Dying for a drink?
Haringey alcohol harm reduction strategy 2008-11

Foreword

There can be no doubt that alcohol plays an important part in our society, whether it be for celebration, socialising, an accompaniment to food, or 'drowning our sorrows'. Of course not everybody drinks alcohol, but one way or another, we are all affected by alcohol use.

In Haringey, as for the rest of England, alcohol-related hospital admission rates are rising rapidly as more and more people are drinking to excess. Residents report concern about street drinking; disorder late at night around pubs and clubs; and children's use of alcohol. These issues are serious: Haringey has the highest alcohol-related death rate for men in London, and we cannot let that continue.

We are pleased to introduce to you Haringey's alcohol harm reduction strategy *Dying for a drink?* that sets out the nature and extent of alcohol problems in the borough as we understand them at present, and identifies where there are gaps in knowledge to be explored. It reviews the many activities currently underway to tackle alcohol-related harm and its consequences and highlights where we need to concentrate our efforts in future.

Reducing alcohol-related harm is everybody's business – the Council, Primary Care Trust, Police, schools, and voluntary sector must all work together if we are to be successful. Above all, the people living, working and studying in Haringey must have the information, support and encouragement to enjoy alcohol safely – and not to suffer the consequences of other people's drinking.

Cllr Nilgun Canver
Cabinet Member for Enforcement and Safer Communities

Tracey Baldwin
Chief Executive Officer, Haringey TPCT

1. Executive Summary

1.1 The need for an alcohol strategy

There is a statutory duty on Crime and Disorder Reduction Partnerships to have a strategy that addresses alcohol-related crime and disorder. Government guidance, in line with the national alcohol strategy *Safe. Sensible. Social.,* calls for strategies that go beyond a crime focus and also address health harms and the impact of alcohol on children and families - which is the approach this strategy adopts.

Haringey has the highest rate of male alcohol-related mortality in London, and as is the case elsewhere, rising rates of alcohol-related hospital admissions. Alcohol is also linked to domestic violence and other violent crime in the borough, as well as anti-social behaviour such as street drinking. Parental drinking is a factor in a number of cases focused on the protection of children.

This strategy builds on Haringey's Alcohol Harm Reduction Strategy 2005/08 and addresses alcohol-related harms by coordinating existing activity better, improving our understanding of the issues and developing new responses to the problems.

1.2 Key aims and objectives

The overarching strategic aim is:

To minimise the health and social harms, violence and anti-social behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly.

Objectives of the strategy are:

- to reduce alcohol-related crime, especially violent crime, and anti-social behaviour
- to reduce the levels of chronic and acute ill-health caused by alcohol, resulting in fewer alcohol-related accidents and hospital admissions
- to prevent alcohol-related harm to children and young people
- to raise awareness of sensible drinking

1.3 Strategic framework

The strategy objectives fall within the remit of three of Haringey Strategic Partnership's 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 effectiveness of the strategy and for reviewing the implementation plan on an annual basis.

1.4 Monitoring and Evaluation

Actions within the strategy are incorporated into the action plans of various boards that report into the HSP via its thematic partnerships. The existing

performance management and monitoring structures within those partnerships will monitor and evaluate the individual activities and initiatives for which they are responsible. The Drug and Alcohol Action Team's Alcohol Strategy Group will co-ordinate and evaluate the overall effectiveness of the strategy.

1.5 Outline of targets

The strategy is linked to the following targets:

Indicator	Baseline	Target 2010/11
NI 15: serious violent crime rate		Baseline and targets to be set as part of year 1 refresh
NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police	24%	28% feel very or fairly well informed
NI 39 and VSC26: Alcohol-related hospital admissions	1342 (06/07)	1824 (a 1% reduction each year in the underlying upward trend)
NI 111: First time entrant (aged 10-17) to the Youth Justice System	373	tba
NI 112: Under 18 conception rate	59	tba
NI 113: Prevalence of Chlamydia in under 20 year olds	15%	15% (screened or tested)
NI 121: Mortality rate from all circulatory diseases at ages under 75	98 per 100,000 (07/08)	92
NI 195: Improved street and environmental cleanliness (levels of a. graffiti, b. litter, c. detritus and d. fly-posting)	a. 21% b. 32% c. 3% d. 3% (2006/07)	a. 12% b. 24% c. 3% d. 2%
Local target: Repeat victimisation of domestic violence (2007-2010 stretch target)	201 (05/06)	156
Local target: Number of accidental dwelling fires (2007-2010 stretch target)	248 (05/06)	230 (stretch target ends 2010)

2. Background

2.1 Introduction

Alcohol can play an important and positive role in British society but alcohol misuse can harm individuals, families and the wider community. The economic impact of alcohol misuse is around £20bn per year for England and Wales.

In June 2007 the Government published *Safe. Sensible. Social. The next steps in the National Alcohol Strategy*, which builds on the strategy for England it produced in 2004. *Safe. Sensible. Social.* restates the Government's long term aim, which is to minimise the health harms, violence, crime and anti-social behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly. It has three overarching goals:

- to reduce the levels of alcohol-related violent crime, disorder and anti-social behaviour
- to reduce the percentage of the public who perceive drunk and rowdy behaviour to be a problem in their area
- to reduce chronic and acute ill health caused by alcohol, resulting in fewer alcohol-related accidents and hospital admissions

These goals are reflected in a new Public Service Agreement (PSA) for alcohol, which for the first time commits the Government to reducing alcohol-related harm. Associated with the PSA is a new statutory duty on Crime and Disorder Reduction Partnerships to put in place a local strategy to tackle alcohol-related crime and antisocial behaviour. Guidance from the Home Office, Department of Health and the Department for Children, Schools and Families says that it is best practice for these local strategies also to address health harm and the impact of alcohol on children and families.

In Haringey, the Drug and Alcohol Action Team produced, with partner agencies, a three-year alcohol harm reduction strategy in 2005. This document updates and replaces the 2005-08 strategy. It takes into account *Safe. Sensible. Social.* and associated new duties and guidance, and also incorporates the findings of a review of local alcohol-related problems and concerns. It was developed by the DAAT during Spring 2008 through discussion with stakeholders and a conference in July.

The findings of a review of teenagers' alcohol and drug use, commissioned by the Overview and Scrutiny Committee in summer 2008 will be incorporated into the Young People's Specialist Substance Misuse Treatment Plan 09/10.

2.2 Alcohol-related harm in Haringey

2.2.1 Borough profile

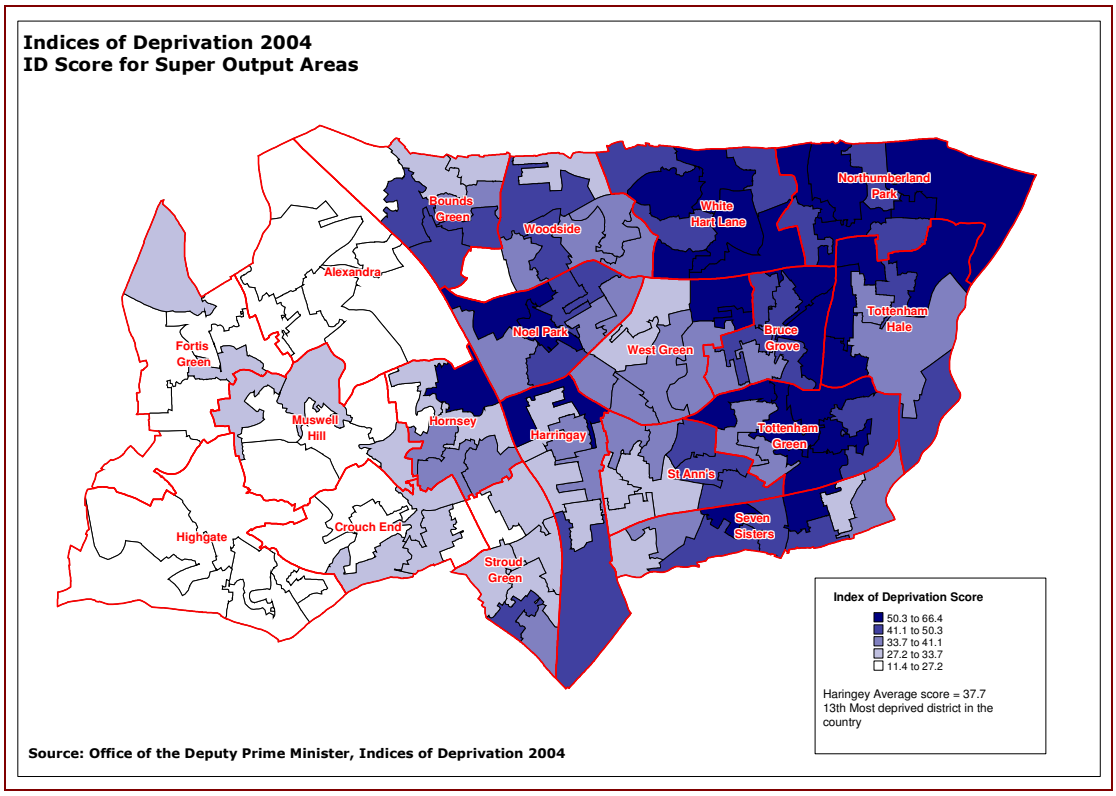
The borough's population has grown by 8.4% since 1991and is projected to grow by a further 12.6% by 2016 to 233,125. In the 2001 Census, 34% of residents were classified as being from 'non-white' communities. When 'other white' born in Eastern Europe and the Middle East, White Irish and 'other white' born in the UK and Ireland are included in the definition of black and ethnic minorities then almost 49% of Haringey's population is from black and ethnic minority communities.

