

Haringey alcohol harm reduction strategy 2008-11  
Draft v7

# Haringey alcohol harm reduction strategy 2008-11

Draft v7

## 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.

Haringey has high rates of alcohol-related mortality compared to the rest of 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 many cases that come to the child protection register.

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 Partnerships thematic boards: Safer Communities, Well-being and Children and Young People. The implementation plan is therefore split across all of them, with each board responsible for the delivery of the appropriate actions.

An alcohol strategy group sitting under the DAAT will have oversight of the implementation plan as a whole, and will be responsible for evaluating the

Haringey alcohol harm reduction strategy 2008-11

Draft v7

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 they are responsible for. The Drug and Alcohol Action Team's Alcohol Strategy Group will co-ordinate and evaluate the overall effectiveness of the strategy reporting into the Cabinet Member for Enforcement and Safer Communities.

## **1.5 Outline of targets**

The strategy is linked to the following targets:

<b>Indicator</b>	<b>Baseline</b>	<b>Target 2010/11</b>
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 entrants to the Youth Justice System aged 10-17	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% <b>d. 2%</b>
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)

Haringey alcohol harm reduction strategy 2008-11  
Draft v7

## 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 incorporates the findings of a review of local alcohol-related problems and concerns. It was developed by Ranzetta Consulting for 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 strategy when they are available.

### 2.2 Alcohol-related harm in Haringey

#### 2.2.1 Borough profile

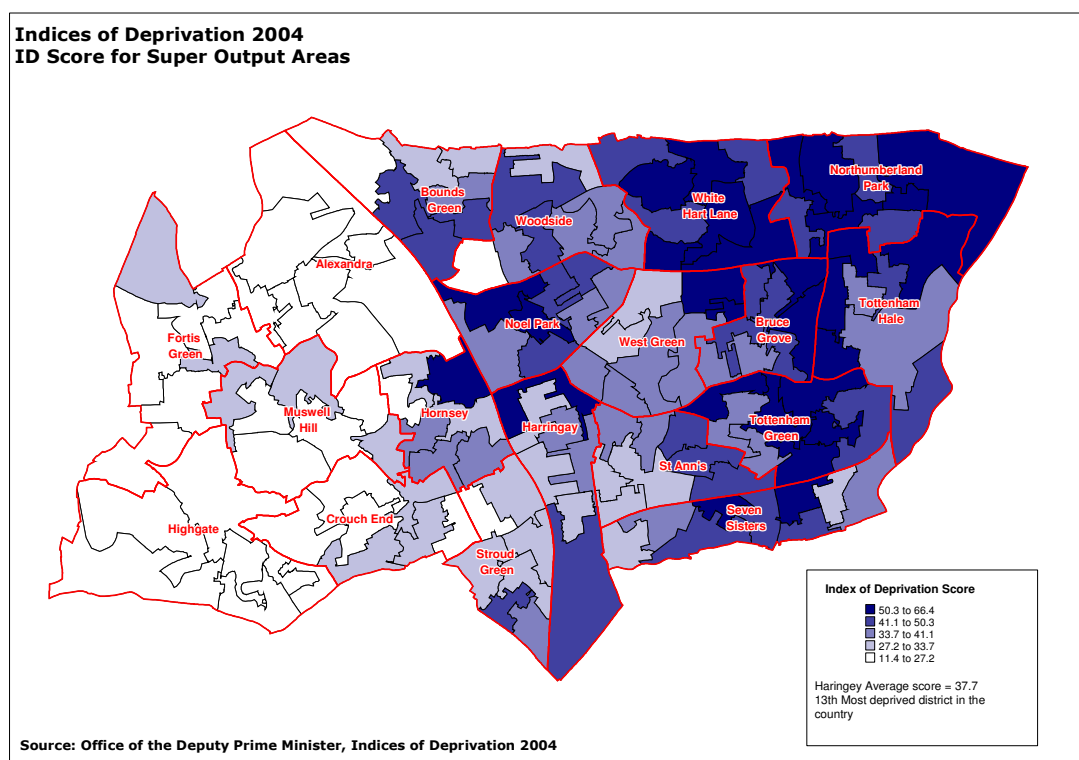
The borough's population has grown by 8.4% since 1991 and is projected to grow by a further 12.6% by 2016 to 233,125. In the 2001 Census, 34.4% of residents were from 'non-white' communities. Many of the ethnic groups in Haringey are white. When 'other white' born in Eastern Europe and the Middle East, White Irish and 'other white' born in the UK and Ireland are included in the

