



The Barrow Alcohol Inquiry Report

September 2013



Cumbria Clinical Commissioning Group



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introduction

In 2013, Cumbria Clinical Commissioning Group and Cumbria County Council commissioned Our Life to deliver 'Talking Drink: Taking Action – The Barrow Alcohol Inquiry'.

Talking Drink: Taking Action

Alcohol related harm is a significant problem in Barrow-in-Furness as in other parts of the country. Dr Rebecca Wagstaff, Acting Director of Public Health, Cumbria County Council explained why the Inquiry was commissioned: *The debate around our relationship with alcohol is seldom out of the headlines. The health consequences of our love hate relationship with alcohol can be measured in injuries, hospital admissions and premature deaths. Barrow's issues are not dissimilar to other parts of Cumbria and the work that has been done in the town will enable learning to be shared across the county and beyond.*

Our Life

Our Life specialise in community engagement. We carry out high-quality public participation processes, research and training designed to involve people in decisions and issues that directly affect them and the areas in which they live. Our expertise is in creating a dialogue between people and decision-makers, empowering them to work together and giving them

the skills and confidence to influence and deliver change. Our Life specialises in the field of health and wellbeing and has run similar projects across the North West. In 2010 and 2011 we ran Inquiries in Ellesmere Port on the subjects of food and alcohol. The outcomes were extremely successful. The establishment of Westminster Food Action was a result of the food inquiry and the group are currently running initiatives such as a local community cooking class called 'Monday Munchies.' The alcohol inquiry group is currently meeting up with Inquiry members from other geographical areas in order to create regional change.

Talking Drink: Taking Action – The Barrow Alcohol Inquiry was designed to empower and enable the community to articulate an informed view of the actions that individuals, communities, organisations and decision-makers should support and adopt to reduce alcohol related harm. The Inquiry enabled local residents who may have not been involved in decision making processes in the past to become part of a local group that explored the issue of alcohol in their area. Our Life created a discussion around alcohol and helped put informed opinion at the fingertips of the Inquiry participants so that they themselves could come to their own conclusions.



the inquiry

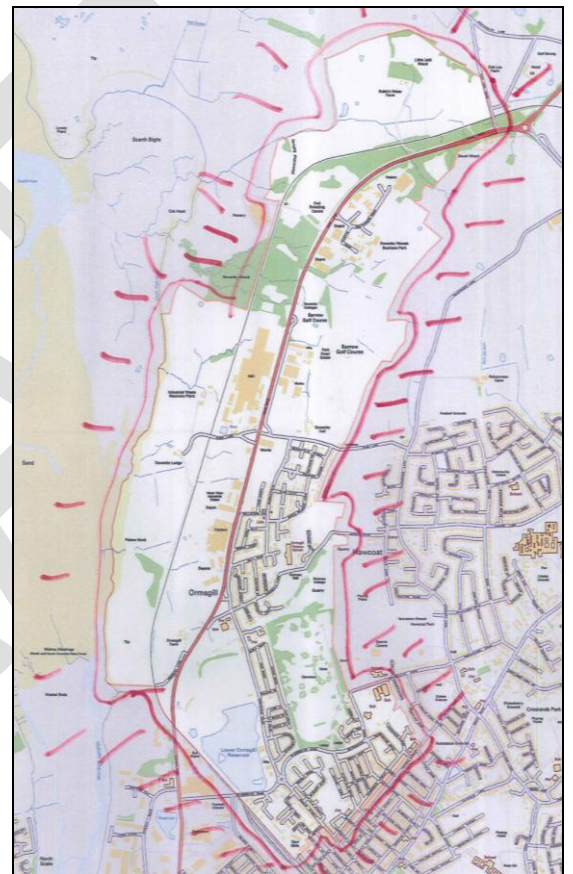
The model

Talking Drink: Taking Action – The Barrow Alcohol Inquiry was loosely based on the model of the Citizens’ Jury. At Our Life we believe that citizens have a right to be involved in the way that services are run. These decisions should not be left only to those who have lots of power and influence. Through Inquiries and Citizens’ Juries like Talking Drink: Taking Action, we want to make sure that the general public are able to have their voices heard, especially those people who have had very little opportunity to be listened to in the past. We believe that the approach of the Citizens’ Jury is a very good way of achieving this. Citizens themselves decide what things they want to talk about and after hearing from a range of outsiders, decide what they think should be the priorities for change.

Location

The Barrow Alcohol Inquiry participants were recruited from the Ormsgill ward. Su Sear, Senior Public Health Improvement Specialist, Cumbria County Council explained why the Ormsgill ward was chosen as the location for the Inquiry: *We didn't want to use one of the town centre wards that are directly affected by premises selling alcohol and we wanted somewhere that could represent the diversity of*

Barrow. Ormsgill ward consists of both a large social housing estate as well as a range of private housing. It is also close enough to the town centre to feel the effects of the night time economy, and has several licensed premises within its boundaries.