Haringey continues to attract large numbers of international migrants. National Insurance Number registrations give an indication as to the changing profile of

entry of legal, working age migrants into Haringey. The top three countries of origin for new registrations between 2002/03 and 2006/07 were Poland (8770 registrations), Turkey (1980) and Italy (1350).

Using the Index of Multiple Deprivation, Haringey is the 18th most deprived authority nationally and the 5th most deprived authority in London. 27% of Haringey's Super Output Areas (SOAs) are among the 10% most deprived in the country. These SOAs are concentrated in the east of the borough, mainly in White Hart Lane and Northumberland Park (see figure 1 below).

Figure 1



2.2.2 Prevalence of alcohol use and misuse

Adults 16 to 64

On average Londoners drink less often than the rest of the population in England and fewer drink above the recommended sensible limits (see box 1). The 2004 General Household Survey (GHS) found that:

- 32% of men in London reported drinking above sensible limits (compared with 39% in England as a whole)
- 15% of women in London reported drinking above sensible limits (22% for England)

These percentages should be treated with caution as they are based on self-reported consumption and people often understate the amount they drink.

The Department of Health's 2005 *Alcohol Needs Assessment Research Project* found that a smaller percentage of Londoners are hazardous or harmful

drinkers (see box 1 for definitions) than in England as a whole, but a higher proportion of Londoners are dependent drinkers, as follows:

- 21% of adult Londoners (16 to 64) are hazardous or harmful drinkers (compared with 23% in England)
- 5% of adult Londoners are dependent drinkers (4% for England)

For Haringey, this suggests that (based on ONS 2001 population figures):

- **31,653 adults aged 16 to 64 are hazardous or harmful drinkers**
- **7,536 adults aged 16 to 64 are alcohol dependent**

The North West Public Health Observatory (NWPHO) has produced synthetic estimates of harmful drinking, defined as consumption of more than 50 units of alcohol per week for males and more than 35 units of alcohol per week for females. For Haringey the proportion is 6.17%. Therefore:

- **10,065 adults are drinking at harmful levels**

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.

Older people

A Scottish study[1] on alcohol and older people reported survey evidence that older people drink lower quantities of alcohol than younger people. There is evidence that the pattern of drinking changes – as people get older they are likely to drink more frequently, but to consume less per day. Over recent years, the number of older people who exceed recommended levels appears to be increasing.

In a national inquiry into mental health services for older people, Age Concern found [2] that people aged between 55 and 74 have the highest rates of alcohol-related deaths in the UK, and recommended that services "pay more attention to invisible groups like older people with alcohol and drug misuse problems".

The prevalence of problematic drinking in Haringey amongst older people is not known at present, but anecdotal evidence suggests it is worth investigation.

[1] Alcohol and Ageing: Is alcohol a major threat to healthy ageing for the baby boomers? NHS Health Scotland, 2006

[2] Improving services and support for older people with mental health problems , Age Concern, 2007 www.mhilli.org

Children

On average young Londoners (aged 11-15) drink less often than young people in England. In 2000 the survey of smoking, drinking and drug use in young people (Information Centre) found that:

- 17% of boys in London had drunk in the last week, compared with 25% in England
- 14% of girls in London had drunk in the last week (23% in England)

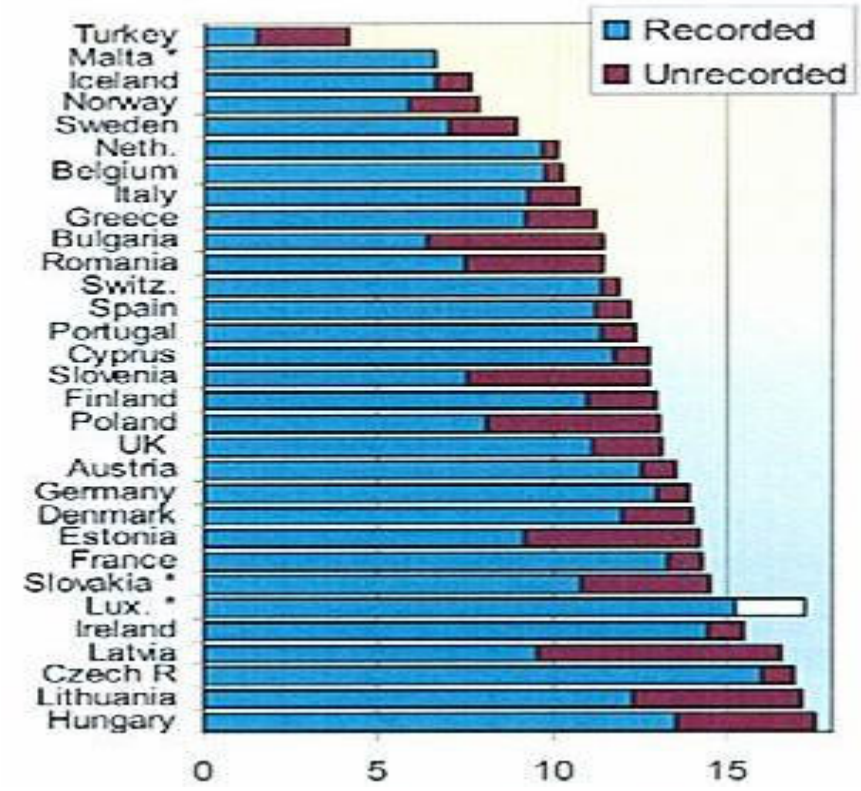
The 2006 survey found that in England the prevalence of drinking alcohol in the last week had declined to 20% of girls and 21% of boys. It also found that the mean alcohol consumption per week of 11 to 15 year olds who had drunk in the last week was 12.3 units for boys and 10.5 for girls (in England).

Ethnic differentials in alcohol use

In 2004 the Health Survey for England found that people from many ethnic minority groups in England (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 or to binge drink 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. It is not known whether this is a contributory factor in the high rates of alcohol related deaths in the borough – and it will require further investigation.

Figure 2 shows how per capita alcohol consumption varies across Europe. Poland, from which Haringey has by far the highest rates of inward economic migration (see 2.2.1 above) has similar consumption rates to the UK.