Haringey alcohol harm reduction strategy 2008-11  
Draft v7

definition of black and ethnic minorities then almost 49% of Haringey's population is from black and ethnic minority communities.

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 amongst 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

Haringey alcohol harm reduction strategy 2008-11  
Draft v7

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<sup>1</sup> 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.

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

### **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

<sup>1</sup> Alcohol and Ageing: Is alcohol a major threat to healthy ageing for the baby boomers? NHS Health Scotland, 2006

Haringey alcohol harm reduction strategy 2008-11  
Draft v7

- 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.

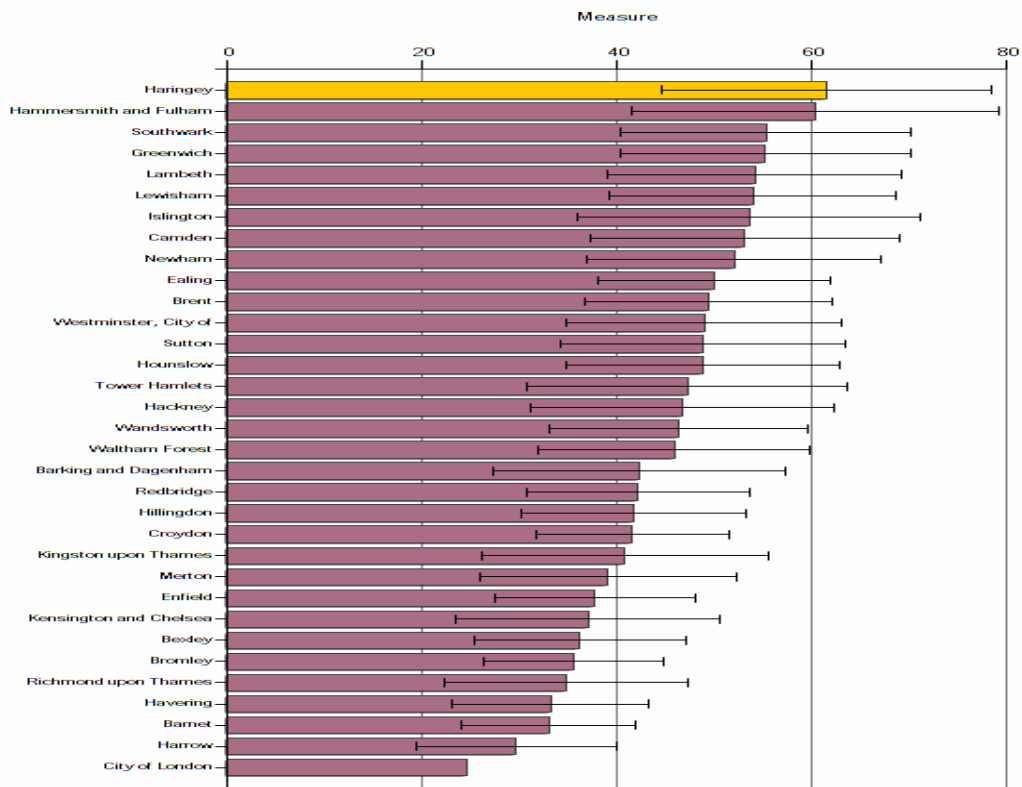
### **Socio-economic differentials in alcohol use**

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, 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 2), and the 18<sup>th</sup> highest for females.