Ormsgill ward

Recruitment

We recruited people who live in the Ormsgill ward using different methods. 2846 letters and forms were sent to every home in the

Ormsgill ward. The forms had freepost envelopes attached and people were asked to post them back to us or drop them in to the Ormsgill Sure Start Community Centre.

A selection meeting was held to make sure that we had recruited a diverse group of participants. During this meeting it became apparent that there was a lack of responses from young people aged 16-19 and males aged 36-45. Extra recruitment effort took place with agencies that work with young people, walking the streets of Ormsgill and at shops and the pharmacy in Ormsgill. We then received more responses than we had places for and a reserve list was created. Phone calls were made to all participants to let them know they had been successful in the selection process and they were asked to attend session one.



Working together in session one

Participants were paid twenty pounds in vouchers for every session that they attended. Our Life

staff and local partners are paid for their knowledge and the work they do. The knowledge and work of participants should also be recognised and rewarded. Funding for practical support such as childcare or care work costs was offered for those participants who needed extra help in order to attend. Participants met after the official Inquiry sessions took place and they didn't receive payment for this.

Participants

In total, 59 people applied to be a part of the Inquiry. 31 people were invited to attend and there were 22 participants at the first session. 25 people became regular attendees, there were 12 male and 13 female participants. The age range of the participants was from 16 through to over 60 years. The following gives a flavour of some of the participants:

One participant described herself as a mam of one who like swimming, gym and reading. She explained why she got involved in The Barrow Alcohol Inquiry;

To find out more because I am interested in health and wellbeing in the area and the education of children and young people growing up in the community.



One participant described himself as retired, official of the cemetery cottages working men's club and Vice-president of Cumbria branch club and institute union. He explained why he got involved in The Barrow Alcohol Inquiry;

I have twenty odd years experience of the licensing trade and I felt that I had something to offer to the Inquiry.



The process

The Inquiry ran for nine weeks from May to July 2013. The sessions were held at The MS Society on a Tuesday evening between 6.00-8.30pm.

Session one of The Barrow Alcohol Inquiry began with an introduction and overview of the process. The group was then encouraged to explore the subject of alcohol for the remainder of the Inquiry. They tried to answer the question 'What do we need to do to make it easier for people to have a healthier relationship with alcohol?' Sessions two to eight were structured around commentators joining the group to talk about the barriers identified in session one. Session nine was for writing recommendations.



Participants questioning commentators

The structure of a typical session with a commentator was as follows; the commentator presented on the issue they had been asked to speak about. We encouraged commentators to try to make their talk as stimulating as possible. We discouraged lengthy PowerPoint presentations with lots of text. The participants were all given a red card and they were encouraged to hold up their red card if they had difficulty understanding what was being said (for example if the commentator was using too much complex language or jargon.)



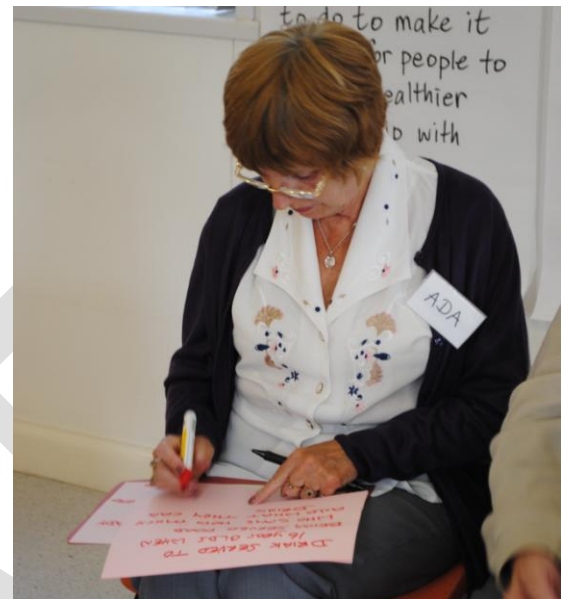
Writing questions for commentators



Participants listening to commentators

After the commentator finished their presentation we asked them to leave the room to allow participants the space to talk with each other about their learning. We asked the participants to think of any

questions they would like to ask the commentator.



Writing questions for commentators

They wrote them down and also stated if they felt confident to ask their own question or if they would like a facilitator to ask it on their behalf. Facilitators removed any duplicate questions and commentators were then invited back into the room and the questions identified during the previous activity were asked. Commentators were asked to leave the room once again, at which point they were free to leave if they wished. During this slot participants were asked to reflect on their learning. This helped to ensure that the conclusions that they reached were their own and that they felt ownership over any actions that they decided upon.

the sessions

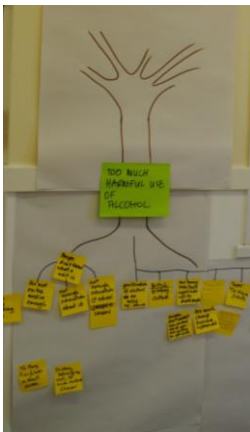
• Session 1

After an explanation of the Inquiry process and a chance to ask questions, the group got to learn a bit about each other with an ice breaker exercise.