Figure 2: Adult alcohol consumption in European countries (litres per year per person 15+) Source: Alcohol in Europe, Institute of Alcohol Studies, 2006



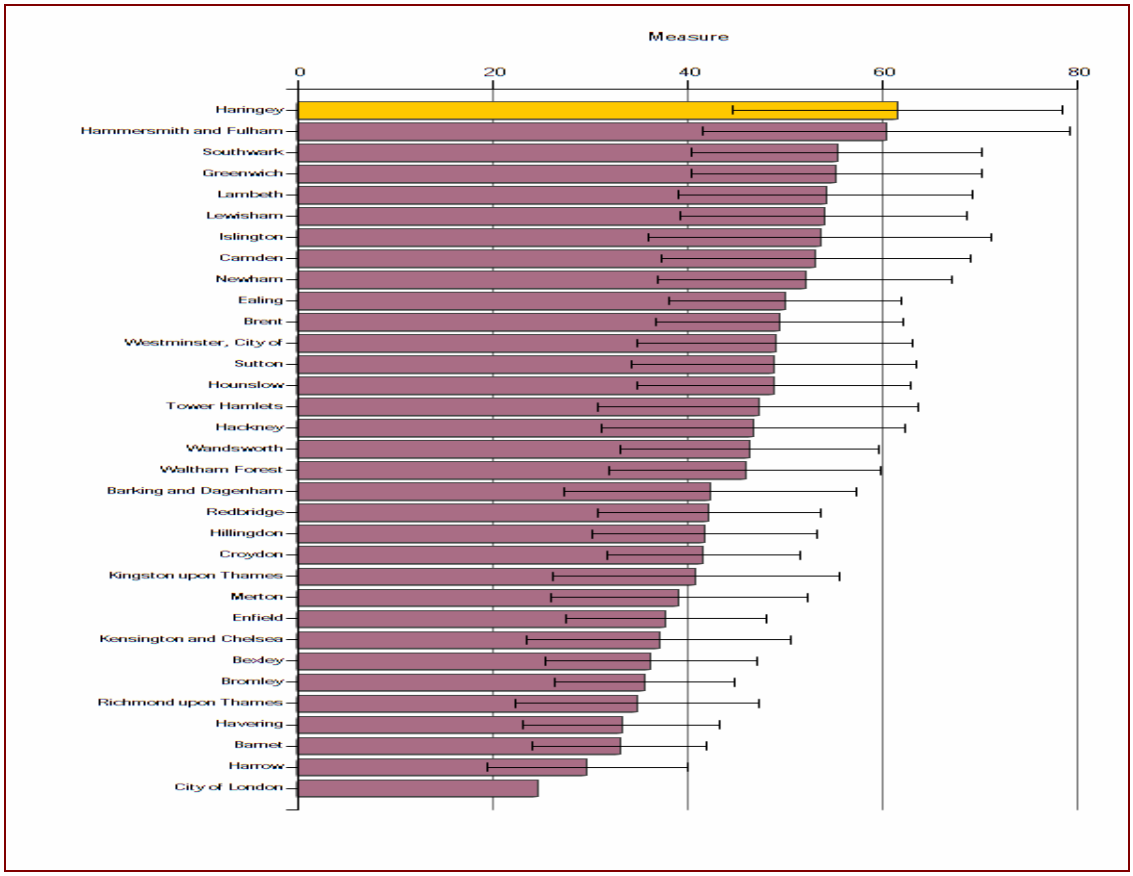
Socio-economic differentials in alcohol use

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 (London Health Observatory briefing on alcohol and Choosing Health, 2006).

2.2.3 Health harm

According to data collated by the North West Public Health Observatory for 2005, Haringey has a significantly worse mortality rate for chronic liver disease than the English average. Haringey has the highest male mortality rate in London from alcohol-attributable causes (figure 3), and the 18th highest for females.

Figure 3: alcohol-attributable mortality, males (2005) (source: NWPHO)



Hospital admissions for alcohol-related conditions more than doubled from 2002/03 to 2006/07. The current rate of increase in admissions is projected to see Haringey match the higher London and English rate by 2010/11 if left unchecked.

An audit of all patients attending North Middlesex A&E department during a 10 day period in March 2007 found that 52% of male patients and 21% of female were AUDIT C positive – ie drinking at hazardous levels. The AUDIT C scores for 13% of all patients indicated dependent drinking.

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 safely and effectively. The use of alcohol can make symptoms worse and trigger acute illness relapse. Local data from the Dual Diagnosis Service shows that 26% of patients triaged during the 6 month period from September 07 were alcohol users.

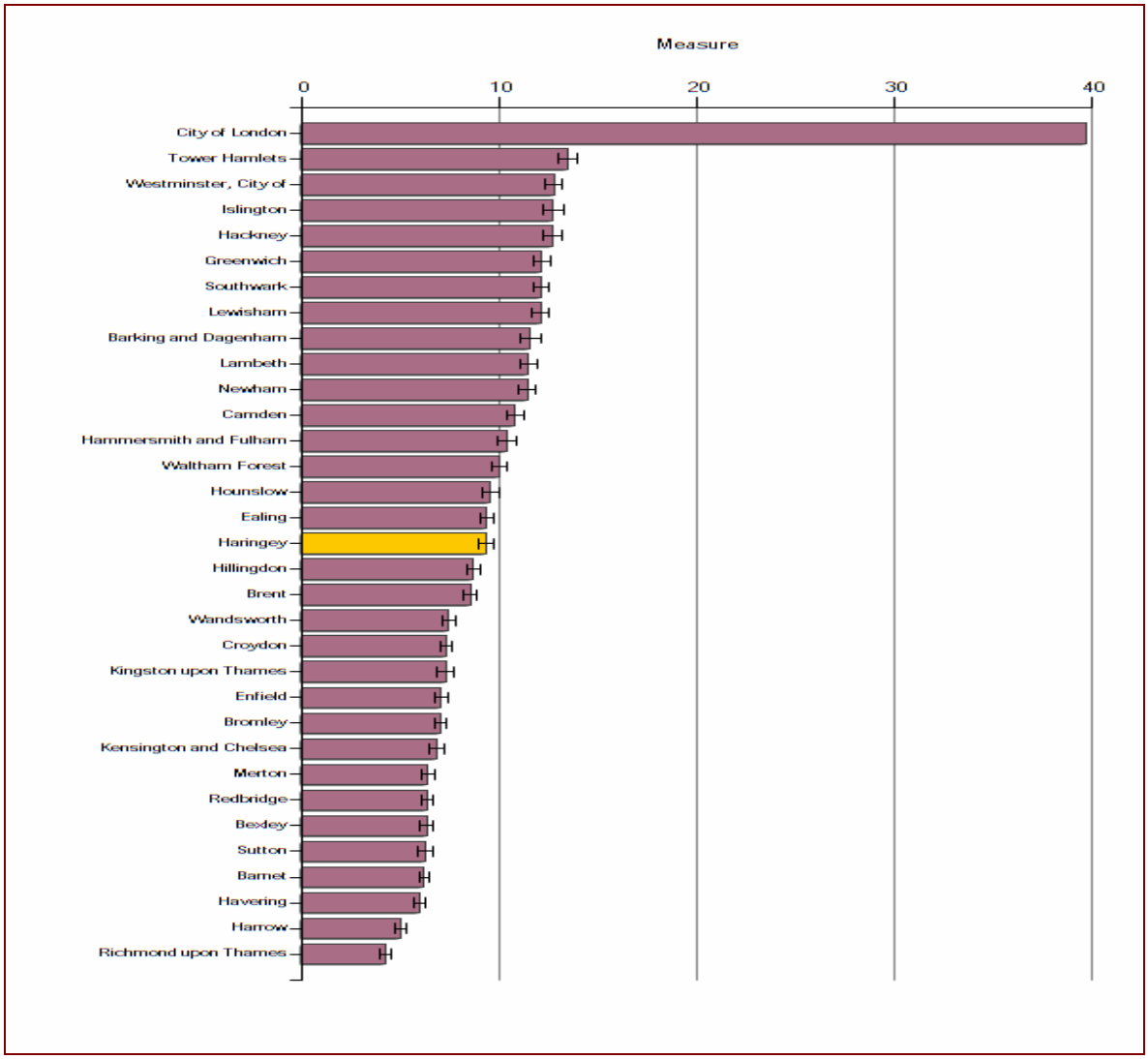
Homelessness is associated with alcohol misuse, and St Mungo's South Tottenham hostel report that a disproportionate number of their residents are alcohol dependent. Two residents died in their forties in the last 18 months of alcohol-attributable causes (after multiple hospital admissions).

