

Safer Southwark Partnership

Draft Alcohol Harm Reduction Framework

Alcohol Harm Reduction Framework

Background

Introduction

Alcohol, its use and misuse, is a complex subject that engenders strong feelings amongst the population of Britain. One of the reasons for its complexity is that it is a legal, socially acceptable drug that is consumed by over 90% of the adult population in this country, without any problems most of the time¹. However, its misuse costs Britain around £20 billion a year². Britain is known as a nation of binge drinkers and the statistics seem to back this up with around 25% of Britons drinking more than the recommended weekly amount of alcohol.³

These costs impact on many, if not all, people in society in some way, be it personal or familial ill-health, crime, fear of crime, financial or emotional problems, loss of work days. Misuse, in the context of alcohol, does not necessarily mean alcohol dependence, although the effect of this does have serious consequences and costs to our society. Alcohol causes problems in our society to varying degrees, from alcohol related medical conditions, to alcohol induced crime, to unsafe sexual practices as a result of alcohol use.

Alcohol has had a low profile and little specific funding compared to other substances and their misuse in recent years in this country. However, it is now back on the national political and strategic agenda. As a result of this shift in priorities the government published the document "Alcohol Harm Reduction Strategy for England"⁴ in March 2004. This strategy went on to be a key feature of the Public Health White Paper, "Choosing Health: Making healthier choices easier", which was published in November 2004⁵. The White Paper covers five main topics: mental health; smoking; obesity; sexual health; and alcohol. With regards to the issue of alcohol, the White Paper outlines how the government will work with the alcohol industry organisation, the Portman Group, to cut down on binge drinking. It also explains that Ofcom will strengthen broadcast advertising rules on alcohol adverts. The government will encourage alcohol producers to include health warnings/safe drinking messages on alcohol packaging. There will also be investment in NHS early intervention work around alcohol use/misuse.

Locally, Southwark's Drug and Alcohol Action Team is working in partnership with a number of interrelated agencies to reduce the negative impact alcohol has on the

¹ Alcohol Harm Reduction Strategy for England, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

² Alcohol Harm Reduction Strategy for England, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

³ Strategy Unit Alcohol Harm Reduction Project: interim Analytical Report, 2003

⁴ Alcohol Harm Reduction Strategy for England, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

⁵ Public Health White Paper, Choosing Health: Making healthier choices easier, Department of Health, HMSO, November 2004

people of the borough. This alcohol strategy has been written to aid them in this work and is based on the government's "Alcohol Harm Reduction Strategy for England"⁶. The Southwark strategy document uses the framework and guidance of the London Drug and Alcohol Network Toolkit, produced by LDAN and Alcohol Concern. The strategy is broken down into the following areas of concern/work:

- Health
- Community Safety
- Licensing
- Children and Young People
- Treatment
- Housing and Homelessness
- Workplace
- Regeneration
- Workforce

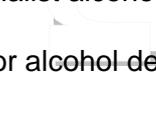
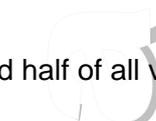


The National Context

As has already been said in this document, alcohol misuse impacts on individuals and society in many ways, not just financially or to one's health. The reduction of alcohol related crime and disorder, appropriate levels of treatment for alcohol use/misuse, public information and education around safer drinking, and more responsible promotions and advertising by the drinks industry are the key aims of the government's alcohol strategy.⁷

The government's alcohol strategy states that some of the current annual costs of alcohol misuse are as follows:

- 1.2 million violent incidents (around half of all violent crimes);
- 360,000 incidents of domestic violence (around a third) which are linked to alcohol misuse;
- increased anti-social behaviour and fear of crime – 61% of the population perceive alcohol-related violence as worsening;
- expenditure of £95 million on specialist alcohol treatment;
- over 30,000 hospital admissions for alcohol dependence syndrome;
- up to 22,000 premature deaths per annum;
- at peak times, up to 70% of all admissions to accident and emergency departments;
- up to 1000 suicides;



