

Safer Southwark Partnership

Alcohol Profile Southwark 2011/12

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

Kelly Wilson, Community Safety Analyst Divisional Business Team 27th March 2012



Contents

1. Introduction	page 3
2. Executive Summary	page 4
3. The Government's Alcohol Strategy	page 6
4. Licensed Premises in Southwark	page 8
5. Service Provision	page 14
6. Alcohol Related Crime	page18
7. London Ambulance Service	page 30
8. Environmental Concerns	page 33
9. Street Drinking	page 35
10. Health	page 38
11. Young	page 42
12. Road Traffic Accidents	page 46

1. Introduction

The Government's Alcohol Strategy, published in March 2012 states that:

"In moderation, alcohol consumption can have a positive impact on adults' wellbeing, especially where this encourages sociability. Well-run community pubs and other businesses form a key part of the fabric of neighbourhoods, providing employment and social venues in our local communities. And a profitable alcohol industry enhances the UK economy. The majority of people who drink do so in an entirely responsible way, but too many people still drink alcohol to excess. The effects of such excess — on crime and health; and on communities, children and young people are clear."

Alcohol use can take many different forms; not all of which are indicative of a long term drinking problem. This can range from street drinkers (many of whom have entrenched alcohol and/or drug use) to young people, attempting to obtain alcohol from convenience stores/supermarkets, or gaining entry to nightclubs and public houses. Obviously the thriving night time economy in Southwark (including large night clubs and several well attended public houses) facilitates the purchase and consumption of alcohol.

It is clear that alcohol plays a part, to some extent in many different sectors of Southwark's society, whether those drinking it are residents, visitors or regular commuters. As such, it could be argued, alcohol puts intense pressure upon already stretched public services.

Aim

The aim of the report is to effectively map data and services available to the Partnership regarding alcohol use, in order to interpret trends, and better understand the needs and requirements of the local population.

Objectives

- To map existing service provisions for alcohol related support services
- To interpret alcohol related crime trends, in an effort to understand the needs of the suspects/victims involved.
- To gather supporting evidence from other services
- To gain a true picture of the effect of alcohol, social or otherwise on the lives of people who live/work in/visit Southwark.

Methodology

Datasets used

Data has been obtained from a wide range of sources, all referenced within the acknowledgements section.

Time scales

Where possible, data has been used FYTD (December in most cases), though for some data sets this has not been possible. The time frame is evident on each graph, and each has been adequately referenced.

Limitations

Time scales for this report have ensured that it is not as detailed as it would ideally have been.

Frratum

Any errors/omissions, except where referenced are the responsibility of the author.

2. Executive Summary

The Government's Alcohol Strategy

Published in March 2012, the new Alcohol Strategy has made a number of proposals by which they intend to reduce alcohol related harm. These have been divided into four sections, these being: National Action; Ensuring that local areas are able to tackle local problems; Industry responsibility and Supporting Individuals to change. There are a number of proposals made under each section, which are summarised on page 8, or available at http://www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy.

Licensed premises in Southwark

There are 1061 premises licensed to serve alcohol within Southwark, of which over a third are in Cathedrals, Riverside or Grange. Secondary areas with higher densities of licensed premises are The Lane and Camberwell Green. Almost a third of licensed premises in Southwark are restaurants or café's, and just under a quarter are public houses/bars. Cathedrals ward has more café/restaurants, off licenses and public houses within it than any other ward, and also ranks highly for nightclubs and supermarkets.

Service provision

There are a number of specialist support services for those with alcohol misuse problems in Southwark, as well as those that cater for those with both drug and alcohol addictions. Most short term hostels are located in Cathedrals ward, though there is a long term care home (for those who are alcohol dependent) in Bermondsey. Longer term supported housing is available throughout the borough, predominantly in Camberwell and Peckham.

Insight is a confidential support service for young people in Southwark, who have drug or alcohol issues. Of 89 clients 36% (32) have alcohol related problems, 5 where alcohol was their primary problem, and 27 where it was a secondary problem.

Alcohol related crime (non DV)

Alcohol was a factor in 8.89% of all crime, most notably for sexual offences and violence. Locations of alcohol related violence are predominantly to the centre and north of the borough, in the Borough and Bankside, Peckham and Walworth areas. 20.6% of alcohol related violent offending occurs in estates, with the top six estates being the Aylesbury, Tabard Gardens, Kinglake, Rockingham, Friary and Nelson.

The peak time periods for alcohol related violent are 2000 – 0400 Friday/Saturday night (8.8% of the total, n=103) and 2100 – 0200 Saturday/Sunday night (4.8% of the total, n=56).

Two thirds of victims of alcohol related violence were male, with a peak age between 30 and 39. Of the female victims, the peak age range was between 15 and 19, followed by 20 - 24. 80% of suspects were males, with a peak age of 20-29. Where the victim and suspect were known to each other the most common relationship was 'acquaintance', followed by 'neighbours'.

Alcohol related crime (DV)

Alcohol is a factor in 15.6% of all DV crime FYTD, with the predominant crime type being violence. In most cases, it was the suspect who was drinking (as opposed to the victim, or alcohol being consumed at the venue). Locations of alcohol related violence (DV) are predominantly in the north of the borough, with hotspots seen in six separate wards. Many of these offences are generated around estates. In total 49.7% of alcohol related DV (violence)

occurred within an estate in Southwark, with the primary estates being the Brandon estate, Lawson estate or the Aylesbury estate.

Peak times for alcohol related DV (violence) are from 1900 hours onwards on most days, yet there was a notable increase on Friday and Saturdays. On those days the offending continued until the early hours of the following morning.

Victims of alcohol related violence (DV) are most typically female, and aged either from 20-24 or 30-39. Injuries recorded for alcohol related DV violent crime were typically of a minor nature, with 48.4% of victims receiving no injury, and 41.1% receiving minor injuries. In total, there were 5 repeat victims of alcohol related violence (DV) FYTD.