Haringey alcohol harm reduction strategy 2008-11  
Draft v7



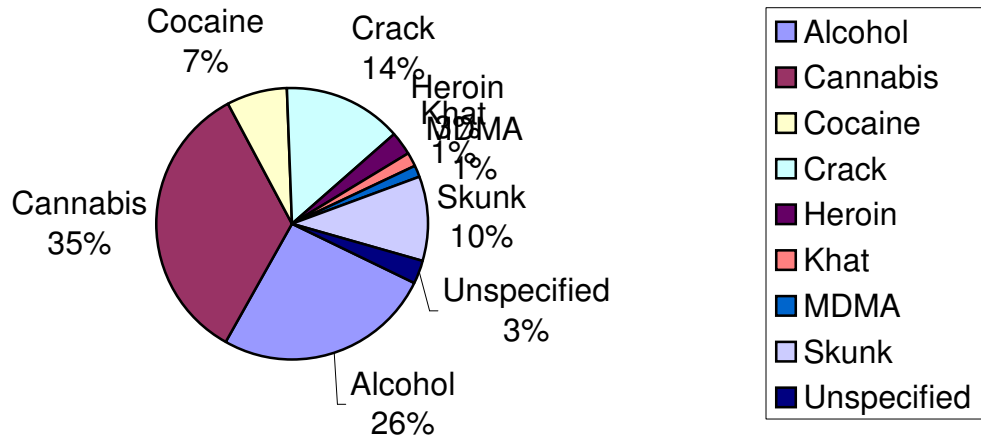
**Figure 2: alcohol-attributable mortality, males (2005) (source: NPHO)**

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 and 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 (figure 3).

**Figure 3: Drug choice of dual diagnosis clients**



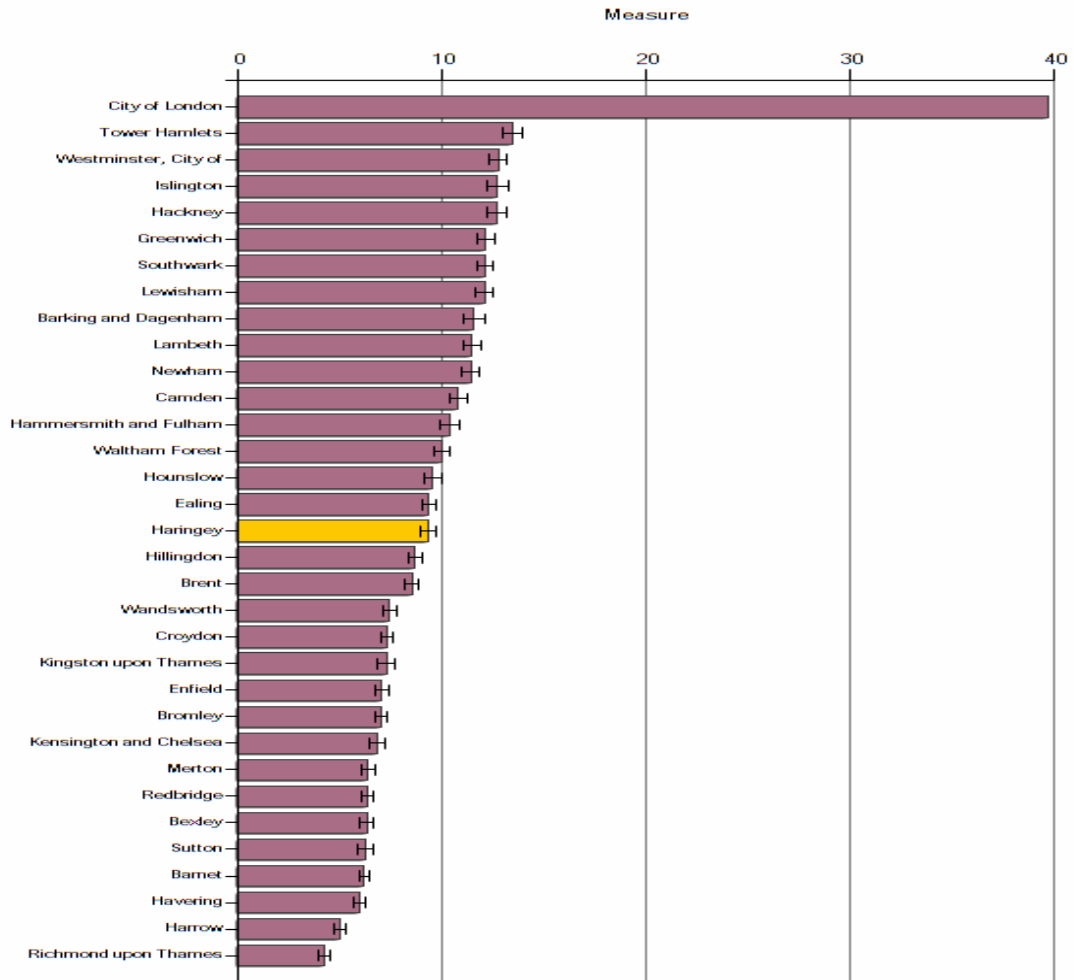
**2.2.4 Alcohol-related crime and anti-social behaviour  
Crime**