2.2.4 Alcohol-related crime and anti-social behaviour

Crime

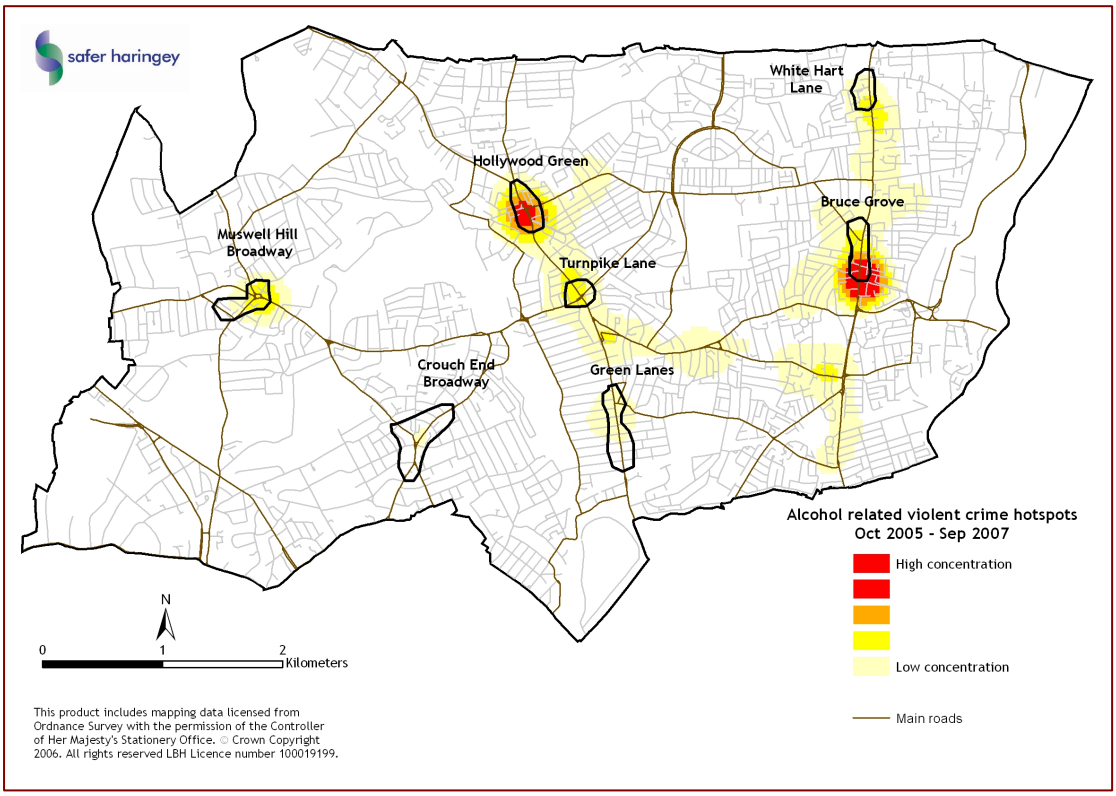
North West Public Health Observatory data suggests that Haringey is ranked seventeenth highest in London for alcohol-related violence (crude rate per 1,000 population) (see figure 4 below).

Figure 4: alcohol-related violent crime 2006/07



Analysis of crime statistics for 2005/06 and 2006/07 indicates that alcohol-related violence accounted for 10% of all violence in Haringey, and less than 2% of all offences. However, under-recording of the involvement of alcohol in crime is common in London and elsewhere, so 10% is probably lower than the true figure. Actual bodily harm (ABH) was the most common alcohol-related violence against the person offence (50%), followed by harassment (24%) and common assault (15%).

The map below shows hotspots of alcohol related crime in Haringey for the period of October 2005 to September 2007. The areas highlighted with a black border have the greatest concentration of licensed premises.



There are clear reads across to the ASB/environmental crime and waste management agenda (Public Realm Management) strategy in that alcohol related ASB/crime hotspots are in the same areas where waste management have issues. Through this alcohol strategy issues will be effectively targeted and tackled.

Of the 688 *crime-related* hospital admissions of Haringey residents during January to October 2006, 245 (36%) were also alcohol-related. Of these, 21 admissions (3%) were flagged as violence-related.

Domestic and gender based violence

The links between substance misuse and domestic violence are well known; the *Crime in England and Wales 2001/2* survey found that domestic violence victims reported 45% of perpetrators were under the influence of alcohol at the time of the assault. Further, national research suggests between 35% and 70% of survivors of domestic violence misuse drugs and alcohol.

Domestic violence constitutes 30 per cent of all violent crime in Haringey. In 2006/7 the police recorded 3310 incidents of Domestic Violence in Haringey which amounts to a decrease of almost 10% compared to the previous year. 2006-07 saw no Domestic Violence murders in Haringey. Wards in the east of the borough were by far the worst affected by Domestic Violence. Some contributing factors are higher levels of deprivation and high density housing.

Of the 1,135 referrals to Haringey's domestic violence service, Hearthstone, in 2006/07 192 cases involved alcohol use by the perpetrator (17%), and 42 cases where the victim was using alcohol problematically (4%).

There were 238 sexual offences in Haringey in 2006/07, and just under a quarter were rape with the remaining classified as 'other sexual', mostly sexual assaults. 20% (48) of all sexual offences were recorded as alcohol-related where the victim or suspect had been drinking at the time of the offence. 14% (26) of other sexual offences and 38% of rapes (22) were alcohol-related.

For rape where alcohol was involved, a third of the victims had been drinking prior to the offence, and 12% of the suspects (see table below)

	Been drinking…			
	Suspect	Victim	Both	**Total**
Other sexual	8.9%	7.2%	1.7%	**180**
Rape	12.1%	32.8%	6.9%	**58**
Total	**9.7%**	**13.4%**	**2.9%**	**238**

The wards disproportionately affected by alcohol-related violence including domestic and gender based violence are Tottenham Green, Noel Park, Northumberland Park and Tottenham Hale. Alcohol-related violence tends to occur most often during the weekend and generally in the early hours of the morning or evening; the times when people tend to be out, or at home, drinking.

Anti-social behaviour
Anecdotal evidence from a June 2008 survey of Safer Neighbourhood Team sergeants and ward panel chairs found that the main areas of continuing concern are:

- **street drinking**: the problems associated with street drinking are not new, they include intimidation, litter, noise and public urination.
- **young people drinking in public places**
- **rowdiness associated with licensed premises.** It should be noted that enforcement officers consulted as part of the strategy development felt that the level of problems associated with licensed premises is low relative to other London boroughs.

Haringey ranked 8th lowest (ie 8th best) in London for percentage of residents saying that people being drunk and rowdy in public spaces is a problem (31%) in the Best Value Performance Indicators Survey 2006/07.

Fire deaths
Research for London Fire Brigade into fire deaths during 1996-2000 found that nearly a third of accidental dwelling fire victims had some alcohol measured in their bloodstream. Haringey had the 8th highest fatality rate for accidental dwelling fires in London over this period, with 9.9 deaths per million population.

The numbers are small, but it should be noted that alcohol intoxication is associated with accidental fire in general and not just with relatively rare fatal fires. People who have been drinking are more likely to cause a fire, while their ability to escape is impaired.

2.2.5 Impact of alcohol misuse on children and families

Problem drinking can affect all aspects of family functioning, with seven key areas of family life being adversely affected, including its social life, stable finances and good communication. Relationships between family members, employment and health issues can also be adversely affected by alcohol misuse. Heavy drinking is also strongly correlated with conflicts, disputes and domestic violence and this too has a damaging effect on children. Marriages with alcohol problems are twice as likely to end in divorce (see *Alcohol and the family: a position paper from Alcohol Concern* www.alcoholandfamilies.org.uk).

There is anecdotal evidence in Haringey that a significant proportion of carers misuse alcohol, perhaps as a coping mechanism. The number of people caring for people with severe alcohol problems in the borough is not known.

Problem drinking by parents can be disruptive to children and families. The problem is widespread, with up to 1.3 million children estimated to be living in a family with a problem drinking parent in England. Research in this area shows that parental problem drinking can be a source of social and emotional turmoil in families, which can result in both short-term distress during childhood and long-term distress across a wide range of areas. Statistics suggest that alcohol plays a part in around a third to a quarter of known cases of child abuse (see *Understanding Alcohol Issues for Professionals working with Parents*, www.alcoholandfamilies.org.uk).