DV offenders almost exclusively work alone, presumably because of the nature of the relationship between the suspect and victim. 18% of suspects for alcohol related DV (violence) were female, compared to just over 80% male. Peak ages for females were between 30 and 39, and from 35 to 39 for males. The most common relationship between suspect and victim is current boy/girlfriend (41.9% of the total), with the second most common being ex boy/girlfriend (21.5% of the total).

London Ambulance Service

The amount of alcohol related ambulance calls to LSOA's in Peckham and Camberwell Green has proportionally increased when comparing 2011 with 2010. Wards such as Cathedrals, though they have experienced the largest numbers have also experienced the smallest proportional change.

There was a 15.6% increase in alcohol related ambulance calls when comparing 2011 with 2010, and a similar increase seen FYTD. Peak times broadly correspond with alcohol related violence offences – with over night Friday/Saturday and Saturday/Sunday reporting the most calls.

Just under three quarters of patients tended to are male, with 26.7% female. In general, female patients are younger than males, with the peak age for females being 15-29, compared to a peak age of 25-49 for males. As highlighted in previous assessments, until the age of 19 there are more females treated than males. From the age of 20 however, there are far more males treated than females.

Environmental concerns

Peak areas for environmental problems associated with alcohol are outside the bars and nightclubs in the north of the borough, especially along the riverside. The public also frequently report the littering of cans and bottles along Borough High Street, Peckham High Street and Walworth Road, which are also common sites of vomit/urination.

Street drinking

Peak areas for street drinking in the borough are Hankey Place Gardens, Geraldine Mary Harmsworth Park (and the grounds of the Imperial War Museum), Lambeth Road and Pilgrimage Street. Camberwell Green, a former 'problem area' for street drinking has recorded just nine calls FYTD, mostly to the park area itself.

Wardens' data shows that alcohol confiscations dramatically increase in the summer months, most specifically in parks and outdoor spaces. As with police data, confiscations are rare in the more southern wards, with the peak wards being Camberwell Green and Cathedrals.

Health

Southwark has higher rates of alcohol attributable mortality for both males and females than national and regional averages, and also has higher rates of mortality from chronic liver disease.

Southwark is significantly worse than national and regional averages when considering all types of alcohol related crime.

Young people

There was one permanent and four fixed term exclusions for alcohol or drugs from Southwark's schools since September 2011.

There is a current compliance rate of 66% for alcohol related test purchasing (23 shops sold to a LBS youth representative).

Road traffic accidents

In FY 2009/10, 3.1% (31) of all road collisions were attributable to alcohol or drugs. This fell to 1.9% (19) in FY 2010/11.

FYTD (to November) 2.3% of all traffic collisions were attributable to drugs or alcohol, an increase from the same period last year.

Peak wards for alcohol related collisions are Cathedrals, East Walworth, Newington and Riverside, with particular areas of note around Elephant and Castle, Borough High Street and Walworth Road.

11 of the 15 incidents where a drunk pedestrian was involved were on a Friday, Saturday or Sunday, and though the numbers are low, tend to occur between 2100 and 0500 hours. The overall peak time is between 0400 and 0500 hours, on Sundays, Saturdays and Mondays, which would imply a direct correlation to the night time economy.

Drink/Drive incidents are a little more spread out, though there are still peaks in the early hours of the morning and at the weekends. Particular times of note are Saturdays between 0000a and 0500, and Tuesdays between 1800 and 2200 hours.

3. The Government's Alcohol Strategy

In March 2012, the Secretary of State presented the Government's Alcohol Strategy to Parliament.

The Prime Minister, in his foreword states that binge drinking "isn't some fringe issue, it accounts for half of all alcohol consumed in this country. The crime and violence it causes drains resources in our hospitals, generates mayhem on our streets and spreads fear in our communities."

The desired outcomes of the strategy are:

- A change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others;
- > A reduction in the amount of alcohol-fuelled violent crime:
- > A reduction in the number of adults drinking above the NHS guidelines;
- A reduction in the number of people "binge drinking";
- > A reduction in the number of alcohol-related deaths; and
- A sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

The Government have stated that they believe the reasons that problems concerned with alcohol use are increasing are:

- 1. Cheap alcohol is too readily available and industry needs and commercial advantages have too frequently been prioritised over community concerns. This has led to a change in behaviour, with increasing numbers of people drinking excessively at home, including many who do so before they go on a night out, termed 'pre-loading'. In a recent study, around two-thirds of 17-30 year olds arrested in a city in England claimed to have 'pre-loaded' before a night out, and a further study found 'pre-loaders' two-and-a-half times more likely to be involved in violence than other drinkers.
- 2. Previous governments have failed to tackle the problem. The vibrant café culture, much promised by the previous Government's Licensing Act, failed to materialise. Too many places continue to cater for, and therefore remain blighted by, those who drink to get drunk, regardless of the consequences for themselves or others.
- 3. There has not been enough challenge to the individuals that drink and cause harm to others, and of businesses that tolerate and even encourage this behaviour.

"In the last decade, we have witnessed a dramatic change in people's attitude to, and the harms caused by, alcohol consumption. We estimate that in a community of 100,000 people, each year:

- 2,000 people will be admitted to hospital with an alcohol-related condition;
- > 1,000 people will be a victim of alcohol-related violent crime;
- Over 400 11-15 year olds will be drinking weekly;
- Over 13,000 people will binge-drink;
- Over 21,500 people will be regularly drinking above the lower-risk levels:
- Over 3,000 will be showing some signs of alcohol dependence; and
- Over 500 will be moderately or severely dependent on alcohol."

The Government measures, currently under consultation will aim to address these statistics, citing that they highlight 'the urgent and unquestionable need for all of those who drink alcohol – no matter who they are or what they do – to take responsibility for their drinking behaviour and establish a less risky approach to drinking as the norm. Such change will require collective action by individuals, communities, local agencies and industry.'

