

Haringey Alcohol Strategy

2025 to 2029

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Background

Alcohol is the second biggest risk factor for death and years lived with disability, and the biggest risk factor for disability-adjusted life years (among 15 to 49 years olds in England). In 2022, there were 2,257 alcohol related deaths in London, equating to a rate of 33.4 per 100,000 population. Approximately 5.5% of Londoners were 'higher risk drinkers' (consuming more than 35 units for women or 50 units for men of alcohol per week), relative to 3.5% for England¹.

Alcohol misuse contributes, either partially or wholly, to 200 health conditions including cancers, cardiovascular conditions, liver disease and poor mental health. Many of these health conditions lead to hospital admissions due to either acute alcohol intoxication or alcohol misuse over time².

In England, liver disease has increased rapidly since the onset of COVID19 pandemic, becoming the leading cause of alcohol specific deaths³. In 2023, it was recognised that dependent users of alcohol are at an eightfold higher risk of developing cirrhosis (scarring of the liver caused by long-term liver damage) than the general population⁴.

The UK also saw a sharp increase in alcohol-specific deaths during the COVID19 pandemic, where community detox and rehabilitation programmes were reduced resulting in substantial waiting lists and reduced capacity in treatment services. Research has highlighted that stress, loneliness and anxiety induced by the pandemic made people more likely to consume alcohol in greater quantities than previous years⁵.

Research by the Institute of Alcohol Studies highlighted the cost of alcohol harms to society in England as £27.44 billion a year, an increase of 40% since 2003⁶.

In 2021, Dame Carol Black's review on drugs and alcohol recognised that national and local co-ordination were essential for providing a framework and meeting the needs of the population. Black's review made a strong case for significant investment in a 'health'-based approach with a focus on treatment and recovery opposed to a strategy solely based on criminal justice. Building on the conclusions of the review, a 10-year drug strategy was created by the UK Government committing

¹Local Alcohol Profiles for England: short statistical commentary, March 2023 (2023). Office for Health Improvement & Disparities (OHID). [Last retrieved [Online](#) Nov 2024].

²Implementing health in all policies. (2019). The Health Foundation. [Last retrieved [Online](#) Nov 2024].

³Alcoholic liver deaths increased by 21% during year of the pandemic. (2021). Public Health England (disbanded). [Last retrieved [Online](#) Nov 2024].

⁴OHID National Update; data and responses. (2024). OHID. [Last retrieved [Online](#) Nov 2024].

⁵Alcohol-related liver deaths increased by 21% during year of the pandemic. (2021). British Liver Trust. [Last retrieved [Online](#) Nov 2024].

⁶Economy (2024). Institute of Alcohol studies. [Last retrieved [Online](#) Sept 2024]

to having a world-class drug and alcohol treatment recovery system across England within the decade.

Black's review demonstrated that alcohol related harm has a lasting impact on communities and that it affects everyone. Parental alcohol misuse is strongly correlated with family conflict and with domestic abuse. This poses a risk to children of immediate significant harm and of longer-term negative consequences. All this highlights a need for a coordinated whole systems approach.

This strategy introduces the harms of alcohol, focusing on the current picture in Haringey, and our priorities tackling alcohol harms for Haringey, recognising our commitments to improving and widening person-centre care across our communities.

Drinking alcohol

The Commission on Alcohol Harm highlights, "the harm caused by alcohol is everywhere in society, though often hidden from view"⁷.

Alcohol consumption has become a widely accepted and culturally significant pastime associated with socialising, celebration, and relaxation. In England, it is estimated 81% of the adult population drank alcohol in the last 12 months, with more men (84%) than women (78%)⁸. In 2023 37% of children aged between 11 to 15 had had an alcoholic drink at some point in their life, a decrease from 40% the previous year⁹.

Much of this consumption (88% of adults) is considered low risk drink behaviour according to the Alcohol Use Disorders Identification Test (AUDIT)¹⁰. The health risks associated with drinking alcohol, such as injuries, cancers, and heart disease, increase with higher consumption and can lead to negative impacts on both the drinker and the surrounding community. It is important to understand how much alcohol is considered safe, and how many residents may be drinking in ways that put them at increased risk or that are harmful.

Since 2016 guidelines from the UK Chief Medical Officer define low risk drinking as consuming less than 14 units (more on what a unit and alcohol by volume is [here](#)) of alcohol a week for both men and women¹¹.

⁷'It's everywhere' – alcohol's public face and private harm. (2021). Commission on Alcohol Harm. [Last retrieved [Online](#) Aug 2024]

⁸Health Survey for England 2022 Part 1. (2024). NHS Digital. [Last retrieved [Online](#) Aug 2024]

⁹Smoking, Drinking and Drug Use among Young People in England (2024). NHS Digital. [Last retrieved [Online](#) Nov 2024]

¹⁰Health Survey for England 2022 Part 1. (2024). NHS Digital. [Last retrieved [Online](#) Aug 2024]

¹¹UK Chief Medical Officers' Low Risk Drinking Guidelines. (2016). Department of Health (then) [Last retrieved [Online](#) Aug 2024]

Drinking above the recommended 14 units puts drinkers at **increased risk**. There is no completely safe level of drinking but sticking to the guidelines lowers risk of harming health.

Binge drinking or drinking large quantities of alcohol in a short space of time, increases risk of harm, especially that of injury, loss of control, and misjudging potentially dangerous situations. Binge drinking is harmful even if on a weekly basis the individual drinks fewer than the 14 units recommended for low-risk consumption.

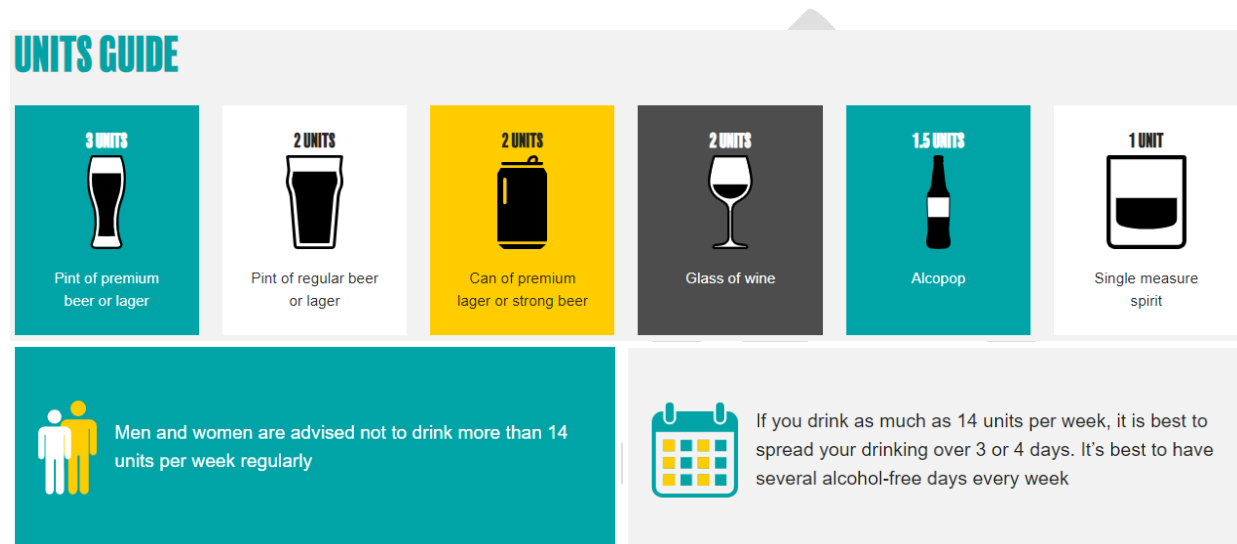


Figure 1 shows units guide and advice on alcohol consumption. Source: [One You Haringey](#).

Harmful drinking can escalate into consistent alcohol cravings and high tolerance leading to possible withdrawal symptoms, and a preoccupation with alcohol despite its harmful consequences. Alcohol-use disorder, or alcohol dependency, is classified as a clinical condition¹².

From a public health position, it is important to both provide treatment services for those who suffer from alcohol-use disorder, and to reduce the number of increasing risk, high-risk, and binge drinkers to reduce alcohol-related harms and prevent the accumulation of long-term risks.

