



Tackling the Impact of Alcohol: Southwark priorities

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Executive summary

1. Alcohol 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.
2. 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, or fear of crime, the impact on our environment and the unsafe sexual practices as a result of alcohol use.
3. Locally, Southwark's Drug and Alcohol Action Team (DAAT) is working in partnership with a number of interrelated agencies to reduce the negative impact alcohol has on the people of the borough. This document has been written to provide a strategic direction for this task.
4. This is the first time that the DAAT has taken a holistic overview of alcohol and alcohol related issues in the borough. Because of its legality and prevalence, alcohol related harm is often unnoticed and goes unrecorded. For example, if someone gets into serious debt through alcohol addiction and becomes homeless as a result of this, the reason recorded for homelessness will be rent arrears and not alcohol.
5. In examining alcohol related harm in Southwark the DAAT and Safer Southwark Partnership (SSP) are faced with two main issues:
 - alcohol harm reduction is poorly resourced locally and nationally, particularly in comparison to other drugs. It is difficult to identify the health and social care spend on alcohol locally because alcohol related harm often goes unnoticed and unrecorded; and
 - secondly, it is difficult to estimate the prevalence of alcohol related harm in the borough due to a lack of awareness and the fact that agencies have never supplied or been required to supply any such data. However, from what data exists at both national and local

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

sources the level of alcohol related harm locally appears to be higher than the national average.

6. Given these two problems much of the work required to develop a comprehensive alcohol harm reduction strategy is long term and aimed at developing our knowledge base and baseline data around alcohol issues and to identify the cost to the borough of alcohol related harm.
7. There are some key strategic areas and priority issues we have identified for immediate action in the short term. This document discusses these priority areas and provides short term action plans for tackling the following:
 - to reduce levels of street drinking and alcohol related disorder across Southwark;
 - to reduce alcohol related violent crime especially domestic violence; and
 - to promote positive health messages around alcohol, especially with young people and develop early identification and interventions around unsafe drinking.
8. Proactive work around licensing accompanies and underpins all of these priorities and the DAAT will continue to work closely with the licensing unit to focus available resources and jointly develop best practice based initiatives.
9. The DAAT recognises the impact that alcohol has on many different community issues and the importance of a cohesive partnership approach in tackling alcohol related issues. This document does not provide a detailed local plan for alcohol harm reduction work. This work is ongoing and currently subject to a public consultation.

Scope of this document

10. Alcohol has had a low profile and little specific funding compared to other substances and their misuse in recent years in this country. However, there is an increased focus from 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”³ in March 2004. This strategy went on to be a key feature of the Public Health White

³ Alcohol Harm Reduction Strategy for England, Prime Minister’s Strategy Unit, Cabinet Office, HMSO, March 2004

Paper, "Choosing Health: Making healthier choices easier", which was published in November 2004⁴.

11. Locally Southwark's DAAT is working in partnership with a number of interrelated agencies to reduce the negative impact alcohol has on people in the borough.
12. To provide strategic direction for that work and in response to the government's request in the "Alcohol Harm Reduction Strategy for England" to produce local strategies for tackling alcohol related harm the DAAT has used the London Drug and Alcohol Network Toolkit to examine alcohol issues locally. This considers harm across nine different themes chosen by the London Drug and Alcohol Network to cover the issues of alcohol related harm as they affect communities. The themes are:
 - **Health** - Alcohol misuse affects the health of the community and increases the cost of health services;
 - **Community Safety** - Alcohol related crime and disorder adversely affects communities and contributes to public fears around safety;
 - **Licensing** - Licensing is a key tool in the control of Alcohol misuse;
 - **Children and Young People** - The health and well being of children is affected by alcohol misuse and parental alcohol misuse;
 - **Treatment** - Plays a key role in tackling alcohol misuse;
 - **Housing and Homelessness** - Alcohol misuse is a key but underreported factor in homelessness;
 - **Workplace** - Alcohol misuse affects workplace productivity and workplaces could be key providers of public health messages around alcohol. Workplaces could play a greater role in the early identification of alcohol issues;
 - **Regeneration** - Alcohol issues affect public spaces.
 - **Workforce** - Staff in the health and social care workforce need to be trained in alcohol and services available in the borough around alcohol related harm.
13. The result of this piece of work is the Alcohol Harm Reduction Framework⁵, which is currently open for consultation. For each of the thematic areas the framework document identifies current activity and spends and checks available data to ascertain the scale of the issues locally and whether they reflect the national picture. There are then recommendations as to future directions for work across the themes and the managing of the overall work stream.