	Government proposals
	Tackle the availability of cheap alcohol through the introduction of a minimum unit price for alcohol, and consult on a ban on multi-buy promotions in the off-trade
	Launch a review of current commitments within the Mandatory Code for Alcohol to ensure
	they are sufficiently targeting problems such as irresponsible promotions in pubs and clubs
National Action	Consult on alcohol anti-fraud measures, including the introduction of fiscal marks for beer, supply chain legislation and a licensing scheme for wholesale alcohol dealers.
ĕ	Work with the Portman Group to ensure that where unacceptable marketing does occur, it
nal	results in the removal of offending brands from retailers Work with the ASA and Ofcom to examine ways to ensure that adverts promoting alcohol
ig i	are not shown during programmes of high appeal to young people
ž	Work with the ASA to ensure the full and vigorous application of ASA powers to online and
	social media and work with industry to develop a scheme to verify peoples actual ages,
	which will apply to alcohol company websites and associated social media
	Work with the ASA and other relevant bodies to look at the rules and incentives that might inhibit the promotion of lower strength alcohol products
	Local agencies will be given powers to reduce alcohol harm through the changes to public
S	health, new Police and Crime Commissioners and by rebalancing the Licensing Act.
ac	Local communities will be given the tools to restrict alcohol sales late at night, if they are
5	causing problems, through extended powers to introduce Early Morning Restriction Orders
Ensuring that local areas are able to tackle local problems	Local communities will be given the power to introduce a new late night levy to ensure those
<u>a</u>	businesses that sell alcohol into the late night contribute towards the cost of policing. Government will work with five areas to pilot sobriety schemes, removing the right to drink
are	for those who have shown that they cannot drink responsibly
local areas are local problems	Government will strengthen local powers to control the density of premises licensed to sell
are	alcohol, including a new health related objective for alcohol licensing for this purpose
<u> </u>	Government will work with Baroness Newlove, investing £1million to help local agencies,
<u> </u>	businesses and local people come together and tackle problem drinking head on. Government will pilot how to provide further information on crime occurring on or near local
hat	alcohol hotspots, as well as trialling publication of further licensing data online
g	Government are developing new injunctions, as part of their reforms to anti-social behaviour
Ë	tools and powers and will explore giving NHS Protect the power to apply for these
มรเ	injunctions All hospitals are encouraged to share non-confidential information on alcohol related injuries
ш	with the police and other local agencies
	Challenge the industry to meet a new set of commitments to drive down alcohol misuse
<u>i</u>	Continue work through the Responsibility Deal to support the alcohol industry to market,
tr ibil	advertise and sell their products in a responsible way and deliver the core commitment to
Industry Responsibility	"foster a culture of responsible drinking, which will help people to drink within guidelines." Cut red tape for responsible businesses by giving licensing authorities greater freedom to
lnc	take decisions that reflect the needs of their local community.
Re	Continue work with industry on areas such as calorie labelling, not serving people whilst
	they are drunk and a renewed commitment to Drinkaware.
	Review the alcohol guidelines for adults, so that people can make responsible and informed choices about their drinking
	Integrate alcohol into the wider Change4Life brand for the first time, and commit to an
ge	ongoing social marketing campaign to communicate the health harms of drinking above the
Jan	lower-risk guidelines
<u> </u>	Include an alcohol check within the NHS Health Check for adults from April 2013
s tc	Support parents to have a real impact on their children's behaviour through our social
па	Invest £448 million to turn around the lives of the 120,000 most troubled families in the
Vid.	country, a significant number of which will have alcohol-related problems
Supporting Individuals to change	Develop a model pathway to reduce under 18 year olds alcohol related A & E Attendances
D D	Develop an alcohol interventions pathway and outcome framework in four prisons, to inform
Ę	the commissioning of a range of effective interventions in all types of prison Increase the flexibility of the Alcohol Treatment Requirement imposed by the Court as part
odo	of a community sentence
Sup	Produce a cost-benefit analysis to make the case for local investment in alcohol
	interventions and treatment services for offenders
	Work with pilot areas to develop approaches to paying for outcomes for recovery from drug
	or alcohol dependency

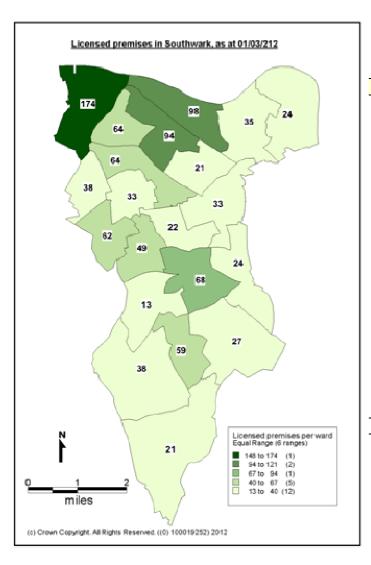
4. Licensed Premises in Southwark

4.1 Premises licensed to serve alcohol in Southwark

For the sake of meaningful analysis, not every type of premises licensed to serve alcohol is included within this analysis. There are many different types of premises that require alcohol licenses, either permanently, or on a more casual basis. Within this section, the term 'licensed premises' refers to:

Café's/Restaurants; Public Houses; Hotels; Sports/Leisure venues (not including leisure centres); Newsagents; Nightclubs; Off Licences; Petrol Stations; Pool Halls; Social Clubs; Supermarkets and Takeaways.

Southwark has 1061 licensed premises within it, distributed as shown below.



