coming back from rehab. They've been to rehab, they've done well, they've come back to the area and they're not in a position to work and they're not drinking so they wouldn't need our services, wouldn't need Aquarius but they need some kind of sort of recovery service."* Rose Cottage

*"Services can become more integrated. I'm thinking FIP teams or social care teams, specialist teams. Otherwise we might go in one week, the other worker might go in, then another worker, and the parents don't know whether they're coming or going."* The Zone

*"Alcohol comes with other drugs... there's an alcohol team that sits within the PCT and it's like the two never meet. It isn't like that on the ground."* The Zone

*"More peer support, peer mentoring type roles and peer educating. Young people who have been through services supporting other young people..."* The Zone

*"Some form of national audit tool suitable for young people... these audits are all suitable for adult drinking in a typical normal way, whereas young people tend to binge drink all over the place. It's got to be validated for young people to represent the chaotic nature that they drink."* The Zone

*"We are working towards having more service users running groups. Also we're going to utilise more volunteers to support the delivery in the community... We already offer sessions in various GPs across the Borough, so they can be seen close to their own home, or their*

*local GP. They've got ease of access, a level of anonymity and where possible a gender choice as well and translation service."* Aquarius

*"The Zone currently is only a treatment service and I think there needs to be tier 2 provision, intervention level. More outreach work to engage with young people to look at bridging the gap between referral into dealing with some of the problems."* The Zone

*"More back to work stuff, more education linking in with colleges and getting people back into the community... The other gap that needs looking at would be ageing population within Dudley looking at targeting those who are 55 plus or more."* Aquarius

Possible benefits that may result from investment in family services therefore helping to build upon people's support networks were also discussed by both The Zone and by Aquarius who felt that these were key to making changes to the lives of young people and adults and that this would help to ensure "long term changes".

*"I honestly believe that the family is key in making changes for a young person... On the ground partnership working and making sure that substance misuse teams are embedded in family support provisions... good referral links and that people know their roles."* The Zone

*"Family stuff I'd to build a lot more on, even though we've got a family worker, long term change happens when you've got more support from family or others."* Aquarius

#### 4.3. Effects of Alcohol Misuse on Dudley

Respondents were initially asked whether they thought that alcohol misuse was an issue in the Dudley Borough and why. All of the 4 Service Managers interviewed agreed that alcohol misuse was an issue in Dudley and immediate reference was made to the negative impacts of binge drinking, alcohol use amongst young people and to "hot spots" such as Stourbridge.

Respondents referenced the fact that drinking alcohol excessively has become normalised and common place and it was felt to be a bigger problem than drug use. Social problems such as domestic abuse, violence, crime and anti-social behaviour were discussed spontaneously at this stage as well as the possible health consequences of drinking.

*"There is an alcohol issue within Dudley. It has an impact on crime, antisocial behaviour, domestic violence across the board. To the best of my knowledge, it's primarily binge drinking. We have our regulars you see drunk in the streets, but from the feedback I get from the cells it is binge drinking."* Atlantic House

*"Cans lying around, bottles, graffiti... It's a culture of drinking within the Borough. A lot of my clients from the drug world also drink on top of drugs."* Atlantic House

*"For those who have been the victim of crime, domestic violence, or other issues on a Saturday night, Friday night, or had damage done to property, yeah, I think that is high for those people."* Aquarius

*"It's a big problem for Dudley and the country as a whole. It's legal, 95% of the population drink. It's inexpensive and people drink at home... it's acceptable... We are seeing serious physical complications from alcohol at much younger ages than we did 20-odd years ago. We regularly see people in their 20s/30s/40s, as opposed to 50s/60s. Binge drinking is a big problem..."* Rose Cottage

*"The fact that we're having this conversation and there is funding specifically for alcohol services now. Years ago it was very much only funding for drug services... drugs are a problem but alcohol is a far, far, bigger problem because it's legal. They might be drinking three bottles of whisky a day but would never take illegal drugs. It's acceptable and unfortunately, the problem is like a dripping tap. You don't wake up one day and go from not having a problem to having a problem, it develops gradually."* Rose Cottage

*"There's a lot of hotspots, youths drinking on corners, causing trouble... There's some parks that are hotspots for drinking and I suspect sexual exploitation... Areas like Stourbridge Town Centre are beginning to get reputations for areas of going out and getting drunk and young people can get into some of these bars."* The Zone

#### 4.4. Effects on the Community

Respondents were then prompted with a list of possible impacts of alcohol misuse on the community each of which are discussed further under the sub-headings below.

##### **Anti-social behaviour**

As discussed briefly within the previous sections, anti-social behaviour was felt to be a key issue for the Dudley Borough amongst *"the younger generation"* who just see it as *"mucking about"* and having some fun. It is clear that this is more of a problem in some unspecified areas of the Borough and is felt to be the result of not just alcohol but also use of drugs.

*"Yeah, they just muck about getting drunk. What they feel is just having fun as they have nothing else to do."* The Zone

*"Yeah, especially with the younger generation, across the board."* Atlantic House

*"Yeah, alcohol and other substances are involved in that as well."* Aquarius

*"Yes, we do have pockets of places in Dudley where there are problems more than others so it is a problem, yes."* Rose Cottage

## **Assaults and violence including domestic abuse**

The service managers also felt that alcohol related assaults and violence including domestic abuse were an issue within Dudley although possibly not any more than would be apparent in other areas of the country. As this is not a specific area of expertise for the centres some respondents were unable to comment in depth although they were aware of specific cases where there is a clear connection between alcohol and violence.

*"There is a history of assault. We have one or two regulars who come through custody, domestic violence, apart from that I can't comment really."* Atlantic House

*"Yes, it could be fuelled by that. We have what we call alcohol treatment requirements, ATRs, here through Probation, so we do see people who are in the criminal justice system and there is a connection."* Aquarius

*"Our domestic violence worker discusses her caseload with me and a few of her ladies who've got problems themselves with alcohol, certainly their partners have issues. That area in particular is strongly associated with alcohol."* Rose Cottage

*"We know a few people that go through the system for that [assaults and violence]."* The Zone

*"It's well documented that the two go hand in hand nationally [alcohol and domestic abuse], but I can't see it being any different in Dudley... there's definitely relationship issues when people have been drinking. Young people argue easier, or get a bit more paranoid, start kicking off with each other."* The Zone

## **Crime including Knife Crime**

Petty crime such as theft to fund an alcohol dependency or "breaking car windows" was also felt to be related to alcohol, and also to drugs, within Dudley. In contrast knife crime was generally not felt to be a big problem within the Borough by the Service Managers or they did not feel able to comment and consequently this was only touched on briefly.

*"There is a lot of crime related to drink and drugs within Dudley. If we have someone who is alcohol dependent and they're not working, they've got to get their drink from somewhere, so there's a lot of shoplifting."* Atlantic House

*"I don't know the figures but I can pretty much say for any crime there is a link with people who have had a drink."* Rose Cottage

*"I'm sure there is a correlation between drinking and knife crime. I'm not aware of a big problem in Dudley."* Rose Cottage



*"We get a lot of referrals through from crime. I don't know if it's specific to alcohol, but certainly substance misuse. There's petty crime that probably happens whilst people are drunk. Then I would imagine there's bigger crime as well, but I wonder if that's more related to other substances."* The Zone

*"A survey was done locally recently by the schools that linked... predominantly cannabis use, but alcohol was in there, the percentage of users that carried more weapons was quite high."* The Zone

## **Accidents**

Most of the Service Managers were not able to specifically comment about the association between alcohol and accidents within the Dudley Borough although one exception is given below in reference to a presentation on the amount of drinking accidents seen in A&E departments at the weekends.

*"I can remember going to a presentation by the Public Health manager, I remember her saying, 'Top attenders A&E, women falling off their stilettos when they're drunk.' There is a strong correlation between accidents at home and on the road and people who've been drinking."* Rose Cottage

## **Family breakdown and Hidden Harm**

Alcohol was felt to be a major contributor to the breakdown of family relationships, both marriages but also relationships with children and other family members as illustrated by the following comments.

*"There are breakdowns, but we don't know generally what for. It could be drink, it could be drugs, it could be just general."* Atlantic House

*"People referred to us have been drinking a long time and unfortunately there's a high percentage of people whose family has broken down, the marriage, and also the letters will say 'Hasn't seen daughter since she was 14 months old and she's now in her 20s.'"* Rose Cottage

*"90% of the population drink alcohol. It's a major factor in relationships. Money is tight and alcohol is going up. People use it as a wind down mechanism... in fact it's more prevalent now as a coping mechanism for families."* The Zone

Respondents generally agreed that hidden harm, specifically the effects of parental substance abuse on children, was a key issue and that there are clear negative impacts on the children including the development of alcohol dependency issues for the children themselves later on in life. Rose Cottage discussed cases in which children have to be removed from families due to alcohol dependency and the fact that many parents try to play the issue down.

*"Children of drinking parents, I've read up to 50% of them will develop an alcohol problem themselves. They witness them drinking and what comes with that, sometimes domestic violence, sometimes losing a parent. It's very much a family problem."* Rose Cottage

*"If families are drinking, and those things that we've just talked about on the list are happening, then it does have an impact on the child."* The Zone

*"Patients play down the effect... 'Oh no, I only drink when they're in bed or they don't see me or they don't know I drink,' but of course they do, and from a young age. We try and see the person with their partner so we can get a fuller picture... If we have concerns we discuss them with Children's Services... Sometimes children have been removed, the whole issue of the family is very high on the agenda."* Rose Cottage

### **Inability to work or study**

Respondents found it difficult to comment on the effects of alcohol on ability to work or to study. This was felt to be an issue amongst adults rather than young people, most of whom are experimenting with alcohol and who don't have serious responsibilities which will suffer as a result of drinking.

*"The service only takes 18 plus so generally, you know, it's not so much the study part but, certainly, a very, very high percentage of our service users are unable to work. We have gone and met people at lunchtime in their lunch breaks or after work but it's a small percentage... Some people have or they've sort of looked at doing other things, maybe voluntary work or a few people have got paid employment but unfortunately not too many."* Rose Cottage

*"Not really for young people, to be honest. I find that alcohol doesn't really impact them on not wanting to go to college."* The Zone

### **Homelessness**

Respondents were generally unable to comment on homelessness. Although homelessness was acknowledged to be an issue with one respondent who felt the scale of the problem is probably underestimated due to "sofa-surfing" it wasn't felt to be a key issue within Dudley on the whole.

*"We do have a few living in tents on the side of the canal, rough sleeping. Anecdotally, some of them are drinking, but I don't have figures."* Atlantic House

*"Some of the problem is hidden because of the sofa surfing group... that group are homeless but they're not your traditional out on the street homeless. We have a hostel*



*in Dudley, which unfortunately is closing down next month. Well, a big rebuild and refurbishment."* Rose Cottage

#### 4.5. Priorities

The next section of the discussion guide dealt with alcohol related priorities across the Dudley Borough and as with the previous section respondents were prompted with a list and were asked to say how important they thought each was and why.

##### **Reducing the number of alcohol related A&E attendances and hospital admissions**

Health related priorities, specifically A&E attendance and hospital admissions, were felt to be key amongst all four of the Service Managers because of the scale of the issue and the clear cost to the NHS.

*"That's very important. Yeah, it takes a lot of time, a lot of space, a lot of money."* Atlantic House

*"That's one of our things we're supporting."* Aquarius

*"Definitely. The team I was talking to you about Russell Hall, the person who works partly in the community, with the frequent attenders, the funding came specifically for reducing the number of admissions or the number of bed days. In the West Midlands, we have quite high numbers compared to other places."* Rose Cottage

*"That is a priority because that's a drain on the healthcare system."* The Zone

##### **Reducing alcohol related violent crime, domestic abuse and knife crime**

On the whole reducing alcohol related violent crime particularly knife crime was not felt to be a priority amongst the Service Managers. In contrast, domestic abuse was generally seen as much more important as this was considered to be more of an issue within the Dudley Borough.

*"Difficult one. Most people on a Friday or Saturday night have a nice time. You get the odd one or three who will drink too much and someone will say the wrong thing and kick off. That's important, but it's difficult to do."* Atlantic House

*"I wouldn't see it as high as a priority..."* Rose Cottage

*"I can't really comment. Knife crime is dangerous anyhow, so it should be a priority across the board for everybody."* Atlantic House

*"That's high, but again, it's how you go about it because it's reported crime and a lot of domestic violence isn't reported."* Atlantic House

### **Reducing alcohol related antisocial behaviour**

Reducing alcohol related anti-social behaviour was felt to be a priority for Dudley with all four respondents in agreement. However, it was acknowledged that this is difficult to achieve and also wasn't felt to be as important as the priorities that related specifically to health.

*"It's high, especially with the younger fraternity but difficult to do."* Atlantic House

*"It's a priority but I'm a nurse, it's always going to people's health and family."* Rose Cottage

### **Reducing alcohol related homelessness**

Similarly while it was recognised that homelessness is an important issue this was generally not felt to be a priority within the Dudley Borough as homelessness is not felt to be a huge issue within the area.

*"It's not as high as the others, but if the person being made homeless has the support from alcohol services, then they shouldn't be a need for homelessness, or losing tenancies because you link in with tenancy support and things like that. It's important, but it's not a priority."* Atlantic House

*"It is a priority for those who are homeless, definitely, but I don't think there's high numbers in Dudley... it's difficult because for somebody in that position it's a priority for them but you have to take the numbers into account."* Rose Cottage

### **Reducing underage drinking**

Reducing underage drinking was seen as a priority, particularly by The Zone, but also by all of the other centres interviewed in addition.

*"It is a priority in Dudley. I've been to meetings where they've looked at the corner shop selling to underage children and they've done test purchases... there's a lot of that work going on in Dudley... They're either drinking at home known to the parents or they're drinking in the parks. And the younger they start drinking then the more damage it's going to do. So that's very high priority."* Rose Cottage

*"That's an education thing. It is a priority, but I think that's education...I was introduced to alcohol at a very early age and I respect it. Some people don't. Again, that's education. So I'd say it's important, but not in the same priorities as A&E and things like that."* Atlantic House

*"Yeah, because early onset... the younger you start, the more likely you are to end up with an adult problem substance misuse."* The Zone

## Reducing illegal sales of alcohol

Responses relating to reducing illegal sales of alcohol tended to relate to sales of “home brews”. This was considered to be a priority as they can contain poisons which can have a negative impact on health.

*“It is a priority. A lot of the alcohol on the streets that’s illegal contains poisons, glycol ethylene and things like that. It’s dodgy and causes lots of other problems and illnesses...”* Atlantic House

*“The Black Country is very much about the home brews... I don’t know whether it’s as much of a problem as it used to be. The answer is probably yes because a lot of pubs are closing down.”* Rose Cottage

*“Because of the nasty stuff in them. And also the cheap booze because if they’re illegal sales, they’re cheap, full of nasty bits, and then the young people they just buy cheap stuff.”* The Zone

*“That’s lower down the scale for us. The Licensing Authority deal with that.”* Aquarius

There were mixed opinions when respondents were asked which of the list of priorities they felt was most important. However those relating to health and the reduction in A&E attendances and hospital admissions were clearly felt to be key priorities, as was tackling underage drinking and violent crime.

*“The medical ones. We do need a reduction of use of hospital beds and admissions to A&E.”* Atlantic House

*“The underage drinkers, because they’re the future drinkers and it’s the health, the hospital admissions, the deaths through alcohol.”* Rose Cottage

*“It’s really hard to pick because there are different hats to put on. Violent crime is quite important, children, domestic violence. But in terms of a service perspective, I think underage drinking.”* The Zone

## 4.6. Views on Local Priorities

Respondents were then asked the following *“Thinking specifically about the Dudley Borough, what do you think should be the main priority with regards to tackling alcohol misuse?”* A variety of different priorities were discussed, some reiterating points discussed previously, including the need to spend more money, increased awareness of the issues relating to alcohol misuse within partnership organisations, more education, preventative measures and collaborative working.

*"More money needs to be spent. More awareness from local authorities, the police, criminal justice services like myself, the courts. Magistrates need to be aware what is available for treatment and orders they can issue to get somebody dependent on alcohol into a service and away from violent crime or domestic violence."* Atlantic House

*"Partnership working, pathways, information sharing agreements, things to help support people who have related issues and for partners to work together, linking it with people who end up in health and social care or Social Services, looking at child protection issues because that's one of the things we deal with here as well. Priorities would be elements of what you said reducing presentations at A&E, at hospitals, having healthier lifestyles, getting people back into work, supporting people who need mental health services."* Aquarius

*"A&E and domestic violence, we're part of the MARAC and we support that. I think in Dudley they're exceptionally good at highlighting areas that looking at."* Aquarius

*"There's always more needed. We could have another couple of nurses and do more work, especially keeping people out, prevention is better than cure."* Rose Cottage

*"Reckless drinking, young people getting drunk in public spaces and the risks that poses with exploitation and the potential safety of that individual."* The Zone

*"There's a big gap in schools. We get requests all the time for us to deliver alcohol and drug awareness but we're not commissioned to deliver that, we don't have the capacity. I think schools are supposed to do it, but I don't know if it's being done effectively. We can't offer any drugs education or awareness. We can only do the treatment elements and it's a real issue because we get numerous requests from schools and when we say no, what happens then? Obviously they've come to us because they didn't feel they could cover it."* The Zone

#### 4.7. Strategies for Tackling Alcohol Misuse

Respondents were then read out a list of possible strategies for tackling alcohol misuse in Dudley and were asked to say how important they thought they were and why.

##### **Improving public awareness of alcohol misuse through campaigns and advertising**

Raising awareness through campaigns was felt to be important in terms of *"making a difference"* to the people of Dudley although there were also reservations about the value for money based on spend and effectiveness. Despite this two of the respondents made positive comments in reference to the work that has already been done by Dudley Public Health. Targeting the heaviest drinkers and ensuring that people know where they can get help from was discussed as

key, as was ensuring that these messages are presented in "brief" and that they are "hard hitting" and presented in an appropriate setting such as a hospital.

*"It is important. A lot of drinking is behind doors. A lot of people don't know who or how to refer to a service, or where to go for help. If you don't know, you don't get. If you go to your GP and say, 'My husband is drinking too much,' 'Get him to come and see me.' Does the GP refer to Aquarius, or does he do it himself? Knowledge is a wonderful thing and if you know where to get help from."* Atlantic House

*"We're still not familiar with alcohol units and what they actually mean to people and there is a rise in the binge drinking community... binge drinking is the norm, so there's damage being done. This is why we have Public Health... we're giving across sensible messages. If those messages are brief and they're given out in the hospital setting, 30 seconds to make people aware."* Aquarius

*"I think they've got a place, but if you're looking at prioritising spend, I don't think they're effective... If they had members of staff out on an outreach basis to do follow-ups, meet the person, get consent to follow up, then I think that's different to leaflets or promotional material. I think it just gets binned."* The Zone

*"Yes, it is important and I think Public Health have been very good at getting that message out there. Whether people listen to it, I think that's the issue because alcohol is legal,' and its part of our society and it has to be quite hard hitting and, certainly, some of it is."* Rose Cottage

### **Alcohol education for children and young adults**

Alcohol education for children and young people was considered to be one of the most important strategies on the list, with all 4 respondents in agreement that this was key. Respondents clearly felt that engagement should be through schools, delivered both internally and also via external organisations and that this should be on-going on a regular basis. There was disagreement about the age of engagement, with one respondent feeling that 15/16 was sufficient and another who felt that by this age they have tried alcohol already.

*"Definitely, but that's difficult and there's debate about what age to start. I've spoken to 15/16 years olds, they've all tried it... you have to go into schools. There was a lot of that happening in Dudley but I remember somebody saying the other day that it's not happening so much and I don't know whether that's about budgets... But it's also part of what the schools themselves offer... it is happening but you can never do enough of it and often it's very much a one off and I think it needs to be more regular."* Rose Cottage

*"Yes. More and more children and young adults are drinking. They're looking more mature, they're going into pubs and the drinks are getting stronger. It's a cultural thing but it's also a teenage thing. 'I'm going for a drink. I won't just have one, I'll have six.' Some people can't take six pints, or six shots."* Atlantic House

*"It should come from the schools. It should be either bought in through agencies, or part of the curriculum... It should be passed on to everybody from the age of 15 or 16 upwards."* Atlantic House

*"I think it's important but I couldn't really comment as it's not our arena."* Aquarius

### **Training of healthcare staff to identify those misusing alcohol before the problems get too serious**

The training of healthcare staff was also generally considered to be important due to the benefits that arise from early intervention. However, one of the respondents commented that this should already be covered as part of the training of health care staff and reference was also made to possible difficulties detecting early evidence of problems due to the fact that health care staff are always so busy and that other agencies may be better placed to deal with this.