Participants getting to know each other

They then worked in three small groups to identify their barriers to having a healthier relationship with alcohol. They did this through a series of different activities that allowed them the time to think about their barriers in detail. Two groups took part in a mapping exercise, plotting the places that make it easier to have a healthier relationship with alcohol and the places that make it more difficult to have a healthier relationship with alcohol. There was also an activity called a 'problem tree' which helped them to explore the root causes of the issue.



Problem tree



Mapping exercise

They were then asked to think about and write down: 'What are the things that make it difficult for us all to have a healthier relationship with alcohol?' The barriers were put on the wall and any duplicates removed. The final barriers were then voted upon. They were as follows (in rank order):

- Sexual abuse, emotional abuse, physical abuse leads to depression (need alcohol to cope)
- Upbringing and social surrounding e.g. family members drinking, imprints in your head it's normal
- Workplace stress e.g. workload can lead to depression and low self-esteem
- Domestic situations e.g. relationship problems
- British culture, going out for a drink seen as the 'done' thing
- Too cheap in shops and supermarkets. Alcohol offers in supermarkets
- Extended opening hours, pubs

and clubs

- Low pricing encourages drinking alcohol rather than soft drinks
- Boredom – alcohol seen as a way to have fun
- Habit/addiction
- Mental health. Mental/emotional relief from problems
- Abstaining is perceived as abnormal
- Lack of resources to support the root cause e.g. counselling, detox or after-care if you are having/have had problem with alcohol
- Peer pressure to get drunk
- Media glorification of alcohol. Soaps – majority scenes in local pub/club
- Unemployment – depression, low self-esteem
- Financial problems (need alcohol to cope)
- If you don't drink, there's not many places to socialise
- Legal addictive drug that is easily accessible
- Advertising of drink is a problem e.g. sports sponsorship. Cigarette adverts were banned, why not alcohol?
- There is not enough understanding about alcohol i.e. units, effects. No education
- Lack of understanding and awareness (consequences and health)
- High price of alcohol v. non alcohol (low) Discourages 'sober' drinkers
- Feel they need alcohol to boost

confidence

- No messages telling us to drink in moderation and enjoy it!

During sessions 2-8, commentators visited the group to offer their opinions on the barriers identified by participants during the first session. The following gives a flavour of some of the discussions. For a full list of questions written for commentators please see appendix 1 on page 19.

• **Session 2**

Commentator: Ali Wheeler from Drink Wise. **Example question asked by participants:** How can we influence getting minimum unit price implemented?



Commentator Ali Wheeler presenting to the group

• **Session 3**

Commentators: Mike Fallon from The Theatre Bar and Jen Curtis from Barrow Borough Council. **Example question asked by participants:** What will the



'Speed dating'

charges from the late night levy be spent on – will it benefit community services?

During this session the group did a 'speed-dating' exercise to share any learning so far.

• **Session 4**

Commentators: Keith Murphy and Cath Dickinson from Unity and Nat Wealleans from CADAS.

Example question asked by participants: What is the social mix and age range of people referred/call in?

• **Session 5**

Commentators: Sue While from Cumbria County Council.

Example question asked by participants: Do we need more education in schools about alcohol?



Commentator Sue While presenting to the group

During this session the group did an opinion line activity to explore their thoughts so far.

• **Session 6**

Commentator: David Sandford

from First Step, Michael Cassells from Mind in Furness and Dr Geoff Jolliffe from Cumbria CCG.

Example question asked by participants: Do you believe that people are put off from using these types of services because of the stigma relating to the problems? If so, how could we get more people to use the service?



Participant questioning commentator Dr Geoff Jolliffe

• **Session 7**

Commentators: Helen Salter from BAE Systems. **Example**

question asked by participants: Do you keep all your help and support 'in house' – within the work place or do you refer out to other agencies?

• **Session 8**

Commentators: Inspector Mike O'Hagan from Cumbria Constabulary. **Example question asked by participants:** What is the most common age of arrests made in town?

findings and recommendations



During sessions eight and nine, the participants were asked to write recommendations for change. In small groups or on their own, they were asked to think about and discuss: 'What do we need to do to make it easier for people to have a healthier relationship with alcohol?'