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).



Haringey alcohol harm reduction strategy 2008-11  
 Draft v7

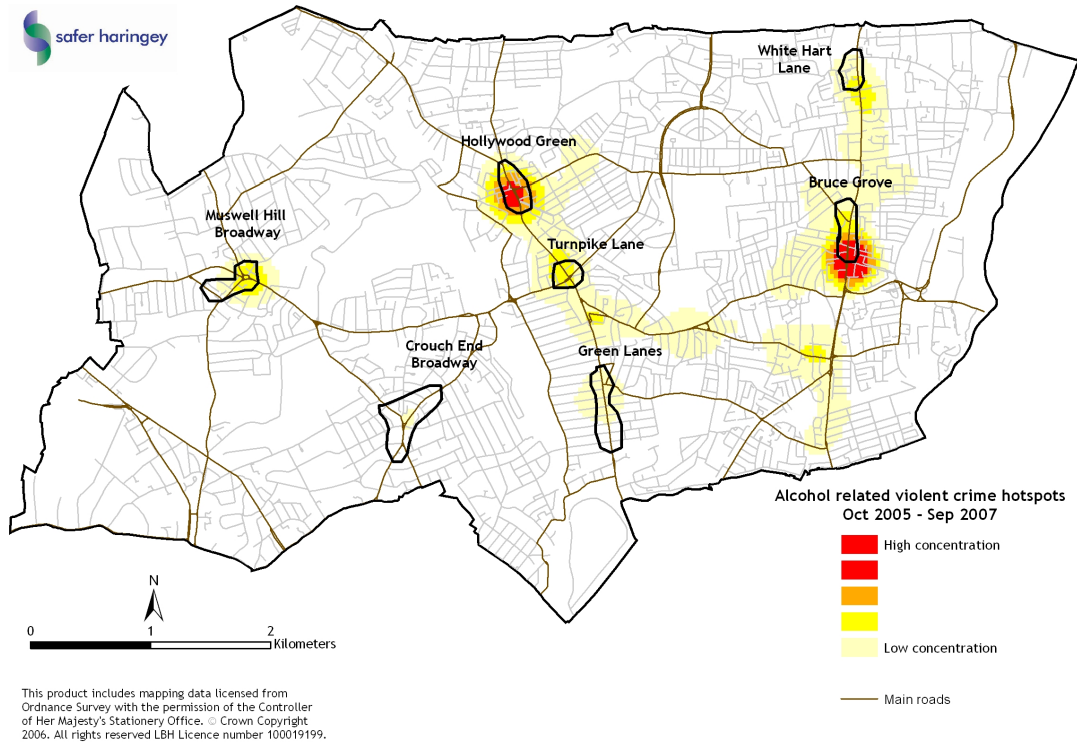
Figure 4: alcohol-related violent crime 2006/07



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.

