Southwark Council

Southwark Health and Wellbeing Board and the Safer Southwark Partnership

APPENDIX 1

Southwark's Alcohol strategy 2013 to 2016

Working together to reduce the harm caused by alcohol

Southwark Council, the police and partners in the community are working hard to keep you safe.

www.southwark.gov.uk/keepingyousafe

ssp
safersouthwark partnership

PINT CIDER: ABV 5.3%
3 UNITS

RED WINE (125ML): ABV 12.5%
1.6 UNITS

SAMBUCA SHOT: ABV 42%
1 UNIT

BOTTLE LAGER: ABV 5.2%
1.7 UNITS

ALCOPOP: ABV 5%
1.4 UNITS

HALF PINT CIDER: ABV 5.3%
1.5 UNITS

SINGLE GIN & TONIC: ABV 40%
1 UNIT

DOUBLE COGNAC: ABV 40%
2 UNITS

CHAMPAGNE (175ml): ABV 11.5%
2 UNITS

DOUBLE WHISKY & COKE: ABV 40%
2 UNITS

HALF PINT LAGER: ABV 5.2%
1.5 UNITS

COSMOPOLITAN COCKTAIL
2 UNITS

PINT BITTER: ABV 5%
2.8 UNITS

ALCOPOP: ABV 5%
1.4 UNITS

PIMMS: ABV 25%
1.3 UNITS

DOUBLE WHISKY: ABV 40%
2 UNITS

WHITE WINE (175ml): ABV 13%
2.3 UNITS

PINT LAGER: ABV 5.2%
3 UNITS

BOTTLE OF WINE: ABV 13.5%
10 UNITS

Are you drinking above the lower risk guidelines?

Risk	Men	Women	Negative Effects
Lower risk	**No more than three to four units per day on a regular basis and no more than 22 units per week**	**No more than two to three units per day on a regular basis and no more than 15 units per week**	
Increasing risk	**More than three to four units per day on a regular basis**	**More than two to three units per day on a regular basis**	**Progressively increasing risk of:** • Low energy • Memory loss and brain damage • Relationship problems • Depression • Insomnia • Impotence • Injury • Alcohol dependence • High blood pressure • Liver disease • Cancer
Higher risk	**More than eight units per day on a regular basis or more than 50 units per week**	**More than six units per day on a regular basis or more than 35 units per week**	

You might be surprised to know that drinking above these lower risk levels on a regular basis does increase the risk of damaging your health. Alcohol affects all parts and systems of the body and it can play a role in more than 60 different medical conditions. Here are some of the more serious ones.

If you are drinking just above the lower risk guidelines

Men are twice as likely to get cancer of the mouth, pharynx or larynx (part of the neck and throat), while women are 1.7 times as likely.
Women increase their risk of breast cancer by around 20%.
Men and women are both 1.7 times as likely to develop liver cirrhosis.
Men are 1.5 times as likely to develop high blood pressure, with women 1.3 times as likely.

If you are drinking quite a bit above the lower risk guidelines, your risks will be even higher than those outlined above and you might even already have experienced problems like **feeling tired or depressed, gaining extra weight,** having episodes of **memory loss when drinking, sleeping poorly** or developing **sexual difficulties**.

Overall, and whatever your age and sex, you're probably in **worse physical shape** than you would be otherwise and you could suffer from **high blood pressure** which could lead to a stroke. Some people get **argumentative** if they're drinking, which can have a negative effect on relationships with family and friends.

Alcohol and YOU

Alcohol reduces your awareness of danger and can make you vulnerable.

How many times have you woken up in the morning and can't remember the night before?

The majority of sexual assaults and rape happen when victims are under the influence of alcohol prior to the assault. This is the same whether you are male or female.

Alcohol is the most common date rape drug.

Top tips to help you stay in control

- Before going out, eat something to reduce the affects of alcohol
- Drink responsibly, pace yourself and take smaller sips
- Keep hydrated - drink water between alcoholic drinks

- Drinking in rounds can mean you drink more, so skip a round and have a soft drink
- DO NOT leave your drink unattended
- DO NOT accept drinks from people you don't know or have just met
- Avoid binge drinking
- DON'T mix alcohol and drugs, as this can lead to unpredictable results.

Plan your journey home before you go out

- Designate a sober driver
- Always use a licensed taxi
- Don't use taxi cab flyers left in pubs/ clubs as they could be bogus
- When walking always try to use well lit areas
- Avoid using mobiles/earphones as they can distract you from what is happening around you

Recommended use

MEN should not regularly drink more than 3-4 units of alcohol a day.

WOMEN should not regularly drink more than 2-3 units of alcohol a day.

Support services

FOUNDATION66 The Alcohol and Drug Service
Changing lives together.

A confidential support service for adults affected by substance misuse.

Tel: 020 7403 4077
www.foundation66.org.uk

A confidential support service for young people up to age 19, living with or affected by drug & alcohol issues.

INSIGHT Southwark

Tel: 020 3031 9386
www.insightsouthwark.co.uk

Did you know that...

- Alcohol abuse is a common factor in sexual assault
- 1 in 4 women and 1 in 10 men will experience a sexual assault during their lifetime.

If you think you have been a victim of sexual assault contact the Haven for:

- Medical help and advice
- Counselling
- Practical and emotional support
- Police support.

It is important that evidence of an assault is collected as soon as possible.

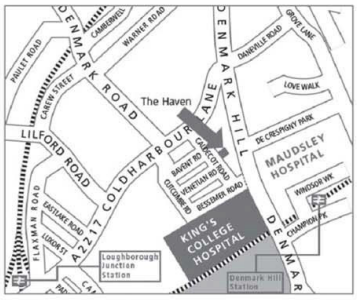
You can contact the Haven anytime, day or night, to book a forensic examination.