Recommendations

The recommendations were written, put on the wall and any duplicates removed. They were then voted upon using a voting system. The recommendations are as follows, they are in rank order:

<i>What needs to happen?</i>	<i>How could it happen?</i>
More education around the harmful effects of alcohol should be part of the local schools curriculum for years 6, 7, 8, 9, 10 and 11 (therefore starting in primary school and continuing through secondary education). Thus helping to prevent many problems in relation to alcohol misuse in their future years. This should also apply to home schooling and youth centres.	<ol style="list-style-type: none"> 1. Join up with other organisations / ex alcohol users to share their experiences of alcohol. 2. Peer education (older young people talking to younger ones and sharing experiences) 3. Raise awareness with parents/carers and the whole community 4. Encouraging young people that when peers try to make them drink, they can say no! Or they can stop after one or two (self advocacy). 5. 12-18 year olds do a drama play about alcohol affecting a family.
Reduce number of hours people can drink (which means less cost for the NHS and the police).	<p>Pubs/social clubs, night clubs, off licenses/supermarkets, takeaways open only 11am - 11pm for the sale of alcohol with the option of applying for a late license until 2am. Police to check premises to make sure times are adhered to.</p> <p>There should be a ban on all alcohol advertising like there is for smoking (we need to lobby government)</p>
There appears to be a number of organisations in the Furness locality and county wide, both NHS and charitable organisations that provide specialist support for individuals and their families who currently have an unhealthy relationship with alcohol. The problem is none of these organisations offer a 24 hour, 7 day a week service. The majority of the services currently only provide support Monday – Friday, office hours. The services offered also vary, therefore some organisations would suit one individual	<p>We recommend that a locally based 24 hour help line is created to provide specialist help and support for individuals and their families who currently have an unhealthy relationship with alcohol.</p> <p>The help line will assess the individual need and make recommendations / referrals to the most appropriate organisation available to suit the individual needs. The help line will provide initial support and advise the individual / families on how to cope with the situation they are experiencing, thus ensuring a safe environment.</p>

<p>better than others. There is a need for a single point of access telephone help line who as well as providing 24 hour support, assess the needs of the individual and their families and then makes recommendations / referrals to the most appropriate organisation to support them. This would prevent multiple referrals to a number of organisations and ensure that the most appropriate organisation is highlighted to provide the support and help required.</p>	
<p>Encourage sale of weaker drinks and encourage the manufacturer / supplier to reduce strength of alcoholic drinks.</p>	<p>Tax alcoholic drinks proportional to unit content e.g. 60p tax per unit: this means stronger drinks will be taxed higher.</p>
	<p>Make sure all public buildings (e.g. Doctor's surgeries, Citizens Advice bureau) have information packs available about alcohol support services available locally (including contacts for Samaritans and AA).</p>
<p>Educate on the effects of excess alcohol on themselves, family and friends and overall general health and wellbeing .</p>	<ol style="list-style-type: none"> 1. Courses at work (travelling education bus), leaflet, adverts in papers, internet. campaigning i.e. Facebook / Twitter with the use of imagery, local radio, bill board, bus shelters. 2. Drink awareness day in the town centre.
	<p>School children found drinking by police be given a stern warning with parents in attendance. Second time offenders be given community service with parents to attend.</p>
<p>Every employee needs to have awareness of the harmful effects of alcohol on their own health and the implications it can have within the workplace. Incorporating the knowledge of the reasons why people turn to alcohol as a coping mechanism tackling stress in the workplace.</p>	<ol style="list-style-type: none"> 1. Yearly mandatory training on the form of a work booklet (each employee ensures their employee's work through the booklet). 2. New employees to have alcohol awareness training as part of their induction.
	<p>Signs saying alcohol prohibited in this area (e.g. public playing fields, parks, schools, town centre) and prosecution for those who ignore it.</p>
	<p>Heavier penalties for repeat offenders of drink related offences.</p>
<p>Barrow has more hospital admissions due to alcohol in the county but doesn't have facilities for people to de-tox.</p>	<p>De-tox bed in Barrow.</p>
	<p>That GPs local contracts hold alcohol problems with a higher priority.</p>

