



<b>ITEM REF NUMBER:</b>	<b>18/ 2009</b>	<b>MEETING DATE:</b>	<b>23 September 2009</b>
<b>ITEM TITLE:</b>	<b>Alcohol in Southwark</b>		
<b>REPORT AUTHORS:</b>	Dionne Cameron, Alcohol Strategy Coordinator & Kate Sinar, Crime and Drugs Team Leader		

### **1. Summary**

The Council is required by the government to produce an alcohol strategy. This will cover the work of a number of organisations.

This report sets out some of the key facts concerning alcohol misuse in Southwark, and summarises the proposed main actions of a new short-term alcohol strategy to cover the period 2009-11. One of the main actions is to develop a more specific and detailed strategy covering the period 2011-14.

Southwark has a higher than average proportion of 'problem' drinkers, and these place considerable pressure on public services, particularly health and social care and the police. Alcohol misuse also impacts on a wide range of other people, including neighbours and family members.

The draft alcohol strategy, which is attached as Appendix 1, is focused on:

- children and young people
- health and social care
- crime and community safety
- the development of the 2011-14 Alcohol Strategy.

### **2. Recommendations**

The Board is asked:

- 2.1 To comment upon the proposed priorities for reducing alcohol misuse in the borough.

### 3. Introduction

- 3.1 The Council is required by the government to produce an alcohol strategy. Initial consultation and research has indicated that local data relating to alcohol misuse within the borough is poor. The strategy will be developed in two phases. The first will focus on the delivery of actions that are achievable by 2011, without additional resources, and will place particular emphasis on improving the information base. The second will involve the development of a strategy covering the period 2011-2014. The latter will set out a more ambitious vision for meeting alcohol-related health, social care and community safety need across the borough.
- 3.2 A needs assessment and action plan have also been developed following discussion with stakeholders and partners from a wide range of statutory and voluntary sector agencies, as well as community leaders, councillors and ward panel chairs. A stakeholder event took place on 24 February 2009 to review the evidence on alcohol-related harm in the borough and to discuss the draft needs assessment, strategy objectives and action plan.
- 3.3 The present report summarises the main findings of the needs assessment and outlines the main themes of the draft strategy. The draft short-term strategy and action plans are attached as Appendix 1. The implementation of the strategy will be overseen jointly by Safer Southwark Partnership, Healthy Southwark and Young Southwark.

### 4. Alcohol-related Harm in Southwark

- 4.1 The misuse of alcohol is a growing concern. The rate of deaths from chronic liver disease in Southwark has risen by 50% in the past decade, compared with a 33% increase across the rest of the UK. The borough is currently estimated to have:
- Over 30,000 binge drinkers (more than twice daily recommended amount)
  - Over 30,000 hazardous drinkers (between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females)
  - Approximately 10,000 harmful drinkers (including dependant drinkers, defined here as more than 50 units of alcohol per week for males, and more than 35 units of alcohol per week for females).

#### **Box 1: sensible limits and definitions of drinking levels**

*Sensible drinking:* no more than 3-4 units a day for men, and no more than 2-3 units a day for women.

*Binge drinking:* 8 or more units of alcohol for men, and 6 or more units of alcohol for women on their heaviest drinking day in the past week.

*Hazardous drinking:* drinking above recognised 'sensible' levels but not yet experiencing harm.

*Harmful drinking:* drinking above 'sensible' levels and experiencing harm.

*Alcohol dependence:* drinking above 'sensible' levels and experiencing harm and symptoms of dependence.

- 4.2 **Hospital admissions** nationally for alcohol-related conditions more than doubled between 2002-03 and 2006-07. The current rate of admissions for Southwark is higher

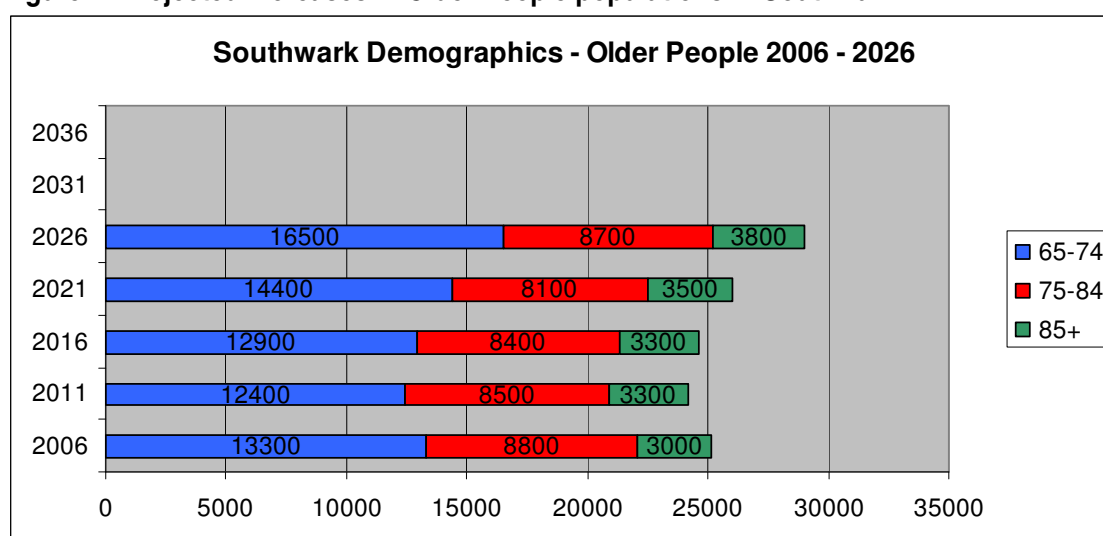
than the average rate for London and the rest of England. Southwark has the seventh highest rate of alcohol-related ambulance callouts in the UK.