⁴ Public Health White Paper, Choosing Health: Making healthier choices easier, Department of Health, HMSO, November 2004

⁵ Alcohol Harm Reduction Framework, Southwark Council, Community Safety Partnership Team, 2005

14. This document supports that ongoing project and is written in response to requests arising from the framework consultation for the DAAT to provide short-term direction and action planning around priority issues that require immediate responses.

Context of the document

The National Context

15. 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;
 - 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 family breakdown – marriages where there are alcohol problems are twice as likely to end in divorce.⁶
16. 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.⁷ As such we need to ensure that we make distinctions between these two different effects of alcohol misuse, particularly when related to statistics.
17. 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;

⁶ Alcohol Harm Reduction Strategy for England, pp4, 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

and people with multiple problems/needs e.g. homeless, mental health issues.⁸ It should be noted that the government is not providing any additional funding to local authorities and health services to implement the national alcohol strategy.

The Local Context

18. Much of the local knowledge around the effects of alcohol misuse on the inhabitants of Southwark is based within specific agencies or types of services. It is also accepted that there are many areas where alcohol specific statistics are not being kept, are incomplete or inconsistent⁹ making it difficult to compare Southwark with the national picture, however, the available evidence suggests that the statistics within Southwark reflect the national picture. In Southwark, some indicators suggest that there is likely to be under reporting of the consequences of alcohol misuse.
19. To give a snapshot of the situation within Southwark in regards to alcohol and its misuse the following data has been collated:
 - alcohol consumption is commonly associated with unsafe sexual practices and Southwark has the second highest level of teenage pregnancies in England;
 - a 2004 survey of Southwark pupils aged between 12 and 15 found 19% had drunk alcohol in the previous seven days – slightly more of these were boys (22%) than girls (17%). Of those who had consumed alcohol most had done so at home;
 - the Southwark Police Survey (2001) indicated that at least 40% of domestic violence cases were alcohol related. In 2004 Southwark had the highest recorded incidence of domestic violence in the UK;
 - according to violent crime profile for Southwark (February 2004 – July 2005) 49% of alcohol related crime occurs in the home, 30% in the street, 11% in licensed premises¹⁰;
 - the peak time for street crime is between 10pm and midnight. The main hotspots for offences of personal robbery and snatch theft (street crime) are the Elephant and Castle, Peckham, Camberwell and East Street. The Elephant and Castle has a particular problem late at night and in the early hours of the morning when several pubs and clubs in

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

⁹ Alcohol Harm Reduction Strategy Scoping Document, Southwark Council, Community Safety Unit, October 2005

¹⁰ Violent Crime Profile Southwark (time period February 2004 – July 2005)

the area close. Police statistics show that violence against the person accounts for nearly one fifth of all crime in Southwark¹¹;

- Southwark has the seventh highest number of alcohol related ambulance call outs;
- the death rate from chronic liver disease, including cirrhosis, has risen by about a third over the past decade across the country, but in Southwark it has zoomed up by over 500%¹²;
- in a joint operation in April 2003 a series of visits to local Southwark supermarkets and off licenses exposed the level of duty avoidance in the borough. Three and a half tonnes of spirits, 6 tonnes of wine and 8 tonnes of beer, all of which did not have VAT or duty paid on them were seized. Officers estimated that the suppressed vatable income was in the region of £550,000 - £600,000. In the same set of visits, 12 bottles of counterfeit whisky containing methanol and 7 cases of another brand of whisky with a low level of alcohol content were found;
- test purchasing by Trading Standards revealed 67% initial sales rates to under 18 year olds in 2004/05. However, these figures are based on only 12 visits to shops during this period; and
- a quarter of Anti Social Behaviour Orders (ASBO's) made in Southwark this year so far have dealt with street drinking and associated anti social behaviour.