The Haven
CAMBERWELL

By appointment only

The Haven
13-14 Caldecot Road,
Camberwell
London
SE5 9RS

Phone: 020 3299 1599
Fax: 020 3299 1598
Website: www.thehavens.org.uk



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An Academic Health Sciences Centre for London
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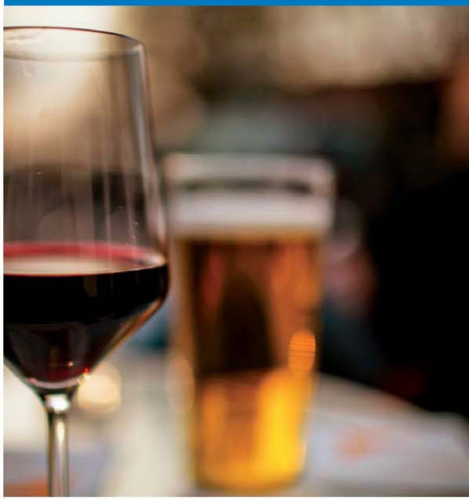
King's College Hospital NHS
NHS Foundation Trust

Alcohol & Sexual Assault



The Haven Camberwell
Tel: 020 3299 1599

The Haven
CAMBERWELL

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1. Introduction

"Fifty years ago, the United Kingdom had one of the lowest drinking levels in Europe but it is now one of the few European countries whose consumption has increased over that period. Over the last decade we have seen a culture grow where it has become acceptable to be excessively drunk in public and cause nuisance and harm to ourselves and others." [1]

In 2010 the council published its first alcohol strategy which has been delivered over the last few years. That strategy tackled the issues identified in the borough which were being caused by alcohol by encouraging organisations to work in partnership so that together they could address the harms be they in social, health, or crime related

The drug and alcohol action team (DAAT) has produced this alcohol strategy in partnership with Southwark's public health team. Through a multi agency partnership approach it outlines how we will together tackle the problems of alcohol misuse over the next three years.

The strategy gives the reader the picture behind the issues that have been identified through the research, consultations and workshops that have taken place in developing this strategy. It reflects both the priorities identified in the government's national alcohol strategy and the local picture of alcohol misuse and the negative impacts that flow from such misuse.

We have learnt that the issues prevalent in Southwark cannot be dealt with by one organisation alone. We will ensure that all partners share information, problem solve and work together with our communities, to ensure that concerns are addressed in a timely manner.

[1] The Government's alcohol strategy 2012

2. Aim, objectives and principles

Aim

Working together to promote recovery and protect individuals, families and our communities from the harm caused by alcohol misuse in Southwark.

Objectives

The Southwark alcohol strategy has three main objectives which will be achieved through four distinct areas of work

Establish safe, sensible drinking as the norm

1. Promoting safe drinking and establishing effective identification and intervention
2. Reducing alcohol related crime and reducing the availability of alcohol

Protect families and the wider community from the adverse impact of alcohol

3. Identifying and tackling the social impacts of alcohol

Provide high quality treatment to reduce alcohol related harm

4. Increase the effectiveness and efficiency of our services

Principles

The Southwark alcohol strategy will be delivered within the following principles:

The strategy will

- Be coordinated by the Southwark drug and alcohol action team (DAAT) board to minimise replication, ensure consistency and maximise value added
- Be rooted in evidence of what works led by NICE guidance[2]
- Target areas of greatest need and greatest gain
- Place an emphasis on individuals' responsibility to address their own issues.
- Take a population level approach, lowering the whole population's risk of alcohol related harm, as well as benefiting those at high risk.
- Prevent alcohol related harm (though a range of measures including pricing, reducing availability, reducing child exposure to advertising, enforcing licensing breaches, making resources available for screening and brief interventions for adults and young people, and supporting children and young people identified as at risk)[3]

[2] NICE Guidance CG115. Alcohol dependence and harmful alcohol use. Alcohol-use disorder: diagnosis, assessment and management of harmful drinking and alcohol dependence.

[3] NICE Guidance PH24. Alcohol-use disorders – preventing harmful drinking.

3. Background

National strategy

The most recent government alcohol strategy was published in March 2012. The strategy, written by the Home Office, predominantly focuses on the importance on preventing and reducing the impact of alcohol on crime and disorder.

The government acknowledges that cheap alcohol is too readily available and that this has contributed to the increase in alcohol related harm.

"Over the past 40 years, alcohol consumption in the UK has doubled, with a significant increase in drinking at home. Sales from supermarkets and off licences now account for nearly half the amount of alcohol sold in the UK." [4]

In line with NICE guidance, the government will be introducing a minimum price per unit so that alcohol will not be allowed to be sold below a defined price. We welcome this move and note that the government are consulting on this with a view to introducing legislation as soon as possible.

Recent NICE guidance highlighted some stark national figures relating to alcohol harm and the costs associated with that harm:

The costs of alcohol misuse to the NHS in England is £3.5bn per annum (2009 to 2010)

The cost of alcohol related crime in England is £11bn per annum (2010 to 2011)

The cost of lost productivity in the UK is £7.3bn per annum (2009 to 2010)[5]

The recently published NICE local government public health briefing on alcohol recommended that local authorities could, working in partnership, take the following actions:

- Influence where and when alcohol is consumed or sold
- Enforce laws on underage sales
- Have an important role in ensuring licensed premises operate responsibly and collaborate to reduce alcohol related harm
- Have a role in promoting and advising people about sensible drinking
- Have responsibility for commissioning alcohol prevention and specialist treatment
- Have responsibility for the NHS health check which from 2013 will include an assessment of how much someone drinks[6]

[4] Alcohol: Price, Policy and Public health www.shaap.org.uk
[5] Health select committee, DH submission Third report 2012-2013
[6] NICE Local government public health briefing : Alcohol October 2012

Local strategy

Increasingly, a broader range of organisations across Southwark and London are prioritising work to address alcohol misuse.

- The newly created Southwark (shadow) health and wellbeing board has confirmed that one of their four priority areas for action is prevention and reduction of alcohol related misuse[7]
- The Southwark clinical commissioning group have stated in their five year strategic commissioning plan that one of their priorities is a reduction in alcohol related A&E attendances and alcohol related liver disease[8]
- The Safer Southwark Partnership rolling plan has as one of its main priorities "supporting families and those with multiple disadvantages". This is led by the drug and alcohol action team (DAAT) which leads on tackling the harm caused by substance misuse. Substance misuse includes both drugs and alcohol
- The London health improvement board, chaired by the Mayor of London and which aims to add value to local initiatives by providing a pan-London approach, has addressed the impact of alcohol as one of their four proposed priority areas[9]
- Kings Health Partners are currently developing an alcohol strategy in response to the high proportion of patients with alcohol misuse
- Southwark Council has a statement of licensing policy 2011to2014

[7] http://www.southwark.gov.uk/info/100010/health_and_social_care/2663/shadow_health_and_wellbeing_board

[8] http://www.southwarkpct.nhs.uk/a/6572

[9] http://www.lhib.org.uk/alcohol

4. The local picture

Southwark is a densely populated, geographically small and narrow inner London borough that stretches from the banks of the River Thames to the beginning of suburban London south of Dulwich. The population is relatively young, ethnically diverse, with significant contrasts of poverty and wealth. There is a wide distribution in educational achievement, access to employment and housing quality. Major regeneration programmes have been underway for some time leading to significant changes in landscape and population structure and this continues to be the case. Major health indicators such as life expectancy have improved, but there are significant inequalities in health and wellbeing outcomes for people living in different parts of the borough.