⁶ Alcohol Harm Reduction Strategy for England, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

⁷ Alcohol Harm Reduction Strategy for England, pp4, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

- up to 17 million working days lost through alcohol related absences;
- between 780,000 and 1.3 million children affected by parental alcohol problems; and
- increased divorce – marriages where there are alcohol problems are twice as likely to end in divorce.⁸

Although the impact that alcohol misuse has on society can be great the government's alcohol strategy makes it clear that there is often no specific causal affect between alcohol and, say, violent crime, but that it is a *factor* in such incidents.⁹ As such we need to ensure that we make distinctions between these two different effects of alcohol misuse, particularly when related to statistics.

The government's alcohol strategy outlines those people for whom alcohol misuse is most likely to cause harm to themselves or others, these are: binge drinkers, chronic drinkers, the families of those who misuse alcohol, and people with multiple problems/needs e.g. homeless, mental health issues.¹⁰

Key Areas

Health

Alcohol misuse costs the health service around £1.7 billion per year.¹¹ Statistics on alcohol related hospital admissions in Southwark have been broken down by the borough Primary Care Trust into two groups: primary diagnosis, and the combined number of primary and secondary diagnosis. The number of patients for whom their hospital admission was as a primary result of their alcohol use was 295 people in 2001/02; 347 people in 2002/03; and 406 people in 2003/04. This shows a steady and significant increase in the number of patients being admitted to hospital as a primary result of their alcohol use. The conditions these patients presented with includes: acute intoxication, withdrawal state, dependence syndrome and alcoholic liver disease. However, over the last three years by far the highest number of admissions has been for mental and behavioural disorders due to alcohol. In 2003/04 there were 316 admissions for this condition compared with the condition with the next highest admissions, dependence syndrome, which resulted in 83 admissions.¹²

⁸ Alcohol Harm Reduction Strategy for England, pp4, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

⁹ Alcohol Harm Reduction Strategy for England, pp4, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

¹⁰ Alcohol Harm Reduction Strategy for England, pp4, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

¹¹ Alcohol Harm Reduction Strategy for England, pp4, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

¹² Southwark Primary Care Trust statistics, 2005

When looking at the number of hospital admissions in Southwark where alcohol was the primary and secondary diagnosis mental and behavioural disorders due to alcohol continues to be by far the highest number of cases. In 2003/04 there were 816 primary and secondary diagnosis admittances for this condition. The condition with the next highest hospital admittances for the same period was dependence syndrome with 304 patients followed by acute intoxication with 250 patients. Mortality linked with alcohol consumption was 31 people in 2002 and 35 people in 2003.¹³

The ethnicity of these patients is overwhelmingly White British (346), followed by White Other (183), and White Irish (93). The next highest ethnicity was Black Other (27). The most common age range for these patients is 35-44 with 290 admittances within this group.¹⁴

“At peak times, over half the admissions to A&E are alcohol-related.”¹⁵ King’s College Hospital is currently carrying out long-term research into the number of people who attend its A&E department with an alcohol related issue or for whom alcohol may be an issue. This research is being carried out in conjunction with the National Addictions Centre and is based on the completion of the St Mary’s Paddington Alcohol Test (Appendix A) on every patient that attends the A&E department. This test has been used by St Mary’s Hospital for 12 years and is highlighted in the government’s White Paper, “Choosing Health”.

Southwark DAAT is currently working with King’s College Hospital’s A&E department with regards to the young people attending as a result of alcohol or substance misuse. As a result of this work it was agreed that alcohol and substance misuse training would be provided to A&E staff to help them identify and work with or refer on the young people attending with these issues. The Child and Adolescent Mental Health Service workers based at the Belgrave, Bloomfields, and Snowfields units will also be receiving alcohol and substance misuse training.