**4.3 Crime and Community Safety** - Alcohol misuse is strongly linked to a significant amount of crimes involving violence against the person. In England, 1.2m violent incidents (around half of all violent crimes) and 360,000 incidents of domestic violence (around a third) are linked to alcohol misuse. More generally, alcohol misuse is linked to community disorder and contributes considerably to people’s fear of crime. A national report by the Prime Minister’s Strategy Unit in 2003 found that 61% of the population perceived alcohol-related violence as worsening. In addition:

- the cost of productivity lost as a result of alcohol misuse is estimated at £6.4bn per annum, with up to 17m working days lost each year.
- the cost of crime and anti-social behaviour linked to alcohol misuse in England is estimated to be £7.3bn per annum.
- A London South Bank University analysis (2006) of alcohol-related crime in Southwark found that 43% of alcohol-related offences constituted Actual Bodily Harm (ABH), the rest constituted Common Assault, Harassment, Grievous Bodily Harm (GBH) and Public Order Offences. 49% of alcohol-related crime occurs in the home, 30% in the street and 11% on licensed premises (Source: Southwark Violent Crime Profile 2005).

**4.4 Older People** - In Southwark, significant work has taken place that has helped understand alcohol use among older people in the borough, as well as related issues such as mental health and socio-economic deprivation. Southwark had an over- 65 population of over 24,000 in 2007, which included a significant proportion of older Irish people. The health survey of England 1999 found that Irish men and women drank more than any other ethnic group. Alcohol-related hospital admissions rates in Hammersmith and Fulham, with a similar sized older Irish community, show a disproportionate number of older Irish people being admitted.

**Figure 2: Projected increases in Older People populations in Southwark**



**4.5 Adults accessing treatment** - Based on treatment figures submitted during 2008/09, 24% of all adults accessing substance misuse specialist services have an alcohol

misuse need. Q3 2008-09 date figures showed there were 575 alcohol users in treatment (projected 863 at year end).

- 4.6 **Mental Health** - Alcohol is often used problematically by people with mental health problems, which can seriously affect the ability of services to assess, treat and care for patients. The use of alcohol can also worsen symptoms and trigger acute illness relapse. Mental health is recognised as a key issue in Southwark, with local services showing high prevalence rates of dual diagnosis (combined substance misuse and mental health issues). It is also estimated that, in Southwark, there are some 40,000 people suffering from low-level mental health problems of depression or anxiety, many of these will be misusing alcohol and not be receiving support for either problem.
- 4.7 **Children and young people** - A 2004 survey of Southwark pupils between the ages of 12 and 15 found that 19% had drunk alcohol in the previous seven days (22% boys, 17% girls). Alcohol misuse by young people not only has a significantly negative impact on their health but is also strongly linked to a range of risk-taking behaviours. The Government 2008 '*Youth Alcohol Action Plan*' states that:
- Alcohol can contribute to unacceptable anti-social and criminal behaviour among young people, which can be a significant problem for families and communities.
  - Drinking at an early age can cause serious short and long-term health problems. For example, new evidence demonstrates that drinking too much alcohol can impair adolescent brain development.
  - Drinking too much alcohol is strongly associated with a wide range of other problems adversely affecting the welfare of teenagers, including: unprotected sex, teenage pregnancy, educational under-achievement and disengagement, plus the use of illicit drugs.
- 4.8 **Ethnic differentials in alcohol use** - The 2004 Health Survey for England found that people from many ethnic minority groups in England (including Indian, Pakistani, Bangladeshi, Black Caribbean and Black African) were on average more likely to be non-drinkers and less likely to drink above recommended levels than the general population. People from the Irish group, however, were more likely to drink above recommended levels and to binge drink than the general population (NB We have no local data to reflect this.) Higher than average numbers of non-drinking communities in the borough may skew the overall picture of alcohol-related harm. According to data collated by the North West Public Health Observatory (NWPHO) in 2009, Southwark is estimated to have 30,381 binge drinkers, 30,595 hazardous drinkers and 9,817 harmful drinkers. These are largely people who are drinking above the recognised 'sensible' levels but not yet experiencing harm. However if this trend continues, Southwark's mortality rate and hospital admissions are likely to increase significantly, placing the borough even higher in the NWPHO national rankings and placing a huge burden on Health and Social Care services.
- 4.9 **Socio-economic differentials in alcohol use** - Per capita consumption and alcohol-related harm are closely correlated at population level, but the harm an individual suffers as result of alcohol misuse depends on the context in which they drink as well as the amount they drink. An individual with low socio-economic status is likely to suffer more harm (through factors such as poorer nutrition, financial problems, less secure employment) than somebody of higher status who is drinking the same amount.