<p>Every employee needs awareness of what services are available locally and county wide to support their employees if they are currently showing signs of having an unhealthy relationship with alcohol effecting their health and ability to maintain a safe environment at work.</p>	<ol style="list-style-type: none"> 1. An 'idiot's' guide booklet to be given to every employer to refer to and signpost people for specialist help and support in the local area and county wide 2. Recommendations to employers of how they can support employees by allowing them time to attend groups for specialist help / support in relation to alcohol and reduced hours, altered work patterns if applicable.
<p>Some young people get drunk but can't be taken home by the PCSO, so they may be left vulnerable.</p>	<p>PCSOs are given the authority to take young people home to their guardians if they are drunk.</p>
	<p>Contact be made with DHSS on the subject of drink tokens for alcoholics and if found to be true recommend cessation as its making a fool of Joe Public and is supporting unhealthy drinking in the area.</p>
	<p>Personal alcohol ID: everyone has one when they turn 18 they are used for every alcohol purchase regardless of age. This would mean a data trail of all alcohol purchased is kept (what alcohol, when, where etc). Could be given limitations by police for criminal behaviour.</p>
<p>Provide more support.</p>	<p>More funding for Unity, CADAS etc, bring agencies together.</p>
<p>Better understanding of the units system.</p>	<ol style="list-style-type: none"> 1. Use approaches listed above. 2. Bar staff to inform.
<p>Drink awareness course for people caught by the police.</p>	<p>Instead of prosecution /caution, course offered with only course to pay for, re-offending after course given bigger fines /sentence.</p>
	<p>That the 9-5 groups we have heard from liaise to have coverage of an evening and weekends, sharing the coverage instead of an answer phone.</p>
	<p>Minimum unit pricing.</p> <p>Children only served drinks in restaurant with meal. Then only allowed in pubs, clubs, in rooms with no bar or bar is closed.</p>
<p>To know what you are drinking (food labels let you know what's in food).</p>	<p>Get ingredients on alcohol labels.</p>
	<p>A spread sheet is commissioned for all hospital alcohol related visits and admissions past and future to see if there are any trends and if anything can be derived from the info that may help in anyway.</p>
	<p>NHS to produce a leaflet on alcohol related problems / recovery, because at the moment there isn't one.</p>



Writing recommendations



Voting on the recommendations

Most members of the group decided that they would like to continue meeting after the Inquiry had finished, in order to take some of

the recommendations forward. They decided that they would like to hold a meeting where they could present their recommendations to local stakeholders and policy makers. Talking Drink: Taking Action – Inquiry findings launch event was held on October 1st 2013.

Launch of the findings

Members of the group met for three sessions in July and September 2013 to plan for the launch of the findings.

They looked at the recommendations and categorised them into themes that could be discussed at the event. They decided that all of the recommendations could be categorised as follows:

- Education
- Sales (including advertising)
- Support services
- Policing (including licensing)

They decided upon a list of people they wanted to invite. Representatives were invited from health, local authority, housing, police, fire and the voluntary sector.

The rest of this section and the following page will be about the launch on October 1st

INFO ABOUT THE LAUNCH TO GO
HERE

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evaluation



Participants

- 100% of the participants enjoyed the sessions
- 100% of the participants agreed that the facilitators made them feel comfortable and that they felt able to speak their mind
- 100% of the participants understand why NHS Cumbria wanted to carry out the Inquiry
- 71% of participants intend to keep in touch with other participants they have met during the Inquiry
- 100% of the participants are keen to see the outcomes of the project
- 25% of the participants felt that there wasn't enough time in feedback sessions to fully unravel all of the issues discussed
- 100% of the participants have increased their knowledge of alcohol issues
- 96% of the participants felt they received enough support during the Inquiry
- 88% of the participants will be coming to follow up meetings

Some of the questions asked and comments received are as follows:

What was the best thing about the sessions?

- Finding out more about an issues which affects my local area and discussing ways we could try and find workable,

realistic solutions

- Being involved with other passionate people and having our young people present
- Being able to vote on what you think is the most important thing



Having fun during the opinion line activity!

What was the worst thing about the sessions?

- Nothing
- Echoey room
- Is quite tiring after work

If you had to suggest one thing that would have improved the sessions, what would it be?

- More time, i.e. either longer session or more sessions
- Less echoey room
- Slightly longer, half an hour extra

What was the most valuable thing you learned from other people attending the sessions?

- That everybody has a different view on alcohol but we all wanted the same outcome
- Everyone is different and have

their opinions - some are shy but given the chance will express themselves. Not to judge people on first impressions - ice breaker showed that people have different interests or pasts. Good chance to get to know people.

- To appreciate other's views and opinions

What impact has your involvement in this project had on you personally?

- I have cut down on my alcohol intake and become aware of the limits
- Realising helping society makes you feel good
- It has made me realise the impact alcohol has on me and others



Writing questions for commentators

Additional comments

- Overall the Inquiry has been very educational and informative
- Very well run and enjoyable sessions. Thank you.
- Everybody has been friendly and

listened to others' points of view. I am aware now of how much alcohol abuse is in this area



Most of the group on the final session

Commentators

We asked the Commentators to complete an evaluation form with thoughts about the process. Some of the questions and their responses are as follows:

What did you think of the Inquiry process?

- I think the process was really fascinating and empowering! I really like the idea of mobilising community members to consider, explore and problem solve issues linked to their own communities by providing a safe and supportive forum for community members to exchange ideas and knowledge whilst working collectively to improve things for the wider

community

- It was a very high quality interaction. I learnt a lot and enjoyed being in front of the Jury
- Great, I think it provides the opportunity for members of a community to meet new people, understand their points of view, be supported and educated on a particular subject and make a informed decision

What could be improved?