Residents consuming alcohol, while not necessarily experiencing alcohol-use disorder, would benefit from public health interventions that reduce their consumption to safer levels.

¹²Alcohol-use disorders: prevention. (2010) National Institute for Health and Care Excellence. [Last retrieved [Online](#) Aug 2024]

Impact of Alcohol on Health

Alcohol can contribute to a wide range of harms which impact both individuals and the community. This includes adverse effects on physical and mental health both immediately after consumption and in the long-term, leading to a burden on NHS services and social care. Alcohol harms also impact family life, community relationships, productivity, employment, and crime. Alcohol consumption is a contributing factor to health inequalities and to experiences of multiple vulnerability.

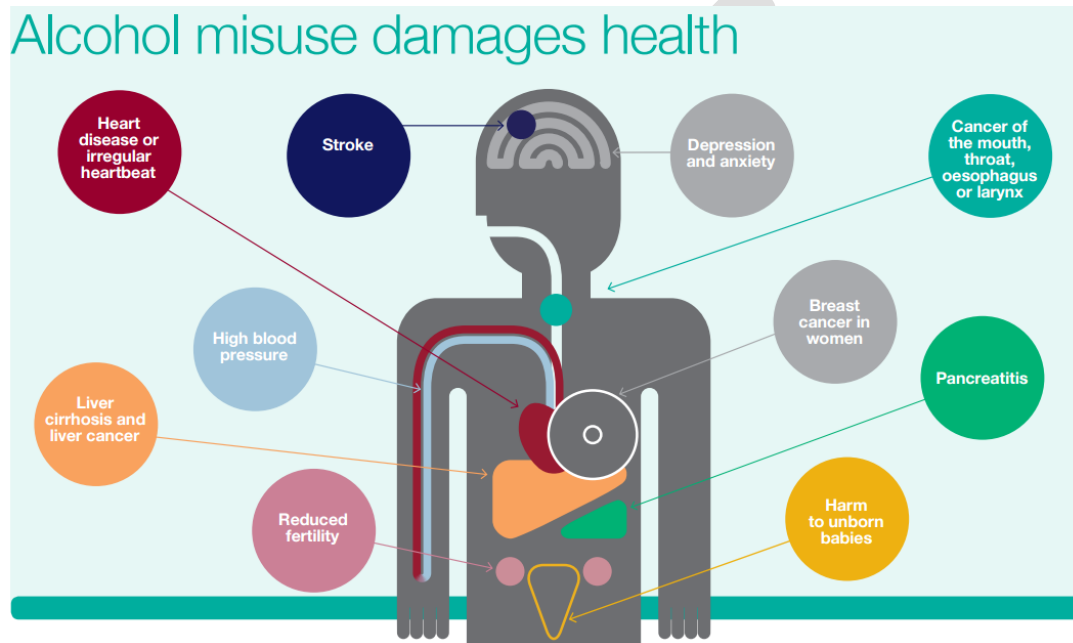


Figure 2 shows damages to health from alcohol misuse. Source: [UK Healthy Security Agency](#).

Harmful alcohol, alongside smoking, poor diet, and inactivity, are the leading factors influencing poor health and early death in the UK¹³. In England in 2023 there were 22,644 alcohol-related deaths (up from 21,912 in 2022), this has been a steady increase since 2016 and is getting worse. There were 8,274 alcohol-specific deaths (up from 7,912 in 2022) in 2023¹⁴.

Over 200 health conditions such as cancers, cardiovascular conditions, liver disease, road injuries, and poor mental health, are attributable to alcohol misuse either wholly or partially. Alcohol can cause at least seven types of cancer such as bowel and mouth. The more alcohol consumed, the higher the risk of developing cancer¹⁵.

¹³Addressing the leading risk factors for ill health. (2022). The Health Foundation. [Last retrieved [Online](#) Nov 2024].

¹⁴Alcohol Profile, Fingertips. Department of Health & Social Care. [Last retrieved [Online](#) Dec 2024]

¹⁵Alcohol use (2024). WHO. [Last retrieved [online](#) Nov 2024].

These health conditions can lead to hospital admissions due to either acute intoxication or alcohol misuse over time¹⁶.

Cumulatively, the effect of these conditions has a profound impact on health services, with hospitals in England witnessing 339,916 alcohol-specific conditions admission in 2023/24 (up from 320,082 in 2022/23)¹⁷.

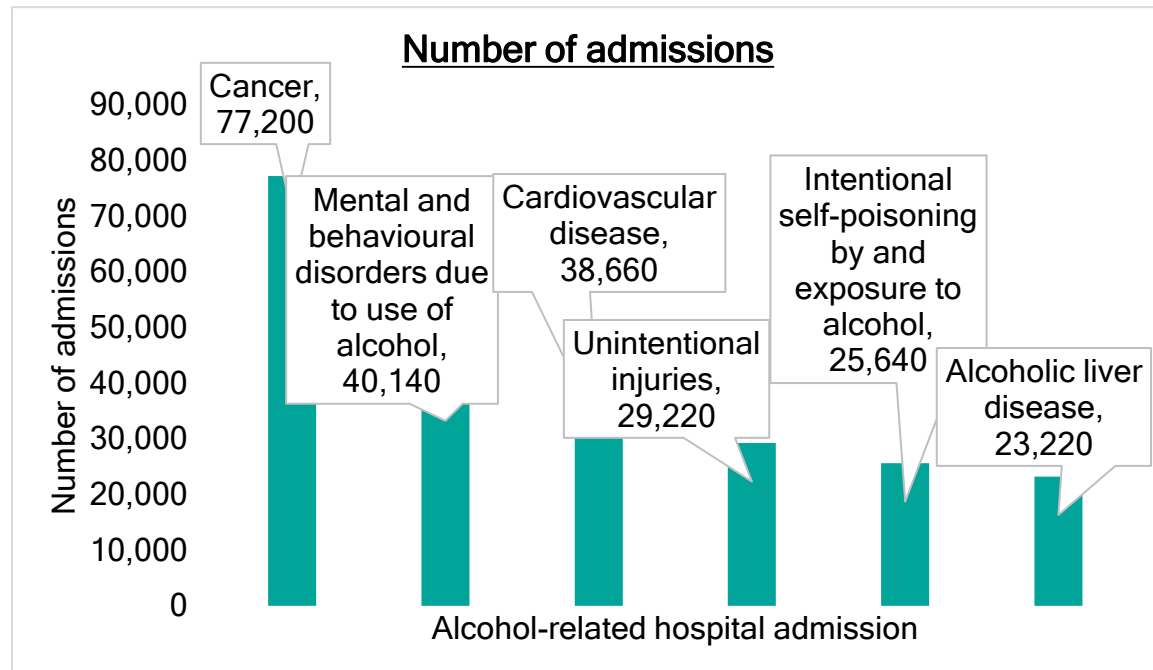


Table 1 shows most common diagnoses admissions for alcohol-related hospital admissions (narrow measure) for 2019/20. Source: [NHS Digital](#) (2022).

Alcohol use is closely linked to mental health, with alcohol-use perpetuating certain mental health conditions, and can be used as an unhealthy coping mechanism for mental suffering. Regular drinking and alcohol-dependency is linked to suicidal thoughts, attempts and death by suicide¹⁸.

¹⁶Alcohol: applying All Our Health. (2022). OHID. [Last retrieved [Online](#) Nov 2024].

¹⁷ Alcohol Profile, Fingertips. Department of Health & Social Care. [Last retrieved [Online](#) Dec 2024]

¹⁸ Alcohol dependence and mental health. (2020). UK Healthy Security Agency. [Last retrieved [Online](#) Nov 2024].