*"I would have thought that would already be part of their training, but they're very busy people. It could be one symptom masking another symptom. The training should be done, but I wouldn't say it was a priority because there are other agencies who can dedicate more time towards alcohol dependency."* Atlantic House

*"By the time patients come to us they really are quite damaged. But they present at other services long before they come to GP surgeries and practice nurses and A&E staff. My team do training for all the nurses there and that's important because any health worker should be in a position to offer advice and information about pathways and referral. So I think that's very, very important."* Rose Cottage

*"Absolutely vital. It's giving them the knowledge to recognise it. Quite often healthcare professionals they haven't got the time. But the knowledge to be able to raise it and engage people is key."* Aquarius

*"If training and awareness was available, I think it would reduce the amount of people being admitted into hospital, the amount of people having fights, the amount of people getting hurt through alcohol related injuries and illnesses."* Atlantic House

### **Working with pubs and clubs to raise awareness of alcohol misuse**

Although it was also considered to be important there were some reservations about working with pubs and clubs to raise awareness of alcohol misuse in terms of how effective this would be and difficulties getting them "on board". It was recognised that ultimately pubs and clubs are

profit making and also people drinking on a night out may not be receptive to advice and information from staff employed by pubs and clubs.

*"That should be done as a matter of course through the licensing services. There should be training and education for all landlords, all bar staff, nightclub staff, to make them aware of what to look for. It's not just a case of, 'Take their £20, give them a pitcher of ale, and away you go.'"* Atlantic House

*"Yes. I'm not sure how effective it is... we did a project a couple of years ago in Stourbridge... People were coming out at two in the morning drunk, falling off their stilettos and ending up in A&E. We were doing observations there... looking at when they're going in as well and if they're letting them in drunk and we went into the clubs as well... I don't think they were serving underage but they are going round with the shots for a pound and special offers. As long as they're not committing a crime they're going to see it as their profit. They're there to make money and they want them to drink as much as possible and you have to look at minimising the harm."* Rose Cottage

*"Yeah, would love to. It's getting them on board."* Aquarius

*"When you're out on a night, you're not interested in the messages. It depends on how it's delivered and what the expectation is, because you can train them to recognise an alcohol problem, but then what are they going to do?"* The Zone

### **Treatment of offenders where alcohol has contributed to offending**

The treatment of offenders where alcohol has contributed to offending was also felt to be important and there was awareness that this is already happening in Dudley, specifically at Aquarius.

*"Yeah, that's something that we're touching on, getting more involved in, because alcohol and substances are available in prisons, but then it's once the people leave the prisons that this is when people become vulnerable."* Aquarius

*"Yes, Aquarius they've got a programme they look at and I think everybody who is referred there will be offered that or have to attend that."* Rose Cottage

*"Yeah, there should be alcohol orders. There should be treatment for prisoners within the prisons and within the community on release."* Atlantic House

*"That's a priority, because that's out of the moment... having further follow on treatment you can reflect, you can think back to the incident and try and readdress your behaviours, change them."* The Zone



### **Working with Trading Standards and the council on licensing restrictions**

There was limited knowledge amongst centre managers about working with trading standards on licensing restrictions, although it was felt to be important there was a sense that respondents were not totally clear what this would specifically involve. Reference was made again to the need to ensure that this includes adequate training of staff and one respondent felt that this should be a legal requirement.

*"If you're going to apply for a license you should make sure staff are aware and trained up in alcohol misuse. It should be a legal requirement, or at least a local requirement... If the training isn't done within six months obviously your license is revoked."* Atlantic House

*"What we can do is, obviously one of the things we do is we identify areas where we get least referrals from and more referrals from, so we would support that. But as I said, that's a bit out of our remit, I think."* Aquarius

*"I've not been part of that but I know that they certainly are looking at trying to involve them, looking at having that responsibility."* Rose Cottage

*"Important because a lot of young people are accessing alcohol from off licences, and at some we've had questions around exploitation... accusations made. It's a good front badge if you were that way inclined and you wanted to groom young people."* The Zone

### **Working with Trading Standards on underage sales**

Finally, working with trading standards on underage sales and also illegal sales of alcohol was clearly seen as important by all of the respondents in terms of having an early impact.

*"That's a legal thing, if there was less illegal alcohol on the streets, there would be less problems because it's stronger and we don't know what's in it. A lot of kids are out there looking more and more mature, so if they could do it, which is difficult, then it would be a good idea."* Atlantic House

*"We did, a number of years ago, with the support of the police, deliver training to off licences and try to deliver training to managers or single shop owners about alcohol."* Aquarius

*"Certainly it happens. It's on the agenda and I know that those areas are being covered. How effective or what the outcomes are I don't know."* Rose Cottage

*"Yeah, so it goes back to trying to have an impact at an early age."* The Zone

Respondents were then asked which of the strategies discussed they thought was the most important and why. The strategies that relate to underage drinking, health and training and



education, both of young people and of staff employed by pubs and clubs, were clearly identified as key and education in particular was felt to have a positive impact on some of the consequences of alcohol misuse.

*"Underage drinking and the training of the pub and club staff and knowledge within that environment. People are drinking at an earlier age. If it becomes cultural, if it becomes the norm that they get drunk, they cause more crime, drinking in the streets becomes the norm, antisocial behaviour will become the norm, domestic violence will become the norm. If they start at an early age, I think you can nip it in the bud."* Atlantic House

*"It's about the health of the population, so generations coming through."* Aquarius

*"It's the two spectrums, underage and sales and selling. That's about preventing the escalation and people developing the serious problems in the first place."* Rose Cottage

*"Training, education, more awareness from those that are selling the alcohol would reduce a lot of things [the consequences of misuse]."* Atlantic House

*"You'd like to think knowledge is power and they're in control of their destiny... but the problem with alcohol is when you're in the moment you're not thinking straight... All your sane rational thoughts go out of the window, and that's the thing we're dealing with. So I'd like to think it would, but I don't know."* The Zone

Respondents were also asked if they felt there was anything else that should be prioritised in terms of the local alcohol agenda in Dudley. In many cases respondents simply reiterated the importance of some of the strategies discussed previously, such as training and awareness raising campaigns. However, there were other areas of importance raised including *"treatment for young people"*, the need to be *"hard hitting"* and the importance of building *"rapport"* and developing relationships based on trust. Additional tailoring of services for people depending on the extent of the problem and whether the problem involved just alcohol or a combination of both alcohol and drugs was also discussed.

*"Treatment for young people. Services such as The Zone are crucial because they're really wanting to make some changes and recognise that it's harmful."* The Zone

*"It just needs more campaigns and more awareness and more training."* Atlantic House

*"Awareness that alcohol and drugs are different and have a range of issues, problems and presentations. Not everybody is a dependent drinker or drug user, it's having services which are suitable for the point the person enters... if they're not done appropriately then people won't engage and you can go two steps backwards."* Aquarius

*"You've got to be hard hitting looking at those people who are drinking heavily. We have people in their 40s/50s and if all of those things were in place 20/30 years ago, would that have made a difference?"* Rose Cottage

*"Building up a relationship with our service users. If the GP has a good relationship or if the practice nurse then they've got that added knowledge they're in a very good position because they've already got that trust in somebody."* Rose Cottage

*"Giving education to teenagers to try and prevent getting to this point. There has to be an acceptance that there's always going to be experimentation, but it's keeping themselves safe. The quality of the education needs to be brilliant, and not just look at drink, or just say no, because that isn't an effective line to young people. The key message is harm reduction."* The Zone

#### 4.8. Alcohol Commissioners

Respondents were asked if there was anything else that the Alcohol Commissioners could do to improve or help them in terms of the delivery of alcohol treatment services. Aquarius initially responded simply with *"Keep us going"* and other comments were made in reference to the NHS cuts and restructuring of Public Health scheduled for early 2013. Positive comments were made in relation to the current relationships with the Alcohol Commissioners and respondents felt that there was a need to maintain current close relationships and to ensure honest and open communications with all of the organisations involved.

*"Alcohol and substance misuse services do a tremendous job."* Aquarius

*"A full quality audit of the services to make sure they're meeting the needs of the community and the client."* Atlantic House

*"Supporting relatives and the family and friends and next door neighbours, that's one thing and offer 24/7 cover, actually having people in support, like community champions, volunteers, or members of the community who can deliver the message in their own communities better than we can."* Aquarius

*"Services are out for tender so make sure we win! We work very closely with the commissioners. So I think it's maintaining that very close relationship and with the funding going over to Public Health, working closely with them."* Rose Cottage

*"Regular dialogue and looking at the whole recovery agenda and what's new and having that honest feedback, that's very important."* Rose Cottage

*"Keeping young people's treatment on the agenda, because it's really easy to get it swallowed... thinking about young people and the support they need, around binge drinking, it can spiral out of control quite quickly and they don't know how to stop it"*

*because everybody else is doing it and they haven't got the skills to put the strategies in place to say no or avoid the situation."* The Zone

*"It's back to schools, how we put education or information to young people. And those not in schools as well, because those groups need it more than vulnerable groups, like those in care or those who actually don't go to school."* The Zone

#### 4.9. Service Improvements

The questions in the final section probed respondents on service improvements and means of obtaining feedback from service users. This was clearly felt to be important and feedback was collected in a variety of ways including both paper and online questionnaires but also informal user forums. Atlantic House, for example, collect anonymous feedback from their clients every six months, with three weeks allocated for collecting questionnaire data, aiming for at least a 25% client response rate. In contrast The Zone use online questionnaires developed in Survey Monkey completed at both the start and end of the young person's "journey" with them. Aquarius and Rose Cottage use a combination of questionnaires and user feedback groups.

*"Every service should get feedback at least once a year. I do twice a year... I have a form which the client fills in and that's fed back to me and I collate, highlight the good points and the bad points, and go from there."* Atlantic House

*"We use SurveyMonkey which we hand to young people at the start of their journey with us, we carry laptops and they can input into it at any time. At closure we encourage, we call them 'personal journeys' where the young person can reflect over their time with us, where they were when they joined us and where they are at the end. It's about the changes they've made whilst being with us. It's new territory for us. We used to hand out service feedback forms, but we never had any filled in so we thought we'd try something different."* The Zone

*"Feedback tells me that we're doing something right and that we're doing something wrong. If it's right, leave it alone. If it's wrong, fix it."* Atlantic House

*"We have multi-meetings. Last Friday we had six or seven at that one but normally it's bigger. We also have questionnaires throughout the building for people who can fill it in at any time, and we have a service user questionnaire six monthly."* Aquarius

*"We have a service user group. It's monthly and for various things, the needs assessment that's happening now, we've got some questionnaires and talking to them about the tender and how they feel about the services. Sometimes there's only two or three people, sometimes there's five or six and there's people who come regularly and people who dip in and out."* Rose Cottage

*"We've sent questionnaires out when they've finished for their feedback. We have our Changing Times magazine as well, a quarterly magazine, and we have a service user production team who comment on a whole raft of things. Articles by service users who have been to rehab or been through detox or poems and quizzes, it's very extensive involving service users and carers. It's the opportunity to talk about any new services or feedback. And as part of the Mental Health Trust, there's an annual service user questionnaire that goes out."* Rose Cottage

The Service Managers were also asked specifically how collecting feedback has been beneficial to the service, any specific improvements that had been made as a result or any examples of the service users having involvement in the development of the service and service redesign. The respondents agreed that collecting feedback and involving service users is a positive experience. Some examples of changes and improvements that have been made as a result of client feedback included offering new services such as acupuncture, increased involvement of family members in service delivery, offering an increased proportion of service delivery out in the community and the development a young persons "chill-out" zone and a detox information leaflet.

*"Some people don't want to go to Aquarius; why can't Aquarius go to the client? Like I said, the gentleman who said he doesn't want to go to Aquarius anymore, why can't they go out into the community to see him? If he doesn't like an environment, he's not going to attend. That's what we learnt."* Atlantic House

*"We had feedback that young people like to come and chill out in the centre... a nice, comfy place. We've got sofas and tea and coffee and pop on the go, and they like to come and spend time here outside of their appointment rather than being shuffled out of the door. So we have implemented what we call 'chill zone', time and space where we're going to do a bit of artwork, get a bit of food on the go, and just relaxed, comfy... We're just setting this up and hoping it's going to be effective..."* The Zone

*"What they said is about family members coming in and perhaps joining in on groups is an example."* Aquarius

*"Central to going out for tendering next year, is that people can be involved and we've got service members who attend various groups that we've got, commissioning groups. My caveat to that is to give the people support so they're able to understand what the issues are... I think the service users should be looking at designing services that have a broad knowledge, if they can, to what that entails."* Aquarius

*"I'd like to meet up with all the social services team, Children and Family so we can demystify what everybody is doing, and how we can work better jointly."* Aquarius

*"We've developed a leaflet for people who have gone in for detox as feedback from a service user group who said they'd like to know more about what to expect... we gave it to the service user group to see how user friendly it was... If somebody has not been in hospital before it's daunting especially a psychiatric hospital. I think it's helped with increasing awareness and allayed some fears about what to expect."* Rose Cottage

## 5. Service Users

### 5.1. Methodology

A 5 minute questionnaire was designed in collaboration with Dudley Public Health to collect data from service users of the 4 alcohol treatment centres.

Hard copies of the questionnaire were distributed to the 4 centres for completion and return to the Public Knowledge free post address; however response rates were extremely low and there were only 18 returns overall. If this, or similar research is repeated in the future, a qualitative approach should be considered as an alternative.

Due to the low sample size the data has therefore been summarised in text within this section, rather than graphed and should be interpreted with caution.

### 5.2. Profile of Respondents

Current service users, ex-service users and friends, family members or carers of current and ex-service users were all eligible to participate in the survey. A category breakdown of those who participated can be seen in Table 1.

**Table 1: User Categories of Respondents**

Category of respondent	Number of respondents
Current alcohol treatment centre user	14
Ex alcohol treatment centre user who <i>has</i> used services within the last 6 months	2
Friend of ex alcohol treatment centre user who <i>has</i> used services within the last 6 months	1
Ex alcohol treatment centre user who <i>has not</i> used services within the last 6 months, or friend, family member or carer of an ex centre user who has not used services within the last 6 months	1

Around three quarters (78%) of the sample were current alcohol treatment centre users, with the remainder being ex-service users and their friends, family members or carers.

All respondents began the questionnaire by completing the first section which involved the collection of demographic data (Tables 2a and b).

Of the 18 service users, ex-users or friends or family members who participated in the survey, 15 (83%) were male and 3 (17%) were female. While the sample included respondents of various ages and locations, respondents were most likely to be over 25 years of age (average age of 41.1 years) and be located in the Brierley Hill and Brockmoor and Pensnett areas. The vast majority of those who participated in the survey (n = 13) were classified as socio-economic

grade E, half of which were unemployed (n = 7) and the other half of which were long-term sick or unable to work (n = 6). All respondents described themselves as White British.

**Table 2a: Demographics of Respondents**

Demographic characteristics		Number of respondents
<b>Gender</b>	Male	15
	Female	3
<b>Age</b>	16-17 years	1
	18-24 years	1
	25-34 years	4
	35-44 years	3
	45-54 years	7
	55-64 years	2
<b>SEG</b>	AB	1
	C1	1
	C2	1
	DE	14
	Retired	1
<b>Ethnicity</b>	White British	18
	BME	0

**Table 2b: Location of Respondents**

Demographic characteristics		Number of respondents
<b>Location</b>	Brierley Hill	4
	Brockmoor & Pensnett	3
	Gornal Wood	2
	Halesowen South	2
	Lye & Wollescote	2
	Amblecote	1
	Coseley East	1
	Quarry Bank & Cradley	1
	St James	1
	Wordsley	1

### 5.3. Awareness, Knowledge and Impact of Alcohol

When asked to identify the maximum number of units that should be drunk per day according to Government advice, many respondents struggled. 5 of 18 respondents (28%) suggested that **men** are advised not to drink any alcohol at all and 6 (33%) suggested that the maximum allowance per day is 21 or 28 units per day, perhaps due to confusion between daily and weekly allowance. In the same manner, 9 respondents (50%) suggested that **women** are advised not to drink any amount of alcohol and 3 (28%) suggested a maximum allowance of between 14 and 24 units per day. 7 respondents (39%) did however correctly identify that men are advised

to drink a maximum of 3 or 4 units per day and 6 (33%) correctly identified that women are advised to drink no more than 2 to 3 units.

Awareness of the health risks associated with alcohol was also very mixed. Respondents were most likely to associate alcohol with liver disease (n = 14, 78%), depression (n = 14, 78%) and high blood pressure (n = 13, 72%) and were least likely to associate alcohol with low birth weight babies (n = 7, 39%), birth defects (n = 8, 44%) and cancer (n = 8, 44%).

The majority of respondents agreed that alcohol does increase the risk of undertaking risky sexual behaviour.

There were also strong associations made between alcohol and negative social impacts such as homelessness, anti-social behaviour and assaults and violence. Respondents were least sure that alcohol was associated with knife crime (n = 10, 56%), hidden harm (n = 11, 61%) and an inability to work or study (n = 11, 61%) but were generally very aware of the social impacts of alcohol consumption.

#### 5.4. Local Priorities

Respondents were next asked to rank alcohol related priorities for the Dudley Borough in terms of importance. Each of the suggested issues were ranked with similar importance, though those directly related to harm such as alcohol related anti-social behaviour, violent crime and domestic abuse were generally the most likely to be considered as “very important”. For all priorities, 6 or 7 respondents gave a “very unimportant” response which is potentially due to a misreading of the ranking scale.

Most of the suggested actions for tackling alcohol misuse were considered important by respondents, though working with Trading Standards and the Council on licensing restrictions was only ranked as important by 7 respondents (39%). When asked to identify which one action was most important, alcohol education for children and young adults was the most common response (n = 7, 39%), followed by improving alcohol awareness campaigns and advertising (n = 3, 28%) and training of healthcare staff to identify the misuse of alcohol before problems get worse (n = 3, 28%), i.e. all the prevention strategies.

#### 5.5. Experience of Treatment Services

Respondents were most likely to say that they themselves, their friend, family member or person in their care had used counselling services (n = 13, 72%) or an alcohol maintenance support group (n = 11, 61%) for help with alcohol problems.

Services that were considered to be the most effective included alcohol maintenance support group (6 considered effective, 3 considered ineffective), relapse prevention (6 considered effective, 3 considered ineffective), medical interventions that include substitute prescribing (4



considered effective, 2 considered ineffective) and auricular acupuncture (4 considered effective, 2 considered ineffective), though for every service that was considered effective by one respondent, at least one other considered it ineffective.

5 respondents gave relevant answers in response to being asked to suggest ways in which local alcohol services could be improved. More advertising on problems and available help, more funding, more counselling services and the availability of "*after office groups*" were suggested.

All respondents were then asked to rate the overall quality of alcohol treatment services they had experienced. A total of 12 respondents (67%) said that services were either "very" or "fairly" good, and only 3 respondents (28%) said they considered them "very" or "fairly" poor. 13 of the 18 respondents (72%) said they would recommend the alcohol services they had experienced to someone else in need of help.

Only 2 respondents (11%) said that they had previously been given the opportunity to give feedback on the alcohol services they had experienced and both of these respondents also said they had done so.

## 6. Professionals

### 6.1. Methodology

Contact details for 12 professionals working in the alcohol arena within Dudley were provided to Public Knowledge by Dudley Public Health in priority order. Following warm-up introductory emails Public Knowledge undertook scheduling processes and all of the top 8 priorities agreed to take part, specifically:

- Drugs and Alcohol Action Team
- Youth Service
- Youth Offending Team
- Probation Service
- CVS - Barnardos
- West Midlands Police
- Drug and Alcohol Liaison Team
- GP/Senior Dudley Adult Drug Service Member

A 30 minute semi-structured discussion guide was designed in collaboration between Dudley Public Health and Public Knowledge. Data was collected in accordance with the Market Research Society Code of Conduct in November and December 2012. All of the interviews were undertaken over the phone and were recorded and transcribed for analysis and reporting purposes.