Ward	No	Proportion
Cathedrals	174	16.4%
Riverside	98	9.2%
Grange	94	8.9%
The Lane	68	6.4%
Chaucer	64	6%
East Walworth	64	6%
Camberwell Green	62	5.8%
East Dulwich	59	5.6%
Brunswick Park	49	4.6%
Newington	38	3.6%
Village	38	3.6%
Rotherhithe	35	3.3%
Faraday	33	3.1%
Livesey	33	3.1%
Peckham Rye	27	2.5%
Nunhead	24	2.3%
Surrey Docks	24	2.3%
Peckham	22	2.1%
College	21	2%
South Bermondsey	21	2%
South Camberwell	13	1.2%
Total	1061	100%

It is interesting that Riverside and Grange, Cathedral's neighbours are proportionally second and third in the table above, with Chaucer joint sixth. Other areas which have proportionally higher numbers of licensed premises are Camberwell Green, Peckham, and East Dulwich.

Almost a third of licensed premises are Café's/Restaurants (n=309); with just under a quarter being public houses/bars (n=248) and 23% being convenience stores or newsagents (n=244). The table below shows the to five wards which have the most of each different type of venue, as well as the proportion of these venues that the top five wards make up of all the venues in Southwark.

Type of venue	1	2	3 4		5	%
Café/Restaurant	Cathedrals (74)	Riverside (44)	East Dulwich (25)	Grange (23)	Village (18)	59.5%
Convenience Store	Camberwell Green (24)	Grange (24)	Cathedrals (18)	Riverside (18)	The Lane (16)	41%
Nightclub	East Walworth (7)	Cathedrals (4)	Grange (3)	Riverside (2)		72.7%
Off Licence	Cathedrals (5)	The Lane (5)	East Walworth (4)	Livesey (4)	Chaucer (4)	51.2%
Public House	Cathedrals (52)	Riverside (22)	Chaucer (21)	Grange (20)	The Lane (13)	51.6%
Supermarket	The Lane (5)	Cathedrals (4)	Chaucer (3)	Camberwell Green (3)	East Walworth (3)	46.2%
Takeaway	Grange (17)	Brunswick Park (12)	East Walworth (10)	The Lane (9)	Cathedrals (7)	49.5%

Legend (most frequently appearing wards)

Ward	Colour
Cathedrals	
Grange	
The Lane	
East Walworth	
Chaucer	
Riverside	
Camberwell Green	

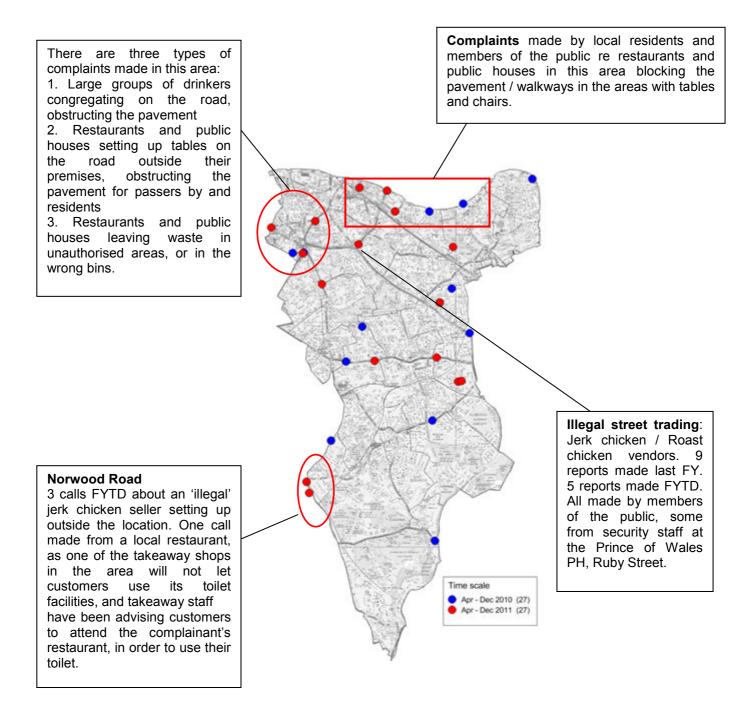
Cathedrals, as the map on the previous page would suggest clearly has the most Café/Restaurants; Off Licences and Public Houses within it than any other ward (and ranks highly for Nightclubs and Supermarkets also).

Other wards which feature heavily are The Lane (specifically for supermarkets, Off Licences and Takeaways); Grange (for Takeaways, Convenience Stores, Nightclubs and Public Houses) and Riverside (for Cafe/Restaurants and Public Houses).

Almost 60% of the boroughs Café/Restaurants are located in the top five wards, and similar high numbers are seen for Nightclubs, Public Houses and Off Licences.

4.2 Identified issues with licensed premises in Southwark

These issues have been detailed on the LBS maintained Confirm database. Information from the Community Warden Service is logged on this database, as well as public contact made with trading standards, environmental health and a number of other council departments. The incidents below were all reported by members of the public to environmental health or trading standards.



4.3 Alcohol saturation analysis 2011

Borough and Bankside

This area contains four of the top ten LSOA's for alcohol related ambulance call outs in Southwark. Levels are higher here than anywhere else in the borough (with the exception of one LSOA in Camberwell Green), and the area has experienced a slight reduction in 2011 (1.8%). The peak times of alcohol related ambulance call outs are 2000 – 0600, Friday to Saturday.

There was a **sharp decrease** in the amount of alcohol related disorder CAD calls in 2011, following increases seen in each of the previous four years. There was a **decrease of just over 20%** when comparing 2011 with figures from 2010. Disorder increases from 1500, peaking between 2100 and 0100 hours. **30.3% of calls occur within the evening period (2300 – 0559 hours).**

There was an increase in alcohol related violence in the evening in this period (10.7%), following decreases shown in both 2009 and 2010. Currently, **70.5% of violence** in the evening period here is considered to be alcohol related. Increases were predominantly seen in Assault with injury (17 offences). 79.6% of the alcohol related violence offences in this area occurred on **Friday / Saturday or Sunday**.