20. It is difficult to accurately gauge the financial cost of alcohol misuse as in some instances, such as drink driving, there is a direct correlation, but, more often, alcohol is one factor amongst others. It is also difficult to accurately assess the expenditure within Southwark as much of the Primary Care Trust (PCT) expenditure focuses on drugs as well as alcohol. The following gives an approximate guide though:

- the PCT spend approximately £650,000 (14%) of the total substance misuse budget on alcohol services;
- Southwark Council allocates a budget of £75,000, which includes a coordinator's salary.

Priorities for tackling alcohol related harm in the Borough.

This section of the document looks at the local priorities for action over the short to medium term.

¹¹ Metropolitan Police Statistics, 2004

¹² Southwark NHS website, 1 April 2004, retrieved 2 February 2006

Street Drinking and associated anti-social behaviour

Why is this a priority?

21. Street drinking and associated anti-social behaviour impacts on the perception of the physical environment and more importantly people's perceptions of quality of life and safety. Historically, street drinking has only been a real problem in two areas in the borough – Camberwell and London Bridge. Around the London Bridge and Bankside areas the street drinking issue is closely associated with begging and local drug markets. The area also sees displacement from the city and Lambeth. The Camberwell Green area of the Borough has traditionally been a hot spot for congregations of street drinkers for many years. Residents in the area complain of groups of drinkers congregating on and around Camberwell Green and their associated anti-social behaviour, which intimidates people and stops them from using public spaces. Besides these two historical areas there is also emerging issues in Peckham Rye and some reported displacement on the Aylesbury Estate.

What have we done so far?

22. At London Bridge many of the street drinkers were also rough sleeping in the area, which was attractive to them because of lucrative begging and access to the local drug markets. In 2003 a multi agency approach was developed which combined strategic initiatives with a casework approach focusing on problematic individuals.
23. The strategy combined a zero tolerance to begging and rough sleeping with rapid access into drug treatment and tailored support for individuals who moved off the streets. There was also a media campaign to discourage the public from giving money to beggars and to divert their giving into charities working with homeless people. The number of rough sleepers in the area reduced dramatically in six months, from around thirty to under eight and numbers have remained stable at that level. However, the area hosts a lot of hostel accommodation and street drinking remains an issue in the area. Acceptable Behaviour Contracts (ABC'S) and ASBO's have been used to control behaviour of individuals in the area.
24. In 2004, the Community Safety Team in partnership with Camberwell Neighborhood Renewal developed and implemented a street drinking strategy and action plan for the area. This focused on reducing the number of street drinkers in the area (around 50) and reducing the level of associated anti-social behaviour. The action plan included a twelve-month programme of "wet slots" at a local day centre two days a week and outreach work with the group. This was supported by an increased

enforcement policy using ABC's and ASBO's for those who were resistant to change. The local community was involved in the problem solving initiative and individuals were case managed on a multi agency basis. Numbers of street drinkers on and around Camberwell Green are now vastly reduced (see monitoring report) and have not risen significantly since the ending of the day centre slots in October 2005. However this has been an expensive initiative and cannot continue indefinitely.

25. It is necessary to find a way of controlling street drinking on a borough wide basis. Discussions with other boroughs who have implemented area rather than borough based alcohol control zones have experienced displacement with street drinkers moving out of the control areas into more residential areas. Street populations can be highly mobile and given the financial and time constraints of creating alcohol control zones it is possible that street drinkers could always remain one step ahead of area based initiatives.
26. Other Boroughs also report that alcohol control zones alone do not solve a street drinking problem, but that they are effective when accompanied by the use of a range of ASBO's, ABC's, Fixed Penalty Notices (FPN's) and the involvement of support agencies.

What do we intend to do?

