York Alcohol Impact Study
Executive summary

1. Introduction
Alcohol Concern was commissioned by Safer York Partnership to carry out this alcohol impact study for York. The findings are to act as a starting point for a local alcohol strategy and will provide local base line data where available. This summary accompanies the main report which details all the findings.

The study was carried out through a combination of methods, chiefly

- Semi-structured interviews with key professionals and other stakeholders
- Questionnaire survey of ward committees
- Review of key reports and policies
- Analysis of existing data
- Observation in A&E
- Observation of city centre policing from the police public order van

2. The level and nature of alcohol consumption in York
The Yorkshire and Humber region has relatively high rates of excessive drinking (drinking more than the recommended daily levels) and of binge drinking (drinking twice the recommended daily levels)[1] . Adults in the region drink more per capita than in any other region in England, Wales and Scotland apart from the North East. Women in Yorkshire and Humber consume more alcohol per capita than in any other region in England, Wales or Scotland.

We estimate that about **18,000 women** and **30,000 men** in York drink over the recommended daily limits. Alcohol consumption confers increasing risk to health, and is considered harmful at a weekly level of above 50 units for men and 35 units for women. We estimate that in York about **4,300 men** and **2,300 women** are drinking at harmful levels. In terms of binge drinking, we estimate that about **7,700 women** and **16,500 men** in York regularly binge drink.

The local drinking culture appears to normalise drinking every night and drinking to great excess. Obviously drunk people in the city centre commonly include hen and stag parties and race goers – usually visitors to York. Drunkenness here is not especially associated with fighting, although alcohol-related violence and disorder is a problem for York as elsewhere in the country. Many interviewees commented on the apparent trend for women to be drinking more, and for young people to be drinking more and at a younger age. Local residents, when asked about alcohol problems in their ward, were

[1] ONS (2001) *General Household Survey 2000*, ONS

mostly concerned about underage drinking and large groups of young people drinking outside in public places, causing a nuisance.

3. Health

Alcohol impacts on the health of individual drinkers through disease, alcohol dependence, mental health problems and accidents. Health professionals reported significant alcohol-related health problems in York particularly for liver disease and A&E attendances. Drunk patients who are abusive and disruptive cause significant problems to health services, particularly A&E.

4. Community Safety

Drinking is strongly linked to violence, disorder and anti-social behaviour. Violent crime in York has more than doubled from 2001 to 2004. Guildhall and Micklegate wards have the highest rates of violent crime, which community safety analysts attribute to the concentration of licensed premises in the City Centre.

Alcohol-related anti-social behaviour is a problem in York, particularly in relation to young people. In the nine month period from January 2003, police cautioned 453 young people who had been dinking, with hotpsots being East Mount Road / Scarcroft Green, Woodthorpe Primary, Rawcliffe lake, and Strensall. We estimate that over 2,400 incidents of criminal damage reported in the year 2003/04 were alcohol-related.

5. Treatment

Specialist alcohol treatment is provided by York Alcohol Advisory Service (YAAS), and the Community Addictions Team (CAT). YAAS is a voluntary sector service offering advice, information, support and counselling for drinkers and families/partners of drinkers. It is funded from a variety of sources including the PCT and council, and has 8 full time staff and a sessional hypnotherapist. YAAS offered 301 assessment appointments in 2003/04 and 1069 counselling appointments.

The CAT is part of the PCT and works with drug and alcohol problems in York and Selby. Services offered are community detox and complex needs work (eg for clients with dual diagnosis, physical disability, child protection issues). There are on average 38 alcohol referrals to the CAT per month, approximately 456 a year. Urgent referrals can be dealt with in two days, but the waiting time is one month for routine cases. The CAT and YAAS are based in the same office, and work closely together.

It is beyond the scope of this impact study to assess the need for specialist alcohol services in any detail, but there are obvious gaps in day care and open access/drop-in provision.

6. Children and Young People

Professionals working with young people in York reported that alcohol use is common from age 14 or 15, and that alcohol is used in conjunction with other drugs. Drinking amongst young people seems to have a variety of meanings: a reaction to boredom, a coping mechanism, a cultural norm, experimenting. Drinking takes place in young people's homes and outdoors in public places – often in large groups. Many professionals commented on the passive, and sometimes enabling role parents play in their children's use of alcohol.

Anecdotally, alcohol misuse causes problems for some young people in terms of education and schooling, and for the youth service in particular alcohol misuse is a routine issue to be dealt with. Quantitative data on alcohol-related offending by young people is not available but again, professionals reported it as a significant issue.

Parental alcohol msisue, which can have child protection implications, was reported as a serious issue in York although numbers of children affected by their parents' drinking is not known.

7. Housing and homelessness

Alcohol misuse is a common factor in housing problems and homelessness. York has a number of projects that work with people who have alcohol and housing problems, and the indications are that these are having a positive impact on the individuals concerned and also on the wider community. For instance, the Arclight Project hostel for long term homeless drinkers has reduced attendances at A&E by this client group, and also incidents of drunk and disorderly offending.

8. Licensing

The Licensing Act 2003 came into force in February 2005 and significantly reforms the old licensing system. Under the Act, City of York Council is the new Licensing Authority, and its licensing policy has been developed through consultation with police and other key stakeholders. The policy includes a special saturation policy for a section of the city centre, which means there is a presumption against the granting of new licenses within that area, unless it can be demonstrated that the operation of the license would not run contrary to the policy's licensing objectives. York enjoys a good reputation for management of its night time economy, brought about through well established partnership working and initiatives.

9. Developing a strategic response to alcohol related harm in York

The government published its alcohol harm reduction strategy for England in 2004. The strategy does not require the development of local alcohol strategies but the Government expects that, 'where there is a clear case for a strategy, local authorities will wish to produce an alcohol strategy.'

Safer York Partnership must be commended for its commitment to address alcohol related harm. An alcohol strategy steering group has been established, and this impact study was commissioned to inform future developments. York enjoys excellent partnership working and a long history of sound management of the night-time economy. Whilst key service provision for people with alcohol problems is underfunded and overstretched (in line with the rest of the country), our impression is that local services are innovative, of high quality and well regarded.

It seems that in York, there is already a fairly strong basis of good practice in terms of tackling alcohol-related harm, compared to elsewhere. But of course there is still much to be done. The national strategy acknowledges the inadequacy of the NHS's response to alcohol misuse, and this is arguably the most important issue for the government to address. The local strategy must be realistic about the time it will take to turn this situation around in the NHS, and the extent to which changes will be lead by central government rather than local priorities.

We suggest that the overall aim of York's alcohol strategy is *to reduce alcohol related harm*, and that the objectives reflect those in the government's national strategy, ie

1. Improved, and better-targeted, education and communication

2. Better identification and treatment of alcohol problems

3. Better co-ordination and enforcement of existing powers against crime and disorder

4. Encouraging licensed premises to promote responsible drinking and to take a role in reducing alcohol-related harm

We suggest two additional objectives:

5. A data strategy for recording, collating, analysing and monitoring alcohol related data

6. An alcohol awareness training strategy for generic workers

In terms of the process for developing the strategy, we set out a framework in the LDAN/Alcohol Concern *Local Alcohol Strategy Toolkit*, and we recommend this be used in York.