The importance of early interventions, particularly through hospitals or GPs, are highlighted in the government’s alcohol strategy and are an important area of work that could and should be developed in Southwark. At the moment alcohol is not automatically screened for by GPs or hospitals in Southwark, the use of the Paddington Alcohol Test is currently only used for research purposes but this could be developed with training for hospital staff. It could also be incorporated into GPs surgeries as a basic tool for identifying possible alcohol issues and either making relevant onward referrals or for short interventions to be carried out at the surgery by nurses, GPs or possibly specialist workers holding satellite sessions there.

¹³ Southwark Primary Care Trust statistics, 2005

¹⁴ Southwark Primary Care Trust statistics, 2005

¹⁵ The London agenda for action on alcohol, Mayor of London’s priorities to reduce alcohol-related harm in the capital, GLADA, November 2003

Areas of Focus – Future Directions?

1. Develop and implement a basic alcohol screening tool (e.g. Paddington Alcohol Test) to be used in GPs surgeries and hospitals, including the A&E department.
2. Provide alcohol training to GPs, surgery nurses, and hospital medical staff.
3. Develop and implement referral pathways and protocols for GPs, surgery nurses, and hospital medical staff and alcohol services in the borough
4. Integrate service users and the service user forum in to the development of ongoing good practice within generic health services and specialist alcohol services.
5. Develop good communication pathways with GPs surgeries, King's College and Guy's and St Thomas' Hospital, specialist alcohol services, Southwark PCT and the Safer Southwark Partnership so that everyone is aware of changes in services, practices, and other relevant issues.

Community Safety

Alcohol related crime costs Britain around £7.3 billion per year; this cost is far greater than any other alcohol related harm.¹⁶ As has already been said at the beginning of this document the government alcohol strategy estimates that around half of all violent crime is alcohol related.¹⁷ Alcohol also increases the chances of a person becoming a victim of crime and it has been suggested that women are more likely to be victims of sexual assault if they have been drinking.¹⁸

Alcohol misuse has an impact on Southwark and its inhabitants in a number of ways in terms of community safety. This includes stranger violence and crime, domestic violence and anti-social behaviour. Many incidences may not have alcohol as the direct cause of the problem. However, alcohol may have been a factor and it is often difficult, if not impossible, to tell how much of an effect alcohol consumption has had on the action or results of an incident. Having said that, there are specific alcohol related crimes that are recorded as such. According to statistics provided by Southwark Police 242 people were arrested for being Drunk and Disorderly and 62 people were arrested for being Drunk in a Public Place in the borough in 2004/05. 504 people were arrested in Southwark for Drink Driving in 2004/05.

Unlike many other areas in London Southwark does not have any locations with a high concentration of pubs, bars or clubs that act as a magnet for high numbers of people. However, there appear to be alcohol related 'hotspots' across the borough that are located around London Bridge, Elephant and Castle, and Camberwell, according to police, hospital, and ambulance statistics. It has also been noted in areas of high-density housing and some problematic on-licensed venues and is also

¹⁶ Strategy Unit Alcohol Harm Reduction Project: interim Analytical Report, 2003

¹⁷ Alcohol Harm Reduction Strategy for England, pp4, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

¹⁸ The London agenda for action on alcohol, Mayor of London's priorities to reduce alcohol-related harm in the capital, GLADA, November 2003

affected by the unrestricted growth of off-licenses. According to the government's alcohol strategy there has been a dramatic fall in the number of incidences where legislation around being drunk and disorderly has been instigated in the last ten years. It puts this down, in part, to the number of incidents now occurring, the length of time it takes for the police to process each offender and the limited punishment if found guilty. The government is therefore promoting the increased use of fixed penalty notices, anti-social behaviour orders, and acceptable behaviour contracts to improve the policing of these offences.