Haringey alcohol harm reduction strategy 2008-11  
Draft v7



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 1,135 referrals to Haringey’s domestic violence service, Heathstone, 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

Haringey alcohol harm reduction strategy 2008-11  
Draft v7

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...			<b>Total</b>
	Suspect	Victim	Both	
Other sexual	8.9%	7.2%	1.7%	<b>180</b>
Rape	12.1%	32.8%	6.9%	<b>58</b>
<b>Total</b>	<b>9.7%</b>	<b>13.4%</b>	<b>2.9%</b>	<b>238</b>

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, and 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 8<sup>th</sup> lowest (ie 8<sup>th</sup> 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 8<sup>th</sup> 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, whilst 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,

Haringey alcohol harm reduction strategy 2008-11  
Draft v7

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](http://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](http://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 e.g. 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. A significant proportion of cases on the child protection register have parental drinking as a significant factor [awaiting data]. HAGA's children and families service 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

Haringey alcohol harm reduction strategy 2008-11  
Draft v7

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<sup>2</sup>, 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.
- 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 and also 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, helping people recovering from alcohol and drug problems to 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.

---

<sup>2</sup> 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](http://www.dh.gov.uk/prod_consum_dh/idcplg?IdcService=GET_FILE&dID=18933&Rendition=Web)

Haringey alcohol harm reduction strategy 2008-11  
Draft v7

- 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. 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** 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 Newstart Project, £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, Northumberland Park areas. It deals with a wide range of offences committed in these areas, including alcohol-related offences.

Haringey alcohol harm reduction strategy 2008-11  
Draft v7

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 alcohol 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 1<sup>st</sup> 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 for 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 that requires input over and above what 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 is commissioned by the DAAT to provide specialist drug and alcohol harm reduction, psychosocial interventions, group work, family work, pharmacological intervention and access to residential treatment for young people aged 13 to 21 years.

The Youth Offending Service is commissioned by the DAAT to provide specialist interventions for young people in the criminal justice system with substance misuse problems. Within the Children's Service, there is a substance misuse worker in the Leaving Care team. Within adult social services there is a specialist substance misuse post to work with parents. 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 (a HAGA project, see 2.3.2 above) is commissioned by the DAAT to provide support and advice to children and families experiencing drug or alcohol problems. COSMIC hold drop-in sessions that aim to build family relationships, and provide telephone advice and support in case conferences

Haringey alcohol harm reduction strategy 2008-11  
Draft v7

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**

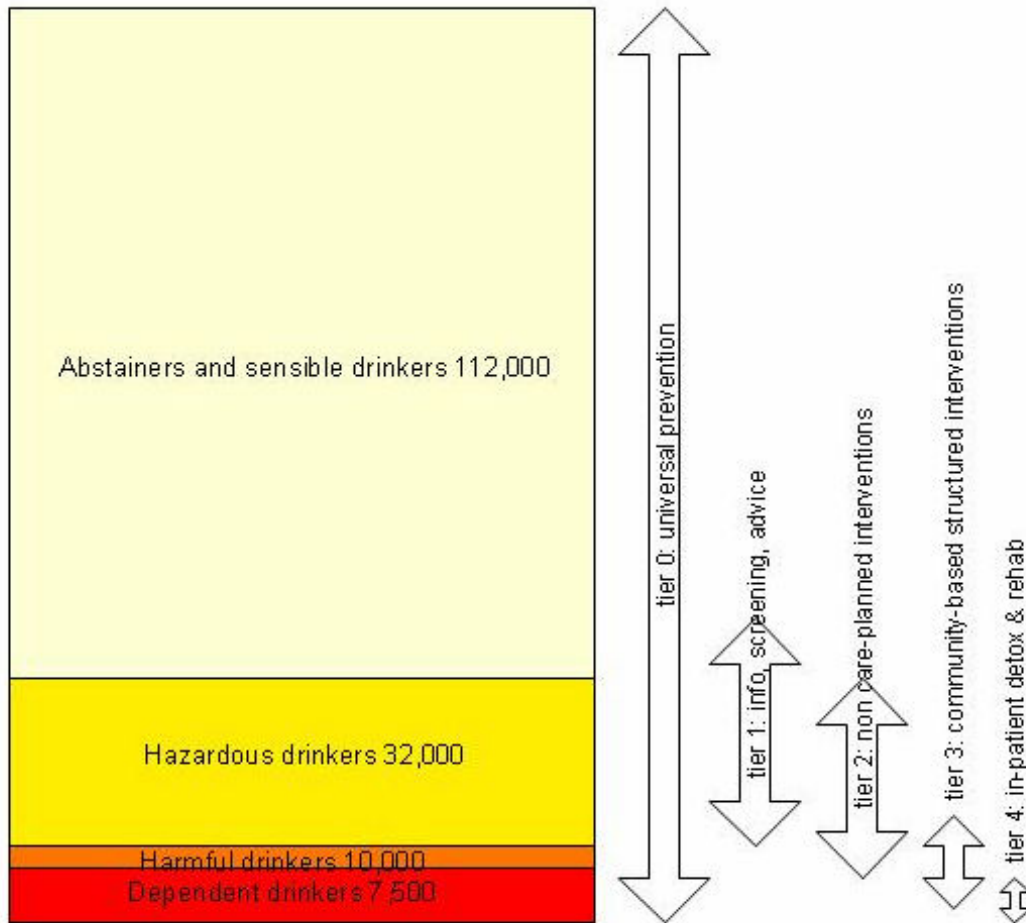
Current alcohol health promotion, screening and early intervention is very limited and needs to be expanded if it is to impact on reducing the rate of alcohol-related hospital admissions. There is an opportunity to include alcohol within the remit of the PCT's proposed Health Trainer's scheme, and also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