Alcohol in Haringey: Snapshot of the Facts

- There were **23 alcohol specific deaths in 2023**. This includes alcohol poisonings, alcoholic liver disease and alcohol-related neurologic disorders due. This is down from 30 in 2022.
- **62 alcohol-related deaths in 2023** (down from 70 in 2022)¹⁹.
- **1,148 potential years of life lost due to alcohol-related conditions for males, 379 for females** (2023).
- **1,034 hospital admissions for alcohol-specific conditions** (2023/24).
- **28 hospital admissions for alcohol-specific conditions in under 18s** (between 2021/22 – 23/24).
- **662 hospital admissions for mental and behavioural disorders due to use of alcohol** (2022/23).
- **1,107 licensed premises that can sell alcohol** (37.4 premises per square kilometre), a continued increase from 660 in 2015/16 and 10th highest in England (and London) (2023/24)²⁰.
- **15 hospital admissions for alcohol poisoning in Haringey** (as of March 2024).
- **455 residents accessing specialist alcohol support service in Haringey** (as of August 2024)²¹.
- **A quarter of secondary students surveyed reported that they had drunk alcohol before**, 1% said they drank it regularly (2023/24)²².
- **Overall cost of alcohol harm in Haringey is estimated at £143.3million a year, or £542 per person** (2021/22)²³.

¹⁹ Alcohol-specific deaths in the UK: registered in 2023 (2025). ONS. [Last Retrieved [online](#) Feb 2025].

²⁰ Haringey Local Alcohol Profile. OHID. [Last Retrieved [Online](#) Feb 2025].

²¹ NDTMS. OHID. [Last Retrieved Online Dec 2024]. Access only by specialist Officers.

²² Health Related Behaviour Questionnaire (2023/24). Analysis by Haringey Council.

²³ Cost of Alcohol Related Harm in Haringey. Institute of Alcohol Studies. [Last Retrieved [Online](#) Dec 2024].

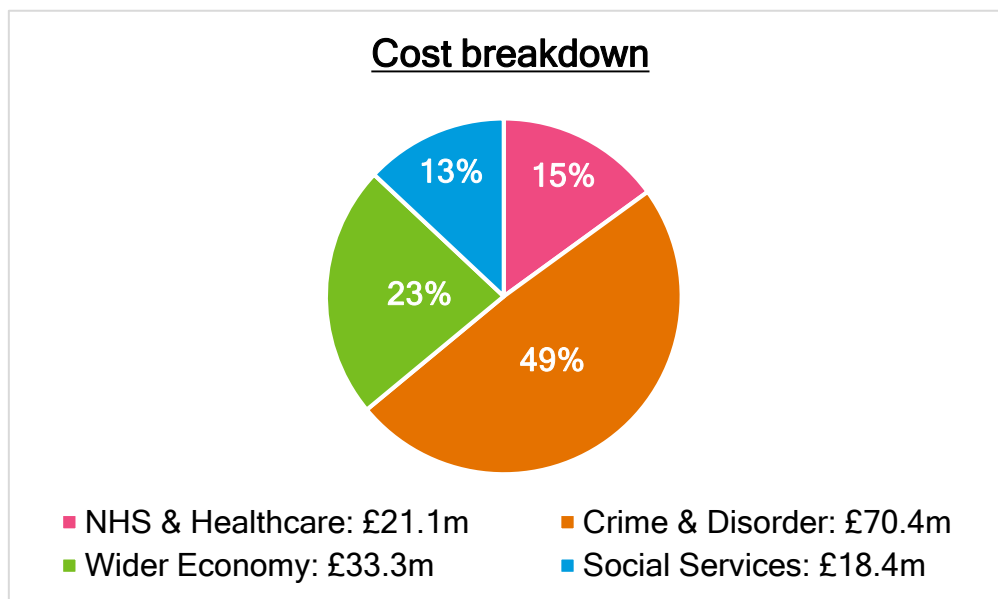


Table 2 shows the breakdown of the annual cost of alcohol harm on different services in Haringey. Source:

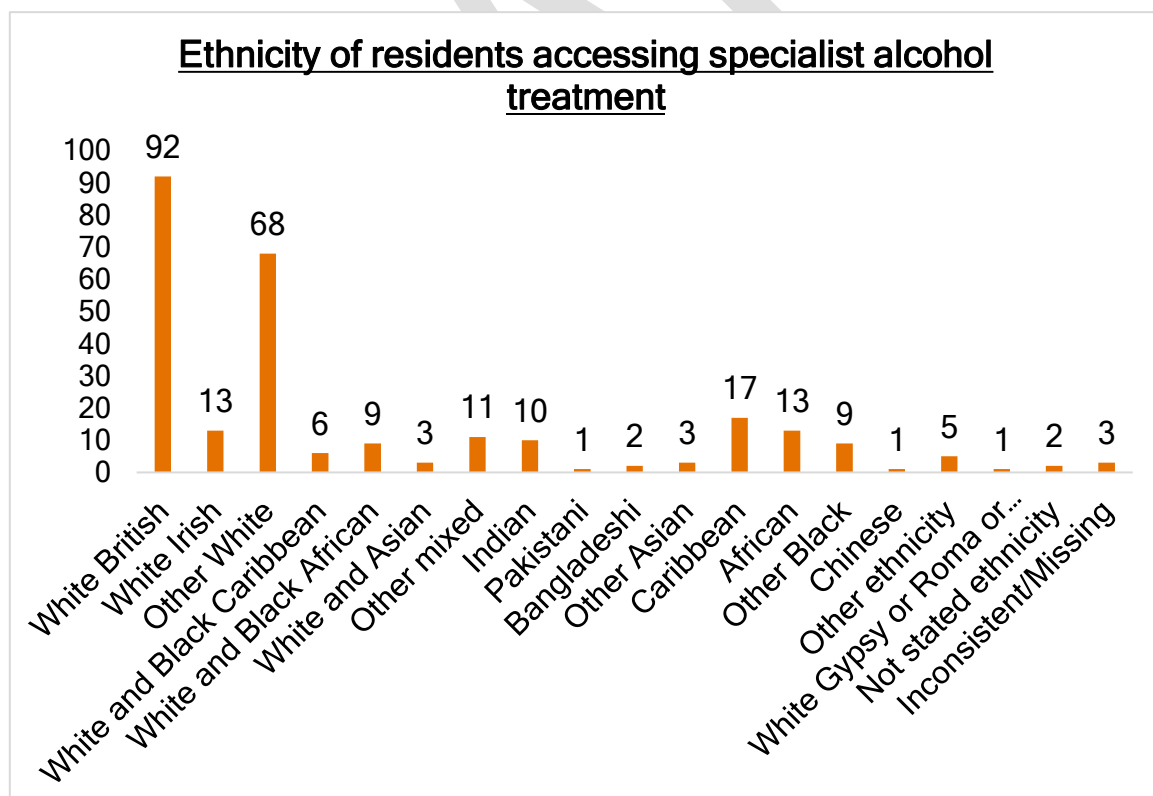


Table 3 shows the ethnicity of residents accessing specialist alcohol treatment in Haringey.

Intro to Strategic Work

This Haringey Alcohol Strategy and accompanying Action Plan sets out to address alcohol related harm in the borough through a cohesive public health approach to alcohol prevention, harm reduction, and treatment.

It does so by presenting alcohol related harms that affect Haringey residents and committing to actions that address alcohol harms by working in partnership with stakeholders across the borough. This includes an action plan for alcohol harm prevention, that will promote a programme of actions for key leaders across the partnership to deliver.

To ensure the **Alcohol Strategy and Action Plan** is set out in partnership, we have applied a Health in All Policies (HiAP) approach¹⁸ to alcohol harm, prevention and treatment. HiAP is well positioned to address challenges which cut across sectors and departments by focusing on the impact of various social policies on the health and wellbeing of communities. Through engaging a variety of partners, HiAP allows stakeholders from public health, licencing, the NHS North Central London Integrate Care Board (NCL ICB), and the Voluntary and Community Sector (VCS) to come together in pursuit of common goals. Joint working is critical in addressing public health challenges, especially when an issue has such far reaching impacts for individual and community wellbeing as alcohol harm.

We are committed to a whole systems and life course approach, supporting the health of our communities throughout a person's life: helping individuals **Start Well**, **Live Well**, and **Age Well**, whilst investing in healthy environments by focusing on **Healthy Place**. A focus on Healthy Place is important as we can work to address health inequalities by considering place-based determinants of health such as the impact of the built environment and safety in public space.

As alcohol harm disproportionately affects those in the most deprived areas and often contributes to compounding multiple vulnerabilities, our strategy aims to provide focused investment, targeted at the places with the greatest need. By partnership working and supporting recovery services, we aim to significantly reduce health inequalities across the borough.