Street drinking and anti-social behaviour has been an issue in Southwark for a number of years. In 2004 the community safety team in partnership with Camberwell Neighbourhood Renewal, in response to calls from the community, developed and implemented a street drinking strategy and action plan for Camberwell. This focused on reducing the number of an historically large group of street drinkers in the area (around 50) and reducing the level of associated anti-social behaviour. The action plan included a 12 month programme (ended October 2005) of "wet slots" at a local day centre two days a week and alcohol specific tenancy support in the borough. This was supported by an increased enforcement policy using ASBOs and acceptable behaviour contracts for those who were resistant to change. The local community were also included in the problem solving with community reassurance a priority. Within 6 months this action plan saw a reduction in the visible numbers of street drinkers and associated anti-social behaviour.

It is difficult to accurately gauge the level of domestic violence that occurs in this country. There are a number of reasons for this. One reason is that the Home Office does not record statistics specifically on domestic violence as such incidents will be classified under a variety of other offences. Also, it is believed that there is an underreporting of domestic violence incidents. However, it's estimated that "one in four women have been assaulted by a partner since the age of 6 and one third of victims of physical domestic violence assaults say that their attacker had been drinking."¹⁹ The significance of alcohol in domestic violence incidents is also difficult to gauge, as it will generally be a factor rather than the cause of the violence.²⁰ Work is being done around the country through probation to work with perpetrators of domestic violence. This is something that could potentially be developed in Southwark around alcohol use by the perpetrators and victims of domestic violence.

Areas of Focus – Future Directions?

1. Work with the Probation Service to develop alcohol related programmes for offenders, including domestic violence offenders, or integrate them into current available services.
2. Assess and integrate initiatives being promoted through central government to develop local tools and knowledge to target alcohol-fuelled crime and disorder.
3. Develop the street drinkers initiative in Camberwell and link it in with other relevant services to move clients on in their lives and address their alcohol and other social and personal issues.

¹⁹ Alcohol Harm Reduction Strategy for England, pp4, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

²⁰ Crime Reduction

4. Education/promotion around social drinking and personal safety, e.g. women and sexual assaults.
5. Assess and review examples of good practice from various projects around the country with the potential to implementing them in Southwark.

Licensing

“The alcoholic drinks market is valued at more than £30 billion per annum, with around one million jobs estimated to be linked to it. Excise duties raise about £7 billion per year and, like other sectors, the industry pays local and central taxes.”²¹ Therefore, locally, it is a balancing act needing a co-ordinated and cohesive policy ensuring the night time economy is robust but also, that community safety, transport, health etc are not compromised as a result. The government’s alcohol strategy sets out the responsibilities of individuals, the drinks industry, and the government with regards alcohol purchasing, consumption and associated problems.

The government alcohol strategy highlights what it believes are examples of good industry practice with regards to preventing and tackling alcohol related harm. These include initiatives from the Portman Group and The British Beer and Pub Association’s code on irresponsible promotions, amongst others. It also highlights successful initiatives around the country such as the Pubwatch scheme in York.²²

The proposals that the government makes in its alcohol strategy regarding licensing are all voluntary. For example, it suggests the development of a ‘code of good practice’ that on and off-license retailers could sign up to. The Licensing Act 2003 also offers a variety of options to manage on and off licensing issues more. Locally in Southwark, the “Safe and Sound” partnership event at the Ministry Of Sound focuses on promoting safer clubbing. This includes helping licensees to manage the risks posed by violent criminals, drugs and weapons. It specifically covers such areas as risk assessments, helping clubbers get home safely, door supervisors, CCTV, and other areas. The initiative was developed with the help and support of the Trident Independent Advisory Group.

Areas of Focus – Future Directions?

1. Work with local retailers to further develop and promote safer attitudes to drinking and good practice in line with government guidelines.
2. Integrate Business Partnerships and Licensees into Regeneration and Economic Development planning process and area based disorder interventions.
3. Assess and review existing examples of good practice elsewhere in the country with a view to developing them in Southwark.