A **substantial decrease (29.7%)** was experienced in daytime alcohol related violence when comparing 2011 with both 2010 and 2009. Levels are at their lowest period since pre-2007. Peak times for alcohol related offending in the daytime remain to be in the **run up to the evening period**, between 1800 and 2300 hours. This is particularly true on Thursday/Friday and Saturday.

Camberwell

The LSOA containing Camberwell Green is the **top ranking LSOA** in Southwark for alcohol related ambulance call outs in 2011. Call outs increase from May onwards (when the weather gets a little warmer), with fewer calls received between January and April. When comparing 2011 with the previous year, there was an **increase of 97 calls, 58.1%.**

7.8% of all police alcohol related disorder calls in the borough are in this Saturation area. There has been an increase of 38 calls (5.7%) between 2010 and 2011. Public Houses; bookmakers and hostels are venues of note, as well as the Green itself.

Levels of alcohol related violent crime in the Camberwell saturation area have fallen since 2009, with a **44% reduction** between 2010 and 2011. The *proportion* of alcohol related violence remains to be over 40% (in 2011 it was 42.4%, though this has reduced from 48.4% seen in 2009).

Approximately 21.7% of 'daytime' violence taking place within the Camberwell Saturation area is considered to be alcohol-related. Levels of daytime alcohol related violence have also reduced – with reduction of 22.4% (15 offences) between 2010 and 2011.

Elephant and Castle

18.6% increase in alcohol related LAS calls in Elephant and Castle (n=29), when comparing 2011 with 2010. Peak times for alcohol related ambulance call outs are between 2200 and 0300 all week, but most specifically on Fridays, Saturdays and Sundays. Over a third of call outs take place on either a Saturday or a Sunday.

Levels of CAD calls generally maintain a similar level, yet in 2011 there was an increase of **54.6%.** Calls increase from 1600, peaking between 1900 and 2200. **Over a quarter** of calls take place in the evening period, between 2300 and 0559.

2010 experienced a large increase in alcohol related violence in the evening, and **levels in 2011 have remained at a similar level**, with just one fewer recorded crime. The proportion of violent crime **increased from 60% in 2010 to 64.9% in 2011.** Almost all offending takes place at the weekend, peaking on Saturdays (0100-0500) and Sundays (0200-0500).

There was a slight increase in daytime alcohol related violent crime in 2011 (8.8%, n=13). Increases were seen in common assault and possession of offensive weapon, whereas there were reductions in harassment. Over 27% of violence in the daytime is considered to be alcohol related.

Old Kent Road

The number of alcohol related ambulance calls to the Old Kent Road area has **increased by 16.48%** (when comparing 2011 with 2010, equating to 26 more call outs. Peak times for alcohol related ambulance calls are between 0100 and 0600, with a general trend towards calls at the weekend.

5.2% of borough disorder calls in the daytime relate to the Old Kent Road area, this figure remains the same in the evening. The dramatic increase seen in the last report has continued into this one, with an overall increase of 19.3% from 2009 to 2010, and **10.8% from 2010 to 2011**. Calls to the Old Kent Road increase from 100 hours onwards, with over a third of calls made between 1600 and 2000 hours. **22.8% of calls take place in the evening period, between 2300 and 0559 hours**.

There was a 20.7% decrease in alcohol related violence in the evening in the Old Kent Road. Proportionally, the amount of offences that are alcohol related has also risen, from 54.1% in 2010 to 56.8% in 2011. Evening offences in the Old Kent Road area are predominantly in the early hours of Sunday morning (36.5% of all offences).

Similarly, there has been a reduction in the amount of alcohol related violence offences in the daytime, with 2011 recording an **11.9% decrease**, when compared to 2010. Currently, **almost a quarter of daytime violence is alcohol related**, which is higher than in any other annual period.

Peckham

None of the LSOA's in Peckham are in the top 10 for alcohol related ambulance call outs (the highest ranked is 11th, followed by 16th). Peak times for ambulance call outs in this area are between 1800 and 0400 hours each week.

Police CAD calls in Peckham in 2011 have maintained similar levels to those in 2010, following a steep decrease. There has been a reduction of 12 calls (1.4%). 9.7% of all calls in the borough take place in the Peckham saturation area, which increases slightly to 9.9% in the evening. 23.3% of calls take place in the evening period.

There has been little significant change in the amount of alcohol related violent crime experienced in Peckham in the evening, in terms of either the total, or the proportion (alcohol is considered an issue in 57.8% of violent crimes in this area. Alcohol related violence in the evening in this area is almost entirely centred around the weekend, especially in the early hours of the morning on Sunday, as well as between 2300 and 0100 on weekdays.

There has been a **significant reduction in alcohol related violence in the daytime in Peckham** (20.5% reduction on 2010's figures), though the proportion that alcohol represents continues to slowly increase.

Peak times for alcohol related violence in the 'daytime' period in Peckham are between 1700 and 2300 on Monday and Friday evenings, which appears to **correlate closely with the night time economy.**

Shad Thames

As with the previous report, **levels of most types of crime/disorder are extremely low** in this area, and thus this saturation area may benefit from expansion.

5 alcohol related ambulance calls in 2011, a slight increase from 2010; between 2200 & 0200.

0.5% of the borough's daytime CAD calls were to the Shad Thames saturation area, which slightly increased to 0.9% in the evening. Levels of CAD calls have reduced in 2011; to 48 calls (from 89 in 2010). This is a reduction of 46.1%.

2 alcohol related offences in the evening (of four total offences). Both occurred on a Saturday, 0000 - 0200.

4 alcohol related offences reported in the daytime (8 total offences). All low level violence.

Walworth

13.6% reduction in the amount of alcohol related ambulance calls, when comparing 2011 with 2010 (there was also a reduction between 2009 and 2010).