Southwark's population is estimated at 288,700 (ONS mid-2011 population estimates). In terms of numbers this makes Southwark London's fourth largest inner London borough. Southwark's population has increased by 32,000 over the last ten years (ONS Mid-20011 population estimates) and is estimated to increase by 39,800 (14%) between 2010 and 2020 (GLA 2011 round demographic projections SHLAA). 80% of the population is under the age of fifty with a large proportion aged between 20 and 45.

In Southwark in 2009 there were an estimated 37,881 people (18 and over) drinking at increasing risk levels, 12,168 people (18 and over) drinking at higher risk and 6199 dependent drinkers (18 and over).

There were 4,818 alcohol related hospital admissions in Southwark in 2011to 2012, an increase of 54% since 2008 to 2009. Alcohol specific admission data from 2009 to 2010 suggests that rates of admission are particularly high amongst residents of Nunhead, Livesey, East Walworth and Cathedrals wards. Estimates suggest that the cost of alcohol related admissions to A&E alone is almost £5m a year.

Alcohol has a significant impact on a number of social and economic factors in Southwark with 9% of all crimes recorded in 2011 being alcohol related and the impact of alcohol being seen in an estimated 30% of child care proceedings. The economic cost of alcohol includes loss of work due to absence, loss of productivity and also the inability to work and Southwark has particularly high rates of incapacity benefit or severe disability living allowance due to alcoholism when compared to England and London.

Alongside this, there are significant developments that will have an impact on alcohol use and the night time economy including the Shard development in Borough which will bring additional workers to the area and result in additional licensed premises

In moderation, alcohol consumption can have a positive impact on adults' wellbeing, especially where this encourages sociability. Well run community pubs and other business form a key part of the fabric of neighbourhoods, providing employment and social venues in our local communities and a profitable alcohol industry which enhances the economy in Southwark.

Amongst individuals in treatment for alcohol use, 34% used a second substance, with cannabis being the most common, followed by cocaine. Mental health is also closely associated with alcohol misuse.

The diagram below shows estimates of numbers affected by alcohol misuse and interventions required.

Figure 1 [10]

Indicator	Definition	Southwark Measure	Estimated number	London Average	Difference from England rate
Lower Risk drinking (percentage of drinkers only) synthetic estimate aged 16+	< 22 units of alcohol per week for males, < 15 units of alcohol per week for females	72.5	170,303	73.4	Not significantly different
Increasing Risk drinking (percentage of drinkers only) synthetic estimate aged 16+	between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol	20.8	48,859	19.7	Not significantly different
Higher Risk drinking (percentage of drinkers only) synthetic estimate aged 16+	> 50 units of alcohol per week for males, > 35 units of alcohol per week for females	6.7	15,738	6.9	Not significantly different
Alcohol dependent	Psychological/physical reliance on alcohol	2.7	6342		Significantly lower
Binge drinking (synthetic estimate) aged 16+	Men /women who consume at least twice the daily recommended amount of alcohol in a single drinking session; >8 units for men, > 6 units for women	15.8	37,114	14.3	Significantly better Lower than England levels of binge drinking (15.8%) but higher than London levels (14.3% (LAPE)

[10] Local alcohol profiles 2012

Summary

- Southwark has higher levels of alcohol specific hospital admissions in men than the London and England levels. This is an increasing trend since 2003/4
- Southwark has higher levels of emergency admissions for liver disease than the London and England levels (PH Outcomes Framework).
- Southwark has higher levels of alcohol related crime and violent crime and sexual offences than the London and England levels (LAPE)
- Southwark has higher levels of dependency on social care for incapacity related alcoholism than the London and England levels (LAPE)
- Similar to London and England levels of those in alcohol treatment (LAPE)

If you drink at levels of increasing risk or higher, you significantly increase the risk from acquiring 12 major diseases, as demonstrated in the table below.

Percentage changes in risks for males and females of premature death from 12 alcohol related illnesses according to typical daily intake

Type of illness or disease	**Proportion of all deaths 2002-2005**	**Percentage increase / decrease in risk** **Zero or decreased risk:** 0% -1 to -24% -25 to -50% **Increased risk:** Up to +49% +50 – 99% +100 to 199% Over +200%				
	No of Drinks >	**1**	**2**	**3-4**	**5-6**	**+6**
Tuberculosis	1 in 2,500	0	0	+184	+194	+194
Oral cavity & pharynx cancer	1 in 200	+42	+96	+197	+368	+697
Oral esophagus cancer	1 in 150	+20	+43	+87	+164	+367
Colon cancer	1 in 40	+3	+5	+9	+15	+26
Rectum cancer	1 in 200	+5	+10	+18	+30	+53
Liver cancer	1 in 200	+10	+21	+38	+60	+99
Larynx cancer	1 in 500	+21	+47	+95	+181	+399
Ischemic heart cancer	1 in 13	-19	-19	-14	0	+31
Epilepsy	1 in 1,000	+19	+41	+81	+152	+353
Dysrythmias	1 in 250	+8	+17	+32	+54	+102
Pancreatitis	1 in 750	+3	+12	+41	+133	+851
Low birth weight	1 in 1,000	0	+29	+84	+207	+685

Figure 2[11]

[11] Communicating alcohol related health risks. www.ccse.ca 2012

5. The process

Over the last year Southwark DAAT and public health have carried out research on how alcohol impacts on the borough. The strategy has been informed by this research

- The Southwark alcohol health needs assessment (January 2011)
- The Safer Southwark Partnership alcohol profile Southwark 2011to 2012 (March 2012)
- Focus groups were organised to cover three areas: education and prevention, treatment and enforcement. These were attended by representatives from over 20 different organisations and council departments
- Service users were engaged through the service user coordinator and peer mentors.