²¹ Alcohol Harm Reduction Strategy for England, pp4, Prime Minister’s Strategy Unit, Cabinet Office, HMSO, March 2004

²² Alcohol Harm Reduction Strategy for England, Prime Minister’s Strategy Unit, Cabinet Office, HMSO, March 2004

Children and Young People

According to the government's alcohol strategy the under 25 age group are most likely to be binge-drinkers or drink to get drunk. Historically males have made up the majority of these numbers, however, female drinking has been increasing at a fast rate over the last ten years. This is particularly concerning as binge-drinking leads to an increase in the risk of accidents and alcohol poisoning. Also, men in particular are more likely to be victims and perpetrators of violent crime.²³

Southwark PCT statistics show that in the years 2001-2004 under 25s accounted for 56 of the patients who were admitted to hospital as a primary result of alcohol, 12 of whom were between the age of 5 and 14.

In a report entitled "An Assessment of the Substance Misuse Treatment Needs of Young People in the London Borough of Southwark" published in 2001²⁴ many consultants regarded alcohol misuse by young people as equally concerning as the use of illegal drugs. They were also concerned with the amount of alcohol consumed by young people, the frequency of use and the increasingly early age of drinking.

The education of young people around drinking and its affects is important both nationally and locally. There is a lack of knowledge around sensible drinking levels but there is also a cultural issue around the attitude of going out to get drunk and binge drinking. The impact of parental/carer alcohol misuse is an important factor for young people and initiatives to support young people who are affected by this need to be looked into. The government's alcohol strategy estimates that between 780,000 and 1.3M children are affected by parental alcohol problem.²⁵ Also, alcohol consumption is commonly associated with unsafe sexual practices and Southwark has the second highest level of teenage pregnancies in England.

The Young People's Substance Misuse strategy is developing ways of dealing with alcohol and substance misuse and the prevention of this, including education, diversionary activities, screening and treatment.

Areas of Focus – Future Directions?

1. Increase the awareness of alcohol related risks to health and pregnancy through education in and out of school settings. (Young People's substance misuse strategy).
2. Develop tools and strategy for early identification of alcohol use and misuse amongst young people. (Young People's substance misuse strategy).
3. Develop co-ordinated referral and care pathways and protocols for young people throughout the borough. (Young People's substance misuse strategy)

²³ Alcohol Harm Reduction Strategy for England, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

²⁴ "An Assessment of the Substance Misuse Treatment Needs of Young People in the London Borough of Southwark", Russell Webster, September 2001

²⁵ Alcohol Harm Reduction Strategy for England, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

4. Target premises that sell alcohol to underage drinkers and use current legislation to reduce this problem.
5. Develop services for children and young people whose parents/carers or other family members are alcohol misusers.

Treatment

The government's alcohol strategy highlights treatment issues as it sees them. These include a need for clear referral pathways and protocols between specialist alcohol/substance misuse services and other services to improve the client's treatment journey and hopefully improve the outcomes. The document also highlights what it sees as a lack of knowledge around alcohol misuse in the generic health service that leads to a lack of or late identification of alcohol problems in a client.²⁶

Although there are many clients presenting with alcohol as their primary drug of choice for many more it is their secondary drug of choice. Many crack users will consume alcohol to take the edge off their comedown, this may then develop into an alcohol issue if this pattern continues or escalates. Alcohol consumption may also become the gateway into a person's relapse following treatment for another substance. Some clients, once clean of another substance, such as heroin for example, transfer their addiction onto alcohol. There may also be issues of clients presenting to a service for substance misuse, e.g. heroin, who do not disclose an alcohol issue because they may not see it as such because it is a legal, socially acceptable substance. Their primary drug of choice may also be masking the effects that alcohol misuse is having on their lives/health.

The government intends to run "pilot programmes to establish whether earlier identification and treatment of those with alcohol problems can improve health, lead to longer-term savings, and be embedded into mainstream health care provision."²⁷ It will also conduct an audit of alcohol treatment as a means of identifying demand and improving services.

Southwark has a wide variety of Tier 1-4 services that are either alcohol specific, such as the Alcohol Recovery Project, or which works with alcohol clients amongst other substance misuse, CDAT Marina House. Services are funded by the borough's Primary Care Trust which commissions statutory and non-statutory provision via the Pooled Treatment Budget, PCT mainstream budget, and DIP budget.