5.8% of all daytime CAD disorder occurs in this saturation area. This decreases to 5% of all evening calls. 20.4% of calls to the Walworth saturation area are made in the evening (2300 – 0559 hours), with the weekend being the predominant days.

There was a **15.8% increase in alcohol related violent crime in the evening** between 2010 and 2011. The proportion of "evening" alcohol related violence considerably increased, from 49.4% in 2010 to 64.7% in 2011.

Overall there was a **30.6% decrease** in alcohol related violent crime in the daytime, when comparing 2011 with 2010, with the proportion of alcohol/violence remaining roughly the same. **Currently, the figure stands at 23.5%.**

Key findings

1061 licensed premises in Southwark; over a third located in Cathedrals, Grange or Riverside.

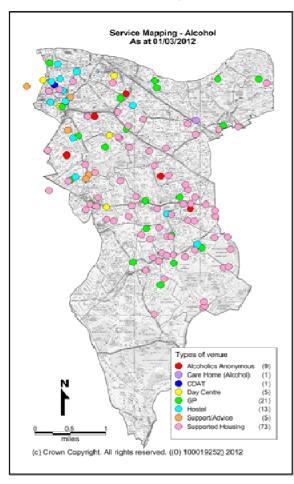
Most complaints made by the public about licensed premises are concerning the use of streets/outdoor space for tables and chairs, causing an obstruction to residents/passers by, large groups of drinkers congregating outside licensed premises, or commercial waste being dumped outside premises, causing eyesores. There was also a number of complaints made about 'illegal' jerk chicken sellers, outside specific venues in the Old Kent Road and Norwood Road.

The borough's alcohol saturation analysis showed that of the saturation areas:

	Police CAD calls	Violence (evening)	Violence (daytime)					
Borough and Bankside	Decrease	Increase	Decrease					
Camberwell	Increase	Decrease	Decrease					
Peckham	Little change	Little change	Decrease					
Elephant and Castle	Increase	Increase	Increase					
Old Kent Road	Increase	Decrease	Decrease					
Shad Thames	Not enough statistical data							
Walworth	Decrease	Decrease	Decrease					

5. Service Provision

5.1 Service mapping



Short term hostels in Southwark are generally found in and around Cathedrals ward, with the medium and longer term sheltered housing located throughout the borough, with clusters around Camberwell, Peckham and East Dulwich. There is also a long term care home for alcoholics located in Bermondsey.

Facilities, such as day centres, alcoholics anonymous and places to visit for help and advice are spread throughout the borough, though as the map to the left shows, much of the help and advice, and day centres are located towards the west of the borough, in Camberwell, Walworth or Borough and Bankside.

There are eight Alcoholics Anonymous meetings in the borough, all of which meet regularly in local church halls/community buildings.

Туре	Location	Address
nent	Foundation 66 (Alcohol Support)	68 Newington Causeway, SE1
Assessment and Treatment	CDAT (NHS drug team)	151 Blackfriars Road, SE1
	Divine Rescue	1 Thurlow Street, SE17
ē	Salvation Army	1 Princess Street, SE1
eut e	St Giles Trust	64-68 Camberwell Church Street, SE5
Ŏ	The Manna Centre	6 Melior Street, SE1
Day Centre	Webber Street Day Centre	Webber Street, SE1
	Blackfriars Advice Centre	1, Addington Square, SE5
<u>}</u>	Evolve	146-150 Camberwell Road, SE5
Support / Advice	Insight	83 Crampton Street, SE5
Sul	NRG	14-15 Lower Marsh, SE1

5.2 Insight

Insight is a confidential support service for young people (those aged under 19) living with, or affected by drug and alcohol issues in Southwark.

There are seven members of staff, who have extensive knowledge and experience of these issues, who provide information, advice and guidance on matters relating to drug/alcohol use. The team offer a range of services, including: assessment and care planning, key work sessions, psychosocial intervention, diversionary activities, complementary therapies, group workshops, satellite services, transition to adult services, smoking cessation, signposting and drug testing.

Young people can be referred to the team via many different routes, including Youth Offending Teams, Schools and PRU's, GP's, CAMHS, Social Services, Connexions, Youth Services, Hostels/Housing, A&E, Parents and carers, Brook and the Police. They also accept self referrals.

Clientele

Between April 1st, 2010 and 5th January 2012, there have been 89 clients, 68 males and 21 females, 32 of whom have alcohol related problems.

- > 5 clients listed alcohol as their primary problem (4 males and 1 female).
- > 27 clients listed alcohol as their secondary problem (22 males and 5 females).
- ➤ White British aged 18 has been highlighted as the main age and ethnicity that use alcohol as their primary substance choice.
- ➤ White British aged 19 and Caribbean aged 17 have been highlighted as the main age and ethnicity that use alcohol as their secondary substance choice.

Current clients

Insight has 80 active clients, six of whom are receiving support for alcohol related issues. Five of the six have both alcohol and drug issues.

Five of the six clients are female, and all are aged between 15 and 20. Staff have seen each client between 8 and 14 times. All have been referred since the middle of November 2011.

There are 74 clients involved solely in drug use, over 80% of whom (62) were aged 16-18. 70% (n=52) of clients were male, and the remainder female. The peak age for females was 16 (n=10) whereas the peak for males was 17 (n=18) followed by 16 (n=17).

Case study

A female, aged 13 was referred to the team by her school, who had concerns over her disruptive behaviour. This girl was sexually active, using alcohol and cannabis, and was at risk of being involved in criminal activities with her peers. *Insight* offered her one to one key work sessions, visual maps and talking therapy, and referred her to the sexual health service. Over time, her behaviour at school has improved; she is drug free, and has disassociated herself from the peers that were encouraging her into criminal behaviour.