These processes have enabled us to identify the three objectives for this strategy. A yearly delivery plan will be developed with key partners to ensure we implement the strategy appropriately.

Who will the strategy target?

This strategy will have a two pronged approach which has a range of interventions including prevention measures aimed at both the whole population and individuals. This will help to reduce consumption across the population which will result in reduced morbidity, mortality, health and social care costs.

Whole population approaches are important because they can help create an environment where lower risk drinking is the norm. This benefits society as a whole and reaches individuals who may not otherwise be reached through the usual contacts.

The strategy recognises that there are a number of particularly vulnerable and high risk groups and that through its action plans it must address inequalities where they have been identified.

The strategy also recognises that it must cater to both the health needs identified through the strategic needs assessment on alcohol and the social and crime and disorder issues that arise from excessive drinking.

The seven high impact changes

Nationally, seven high impact changes have been developed and tested to provide a list of the most effective interventions local partnerships can undertake to help reduce the harm caused by alcohol. Southwark's strategy and actions will incorporate these high impact changes to

1. Work in partnership
2. Develop activities to control the impact of alcohol misuse in the community
3. Influence change through advocacy
4. Improve the effectiveness and capacity of specialist treatment
5. Appoint an alcohol health worker
6. Identification and brief advice (IBA) to provide more help to encourage people to drink less
7. Amplify national social marketing priorities

6. Delivery

The diagram below shows how the strategy sits within the Southwark partnership landscape. Both the Health and Wellbeing Board and the Safer Southwark Partnership Board have senior councillor members, who provide the link between these boards and the cabinet

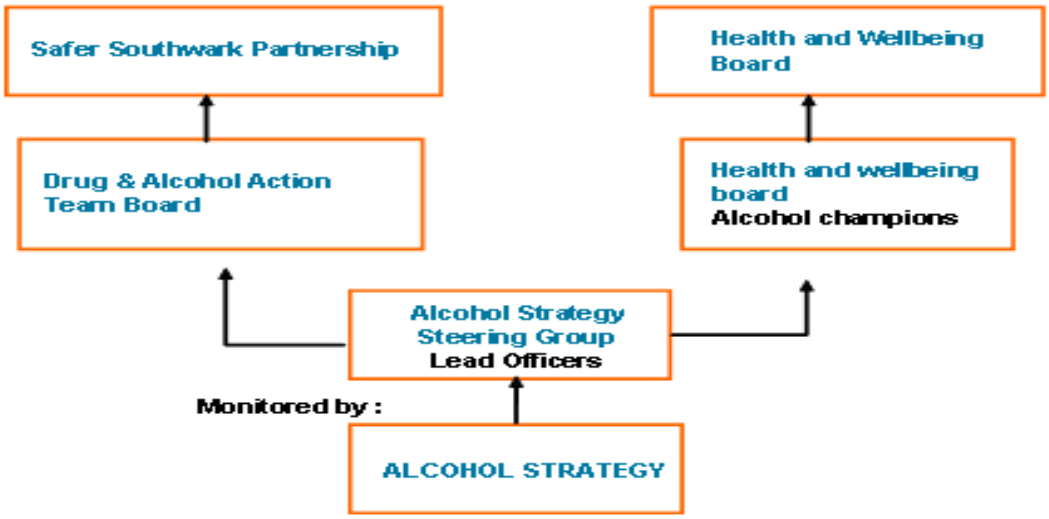

Figure 3

Responsibility for the implementation of the strategy will lie with the Alcohol Strategy Steering Group. The steering group will have responsibility for overseeing the completion of all actions set out within the annual delivery plans.

The operational delivery of the strategy will be carried out by the alcohol strategy lead. The lead will provide update reports on the success and challenges of implementation. The strategy lead will establish task and finish groups, as necessary, to support the delivery plan.

The steering group reports to the DAAT board who has overall responsibility for delivering the strategy.

The Shadow Health and Wellbeing Board has chosen four priorities, one of which is
"The prevention and reduction alcohol related misuse".

The steering group will work closely with the board and the alcohol champions on that board.

They will ensure that actions contained in the delivery plan are aligned where appropriate to existing external strategies, and funding streams and resources to increase likelihood of success.

Membership of the boards

Safer Southwark Partnership Board	Health and wellbeing board
CEO LBS **(co chair)**	Leader of the council **(chair)**
Cabinet member for community safety	Cabinet member of children's services
Assistant chief officer probation	Cabinet member for health and adult social care
Police borough commander **(co chair)**	Police borough commander
CEO Community Action Southwark	CEO Community Action Southwark
Director of public health	Director of public health
Strategic director for environment and leisure	Strategic director for children and adult services
Area commander, London Fire Brigade	Clinical commissioning group board member
Representative of Crown Prosecution Service	Managing director clinical commissioning group
Representative of Transport for London	Representative of Kings Health partners (alcohol champion)
Representative of Southwark Police consultative group	Representative of HealthWatch
Representative of UK Border Agency	Clinical commissioning group chair
Governor Brixton prison	
Representative of London Ambulance service	
Representative of Mayor's Office for policing and crime	

Figure 4

The relationship between the Safer Southwark Partnership and the Health and Wellbeing Board will present opportunities to jointly tackle the issues identified with alcohol through cross cutting multi agency working.

The Alcohol Strategy Steering Group acts as the delivery group for the strategy and comprises key operational leads from across the partnership, who are responsible for ensuring the successful implementation of the stagey through its annual delivery plan.

This strategy will draw together the following agency and partner priorities, targets and actions to ensure coherence, consistency, impact and value for money:

- Southwark (shadow) joint health and wellbeing strategy
- Southwark Clinical Commissioning Group five year strategic commissioning plan
- Southwark violent crime strategy
- Safer Southwark Partnership rolling plan 2012/13
- The government's alcohol strategy
- Licensing Act 2003 (including the Southwark statement of licensing policy 2011 to 2014 and the recent inclusion of health as a responsible body)
- Crime and Disorder Act 1998 (amended by the Police Reform Act 2002)
- National Institute of Health and Clinical Excellence (NICE) guidance

7. Themes

For each theme the strategy examines three questions; what is the problem, what are we doing and what we will do. The final part will list examples of work to be undertaken but it is not exhaustive. There will be annual delivery plans for each of the three years of the strategy.