This leaves a gap in alcohol-specific health promotion, ie 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.



Haringey alcohol harm reduction strategy 2008-11  
Draft v7

**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 findings, and so remain at the forefront of best practice in England. Similar schemes elsewhere have been effective in reducing hospital

Haringey alcohol harm reduction strategy 2008-11  
Draft v7

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*<sup>3</sup>, 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

In terms of capacity of specialist treatment, estimates of need using the Rush Model<sup>4</sup> 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 whole to ensure there is an appropriate balance of evidence-based interventions across the so-called four tiers of intervention, to

---

3

[http://www.primarycarecontracting.nhs.uk/uploads/primary\\_care\\_service\\_frameworks/primary\\_care\\_service\\_framework\\_-\\_alcohol\\_v9\\_final.pdf](http://www.primarycarecontracting.nhs.uk/uploads/primary_care_service_frameworks/primary_care_service_framework_-_alcohol_v9_final.pdf)

<sup>4</sup> 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

Haringey alcohol harm reduction strategy 2008-11  
Draft v7

ensure there is a clinical governance framework and to ensure it meets the 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 license reviews
- more input from and joint working with specialist alcohol 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 license 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.

### **3.1.3 Children and families**

In 2006 the Children's Service and Haringey Community Police Consultative Group (HCPCG) jointly organised a conference to learn 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 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

Haringey alcohol harm reduction strategy 2008-11  
Draft v7

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 strategy action plan.

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.

There were 19 test purchases for underage sales of alcohol in 2007/08 as part of rolling programme by police and Trading Standards. There were 4 sales (21%) and all led to prosecution.

### **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. Individuals and organisations who were consulted during the drafting of the strategy are listed at Appendix 1.

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 the 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.

Haringey alcohol harm reduction strategy 2008-11  
Draft v7

## 3.2 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:

- 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

## 3.3 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:

- 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
- 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
- To prevent alcohol-related harm to children and young people by:**
  - Implementing the findings of the scrutiny review into young people's substance misuse
  - Developing child protection protocols for parental drinking cases
  - Training workers in identifying parental drinking and signposting
- 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
- Haringey Safer Communities Partnership