The main risks to children associated with parental alcohol misuse are:

- Neglect of parental responsibilities, leading to physical, emotional or psychological harm
- Exposing children to unsuitable care givers or visitors
- Use of the family resources to finance the parents' drinking
- Effects of alcohol which may lead to uninhibited behaviours eg inappropriate display of sexual and/or aggressive behaviour and reduced parental vigilance
- Unsafe storage of alcohol thus giving children ease of access
- Adverse impact of growth and development of an unborn child

In Haringey, a number of stakeholders expressed concern about the local prevalence of parental alcohol misuse and its impact on children. Parental drinking is a factor in a number of cases focused on the protection of children. COSMIC, a service for children and families affected by substance misuse saw 324 children in 2006/07, of whom 31 were on the child protection register, 26 were classed as in need and 37 were in care or looked after by the council. The service took on 162 new adult clients (ie substance misusing parents) in 2006/07.

For young people's own use of alcohol, the government suggests in its 2008 *Youth Alcohol Action Plan* that:

- Alcohol can contribute to unacceptable behaviour by young people that can be a significant problem for the rest of the community, for example through anti-social behaviour or crime
- Drinking at an early age can cause serious health problems, both in the short and the long-term. There is also new evidence that drinking too much alcohol can impair adolescent brain development

- Drinking too much alcohol is strongly associated with a wide range of other problems which adversely affect the welfare of teenagers, for example, unprotected sex, teenage pregnancy, failing at school and the use of illicit drugs

There is anecdotal evidence for some of this in Haringey, but it has not been reported as a major concern. See section 2.2.2 above for prevalence of young people's drinking and section 2.2.4 for details of young people drinking in public places.

2.3 Current responses to alcohol-related harm Haringey

There is much going on already to tackle alcohol problems in the borough. This section sets out the main activities, and is not intended to be a comprehensive list.

2.3.1 Activity to reduce alcohol-related health harm

Alcohol is currently included where relevant in HPCT's health promotion work, for example in connection with nutrition and physical activity, although the level of activity is limited at present.

In line with Department of Health guidance[3], a pilot screening and brief intervention project in North Middlesex A&E department and four primary care practices has been in place since late 2007.

2.3.2 Specialist treatment

HAGA (Haringey Advisory Group on Alcohol) is the principal specialist alcohol treatment service in Haringey. HAGA offer a range of services including:

- Individual counselling – offering people the chance to discuss their problem in a confidential setting with an experienced counsellor.
- Community Alcohol Team – offering assessment and detoxification from alcohol at home and in the community.
- Access to residential detox and residential rehabilitation
- HAGA provides assessment for and referral to alcohol detox beds and 3 month residential rehabilitation programmes.
- HAGA Centre – offers a structured day programme lasting three months which includes training in how to reduce drinking, offering an alcohol-free 'drop-in', group work, individual key-working and housing support, acupuncture and aromatherapy.
- COSMIC - offers workshops and advice for children, parents and other professionals around alcohol and substance misuse.
- Kinesis – offers employment advice and training, in order to help people recovering from alcohol and drug problems get back to work.
- Project Newstart – supports 15 residents in 3 shared houses in their aim to remain alcohol and drug-free and be resettled into permanent accommodation.

[3] Alcohol Misuse Interventions – guidance on developing a local programme of improvement http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=18933&Rendition=Web

- Community Outreach Team – works with street drinkers and other groups who experience difficulty in accessing mainstream health and related services.
- Domestic Violence – offers one-off confidential advice and information or gives long term support around legal, housing and benefits issues and works closely with Hearthstone.
- Mental Health and Housing worker - offers support to clients suffering from alcohol and long term mental health problems with the primary objective of assisting clients in maintaining their housing and reducing the harm caused by their drinking.

In-volve Haringey works with young people under 21 in Haringey who are using drugs or alcohol themselves, or are affected by someone else's drug or alcohol use. Services offered include:

- Confidential information and advice
- One-to-one support / key-working
- Complementary therapies
- Assessment and access to medical interventions
- Advocacy (help resolving situations with others)
- Access to education and training

Haringey's drug services **DASH** and **Eban** work with clients who use alcohol alongside other drugs.

Haringey's dual diagnosis service works with patients who have alcohol problems and severe and enduring mental health problems.

Investment in **specialist alcohol services** for 08/09 totals £1,002,241, broken down as follows:

- Haringey TPCT: £240,133 plus 72,000 for the screening and brief intervention pilot
- Haringey Social Services: £389,771
- Haringey Supporting People: £48,866 for Project Newstart
- £134,879 for the Resettlement Project
- £116,592 for the Day Centre Floating Support Outreach Workers Project (all HAGA projects)

2.3.3 Activity to tackle alcohol-related crime

Core police activity includes policing alcohol-related disorder associated with licensed premises, work with the licensed trade and involvement in test purchasing operations. There is a targeted inspection and enforcement regime by police and council licensing and trading standards departments that concentrates on high-risk and badly-run premises.

Core Probation activity includes rehabilitation of offenders with alcohol problems. Haringey Community Justice Court began hearing cases in January 2008. The court covers the Tottenham Hale, Tottenham Green, Seven Sisters and Northumberland Park areas. It deals with a wide range of offences committed in these areas, including alcohol-related offences.

Hearthstone provides survivors of domestic violence in Haringey with access to all the support they need in one place. The centre brings together housing

officers, Victim Support volunteers, police Community Safety Officers, and staff from the council's Equalities and Diversity Unit. Hearthstone and HAGA work together in accordance with best practice set out by the Home Office-funded Stella Project to support survivors of domestic violence who have substance misuse problems.

2.3.4 Activity to tackle alcohol-related anti-social behaviour

The existing Designated Public Place Order (known locally as an alcohol control zone) was expanded from May 1st 2008 as a response to anti-social behaviour arising from street drinking. In addition, a multi-agency problem-solving group has been established to address concerns about street drinkers outside Wickes/Seven Sisters tube. A further three areas are now being considered (as at July 2008).

Safer Neighbourhood Teams have been in place across the 19 wards in the borough from April 2006. The aim of these teams is to tackle anti-social behaviour and local problems. Alcohol-related neighbour nuisance, neglect of properties and failed tenancies are common and addressed as part of Homes for Haringey and registered social landlords' core business. ASBAT, the council's anti-social behaviour action team, deals with housing-relating anti-social behaviour requiring input over and above that which housing officers can provide.

2.3.5 Activity to address the impact of alcohol misuse on children and families

Alcohol education is provided in schools as part of PSHE (personal, social and health education) within the council/PCT Healthy Schools Programme.

In-Volve Haringey is commissioned by the DAAT to provide a specialist drug and alcohol service for young people aged 13 to 21 years. Services include: harm reduction, psychosocial interventions, group work, family work, pharmacological intervention and access to residential treatment.

The Youth Offending Service receives monies via the Youth Justice Board to employ two drug workers to work with young people in the criminal justice system. The DAAT commissions two posts within the Children's Service – one to work with Looked After Children who have drug or alcohol problems, and a Senior Practitioner to provide 'expert advice' to other Social Workers working with parents affected by substance misuse. Domestic violence is often linked with parental alcohol misuse and links are being developed between the Local Safeguarding Children Board and the Domestic Violence Strategic Partnership Board.

COSMIC is commissioned by the DAAT to provide support and advice to children and families experiencing drug or alcohol problems. COSMIC holds drop-in sessions that aim to build family relationships and provides telephone advice and support in case conferences for parents/families as required. COSMIC involves young services users and has well-developed user participation processes which feed into service improvement for children and young people.

To tackle under-age sales of alcohol, the licensing department, with trading standards (and the police), undertakes a rolling programme of test purchasing.