We recognise it is vital are services are accessible and focussed on long term sustained recovery, to reduce the progression of long-term health inequity, and prevent alcohol-related deaths.

This strategy builds onto a recovery orientated system of care (ROSC), ensuring that there are a range of community-based services, groups and pathways to support residents living in Haringey

We aim to provide:

- Safer and better drug and alcohol treatment practice for individuals, families, carers, and affected others.

- Clear communication on treatment available for individuals affected by alcohol and its wider harms.
- A forum for those with lived and living experience to review current alcohol and drug treatment pathways.
- Trauma informed, evidenced-based and peer-led approaches that tackle the stigma experienced by people using drugs and alcohol.

Our ambition is to create an environment which prevents alcohol harm.

Our aspiration is that people have a right to health and life and are respected and treated with dignity.

Our vision is to ensure support and treatment can be accessed by all, whilst recognising the complexity of alcohol harm.

Haringey Combating Drugs Partnership

The national 10 year Drugs Strategy²⁴ required all local areas to establish their own Combating Drugs Partnership (CDP) to deliver the commitments and ambitions of the strategy. The strategy notes the connection between alcohol and other drugs, particularly that alcohol is a factor in many-drug related deaths and specialist treatment and recovery services also tend to be integrated for alcohol and other drugs.

The partnership includes:

- Haringey Council: Public Health, Community Safety and Enforcement, Early Help, Housing Demand, and Regeneration and Economic Development
- NHS: NCL Integrated Care Board
- Criminal Justice Partners: Metropolitan Police and Probation Service
- Treatment providers for adults and young people

The Haringey CDP's aim is to reduce the harm caused by drugs and alcohol in Haringey by creating a joint strategic approach to making decisions on delivery to ensure that the ambitions of the National Combating Drugs Outcome Framework are met²⁵. The work of the CDP interlinks with this Strategy.

²⁴From harm to hope: A 10-year drugs plan to cut crime and save lives. (2021). HM Government. [Last Retrieved [online](#) Nov 2024].

²⁵Haringey Combating Drugs Partnership. (2024). Haringey Council. [Last retrieved [online](#) Nov 2024].

Strategic Priorities

A whole system and life course approach

This Strategy takes a whole system and life course approach to tackling alcohol related harm. This approach acknowledges that health and wellbeing are not dependant on singular instances of ill health, instead are influenced throughout an individual's life by the wider determinants²⁶, like environmental factors such as housing quality or economic stability. Creating appropriate environments for individuals to thrive at all critical stages in life, from pregnancy to old age allows for protective health factors to be maximised and health risks to be reduce. This leads to extended healthy life expectancy, reduced disability, as well as greater health equity and cumulative gains for communities, and not just individuals.

In line with the life-course approach this Strategy and the Action Plan is divided into sections based on critical stages in a person's life. These are also aligned with Public Health's work of providing a cohesive approach throughout the borough.

1. **Start Well** focuses on our youngest residents and their families, from pregnancy, through young adulthood, and aims to ensure every child has a safe environment in which they can thrive and will set them up for success throughout their life.
2. **Live Well** and **Age Well** focuses on the wellbeing of all adults (including the special needs of older residents) in the borough, reducing health risks, promoting good physical and mental health, and ensuring individuals have appropriate support in addressing their health, housing, and employment needs.
3. **Healthy Place** focuses on the impact of the build environment on all stages of life and on community cohesion. We believe a focus on healthy place throughout the life course is especially important in addressing inequality and social determinants of health.

In addition to addressing health across an individual's life-course, the whole system approach champions a holistic view to ensuring health and wellbeing by addressing health risks on three different levels: universal prevention, early intervention and targeted support, and specialist treatment²⁷. This Strategy and Action Plan follows these principles to ensure fewer individuals encounter health harms, those at risk can be identified and offered support, and those in greatest need can access appropriate specialist treatment.

1. **Universal Prevention** addresses broad health risks on a population level. In the context of alcohol harm, it includes generally available high-quality substance-misuse education, resilience building among young adults, as well

²⁶ Wider Determinants of Health. (Last updated 2024) Office for Health Improvement & Disparities. [Last retrieved [online](#) Nov 2024].

²⁷ Health and social care integration: joining up care for people, places and populations (2022) Department of Health & Social Care. [Last retrieved [online](#) Nov 2024].

as targeting the availability and affordability of alcohol in the environment through regulation and thoughtful licencing.

2. **Early Intervention and Targeted Support** ensures individuals at increased risk can be identified and directed to appropriate support to prevent long term harm and risk accumulation. Such targeted support can include training of community workers in Identification and Brief Advice (IBA), good signposting to self-help and community support, as well as addressing multiple vulnerabilities that can lead to escalated alcohol related harm.
3. **Specialist Treatment** is aimed at individuals who are already experiencing serious harm to support their recovery. This treatment can include clinical interventions, a focus on harm-reduction measures for those struggling with substance use disorders, as well as high intensity support for the most vulnerable.

Haringey's alcohol treatment services have already been aligned to this model, targeting low-risk, increasing-risk, and high-risk drinkers through universal prevention, early intervention and targeted support, and specialist treatment. This strategy builds upon our previous work to create a framework for action for the next three years 2024 - 2027 and ensures we continue addressing alcohol-related harms in cohesive ways and in partnership across the borough.

Our overarching preventative aim will be our communications through educating and signposting to services, this will work as a golden thread throughout our action plan – highlighting the importance of cross sectoral working.

Start Well

Our joint ambition: Ensuring young people, families, and communities are free from the harms of alcohol, and treated with dignity and respect.

What we know

Prevalence

Alcohol use impacts the health and wellbeing of children, young people and families. Parental alcohol dependence can cause serious harm to children from conception to adulthood and alcohol is often present alongside safeguarding concerns, childhood neglect, and in families with children in need. The experience of children and young people that are living with parental alcohol dependence is often referred to as Hidden Harm, as the harm experienced is often hidden, or not recognised as harm. This often means children and young people do not get support as the harm can be concealed by fear or shame.

Children will most commonly be affected by the alcohol use of an adult in their lives, potentially a parent or carer. In Haringey, in 2020, 11% of individuals presenting to alcohol treatment services were parents or adults living with children, while 25% were parents not living with children. This means that more than a third of those in treatment for alcohol misuse may need additional family support to ensure their children experience fewer of the harmful impacts of adult alcohol use. While Haringey's access to family support and treatment is very good compared to a benchmark of similar boroughs, 83% of alcohol dependant adults living with children are not in any form of treatment²⁸.

About a quarter of secondary students in Haringey reported to have tried alcohol and 1% of students stated they drank regularly²⁹. The rate of hospital admissions for under 18s has been falling nationally and in Haringey, which remains significantly below the national average but above the London average. It is important to ensure young people are aware of alcohol-related harms and are well equipped with coping strategies to make healthy choices around alcohol consumption.

How will we achieve our ambition?

Aims	
Prevention	Raise awareness of alcohol-related harms to children, young people, and families.
	Reducing Underage Sales of Alcohol.
Reduction	Ensure that those interacting with children, young people and families can identify hidden harm and alcohol misuse and then signpost to appropriate support and awareness.
Treatment and Support	Ensure quality services are available for children, young people and families affected by alcohol harm using a systemic whole-family approach.

²⁸ Parents with problem alcohol and drug use: Data for England and Haringey. (2020). (Previously) Public Health England. [Last retrieved [online](#) Nov 2024]

²⁹ Health Related Behaviour Questionnaire (2023/24). Analysis by Haringey Council.

Live and Age Well

Our joint ambition: for individuals and communities to make responsible choices around alcohol and support those with needs

What we know

The main source of data on drinking among adults in England is the Health Survey for England commissioned by NHS Digital.

Prevalence

The estimated alcohol dependence prevalence in the adult population of Haringey is 1.5% (2019/20). Prevalence is higher for men (1.3%) than women (0.2%) and has remained a similar rate since 2016/17. This equates to approximately 3,147 adults aged 18 years and over and is slightly higher than the English average at 1.4%. It is also estimated that close to a quarter of Haringey's population are drinking at levels that can lead to an increased risk of alcohol-related harm (more than 14 units a week), of which 4% can be considered high risk drinkers. This puts close to 80,000 Haringey residents at elevated risk of alcohol related harms^{30, 31}.