The government's alcohol strategy acknowledges that different people require different types of treatment to help them overcome their alcohol problem. This ranges from structured counselling to community detox, to residential treatment, or self help groups such as Alcoholics Anonymous. An alcohol specific Models of Care is to be developed by the National Treatment Agency and this will hopefully address some of the issues that currently exist in the alcohol field such as lack of co-ordination and care pathways.

²⁶ Alcohol Harm Reduction Strategy for England, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

²⁷ Alcohol Harm Reduction Strategy for England, pp34, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

Treatment for clients with dual diagnosis, alcohol and mental health issues, has, historically, been a complex issue. Mental health services may not wish to work with clients who are active alcohol users and alcohol services may be unwilling to work with clients with a mental health issue. As was reported earlier in this document, the vast majority of alcohol related hospital admissions in Southwark have been for mental and behavioural disorders due to alcohol. The Department of Health's document "Dual Diagnosis Good Practice Guide" was launched in 2002 to address some of the issues in this area.

Areas of Focus – Future Directions?

1. Develop co-ordinated referral pathways and protocols amongst relevant services such as GPs, hospitals, mental health services, criminal justice services.
2. Review alcohol services, including aftercare provision, in the Borough and how accessible they are to potential service users, e.g. parents, employed, people different cultures. Service users should be involved in this process.
3. Ensure that the Department of Health's "Dual Diagnosis Good Practice Guide" has been/is being implemented in the borough.

Housing and Homelessness

There is a strong link between alcohol misuse and homelessness. According to the government's alcohol strategy "around half of rough sleepers are alcohol-reliant, and many other homeless people – such as those in hostels – have problems with alcohol."²⁸ Alcohol issues can also cause problems for tenants in permanent accommodation. The government's Supporting People programme was launched in 2003 to help people with multiple needs. Locally, Supporting People is funding a number of housing projects for people with alcohol issues and/or other needs. Southwark's housing department is to receive £1 million per year funding for a tenancy sustainment service, which is due to launch in summer 2006. The service will be tenure neutral and targeting vulnerable adults not eligible for community care linked outreach support via statutory mental health learning disability type services. It will incorporate drug and alcohol specialist work into its service provision.

Areas of Focus – Future Directions?

1. Ensure people in supported housing, hostels, and accessing homeless projects have appropriate information regarding alcohol issues and services.
2. Ensure housing organisations and homeless projects are integrated into the alcohol care pathways referral protocols to be drawn up.

²⁸ Alcohol Harm Reduction Strategy for England, pp42, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

Workplace

It's estimated that the cost of lost productivity as a result of alcohol-related absences from work are around £6.4 billion each year.²⁹ Those at work who have misused alcohol may also affect productivity, and problem drinkers are more likely to stay in their job for a shorter period of time to non-problem drinkers. "The Department of Health and the Health and Safety Executive recommend that employers should have an alcohol policy setting out signs to look for and procedures to follow."³⁰

This is something that Southwark could begin to advocate for in local businesses and potentially promote and offer support in drawing up such a policy within an organisation. Southwark should also ensure that the Council and the Primary Care Trust has an appropriate alcohol policy and that relevant staff are aware of it and trained in implementing it.

Areas of Focus – Future Directions?

1. Promote the development and implementation of good practice alcohol policies in the work place, starting with Southwark Council and Southwark PCT.

Regeneration

Alcohol plays a large role in the regeneration of areas through the growth of bars, pubs, restaurants and clubs. Southwark is growing and developing in terms of business and leisure with a large area of the borough either currently undergoing regeneration or with planned future regeneration. Over the next ten years £2-3 billion will be invested in regeneration in the borough, including Elephant and Castle, Canada Water, and Bermondsey spa. During the planning and implementation of this regeneration it is important that the effects of alcohol are taken into consideration and incorporated into the strategy. Consideration should be given to the number of on and off licensing venues in an area, transport, noise and environmental pollution, criminal damage, and the health of the local population as a result of increased alcohol outlets. All relevant parties should be included in the planning and implementation stages of the regeneration.