Key Findings

Short term hostels for alcohol and drug users are generally located in Cathedrals ward, with longer term supported housing located throughout the borough, most notably in Peckham, East Dulwich and Camberwell

5 Insight clients listed alcohol as their primary problem, and 27 as their secondary problem White British, aged 18 has been highlighted as the main age/ethnicity that use alcohol as their primary substance.

6. Alcohol Related Crime

6.1 Introduction

In response to the recently published Alcohol Strategy, Chief Constable Jon Stoddart, the ACPO lead on alcohol and licensing welcomed the move, saying 'week in, week out in town centres across the country, the police have to deal with the consequences of cheap alcohol and irresponsible drinking. The growing trend for 'pre-loading' means that young people are often drunk before they even enter a bar. By the time they hit the streets at closing time they are more likely to get involved in crime and disorder, or injure themselves or others. I welcome any new approach that will help reduce the availability of cheap alcohol, give communities a greater say over licensing in their area, and reduce the pressure on police."

The correlation between alcohol and crime is not a new phenomenon. Purser, in 1995 created a functioning model explaining the alcohol/crime relationship. This is shown in the table below.

Category	Example
Offences which specifically mention alcohol	- Drink/drive
	- Being incapable or disorderly in a public place, having
	consumed alcohol
	- Being in contravention of occupational regulatory law
	(e.g. railway staff)
Offences against the Licensing Law	- Serving under age drinkers
	- Selling alcohol to under age drinkers
	- Serving people who are already intoxicated
Offences committed while under the dies-	- Where alcohol is used for 'Dutch courage', e.g. a
inhibiting effects of alcohol, where alcohol	burglary
has affected the persons self control or	
judgement.	
Offences resulting from an alcohol problem	- To obtain money or goods where income has been
where alcohol need not have been	spent on alcohol
consumed immediately prior to the offence	- Stealing alcohol to consume
being committed.	- Stealing goods to sell to buy alcohol
Offences where alcohol is used as an	- An account is given in court to explain away criminal
excuse	behaviour

The following two chapters detail alcohol related crime trends in Southwark. For the purposes of this analysis, domestic violence offences have been removed from the dataset, and analysed separately, in section 6.3. This is because the nature of domestic offending is very different to general crime, largely because the partnership response to each incident type will be different. For example, if all alcohol related crime was mapped together, hotspots could be generated from this information. Additional patrols and work with licensed premises may be options that could be used if the issues were regarding excessive drinking in the town centre, but may have little or no impact upon domestic offending. Therefore, it is more efficient to remove domestic offences, and analyse them as a whole in a separate section.

6.2 All crime (Non DV)

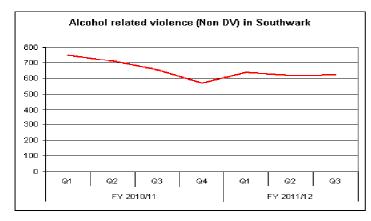
Last FYTD (to December 2010), alcohol was a factor in 10.03% of all crime. This decreased to 8.89% FYTD (to December 2011).

The table below details for each period, the proportion of all crimes within that crime type that were alcohol related.

Major Category	Total FYTD	% Alcohol FYTD	Total Last FYTD	% Alcohol last FYTD
Burglary	2646	5.9%	2436	5%
Criminal Damage	2187	9.1%	2183	8.4%
Other Offences	267	14.2%	427	26%
Robbery	1782	10.9%	1670	7.7%
Sexual Offences	275	34.5%	271	43.5%
Theft and Handling	10190	3.7%	9659	3.8%
Violence against the	3575	22.9%	4425	24.5%
Person				
Total	20922	9%	21071	10%

Overall, alcohol related crime has reduced when comparing the two periods FYTD.

Increases have been seen with burglary, criminal damage and robbery, with little change seen in the statistics for Theft and Handling and Violence. Decreases have been noted in Sexual Offences and 'Other Notifiable Offences'.



The graph to the left indicates the trajectory for alcohol related crime. Levels decreased as FY 2010/11 went on, however, have slightly increased (and stabilised) throughout FY 2011/12.

Owing to relatively small numbers, the remainder of this chapter will focus upon the main findings from each different crime type, with a focused look on violence.

Burglary

Increase of 26% when comparing Apr-Dec 2011 with the same period in 2010.

Issues

- There are several recurring themes when it comes to alcohol related burglary, the three main ones are:
 - > Theft of alcohol from locked garages
 - Overnight or walk-in burglaries of public houses and restaurants, where alcohol was taken
 - > Burglary of convenience stores/supermarkets. Predominantly cigarettes and alcohol stolen, indubitably because they are portable and easy to sell on.

Criminal damage

Increase of 8.7% when comparing Apr-Dec 2011 with the same period in 2010.

Issues

- Fights between patrons of licensed premises sometimes result in damage, either in the premises themselves (i.e. glasses being smashed against the wall) or outside, when shop windows/bus shelters etc have been damaged by those fighting in the street
- There have been several cases where drunken patrons have made their way home, damaging numerous cars, by scratching them or smashing their windscreens.
- Police property is one of the most common types of criminal damage, with damage done to cells (either spitting; urination; defecation) or to police vehicles in the street.
- There have been three incidents where shops have challenged youths as they have attempted to buy alcohol. When refused, the youths have damaged the shops fixtures and fittings, usually destroying stock owned by the shop.
- Patrons sometimes cause damage as they attempt to get home. There are numerous instances where bus drivers have been threatened and the bus damaged, as well as some where taxi drivers have had their vehicles damaged after refusing to take a fare.

Other offences

Decrease of 65.8% when comparing Apr-Dec 2011 with the same period in 2010.

Issues:

- In eight cases, there was an allegation that an offender had breached their ASBO. In all cases they had breached the clause 'not to be drunk in a public place'.
- There were 19 alcohol related affrays FYTD. All of these took place in the street, the most common streets being the Walworth Road and Peckham Road. Most involved a weapon of some kind. Two involved door staff.
- Three cases of dangerous driving, where the driver of a vehicle had been drinking, and later arrested, breathalysed and charged.