Hospital Admissions

The prevalence of high-risk drinking is reflected in Haringey's high rates of hospital admissions. Hospital admissions for adults 40 to 65 years old for alcohol-related conditions are higher than the London average. Haringey has the seventh highest rate of broad measure alcohol-related hospital admissions in London. Admission episodes for alcohol-related cardiovascular disease have remained above the English average and mostly aligned to the London average but has been increasing since 2020/21. A similar increase since 2020/21 has been seen for hospital admissions for alcoholic liver disease, however local figure has remained below the national and London averages since 2017/18. Admission episodes for mental and behavioural health disorders due to alcohol in Haringey have remained below the national and London averages and had been steadily decreasing since 2018/29, with no significant change in 2022/23. However, prevalence remains much higher among men. The total alcohol related mortality in the borough has seen no significant change since 2016 but tends to be below the national average, yet above the London average³². Alcohol-specific mortality has decreased since 2022 and is now significantly better than the English average and lower than the London average. Combined, this data points to alcohol use that leads to hospitalisation still being a significant challenge for Haringey, especially compared to other London boroughs. A public health approach to reducing alcohol use and harm across the whole borough will encompass the whole population and hopefully reduce hospital admissions in the future.

Access to Treatment

Haringey has done well in ensuring those struggling with alcohol-dependency can access high quality treatment. The rate of alcohol-dependant adults in contact with

³⁰ Haringey Local Alcohol Profile. OHID. [Last Retrieved [online](#) Dec 2024].

³¹ Haringey Alcohol JSNA. (2021). Haringey Council. [Last retrieved [online](#) Nov 2024]

³² Haringey Local Alcohol Profile. OHID. [Last Retrieved [online](#) Dec 2024].

specialist treatment services is slightly higher than the English average and slightly lower than neighbouring Boroughs in North Central London, Camden and Islington but above Barnet and Enfield³³. A self-assessment conducted in both 2018 and 2021 measuring the strength of local alcohol harm prevention (using the CLear tool developed by Public Health England) revealed high scores for Haringey in secondary and tertiary care. This indicates strong targeted provision for adults and young people at increased risk and quality treatment for those already in contact with alcohol services³⁴.

Inequality and Vulnerability

It is critically important to consider questions of inequality in Haringey, as the borough is split between areas of high and low deprivation. Data points to higher alcohol dependency in the west of the borough, where deprivation levels are significantly lower than in the east. However, the more-deprived wards in the east of the borough experience higher levels of alcohol-related hospital admissions despite, overall, consuming less alcohol. This is called the '[alcohol harm paradox](#)' where due to interactions of alcohol consumption with other health behaviours which are more prevalent in deprived areas such as smoking, poor diet and exercise, communities with lower socioeconomic backgrounds experience more alcohol-harm on average, despite lower alcohol consumption compared to their more affluent counterparts³⁵. Highlighting that alcohol-harm affects the more vulnerable residents in the borough and is contributing to the widening of inequalities.

Two vulnerabilities that are especially worth considering are Violence against Women and Girls (VAWG) and Homelessness.

Violence Against Women and Girls

There is a strong relationship between alcohol and domestic abuse, physical violence, and sexual assault. Alcohol is well documented as a risk factor for many aggressive and violent acts³⁶ and research shows that alcohol use can also increase the severity of a violent incident. Excessive alcohol use by perpetrators, and to a lesser extent by victim/survivors, does increase the frequency of intimate partner abuse, as well as the seriousness of the outcomes³⁷. This evidence leads alcohol and domestic abuse charities alike to warn that drinking and domestic abuse often occur at the same time.

It is important to recognise that where alcohol is involved in domestic abuse, much of the evidence suggests that it is not the root cause; but rather a compounding factor. Alcohol can make existing abuse worse, or be a catalyst for abuse, but it does not cause domestic abuse³⁸, nor is it ever an excuse. Thus, domestic abuse

³³ NDTMS. OHID. [Last Retrieved Online Dec 2024]. Access only by specialist Officers.

³⁴ Haringey Alcohol JSNA. (2021). Haringey Council. [Last retrieved [online](#) Nov 2024]

³⁵ Haringey Drugs JSNA. (2021). Haringey Council. [Last retrieved [online](#) Nov 2024]

³⁶ Institute of Alcohol Studies [Last retrieved [online](#) August 2024]

³⁷ Russell and Webster Research and Policy [Last retrieved [online](#) September 2024]

³⁸ Women's Aid [Last retrieved [online](#) August 2024]

organisations agree that alcohol misuse should not be seen as taking responsibility away from those who commit harm.

However, interventions in the context of alcohol misuse can be used in conjunction with specialist support to reduce domestic abuse in some cases and ensure that those who use alcohol problematically are better supported to access support for domestic abuse and identify how services can improve their ability to recognise domestic abuse in terms of both victims and perpetrators.

Alcohol has been described as ‘the UK’s favourite coping mechanism’³⁹, and many victim/survivors of domestic abuse and sexual violence often turn to alcohol to cope with the fear and stress that they are facing, or they may be forced to misuse alcohol by the perpetrator as a means of control. Research has found that those who experience extensive physical and sexual violence by an intimate partner are more than twice as likely to misuse alcohol than those with little experience of violence and abuse⁴⁰. Moreover, perpetrators may use alcohol as a way to manipulate their victim; for example, by claiming that any physical injuries were caused by a fall when the victim/survivor was drunk, and the victim/survivor may not remember how the injuries were caused.

Additionally, it is likely that a victim/survivor experiencing alcohol misuse may feel embarrassed, or they may feel that they won’t be believed or fear that their children will be removed from their care. All these factors make it more difficult to disclose the abuse. Consequently, alcohol can leave an individual more vulnerable to further abuse; especially if drinking prevents survivors from accessing support or worsens their mental health. Alcohol use can also increase victim/survivor’s vulnerabilities and challenges in keeping themselves safe and escaping the abuse.

Homelessness and Rough Sleeping

Homelessness and rough sleeping significantly increase the risk of alcohol related harm, creating a cycle of health disparities, substance dependency, and increased vulnerabilities.

Homelessness, particularly rough sleeping, is often linked with high levels of alcohol misuse. Research indicates that alcohol may be used as a coping mechanism for the trauma and stress associated with being homeless. For many individuals, the experience of homelessness is compounded by challenges such as mental health issues, relationship breakdowns, and loss of social support—factors that can lead to increased alcohol consumption.

Table 4 shows the percentage of people seen rough sleeping in Haringey between October and December 2024 who were assessed for at least one of the three support needs (alcohol, drugs, and mental health), highlighting the support needs of those rough sleeping around substance misuse, and mental health.

³⁹ Coping Strategies: Alcohol (Education Support) [Last retrieved [online](#) March 2025]

⁴⁰ Alcohol and Domestic Abuse Fact Sheet (Alcohol Change) [Last retrieved [online](#) March 2025]

It is important that a borough-wide approach to alcohol harm prevention remains sensitive to the needs of vulnerable group. The Rough Sleeping Drug and Alcohol Treatment (RSDAT) Service has been instrumental in improving access to substance misuse treatment for individuals experiencing rough sleeping and substance misuse by creating a dedicated rough sleeping substance misuse treatment team.