Theme one:

Promoting safe drinking and establishing effective identification and intervention

What is the problem?

People are still unsure about safe drinking and how alcohol can affect their health and lifestyle despite many government campaigns and information available on drinks packaging. Some health care and other professionals still find it difficult to ask questions about alcohol. This may be partly due to their own experiences and the fact that alcohol has always been a part of the culture in both positive and negative ways.

The National Alcohol Directed Enhanced Service (DES) is for all new registrations at GP practices to be screened for alcohol using an accredited tool. A wealth of evidence supports identification and brief advice (IBA) in specialist and non specialist settings.[12] This supports the initiative 'make every contact count' [13] and offers universal screening to a wide range of people.

There are national problems with the implementation of the alcohol DES including the fact that payment is related to screening only and is not targeted at specific groups. As a result it is not providing the necessary interventions that bring about change. Other problems are related to time and resources, lack of alcohol leads in practices and data collection issues. These national problems are reflected in the implementation in Southwark.

Many of the prevention messages are either not being delivered or are not getting through. These include education in schools, parental awareness, and general safe drinking messages which struggle against the background of a culture where drinking is at the heart of most social events.

What are we doing?

Lower risk

- Prevention – The NHS check is offered to all 40 to 70 year olds registered at GP practices and includes the FAST alcohol screen. A referral and treatment pathway has been developed with primary care
- All Southwark GP practices are offered support with the alcohol DES
- The AUDIT FAST screen (and full AUDIT if indicated) is included in the Common assessment form (CAF) for all Southwark substance misuse services
- We have taken part in alcohol awareness week campaigns for the last three years

[12] The SIPS alcohol screening and brief intervention (ASBI) research programme Institute of Psychiatry

[13] NHS Future forum second report 2012

Increasing Risk

- IBA - a primary care alcohol worker is employed to support primary care in all aspects of implementing the alcohol DES (both clinical and administrative). He is taking forward the recommendations from the DES Review which include
- Developing an IBA information pack for all GP practices
- Encouraging all practices to have an alcohol 'champion'
- Improving data collection and monitoring
- Providing extended interventions on site

Higher risk work is covered in theme four (see page 24)

What will we do?

In year one

- The primary care alcohol worker will develop the recommendations from the DES review and develop an extended intervention service at GP practices and targeted screening for identified patient groups
- We will roll out the IBA information pack across non alcohol specialist health services
- We will work with the Clinical Commissioning Group to introduce IBA into contracts using outcomes incentives
- We will run a campaign during Alcohol Awareness Week 2013 as part of our new communication plan to increase prevention through safe drinking messages.

Over the life of the strategy:

- We will develop the use of IBA in non health settings including social care, education, criminal justice and community settings
- We will work with employers (see theme three)
- We will work with other priority strands of the Health and Wellbeing Board to promote responsible attitudes to personal health matters, in areas such as healthy weight and physical activity.

Theme two:

Reducing alcohol related crime and reducing the availability of alcohol

What is the problem?

Southwark has significantly higher rates of alcohol related recorded crimes, alcohol related violent crimes and alcohol related sexual offences compared with the London and England averages (Local alcohol profile for England, Southwark).

The figures for crimes below relate to the period April to December 2011.

- Across the borough alcohol was a factor in 9% (1822 crimes) of all crime, most notably for sexual offences and violent crimes
- Alcohol was a factor in 52% of all violent crime that took place in the evening. While alcohol related violent crime has shown slight decrease in recent years, it is not reducing at the same rate as overall violent crime and thereby the proportion of violent crime that is alcohol related is increasing.
- Alcohol was a factor in 15% of all domestic violence crime (258 crimes) with the predominant crime type being violence. Victims of alcohol related violence (DV) are most typically female, and aged either from 20 to 24 or 30 to 39
- Street drinking is commonly cited as an issue of concern in anti social behaviour complaints to both the police and the council
- Alcohol misuse can also perpetuate offending behaviour and it is recognised that tackling these problems is often the first step in helping an offender to reform.
- Alcohol related road traffic accidents nationally are high and it remains a factor in one in five road deaths. (Department of Transport 2007)
- The emergency departments at Kings and St Thomas' hospitals have stated that there is an increasing problem with pressures on weekend evenings from patients who are considerably worse for wear from drink
- Around one in three fires are caused by people under the influence of alcohol (Department for Communities and Local Government 2009)
- One in seven of all sexual assault cases dealt with at the Haven are from Southwark and of those 41% were alcohol related (the highest in London).
- From 2008 to 2012 the rate of alcohol related sexual assaults has consistently risen in Southwark, considerably worse than the national average

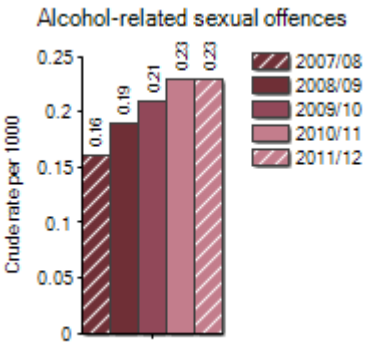

Figure 3: LAPE profiles

What are we doing?

We are working as a partnership to protect communities through robust enforcement to tackle alcohol related crime and antisocial behaviour. Local deterrents, penalties and initiatives are in place to ensure that partners work in a coordinated approach to minimise the misuse and impact of alcohol.

We have created and funded a multi agency night time economy team where the police and council officers work to support responsible licensed operators to provide well managed, safe, secure venues and outlets and provide advice and support to willing operators to improve systems and practices wherever possible.

Working in the north of the borough, the team

- Makes sure late night pubs, clubs and food outlets comply with licensing, public safety and other requirements
- Provides a rapid response to tackle anti social and violent behaviour
- Reduces crime and fear of crime
- Improves Southwark's night time economy for the benefit of residents, visitors and businesses
- Liaises with premises to ensure current licence conditions are relevant
- Carries out partnership patrols identifying street drinkers/beggars, offering support and advice.