- Nothing springs to mind, in fact experts could learn from this format. Become less preaching, less leading and more responsive to community voices
- Nothing- the process was well managed and I felt very valued during the process and in my contact with Our Life staff members
- Nothing about this actual process, however would love to see more of this type of community engagement giving people the opportunity to take responsibility for change in their local area

Why have you decided to take part in this?

- I passionately believe in giving people a voice – supporting them to bring about change. In order to do my role justice and be effective I feel it is vital to listen to what people want and what they think works enabling

us to design a service that meets the needs of real people.

- Alcohol is a major determinant of health problems and social pathology in our town. I want to commission services to improve people's health
- It is a great opportunity to meet the people we are trying to support and affect change for, you get to hear the real life stories and situation, and it is a great way to gauge ideas

Does this type of process have a role in policy making?

- Yes we are keen to develop methods of working with the public that inform our decision making
- Yes without a doubt- it is vital that local people have an opportunity to give voice to their ideas and solutions about how to tackle problems which then inform local and national policy and the distribution of funds
- Most definitely, we should not underestimate the power of people and communities if everyone works together. Any decision that is made which affects people should be influenced by those same people. I firmly believe people are experts in their own lives and we should listen to and act on their experiences.

appendices

Appendix 1. Questions written by participants to ask commentators

All questions are written in the words of the participants.

Questions for Ali Wheeler – Director, Drink Wise

- Who is selling alcohol to school children/buying it for them?
- How can we influence getting minimum pricing implemented?
- How are places like takeaways able to sell alcohol so cheap? Would they have had to apply for a license?
- Why are politicians suggesting they're going to start selling alcohol on motorway service stations?
- If minimum unit price came in, wouldn't supermarkets just carry on doing what they're doing, undercutting everyone else to attract people?
- Why are brewers allowed to sell at lower prices to supermarkets than pubs?
- Will alcohol benefits have to increase with minimum pricing?
- Smart price alcohol: Are there regulations to control the chemicals in alcohol? Are all the chemicals listed on the labels as with other food types? If not, why not?
- How can we re-introduce educating in schools?
- Do you go into schools to educate? Or do you provide educational resources to be used in schools?
- Parental education is a must. There used to be a thing on TV: 'Where are your children, what are they doing?'
- Is there a way to educate parents on the laws regarding providing underage drinkers with alcohol?
- How can we ban alcohol adverts on TV? (in the same way that they did with smoking)
- There should be an advertising watershed
- Is there any specialist support for people's relationship towards alcohol with mental health?
- Why isn't there more Community Support Officers or an office base with 24 hours support?
- Why grant 24 hours drinking when alcohol was already a problem?
- Why did they increase licensing hours?

- Can you identify the best solutions in dealing with the problems?

Questions for Mike Fallon – Licensee, Theatre Bar and Jen Curtis – Licensing Officer, Barrow Borough Council

- Re: Late night levy: Has anyone given thought to what the consequences might be – e.g. if a pub is charged a certain amount, would there be a situation where they couldn't afford to run anymore and close down, or put their prices up?
- Do the council have any future plans to enforce the late night levy and Early Morning Restriction Order?
- Who did the legislation and why not taken up? (EMRO and LNL)
- What will the charges from the late night levy be spent on – will it benefit community services?
- Would there be any consideration to giving money from the levy raised to hospitals and ambulance to go towards mopping up fights, people falling over etc?
- How would we get the 2am finish imposed?
- Apart from having an adverse effect on profits, are landlords forced to stay open in accordance with current opening times or could they revert to previous opening hours by choice?
- Why don't you (the council) bring back the old licensing laws?
- How can we have a public vote on bringing back the old licensing laws? (have you thought about this?)
- Can you influence the minimum unit price of alcohol with the council i.e. raise the price? How can we go about lobbying the council to set the minimum unit price?
- The effects of alcohol are costing millions, why don't we simply increase tax on alcohol to pay for it?
- Would introducing food discourage people drinking more?
- How often are these licenses checked? Are takeaways checked?
- Have you got figures of how much underage drinking/selling of alcohol goes on in the pubs/clubs/off licenses of Barrow (Dalton and Askam)
- Can you set 'challenge 21/25' by law?

- Drink served to 16 year olds when being served food – who says how much and what they can drink?
- Why bouncers (not doormen) on working mens clubs?
- Ruling on serving to somebody already drunk – what are the rules? Are they being implemented?
- How do you decide when somebody has had too much to drink and how do you deal with this?
- The £20 a day vouchers – why give them to cheap pubs, to get them more alcohol?
- In your opinion why do you think the drinking culture has changed i.e. people having shots rather than beer. Are they going out to get drunk rather than to drink socially?
- Why should the landlord not approach a woman or a group of women when they are really drunk and see if they are ok and make sure a woman doesn't drink on her own too much, and maybe have more female door attendants to approach them?
- Need to know who is asking for a license – too small in paper. Need more

information by larger adverts in leaflets.