People seen rough sleeping in 2024 (October – December) by support needs

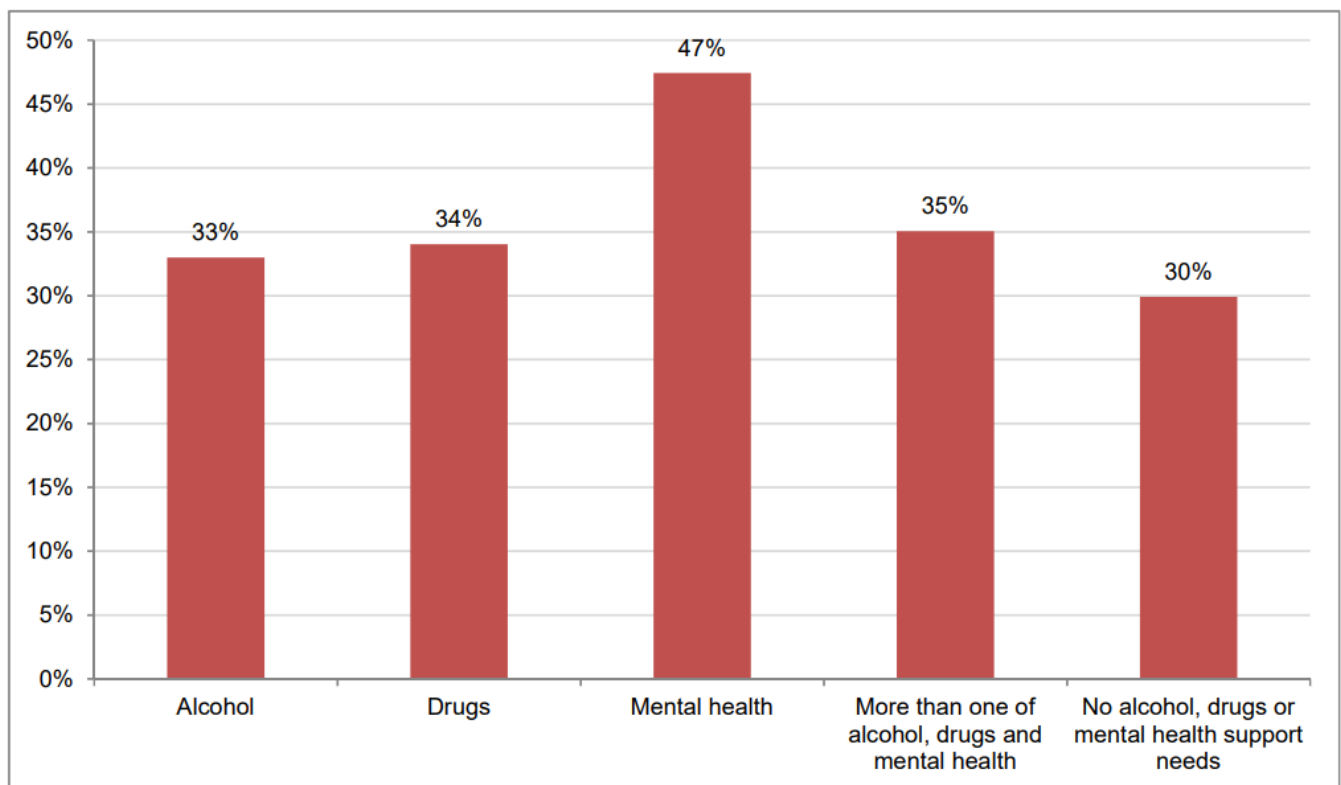


Table 4 shows 97 people seen rough sleeping during the period who were assessed for at least one of the three support needs.

How will we achieve our ambition?

Aims	
Prevention	Promote healthy behaviour and wellbeing among adults in the borough.
	Encourage Haringey residents to seek help in alcohol-related matters, including promoting self-help resources and reaching out for support.
	Promote healthy behaviour and wellbeing in Haringey workplaces.
Early Interventions	Ensure early identification pathways across Haringey are in place, and direct individuals at risk to appropriate services, including easy access to Identification and Brief Advice.
	Ensure alcohol treatment is available and right for everybody.

**Treatment and
Support**

Ensure alcohol treatment is embedded in holistic work supporting individuals facing multiple disadvantages.

DRAFT

Healthy Place

Our joint ambition: For alcohol use in Haringey not to negatively impact communities.

What we know

Availability of alcohol

In Haringey the density of off-licence shops selling alcohol is higher in more deprived areas of the borough (shown in the below map with the green circles), further perpetuating the link between alcohol-related harms and inequality. Haringey has the tenth highest number of licenced premises in London but does not have a significant night-time economy. This points to thoughtful licencing and control of alcohol availability being crucial in a public health approach to reducing alcohol-related harm. Evidence suggests making it less easy to buy alcohol by controlling outlet density and late night sales is the most effective strategy for reducing consumption and alcohol related harm⁴¹.

Alcohol Licensing and Deprivation

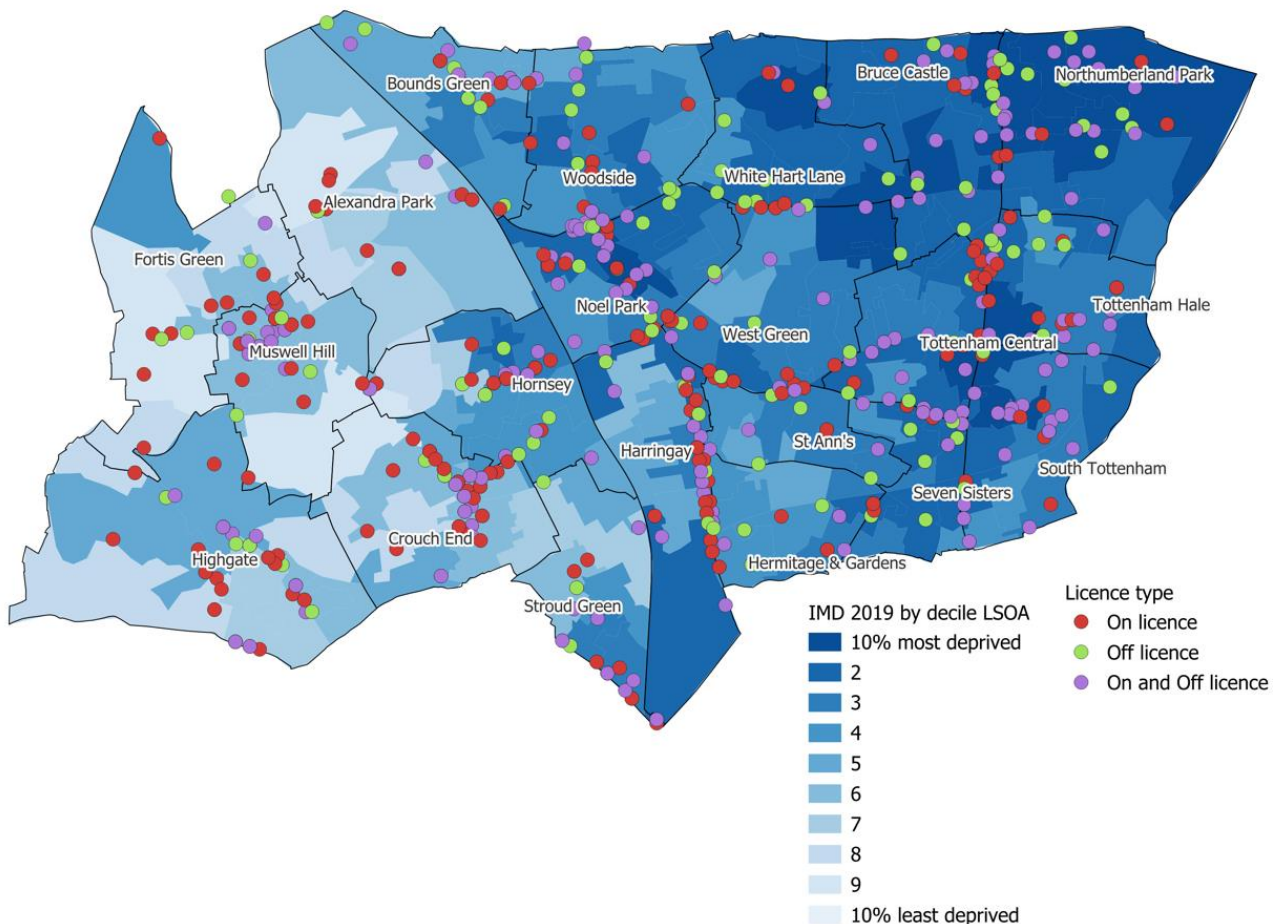


Figure 3 Licensed premises mapped against deprivation. March 2024. Source: Haringey Council.

⁴¹The Public Health Burden of Alcohol and the Effectiveness and Cost Effectiveness of Alcohol Control Policies: An evidence review (2018). Public Health England. [Last retrieved [online](#) Aug 2024].

Haringey sells the most litres of alcohol per adult in all of London (7.5 litres of alcohol sold per adult in 2014). This is 35% more than the London average and this high level of sales is a worrying statistic linked to unsafe drinking⁴².