Alcohol service users in Southwark reported in 2006 that their violent behaviour and alcohol use was connected to complex and underlying problems such as anxiety, anger, stress, feelings of inadequacy and early peer pressure.

## **5. Current Activities and Short-term Priorities**

5.1 The main forms of current provision and proposed priorities are considered below. They are focused on:

- children and young people
- health and social care
- crime and community safety
- the development of the 2011-14 Alcohol Strategy.

5.2 **Alcohol education** is provided in schools as part of Personal Social & Health Education (PSHE) within the Healthy Schools Programme. Teenage pregnancy is a key priority for the borough, and work is currently being developed to ensure the integration of drug and alcohol awareness, as part of sexual health and teenage pregnancy prevention.

5.3 A **young people's specialist substance misuse treatment service** will open in October 2009 and offer a drugs and alcohol education and treatment for young people in schools, youth services and a dedicated drop-in centre. A training programme is also now being planned for professionals across children and young people's services, to ensure that they are able to identify, screen and refer on any young people at risk of substance misuse problems. Southwark's Safeguarding Children Board has also produced a joint service protocol relating parents and carers who have substance misuse problems.

5.4 **Trading Standards** is responsible for the enforcement of under-age sales and has a rolling programme of test-purchasing and a comprehensive 'age-check' scheme to support and monitor off-licenses to ensure they are acting within their responsibilities.

5.5 **Health promotion** in the borough - for example, on nutrition and physical health - includes alcohol, and a GP scheme to screen newly registered patients for alcohol misuse began at the end of 2008. Over £3m is also currently invested in specialist alcohol services; offering interventions across four 'tiers' of treatment – from advice to in-patient detoxification and rehabilitation.

5.6 **Police Safer Neighbourhood Teams and Community Wardens** now work across the wards in Southwark to address local concerns, by enforcing the borough-wide Alcohol Control Zone, which has reduced levels of street drinking and associated anti-social behaviour since its implementation at the end of 2006. In addition, Southwark Anti-Social Behaviour Unit deals assertively with all housing-related anti-social behaviour.

5.7 **The council's Licensing Team** leads the way on the proactive use of legislation under the Licensing Act 2003, and has implemented two saturation policies in Camberwell and Peckham to limit uncontrolled growth of licensed premises in those areas. In

addition, the team has positively engaged with premises across the borough to develop best practice and social responsibility in licensing.

5.8 Short-term priorities of the 2009-11 Alcohol Strategy relating to **young people** include:

- Delivering a communications campaign for parents/ carers and front line workers highlighting the risks associated with parental alcohol misuse.
- Assessing in greater detail the needs of young people in relation to alcohol misuse in Southwark.
- Providing health information in relation to alcohol and treatment services for young people, parents and carers.
- Train generic professionals working in Children's Services to identify, screen and refer on young people in need of alcohol interventions.
- Continuing to work with the licensed trade and enforcement agencies to prevent underage sales of alcohol.
- Providing high quality, integrated treatment and care services for young people misusing alcohol.

5.9 In relation to **health**, short-term priorities include:

- Establishing needs assessment mechanisms, processes and a database to inform the future planning of prevention, treatment and support services.
- Widely publishing information about local treatment and support services.
- Delivering a targeted alcohol health campaign programme.
- Developing a response to meet the needs of continuing drinkers with disabilities.
- Establishing a strategic Health-specific working party to explore opportunities for further alcohol related health partnership work.

5.10 In relation to **crime and community safety**, short-term priorities for the 2009-11 Alcohol Strategy include:

- Establishing mechanisms, processes and a database to enable the collection of a wide range of data and intelligence on alcohol-related crime and anti-social behaviour.
- Continuing to work with the licensed trade to ensure compliance with the Licensing Act, to promote best practice and to implement a new Code of Practice for alcohol retailers.
- Working with key agencies and vulnerable people to raise awareness of alcohol-related fire.
- Developing a multi-agency task group to plan and monitor street drinking service responses.
- Developing the Assertive Outreach service to more effectively target, task and coordinate work with street drinkers.
- Developing mechanisms and processes for the central collection of data about alcohol-related domestic violence and sexual offences.
- Working with the licensed premises to raise awareness of the links between the irresponsible use and supply of alcohol and sexual offences.
- Developing protocols across domestic violence and substance misuse services to better inform work with domestic violence victims and perpetrators who misuse alcohol.

**6. Conclusion**

- 6.1 The alcohol strategy seeks to enhance the strategic framework within which existing partnership initiatives operate, thereby securing better value for money across services responding to alcohol need. Consequently, the 2009-11 Alcohol Strategy does not require additional or new monies. However, mainstream and external funding sources will be explored to assist with the implementation of the 2011-14 Alcohol Strategy.