- Is there more trouble caused by 2/3 people or 10/12 in a large group? Maybe don't let them in?
- Is it possible for the council or police (law) to put a restriction on supermarket selling of alcohol (i.e. between 12 midnight and 6am)

Questions for Keith Murphy and Cath Dickinson – Service Manager and Team Manager, Unity and Nat Wealleans – South Service Manager, CADAS

- Is the situation that bad that you need 90 volunteers? Is Barrow worse than say Kendal or Workington?
- How many registered alcoholics are there in Barrow-in-Furness? Why is there a daily alcohol allowance/tokens?
- What is the social mix and age range of people referred/call in?
- Are your services open to all the public regardless of whether you have an addiction or not?
- What is an alcohol treatment order? What does it entail?
- Is it 7 days a week, 24 hours a day support you give?

- Is there a crisis number after the 12 weeks that people can call if they're in trouble and they need help?
- Who makes the diagnosis that someone is an alcoholic?
- Junior training programme – good idea! Is it for all children in year 6? Is it every school? Do you go to youth clubs? Do you go to schools to teach?
- You say you are invited into schools, do you have to wait for the head teachers or whoever to approach you?
- Could you use drama/short plays introducing issue?
- How do you advertise your services – how would people know how to contact you if they required your help and support (how would they know how/where to find you?!)?
- Do you tackle the root causes? If so, what have you found is most people's root causes? What is the one thing you've found, the Common thread?
- What is the success rate of the services provided?
- Do you think your programmes are effective?
- What is the reception of people when contacted after being referred? Do you get many refusals?
- Do you have to report back to the doctor if they don't turn up?
- If a person has committed an offence due to the influence of alcohol/drugs are they automatically referred to your service as a condition of their punishment?
- Do you go into organisations like the workplace to give sessions and advice to employees? How long would you go into the workplace for?
- Does having the 2 services (Unity and CADAS) duplicate costs? Could we not have 1 service fits all?
- How do alcohol services liaise with each other?

**Questions for Sue While –
Assertive Alcohol Outreach
Worker, Cumbria County
Council**

- What are the statistics? How bad is the problem?
- With young people, stats are high in Barrow, what would you say is the major reason and major result (injury/illness)?
- How many youth clubs are there in Barrow?

- Do you feel young people (or all ages) use alcohol to escape from normal life, other problems, like a cry for help if you've suffered in some way?
 - How long has the role been going? Is it just you? What are the operating hours? Why was it started? Is just having you for our area adequate?
 - Is there support for young people whose parents are alcoholics?
 - Do you use volunteers?
 - Is the service having a positive result? (including other services as joint effort)
 - Do you work with CADAS/Unity or is there a similar agency geared towards young people?
 - Why is it unreasonable for it to be outright illegal for under 18's to drink?
 - What are your views on the age limit of 18, do you think allowing people to drink from younger age might educate on dangers etc?
 - Can you clarify the number of units of alcohol adults and young people can have as a healthy amount?
 - Is it illegal for under 18's to purchase alcohol but not to drink it? (like in restaurants)
 - Why are under 18's allowed to have a drink with a family meal but not any other time?
 - Do we need more education in schools about alcohol?
 - Does anyone think that we should have pictures of destroyed livers on alcohol like we do on cigarettes?
 - Could we not have a community bus about alcohol?
 - EMRO (Early Morning Restriction Order) – good or bad idea? Will it help young people/anybody or move problem elsewhere? How do you think it would help?
- Questions for David Sandford – Senior Psychotherapist, First Step and Michael Cassells – Member, Mind in Furness**
- In your opinion (or statistics), what appears to be the main stressor with regards to alcohol misuse linked with depression/anxiety? (work, home, death, other illness)?
 - How big is the problem in the town? Is there a large number of unknown people who don't come forward?
 - Michael – Are you still having treatment/learning new things?