3. Local priorities in tackling alcohol-related harm

3.1 Gaps

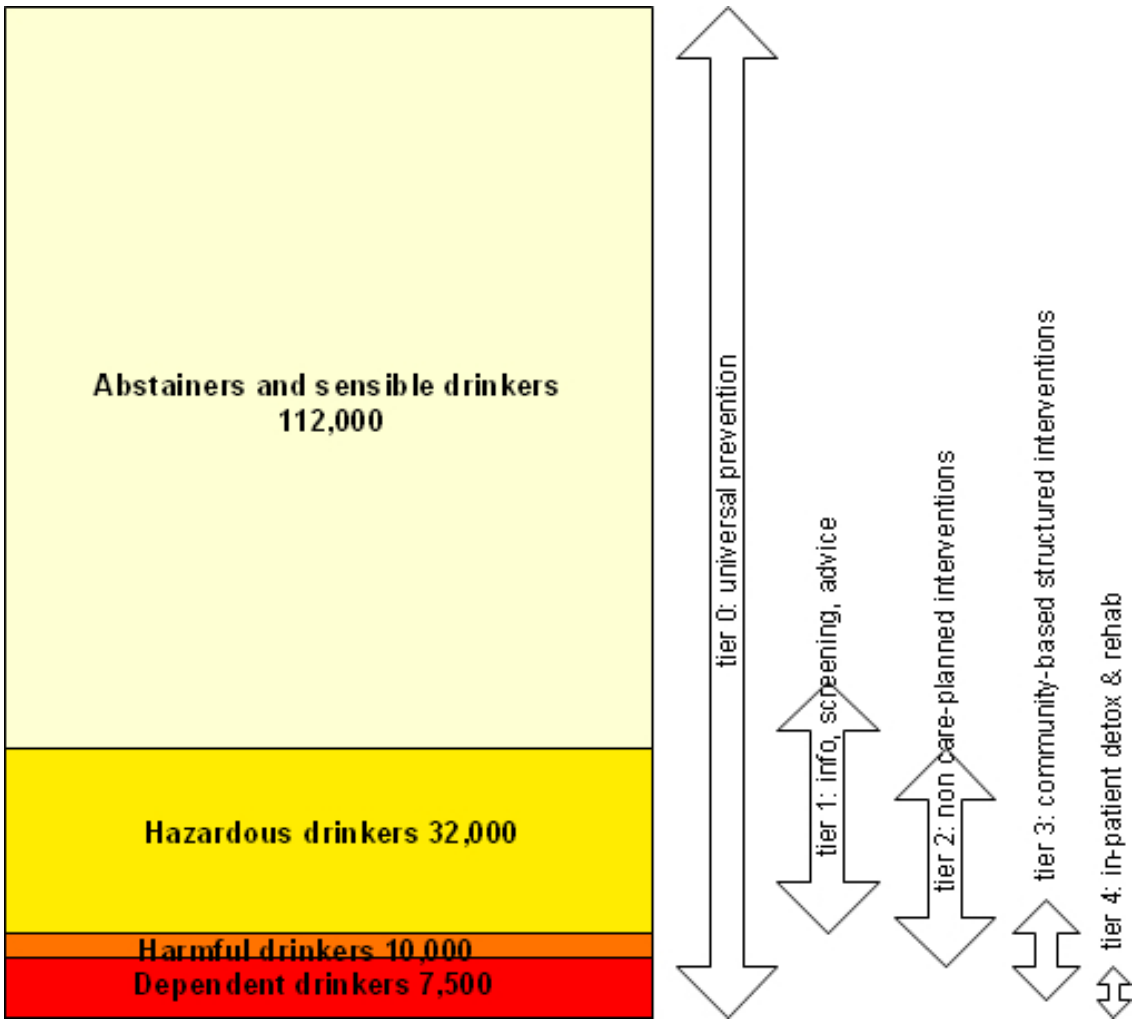
The gaps highlighted in this section have been identified by stakeholders during the development of the strategy and by comparison of what is currently happening in Haringey against Government guidance.

3.1.1 Health

Current alcohol health promotion, screening and early intervention is very limited and needs to be expanded if it is to impact on reducing the rate of alcohol-related hospital admissions. There is an opportunity to include alcohol within the remit of the PCT's proposed Health Trainer's scheme and within strategies for obesity and cardiovascular disease. This should be possible within existing resources.

This leaves a gap in alcohol-specific health promotion, i.e. work to raise awareness of sensible drinking in the general population, and also alcohol awareness training for generic professionals. The figure below shows how this fits into the Department of Health's Models of Care for Alcohol Misuse (MOCAM) – and adds as "tier 0" for universal prevention.

Figure 5: applying Models of Care for Alcohol Misusers (MOCAM) to Haringey's adult population (16-64)



The evidence base suggests media campaigns can raise awareness but are less effective at changing behaviour. However, research also suggests people are largely ignorant about units of alcohol and sensible drinking limits. The Government is committed to raising awareness through national campaigns and there is to be a London-wide campaign in 2008. There is no need to replicate these at local level, but there is an opportunity to ensure the information is available in the main community languages on the relevant partnership websites and at key health and social-care settings.

During summer 2008 it will be known if proposed funding for three new posts within the PCT's public health team, including one with an alcohol remit, has been approved. Similarly, proposals for a social marketing project lead by public health may be approved – this should include alcohol.

The tier 1 pilot alcohol intervention scheme in North Middlesex A&E has a strong evidence base, and is part of a £3M Department of Health research project to test best practice. As the research continues, the pilot should evolve to take account of its finding, and so remain at the forefront of best practice in England. Similar schemes elsewhere have been effective in reducing hospital

admissions; Haringey's scheme will make an important contribution to reducing the rate of alcohol-related admissions.

Aside from A&E, primary care is another key setting for screening and early intervention. Again, there is a strong evidence base to support this. The pilot scheme with four practices is a good start, but ideally all practices would have the opportunity to deliver it. In June 2008 NHS published *Primary Care Service Framework: Alcohol Services in Primary Care*[4], designed to support commissioners, practitioners and providers in setting up alcohol interventions in primary care.

There is currently no routine screening and early intervention happening in workplace or criminal justice settings. The evidence base for this is less well-established but good practice guidance in the government's local alcohol strategy says work should be developed in these settings.

For specialist treatment, stakeholders reported the following gaps in the current system:

- Detox and residential rehabilitation for people with complex needs
- Care for people with Korsakoff's syndrome (although the numbers are low)
- Housing for people in treatment
- Aftercare (limited to HAGA drop-ins)
- Alcohol interventions in the criminal justice system (pre-court)
- Assertive outreach to support housing officers and carers
- Services for older people with alcohol problems

Estimating need for specialist treatment
In terms of capacity of specialist treatment, estimates of need using the Rush Model[5] indicate that a reasonable level of provision would have capacity to treat 15% of the in-need population (defined as harmful and dependent drinkers) each year. This would mean, for example, capacity for:

- 909 assessments per year
- 545 community detoxes (there were 68 in 2006/07)
- counselling for 381 people (83 had counselling in 2006/07)
- day care for 207 people (296 in 06/07)
- in-patient detox for 54
- residential and move-on for 165

Clearly, this indicates a significant lack of capacity across the system (with the exception of day care).

To determine how important these gaps are, there should be a review of the treatment system as a whole to ensure there is an appropriate balance of evidence-based interventions across the so-called four tiers of intervention, to ensure there is a clinical governance framework and to ensure it meets the

[4] http://www.primarycarecontracting.nhs.uk/uploads/primary_care_service_frameworks/primary_care_service_framework_-_alcohol_v9_final.pdf

[5] The Rush Model is the best established method of estimating capacity. Rush B (1990) A systems approach to estimating the required capacity of alcohol treatment services, *British Journal of Addiction* **85(1)** p49-59

needs of local communities. To date, investment has focused primarily on tier 3 treatment, for a relatively narrow band of the population. A commissioning framework is needed that will: align the various funding streams across health, social care, housing and the criminal justice system; establish a formal commissioning cycle that includes assessment of need; and set out commissioning roles for the DAAT, PCT, Social Services etc as appropriate.

3.1.2 Community safety

There are no major gaps apparent in current responses to alcohol-related crime and anti-social behaviour (ASB) but the various partnerships and agencies involved would benefit from:

- better data
- better understanding of the drinking culture and needs of diverse communities
- training in the various tools and powers available
- protocols for licence reviews
- more input from and joint working with specialist alcohol workers and generic outreach workers (resources permitting)

Lack of data on alcohol-related ASB is not confined to Haringey, but it does limit how effectively partners can deal with tackling problems. Recent changes to various legislation covering anti-social behaviour and licensing mean that police and council enforcement agencies now have a wide range of powers to tackle problem premises, street drinking and other alcohol-related ASB. Training is needed so that these powers are used as effectively as possible.

In conjunction with the training there should be agreed protocols on the use of key enforcement powers such as the licence review, so that procedures are triggered automatically when certain criteria are met (eg two underage sales).

Safer Neighbourhood teams and housing officers routinely come across drinkers who are causing anti-social behaviour in one way or another but who are unlikely to accept help with their drinking. It may be that specialist outreach workers could work alongside ASB colleagues to help minimise the impact of this behaviour.