### 6.2. Professional Roles

#### Youth Service

The youth service caters for young people aged between 13 and 19 years, up to 25 years if they have a learning disability and there are 25 full time staff plus 179 part-time youth work sessions with each session lasting three and a half hours. They provide a broad range of services for all young people across the Borough including targeted work with young people who are looked after, disabled, or in the criminal system, as well as *"opportunities for all young people in the Borough to access social networks, youth centres, youth workers and to develop any other type of project or interest, or seek help for any kind of need."* Somewhere between 25-50% of the respondent's role is specific to alcohol and the issues created by alcohol which is the drug of choice for young people (along with cannabis). The respondent refers to examples such as young people turning up to youth clubs on a Friday night intoxicated and the management of risky behaviours that result from this plus the occasional incidence where they have had to call the police for fear of alcohol fuelled fights starting in the building and *"incidents where we've had to get them home safely."* The respondent discusses the need to do more early intervention work and to provide more information sources where young people can go to find out information for themselves and to provide more education in schools.

*"Some of our youth clubs, particularly those open on a Friday night, have quite a high number of young people who turn up under the influence of alcohol, so it's the work we do with them and their peers to try and influence that risky behaviour."* Youth Service

*"We've worked with some of the health organisations that Dudley PCT commission on youth club night projects. We do joint projects with the Youth Offending Team because there is an overlap between some of the clients. Support groups, awareness raising.... and encouraging the young people to develop educational projects and tools to then use with their peers. Because that's the strongest influence."* Youth Service

*"We also have a partnership group, called the Substance Misuse Group that links to the Substance Misuse Implementation Group, which looks at actions plans, priorities, needs assessments and how the partners around the table can contribute... that tends to focus more on the other substances rather than alcohol."* Youth Service

*"We need to do more early intervention. It is still very much, 'Okay, we've got these problems, if it's antisocial behaviour in a park, it must be due because they're all drunk. Let's go out with a pile of police and do a search tonight and if we find them with anything, we'll take them to the police station and call their parents.' That works for a few weeks, but the most recent version of that project didn't pick any young people up because there dispersal orders and they're in parks hiding."* Youth Service

*"Dudley is developing a 'Think Alcohol' website for young people... somewhere to point young people to find out more information for themselves. Dudley is also starting to pilot healthy living champions within the workforce for the council, and what would be good is if that started to roll out to young people... we've done quite a lot of work around training up young people to do sexual health workshops, condom distribution points, that type of work... the 'Health Promoting Schools' doesn't operate in Dudley now, it's how you provide, or ensure that the schools are using the best provision... They can go out and purchase it somewhere else but there's nothing to say that company is a good company, or the education they provide is of a benchmark standard."* Youth Service

## **Probation Service**

The probation service see many people who are experiencing alcohol misuse issues and they undertake the AUDIT tool with everyone who comes through their doors and refer them on to alcohol misuse services or other services as appropriate. The respondent oversees the Substance Misuse Offender Management Unit which is made up of two qualified probation staff, and two who aren't qualified, but are trained, an admin assistant, an admin team leader and a senior probation officer. The respondent works with this team to ensure that resources and activities are planned accordingly, that pathways are functioning correctly and to co-ordinate partnership and collaborative working activities. The overall aim being to *"tackle the needs of offenders and victims and link in with partners to make sure we have joint enterprise in meeting*

*the needs of offenders so they don't commit any more crime."* The respondents states that alcohol relevant issues account for around 10% of the role on a day-to-day basis although this can fluctuate considerably.

*"I'm part of the Substance Misuse Implementation Group which is a joint commissioning for drugs and alcohol in Dudley. I also chair what's called the Integrated Offender Management Steering Group (IOM). That is a partnership activity between substance misuse agencies, police, and probation to tackle high risk individuals in the Borough of Dudley... It's mainly around drugs, to be fair, although we're engaging now with alcohol services for those with multiple substance misuse issues."* Probation Service

*"The most glaring [issue] is around alcohol misuse and violence. Whether that's binge drinking, night-time violence, domestic abuse... Rolling on from that, but not divorced from that is issues around safeguarding children... alcohol misuse and low level crime... property crime and dishonesty prompted by alcohol consumption, criminal damage, or offences prompted by a need for money to purchase alcohol."* Probation Service

*"A significant proportion [of offenders] report problems with alcohol, but they're often not linking that to their offending. We run the audit tool at the start and end of our contact with somebody. What we've noticed from the early results is people look like they're getting worse, but I think people are truthful when they're filling out the audit form in court because they sense they're going to be sentenced on that basis, and once they develop a relationship with us they're more truthful."* Probation Service

*"We identify the 'offender related needs' of a particular individual. The latest information we have, it's something like about 38%. It's higher than drugs. It's basically the people who are assessed as their offending being linked to a problem with alcohol... broken down by violence, dishonesty, antisocial behaviour, criminal damage, impacts on families, partners and children."* Probation Service

### **GP/Senior Dudley Adult Drug Service Member**

The respondent is a senior team member in the Dudley Adult Drug Service as well as a GP and states that many of the clients using the service may have both drug and alcohol issues. All of the clients using the service are assessed for their alcohol problems and if these problems are causing them difficulties they are referred to the alcohol services in-house. Apart from the assessment and referral process around 5% of the role is dedicated to working with issues relating to alcohol misuse. The respondent works alongside 2 full time team members employed by the Aquarius Alcohol Support team who deal specifically with alcohol misuse issues, assessing clients and supporting them through, either counselling, or referral for home detox, or referring them onto alcohol detox as an inpatient. The respondent is seeing increasing alcohol issues amongst the younger age groups and feels this could be addressed by raising awareness of the resulting health problems this brings about and the services available.

*"...quite a lot of our clients have alcohol issues and often when they're reducing their illegal substance use, alcohol becomes a problem. We have a subsection of our client group who have chronic alcohol problems, people who die of alcohol related liver disease."* GP

*"As a drug service we have a very holistic approach, looking at the psychosocial support that clients need, looking at education training, family support, etcetera, so, obviously, the impact that alcohol has on their social interaction and family interactions factors in into the support that we give people."* GP

*"We've seen more and more alcohol problems in the younger population... both related to alcohol admissions to hospitals, alcoholic damage, etc."* GP

*"I think it's accessibility of services really, you've got to raise the profile that binge drinking, which is often your problem in the younger age group, does often lead on to damage, and social problems, as well as actual physical damage to your health, and often a lot of people who are starting off as binge drinkers, a small proportion of them will go on to more chronic use of alcohol on a regular basis..."* GP

### **West Midlands Police**

At the time of interview the respondent has been in the role of Crime Manager for almost nine months. The role involves *"understanding the threat and risk particularly around alcohol-related crime in terms of most serious violence and other violent-related offences."* Furthermore, the role involves tasking and deploying officers to prevent offences taking place, but where offences are committed, ensuring that investigation takes place, bringing those individuals to justice and trying to prevent recurrence. None of the staff specifically deal with alcohol-related misuse in terms of that being their defined function but alcohol misuse features in the respondent's role around 15-20% of the time. The incidents which are dealt with most often are violence and public place disorder, domestic offence and crime and there is a substantial seasonal effect in addition to variation based on day or the week. The respondent feels that there needs to be more education and preventative measures to try and prevent some of the alcohol related issues they're seeing.

*"Which type of crime will depend upon which department picks up that subsequent investigation. There'll be a number of different staff from different departments that pick up aspects in relation to preventing and deterring crime through to licence officer through to neighbourhood teams that provide the visibility and have interactions with licensees."*

West Midlands Police

*"You could almost break this down in terms of the days of the week and month of the year in terms of public place violence, but then also violence committed in the home in terms of a domestic."* West Midlands Police

*"On street public violence in relation to alcohol is a constant threat. Seasonality has a big issue around this. We expect a seasonal increase in terms of serious violent offences and we try and put strategies in place to prevent those offences occurring in the first place. But also likewise with domestic violence..." West Midlands Police*

*"First and foremost is education, is individuals understanding the impact of alcohol upon themselves, and making the conscious decision not to get to those extremes in the first instance... someone may be perfectly law-abiding one moment, but once they've taken alcohol, they become potentially a different person." West Midlands Police*

*"Around night-time economy we try to reinforce that through our licensees around their responsibilities, so that we are pre-empting problems before they start, be that through door staff, not allowing people in that are clearly intoxicated, and licensees not serving people that are already clearly heavily under the influence." West Midlands Police*

### **Drug and Alcohol Liaison Team**

The respondent is a nurse in a team working with patients with substance misuse problems at Russells Hall Hospital, employed by Dudley and Waltham Mental Health NHS Partnership Trust and based at the Substance Misuse Team of Rose Cottage in Dudley. The role is to identify and manage patients with alcohol problems in the general hospital, working with the medical and nursing teams. The team serve as a link between the hospital care and the Substance Misuse Teams in the community. This may not just be services within Dudley, but also out of area, e.g. from Sandwell, Dudley and Wolverhampton. Part of the role is to work with the hospital which provides guidelines in relation to any new trends on prescribing. They work towards reducing the alcohol related admissions, by ensuring patients referred through to the services are getting the right advice and information, by working from the A&E department, right through to all the wards and then on in to the community. The majority of the role is alcohol related with some crossover with drug misuse and the respondent works with 2 other nurses who are also largely working with patients with alcohol misuse. The main issues experienced within the respondent's role relate to medication and prescribing for patients going through alcohol withdrawal syndrome, by providing the knowledge base for doctors at the hospital they ensure that patients are on the right regime for their withdrawal so they don't go into seizures. Other issues are working with and tracking those who are heavy drinkers who keep returning to hospital or reaching those drinkers who are difficult to engage with and monitoring them in the community to prevent return to hospital. The respondent also identifies that homelessness and debt are key issues involved with alcohol misuse, as well as issues surrounding support in the work place for heavy drinkers and support for the patient's family and friends.

*"I offer some community outreach. If you've got some of the more difficult to engage patients, or patient that may be on medication and want to carry on, they're experiencing*

*symptoms of alcohol withdrawal, I work with them for a few days in the community to help them to adjust and continue to link them up with services..." D&AL Team*

*"We provide psychosocial intervention... extended brief advice, motivational interviewing, advice on discharges, clinical audits on our work to look at referral rates and what's happening to the patients when they're discharged. We provide a yearly report on our activity... We do a lot of training sessions to the medical team at the Dudley hospitals throughout the year, because you're getting constant new doctors that don't know about prescribing for patients going through alcohol withdrawal syndrome. They're not always aware of the NICE guidelines, so we point that out." D&AL Team*

*"There's never enough services when it comes to social. We can only use the services we've got, we know about CAB, we know about the housing teams, we impart a lot of that information to the patients. It's only as good as they want to use it... if they've got mental health issues, we'll track them through to services like MIND, or flag that up... when we make referrals we'll put what the triggers were for their drinking... If you go into Russells Hall Hospital, they'll see us very much as a clinical team, but the other side of what we do is work with social issues... we'll support them and guide them in the right direction... the whole picture - psychological, social, spiritual." D&AL Team*

### **Barnardos/Time for Me Project**

The Time for Me Project was originally started around seven years ago in response to the government's Hidden Harm Report. The project works with children who live in the Dudley Borough aged between 8-13 years who have been affected by substance misuse at home but the respondent would like to see this increased to 17 years. Evening group sessions are run every week, so the children can take part in activities, have time away from home and can make new friends with other children in similar situations. During the school holidays, children take part in day or weekend activities that help boost their confidence and self-esteem and sometimes take part in alcohol misuse work. Barnardos and Aquarius also work together on some projects for parents and children and are able to information-share between services. Approximately 75% of the role relates to issues resulting from alcohol misuse. The respondent is the only member of staff working with alcohol related issues but works alongside eight volunteers dealing with mainly social and family issues resulting from alcohol misuse as described below.

*"Neglect is a big one. Children really worry about their parents as well... we've had children excluded from school because they're kicking off, but then they've said, 'How am I supposed to concentrate on what my teacher is telling me when all I can think about is whether my mum is dead or alive?' When things look very chaotic and the children are really struggling, we'll sit with them in school for an hour a week, we try and address some of the issues. But we've worked in schools where children haven't had full uniforms*



*on their back. There is a lot of neglect with alcohol misuse, children not having proper meals, no Christmas presents.” Barnardos*

*“We get people enquiring, or, ‘Can you go and talk to this child?’ And if she or he is 15, 16, we can’t provide a service, because our cut-off is 13. They can go to the Young Carers Project in Stourbridge, but that’s more about being a young carer. We’re targeted at substance misuse. We make the referrals on. But it’s very difficult for them. Ideally we’d like to increase our service so it goes up to the age of 17.” Barnardos*

### **Youth Offending Team**

The respondent has been in the position for 2 years and about 20% of the role is directly alcohol related. The role requires one-to-one and group work with youth offenders where many of the offences are alcohol related including preventative work and going out into areas where there is alcohol related antisocial behaviour. The respondent also runs a variety of programmes based on violence, weapons, cannabis awareness, or managing emotions – again where many participants have alcohol related issue. There are nine colleagues within the Youth Service who have a similar amount of work time dedicated to alcohol issues and within these roles the issues which are presented can vary but below is an example of the type of work involved, which relates specifically to alcohol misuse amongst teenage girls. The respondent feels that more should be done by way of preventative measures and that there is a need for more work with schools to tackle the problem in the “main stream” rather than just focusing on those who are identified as being an issue.

*“At the moment I’m working out in Lower Gornal because they’ve just issued a huge dispersal order on the area due to antisocial behaviour on Friday and Saturday evenings. Part of my work is going out there on the evenings, talking to the young people, doing some harm reduction work, raising awareness, trying to track what’s going on. At times it can be quite difficult because when they’ve had a drink it’s difficult to intervene there and then. It might then carry over to the following week where I’ll do a centre based piece of work with particular young people around the issue. I’ve been doing a binge drinking project with some of the girls in Gornal, because that area had highlighted a real issue with antisocial behaviour, and it was all drink related with the teenage girls. We ran an eight/nine week project to raise awareness and reduce harm.” Youth Offending Team*

*“The binge drinking, particularly in teenage girls, is an issue in Dudley. We have staff on a rota in Russells Hall A&E on a Friday and Saturday evening to deal with under 18s presenting drunk or with drug issues. Probably 98% of the young people that have presented the last eight months have been drunk teenage girls.” Youth Offending Team*

### **Drug and Alcohol Action Team**

The respondent is acting head of the Community Safety and Substance Misuse and is employed by Dudley Metropolitan Borough Council. The role involves “strategy, coordinating and



*commissioning*" plus lot of partnership working and on a day-to-day basis the respondent manages the Community Safety team, which includes the Drug and Alcohol Action team. Part of the remit is ensuring that the council's statutory responsibilities in respect to reducing crime and disorder and antisocial behaviour in substance misuse are met and *"ensuring that the right services are in place and that people know how to access them."* Alcohol and alcohol misuse issues account for around 25% of the respondent's role. The respondent also chairs the alcohol strategy group, which oversees the implementation of the strategy and any update on an annual basis and they led and produced the existing alcohol strategy which was developed in 2007.

*"We have cross cutting agendas, within the community safety team, we've got a domestic abuse coordinator, an antisocial behaviour team, and again, either victims or perpetrators may be using alcohol. In respect of the drug and alcohol action team, I line manage the staff within that team, and they have commissioning responsibility for alcohol services and also, particularly in respect of the young person's agenda because it is drugs and alcohol, they put together the annual plan for children and young people and substance misuse in the Borough."* Drug and Alcohol Action Team

*"A full needs assessment is being done and that will inform the next strategy from March... how alcohol impacts on health, but also on the Crime and Disorder Agenda, so we look at reducing alcohol harm from a holistic approach, to individuals, families, and communities."* Drug and Alcohol Action Team

*"We've always looked at alcohol misuse from a broad base, partly to ensure partnership buy in... we work with particularly colleagues from public health, on looking at how we can reduce hospital related admissions and a lot of that has been through commissioning by public health, but then we've developed pathways out into other services."* Drug and Alcohol Action Team

*"About two years ago we arranged training for licensees of licensed premises and off licenses around responsible sales. More recently we have commissioned training, which is due to continue until early in the new year, around drugs and alcohol awareness training, level one and level two. And the public health would concentrate on the making every contact counts, and like community events. The other bit is around safeguarding, I sit on the safeguarding adults and children's board..."* Drug and Alcohol Action Team

### 6.3. Working with Service Providers

The professionals were asked about the ways in which they work with the alcohol treatment services across the Borough, how effective they are and how they could be improved or developed. Although some professionals only have limited or indirect involvement, many work with a wide range of treatment services available particularly Aquarius but also Atlantic House, The Zone and Rose Cottage in addition to Alcoholics Anonymous.

*"Indirect involvement with Atlantic and Aquarius... with a view that by tackling that addiction, we will deter them from committing criminal offences."* West Midlands Police

*"The service I'm more in touch with is the dual diagnosis service for mental health and alcohol and the young person's service The Zone... Dudley is a small Borough so we don't have a plethora of services... I've found my involvement positive and I've seen changes in how Aquarius run the service, they've become more robust in how they deliver... They now have volunteers and work in the community."* Drug and Alcohol Action Team

*"Aquarius and The Zone for young people because it's referrals for alcohol and drug treatment... they're very organised, very professional. They definitely know what they're doing. Some of their full-time staff are part-time youth workers for us on an evening... it's extra support for partnership work at a lower intervention level."* Youth Service

*"We pay Aquarius to deliver care coordination side of the alcohol treatment requirement. They'll offer the offender four sessions, but obviously part of that is about linking in with mainstream services to get people into detox programmes, whether it's inpatients or community. That's their role as well as linking in with the dedicated probation officer who will manage that case... often we're not always aware of an alcohol issue at the point of sentence, people won't tell us..."* Probation Service

*"Aquarius we deal with in the main because we have a contract with them, but we deal with Cranstoun, CRI, across the Dudley partnership. Those are our two main treatment providers..."* Probation Service

*"I refer to Doctor Gascon's team who have the dual diagnosis service, who also run the inpatient alcohol services, there's a psychiatric based alcohol service support, and there's also Aquarius, an independent charity alcohol support team. And also, as a GP, I would refer to the local alcohol workers as well..."* GP

*"We're based at Rose Cottage. So especially if the person has got mental health, we'd put them through to the Substance Misuse Team at Rose Cottage ... depending on where the patient is at on their drinking levels, they might go to Aquarius. We're linked to the CQIN as well... if they're referred to us we'd see some in the hospital and track them through to Aquarius or Alcoholics Anonymous... If the person has got any drug issues, alcohol and drugs, we link them up with Atlantic House."* D&AL Team

*"There's the NHS Substance Misuse Team, otherwise known as Rose Cottage, and they're up at Holly Hall in Dudley. They're the two alcohol services closest to us... Al-Anon support adults, Aquarius support adults, and the NHS Substance Misuse Team support adults, whereas my work is more with children. What we do if we've had a referral from a school as an example, and they say, 'We've got concerns about this child, can you work with*

*them?’ we may find that no one is working with the parent. So we’ll signpost the parent to Aquarius or CRI if it’s drugs.” Barnardos*

When asked how effective they thought the alcohol treatment services offered across the Dudley Borough were, the professionals were generally positive although there were multiple mentions relating to the fact that the client group in question are extremely difficult to engage with and there are limitations to the misuse service based on the respondents willingness to engage and to help themselves. The Probation Service discussed recent issues relating to staff turnover at Aquarius and the negative impact that this has on the development of relationships.