Trading Standards carry out underage sales and age verification test purchasing exercises at targeted retail outlets based on incoming intelligence. Compliance rates over the last five years average 70%. A range of enforcement and other options are available to deal with non compliance.

To promote compliance regarding age verification Trading Standards administer the Southwark proof of age card scheme (SPA card) in partnership with external contractors. Accredited retailer training has also been introduced to help non compliant businesses improve. Free age check point of sale materials are also provided to retailers. In conducting this work we have regard to the age restricted products and services framework and relevant codes of practice.

The fire service carry out home checks fitting smoke detectors, providing advice and guidance on safety in the home including advice on drinking and cooking.

The Haven works with victims of sexual assault across the capital and with Southwark has developed the information leaflet at the front of this strategy on alcohol and sexual assault (see page four). We have developed and delivered a training programme for licensed premises staff in conjunction with The Haven to raise awareness around sexual assault and alcohol.

What will we do?

In year one:

- We will continue to work with the Metropolitan Police to crack down on licensing issues affecting Southwark to combat those who flout licensing rules including shops, pubs, clubs, unlicensed mini cabs and others. We will ensure that licensed premises maintain a safe, secure and relaxing environment for customers.

- Through our trading standards team we will work with partners and business to promote effective age verification and help prevent illegal underage sales. The work will include
    - Raising awareness of legislation and mandatory licence conditions on age verification
    - Maintaining and promoting the Southwark proof of age card scheme
    - Offering accredited retailer training through the fair trading award scheme
    - Promote the flow of intelligence from the community and partners concerning businesses who sell to underage persons
    - Conducting targeted compliance checks, including underage and age verification test purchasing operations
    - Taking appropriate and proportionate enforcement action to deal with non compliance in accordance with relevant published policies.

- We will combat the sale of counterfeit and illicit products. This work will include
    - Raising awareness of the potential dangers posed by counterfeit and illicit products
    - Targeting inspections at premises most likely to be dealing in such products
    - Taking appropriate and proportionate enforcement action to deal with anyone caught dealing in such products

- We will continue to work closely with health partners in developing a coordinated response to the problems with the night time economy. We will develop a safe space project which will divert individuals away from hospital and alleviate pressure on both emergency departments and the ambulance service.

Over the life of the strategy:

- We will consider the potential of the new licensing provisions to be introduced in October 2012 under the Police Reform and Social Responsibility Act 2011, for a late night levy and early morning restriction orders to contribute to the management of a safe night time economy.

- We will continue to work with the Haven and others to address the high rate of alcohol related sexual assaults in the borough through continued training and awareness raising programmes.

- We will continue to work closely with police, community safety and other partners to support the ongoing work to reduce alcohol related crime and violence in Southwark. This will include advocating for and individual level support to reduce alcohol related reoffending (through DIP and other means) alongside work on saturation areas and feedback to trade.

- We will work with our health partners to help them make full use of the new health objectives in licensing regulations.

Theme three:

Identifying and tackling the social impacts of alcohol

What is the problem?

There are many social impacts of alcohol both positive and negative. The research work undertaken in formulating the strategy has identified key areas for action.
The groups who are mainly at risk in Southwark are those living in the north Southwark wards (excluding the Thames side housing developments). These groups include

- Young parents who are often single parents/divorced and unemployed/unskilled with high hospital admissions. They drink vodka and canned lager (26%).
- Students and unemployed young people in multiple occupancy accommodation who binge drink (18%).
- Blue collar workers mainly living in social rented housing with high hospital admissions (16%).
- People suffering from mental health problems are at increased risk.

Relationships

- In Southwark, in April to December 2011, there were 258 domestic violence crimes were reported in Southwark in which alcohol played a part. This will greatly underestimate the true incidence as it is estimated that only a third of domestic violence incidents are reported.
- Alcohol is commonly reported as a contributing factor in sex without a condom, regretted sexual activity and sex with someone who would not normally be found attractive. Unsafe sex can lead to sexually transmitted infections and unwanted pregnancy.

Children at risk

- Alcohol misuse has a significant impact on families, children and young people. Nationally it has been estimated that between 780,000 and 1.3m children are affected by parental alcohol problems. Southwark Council's children's services estimate that 30% of care proceedings involve alcohol.
- Children living with alcohol misuse come to the attention of services later than children with parental drug misuse.
- Young peoples drinking behaviour can be strongly influenced by parental drinking and children with parents who are problem drinkers are more likely to develop alcohol problems (chief medical officer guidance on the consumption of alcohol by children and young people).
- The chief medical officer recommends that an alcohol free childhood is the healthiest and best option.

Alcohol and the workplace

- There is a relationship between societal and individual level alcohol consumption and sickness absence, with alcohol being a significant risk factor for absenteeism. Although there are inherent difficulties in estimating productivity losses in social cost studies, in general, about half of the overall social costs of alcohol are due to lost productivity.

- Alcohol policies can, to a considerable extent, reduce lost productivity costs due to alcohol. Tax and price polices are, if anything, likely to lead to an overall increase in jobs, rather than job losses and increase profits for the alcohol industry. Structural factors at the workplace, high demand but low reward, increase the risk of alcohol use disorders.

- It is estimated that up to 14 million working days are lost annually through absences caused by drinking. (Don't mix it up, a guide for employers on alcohol at work).

- Alcohol and inability to work. In Southwark the rate of claiming incapacity benefit or severe disability allowance due to alcoholism was much higher than the London and England averages. In August 2009, 400 individuals were registered as claiming incapacity benefit or severe disability allowance due to alcoholism.

Other needs

- Alcohol is strongly associated with a range of mental health problems, in particular depression, anxiety and mental health risks, especially self harm and suicide, with up to 41% of suicides being partly attributable to alcohol.
- Information on alcohol use in specific populations shows that rates of drinking are high amongst those with diagnosed mental health problems.

- Alcohol related mortality for men aged 75 and over in Southwark is two and a half times the national rate.
- 39% of clients in homeless projects are suggested to have an alcohol need, rising to 56% in day centres.
- Amongst rough sleepers, it is suggested that at least 25% are dependant on alcohol, with 63% reporting drug or alcohol use to be one of the reasons they first became homeless.

What are we doing?