27. To ensure a coordinated, flexible approach that can adapt to changing conditions Southwark should adopt a Borough wide Alcohol Control Zone (Designated Public Places Order hereafter referred to as a DPPO). A DPPO is a designated area where restrictions of public drinking apply. This will not prohibit drinking in public places but will give the police or other designated officers the power to confiscate alcohol from individuals when necessary and to prosecute and fine individuals who refuse to stop drinking when requested. It is not recommended that this power is enforced borough wide at any one time but that it is used as part of a range of interventions in areas experiencing problematic street drinking.
28. Thus, if an area emerges as having a problem with street drinking a multi agency approach could be orchestrated by the local Together Action Zone (TAZ), incorporating enforcement of the alcohol control zone powers, the use of dispersal orders for the public places most badly affected, the use of FPN's and ASBO's against individuals and rapid access to social care interventions.
29. This initiative needs to be carefully evaluated and needs to collate baseline data prior to the implementation of a DPPO. Other Boroughs report that they are unable to evidence the success of alcohol control zones due to a lack of such baseline data.

Violent crime and domestic violence

Why is this a priority?

30. In Southwark levels of violent crime and domestic violence are consistently among the highest in London, impacting on public service agreement targets around reducing crime and fear of crime and adversely affecting public perceptions of the borough as a safe place to live and work.
31. In Southwark it is estimated that alcohol-related offences make up 17% of violent crime (violent crime profile July 2005) and 40% of domestic violence (Southwark police survey).
32. Recent national statistics have suggested that a significant proportion of victims of domestic violence also have issues with alcohol and that these victims are likely to be repeat victims. In Southwark levels of repeat victimisation are high despite good provision of victim support services.

What have we done so far?

33. Although levels of violent crime and domestic violence are of concern to the Safer Southwark Partnership there is no coordinated criminal justice activity in the borough around violent crime and alcohol. Offenders are not routinely screened for alcohol misuse at any stage of the criminal justice process and there is no diversion or signposting to treatment. Consequently, local magistrates make little use of alcohol treatment orders as part of community sentencing.
34. The PCT currently funds an alcohol worker in the probation service and is also funding a substance misuse worker in the new refuge for victims of domestic violence to support victims in addressing substance misuse issues. Additional resources were made available to agencies supporting victims in the post Christmas period, as there is an annual spike in alcohol related domestic violence over the Christmas period.
35. During the same period the Safer Southwark Partnership ran a safer drinking campaign aimed at reducing victims of alcohol related crime. No evaluation of that activity is available yet.
36. The Partnership operations group reviews violent crime data biweekly including licensed and off licensed premises and directs weekly operational activity in response to need.

37. Specific multi agency operations targeting licensed and off licensed premises, with high levels of recorded violent incidents, took place both pre & post Christmas 2005. These operations involved Police, Licensing, Trading Standards, Her Majesty's Customs & Excise and recovered substantial illegal sales. The success has resulted in further planned operations.

What do we intend to do?

38. In tackling alcohol related violent crime it is necessary to coordinate activity across the criminal justice process, ensuring that offenders are screened for alcohol misuse and offered suitable treatment and social interventions at each stage of the criminal justice process. This would include:
- routine identification and measuring of alcohol related violent crime throughout the criminal justice process;
 - continuous improvement of intelligence and information sharing around alcohol related violent crime;
 - screening and diversion to treatment on arrest;
 - screening and assessment at court;
 - training on alcohol misuse for magistrates; and
 - better use of treatment orders as part of community sentencing.
 - Increase resources for multi agency operations targeting licensed and off licensed premises.
39. A drug interventions team already works in Southwark to provide these services to class A drug users and could, if funded extend their brief to alcohol misuse. The possibility of maximising flexibility of funding in negotiating Southwark's LAA is being considered.
40. The DAAT is providing training on domestic violence to the substance misuse workforce and is providing substance misuse training to domestic violence workers.

Public Health and Young people

Why is this a priority?

41. Both National and local statistics on alcohol misuse indicate that the public health agenda around safer drinking, particularly in relation to young people is key to the reduction of alcohol related harm in the borough.
42. Reducing alcohol misuse in young people is a priority in the Southwark's Children's and Young People's Plan. Although there is little firm data

available on alcohol consumption amongst young people there are local indicators that suggest alcohol consumption in young people is a problem, for example alcohol consumption is commonly associated with unsafe sexual practices and Southwark has the second highest level of teenage pregnancies in London.