*"The service will always have limitations if the person that’s subject to alcohol or drug misuse doesn’t wish to engage... that’s invariably when we end up going to enforcement for that breach of licence or taking other action to curb the offending behaviour. Certainly people do want to come on board and break the cycle in terms of alcohol misuse but it is dependent upon willingness.” West Midlands Police*

*"Positive. It’s difficult, particularly with teenagers, to deal with the alcohol problem, because they’re binge drinkers, or they just say that they’re recreational using... Some of the girls that persistently present at A&E, we would recognise it as an issue, whereas if their parents are regularly drinking, they don’t recognise it as a problem, so it’s difficult to follow through with referrals, and I don’t think that’s the agency, The Zone or Aquarius’ issue, that’s the family taking responsibility.” Youth Offending Team*

*"Our client group are difficult to engage with sometimes, we have to do a lot of outreach and engagement but the service is reasonably effective, the difficulty with all substance misuse services is the desire of the client to get engaged.” GP*

*"The parents obviously have to want to give up as well. I think if Aquarius is working with someone who doesn’t want to give up, it can make it very difficult, can’t it, because they’ve got their own minds at the end of the day.” Barnardos*

*"In the last 12 months, we’ve struggled a bit in terms of staff turnover specifically around alcohol treatment requirements, which is a service we have to offer to the court, some issues getting a consistent worker. Aquarius would say the same, I think. Fingers crossed, we’ve now resolved that, but it meant people were not always clear about the way into that requirement and has left some things on the back burner too long... If the single point of contact keeps being different, it doesn’t develop that relationship and we’re not as good at targeting the interventions.” Probation Service*

*"Really positive [experience]. The beauty of my role is I can tap into all those services. If I refer somebody through to Aquarius or the Substance Misuse team I can still do some work with them in the community, I can be a link and a bridge. If they come back through*

*to the hospital, I already have some idea about what's going on and I can track them so I can keep Aquarius informed, or the Substance Misuse. The services work fairly well together. It's all about communication."* D&AL Team

*"Aquarius are absolutely fantastic. The parent has sessions every week with a keyworker, so they're constantly seeing someone. Whereas I think the GP might only ever see them every six or seven weeks. The Aquarius intervention, because it's week in, week out, they can keep them on track."* Barnardos

Respondents were also asked how they thought alcohol treatment services across the Borough could be improved or developed. There were a wide range of responses obtained including the need for treatment services to be better geared up to deal with offenders (Probation Service), more early intervention work and workshops with young people (Youth Service), long waiting lists for alcohol inpatient detox services at Bushy Fields (GP), a lack of psychological support services and transport (D&AL Team), more work with the children of parents who have alcohol misuse issues (Barnados) and more work with the family dynamic (Probation Service).

*"Treatment requirements are a sentence offered by the court, and we should have an alcohol service that's geared up to deal with that in the same way we do for drug treatment requirements... It's not an add-on; it needs to be a bit more integral to the whole treatment system."* Probation Service

*"One of the issues is the family dynamic in our work. What I'm trying to encourage us to do when we're assessing people is to have some knowledge and insight into the family dynamic... asking questions about whether they have a younger sibling, or a father, mother, son or daughter, who may have an alcohol issue, and we are flagging that up. That would then mean we would have more impact."* Probation Service

*"The Zone would love to do more early intervention stuff and come out and do workshops with us, but that's not what they're commissioned to do, and therefore they haven't got the staff and the funding."* Youth Service

*"We have a problem with alcohol inpatient detox services locally, there's quite a long waiting list... there's only one bed for alcohol detox services in Bushey Fields, our local psychiatric service, and I think 13 males waiting for that bed. There's less of a wait for women than men, but the majority of them are men and there's quite a long wait."* GP

*"I struggle getting psychological help for patients... I'm not sure what the pathways are for people that have developed Korsakoff's... They might be in their 40s or 50s, and we get quite a lot of calls from social workers, 'Where do we place these people?' Because they're quite young to develop that kind of dementia... Transport is always one for patients, but*

*we use the services out there. Aquarius give people bus passes, the day trippers, so those help."* D&AL Team

*"Sometimes the children get missed. They work with the adults so therefore they don't always pick up how the children have been affected at home... a child might be in crisis at home and not being able to cope and all sorts of things may be going on. When they receive the referral for an adult an assessment should be done on the children."* Barnardos

#### 6.4. Effects of Alcohol Misuse on Dudley

As with the service providers, professional respondents were asked whether they thought that alcohol misuse was an issue in the Dudley Borough and why. There was a clear feeling that this is a big problem for the area, particularly in hot spots such as Stourbridge and that the problem is much worse than that of drugs, although one respondent felt that the issues in Dudley weren't any worse than elsewhere in the country. Some of the issues that were raised at this stage included domestic violence, family disruption, antisocial behaviour, underage drinking and the costs of services such as the NHS. The professionals interviewed offered a range of possible causes from the availability of cheap alcohol to poverty and social deprivation, individual personal circumstances, or psychological or physical health problems.

*"A significant impact... more than drugs, which most of the population might not be clear about... I have officers who work in different parts of Staffordshire and West Midlands and they have been quite struck by the amount of alcohol issues in the Borough."* Probation Service

*"It doesn't seem to be any worse than any national figures, and we don't seem to be any worse compared to our statistical neighbours. It's a difficult one because a lot of people don't see it as an issue in the first place."* Youth Service

*"A considerable impact on family interaction, it fuels domestic violence and family disruption, heavy drinking is a trait of poverty, and we have an awful lot of poverty in Dudley...it's a poor community, all the decent jobs have disappeared and there's high rates of unemployment. Cheap alcohol is an anaesthetic for life's grims."* GP

*"Alcohol has a significant impact on the Borough of Dudley in terms of the number of persons that are probably drinking to excess, the issues that that is creating in terms of the strain on various services and the impact on households."* West Midlands Police

*"Alcohol is problematic for the people of Dudley. We come across chronic drinkers which, unfortunately, results in death... it's really trying to start earlier, looking at kids from school and colleges, especially 16 to 18 because those are the ones we're going to see drinking chronically in the hospital building up to your dependent drinkers in years to*

*come... We're all quoting the figures of how much billions it's costing the NHS, and we look at ways we can reduce that."* D&AL Team

*"The reasons why they're drinking. It's physical problems, psychological, social, mental health, homeless, lack of money, social deprivation. There are the hotspots - Stourbridge that's one..."* D&AL Team

*"There's a lack of understanding around the impact of alcohol misuse on longer term health effects and the nature of drinking has changed, with more drinking at home. A lot of the pubs have closed, a lot of the industry no longer exists."* Drug and Alcohol Action Team

*"It's quite high, alcohol misuse in Dudley. It's so cheap. You can get it in the supermarket, buy one get one free or half-price. They do own brands of cans of lager and things, which makes it really cheap. It's not frowned upon and as long as you're over 18 you can go and buy it and people don't look down on you... I'm no way against drinking but when it becomes an issue and it starts taking over, it's quite cruel. A lot of young and middle-aged people die of alcohol misuse in Dudley. It's a major problem. You see empty cans lying around the streets."* Barnardos

*"It's a huge problem and it's generational, within families it's socially acceptable... I did a sleepover with these young girls, and their mum's turned up with a carrier bag full of WKD for them. And it was just, oh they have a drink on a Friday and Saturday night. These were 14-year-old girls and I was absolutely astounded."* Youth Offending Team

## 6.5. Effects on the Community

Respondents were then prompted with various possible alcohol related impacts on the community, each of which is discussed further under the sub-headings below.

### **Anti-social behaviour**

As with the service providers, anti-social behaviour was seen to be a key issue across the Dudley Borough, with alcohol being perceived as one of the root causes, particularly in Stourbridge and amongst the young or dependent drinkers.

*"A proportion of antisocial behaviour is [related to alcohol misuse]... it's probably not as high as you think... Alcohol makes things happen a little quicker, but it doesn't necessarily make things happen on its own. I think alcohol intake makes more serious antisocial behaviour, but it doesn't create it."* Probation Service

*"Based on information I get through police, I'd say alcohol, along with mental health, is probably also the main cause of antisocial behaviour."* Youth Service



*"You don't have to go very far to Stourbridge on a Saturday evening to see the impact of excess drinking in the young population... it's quite a big political affect."* GP

*"We do get some of dependent drinkers that have been problematic in their area that come through because they're linking up to antisocial behaviour..."* D&AL Team

*"Most definitely it's a result of alcohol misuse in Dudley... People don't react to things like they normally would under the influence of alcohol."* Barnardos

*"A huge problem, alcohol related ASB is massive for us. Because of all the reports and the amount of dispersal orders we have, now have a new thing called community resolutions, and if you look at the kids picked up, 80 odd per cent of those crimes are antisocial behaviour things that are alcohol related."* Youth Offending Team

### **Assaults, violence and domestic abuse**

Many of the respondents also saw a clear connection between alcohol use and assaults, violence and domestic abuse within the Borough although there were mixed opinions as to whether the problem is getting worse or better.

*"...the vast majority of assaults, alcohol will play a factor."* West Midlands Police

*"What we're seeing around domestic abuse particularly is that it's making the violence worse... alcohol feeds into actual physical assault and sometimes sexual assault, rather than the mind games and the psychological abuse that happens."* Probation Service

*"A&E is full of people who have assaulted each other from alcohol related issues... numbers haven't decreased, they've increased in recent years."* GP

*"We see a lot of domestic abuse in our client group... alcohol is often a trigger point."* GP

*"That has been reducing, we don't have a lot of alcohol related violent crime."* Drug and Alcohol Action Team

*"A high proportion of domestic violence incidents involve one or both individuals having some kind of alcohol consumption."* West Midlands Police

*"Very high, very high. They both go hand in hand. Usually again it stems from someone drinking. So that would be very high percentages, domestic abuse."* Barnardos

*"Hugely alcohol related, particularly in our female clients. A lot of our female clients that are here on violence charges, probably 99% are alcohol related."* Youth Offending Team

## Accidents

Amongst the professionals opinions of the relationship between accidents and alcohol consumption were less clear. This was more intimated rather than backed up by actual statistics and it was mainly admissions to A&E following accidents at the weekend which were perceived to be alcohol related, although road traffic accidents were also mentioned.

*"From what I'm told through reports we get at partner meetings, a lot of injuries due to accidents at A&E on a weekend are alcohol based."* Youth Service

*"I'm sure the road safety people's accident and collecting statistics would suggest that there's plenty of people drinking."* GP

*"There might be an issue in terms of accidents related to alcohol consumption, but they won't be flagged to us if there's no criminal aspect."* West Midlands Police

*"...majority of the people we see at the hospital, accidents, trips, falls, head injuries. You've got your Saturday night people, but they don't always come through to us as a service because it's probably a one-off... If I look at our referral book, a few are assaults, but the majority are falls, trips, head injury."* D&AL Team

*"I'm less aware of the accidents, but we do know that some trips and falls are attributed to alcohol misuse."* Drug and Alcohol Action Team

## Crime including knife crime

The association between alcohol and crime was generally seen as substantial but was not considered to be as important as some of the issues previously discussed. Knife crime specifically was also not seen as a big issue for the Dudley Borough.

*"A difficult one to answer because of the low levels of knife crime we have, which is obviously a positive thing."* West Midlands Police

*"A significant proportion have alcohol related crime and these are skilled probation officers who have been assessing people for years. What I would say, though, is that it is rarely the only issue involved in a crime."* Probation Service

*"I will go on what the police tell us regularly yes, there's definitely a link with crime and alcohol."* Youth Service

*"I doubt it's that much of an impact to be honest, I suspect violence against each other while drunk, you know, the usual bottlings in the pub, maybe there is that, but a more premeditated crime, I'm not sure it has that much of an impact."* GP

*"Knife crime is not a big issue for the Borough. There is some, but we're not in one of the guns, gangs and knife crime hot spots."* Drug and Alcohol Action Team



## Family breakdown

Most respondents strongly agreed that alcohol misuse is related to an increased likelihood of family breakdown and were able to give examples of cases where they had seen this. There was some discussion of the necessity of interventions to help deal with the issues that alcohol presents to other family members and West Midlands Police also pointed out that the association between alcohol and issues such as violence and domestic abuse can lead to issues within the family.

*"Yes, I think it is linked to alcohol consumption. Again, life is a little more complicated than that, but it is one of the reasons why families breakdown."* Probation Service

*"Yes, contributing factor. It's often referred to when we have meetings around troubled families."* Youth Service

*"Certainly we see the evidence of that, a lot of our client group, even if they haven't had a family history of drug abuse problems, they've often had a family history of alcohol problems, and that contributes to disrupting families."* GP

*"Major one, family breakdown. Some of our work we don't just talk to the patient, but the relatives as well. Sometimes just offering an intervention from the hospital and into the community can build up family relations."* D&AL Team

*"Most definitely. We've got so many families that have broken down because of alcohol misuse, because the partner can't cope, and grandparents sometimes end up looking after children, and if they're elderly it's a lot of pressure on them."* Barnardos

*"There are particular pockets of Dudley where you could say that alcohol has been a huge problem in families, areas of disadvantage, Wren's Nest... they've been doing quite a lot of work with parents, particularly mums around alcohol, and it's highlighted a big problem around relationships and family breakups."* Youth Offending Team

## Inability to work or study

There were mixed opinions relating to inability to work or study with some who felt there was a significant relationship and others who did not feel this had a major impact or that increased drinking was caused by unemployment and boredom.

*"Quite a significant one. Alcohol consumption does affect employability and 'regular routines'... we have an employment and training education officer who works with people and tries to match them up with training or jobs. But we have difficulty getting people to comply and turn up when there are alcohol issues."* Probation Service

*"I don't think it has a great impact, I think it's more of an impact on, the other way round, people are not working, got a lot of the time on their hands, there's boredom, and not much in the way of other life, and they drink to fill the time."* GP

*"There is a workless-ness issue... I would say there is that correlation between the two from the individuals that have criminal backgrounds."* West Midlands Police

*"Major one. If some of those people have come through the hospital, they might have had a seizure or they're in alcohol withdrawal, they've been started on some medication in hospital, we can support them in the community in the hope of getting them off alcohol enough to allow them time to get back into employment, because it is costing society quite a lot of money, people having days off work with alcohol related issues."* D&AL Team

### **Hidden harm**

The effect of parental alcohol use on children is clearly substantial and is viewed as important and in extreme cases this can result in children going into care. This was an issue which was particularly highlighted by the respondent from Barnardos in earlier questions, where the identification of an adult with alcohol misuse should trigger an evaluation of the children in their care.

*"Yeah, not just domestic abuse, but also resorting to alcohol use and neglecting their responsibilities as parents, as family members. We have involvement in high risk cases, but also child protection procedures on a fairly regular basis."* Probation Service

*"We get quite a few young people discussed at panel that have family members with alcohol issues. There are a number of projects in the Borough where young people are supported because of their parents' dependency with alcohol and/or drugs. But also there seems to be a link between young people going into care and parental alcohol use."* Youth Service

*"Definitely we know that is an issue. We know Barnardos have a waiting list. We are struggling to find funding."* Drug and Alcohol Action Team

*"...there is quite a lot of evidence that hidden substance misuse, and alcohol by far the biggest factor in that it contributes to family disruption... four years ago we had about 420 or 30 kids in care, we've now got 735... and a percentage of that is related to substance misuse in parents, of which alcohol is the biggest factor"* GP

*"A big problem and it's perhaps not recognised as an issue that mum has a drink every night, it's not such a deal until it all kicks off one day."* Youth Offending Team

## Homelessness

Most professionals acknowledge there can be a link between alcohol consumption and homelessness although it is hard to determine which comes first. There is a sense that excessive spending on alcohol rather than paying the bills, tied in with other issues can lead to a breakdown in personal circumstances resulting in homelessness. However, in general homelessness is not felt to be a particularly large problem in Dudley.

*"A significant impact and will get more significant as benefit changes arise... Often people's alcohol use has led them to be evicted, they're spending their money on alcohol, or they've gone into prison for short periods, lost their tenancies, built up arrears and are more difficult to house when they come out."* Probation Service

*"The individuals we encounter in terms of custody, in terms of criminal activity that are without a current address and would class themselves as homeless, invariably we will see that there is a drink issue there and obviously we've got responsibilities to look after their wellbeing."* West Midlands Police

*"We don't have a lot of roofless people in Dudley, but I know from some supporting information I've just received that there will be people with housing issues where alcohol is an issue for them."* Drug and Alcohol Action Team

*"Not sure. It's one of those, which comes first?"* Youth Service

*"We don't have a lot of homelessness in Dudley, fortunately most of our client group can find somewhere, a roof over their heads, we don't have a lot of homelessness and it's usually fairly temporary, so it has an impact, but I don't think it's major."* GP

*"Yes, some of that is because of the money they're spending on drink, they're not paying the bills. Some of the partners we have with the tenancy support officers, if we've got a patient coming through talking about losing their tenancy we put referrals through or link them up to the housing officers in Dudley."* D&AL Team

*"Lower than the others... it can be alcohol-related. But a lot of people become homeless because of debt and things like that, or not having a job."* Barnardos

## 6.6. Priorities

The next section of the discussion guide dealt with alcohol related priorities across the Dudley Borough and as with the previous section respondents were prompted with a list and were asked to say how important they thought each was and why.

## **Reducing the number of alcohol related A&E attendances and hospital admissions**

Reducing hospital admissions for alcohol related issues were seen as a top priority by many of the professionals interviewed. This was seen to be a large expense for the health service in terms of current and future healthcare provision for longer term illness. It was also seen as a way to identify and help prevent those who were likely to become dependent on alcohol in the future, in particular young people coming into A&E due to binge drinking.

*"It's an important commissioning objective for us because otherwise it's just money that's being enormously wasted... the cost of putting somebody through a treatment for liver failure due to the alcohol is fifty to a hundred thousand a year."* GP

*"Extremely important. We feature quite heavily in the Dudley Borough in terms of the volume of alcohol-related A&E."* West Midlands Police

*"It is a priority because if we can invest earlier in raising awareness, getting people into treatment sooner, then that lead to more positive outcomes for those who are mistreating alcohol for themselves and then you've got some reduction in actual cost to the public purse. So there's obviously benefits all round."* Drug and Alcohol Action Team

*"It's been identified as an area of concern that could also link to other factors. It could be an indicator that there's other issues that need to be addressed, either with that adult or young person when they turn up at A&E with alcohol problems. So part of monitoring it and reducing it is also linked to how that then acts as an early warning system for other issues."* Youth Service

*"I wouldn't know how much it's actually costing the local health authority, but I know it is a target to reduce it."* Youth Service

*"Very important. We try and be as creative as we can with linking patients up with community services, meeting them in community, that could be at the house or the GP surgery, or sending an opt-in letter, or sending information out."* D&AL Team

*"Yeah, it is important. I wouldn't see that as the top priority for us."* Probation Service

## **Reducing alcohol related violent crime including knife crime**

There were mixed opinions when respondents were asked about reducing alcohol related violent crime. While alcohol related crime is clearly a serious issue, knife crime specifically was not generally seen to be a big issue in the Borough.

*"That's quite a significant one for me."* Probation Service

*"I would put that in the low to medium [knife crime]."* Probation Service

*"Right up there in terms of priorities for myself."* West Midlands Police

*"Fortunately we have quite low crime rates in Dudley, relative to the depression and poverty of the population, so I don't think violent crime and knife crime is a high problem, it would be great if we can reduce it, but I don't think it's a big priority."* GP

*"Yes. It's one of those that links to other projects that we're working on which is around reducing gang culture and youth crime."* Youth Service

*"It's important, but wouldn't be top of the list because it's not a big problem."* Drug and Alcohol Action Team

### **Reducing alcohol related antisocial behaviour**

Reducing alcohol related antisocial behaviour was seen by some to be very important and this is considered to be a political issue which is very high on the agenda within the community. Tackling the issue is felt to be important because preventing young people from getting criminal records has a negative impact on their future and ability to find employment.

*"I think that's in the medium category for me."* Probation Service

*"Considerable impact on our communities, and repeating in its nature. So again, a very high priority."* West Midlands Police

*"Anti-social behaviour is a cross cutting issue. It affects all kind of ages and all communities and our elected members get very excited about it."* Drug and Alcohol Action Team

*"That's a big political issue, that's more, from my point of view, related to, educating young people into how they would appropriately use whatever substance they chose to use in a rational way."* GP

*"There's a political wish to do that... from my point of view, if we reduce that it's reducing the chances of young people getting themselves criminal records, which in turn reduces other options they have like college and employment."* Youth Service

### **Alcohol related domestic abuse**

While many professionals felt this was an important area some commented that it may not be so apparent or reported i.e. hidden. In this instance it was felt that that where domestic abuse is related to alcohol misuse it is essential that the whole family is assessed.

*"That's in the significant high."* Probation Service

*"Domestic abuse and its contribution to looked after children's services, and kids getting into foster care... that's got to be a factor in family breakdown."* GP

*"More of a priority than ASB, because again there's the impact on the victim and then there's the hidden harm around what children and young people experience in seeing domestic abuse in their home life."* Drug and Alcohol Action Team

### **Alcohol related homelessness**

As many respondents did not feel that homelessness was a major issue in the Borough this was not seen as a key priority by most although this was with the exception of the Police and the Probation Service.