There were 19 test purchases for underage sales of alcohol in 2007/08 as part of a rolling programme by police and Trading Standards. There were four sales (21%) and all led to prosecution.

3.1.3 Children and families

In 2006 the Children's Service and Haringey Community Police Consultative Group (HCPCG) jointly organised a conference to hear about young people's views on tackling issues of safety. In a workshop on drugs and alcohol, young people said that drugs education lessons (which cover drugs and alcohol), were excellent for knowledge, exploring attitudes, harm minimization and role plays which synthesise drug use situations.

However, a strong point to emerge was that drug education should be included in other areas of the curriculum, besides PSHE and not treated as an isolated subject. Unfortunately drug education is not currently part of the statutory

curriculum and it is difficult to change the situation in Haringey without policy change at national level.

A number of young people felt that their parents were out of touch with the problems that young people encounter in our society and it was suggested that it would be a good idea to set up parent groups to develop drug awareness.

Haringey's strategy will address education for children and parents and take into account the Department for Children, Schools and Families' 2008 *Youth Alcohol Action Plan* with respect to parental responsibility. A scrutiny review of drug education for children commenced in June 2008 and its findings should inform the Young Persons Treatment Plan in 09/10.

Responsibility for commissioning services for /addressing alcohol misuse in children and families now falls within the remit of Children's Services. As the new Children's Network and Children's Centres develop in Haringey, it will be important to 'mainstream' alcohol within them, albeit with support initially from the DAAT. There needs to be routine awareness training (on how to spot parental drinking and where to refer parents) for all professionals whose focus is the child.

3.1.4 Community engagement

A number of stakeholders highlighted the need for a better understanding of the needs of certain communities with respect to their alcohol use. This includes the visible minority of new communities of economic migrants who drink outside, communities where drinkers are stigmatised and may find it difficult to seek help, older people and carers.

The borough has various mechanisms in place for consulting with and engaging the community, and these should be used as appropriate to inform the ongoing work of the strategy. However, there also needs to be pro-active community development work. Treatment agencies are not currently resourced to undertake all the work necessary to raise the profile of alcohol within diverse communities nor to understand the alcohol-related needs of community groups. A specialist function may need to be created to achieve this first step.

Specialist alcohol outreach work may then need to be developed and targeted where it is most needed. Joint working with community groups is likely to be more successful if alcohol is already firmly on the agenda. Capacity building, involving training and the employment of people from within communities to undertake alcohol-related work, can run alongside this.

3.2 Consultation on the strategy

The strategy and action plan were developed through discussion with people from a wide range of statutory and voluntary sector agencies, as well as community leaders, councillors and Ward Panel chairs. A stakeholder event was held in July 2008 to review the evidence on alcohol-related harm in the borough and to discuss the draft strategy objectives.

In September 2008 residents were asked to comment on the draft strategy at Wood Green, Bruce Grove, St Anne's and Hornsey/Crouch End Area Assemblies and a stall at Shopping City. 49 people returned survey forms with their comments. 94% agreed that the proposed strategy objectives were the right ones. Only two respondents (4%) said that alcohol misuse is not an issue in Haringey. The survey asked about different aspects of alcohol-related harm. Of those that responded, 39% agreed noise is an issue, 42% agreed street drinking is an issue; 44% agreed littering and loitering is an issue; 53% agreed health problems are an issue; 46% agreed violent crime is an issue; 51% agreed domestic violence that is linked to alcohol misuse is an issue; and 53% agreed quality of life (eg in parks, shopping areas, housing estates, flats, on transport) is an issue.

Responses to the question 'what do you think you can do to help control or reduce alcohol consumption' covered a range of suggestions: more education; personal responsibility for self and friends/family; limiting the availability of alcohol; more enforcement and provision of alternative activities. These suggestions are all reflected in the strategy action plan. Some respondents called for an increase in the price of alcohol: this is an issue for the government at national rather than local level. Specifically, the suggestions included:

- *Talk to people about the problems alcohol can cause. Go into schools and talk to young people about the dangers*
- *Reduce pub opening times*
- *Moderate my own use of alcohol*
- *Personally very little*
- *Alternative leisure activates. Youth club support*
- *More educational activities*
- *Educate people – harms, safe drinking, alternatives such as diet, low alcohol drinks*
- *Strict controls*
- *I work as a mental health nurse at the Whittington and do often give advice on alcohol aversion/harm minimisation*
- *Taking personal responsibility for myself, friends and family*
- *Fewer Off Licences*
- *Education on detrimental effects*
- *Stop selling cheap booze and higher the drinking age*
- *Educate our own children about the benefits /disadvantages of alcohol*
- *Make my family aware of the need to consume alcohol sensibly*
- *Have more wardens to supervise area*
- *Street drink ban borough wide*
- *Educate my circle against it. Be aware of early signs of dependence*
- *Contribute to fair justice*
- *Support interventions*
- *Report issues of concern but to whom?*
- *Increase education at an earlier age. More street patrols on the streets and parks to reduce drinking in public outdoor spaces. Fines for littering*
- *Increase the price of alcohol by £2 to £6. Reduce soft drink prices*
- *Object to the wholesale granting of licences to sell alcohol*
- *I made a decision in my teens to abstain from alcohol in order to tip the balance away from excessive alcohol consumption*
- *Sit down and discuss as family to look at problem*

- *Alternative leisure activities for all ages*
- *More publicity re changes, more education to young people, more training for children and young people staff re early identification*
- *Not drink at home during the week*
- *More of a police presence and hard fines*
- *Need someone patrolling the areas advising or shelters*

3.3 Priorities

Based on the evidence of alcohol-related harm in Haringey, the views of stakeholders and analysis of gaps in the current response, the priorities for the strategy are as follows:

- Addressing the knowledge gaps around factors that contribute to Haringey's high rates of alcohol-related mortality
- Developing a commissioning framework for alcohol treatment, to include early interventions and clinical governance
- Developing datasets to inform action on alcohol-related harm
- Improving the enforcement and coordination of existing tools and powers to address alcohol-related ASB
- Addressing the impact of parental alcohol misuse on children and families

3.4 Strategic aims and objectives

The overarching strategic aim is:

To minimise the health harms, violence and anti-social behaviour associated with alcohol, while ensuring that people are able to enjoy alcohol safely and responsibly.

Objectives of the strategy are:

i. **To reduce alcohol-related crime, especially violent crime, and anti-social behaviour** by:
   - Improving data and intelligence
   - Training enforcement agencies in new powers
   - Establishing a programme of joint enforcement activity targeted at problem premises
   - Developing a multi-agency approach to street drinking

ii. **To reduce the levels of chronic and acute ill-health caused by alcohol, resulting in fewer alcohol-related accidents and hospital admissions** by:
   - Developing a commissioning framework for alcohol treatment
   - Exploring alcohol issues for older people
   - Developing targeted interventions to reduce hospital admissions related to alcohol
   - Training council and other staff in alcohol-awareness

iii. **To prevent alcohol-related harm to children and young people** by:
   - Implementing the findings of the scrutiny review into Young People's Specialist Substance Misuse Treatment Plan 09/10

- Developing child protection protocols for parental drinking cases
- Training workers in identifying parental drinking and signposting

iv. **To raise awareness of sensible drinking** by:

- Implementing an alcohol prevention programme
- Mainstreaming alcohol in health promotion activity

4. Implementation of the strategy

4.1 Strategic framework for implementing the alcohol strategy

The Haringey Strategic Partnership (HSP) sets the main priorities for public services in Haringey. Five thematic partnership boards are tasked with co-ordinating the delivery of the Haringey Strategic Partnership's priorities. The thematic boards are:

- Children and Young People Strategic Partnership
- Better Places
- Enterprise
- Well-Being
- Safer Communities Executive Board
- Integrated Housing Board