43. In the adult population there is growing concern about levels of binge drinking.
44. According to the government's alcohol strategy the under 25-age group are most likely to be binge drinkers or drink to get drunk and binge drinking is no longer a male phenomenon. Binge drinking leads to an increase in the risk of accidents and alcohol poisoning as binge drinkers, especially men are more likely to be victims and perpetrators of violent crime.¹³
45. Nationally alcohol-related conditions such as cirrhosis of the liver and pancreatitis are increasing whilst the death rate from chronic liver disease, including cirrhosis, has increased by about a third over the past decade across the country. In Southwark it has increased by 500%. Whilst this figure should be treated with some caution it is clear that locally the number of patients for whom hospital admission is a primary result of alcohol use is on the up (295 people in 2001/2, 347 people in 2002/03; and 406 people in 2003/04). This represents a significant increase and the main increase is in young women (Southwark Primary Care Trust statistics, 2005).
46. Nationally the General Practice Research Database (GPRD) study found extremely low levels of formal identification, treatment and referral of patients with alcohol use disorders by general practitioners (GP's) and other primary health care providers. Although these findings are from national research, we have no specific local data in this area and assume this is also the case locally.

What have we done so far?

47. The Healthy Schools Partnership is working with Southwark schools to develop a more balanced approach to alcohol use. Youth workers are spreading the word about sensible drinking in our bars and clubs. Educating people about the harm that alcohol can do is crucial to our long-term plans.

¹³ Alcohol Harm Reduction Strategy for England, Prime Minister's Strategy Unit, Cabinet Office, HMSO, March 2004

48. Targeted interventions for vulnerable young people are available in children and young people's services for those who are most at risk from alcohol and drugs. The DAAT currently provides specific interventions with Looked After Children, young people in contact with the criminal justice system, persistent truants and school excludees and children of problem drug and alcohol users.
49. Southwark specialist drug and alcohol services play a vital role where children and young people have developed drug and/or alcohol misuse problems. The current services provided a child focused multi agency approach in partnership with mainstream agencies. These specialised services (e.g. CAMHS) offer a range of services including the following: advice and information, harm reduction services, care planned interventions.
50. Southwark DAAT is working with King's College Hospitals' (KCH) A&E department to identify young people who are attending as a result of substance misuse issues and to divert them into support and treatment services.
51. For adults Southwark PCT commission and fund a range of treatment services for adults with alcohol problems including; inpatient detoxification and stabilisation community detoxification, support to primary care professionals, Information, advice and group work programmes for people with alcohol issues and access to residential rehabilitation. Although funding for drug treatment has received considerable uplift in recent years, these resources are not available for alcohol, just 14% of the pooled treatment budget treatment is currently available for alcohol treatment.

What do we intend to do?

52. National data and the government's alcohol strategy show us that effective public health messages early identification and the development of brief and early interventions around alcohol dependency should over time impact on health targets around alcohol related harm.
53. In respect of children and young people the DAAT will develop integrated services that can educate, screen, and treat young people around alcohol misuse as part of the Children and young peoples substance misuse services. This will entail:
 - development of tools and strategies for early identification of alcohol use and misuse amongst young people;
 - develop co-coordinated referral and care pathways and protocols for young people throughout the borough; and

- develop services for children and young people whose parents/carers or other family members are alcohol misusers.
54. National funding is available locally for the development of these services.
55. For adults there are two priorities, outlined in “Choosing Health in Southwark”
- to develop early identification of harmful drinking in primary care settings and to develop brief interventions around harmful drinking; and
 - to increase awareness and understanding of harmful drinking through a sustained and targeted health promotion programme.

Measuring performance

56. As outlined above, and in the framework document, local and national data around alcohol is currently inadequate and unreliable. One of the long-term strategic aims of this strategy is the collection of baseline data and a target focused performance management framework that will collect alcohol harm related data (see action plans).
57. Until this is developed, performance will have to be measured through milestones (action plans) and progress against headline data. A successful alcohol strategy with effective actions around the priorities for action should impact on headline targets such as:
- PSA 1 - Reduction of crime by 20% in high crime areas by 2007/08
 - PSA 2 – Reassure the public, reducing the fear of crime, antisocial behaviour and building confidence in the criminal justice system without compromising fairness.
 - Target 4, second generation PSA: Enhancement in support services to victims of domestic violence.
 - Reduction in Alcohol related emergency admissions;
 - Reduction in Alcohol related ambulance call outs;
 - Reduction in teenage pregnancy; and
 - Achieving priorities in the Southwark Young People’s plan.