As alcohol availability is mainly regulated through the alcohol licensing system, the Public Health team respond to all relevant alcohol licensing applications to regulate availability by reducing density and hours of sale.

Safety

Antisocial behaviour associated with street drinking, such as litter, noise and intimidation, is recognised as a concern in Haringey causing detrimental impact on local residents. The map highlights the number of reported alcohol and/ or street drinking reported to the police, highlighting higher incidents in wards such as Woodside, Noel Park and Bruce Castle, noticeably worse in the East more deprived areas.

Alcohol/ Street Drinking ASB Reported to the Police (April 2024 – March 2025)

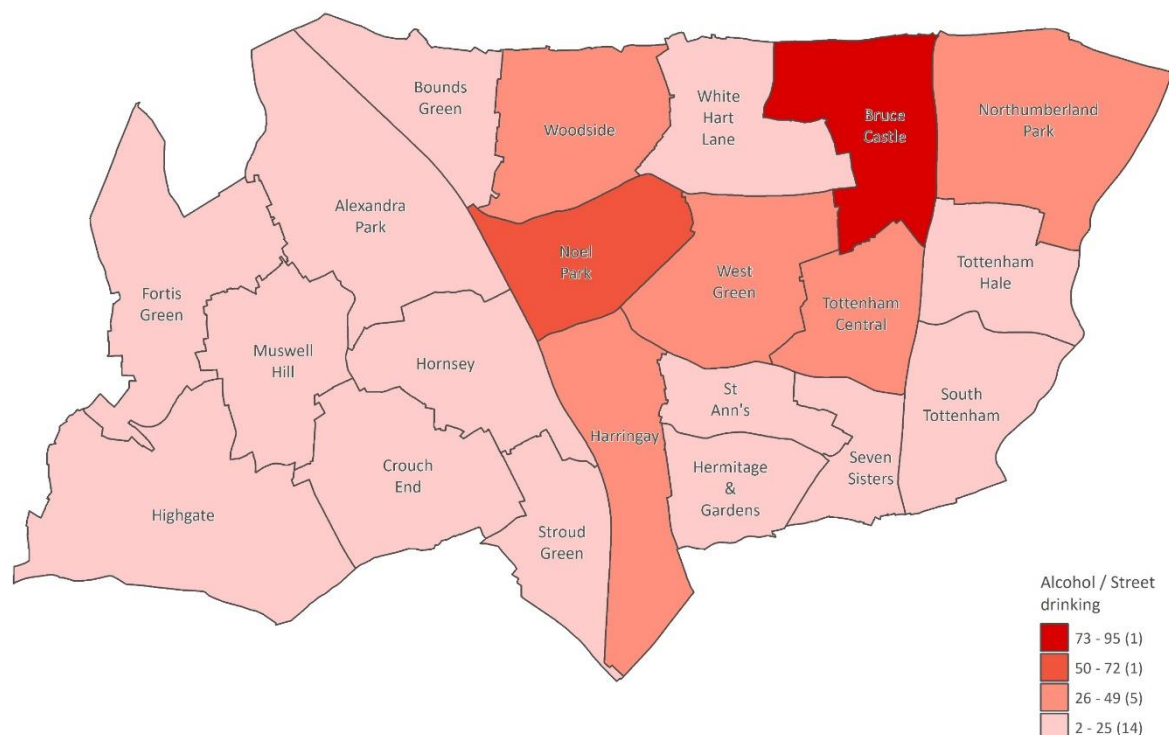


Figure 4 shows where the highest number of anti-social behaviour linked to alcohol and/ or social behaviour reported to the police. Source: [London Datastore](#). Accessed March 2025.

A Public Space Protection Orders (PSPO) were introduced under the Anti-Social Behaviour, Crime and Policing Act 2014 in 11 wards and prohibits drinking in public

⁴²Haringey annual public health report 2023. (2023). Haringey Council. [Last retrieved [online](#) August 2024].

within the boundary⁴³. A new borough-wide PSPO has been consulted on, to try to control behaviour that is either having or likely to have a harmful effect on the local community's quality of life⁴⁴.

Advertising

It is well evidenced the impact advertising has on consumption⁴⁵. Recognising this, the Council prohibits alcohol advertising, and other health harming products, on council-owned spaces and infrastructure through the Corporate Advertising and Sponsorship Policy 2019⁴⁶. This is a local policy and not mandated Nationally or on privately owned spaces.

How will we achieve our ambition?

Aims	
Prevention	Continue strategically regulating access and availability of alcohol, especially in areas of vulnerability, around schools, and online.
	Produce a Community Alcohol Toolkit /Improve local vulnerability mapping.
	Identify unlicensed premises.
Early Intervention	Tackling the sales and distribution of illicit alcohol.
	Limit ASB caused by drinking alcohol in public through extension of Public Space Protection Orders.

⁴³ Drinking alcohol in public: Public spaces protection order (PSPO) rules about drinking alcohol in public. Haringey Council. [Last retrieved [online](#) August 2024].

⁴⁴ Proposed borough wide Public Spaces Protection Order consultation. Haringey Council. [Last retrieved [online](#) March 2025].

⁴⁵ The power of advertising in society: does advertising help or hinder consumer well-being? (2021). Stafford, M. R., and Pounders, K. (International Journal of Advertising). [Last retrieved [online](#) Dec 2024].

⁴⁶ Haringey Council's Corporate Advertising and Sponsorship Policy 2019 (2019). Haringey Council. [Last retrieved [online](#) Dec 2024].

Delivering the Strategy

Partnership working

Prior to the creation of this strategy there has been no singular partnership group aimed at addressing alcohol-related harm, though partnership working around licencing (which includes public health representation) has been ongoing, and the commissioning team for substance-misuse services regularly works with partners across public health, housing demand, and community safety.

The lack of a singular partnership to address alcohol harm was identified as an area for improvement during both the 2018 and 2021 CLeaR profile self-assessment conducted in Haringey⁴⁷.

CLeaR Profile

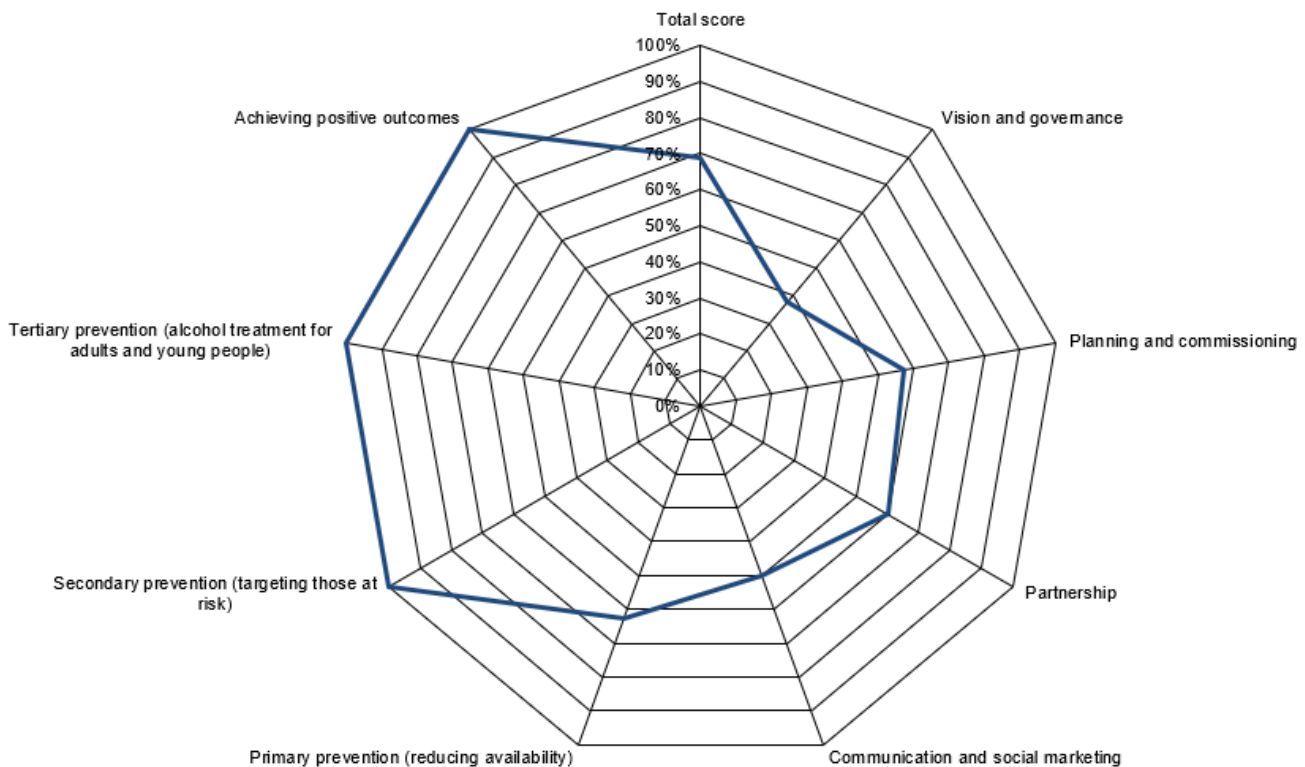


Figure 5 Haringey CLeaR profile self-assessment (2021).