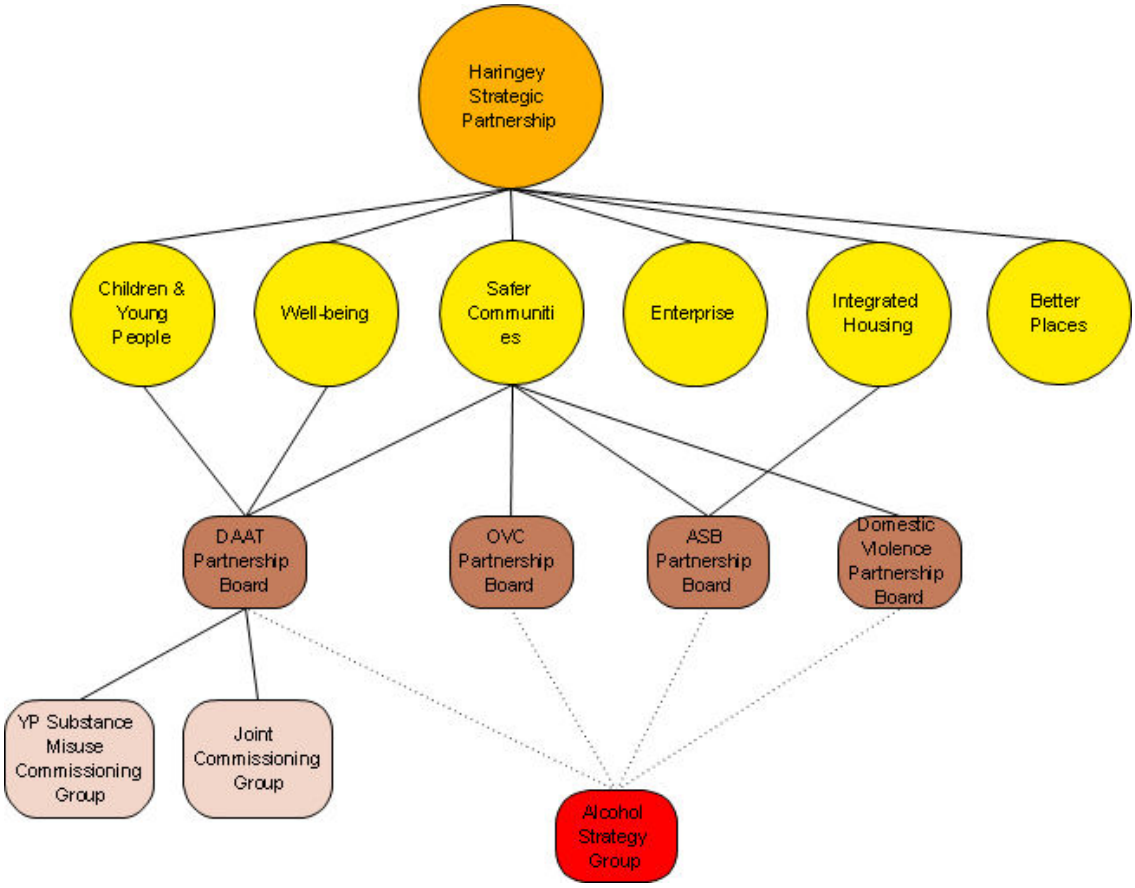
Alcohol misuse impacts to some extent on the work of all the boards, but the strongest links to the alcohol strategy are with the Children and Young People, Well-being and Safer Communities Partnerships.

Until the implementation of this strategy, the main areas of activity *specifically* aimed at reducing alcohol-related harm were enforcement, lead by the police and Haringey council, and specialist treatment, lead by the DAAT. Both fell within the remit of Haringey Safer Communities Partnership. Now, with the adoption of a target within the Local Area Agreement to reduce the rate of alcohol-related hospital admissions, responsibility for an important strand of the strategy falls to the Well-being Partnership Board.

Commissioning responsibility for children and young people's substance misuse services transferred from the DAAT to the Children and Young People Services in April 2008, therefore the Children and Young People Strategic Partnership will have responsibility for activity in the strategy aimed at reducing the impact of alcohol on children and families.

Activity to reduce alcohol-related crime and anti-social behaviour will be delivered by boards that sit under and report to the Safer Communities Partnership (via the Safer Communities Executive Board, SCEB). Figure 6 below shows the interrelationship between the different boards and partnerships involved.

Figure 6: Haringey Strategic Partnership and related Boards



An alcohol strategy group, reporting to the DAAT, will oversee all strands of activity and will have responsibility for ensuring the activity is coordinated and for evaluating the overall effectiveness of the strategy.

The alcohol strategy ties into a number of key partnership strategies and plans, see Appendix 1.

4.2 Action plan

The action plan to support the objectives of this strategy is available as a separate document.

5. Monitoring, evaluation and review of the strategy

5.1 Monitoring and evaluation

Actions within the strategy are incorporated into the action plans of various boards that report into the HSP via its thematic partnerships (see 4.1 above). The existing performance management and monitoring structures within those partnerships will monitor and evaluate the individual activities and initiatives they are responsible for.

However, the strategy has many strands of activity that support and complement each other. The DAAT's alcohol strategy group will evaluate the strategy as a whole by considering its overall effectiveness.

At political level, the cabinet member for Enforcement and Safer Communities and the Chief Executive of Haringey Teaching PCT will ensure delivery of the strategy.

5.2 Review of the strategy

The implementation plan will be reviewed annually by the DAAT's alcohol strategy group and adjusted accordingly. The review will take account of:

- evaluation of effectiveness (see 5.1 above)
- new or changing local priorities
- Government policy and developments through the national alcohol strategy

This review process is included in the strategy action plan.

Appendix 1: strategies and plans that link to the alcohol strategy

Plan	Relevant objective/target
Sustainable Community Strategy 2007-16	Safer for All; healthier people with a better quality of life
Local Area Agreement	NI 21: Dealing with local concerns about anti-social behaviour and crime by the local council and police (improvement target) NI 39: Alcohol-related hospital admissions (improvement target) NI 195: Improved street and environmental cleanliness (levels of graffiti, litter, detritus and fly-posting) Local target: Repeat victimisation of domestic violence (2007-2010 stretch target) Local target: Number of accidental dwelling fires (2007-2010 stretch target)
Safer for All, Haringey's Community Safety Partnership Plan 2008-2011	tba
Domestic and Gender Based Violence Strategy 2008-12	Improve the support and safety of those who experience or are threatened by Domestic or Gender Based Violence.
Licensing Policy 2008	Promotion of licensing objectives
Well-being Plan 2007-10	Promote healthy living and reduce health inequalities (Reduce the harm caused by drugs and alcohol)
Obesity Strategy 2007-10 (in development)	tba
Experience Counts 2005-10	Staying healthy
Day Opportunities Plan (in development)	tba
Joint Health And Social Care Mental Health Strategy 2005-2008 (new strategy in development)	Ensure that all mental health service users who significantly abuse drugs or alcohol receive appropriate and skilled assessment and treatment services
Housing Strategy 2003-08	Improve community safety, sustainability and cohesion in our most deprived communities and create opportunities for people to achieve and succeed
Homelessness Strategy 2003-08	To ensure that there is an integrated response to homelessness in Haringey and that agencies work together to provide services to promote the well-being of individuals in the community. To achieve a reliable and comprehensive knowledge and information system as a basis for delivering our homelessness strategy.
Changing Lives (The children and young people's plan) 2006-09	Reduce alcohol and drug misuse amongst young people together with the effects of parental alcohol and drug misuse on children and young people
Young People's Treatment Plan	Improve substance misuse education and treatment for young people

Appendix 2: Glossary

ASB	anti-social behaviour
ASBAT	Anti-social Behaviour Action Team
AUDIT	Alcohol Use Disorder Test
BAC	blood alcohol concentration
BEH	Barnet, Enfield, Haringey (mental health trust)
CDP	Community Drug Project
DAAT	Drug and Alcohol Action Team
GHS	General Household Survey
HAGA	Haringey Advisory Group on Alcohol
HAVCO	Haringey Association of Voluntary and Community Organisations
HES	Hospital Episode Statistics
HPCT	Haringey Primary Care Trust
HMCR	Her Majesty's Customs and Revenue
HTPCT	Haringey Teaching Primary Care Trust
LBH	London Borough of Haringey
MOCAM	Models of Care for Alcohol Misuse
NI	National Indicator
NWPHO	North West Public Health Observatory
ONS	Office of National Statistics
PSA	Public Service Agreement
PSHE	Personal, Social and Health Education
SCEB	Safer Communities Executive Board
SOAs	Super Output Areas
SNT	Safer Neighbourhood Team