*"I would put that in the significant high category as well."* Probation Service

*"A high priority obviously the impact on the individual. But organisationally it isn't something I would put above the others we've already discussed."* West Midlands Police

*"It's not a big factor for us in Dudley, we have a few, but...we don't have a lot of homelessness in Dudley and it tends to be fairly short term really."* GP

*"I'm not sure how much of a problem that is in Dudley, so I don't know about that as a priority."* Youth Service

### **Reducing underage drinking**

Most respondents felt that reducing underage drinking was a significant priority for Dudley as the key to informing and educating young people in order to prevent a lifetime of alcohol misuse or dependency, tied in with all the inherent social and health issues as well as reducing antisocial behaviour and offending amongst the young and improving opportunities.

*"Medium to high priority because of the intrinsic links to violence, disorder and antisocial behaviour."* West Midlands Police

*"Significant. One of the issues for me is how we deal with people before they get to the stage where they're committing crime, serious violence. So some of the early intervention stuff and early family stuff I think is vital for us."* Probation Service

*"Yes it would be useful to reduce underage drinking in that that would reduce the amount of people who become addicted to alcohol at an earlier age... the media spends an enormous amount of time and effort trying to promote alcohol so it's not surprising young people drink."* GP

*"Important because it's connected to other risk taking behaviour."* Drug and Alcohol Action Team

*"Yes because it then contribute to improving other opportunities and chances for young people which, given that education and employment opportunities aren't great at the moment, nationally, the more we can do to help them beat those odds."* Youth Service

*"Definitely. That's an important one because that's where it all starts... How do you capture these young people that are drinking? Getting them the information, going into schools, colleges, especially that 16 to 18 year old gap when they're not in services, or they're not in education. We're finding that those tend to fall through the net."* D&AL Team

*"Working in a service that's under 18s and, you know, a big part of our client group have committed crime because of alcohol."* Youth Offending Team

### **Reducing illegal sales of alcohol**

Many respondents were unable to comment when they were asked about reducing illegal sales of alcohol. While legislation is in place to prevent under age purchase of alcohol, some comment that young people can still obtain alcohol from parents where there is a drink culture in the family.

*"Low to medium. I don't have a lot of information from a Probation Service point of view."* Probation Service

*"I don't know what the rate of illegal sales are in Dudley... it's pretty damn cheap even if you buy it at ASDA. I don't think it's a major issue."* GP

*"Some of the work we've done here with Trading Standards around the test purchase reflects the fact that we see that as a high priority, because if individuals that shouldn't be getting alcohol aren't getting alcohol, then obviously that's reducing the problems that come thereafter. So a high priority."* West Midlands Police

*"A lot more work is being done in Trading Standards around it, but also if they can't get their hands on it, then there's less chance that young people will... If you reduce that, it will help reduce the other priority alcohol issues."* Youth Service

When asked what they felt should be the main priority with regards to the tackling of alcohol misuse in the Dudley Borough, a range of responses were given from education and communication about alcohol and underage drinking, to the alcohol services available to help both young people, adults and families, to training, collaboration and partnership working within the local community. In particular the respondent from Barnardos felt there should be an holistic approach to assessments where the whole family, not just the adult is assessed for their needs.



*"Education... information, in terms of actually giving people the relevant information to make a credible choice that prevents some of the issues that we've been discussing."* West Midlands Police

*"It's difficult to identify one main priority because there are different types of misuse. I think the main priority now is to get the needs assessment sorted and look at where to channel our energy."* Drug and Alcohol Action Team

*"We need to address family abuse of alcohol... it links to what I was saying about the early intervention with underage drinkers... alcohol consumption doesn't come from nowhere and it's not necessarily the beast itself, it's what has led to that situation. It's more of a family dynamic for me."* Probation Service

*"We need to have a constructive dialogue with the population about what we need to do to look at alcohol consumption and its impact on society. We as healthcare professionals can't change the community's behaviour, the community has got to want to change its behaviour, so from the commissioning and social care point of view, we've got to involve the community in making decisions."* GP

*"Educating young people and adults and supporting them to have healthier lifestyles. Going back to the idea of more young people being able to support other young people, I also think if you rolled that out wider so that you've got more community members encouraging other adults within their community, spreading the message... getting them to do it themselves... if a professional tells somebody they just ignore it."* Youth Service

*"We've got the Government's alcohol strategy that is starting right at the beginning, looking at pricing, they're putting in a lot of work at looking at young people, education and advice... it is getting the teams to all link up together and match up, because some people are doing a lot of work with these people, and they haven't really tracked them through to alcohol services."* D&AL Team

*"The main priority is for assessments to be correctly conducted within families. So it takes the adult and the children into consideration; not just the adult, and not just the children... you can make children resistant, but you can't mend the problem unless the adult is receiving the service as well... it's about working together."* Barnardos

Respondents were then asked whether they felt the main priority areas they identified are currently being addressed sufficiently within the Dudley Borough and in general the view was that things were being done to some extent but there was a need for more.



*"The gap for us is not as separate from work with adults or work with families so that YOS colleagues, for example, working with younger drinkers or Youth Services working with younger drinkers, I think we just need to think around what's the context in which that's happening."* Probation Service

*"We do consult already, but I think the majority of people in any community are not particularly involved in the decisions about healthcare and social care in their communities, and I think if we're going to move health and social care forward, we've got to get people more involved."* GP

*"There's lots of work ongoing to address it. Whether or not it's being addressed sufficiently in Dudley per se, I wouldn't feel confident to say. It certainly feels to me with conversation with partners that it is a priority. Whether or not we should be doing more is probably something that I would struggle to answer."* West Midlands Police

*"We do a lot of training and education. It was 'Alcohol Awareness' week recently. We involved the people on the alcohol pathway, the community trainers. They come into the hospital to put in details around the wards, advertising it on the internet, across Dudley and Walsall Mental Health Trust, and Russells Hall Hospital... flagging up the services – Aquarius, AA... keeping the teams transparent so there isn't any mystery; if people want to get involved or find out more it should be really easy to get to your GP, or see contact numbers without so many barriers to get through."* D&AL Team

## 6.7. Strategies for Tackling Alcohol Misuse

Respondents were then read out a list of possible strategies for tackling alcohol misuse in Dudley and were asked to say how important they thought they were and why.

### **Improving public awareness of alcohol misuse through campaigns and advertising**

Campaigns and advertising were felt to be important by most professionals because this related to educating people. However, there were some concerns about the impact versus the cost and the ability to reach the hard to engage groups of users in addition to comments about the difficulty measuring effectiveness.

*"That's in the important category."* Probation Service

*"It's difficult to quantify how campaigns have worked, like in alcohol awareness week we've had a work place alcohol display up and it just prompts people to ask questions and take information so whilst it's sometimes difficult to do formal evaluations there is still a value."* Drug and Alcohol Action Team

*"Very important, alcohol's such a ubiquitous drug that people have got to have rational decisions about whether they use it and how much they use of it. We're not going to stop them, it's not going to get banned, they've got to use it with their eyes open."* GP

*"It's important to do it. I'm just not sure how much effect it's having."* Youth Service

*"A really high priority in terms of addressing some of the issues."* West Midlands Police

*"Very important. I've talked about the Alcohol Awareness week... it's getting the message out with the booklets and advertising our services and letting people know about other services with our leaflets and campaigns."* D&AL Team

### **Alcohol education for children and young adults**

Education in general was felt to be hugely important for children and young adults as a preventative measure, helping to avoid some of the problems that may arise at a later stage and one professional felt this should be targeted to children as young as 7 or 8 in primary school

*"I think that's very important. That kind of gets into early intervention. I think there's a general sort of awareness raising that raises people's awareness. The downside of awareness raising is that it, in a sense, tells a lot of people not what they already know, but it reaches a lot of people who aren't going to become problematic drinkers, so I suppose I see the early intervention bits as a bit more targeted at those who are with concern and who go on to abuse alcohol."* Probation Service

*"Education is most definitely preventative."* West Midlands Police

*"It's raising awareness and tackling issues at an early age to prevent more problematic use much later."* Drug and Alcohol Action Team

*"I think young people have got to be taught to understand what the implications are and then let them make their own rational decisions about that really."* GP

*"Very, very important, but it needs to be done in primary school, not in high school, because it's too late by then."* Barnardos

### **Training of healthcare staff to identify those misusing alcohol before the problem gets too serious**

The training of healthcare staff was also considered to be important, although several respondents referred to the fact that this should already be happening. One respondent pointed out that it is essential that healthcare staff are aware of the next stage after identification and the different services available to refer patients to. Two respondents also felt this training should be extended to others involved in the process such as teachers and other service providers.

*"Very important. It's around intervening at the earliest point in a professional's contact with an individual and their family to prevent harm."* Probation Service

*"It's all around prevention, so, more of a medium priority."* West Midlands Police

*"I would have thought health staff should be able to do that anyway."* Youth Service

*"That's an expectation."* Drug and Alcohol Action Team

*"It's fairly obvious to most staff and most staff have had plenty of training. It's not identification that's the issue, it's then what you do when you've identified it. This first point of contact stuff that's going on in the NHS now, looking at alcohol and substance misuse, that's going to raise awareness at any point that people come into contact."* GP

*"The hospital have got CQUIN doing that, so they've got some outside trainers coming in to flag that up to all the staff. They can recognise people in outpatients. I suppose Aquarius are doing their role in GP surgeries, and you've got SPOC that has started, so it's all of those. It's trying to capture these people to cut down on the burden in years to come for the NHS, so training and all of that is very important."* D&AL Team

*"Quite high because there's a lot of health professionals, or school teachers, who don't know what FAS is."* Barnardos

### **Work with pubs and clubs to raise awareness of alcohol misuse**

There were mixed opinions of the importance of raising awareness of alcohol misuse through working with pubs and clubs. Some felt pubs and clubs should be involved although others felt that education should take place before individuals get into the bars and some didn't believe that the strategy would be effective as pubs and clubs are there to make money and they are likely to be unwilling to engage.

*"That's probably in the notch down important category."* Probation Service

*"I'm not sure that's going to make a lot of difference, these people are in the business of selling alcohol, why would they want to reduce their consumption?"* GP

*"Yes, there's an element of responsibility that they should yes. How much they would be willing to do it is a different matter, isn't it?"* Youth Service

*"High priority, it's obviously something that's quite close to the work that we do anyway. It's around enforcing some of those responsibilities and licensees understanding why. So yes, definitely a high priority."* West Midlands Police

*"You've got your Saturday night people that are clogging up the A&E department... they've got all these campaigns, haven't they, Challenge 21 and things like that. It is promoting that and getting pubs on board because then it spills on to your violence on a Saturday night and the binge drinking culture."* D&AL Team

### **Treatment of offenders where alcohol has contributed to offending**

The treatment of offenders where alcohol has contributed to offending was seen as a high priority by most professionals, particularly by the Police and the Probation Service, as a means to try to stop people reoffending and therefore improve their chances in life.

*"You're not going to be surprised to hear I put that in the very important category. But again, in a sense, that's about what happens when the early intervention targeting doesn't go right. I'm realistic. We're not going to divert everybody, but I'm also aware of the kind of thread of damage it can create."* Probation Service

*"A huge, high priority obviously to try and prevent that reoffending and the reoccurrence, definitely a high priority."* West Midlands Police

*"Yes, I think it's important... if the work is done with them, there's more chance of reducing their risk of re-offending."* Youth Service

*"Very important. There are some things in place from Aquarius attending the police cells. I'm not quite sure what is offered in prison and people coming out, but it is part of the importance, really."* D&AL Team

*"They need to have some sort of support to try and sort out the alcohol misuse and if they can abstain from drinking, maybe it would stop them from offending so much, or offending at all. Because alcohol fuels it. It fuels peoples' temperament, the way they conduct themselves."* Barnardos

### **Working with Trading Standards and the council on licensing restrictions**

Working with Trading Standards and the council on licensing restrictions was generally not felt to be as important as some of the other priorities discussed and many of the respondents were unknowledgeable about this and unable to comment in any depth.

*"Medium importance. As a partnership activity, it is important that we engage with all those institutions that are going to come up with people who may become problematic drinkers."* Probation Service

*"Yes. There's far more work could be done on that linking with information from local communities and members of the public, because they're the ones who know where the sales are coming from."* Youth Service

*"I'm not so sure as to the potential impacts of improving the situation through licensing. I would rather resource was directed into education."* West Midlands Police

### **Working with Trading Standards on underage sales**

Tackling underage sales was felt to be fairly important but perhaps of slightly less importance than other strategies. However, the respondent from the Youth Offending Team felt it was very important as from their experience some shop keepers had been known to sell alcohol illegally to those under 18.

*"The important category. It's more the kind of youth of the individuals involved than anything else really."* Probation Service

*"That's a good idea; I'm just not sure how important it is to do even more of it. I just don't know if it would have any great impact if more was done."* Youth Service

*"They've already been doing quite a big push and it has had an impact on the way that kids can get their hands on alcohol, definitely. Kids were going down the back alley and the shop keeper would come round the back and sell them what they wanted. That's reduced, certainly, there were some key shops doing that and the kids knew it, and Trading Standards have been heavily involved..."* Youth Offending Team

When asked which of the strategies discussed they felt was most important in terms of the positive effect that it might have on local alcohol misuse in the Dudley Borough the majority felt that all round education, early preventative measures and raising awareness, amongst both the younger and older age groups, were the key factors.

*"Education is the biggest one... Alcohol is widely available and legal. Whilst there are restrictions in relation to minors, most people with alcohol-related issues are adults... educating them so that they weren't actually getting into the situation in the first place I think would impact on not only policing but also healthcare providers. There would be a real benefit in educating at a younger age... It's picking the right time to have the most impact... your 16, 17, 18 year old starting to experiment – that for me is the time to focus intervention."* West Midlands Police

*"Early intervention around healthcare staff... there are lots of points in the system where people will be flagged up, or opportunities to flag them up. It's not always going to be health. So I would like to see all professionals who come into contact with people have a sense of where people can go and identify signs."* Probation Service

*"Education and the one that linked back to crime and the campaign side. I think if more of those were done and they linked together more. Then that would probably support more as well the Trading Standards side of it"* Youth Service

*"Education. I've been doing the job for a while it's trying to break the cycle somewhere. A lot of it is social deprivation. Money is very tight for everybody, young people haven't got the jobs and they're not being moved forward, people on benefits..."* D&AL Team

*"Campaigns is a good one, to get it out to a wider audience, and then resources, particularly around parents recognising maybe regular drinking as a problem and it not being so okay for their young people to drink."* Youth Offending Team

When asked if there was anything else that they thought should be prioritised in terms of a strategy for improvement of the alcohol situation in Dudley most respondents were unable to think of anything else or reiterated points covered previously such as education and resources. However, several other things were mentioned such as victims services and more deterrents for license holders.

*"Domestic abuse and alcohol consumption and the hidden nature of that, and the impact that has on families as a whole... what are the victim services for the person being abused?"* Probation Service

*"Educate people in a position of responsibility, off-licences, supermarkets, licensed premises, then I think there needs to be some robust sanctions... a deterrent, which will hopefully then assist the education work."* West Midlands Police

## 6.8. Local versus National Strategy

Respondents were also asked how important they thought it was to set the alcohol agenda locally for the Dudley Borough, rather than nationally. As with the service providers, the majority of professionals feel that this is crucial as the area has its own issues, pockets of social deprivation and cultural differences compared to other areas. Also it was felt that people may respond to local, specifically targeted initiatives more readily than those which are national.

*"It's as important as it can be... Dudley people themselves setting the agenda... Local people are experiencing the harm from alcohol, so they are the people to set what needs to be done about it and what will make their lives better. It's accountability and responsibility, we're asking local people to make priorities and make choices and giving them responsibility to be part of that solution. It's far more difficult to do that if it's coming from London or the Midlands."* Probation Service

*"It's very important, but locally we will have different issue... We need to look at where the need is in Dudley so we can tackle those issues."* Drug and Alcohol Action Team

*"There's probably a pro and con to both... I'm aware of alcohol-related issues in Dudley being a considerable issue, so therefore I would opt with the local approach. There will be issues that are relevant to Dudley that aren't relevant elsewhere... That said, at least a national approach carries some weight."* West Midlands Police

*"It's one of those agendas that tends to get seen as national and the more it's seen as national the easier it is to pretend it's not an important issue at a local level."* Youth Service

*"I've worked in different areas and the drinking culture in various places change... Dudley is different from Sandwell, it's different from Wolverhampton, it's knowing your people... making it local and building on services there already."* D&AL Team

*"There's a lot of deprived areas in Dudley, and when people lose their jobs they can turn to alcohol. That needs addressing locally rather than nationally."* Barnardos

*"Very important... working in Dudley for seven years now, it presents specific problems, and alcohol is one of them definitely."* Youth Offending Team

## 6.9. Support from the Alcohol Commissioners

The final questions asked to the professionals related to whether there was any support that the service requires from the Alcohol Commissioners to help address issues around alcohol misuse more effectively in Dudley. A broad range of responses were given including clearer pathways and signposting, earlier interventions, family interventions, additional resources for out-reach work, education for young people and additional support for young people after the age of 13.

*"What I would like to see is some very clear pathways that are easily understood by practitioners working on the ground. It probably links in to the bit around the early intervention with healthcare workers etc. We've got to equip people to know what to do with issues when they're there. It's just about signposting them. The other element that I think would really help is making sure we include the family dynamic, that we offer interventions to families where they're willing to receive it."* Probation Service

*"That's a difficult one because it might all sort of change again a bit from the 1st April when part of health is in the local authority with us."* Youth Service

*"No for the prime reason that there's already considerable legislation, there's already considerable support. I think the big issue – that I've repeated a couple of times – for me is education, prevention rather than curing somebody..."* West Midlands Police



*"I can only offer some community outreach from the hospital. We've still got the people coming in from Sandwell. I can't always offer any outreach to them, but maybe in time I might be able to tap into some of the nurses doing work over there. Some of the ones in the hospital maybe if we could develop that service a little more we could keep them out of the hospital."* D&AL Team

*"We are putting drug and alcohol services out to tender... Part of what is important is putting together the service specification... We've got some opportunities now where we do have gaps."* Drug and Alcohol Action Team

*"Support for the 14 to 17 age group - I've had 15 years olds in tears, schools haven't really known what to do with them... they're doing exams, GCSEs – it's a turning point in a child's life anyway, a difficult time because you're moving from the child to adult. The actual pressure on them, how they feel, they can't take friends home because the house is a mess. They're worried about having no money. There's no food in the house. They've not got the same clothes as the rest of their friends. There's lots of issues and it's just not being addressed in Dudley. After the age of 13, it's like forget it."* Barnardos

*"What resources could be used around informing young people. That's why we did the binge drinking project with the NHS, to try and produce a set of resources that schools and youth clubs could use, that are up to date and relevant... if something could be developed like a toolkit that practitioners could use to address some of the issues."* Youth Offending Team



## 7. Key Target Groups

### 7.1. Young People

#### 7.1.1. Methodology

Two focus groups were undertaken with young people living within the Dudley Borough, one with 14 and 15 year olds and one with 16 and 17 year olds. Contact details for one school and one sixth form in the Borough were passed to Public Knowledge by Dudley Public Health who approached the schools and scheduled appropriate times to participate.

A 60 minute semi-structured discussion guide was designed in collaboration between Dudley Public Health and Public Knowledge and can be provided upon request. The groups were conducted in accordance with the Market Research Society Code of Conduct in November and December 2012 and £25 in vouchers was provided to each respondent as an incentive to participation. Both groups were recorded and transcribed for analysis and reporting purposes and transcripts can also be provided on request.

**Table 1: Young People's Demographics**

Demographic characteristic	Group 1 (14-15 year olds)	Group 2 (16-17 year olds)
Male	4	1
Female	4	8
14	3	-
15	5	-
16	-	5
17	-	3
22*	-	1
<b>Total respondents</b>	<b>8</b>	<b>8 (9)</b>

*\*Although the 22 was not strictly eligible to participate he was part of the class who took part and the school contact felt that it was inappropriate to exclude him.*

In group 2 all of the respondents studied 'Health and Social Care' together and as part of their studies they had recently covered topics relating to alcohol and health, e.g. what a unit of alcohol is. It is important to consider that their awareness of the impact of alcohol consumption, on personal health and in the local community is likely to be higher than that of the average 16-17 year old. Notwithstanding these respondents face the same choices and issues surrounding alcohol use as any other 16-17 year old in Dudley.