It is known that interventions required to address this problem include more flexible services, better partnership working between agencies, working in more creative ways, being empathetic and patient, using a sensitive approach, caring and encouraging, motivational interviewing, and cognitive behavioural therapy. For example, barriers exist that prevent children from accessing services. These include lack of confidence, lack of personal direction, parents finding out, being worried about their brother or sister, isolation and loneliness, and fears of it going further (police, school, social services).

- Working with our domestic violence service to ensure good links between SASS and treatment providers and to provide training in routine enquiry and referral procedures for front line staff
- Insight Southwark works in partnership with the key agencies to ensure that young people who are at risk of engaging in alcohol misuse are identified and offered the appropriate treatment
- Strengthen protective parenting, resilience in children and young people and relationships between parents and children
- Established the Family Drug and Alcohol Court to provide specialist intensive support for troubled families
- All young offenders are screened at the youth offending service for substance misuse problems and referred as required to specialist support
- Employers offer confidential counselling support to staff
- We commission St Mungos to ensure that rough sleeper and street drinkers receive appropriate support.
- We have established joint working arrangements established with housing and job centre plus to address needs of individuals highlighted

What will we do?

In year one:

- Provide training in IBA for the independent domestic violence advisers
- Develop our programme of peer education across the borough
- Early identification of young people at risk, ensure all key agencies have procedures and policies and the training in place to ensure that young people can be quickly and readily identified if at risk and referred on appropriately
- Work with providers to improve detection, treatment and provision for older people with alcohol problems
- Ensure safeguarding policies and procedures reference alcohol misuse and that training is provided to staff to be able to identify and act appropriately
- Work with the other priority streams of the health and wellbeing board to establish a programme for employers to address health needs including alcohol
- Complete the housing review for substance misusing clients to identify the housing needs of this group
- Work with our hostel providers to reduce the negative impacts of alcohol in these settings.

Over the life of the strategy:

- Work with GUM clinics and pharmacists to provide advice on alcohol at the point of contact
- Work closely with social services to develop a service which meets the needs of children of substance misusers
- Establish a universal awareness raising programme with young people in Southwark through a schools programme which delivers a consistent message about alcohol. We will work with the secondary heads forum meetings to gain access to PSHE curriculum across Southwark schools
- We will build on our work at South Bank University fresher week in 2012 to establish a presence at university and college fresher weeks across the borough.

Theme four:

Increase the effectiveness and efficiency of our services

What is the problem?
Southwark is spending considerable amounts of money managing the impact of alcohol use on acute and longer term alcohol related conditions. Nationally the cost to health services was estimated at £2.7bn [14] . In 2008 to 2009 the estimated cost of alcohol related hospital admissions in Southwark was almost eight and a half million and altogether 20,836 bed days were used for alcohol related illness.[15]

Alcohol is:

- Causally related to a range of acute and chronic medical conditions, including cancers, cardiovascular disease, and obesity
- A significant cause of morbidity and premature death
- Associated (through heavy drinking by pregnant women) with a range of preventable mental and physical birth defects (collectively know as fetal alcohol spectrum disorders)
- Implicated in many areas of mental ill health, including depression, anxiety and suicide, linked to unintentional injuries and trauma due to violence

Key problem areas identified include

- Our main alcohol treatment service has a need to increase capacity which could be made more acute through a potential increase in referrals caused by improved IBA and treatment pathways.

- Systems to monitor quality and outcomes consistently across services are not well developed.

- Mortality from chronic liver disease is particularly high for men in Southwark compared to both London and England. Women in Southwark have much lower mortality from liver disease than men and experience similar rates to both London and England.

- The most common source of referrals into alcohol treatment is health and mental health services (43%), followed by other substance misuse services (19%).

- It is suggested that 10 to 20% of dependent drinkers should be treated in a given year. The Department of Health has suggested that 10% is used in England and Wales which suggests that for Southwark (with an estimated 6,199 dependent drinkers) 620 dependent drinkers required treatment in 2009.

Service user consultation suggests that barriers to accessing services may exist for:

- Women with children (due to fear and lack of understanding of care proceedings)
- Homelessness (due to delays waiting to secure housing before accessing treatment)
- Lack of services at weekends

[14] Signs for Improvement DH 2009
[15] Closing time: counting the cost of alcohol attributable hospital admissions in |London, LHO 2012.

What are we doing?

- Southwark has implemented the recovery model and ethos across services. All workers have attended recovery training and mutual aid awareness sessions.

- Working with partners to ensure that individuals leave treatment equipped to maintain their recovery.

- Providing all professionals that work with young people with substance misuse (including alcohol) awareness and referral training to empower them to recognise misuse and deliver appropriate support.

- Improving hospital liaison by employing an additional nurse to work with the existing one at Kings College Hospital. This nurse will work with high volume service users to improve the health outcomes and reduce A&E visits/re-admission to hospital.

- Operating alcohol hubs across Southwark GP practices to meet the needs of clients with complex needs led by specialist alcohol nurse. The nurse also supports clients having community alcohol detoxes at the local voluntary sector alcohol service.

- Ensuring that in-patient or residential detox and treatment is offered as part of a planned recovery care package to improve outcomes and make best use of resources.

- Looking at innovation and good practice through the development of a clinical expert group.

- Working with Kings Health partners as they develop their alcohol strategy and so ensure together we will address wider issues across health economy and integrate complex pathways.

- Actively promoting the work of the 12 step fellowships across the borough.

- Working with the clinical commissioning group to commission alcohol services in primary and secondary care.

- Commissioned a report on the issues related to the street drinking population from central and eastern Europe.

- Through the work of the DIP (drug intervention programme) offenders with alcohol problems are identified at an early stage in the criminal justice process.

- We have increased capacity to deal with the rising number of alcohol treatment requirements (ATRs) being issued by the courts..

What will we do?

In year one:

- We will increase the proportion of dependent drinkers in treatment by improving knowledge of existing alcohol treatment services to increase appropriate referral to treatment services
- We will ensure that services recognise that one approach will not suit everyone and the right expertise should be available in the right setting at the right time to meet these diverse needs
- We will ensure our services are led by NICE guidance
- We will achieve better outcomes for our alcohol treatment requirement (ATR) clients and ensure there is capacity to deal with the rising numbers

Over the life of the strategy:

- We will implement a solution to counter the language barrier to services for some members of the population and respond proactively to our local central and eastern European report on street drinkers
- We will ensure that community services have the capacity to meet any additional referrals generated by extended screening and brief interventions in other agencies
- We will work with treatment services to ensure that family support is available both to improve effectiveness and to minimise barriers to women accessing services
- We will develop our knowledge and response to alcohol related brain damage and long term alcohol related conditions

8. Training

The research, group work and experience has shown that a well trained workforce is crucial to the successful delivery of the strategy.

