

Meeting: Safer Communities Executive Board

Date: 15 October 2008

Report Title: Dying For A Drink? -Haringey's Alcohol Harm Reduction Strategy 2008-11

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1. Summary: Why a Strategy?

1.1 The policy context for the development of Haringey's alcohol strategy is:

- It is a statutory duty under the Crime and Disorder Act (1998) for Crime and Disorder Reduction Partnerships to have strategies in place that as a minimum tackle alcohol related crime and ASB.
- The governments updated national alcohol strategy Safe.Sensible.Social calls for strategies that go beyond this narrow focus to address health related harms and the impact of alcohol on children and families (the approach that Haringey has taken)
- For the first time ever we have a PSA to reduce alcohol (and drug) related harm PSA 25
- Haringey has chosen one of the indicators that sit underneath this PSA NI39 – reducing alcohol related hospital admissions as one of its 35 improvement targets in our Local Area Agreement.

1.2 In addition alcohol is a cross cutting issue – impacts on most of the issues the borough is trying to tackle. It is core business for most - but low on the agenda – having a strategy will put more of a focus on this issue and bring in the necessary resources to tackle the high level of harm caused by alcohol.

2. How was the strategy developed?

2.1 The strategy was developed over a five months period from April 08 – August 08, through interviews with stakeholders, via area assemblies, and a conference in July 08.

2.2 It incorporates the findings of a review of local alcohol related problems and takes into account available alcohol related data.
This new strategy for 2008-11 builds upon our original strategy that ended in March 2008, and takes into account new statutory duties and guidance.

2.3 Its aims are to: tackle the health and social harms alcohol causes, as well as alcohol-related crime and anti-social behaviour.

3. Significant issues

- 3.1 Haringey has the highest rate of male alcohol-related mortality in London
- 3.2 Alcohol-related hospital admissions rates have more than doubled over a five year period from 2002/03-2006/07. This is part of a regional and national trend, but none the less still of great concern.
- 3.3 Alcohol is also linked to violent crime in the borough, as well as anti-social behaviour such as street drinking.
- 3.4 Parental drinking is a factor in a number of cases focused on child protection.
- 3.5 The new Local Area Agreement includes a target to reduce alcohol-related hospital admissions. The strategy addresses this, along with a number of other targets where alcohol misuse is a contributory factor.

4. Key Actions for SCEB

- Provide training for enforcement agencies on new powers to address alcohol-related ASB Enforcement Service
- Agree a joint alcohol enforcement protocol for inclusion in the council Enforcement Policy Enforcement Service
- Agree and implement a multi-agency approach to the alcohol control zones. This will include: ensuring all enforcement officers are clear about their powers; ensuring support agencies are involved (HAGA, employment, housing etc); CCTV are aware of zones and any particular issues;
- Information on the Alcohol Control Zones to be clear, sources of support available (egg leaflets/cards to be readily accessible, ensuring enforcement officers have alcohol awareness training (because alcohol withdrawal can be fatal)
- Integrate fire safety messages as appropriate into alcohol prevention and information, and improve links between fire service and substance misuse agencies where vulnerable adults are concerned – to help reduce accidental dwelling fire
- Support survivors of Domestic Violence who have substance use issues by exploring potential for greater integration of Domestic Violence into drug and alcohol work, including alcohol arrest referral schemes
- Support survivors of Domestic Violence who have substance use issues by providing surgeries at Hearthstone by an alcohol and Domestic Violence specialist worker
- Support survivors of Domestic Violence who have substance use issues by providing Stella project training to substance misuse workers and frontline Domestic Violence workers
- Agree and implement a communications strategy to ensure all activity related to alcohol harm reduction is suitably communicated and coordinated across the relevant partnership boards and agencies
- To adopt area based working /problem solving approach to alcohol related ASB /environ-crime/crime issues.

5. Strategic Framework/Monitoring and Evaluation

5.1 To be effective in reducing alcohol-related harm, there needs to be a coordinated response from a wide variety of organisations – this is not just an issue for enforcement agencies, or for the health service. The strategy proposes a strategic framework that places different strands of activity within the relevant HSP thematic board to manage delivery.

5.2 The strategy objectives fall within the remit of three of Haringey Strategic Partnerships thematic boards: Safer Communities, Well-being and Children and Young People. The implementation plan is therefore split across all of them, with each board responsible for the delivery of the appropriate actions. An alcohol strategy group sitting under the DAAT will have oversight of the implementation plan as a whole, and will be responsible for evaluating the overall effectiveness of the strategy and for reviewing the implementation plan on an annual basis.

6. Recommendations:

6.1 To approve the strategy and action Plan and support the proposed monitoring and evaluation framework for delivery.

6.2 To agree the proposed title for the strategy Dying For a Drink?

6.3 To note that the DAAT have been successful in its application to GoL for National Partnership Improvement Funding. This 15k will essentially help us mainstream some of the key activity across the partnership and drive through the delivery of the action plan.

7. Legal Comments:

7.1 Section 6 of the *Crime and Disorder Act 1998* places a duty on the Council, together with the local police authority, chief officer of police, fire and rescue authority and primary care trust, to formulate and implement strategies designed to reduce crime and disorder and to combat the misuse of alcohol (and other substance abuse) in the local authority area. This strategy has been drafted in accordance with that duty.

Financial Implications

7.2 To be effective existing projects such as outreach with street drinkers, COSMIC and HAGA need to be maintained. Additional resources will also be needed to commission initiatives that specifically help the borough reduce alcohol related hospital admission rates and address capacity issues within the residential alcohol treatment budget.

7.3 The new indicative health costs for delivering the strategy are in the region of 200 – 250K. The TPCT have earmarked 250k in its investment strategy for 2009/10 to deliver the alcohol strategy. Detailed costings for delivery will not be known until the action plan to reduce alcohol related hospital admissions has been more fully developed. The focus will be on

expanding alcohol related screening and brief interventions in primary care, A & E and ward based settings, along with a prevention plan consisting of social marketing, health promotion, awareness training for generic health and social care professionals and targeted work for key identified communities.

7.4 A further 100k is needed to meet the demand for residential treatment for people with complex alcohol problems. A bid has been put forward by ACCS as part of the Councils pre-business planning review process.

7.5 The SCEB PMG will also need to consider how we better monitor the extent of alcohol related violence, which may require some additional resources.

7.6. Final CFO comment to be inserted in report going to scrutiny on 27th and Cabinet on the 18th November.

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