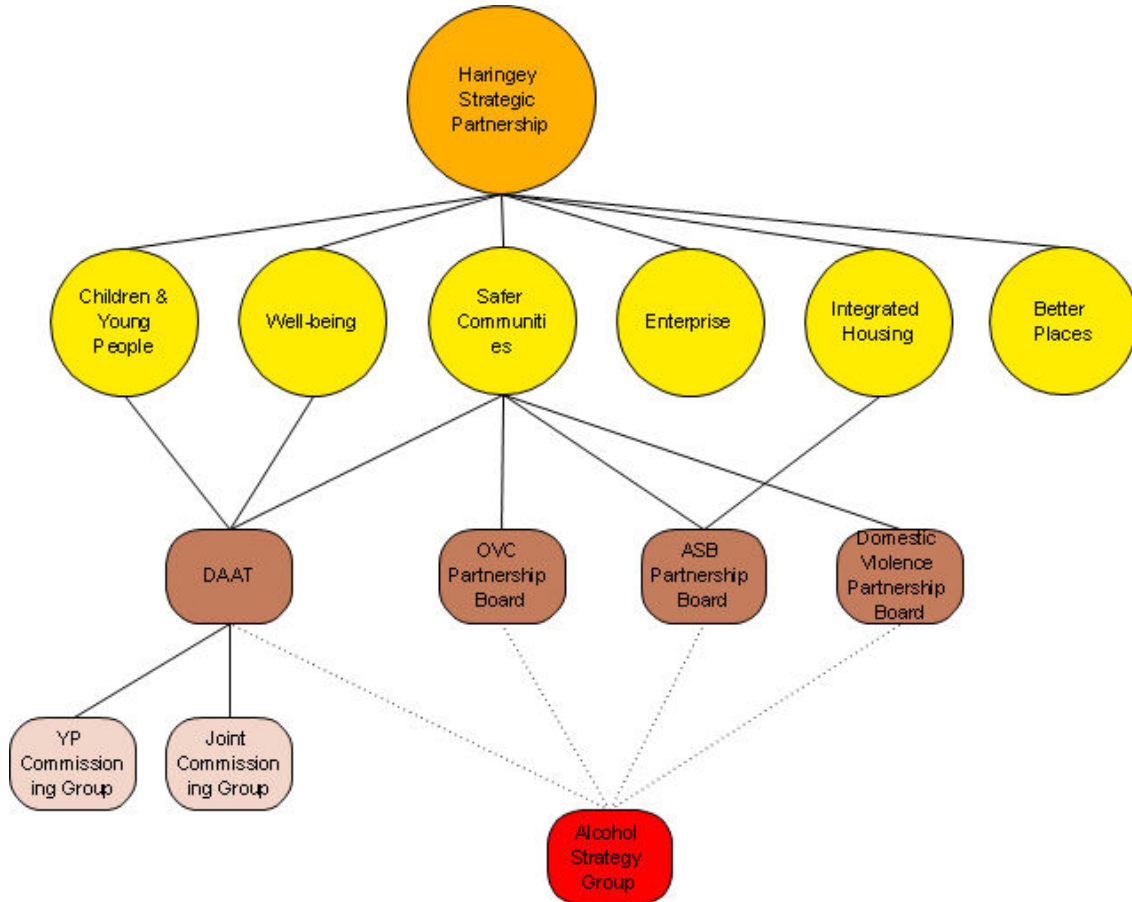
Alcohol misuse impacts to some extent on the work of all the boards, but the strongest links to the alcohol strategy are with the Children and Young People, Well-being and Safer Communities Partnerships.

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 into the Safer Communities Partnership (via the Safer Communities Executive Board, SCEB). The diagram below shows the interrelationship between the different boards and partnerships involved.

Haringey alcohol harm reduction strategy 2008-11  
Draft v7



An alcohol strategy group, reporting into the DAAT, will have oversight of all the various 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 and fulfil the objectives of this strategy is available as a separate document, see [web address]

## 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.

Haringey alcohol harm reduction strategy 2008-11  
Draft v7

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.



Haringey alcohol harm reduction strategy 2008-11

Draft v7

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

<b>Plan</b>	<b>Relevant objective/target</b>
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

Haringey alcohol harm reduction strategy 2008-11  
Draft v7

**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