A number of key training areas have been identified that will need to be addressed in order to ensure that there are the skills and knowledge in the workforce to be able to do what is being asked of them.

What will we do?

Identification and brief advice
To improve the confidence and competence of all staff in IBA delivery in order to "make every 'contact count" we will

- Roll out IBA training across the sector to include specialist and non specialist staff in both health and non health areas
- Offer accessible training to meet the needs of services and a wider audience, such as ad hoc training on site, bespoke courses for groups of professionals and training events open to all
- Monitor the quality and uptake of IBA training and encourage its inclusion in inductions for staff across organisations
- Provide training in IBA for the independent domestic violence advisers

Crime

- With The Haven continue to offer training to door and licences premises staff on alcohol and sexual assaults

Treatment

- Make use of the workforce development programme offered by Public Health England to partnerships through the DAAT
- Work with Kings Health partners as they develop an integrated alcohol pathway across all community, in-patient and academic services

9. Performance monitoring

Annual delivery plans will be developed for the implementation of the strategy. The Alcohol Strategy Steering Group will:

- Oversee the completion of all actions within the delivery plans
- Ensure the aims and objectives are being met
- Ensure those aims and objectives are reviewed annually and are in line with any changes in local need and national strategy

The impact of the actions implemented through the strategy will be measured through a performance management framework which will be developed alongside the delivery plans.

There are already a number of measures in place which can be used as key performance indicators. These include:

- Alcohol specific hospital admission rate per 100,000 population in men and women separately
- Emergency admissions for alcohol related liver disease
- Number of referrals from children and family services increased
- Increase in numbers given IBA in primary care /total practice population
- Increase in numbers accessing alcohol treatment services/100,000 population
- Increased treatment completion rates in tier 3/2 services
- Reduction in alcohol related crime
- Reductions in alcohol related ambulance callouts
- Reductions in the number of child care cases where parental alcohol misuse is a factor

The targets will be reviewed and refreshed annually.

The public health outcomes framework was published by the Department of Health in January 2012.

The new public health outcomes framework, sets out the desired outcomes for public health and how these will be measured.
The framework concentrates on two high level outcomes to be achieved across the public health system. These are:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

The outcomes reflect a focus not only on how long people live but on how well they live at all stages of life. The second outcome focuses attention on reducing health inequalities between people, communities and areas. A set of supporting public health indicators will help focus understanding of progress year by year, nationally and locally on those things that matter most to public health. The indicators, which cover the full spectrum of public health and what can be currently realistically measured, are grouped into four 'domains'. The four domains are listed below together with their component indicators if they are relevant directly or indirectly to alcohol.

Indicators which can be linked to alcohol misuse[16]

1. Improving the wider determinants of health

First time entrants into youth justice system
Sickness absence rate
Killed/seriously injured on the road (data may be collected on alcohol related accidents)
Domestic abuse
Violent crime (data collected on alcohol related crime)
Re-offending
Statutory homelessness
Older people's perception of community safety

2. Health improvement

Under 18 conceptions
Hospital admissions caused by intentional/deliberate injuries in under 18s
Alcohol related admissions to hospital
Falls and injuries in over 65s

3. Health protection

No relevant indicators

4. Healthcare public health and preventing premature mortality

Mortality from cardiovascular disease (including heart disease and stroke)
Mortality from cancer
Mortality from liver disease
Hip fractures in over 65s
Dementia and its impacts

Key elements of the above will be worked into a new performance management framework for the strategy.

10. Acknowledgements

Writing group:
Dionne Cameron, alcohol strategy lead
Tony Lawlor, senior commissioning manager
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Consultees:
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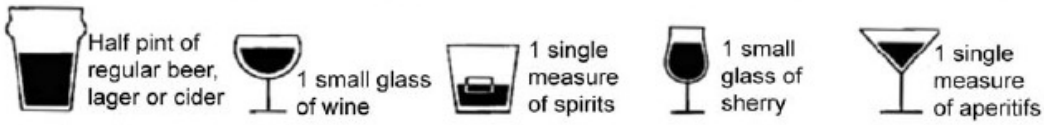
London Fire Brigade
South London and Maudsley NHS Trust
Foundation 66
Blenheim CDP
Age Concern Lewisham and Southwark
Southwark Service User Council
Southwark GP with special interest
Southwark Council
- Corporate management team
- Youth offending service
- Community safety
- Housing services
- Children and adult services
- Trading standards
- Licensing
- Community wardens
- Education

[16] Links are indirect/partial/contributory unless otherwise indicated

11. Glossary

ATR	Alcohol treatment requirements
AUDIT	Alcohol use disorders identification test
CAF	Common assessment framework
DAAT	Drug and alcohol action team
DES	Direct enhanced service
DIP	Drug intervention programme
FASD	Fetal alcohol spectrum disorders
FAST	Fast alcohol screening test
FDAC	Family drug and alcohol court
GUM	Genito urinary medicine
IBA	Identification and brief advice
LAPE	Local alcohol profiles England
NICE	National institute for health and clinical excellence
PSHE	Personal social and health education
SPA	Southwark proof of age card

This is one unit of alcohol…



…and each of these is more than one unit

FAST	Scoring system					Your score
	0	1	2	3	4	
How often have you had six or more units if female, or eight or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only answer the following questions if the answer above is Never (0), Less than monthly (1) or Monthly (2). Stop here if the answer is Weekly (3) or Daily (4).						
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring:
If score is 0, 1 or 2 on the first question continue with the next three questions

If score is 3 or 4 on the first question – stop here.
An overall total score of 3 or more is FAST positive.

What to do next?

If FAST positive, complete remaining AUDIT questions (this may include the three remaining questions above as well as the six questions on the second page) to obtain a full AUDIT score.

Score from FAST (other side)

Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 8	10+	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	

TOTAL AUDIT Score (all 10 questions completed):
0 – 7 lower risk
8 – 15 increasing risk
16 – 19 higher risk
20+ possible dependence.