### 7.1.2. Drinking Behaviour and Units of Alcohol

Respondents were initially asked about the Government's recommendations for drinking alcohol and if they knew what a 'unit of alcohol' was. In both groups all respondents were familiar with this term. In the 16-17 year old group respondents were able to give roughly accurate answers as to how much beer, wine or spirits 1 standard unit of alcohol represented and respondents specifically mentioned information received by the NHS on alcohol awareness. However, among 14-15 olds only a couple of respondents were able to venture roughly accurate guesses despite having received alcohol awareness information in school.

*"Is it like a measurement? Not how much there is, but how much alcohol concentration there is?" Group 1*

*"Isn't it 1.2 in a shot of spirits or something; 1.2 units?" Group 2*

*"We've done stuff about it in lessons... we did a bit of alcohol awareness." Group 1*

*"We got one of those wheels where you turn it and it tells you how many units." Group 2*

Prompting respondents with the correct definition of a 'unit of alcohol', they were then asked to individually note what they thought was the maximum number of units of alcohol that should be drunk by men and also by woman as advised by the Government.

**Table 2: Typical answers for guidelines on maximum units of alcohol (mode)**

Typical answer for guidelines	Group 1 (14-15 year olds)	Group 2 (16-17 year olds)	Actual
Men	3-4	4-5	3-4
Women	2-3	2-3	2-3

With the exception of daily guidelines for men in group 2, respondents typically gave answers corresponding to the actual guidelines. Note that group 2 consisted of female respondents only which might explain the overestimation for men.

There was a feeling in both groups that young people don't actually think in units or measurements when they are drinking. The frame of reference is how drunk they are feeling or how much fun they are having.

*"Young people measure how drunk they are on how actually drunk they are, rather than specific scientific measurements." Group 1*

The general guidelines were questioned by the 16-17 year olds who felt that individual factors such as body mass index and ability to cope with alcohol need to be taken into consideration.

Whilst the majority of respondents in the group agreed that men normally can drink more than women, purely gender based guidelines were rejected.

*"I think it's quite low. Well, I don't think you'd use that every day, but if you were going out you'd definitely use more than that." Group 2*

*"It's like weird how men get more than women, because women could have a bigger body mass than men." Group 2*

### 7.1.3. Perceptions of drinking among young people

All respondents agree that young people in their community drink a lot of alcohol. Some respondents highlight that excessive alcohol consumption can be bad but most don't see any problems with underage drinking in general and amongst 16-17 year olds getting drunk is clearly perceived to be the norm with some respondents discussing drinking in the park or at house parties as early as 12-13 years of age.

*"They sometimes get influenced by their friends. If they drink then they can drink a lot as well, just to impress what their friends are doing." Group 1*

*"It's fine as long as people are sensible with it. I'm 18 next week, and when I look back I drank at 16 and 17, but when I see 16 year olds and 17 having a drink, I think it's really bad..." Group 2*

*"Everyone does it." Group 2*

*"I can remember being 13 and going to town with all my mates, we always used to say we were going to the Ark and we never did. My friend went into her mom's cupboard and just mixed everything in the cupboard, and she drank it and she was literally paralytic in town". Group 2*

Opinions were more divided among younger respondents. Boys were more likely to say that getting drunk was ok compared to the girls in the group. Some felt that the adult world was making too much of a big deal about it, especially as long as the person drinking was "responsible" and "not getting too drunk".

*"As long as you've got parental supervision, or some responsible person to watch over you, it's okay to have one or two drinks, but not to the extent where you are too drunk." Group 1*

The 16-17 year olds said they mainly drink at people's houses or in the pub if they can get served. It is commonplace to have a few drinks before going out, mainly because it is cheaper and as they might not get served at the actual venue. These two key drivers for drinking at

home were also picked up by some in the younger group, although a couple of respondents expressed concern about getting drunk *"too early in the night"*.

*"Yeah because it's cheaper." Group 2*

*"...especially at our house, we always drink a bit, say if someone's got a venue for their party, we'll drink before because we can't get served, but sometimes they serve you anyway." Group 2*

*"Because then everyone else is just going to be like, 'You're going to ruin the party because...' you go there drunk, everyone is just going to be like, 'What are they doing?' It's too early to be drunk yet." Group 1*

Respondents in both groups struggled to estimate what would be a normal amount for someone like them to drink on a night out. Attempted estimates and self-assessments ranged from 5 to 10 units over a night. The amount of alcohol consumed depends on the person, the situation and what they were drinking.

*"I'd probably say a two litre bottle of Coke's worth [cider]." Group 1*

*"I always start the night off with one or two shots, I have a little routine, I get two shots and then a bottle of Budweiser, and then another shot, then another bottle of Budweiser, and then another shot, and then maybe if I want another Budweiser, or an Alcopop." Group 2*

The perception of someone 'drinking too much' is not determined by the quantity of alcohol consumed but rather how it affects the individual. Six out of eight 14-15 year olds in our discussion group stated they had seen one or more of their friends in a very bad state as a result of alcohol poisoning. Notably this is not seen as a concern in their peer group and is considered to be *"part of growing up."* There were some mentions of parents buying alcohol for them in order to try and control what, and how much, they drink. However, this was seen as ineffectual by the teenagers themselves as they would just drink more having finished what they got from their parents.

*"When someone can't remember anything and they're flat out on the floor, that's when it's too much. Or if someone is drunk and they can't walk home, or they need assistance." Group 1*

*"It doesn't say that once I've drank the bottle my mom's got me I don't drink more." Group 2*

Peer pressure and the allure of doing something forbidden were mentioned as important contributing factors for drinking a lot, or too much, by 14-15 year olds. This seems to become irrelevant at ages 16-17 as alcohol becomes more widely available and motivations change from drinking to "be cool" to drinking for fun and enjoyment.

*"People I know, if they want to get drunk they try and drink the whole bottle as like a challenge, it's more of a, 'You've got to drink this,' and then you do." Group 1*

#### 7.1.4. Binge drinking and the consequences of drinking too much alcohol

The Government advises that children should not drink at all, at least up to the age of 15 years. For 15-17 year olds the Government advise that if they do consume alcohol they should do so infrequently, certainly on no more than one day a week and should never exceed recommended adult daily limits when they do drink. Despite having had some alcohol awareness education in school the 14-15 year olds were unaware of these guidelines. The 16-17 year olds were aware of the guidelines for them but had a limited understanding of what they actually meant. There was a misconception that if you only drank occasionally or once a week it was ok to exceed the maximum recommended daily limits as you had "saved it up".

*"I thought it would be, say like the amount I drink, if you do that every Saturday that's alright because it's not every day." Group 2*

*"The daily amount, does that mean every day, or does that mean you can't exceed that amount?" Group 2*

Regardless of awareness or understanding of the guidelines there was little acceptance of the recommendations, and the Government is not perceived as a credible communicator for alcohol harm reduction information.

*"Because, I don't know, it's just the Government." Group 1*

With a couple of exceptions the perception of 'binge drinking' in both age groups was wildly different from exceeding or drinking double your daily maximum allowance. With the exclusion of drinking with a meal or drinking with parents, the NHS definition of 'binge drinking' was stated as the norm for young people. The objective of drinking is not the enjoyment of alcoholic beverages themselves but to get intoxicated and have a good time. It is still very much a social activity and it takes place with friends at house parties or in the pub (for some 16-17 year olds). 'Binge drinking' was seen as something bad and negative by the majority of respondents but in their world that amounts to passing out in the street or having to go to the hospital for alcohol poisoning.

*"It's really difficult to just drink one beer, there's no point even drinking it in the first place if you're just going to have the one." Group 2*

*"Binge drinking is blown out of proportion because when people say 'binge drinking' like Amy Winehouse that kind of thing, someone overdosing on drugs and drinking alcohol every week, until the extent that you're in hospital every Monday. But then probably people our age have been binge drinking since they were 12, but only by a tiny amount, if you get what I mean. Binge drinking is seen as this massive negative thing which it is but I think people see it as a lot more serious than it actually is. There's not just one level of it; there's lots of extents."* Group 1

*"The atmosphere does it, at a party you're drinking to get drunk, if you're at say, at a curry house with your mom and dad, you're not drinking to get drunk."* Group 2

*"Like when you get in the gutter."* Group 2

Both age groups are aware of the possible dangerous and negative consequences that can arise as a result of getting drunk, particularly 16-17 year olds who have already acquired a fair amount of experience in alcohol fuelled situations. Safety lies in numbers and respondents stated they would always drink with a group of friends they knew, and that they felt a responsibility to look after their friends. Often there would also be one or more persons present that would only drink a little or nothing at all – a sort of sitter trusted to take care of anyone that got in a bad state or was about to do something stupid.

*"A group of about four or five of us would get a taxi back to one of our houses, and stay there the night."* Group 2

*"Generally when you go out to get drunk you surround yourself with people you know, obviously if you're with people you don't know there is that risk of fights and stuff. Obviously, if you're going to places that are unfamiliar as well, there's a lot of danger. If people are just getting drunk at someone's house, it's not that bad because if it gets to the extent that it's really bad, there's only just going to be some sick on the floor. But if you went for a walk at twelve at night, then there's a lot more danger because you can get lost and worse."* Group 1

*"It concerns me quite a lot, because, say, if [name] got drunk and then [name] couldn't get home, I'd feel bad if anything happened to him, I'd feel it was my duty to get him home safe."* Group 1

*"Sometimes it is funnier to watch than get drunk yourself, because everyone makes such a fool of themselves. But sometimes you're just like I shouldn't be cleaning up your sick, I shouldn't be like mopping your face like you're a baby, because you're not, but you do it because you can't leave them there lying in their sick."* Group 2

During the discussion it was evident that the 16-17 year olds feel that nothing really bad would happen to them or their friends as a result of drinking a lot. They might get too drunk and have "minor mishaps" such as sleeping with someone they shouldn't or covering for a friend that gets noticed by the police. However they also discussed a number of "really bad things" that had happened to people in their extended peer group and are aware of the potential serious consequences of drinking a lot, they just don't think that it will happen to them or any of their close friends.

*"You make up stories. That's what we said when the police found my friend and she was saying, "Is she alright?" And we was like, "Yeah, she's just had some bad family news," and you just make up things, and when people like sleep with their ex-boyfriend and you're like, "No you've got a new boyfriend, you can't do that," and they're like, "Yes I can," and in the morning they're like, "Why didn't you stop me?" Group 2*

*"My sister's ex-boyfriend used to be really aggressive when he was drunk, he would go up town and he'd beat up his best friend, and put him in hospital." Group 2*

*"I don't know if there's swimming, I'm sure I heard that someone died in Mary Stevens a few years ago." Group 2*

#### 7.1.5. Problems resulting from alcohol misuse in the Dudley Borough

In the second individual exercise respondents were asked to write down what kind of problems they thought drinking too much alcohol could have on people's health. Liver damage was the most frequently cited health risk (with 10 mentions across both groups), followed by addiction, kidney problems, pregnancy or sexually transmitted infections and accidents or personal injury (each with between 7 and 9 mentions). Fewer respondents also recalled health issues such as weight gain or weight loss, cancer, heart problems and brain damage (between 4 and 8 mentions).

16-17 year olds were generally able to mention more health risks overall and were considerably more likely to mention addiction, weight loss or weight gain, unwanted pregnancies / STI's (pregnancy being of a much greater concern than STI's) and cancer compared to 14-15 year olds. Personal injury and brain damage were predominantly mentioned by the younger teens.

*"The worst thing you could do when you're drunk, as a girl, is if you got pregnant and you didn't know the dad." Group 2*

*"Prostate cancer I know is one, and other forms as well." Group 2*

*"He's actually a skeleton, he's just got no weight on him, and it's because that's all he drinks." Group 2*



*"If someone has a problem in their life, they might resort to drinking to fix it, but that could just make them feel even worse and increase their depression." Group 1*

*"Putting yourself in danger and doing things that could harm you that you wouldn't normally do." Group 1*

Respondents were then prompted to widen the discussion and write down any social issues caused in their local community as a result of alcohol. The catch-all phrase *"anti-social behaviour"* was the most frequently cited problem with 10 mentions across both of the groups. This was followed by personal economic issues, violence and property damage (each with between 7 and 9 mentions across both groups) and depression, family issues and the creation of negative perceptions of teenagers in the community (3 to 6 mentions across groups). As with health issues 16-17 year olds were generally able to cite more community problems than their younger counterparts. Interestingly, there were also some positive mentions of the effects of alcohol consumption in the community, specifically as a facilitator for increased confidence and breaking down barriers to create new friendships (both with between 3 to 6 mentions across groups).

*"If you saw a group of people our age wearing hoodies... People instantly think, 'Oh, you're obviously drinking or doing drugs,' and it's just some people just want to go out, you know what I mean? But then that also makes people resent certain age groups."*  
Group 1

*"Damage to buildings, old people's properties." Group 1*

*"When you're drunk you can make friends." Group 2*

*"Inappropriate behaviour in front of certain groups of people like children." Group 2*

*"I don't think a woman would be strong enough to tell a man that was really drunk, to say, no don't do that to my kids, I think she'd be quite cowardly because, obviously, he could be violent with her and the kids." Group 2*

*"I think crime increases." Group 2*

#### 7.1.6. Combating problems created by alcohol misuse in Dudley

Young people are clearly aware of a lot of the problems caused by alcohol misuse, both on a personal level and in the wider community. However, the group of 16-17 year olds who regularly consume alcohol only related to these problems at an arm's length and did not express any concern that it might happen to them. It is therefore doubly important that their views on how to combat these issues are represented as part of an overall alcohol strategy in Dudley.

Both to ensure that any information campaigns are designed to achieve maximum impact and to generate buy-in and interest from young people.

Respondents in both groups were prompted to consider a list of six actions that can be taken to tackle alcohol misuse in the local community and consider the merits of each.

### **Improving public awareness of alcohol misuse through campaigns and advertising**

Initial reactions were that alcohol awareness advertising on TV was ineffectual and would just get ignored. On closer consideration however, specific campaigns were cited as having at least made them stop and think about their alcohol consumption, even though no one said they would change their behaviour as a result of an advertising campaign.

*"There's always been advertising, but it's whether you choose to pay attention to it or not. The majority just ignore it." Group 1*

*"That advert was actually quite good, the one with the guy and he's talking to you, he was in that one. Like a bartender and he's talking about it, and then he changes, he's like a policeman." Group 2*

The group of 16-17 year olds drew parallels to commercial alcohol advertisements and cigarette advertising. Putting pictures of organs damaged by alcohol misuse on packaging and bottles was suggested by a few respondents as an effective way for making young people stop and think. However others felt this wouldn't have any real impact on behaviour.

*"This is what your organs could look like, then you carry on drinking." Group 2*

The group of 16-17 year olds unanimously agreed that advertising for alcohol on TV should be banned. They also made the point that teenagers watch TV during the daytime and that soaps like Coronation Street and EastEnders portray drinking in a positive light and the best way to socialise.

*"...which I think advertises that drinking is the best way to socialise. In soaps like Eastenders and Coronation street they are always in the pub, never bowling or cinema etc..." Group 2*

### **Alcohol education for children and young adults**

All respondents had fairly recent experience of alcohol education in school or college. They acknowledge that it is challenging and overall the education they had received was not seen to be very effective. Key suggestion for making alcohol education in schools more effective was to focus on an interactive experience and using role models as opposed to their normal teacher just teaching material from a curriculum.

*"They gave us these beer goggles... that was advertising the effects of alcohol more than something on the television, actually showing me the consequences." Group 1*

*"Instead of teaching it us, we should have role models showing it us." Group 2*

The education needs to happen early to have any effect, before the majority in the cohort have started drinking. It should be impartial and objective; careful not to paint alcohol as too bad or dangerous as otherwise it would not be seen as credible or might even have a detrimental effect.

*"People are not going to pay attention to it if they've already drunk before. People who haven't started to drink yet will probably be more wary or don't know what they're doing, but if the majority of people have already started to drink they're not going to pay attention." Group 1*

*"Advertising it as a bad thing, it's making you want to do it more." Group 1*

Parents and how parents related to alcohol when they were growing up was seen to be a much bigger influence than any information received in school. A number of respondents stated that they were now less likely to drink or at least binge drink as their parents had allowed them to try a little bit of alcohol when they were younger, hence removing the pull of something unknown and forbidden.

*"My parents never stopped me from trying a sip of alcohol when I was little, so when I'm 18 I'm not going to think oh let's go and get drunk, because I've already done it..." Group 2*

### **Training of healthcare staff to identify those misusing alcohol before the problem gets too serious**

There was a general consensus that training of healthcare staff is important but with limited understanding of the impact this would have on combatting alcohol issues in Dudley.

*"There's a lot of people who you see on the TV, on programmes when you see them walking through the streets drunk, and if there's someone nearby who has noticed that it's getting worse, then they can probably get to the point where they can intervene and say... or do something, or help them out." Group 1*

### **Working with pubs and clubs to raise awareness of alcohol misuse**

There was a great deal cynicism about working with pubs and clubs to combat alcohol misuse. It was seen to be contradictory to their interests which was defined as simply selling as much alcohol as possible to the public. The 16-17 year olds who regularly drink out of home stated that there was always somewhere where you could get served and where ID controls are lax.

*"The aim of pubs and clubs is to get people drunk." Group 1*

*"It's more difficult to get onto a bus as a child ticket than it is to buy alcohol." "The bus drivers are more strict than the bar people." Group 2*

*"There's a certain club that everyone goes to from the college, they all get served there, literally the whole college goes there..." Group 2*

The only suggestion that our participants could think of to combat the problem of underage drinking in bars were harder inspections and increased fines for those that are caught.

*"Have like larger fines or something for them." Group 2*

### **Treatment of people who are addicted to alcohol**

This was a topic that none of our respondents felt they knew much about. A few observations about the difficulties of accepting the problem and seeking treatment were made.

*"Some people have a hard time accepting the fact that they've got a problem, so if people are going to be coming along and saying, 'You've got a problem,' they're not going to want to listen." Group 1*

### **Making it more difficult for people who are underage to buy alcohol**

There were big differences in the discussion around this topic between group 1 (14-15 year olds) and group 2 (16-17 year olds). Most respondents in the younger group agreed that it should be harder for teenagers to get hold of alcohol and that it wasn't easily available to them personally. Asking an older person to buy was the default solution for getting hold of alcohol among their peer group.

*"Either way, people are going to drink. No matter what you do, people are always going to try and get alcohol and most people will succeed." Group 1*

This was confirmed by the older teenagers who mentioned it was not a problem to either get someone older to buy for you or to go to specific shops with a reputation for selling to minors. Getting older people to buy for you was considered somewhat dangerous as it can often expose young girls to predatory behaviour by men. Having alcohol provided by family or relatives was also fairly prevalent among the 16-17 year olds. As mentioned previously, the rationale for this is that parents or relatives think that they can control what and how much their teenagers are drinking by furnishing them with alcohol for parties.

*"It's not like a dad of four kids is going to go and get your beer for you... it's going to be the drug dealer on the other side of the road, or the alcoholic, or the teenage kid that wants something out of a girl." Group 2*

*"It's easy, not being offensive here at all, but everybody knows that if you go to an Indian shop they're more likely to serve you without ID." Group 2*

*"My nan would rather buy my alcohol for me and know what I'm drinking, than me go out and get someone else..." Group 2*

The 16-17 year olds do not view their own alcohol consumption as problematic, and by extension do not feel that 16-17 year olds being able to buy alcohol in Dudley as an issue that needs tackling.