Areas of Focus – Future Directions?

1. Local Neighbourhood Renewal Strategies should include targets and objectives to address alcohol related harm.
2. Neighbourhood Renewal / Regeneration teams should work in partnership with others such as Licensing and Planning, to reduce alcohol related harm.

²⁹ Strategy Unit Alcohol Harm Reduction Project: interim Analytical Report, 2003

³⁰ Alcohol Harm Reduction Strategy for England, pp30, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

Workforce

As has been highlighted already in this document, the effects of alcohol and alcohol misuse impact on a wide variety of people and organisations. The successful implementation of the Southwark Alcohol Strategy requires that these people are suitably trained and knowledgeable around alcohol misuse and the services available in this borough. Consequently, there is a need for training for staff in alcohol and other generic drug services; hospital, mental health and GP staff; youth workers; and police and probation to name but a few. Southwark currently has a Workforce Development and Training Manager, employed by the PCT, who will establish the level of training need, and rectify the shortfall in conjunction with other teams such as the DAAT and other statutory and non-statutory organisations. Although services can be quite transitory it may also be useful to publish a list or booklet of alcohol related services in the borough for the use of both professionals and the public.

Areas of Focus – Future Directions?

1. Map training needs in the borough and address this need.
2. Assess the need and usefulness of a Southwark alcohol services Information booklet with a view to publication.



Alcohol Harm Reduction Strategy – Consultation and Next Steps

Summary

The Southwark draft alcohol strategy is now out to consultation. The draft strategy has been produced by the Southwark Drug and Alcohol Action Team in partnership with a number of interrelated agencies that work to reduce the negative impact that alcohol has on the people of the borough.

The Southwark alcohol strategy provides a local focus for the government's National Alcohol Harm Reduction Strategy, and aims to provide a plan for local implementation.

It must be noted that alcohol has had a very low profile and little specific funding compared to other substances and their misuse and that this document represents the first attempt locally to measure and manage the harm caused by alcohol within the borough and the relationship between the areas of work/concern and their impact on each other.

It should also be noted that the scoping document that preceded this strategy reveals a paucity of local and national data on alcohol harm. This reflects the low level of funding and activity around alcohol harm reduction work and the general tolerance of alcohol related harm in the borough. However, the Southwark Drug and Alcohol Action Team recognize the impact that alcohol has on many different community issues and the importance of a cohesive partnership approach in tackling alcohol related issues. A key part of the strategy will be to strengthen collection and analysis of alcohol related data. This information is not currently collected in a systematic way, which obviously impacts on service planning.

In light of this, the draft strategy is intended to be a headline document only and to have a limited life. The strategy aims to draw together current local and national knowledge about alcohol harm to indicate areas for future work and to make some recommendations as to the nature of that work. The strategy cannot at this stage provide a detailed local plan for alcohol harm reduction work. It is intended to be the foundation of this work and to provide a vehicle for community consultation.

Sitting directly beneath the strategy will be a workplan, which will detail the alcohol harm reduction activity of the next twelve months across the thematic areas and ensure that alcohol action planning and harm reduction activity is embedded in the work of the Together Action Zones.

The Consultation Process

The consultation process will start at the community safety conference on 23/11/05. From that date the draft document and the scoping document will be available with an opportunity for comment on the Safer Southwark website. The consultation period will last until the end of February 2006 and will involve consultation across the related thematic areas identified in the consultation (health and treatment, housing and homelessness, community safety, children and young people, licensing, regeneration and work and workforce planning). The consultation will also engage with the community councils and with other community groups. At the end of the consultation the strategy and associated work plans will be signed off by the Safer Southwark Partnership.

If you are interested in giving feedback on the strategy or on the areas of focus please fill in the accompanying feedback form and email to cathy.bruce@southwark.gov.uk or return to:

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