Strategic Goal: Street Drinking & Street Populations				
	Objective	Aim	Activities	Lead
1.	To contribute towards meeting PSA2 target.	Reduce anti social behaviour and disorder associated with street drinkers and street populations	Agree, consult and implement a borough wide DPPO Use Alcohol Dispersal Zones where appropriate.	Executive/ SSP
2.	To identify new and emerging street population and street drinking issues.	To control street population issues, including issues of disbursement	Work with Together Action Zones and Area based Operation Forums to co-ordinate activity.	SSP
3.	To link identified street drinkers and street population into treatment and support networks, as appropriate	Reduce the numbers of problematic street drinkers in the borough	Build upon existing work with Together Action Zones and Area based Operation Forums to co-ordinate activity.	SSP
4.	Increase community reassurance around street population issues	To increase the community's awareness of activity by key partners in relation to street population	Work with Community Safer Communications Team to publish work done and positive messages Information to be posted on the Safer Southwark website, including progress to date and contact information.	SSP

Action Plans

Strategic Goal: Violent Crime & Domestic Violence				
	Objective	Aim	Activities	Lead
5.	To assess the impact that alcohol has on violent crime and domestic violence.	To improve data collection methods across the partnership and beyond	Develop robust data collection systems in relation to alcohol-related violent crime and domestic violence	SSP DAAT
6.	To improve the criminal justice (post arrest) response to alcohol related offending,	To contribute towards meeting PSA 1 & 2 targets	<p>Training and resources for Drug Interventions Programme to provide alcohol as well as drug services throughout the criminal justice programme.</p> <p>Source resources for additional funding around alcohol and violent crime (LAA negotiations)</p> <p>Training for magistrates on alcohol related offending</p>	<p>SSP/DAAT</p> <p>DAAT</p> <p>DAAT</p> <p>DAAT/Probation</p>
7.	To provide increased support to victims/ survivors of domestic violence who are substance users	To engage victims/ survivors in treatment and signpost to follow- up services	<p>Fund substance misuse worker at Chamlong House</p> <p>Develop alcohol care pathways for repeat victims/ survivors</p>	DAAT/ Supporting People Team/ Eaves Housing
8.	Raise awareness of alcohol-related violent crime and domestic violence	Promote awareness within agencies, specific service providers and the community on alcohol-related violent crime and domestic violence	<p>Create advice leaflet focusing on links between domestic violence and alcohol</p> <p>Commission training for treatment services and domestic violence services to promote interagency working</p> <p>Commission training for professionals involved in the criminal justice system.</p>	<p>SSP</p> <p>DAAT/ PCT</p> <p>DAAT/ CJS</p>

Strategic Goal: Public Health & Young People				
	Objective	Aim	Activities	Lead
9.	To assess impact that alcohol has on public health and young people	To improve data collection methods and reporting by GPs and other health care professionals	Develop robust data collection systems in relation to alcohol and the harm that it causes. Develop and implement a basic alcohol screening tool for GPs and other health care professionals	PCT SSP DAAT PCT/ DAAT
10.	Establish and implement care pathways and protocols for GPs, surgery nurses, and hospital medical staff and alcohol service providers	To increase knowledge and access to information for medical staff.	Provide clear care pathways in line with Models of Care Provide alcohol harm reduction training to GPs, surgery nurses, and hospital medical staff	PCT/ DAAT
11.	Reduce the harm that alcohol causes to young people and adults	Develop tools and strategy for early identification of alcohol use and misuse amongst young people.	Implement a coordinated referral and care pathway for young people throughout the borough.	SSP/ PCT
12.	To raise awareness of safe drinking levels and healthy lifestyles	Promote healthy and safe drinking messages	Work with local retailers to further develop and promote safer attitudes to drinking and good practice in line with Government guidelines	SSP/ retailers / Licensing Department