While the borough scored highly on its provision of treatment services, the lowest scores were in areas of leadership (including partnership working and vision and governance).

The creation of this strategy will enable a partnership group to come together around alcohol-related harm to implement the action plan. Improving how we work in partnership around alcohol related harms and implement a comprehensive approach that spans prevention, early intervention, and treatment.

⁴⁷CLeaR Profile - Self Assessment, 2021

Governance

This Strategy and supporting Action Plan is led and monitored by Haringey Public Health. It will be monitored annually in collaboration with appropriate stakeholders against the chosen measures of success outlined in the Action Plan. The outcome of this monitoring will be reported annually to the Health and Wellbeing Board. The Health and Wellbeing Board (HWB) is a statutory partnership set up in 2013, which leads on promoting health in Haringey in line with the 2012 Health and Social Care Act. Membership includes elected members, representation from the local authority, the NHS, and the voluntary sector.

A nominated lead for each section will sit within the relevant board and feedback when necessary. Start Well Board, Age Well Board, Live Well Board and Place Board.

Engagement with our community

There has been a lot of co-production with our residents around alcohol.

During writing the Alcohol Strategy we engaged with Inspirit Training to learn more about the environment and what is seen as biggest issues surrounding alcohol. Clear definitions around the health impacts of alcohol, short and long term and what number of units look like were highlighted as important and included in the document. Further information on 'casual' drinking, drinking outdoors in public places such as parks and where to access support were also discussed. This conversation also fed into the action plan with a goal of clearer campaigns and messaging.

Inspirit has been commissioned to produce a peer-led review of recovery services in Haringey. The work will review current service design, service specifications, and quality of care. The review will be used to direct the commissioning of services and inform the delivery of recovery-orientated care systems.

COVID-19

The pandemic has had a serious impact on Haringey's public health services. The borough has had to adapt and become more resilient with the new ways of working. This has led to disruption and delays in some programmes. From this a lot of work for moving ahead will focus on getting services back on track and scoping out new pathways to address results of COVID-19 on the health of Haringey residents.

Appendices

Appendix 1: Existing strategies

National Strategies

Name	Date	Scope of Focus on Alcohol
From harm to hope: a 10-year drugs plan to cut crime and save lives	2022	<p>A 10-year plan to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system.</p> <p>Addresses alcohol as part of a general drug strategy directed primarily at illegal drug use and markets. Focuses on prevention (especially among young people), restricting availability of drugs, and providing appropriate support for those with drug dependencies, including alcohol.</p>
Independent review of drugs by Professor Dame Carol Black	2020	Two-part review examining the ways in which drugs are fuelling serious violence in the UK, alongside improvements in treatment, recovery and prevention framework.
Modern Crime Prevention Strategy	2016	Addresses alcohol as a driver for crime and focuses on making the night-time economy safe for drinkers. Mentions working with families that may be affected by alcohol, but only in the context of crime prevention.
Alcohol Strategy	2012	Devoted to alcohol, with a focus on binge drinking culture, alcohol fuelled violence, and hazardous drinking. The strategy includes objectives around reducing alcohol consumption among young people and among adults who drink above NHS guidelines, the focus is primarily on crime and violence prevention over health. It does propose including Public Health bodies in the licensing process. Aim: to tackle alcohol through market approaches reducing accessibility to cheap alcohol, controlling advertising, and investing in licensing and enforcement strategies
<p>In 2018 the Government announced that a new alcohol strategy is under development. In response, an Alcohol Charter was produced by the Drugs, Alcohol & Justice Cross Party Parliamentary Group. This charter sets out evidence-based strategies to tackle broad ranging alcohol harms from a public health perspective. Despite the strong support for a renewed approach to alcohol harm prevention, a date for a new national strategy has not yet been announced.</p>		

Regional Strategies

Strategy name	Date	Scope of focus on alcohol
NHS North Central London (NCL) Integrated Care System: Population Health and Integrated Care Strategy	2023	Collaborating to tackle the root causes of poor health by tackling key population health risks such as alcohol.
NCL Outcomes Framework		Develop sustainable and equitable core offer across smoking cessation, alcohol, and weight management services.

Haringey Strategies

Strategy name	Date	Scope of focus on alcohol
The Haringey Deal and Corporate Delivery Plan	2024 to 2026	<p>The key focus of the Haringey Deal is working in partnership with communities to address residents' priorities.</p> <p>A healthy and active population is to finalise and sign off the Alcohol Strategy.</p>
Haringey Health and Wellbeing Strategy	2024 to 2029	Proposes an objective to achieve Healthy High Streets and Healthy Place Shaping through the development of key partnership strategies that support this.
Rough sleeping strategy 2023 – 2027	2023 to 2027	Mentions the high-rate need for signposting to mental health and substance misuse services, as well as a better coordination of those services to meet the complex needs of those experiencing homelessness and rough sleeping.
Haringey Statement of Licencing Policy	2021 to 2026	<p>Aims to provide balance between regulating alcohol sales and contributing towards vibrant economy. Hopes to avoid costly enforcement by working with businesses to educate them on alcohol harm and underage drinking. Where evidence of the negative impact of alcohol is demonstratable, the policy allows the council to adopt local saturation policies to limit licenced premises.</p>

Other Important Haringey Documents

Joint Strategic Needs Assessment on Alcohol	The Last Joint Strategic Needs Assessment on Alcohol was conducted in 2021. An updated version is currently under development, with predicted completion in 2025.
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Appendix 2: Resources

Online – National

Who	Info
NHS – Better Health	‘Drink less’ webpage with tips to help cut down on alcohol and free app ‘drink free days’.
Alcohol Change UK	Charity working for a society free from harm caused by alcohol. Includes help, support and facts on alcohol.
Drink Aware	Charity that aims to change the UK’s drinking habits for the better. Teaches about the impact of alcohol on individuals and relationships. Offers advice, strategies and tools to help.
Talk to Frank	National charity with local Haringey service.
Drink Coach	A quick and confidential way for residents to find out how risky their drinking is. By answering 10 simple questions, the test taker receives advice and, where appropriate, information on local face-to-face support options available.

Online and in person – Haringey

Who	Info
One You Haringey	Offers free health advice and access to different detox and rehabilitation options if ready to reduce or stop drinking.
Haringey Advisory Group on Alcohol (HAGA)	Provides a range of services and recovery support depending on what you need and want. This includes: <ul style="list-style-type: none"> • alcohol detox and safe reduction plans • liver health scans • SMART recovery plans • counselling • online appointments • women’s only space • Polish-speaking service support to family members who are affected by substance or alcohol use
Insight Families	Offer a free, friendly and confidential support for children and young residents (up to the age of 21) who are living with or affected by drug or alcohol issues. They also provide training to professionals who work with young people in the borough.

Appendix 3: Prevention Pyramid

The prevention pyramid works at 3 levels:

1. A **population health** approach to make Haringey a healthier place to live – this includes using a Health in All Policies framework.
2. A **community health** approach that will build capacity to support improved health and wellbeing in our communities.
3. A **personal health** approach, which is about developing joined up services which prevent and respond to individual health and care needs.

The pyramid on the next page shows a collection of our current local services and practice examples to tackle alcohol harm and shows innovative approaches being taken across Haringey which we will continue to do so in the coming years.