- Do you believe that people are put off from using these types of services because of the stigma relating to the problems? If so, how could we get more people to use the service?
- Michael - are all the members of Mind people who have issues with mental health or can anyone join?
- How are people referred to your service?
- Which do you think works better – group or 1-2-1?
- Dave – Are the staff fully trained? Do you struggle to get staff members?
- What is the waiting time to see someone?
- What are your working hours? How many people work for you and how long has it been in existence?
- It sounds like there are a lot of resources to access. Do you think they could be better publicised? i.e. roadshow style event?
- How are people made aware of these services?
- Dave – tell us a bit more about CBT – how it works?
- What's the biggest health problem in Barrow?
- Beer tokens – what's your view?
- Do we need a dedicated rehab unit (day release or short/long stay) working in conjunction with other services – aiming to reduce units consumed or abstinence?
- The County Council has identified a problem with alcohol in this area (hence this group). Does the Council have no way of making alcohol a higher priority for GP's?
- As a commissioning group have you allocated any funding to tackle people who have an unhealthy relationship with alcohol – if so which services are you investing in? (excluding public health)
- Is a roadshow style event to show help/groups available and help raise awareness and show ease of access a good idea for Barrow? Inviting public, schools, colleges, GP referral – letter of interest. Also pump funding into those services.
- Local licensing hours need to be re-visited i.e. 24 hours is not really 24 hours opening

**Questions for Dr Geoff Jolliffe –
GP and GP Commissioner,
Cumbria CCG**

- unless you are a supermarket
- How much budget do you have to spend in Barrow on alcohol AND everything else?
 - Why is so little spent on alcohol in the healthcare sector? Alcohol should be on a level with or same as smoking.
 - Is it a good idea to educate children in schools? What age?
 - We think there should be more education in schools, what do you think?
 - Can more money be spent on young people to prevent them from drinking alcohol?
 - Are young people represented on the health and wellbeing board?
 - Should be a more equal spend on prevention and the treatment for people with illnesses
 - Why cannot the emphasis be on younger i.e. educate at an earlier age before they start drinking?
 - What are you going to do with our recommendations and will they be implemented?
 - Prevention is better than cure! Education about alcohol should be or start in Junior School same as drugs and healthy eating. Do you

feel this should be a law or part of the curriculum?

- What do you think about Minimum Unit Price?
- What % of GP workload is 1) alcohol related 2) mental health related?
- Do you think increasing unit cost would cut the drinking habit?
- How would we influence/get involved with the health and wellbeing board?

Questions for Helen Salter – Senior, Occupational Health Advisor, BAE Systems

- Are they still allowed to use machinery when they are on the programme?
- What happens if the programme has finished and they are still alcohol dependant?
- Is your service open for all workers i.e. part time, full time?
- Do you keep all your help and support 'in house' – within the work place or do you refer out to other agencies?
- What is involved in your rehab programme? How long is it on average?
- What does the rehab programme consist of?

- Do you think there should be an alcohol adviser in every business?
- Is the alcohol level higher in senior management or the work force?
- How long has this service been offered to the workers?
- Do you find there is a balance between shop floor or managers?
- Do you think all employees should have alcohol tests?
- How long does it take before you are seen after you've been referred?
- How is the service funded within BAE?
- How do you spot stress?
- Does your programme work? Prove it?
- The support you offer – is, or has it been decided as a company or are you (BAE) following government lead guidelines for employment in general?
- What happens if a worker is caught under the influence whilst at work?
- Do you get workers who refuse the test? What action would you take if they refused?
- How successful is the rehab scheme during and after?
- How many people use your help?
- Do they test for drugs in some medicals?
- How do you reduce / eliminate stress?
- Is your programme for all employees or new starters?
- How big is the alcohol problem in BAE?
- Do people still drink on site?
- Do you think 24hr licensing has caused more people to still be over the limit for work?

Questions for Inspector Mike O'Hagan – Cumbria Constabulary

- Are you finding drink driving on the increase in the younger generation?
- Do you think there should be a restriction on opening hours of off licences/supermarkets and minimum breathalyser levels reduced?
- Has the police a view on restriction of hours as an alternative to 24 hours opening?
- Do they have the power to close the premises if there is any extreme disturbance?
- Views on Minimum Unit Price and duty?
- What happens when school children are found drinking – community service?

- What happens with the parents, are they told? And they re-offend.
- How many parents know where their children are when the police turn up at their house?
- If you arrest a youth underage with a drink related crime, how long do you keep them retained and what is the procedure? And do their guardians get contacted?
- Do the police have a more relaxed approach on younger people and drinking than older people and drinking?
- Are there more problems with young people than older people under the influence of alcohol?
- What is the crime rate for young people drinking alcohol?
- What is the view of the police on younger people and drinking?
- What is your view on younger people and alcohol?
- What is the most common age of arrests made in the town?
- Is there now or in the future a training course for all police staff put in place to deal with mental health and drink related issues?
- Why is the Ormsgill Police Centre closed?
- For those being in trouble with the police due to alcohol related incidents would a drink awareness course (like the driving awareness course) be beneficial?
- Night time levy views?
- What % of call outs to homes are alcohol related?
- Age group trends?
- Parents reaction when you fetch under age drinkers home?

Appendix 2. Attendees of the
'launch of the findings'

(alphabetical by organisation)

There will be a table inserted here

DRAFT



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