*"I don't think it needs cut down on it." Group 2*

*"I know it's bad to drink underage and lie about it, but controlling it so much that it becomes something you can't do would make you want to do it more." Group 2*

*"I was like, "Mum you'll never guess what, I got served tonight." She was like, "What are you telling me for?" And I was like, "I'm quite proud that I got served." Group 2*

#### 7.1.7. Communicating with young people in Dudley

The final topic of the groups aimed to create a better understanding of how to communicate with young people in Dudley about alcohol. When asked where they would go for advice on anything alcohol related the following sources were cited:

- Parents
- Older relatives or siblings
- Older friends or friends of the same age who have experience of drinking
- GP (16-17 year olds only)
- Google
- Frank (16-17 year olds only)
- Welfare / wellbeing advisor at school or college (16-17 year olds only)

*"Older siblings or older friends. People that you trust, but then are also actively drinking alcohol because it's often a lot easier to talk to people like that." Group 1*

*"I'd just type it in on Google I think." Group 2*

When narrowing down the discussion specifically to alcohol related problems, respondents in both groups were uncertain about where to go, and the attitude was very much that it is not an

issue for them. When asked instead to think about a hypothetical friend with alcohol related problems the most common reply was that they would speak directly with them or contact Frank. Frank is mainly focused on illicit drugs and there was some uncertainty whether you could actually contact them about alcohol or not.

*"I wouldn't know because it's not an issue." Group 1*

*"If I saw that a friend was like, you know, I thought something was going to happen, I'd speak to her about it, I'd just confront them and say 'I think you need to get help' or something." Group 2*

*"You could probably do it though. Because alcohol is a drug, isn't it?" Group 2*

Notably not a single respondent in either of the groups was aware of any specific services in Dudley to help young people with alcohol issues. However even if they had never heard of them before the 16-17 year olds we spoke to expected that there would be such services in Dudley and that they should be able to find them on Google if they wanted to.

*"I don't actually have a clue where everything is for alcohol." Group 2*

Whilst it was seen to be good to know where to seek help if needed, the appetite for information on sensible drinking levels and the long term effects of alcohol consumption was limited. Respondents were quite disparaging about the effectiveness of traditional alcohol awareness programs, particularly in schools. The view that some alcohol awareness campaigns do more harm than good was raised in both of the groups. If young people perceive that they are being "force fed" information or told straight out "don't drink" they will either just ignore the information or in a worst case scenario it will make excessive alcohol consumption seem more appealing.

*"Don't means I want to try it." Group 2*

*"Rather than shoving it down their throats, they should say, 'This is what you're meant to be doing. It would be in your interests, and no one else's, that you do it this way.' Because the whole drinking is bad for you is shoved down young people's throats and really makes them want to drink more, maybe if it's just introduced to them and not forced on them, it would be better." Group 1*

*"The more they make it forbidden, the more it's going to get worse." Group 2*

All the young people expressed clear views on how they would like to be engaged with about alcohol and the issues associated with alcohol misuse. There were no differences between 14-15 year olds and 16-17 year olds in this regard apart from the 16-17 year olds displaying a higher

degree of knowledge. In order to be successful any engagement with young people about alcohol related issues needs to be perceived to be credible, measured and underpinned by a clear rational argument. Real-life experiences told by people that have been through alcohol misuse are likely to have a much greater impact than Government officials, NHS staff or teachers.

*"Getting real people who have actually been through alcohol and had something... like an accident or they've got addicted to it, I think that would help a bit more because you can see the emotion." Group 1*

Communication about alcohol also needs to be measured and rational. If taught simply through one-way lecturing in the classroom it is likely to be felt as 'pushy' and could be ignored as a result. Honestly and openly explaining the impact of alcohol misuse on a personal level and in the community is likely to have a greater impact than simply saying 'Don't drink' and 'it is bad for you'.

*"They just say, 'Don't do it.' They're not like, 'Oh, don't do it because...' It's just, 'Don't drink.'" Group 2*

*"Learn from their mistakes, that's what life is all about." Group 2*

Internet and social media were mentioned as a channel for reaching out to young people with alcohol information that is perhaps not being utilised enough at the moment.

*"Definitely the internet and social networking, just because it's so massively used. Even more than television and advertising and billboards. I don't think people have really embraced that. Young people have, but the government haven't." Group 1*



## 7.2. Men aged 30-45 years working in routine and manual occupations

### 7.2.1. Methodology

One focus group was undertaken with male respondents aged between 30 and 45 years working in routine and manual occupations (classified as C2 or D according to socio-economic grade of the household). Respondents were recruited by an experienced group recruiter on the street using a 5 minute recruitment questionnaire. Ten respondents agreed to participate and nine attended on the night.

A 90 minute semi-structured discussion guide was designed in collaboration between Dudley Public Health and Public Knowledge and can be provided upon request. Half of the discussion focused on the evaluation of social marketing materials designed to promote awareness of alcohol and is analysed as part of a separate report. The other half of the discussion related to knowledge about recommended alcohol intake guidelines, personal drinking behaviour and the health and social consequences of alcohol misuse.

The group was conducted in accordance with the Market Research Society Code of Conduct in November 2012 and a £35 cash incentive was provided. The group was recorded and transcribed for analysis and reporting purposes and transcripts can also be provided on request.

### 7.2.2. Units of alcohol and Governments' recommendations

When asked what was thought to be a unit of alcohol there were generally high levels of accuracy and immediate responses were *"half a pint of standard strength lager"*, *"a small glass of wine"* and *"a shot of whisky."* Respondents were then asked where they had seen or heard information about units of alcohol recently, specifically in the last year or so. Respondents recalled considerable amounts of information and the responses that were given included the pub, on TV, on posters, drink drive campaigns at Christmas, in bus stations and in the supermarket.

When asked what they considered to be a 'normal' amount to drink respondents had trouble answering and the conversation focused on the fact that the amount of alcohol they consume usually varies vastly from in the week or when they're working, when most respondents rarely or never drink, to at the weekends, where many drink heavily or binge drink (*"Saving all your points up to the weekend."*). Respondents discussed periods in which they might drink more, for example Christmas (the group was held at the end of November) or *"when the mood takes them"* dependent on what they're doing. *"Tolerance levels"* are felt to be different for different people and it is felt to be OK for some people to drink more than others *"as long as you know your limits."* At this stage, one respondent also discussed a period in his life when he had experienced issues related to drinking.

*"I used to drink between six and eight cans of Stella a day, Monday-Friday, and on the weekend I'd drink more. That was my normal intake. Not anymore though. I couldn't sleep and I had to go to the doctors to get some sleeping tablets, and he said I was an alcoholic. He referred me to Aquarius, they came down to see me and said, 'No, you're not an alcoholic.' I got an apology out of him at the end. He said it was the wrong diagnosis. I was under control. I knew how much I was drinking, and I could have stopped or started as and when. I wasn't dependent."*

*"It just depends who you are, because if I did that, it would wreck me. I wouldn't be able to get up in the mornings. I can feel it in the morning if I have one can."*

*"If I had eight cans of Stella, I'd have to ask someone what happened."*

*"If I go on a night out, I can drink a lot, but I don't often go out, I work weekends."*

*"There's Government guidelines, but I can't remember what they are." "Like a healthy amount to drink a day.", "But then again, it's the same with food, it's the same with everything, isn't it?", "Everything in moderation."*

*"I'll drink seven or eight cans of Carlsbergs. The next day, you feel a bit funny, but I'm alright, I can still do things. But then I won't touch one for a week or two. A lot of people go out over Christmas, so you're drinking more than you normally would. If I go out, I binge and I drink a lot. I've drunk 20 pints in a night before."*

*"On a Saturday and probably have between 10-15 pints."*

When asked what they considered to be 'too much to drink', or what they considered to be 'excessive' there was a clear understanding that the amount of alcohol they consume on a heavy night out was likely to be higher than Government recommendations. However, there was a strong sense that as long as this is only occasionally or just at weekends it doesn't really matter. This was not something that worried respondents because they drink for the fun and enjoyment of it and they do not feel that they personally drink enough to warrant worry although examples were given that related to other people they know.

*"In public guidelines, it's probably excessive."*

*"It's too much for one night, but one night a week is fine."*

*"The Government says drinking till you're drunk is too much, but that's the whole reason why people drink."*

*"You're out with your mates, you're enjoying it, and it just happens, doesn't it?"*

*"I've seen examples of people who drink too much, like younger than me, drinking that white Lightning. It just strips the insides. I think there should be a warning on that stuff,*

*because I know a few people who have been completely knackered through drinking it.", "Yeah, my cousin passed away a couple of months ago drinking that. He was only 45. He was an alcoholic. A few times he tried to stop, but he just always ended up back on it."*

*"My next door neighbour was like that. It killed him. But it's like smoking or anything else, isn't it? You think, 'It's not going to happen to me, I'll be fine.'"*

*"You can go outside and get run over by a bus, so you might as well enjoy what you do at the end of the day."*

The discussion moved on to the taxation on alcohol (and also cigarettes) and the cheap prices at which the supermarkets sell alcohol in comparison to the pub which is felt to be increasing the amount people drink at home although only three of the nine respondents raised their hand when they were asked if they were more likely to drink at home. There was also spontaneous awareness of the Government's potential plans for a minimum price on a unit of alcohol which was viewed negatively.

*"Look at the taxation on alcohol and cigarettes, if they all of a sudden said, 'Right, ban it, it's illegal now, smoke and drink,' where would most of the money come from?"*

*"Is it 44p or something on a pack of fags now tax?" , "The country runs on fags and beer, doesn't it?"*

*"But they're looking at putting a minimum price on per unit of alcohol. All they'll do is end up driving people to drinking more White Lightning..."*

*"If I have a beer now, it mainly comes from a supermarket. You can buy 8 pints for £8.00 of Carlsberg Export. You go out to a pub and it's £3.50 for one. Do the maths."*

*"Sometimes they have 3 cases for £20.00 or something especially over Christmas."*

*"No, I'd drink out, me. I never drink at home."*

*"I do both, if I was going out, I'd drink the cans to get a little bit drunk, because it's cheap, and then go out and drink more."*

*"I've got a stepdaughter who's 19, and she and her friends they always go to her flat or somebody's house a couple of hours before. They don't go out till ten o'clock because they can't afford it. They'll buy WKD or something and drink that for several hours."*

Table 4 shows the responses to a written exercise relating to the Government recommendations for the maximum units of alcohol that should be drunk by men and women per day. As shown respondents give fairly accurate answers and in fact they tend to slightly underestimate the recommendations.

**Table 4: Typical answers for guidelines on maximum units of alcohol**

Typical answer for guidelines	Mode	Range	Actual
Men	2-3	1 - 4	3-4
Women	1-2	0.5 - 3	2-3

*"It depends on the size of them [women]."*

*"I didn't think it was that many."*

The Government recommendations are felt to be irrelevant as they are "too low" and "unrealistic." There was a belief that "everything is bad for you" and you might as well not bother listening to the recommendations because they change all the time and they aren't clear enough. Some respondents felt that the Government recommendations should be included on all cans and bottles of alcohol sold or that there should be some sort of warning in the same way that there is for cigarettes but there were mixed opinions of this strategy with others who didn't feel that it would be effective (*"I don't think it would make any difference anyway."*)

*"Half of us didn't get it right, did we, the recommendation. So if we didn't get it right, how are the kids supposed to know? That's what I'm saying. It should be clearer on a label on the bottle or can."*

*"I don't think they're clear enough [the guidelines]."*

*"Half of us didn't get it right, did we, the recommendation. So if we didn't get it right, how are the kids supposed to know? That's what I'm saying. It should be clearer on a label on the bottle or can."*

*"That's just a recommendation."*

*"Everything has been bad for you at one time. Eggs, chicken, beef, chocolate, everything. And now chocolate is really good for you... you don't know what to believe, so you might as well just go off what you think."*

*"It's like the cigarette warnings, isn't it? Nobody pays attention to them."*

*"Some people won't care, but some people it probably does affect."*

Respondents reiterated the belief that the amount you should drink is different in individual people according to factors such as age and tolerance. There were mixed opinions about whether the guidance should be lower for younger people with some who believed young people can drink more because they are better able to recover and others who felt they should be advised to drink less to help combat the culture of binge drinking with one respondent who believed the legal age to purchase alcohol should be raised to 21.

*"It's all down to individual people..."*

*"It depends on age. My old man was 78 when he died, and he could do a bottle and a half of whisky a day."*

*"A younger person can recover better. If somebody middle-aged or older comes down with something, they're going to struggle to get rid of it faster than a young person because they're healthier, fitter, and younger, their body is going to burn it off."*

*"If a young person does something to their liver, they've got more chance of it repairing itself than an older person."*

*"They go out binge drinking and just get bladdered and do anything, do don't they?"*

*"I used to be a bouncer in Birmingham. On Friday night, most of them literally were kids."*

### 7.2.3. Health Consequences of Alcohol Misuse

When asked about the health consequences of drinking too much alcohol or alcohol misuse in a written exercise a huge range of responses were given including bad breath, liver damage, heart problems, kidney failure, stomach ulcers, high blood pressure, alcohol poisoning, mental illness, bad teeth, bad skin, dehydration, gout, aging and a beer belly.

There were high levels of awareness of liver disease with 8 of the 9 respondents giving this answer in the written exercise and there was further discussion within the group relating to how the liver is able to "recover" from alcohol use although there was an understanding that this is only up to a certain point. All of the other answers were only given by a small proportion including heart problems (3 respondents), high blood pressure, stroke, bad teeth, kidney problems, mental health problems and early aging (all given by 2 respondents).

When prompted with possible health problems that weren't discussed spontaneously, respondents were generally surprised to hear that there was an association between alcohol misuse and cancer and similarly the association with birth defects had to be explained and this was felt to be "a women's problem" by some members of the group. Some respondents acknowledged a lack of understanding about the health consequences of excessive alcohol consumption and there was felt to be a need for more education.

*"I saw a programme about Stephen Gately when he died, and the doctor said your liver can repair itself up to a near-fatal dose of alcohol within 24 hours. It's everything else, your brain, your heart..."*

*"I think you can take your liver down to 20% damage. After that, it's damaged for life. But after it can regenerate itself."*

*"It's educating you, isn't it? There's all the health issues there – I didn't know a lot of them, to be fair. And if you're educated with what excessive drinking might cause with the ordinary liver and kidneys, then you might think twice."*

*"They tell you what the recommended daily limit is, or they tell you how much when you're driving not to have, but they don't tell you what the effects of alcohol are particularly."*

#### 7.2.4. Community and social consequences of alcohol misuse

A written exercise was then undertaken to assess awareness of community and social consequences of alcohol misuse. As with health consequences there were a broad array of responses including *antisocial behaviour, being arrested, drink driving, pissing in the street, violence, rape, fighting and swearing, drugs and family breakdown*.

Antisocial behaviour and violence were considered to be the key issues with 6 of the 9 respondents specifying these reasons with a further 5 specifying "*criminal damage*" in the written exercise. These also prompted considerable discussion as illustrated by the following comments.

*"When I was younger and I'd had a few pints, I'd just fight for fun. It's daft. I don't know... that's why I stopped drinking."*

*"Smashing shop windows and things because they're drunk on the way home."*

*"People are just more likely to thief because they've got more confidence."*

*"If you go to student houses, they're full of road signs and cones and everything they can get their hands on."*

Although no one specified them spontaneously, an inability to work or study, hidden harm (the effects of parental substance abuse on children) and homelessness were also generally agreed to be negative consequences of alcohol misuse. However, knife crime was felt to be related more to the use of drugs than to alcohol and as indicated by both the service providers and the service users this was not felt to be a major issue in the Dudley Borough.

*"I've had a few Mondays off because I've had a drink at the weekend, and I just felt shit."*

*"If you've got a job working a machine, you can't get pissed, can you?"*

*"The company I was at, we didn't find out for a couple of years that one of the blokes driving a forklift was an alcoholic, and he used to have a flask with him, and it was gin every day. There's people walking around in the warehouse and he's there driving, drinking all day long. They caught him out. Two years, and nobody knew."*

*I didn't know until a few weeks back, but the old boys that worked in the fire brigade now, up until a few years back, every fire station had a bar, and firemen about 15 years ago used to be able to drink on shift, and then go out and put fires out."*

*"You can have your dealers and things carrying knives so they don't get robbed. It's more to do with drugs I think."*

*"If you're that bad and you can't work, and you ignore your self-motivation, your house goes to ruins and the council boot you out, you can't make ends meet..."*

#### 7.2.5. Advice, information and communication

The next section of the discussion guide focused on advice, communication and information. Respondents thought that people like themselves would be reluctant and unwilling to ask for help and advice about alcohol-related issues unless things got really serious. Respondents "self-diagnose" and there was a sense that the trigger would have to be other people getting involved and expressing concern due to denial and a lack of awareness.

*"My sister she was drinking too much. People kept telling us. In the end she went to Aquarius."*

*"It's your definition, if you think you're drinking too much. If you don't think you've got a problem... so it's self-diagnosing."*

*"My friend's mood's changed, he was getting loose-tempered and got himself into a bit of bother. He went to the doctors and they said it was alcohol-related. I was going through a bad time at the time, I was drinking a bit, and I got arrested by the police and whatnot. I was talking to him, and I was short-tempered. So I went to the doctors, and they did a liver check on me. I was going out four or five days a week and having ten pints, but when I was about 21. They said it was related to drink and I had to cut down. So I did go to the doctors. But I didn't realise it was related to alcohol until a friend had a similar issue."*

*"It's always when something bad happens to you before you get it checked out. If you feel happy you aren't going to bother even if you were drinking ten pints a day and..."*

Finally, the internet was by far the most common response when the participants were asked where they would go if they wanted further information about any alcohol-related issues and this was followed by a doctor or health professional.



## 7.3. British Minority Ethnic Groups

### 7.3.1. Personal Experiences of Alcohol

All participants agree that the consumption of alcohol is highly unacceptable within their community and stress that there are no circumstances in which members of their community drink. Within their community, the women only come into contact with alcohol at times when the food and drink they would like to buy or consume, including bread, cakes, beans, sweets and vanilla extract, contain traces of alcohol, something that they clearly have strong feelings about. None of the participants have ever attended a gathering or celebration outside their community where others have consumed alcohol, with one lady commenting that friends outside the community are respectful of the fact that she doesn't accept alcohol by keeping it away.

*"The mothers do see the difference in behaviour of the child after they've eaten the sweet [containing alcohol]. When they see there is bad behaviour or unacceptable behaviour, the mother does go and check the ingredients and they will find something that shouldn't be there."*

*"If the ladies had to go to a party or to a gathering or meeting outside the community and there is food being served, they will ask [whether it contains alcohol] before they consume any food or drink... If they're not sure, then they will leave it."*

*"[As Muslims] we should not enter any place where there is alcohol. Even working in a place where there is alcohol, we're not allowed."*

While Islam teaches that there is some good in alcohol in terms of health benefits, one respondent clarified that as the bad overpowers the good, it is ruled that people should drink nothing at all.

*"The alcohol is actually beneficial for your health, just a little bit, but if you go over that limit it just destroys everything. So it's rather you not take alcohol at all."*

*"And if I say to people, 'Okay, you're only allowed to drink a quarter of a pint, that's it,' can you guarantee everybody will listen to you and drink that just quarter? No. Some people can control themselves; some people can't. That's the reason why in Islam it's been forbidden."*

*"In general if you avoid it [alcohol] then you're guaranteed a better life. If you drink a little bit, then you are allowing yourself maybe to go into more, and that's where problems start."*

Despite having no direct personal experiences of alcohol consumption, all members of the group were able to spontaneously talk about its consequences based mainly on experiences of seeing

drunken people in the street and on television. The discussion focused primarily on the social impacts of alcohol and key themes included noise disturbances, bad behaviour and arguments.

*"The lady saw a drunk man last week and he was going from one side to the other side on the road, which makes him unstable, and that's worrying. Another thing, the noises and the disturbance that the drunk people cause on the roads, or if you're living near a pub and the noise comes from the pub because of people being drunk."*

*"A person who will consume alcohol, especially a lot, won't feel the cold."*

*"You can tell who has been drinking because of the smell from them. They smell very, very bad, and very strong... even their clothing smells bad."*

*"There was one night where there was an argument outside and there was about four people drunk, four men. They were trying to drag a man into a car, force him into the car, and obviously they were screaming and shouting, whatever, loud voices."*

*"...there were two men arguing about a lady and then after the argument and swearing and shouting, they smashed the house window, the lady's house window, smashed it. So it shows you how they behave."*

### 7.3.2. Issues Resulting from Alcohol Misuse

When specifically asked if they thought the consumption of alcohol is associated with anti-social behaviour, members of the group agreed but said they mainly linked it with drug use.

Participants gave the example of *"drinking and driving"* when asked about the type of alcohol related anti-social behaviour they had witnessed.

*"For example, last year it was Christmastime, by [name's] house there was a drunk man who was driving, smashed into three cars and when he finished he stopped on the side and he continued sleeping."*

The group were next asked about the impact of alcohol on families and it was clear that this is another topic that the women were highly concerned about. The women expressed concern for both families outside and within their own community and particularly focused on the effect of alcohol on children. They gave many examples of how children can be affected, most of which centred on the belief that those who consume alcohol are *"careless towards their children"* and have a mind *"busy with alcohol"*.

*"If the person within the family consumes alcohol they will be careless towards their children. They won't take full responsibility or care for the children because they're not with their right mind."*

*"Children watch and observe everything they see and take it somewhere else."*

*"The way they dress, the way they behave, the children, you can tell they belong to a family who doesn't care who is really doing something they shouldn't be doing. Even the mother, you can't communicate with her properly."*

*"I think it's because the parents don't have time to teach them discipline or anything because they're busy, their mind is busy with the alcohol. That's why they don't give the children what they need."*

Other consequences of alcohol consumption which were spontaneously mentioned by those in the focus group were poor levels of education, lack of care about wellbeing and health problems. Narrowing down the type of health problems believed to be caused by alcohol, the women came up with negative effects on the liver, kidneys, heart, brain and the skin and suggested that alcohol caused ulcers and for the *"heartbeat to go faster"*.

*"You find the person who is consuming alcohol all the time, or taking it in a high level, their education level is very low. It does affect their ability of being educated."*

*"It [alcohol] does have an effect on you, how you dress, or how you treat your body. For example, [name] saw, at about one or two o'clock in the early hours of the morning, two girls walking bare feet, you know, didn't really feel the cold, anything like that. They were drunk. So it does make you lose concentration and consciousness about what you're doing."*

*"It can have an effect on your skin and you can tell from the person's look that they do drink alcohol. It just shows."*

The suggestion that alcohol affects the look of the skin was expanded upon further to the point where participants were commenting that people who drink look *"weak"* and *"vulnerable"*, though this was followed up by a mention that this description only relates to some of those who consume alcohol and not everyone.

The problem of addiction was addressed by the group next. The participants expressed concern that some run out of money and resort to stealing to fund their addiction and that others lose their jobs.

*"They don't think about how to look after their family, their house. They don't bother because they've got something else to think about, so the state of them, it will be a very low state."*

*"Obviously that person who lost his job because of alcohol, if he continued to take alcohol in the same way that he lost his job through it, he's going to be just a person that is drinking, sleeping, and not really knowing what to do. They don't have normal lives, just drinking and sleeping."*

The participants were then asked about the issue of homelessness and specifically whether they had seen homeless people drinking alcohol. One woman said she had witnessed this situation in Birmingham as the group began discussing a lack of sympathy for people who live and drink on the streets. This was probed by the moderator who asked whether their alcohol addiction was the cause or effect of their homelessness, to which it was decided that alcohol was definitely the cause but might also act as an aggravator of social problems.

*"I don't feel mercy for them. When I see them, I don't have any mercy for them. But if I see other people who don't sit with the bottle, you feel guilty and how can you help them? But with these people, you don't feel guilty for them because they're the ones who have caused themselves."*

*"It does cause you to become homeless, rather than you becoming an alcoholic after being homeless. So it does... like what [name] mentioned earlier, the story that the neighbours of her friend, they had been taken out of their home because of alcohol."*

*"There's another side to that also, because sometimes people drink alcohol because of situations to numb their feelings to just zone themselves out. They think that alcohol is their solution for recovery, which obviously it's not. So there are two sides to that."*

The members of the group also had many ideas about what causes drinkers to begin consuming alcohol in the first place. Many respondents commented that upbringing was responsible, as children copy their parents' behaviours whilst some mentioned that it evolves from the enjoyment of visiting the pub to socialise. Others suggested that youths drink to "get drunk" rather than for pleasure and that this becomes a problem when these type of youths mix with others who perhaps wouldn't normally drink to excess. Advertising was also mentioned as a cause of drinking since television adverts focus on the enjoyment of alcohol rather than the negative effects, though participants were aware that these adverts also mention health effects "on the side."

*"Sometimes it's like a culture thing where you think, 'Oh, my parents used to go to the pub. I'm going to grow up and carry on the same way.' It's something you just do the same."*

*"Like say, for example, 'Oh, I've been working hard this week. I need to go to the pub to drink to socialise.' You go and socialise and alcohol is involved in this. Pubs now as well*

*I've noticed encouraging customers to watch a sports programme or something, 'Come and watch while you're having a drink.'"*

*"And what they do in advertising, they choose the right person, nice figure, whatever, and then they just present it in a nicer way, and then that's where people think, 'Oh, that's nice. It didn't affect them, so...'"*

One participant then began to express her feelings towards the price and promotion of alcohol, suggesting that this is also a cause of alcohol consumption. As illustrated by the verbatim below, she believes that more tax should be placed on alcohol.

*"When I go to the Post Office, it used to be a nice Post Office and they used to sell nice things, but now it's all alcohol. Very, very cheap. Two for £5. I can't believe the price. When we go and buy vegetables, if you're going for the organic vegetables, it's about £2, £3, you can't afford it, whereas the alcohol is very cheap. So that's where the NHS or the government should think about it. Instead of getting tax from other people, put more tax into the alcohol so people can at least get a small amount, rather than just get it very cheap."*

### 7.3.3. Actions and Personal Support for Tackling Alcohol Misuse

The group were next asked to share their ideas on what specifically could be done to tackle alcohol misuse. An increase in alcohol prices was again suggested as was an increase in awareness about alcohol consumption, particularly in underage drinkers. The women know that adults sometimes buy alcohol for underage drinkers, but are mostly unaware of the minimum age at which alcohol can be purchased – "21 plus, isn't it?" Regardless, the group feel more should be done to educate those who buy alcohol for young people whether that be adults or the young people themselves. There was also a mention of fines for people who drink in public places.

*"I think that person who goes and buys it... they should have awareness of what the effect is going to be. I don't think they understand how much it's going to affect that person, that young person. They think, 'Oh, I'm doing a favour for them.' So again, talks and media as well, media should play a big role in that."*

*"[Alcohol education by] working in schools."*

*"The NHS, the government made a good change for 'Stop Smoking'... anybody can go and smoke in the bus and all that, so they did manage to stop that. If you smoke, you'll be fined if you do that. So I'm sure they can do the same thing with alcohol."*

In terms of tackling alcohol misuse on a more personal level, there were mixed feelings within the group about whether individuals can be helped. All the women agree that GPs ought to be

able to give advice and support on alcohol misuse but are unsure of whether this happens in reality.

*"If the GP knows, I'm not sure how they can help, but I think they can play a big role there."*

*"I'm sure they did with the Stop Smoking. They did, the GP took a big role in that. They would be able to do the same thing."*

*"I know smoking they can give you a tablet or whatever, but I don't know about the alcohol... we're not aware of anything like that."*

The moderator then gave the group a hypothetical situation in which their child began to consume alcohol. The women were not aware of any alcohol related services they would be able to access in this situation and said they would be most likely to turn to the mosque for advice and support, though they didn't think that the mosque would be able to direct them to any services either. Despite having no awareness of available alcohol treatment services, the women said they would be willing to visit a service with their child if the situation was bad enough.

*"We would talk to them through it and discuss the matter with them as much as we can and make them aware of how bad it is."*

*"Most of the ladies would turn to the mosque where the community gather there and the reason to go there is for advice and awareness and it's because educated method about the alcohol. And I said, 'Okay, if you need help with stopping this person, would you go to your GP, would you go to a clinic, like alcohol clinic, where they have to treat them?' They said if they had to then they will go."*

*"What they benefit from the mosque is they're being advised in why alcohol is forbidden and how it's affecting you, how to keep away from it, and how it's affecting all your life, that side of it."*

Despite being completely against alcohol and being highly critical of those who drink it, many of the women in the group said that they themselves would support people, both within and outside their community, to overcome their urge to drink. There was a sense of collective responsible for others who may come to some harm from drinking alcohol, though as one participant commented, "you have to choose the right time" to give advice.

*"I would try to advise that person and talk to them when it's the right time, so there's no embarrassment for him, or when someone is with me'. You have to choose the right time. Where other ladies are saying it depends. Another lady said, 'I won't approach that person because they could be drunk and hit me or hurt me.'"*

*"You're right saying its internal responsibility. It comes to the extent that when any of us see somebody who is drunk and hurt, it does hurt us inside and we wish that they don't go into that road, or go along that road. We pray for them that they will have the right guidance and go into the right, follow the right path, and avoid alcohol."*

*"And the advice message is not just specifically for Muslim people, for anyone. As a Muslim, my role is to advise whether this person, Muslim or not Muslim, I will advise them about how bad it is taking alcohol and what's the side effects of that."*

#### 7.3.4. Alcohol in Dudley

In comparison to other areas, all members of the group thought that Dudley was one of the worst areas for alcohol misuse, mainly because of "poverty" within the area. Other reasons which were given for the local problems with alcohol misuse included long opening hours for shops and supermarkets which sell alcohol and late night opening of pubs.

*"Areas where the income is very low, you find lots of people who are alcoholic and have alcohol problems."*

*"Where there is places where it's accommodations or buildings or flats full of youngsters or teenagers, you find alcohol problems spreading amongst these teenagers, or that area as well."*

*"The current news is obviously stating that we are one of the poorest areas in England anyway, so I think that means we are affected more in terms of alcohol usage."*

*"[People think] 'okay, the pub is closed. I don't have to wait until the evening when it is open, or the weekend. I can grab a bottle or cans from the supermarket and they're cheaper and I'll go and drink.' Some people, they can't wait until they get home. They will start drinking it while they're walking and driving and whatever."*

There was one suggestion of how the Dudley Borough specifically could tackle alcohol misuse which involved closing down pubs. The women within the group are clearly very passionate about their local amenities including the library and leisure centre and believe that keeping such facilities open should be top priority. In addition to closing down pubs in favour of local facilities, the group recommended that the government find different ways of getting people together to socialise.

*"Last week we were discussing them closing the library... you need a library more than you need a pub."*



*"So couldn't they [the council] ask for more tax from them [the pubs]? I mean there should be a solution. Instead of closing the library, where you need the library, couldn't they be thinking about the pubs."*

*"I think if the government can find a different way of people gathering and socialising, because one of the most important points to any culture to socialise is going into the pub and gather there and have a chat and whatever."*

## 8. Conclusions

### Public Consultation

The members of the public who took part in the survey were very aware of the limits, consequences and problems of alcohol and were keen in highlighting many priorities and actions for the Dudley Borough to undertake in their efforts to tackle alcohol misuse.

Knowledge of advice on the maximum number of units to be drunk by both men and women was very good, despite a third (37%) of respondents never or rarely having drunk alcohol within the last 6 months. In addition, almost all respondents were familiar with the health risks associated with alcohol consumption, though becoming underweight was a risk only picked up by around three fifths of respondents (61%).

When asked about alcohol consumption in the local area, the majority of respondents (70%) said they had been affected in some way by social problems as a direct result of alcohol, with over half having been affected by alcohol related anti-social behaviour (52%) and underage drinking (51%). Perhaps unsurprisingly then, most of those who took part in the survey said that any alcohol related target should be considered a priority for the Dudley Borough and that any action which could be undertaken to achieve such targets should be considered as important. There was however a strong agreement that alcohol education for children and young people should be focused upon as top priority.

Positively, the awareness of alcohol treatment centres in the Dudley Borough was high. Around two thirds (64%) of the sample said that they knew of centres that were available for advice and support, two thirds (66%) of whom were able to name Aquarius as a centre they were familiar with when prompted. While awareness of alcohol treatment centres was high, respondents were almost as likely to say that they would recommend Alcoholics Anonymous to a friend or family member in need of support or advice (43%). Contact with a GP was the most commonly suggested as the best advice (56%).

### Service Providers

It was clear from the service providers that service users come with lots of other problems which sometimes predate the drinking but often come as a result. These include both physical and mental health issues, housing issues, financial issues and family problems amongst others. Many service users also have dependency issues that relate to drugs and respondents were keen to highlight that the two can't be considered to be independent as they go hand-in-hand in terms of work on the ground.

The importance of tailoring alcohol treatment services to specific individual need was also highlighted and although generally services are felt to be effective, it was acknowledged that there are limits and in cases of chronic substance misuse issues there is only so much that can be done. Possible improvements mentioned were broad but included the integration of teams,

better communication between the organisations working alongside them and investment in family services.

All of the Service Managers agreed that alcohol misuse was an issue in Dudley and immediate reference was made to the negative impacts of binge drinking, alcohol use amongst young people and to “hot spots” such as Stourbridge. Although there were mixed opinions the priorities that were considered to be the most important related to health and the reduction in A&E attendances and hospital admissions as well as tackling underage drinking and violent crime. Strategies relating to underage drinking, health and training and education, both of young people and of staff employed by pubs and clubs, were clearly identified as key and education in particular was felt to have a positive impact on some of the consequences of alcohol misuse.

Positive comments were made in relation to relationships with the Alcohol Commissioners and respondents felt that there was a need to maintain current close relationships and to ensure honest and open communications with all of the organisations involved. Reference was also made to the potential impacts of the NHS cuts and restructuring of Public Health scheduled for early 2013.

All of the providers described means of obtaining feedback from service users including both paper and online questionnaires and user forums. This was clearly considered to be important and all of the managers were able to give examples of specific improvements made as a result of feedback.

### **Service Users**

Those who participated in the survey showed a poor understanding of the Government guidelines around alcohol consumption as well as relatively poor knowledge of the health related impacts associated with alcohol. There was however much better recognition of the associations between alcohol and negative social impacts and respondents were supportive of most actions that would tackle alcohol misuse in the local area, with alcohol education for children and young people considered the most important.

Respondents were most likely to have had experience of counselling services or an alcohol maintenance support group, with alcohol maintenance support groups also being one of the most likely services to be considered effective. There were mixed views on the effectiveness of all the services put forward to respondents.

Positively, the majority of respondents (67%) said they had a “very” or “fairly” good experience of alcohol treatment services and three quarters (72%) said they would recommend the service to someone else in need of help.

## **Professionals**

As a result of their work, the professionals who took part in the survey were highly knowledgeable about alcohol issues in the Borough and the work undertaken was extremely wide ranging and comprehensive. There was a clear feeling that alcohol misuse is a big problem for the area and possible causes for this discussed were availability and low prices, poverty, social deprivation, unemployment and psychological problems.

Although some professionals only have limited or indirect involvement, most work with the treatment services on some level and in general positive comments were made although many possible improvements were also mentioned including more early intervention work and workshops with young people, tackling long waiting lists for inpatient detox services, more psychological support services, more transport and more work with the children of parents who abuse alcohol.

As with the service providers, antisocial behaviour, assaults, violence and domestic abuse, crime, family breakdown and hidden harm were considered to be most strongly associated with alcohol misuse in Dudley and the main priorities with regards to tackling alcohol misuse in Dudley were education and communication about alcohol, dealing with underage drinking and collaboration and partnership working. The strategies felt to be most important in terms of the positive effects on local alcohol misuse in the Dudley Borough were also around education and raising awareness, amongst both the younger and older age groups.

Professionals feel strongly that setting the alcohol agenda locally is crucial as Dudley has its own individual issues and cultural differences compared to other areas and people are more likely to respond to local initiatives and to engage.

Finally, further support that the service require from the Alcohol Commissioners to help address issues around alcohol misuse more effectively included clearer pathways and signposting, earlier interventions, family interventions, additional resources for out-reach work, education for young people and additional support for young people after the age of 13.

## **Key Target Groups**

As part of the new Alcohol Strategy initiative for Dudley in 2013 it is important to work effectively with key groups of individuals such as young people, BME communities and those most likely to misuse alcohol.

## **Young People**

It is important to raise awareness of the consequences of alcohol misuse amongst young people and to provide additional education and preventative measures, possibly from a younger age. It is clear that some of the initiatives aimed at young people are disconnected from reality as they perceive it and are most likely not being very effective in reaching out to their intended audience.

Alcohol use is widespread among 16 year olds and upwards and not uncommon in those as young as 13. Young people are aware of the recommended limitations on drinking but this does not translate into the guidelines being observed. 'Binge drinking' is the norm and alcohol units do not enter in the equation on a night out, rather how drunk you feel or how much fun you are having. The youngest teenagers (13-15 year olds) feel pressure to drink alcohol to be cool and 'fit in' but from 16 and onwards getting drunk and partying is a purely social experience for fun and enjoyment. At this point it is hard to reach out with information about the consequences of alcohol misuse and 16-17 year olds feel that the current information they receive is 'pushy', 'patronising' and likely to be ignored.

This does not mean that young people are clueless about the impacts of alcohol misuse on health or the community and there are high levels of awareness of these issues, particularly among 16-17 year olds. However none of the young people we spoke to believed that anything really bad would affect them or anyone in their immediate friendship circle.

To reach out more effectively and with real impact, communications about alcohol and alcohol misuse targeted at young people need to be perceived to be more credible. Young people say they would prefer to hear from 'real people' who have battled through alcohol addiction or had something bad happen to them as a result of alcohol misuse and theatre plays and real life, fly-on the wall documentaries were discussed positively. The simple message "don't drink" is ineffectual and in some cases may be counterproductive. The argument for not drinking, or drinking sensibly, needs to be measured, rational and honest, acknowledging that young people do experiment and instead focusing on limiting the damaging effects of alcohol consumption by highlighting the possible consequences.

### **BME Communities**

The members of the BME community we spoke to had very strong, perhaps unrepresentative views of alcohol consumption, yet gave a vast amount of insight into alcohol related issues and their views on priorities for the Dudley Borough.

Despite having never had any personal experiences of alcohol themselves, the participants were able to describe the negative effects of alcohol consumption based on witnessing people drunk in the street and on television. Social consequences of alcohol that were mentioned by the group included arguments and noise disturbances, carelessness towards children and homelessness. Effects on health were also mentioned, including the effect of alcohol on organs such as the liver, kidneys, heart and skin. All of the women in the group agreed that they can usually tell if someone consumes alcohol based on the look of their skin.

Upbringing, misleading groups of friends, advertising, the price and availability of alcohol and a lack of awareness about its dangers were all suggested as reasons why people drink. There was an overall sense of belief within the group that if people could be convinced that alcohol

is bad, that they would stop drinking. The women stressed that education and advice on the dangers of alcohol should be priority in the effort to tackle alcohol misuse.

Other than giving advice themselves, something which they felt was part of their responsibility within the community, the participants considered GPs to be a good source of help but were unsure of whether this was the case in reality. None of the women knew of any alcohol treatment centres in Dudley but most agreed that if there was ever a time that this type of support was required, they would be willing to locate and attend a centre.

Throughout the discussion the group focused on the extremities of alcohol consumption, indicating a lack of understanding that the majority of the population drink in moderation, and were highly unaware of the available support for those who misuse alcohol. The group were however very clear that more education is the best way to tackle alcohol problems and they offered other sensible suggestions including an increase on the price of alcohol.

### **Men aged 30-45 in routine manual occupations**

There were high levels of knowledge of alcohol units and the Government's guidelines for alcohol consumption within the men's group and the respondents actually slightly underestimate the daily recommendations. Despite this, the guidelines were not seen as realistic and were generally dismissed. There was a strong sense that "*Tolerance levels*" are different for different people and that it's OK for some people to drink more than others.

The majority of men who took part in the focus group did not drink in the week, or rarely did so but many would drink to excess on the weekend. There was a clear understanding that the amount of alcohol consumed on a heavy night out was against Government recommendations but there was a strong sense that as long as this is only occasionally or just at weekends it doesn't matter. Respondents drink for fun and enjoyment and do not feel that they personally drink enough to warrant worry. There was a belief that "*everything is bad for you*" and you might as well not bother listening to the recommendations because they change all the time and they aren't clear enough.

Respondents were fairly able to identify social/community and health consequences of alcohol misuse although there were some gaps in knowledge, for example there was no awareness of the association between alcohol misuse and cancer and the association with birth defects was viewed with scepticism.

Respondents would be reluctant and unwilling to ask for help and advice about alcohol-related issues unless things got extremely serious. Respondents "*self-diagnose*" and there was a sense that the trigger would have to be other people's involvement and concern.