Robbery

Increase of 50.9% when comparing Apr-Dec 2011 with the same period in 2010.

Issues (Business Robbery):

19 robberies were classified as 'Robbery of Business Property'.

- There were 3 robberies of pizza delivery persons, where a group of youths approached them, assaulted them and then stole the food and/or moped
- > Two offences occurred during the summer riots, where large amounts of cigarettes and alcohol were stolen by a large group (50+).
- In most cases, alcohol and cigarettes was stolen by suspects. In some cases they made an attempt to steal it, and when challenged by staff, assaulted them.
- Guns were seen in four offences.

Issues (Personal Robbery):

- The most common property type stolen is mobile phones, which are snatched from the victims' hands as they use them, as they are paying little attention to their surroundings.
- There have been three instances of drunk victims being robbed of their mobile phones whilst in the smoking area of a public house / bar.

- Buses/Bus stops have also emerged as locations in which drunk victims have fallen prey to opportunistic robbers, with particular emphasis on the time at which the victim disembarks the bus.
- ➤ There are four general approaches made towards drunk victims:
 - i. Snatch of mobile phone/other property as the victim and suspects pass each other in the street
 - ii. Use of excessive violence by the suspects, in order to scare the victims into handing over their property.
 - iii. Suspects befriending the victim, and then requesting a cigarette, or some change, before robbing them of their possessions and;
 - iv. Approaching the victim from behind, grabbing them and threatening them with violence.

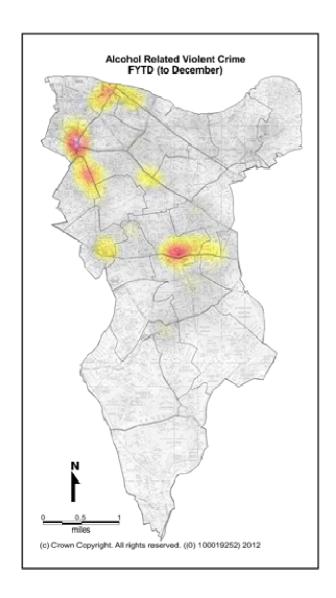
Theft and Handling

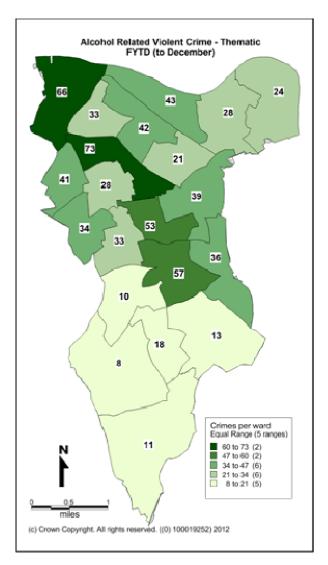
Increase of 3.3% when comparing Apr-Dec 2011 with the same period in 2010.

Issues

- Theft of alcohol (most particularly bottles of wine and spirits) from supermarkets and convenience stores
- Handbags/laptops/wallets/mobile phones taken from drunken patrons as they socialise in public house. This is a particular problem to the north of the borough, in Cathedrals ward.
- Snatches of mobile phones and jewellery from victims as they make their way home after their night out. This occurs to a limited extent within licensed premises, but more often in the street outside. Occasionally such crimes occur in the smoking area of the bars/clubs, where passers by snatch property belonging to the patrons.
- Property such as cash/travel documents/laptops and mobile phones stolen from those who have fallen asleep within venues, on public transport or in the street.
- > Theft of hand gel (containing alcohol) from Guy's Hospital.

Violent offences





Locations of violent crime in Southwark are predominantly to the centre and north of the borough, in the Borough, Peckham, and Walworth areas.

The hotspot map shows particular areas of concentration in Cathedrals both to the north, (at the riverfront) and the south, towards Elephant and Castle. This area of intensity continues along the Walworth Road. There is a further hotspot in Peckham / The Lane. There are also two subsidiary hotspots, one along the Old Kent Road and the other in Camberwell.

20.6% of alcohol related violent offending occurs on estates, with the top six estates being the Aylesbury, Tabard Gardens and Kingslake estates (6 each) and the Rockingham, Friary and Nelson estates following them (with 5 crimes each).

Time periods

Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
0000 - 0100	9	5	7	11	13	14	11	70
0100 - 0200	2	5	8	9	5	13	13	55
0200 - 0300	2	1	1	2	3	12	8	29
0300 - 0400	1	3		6	1	15	2	28
0400 - 0500		1	2	3		6	6	18
0500 - 0600		1				7	8	16
0600 - 0700	2	2	4	2	1	3	3	17
0700 – 0800	3	3		3	1	4	2	16
0800 - 0900	6	3	4	5	3	7	5	33
0900 – 1000	10	2	2	7	4	10	9	44
1000 – 1100	9	5	6	8	6	14	4	52
1100 – 1200	2	5	4	7	6	9	11	44
1200 – 1300	9	6	9	1	11	5	12	53
1300 – 1400	5	3	8	9	7	6	5	43
1400 – 1500	10	1	3	3	5	8	13	43
1500 – 1600	15	7	3	6	8	9	12	60
1600 – 1700	10	11	6	2	14	7	14	64
1700 – 1800	10	10	9	6	7	5	8	55
1800 – 1900	9	11	6	5	11	7	7	56
1900 – 2000	8	16	13	7	9	12	9	74
2000 – 2100	10	8	5	12	13	9	13	70
2100 – 2200	8	10	12	10	11	12	21	84
2200 – 2300	8	14	7	9	15	17	17	87
2300 – 0000	4	9	6	10	10	15	5	59
Total	152	142	125	143	164	226	218	1170

The peak day is Saturday (19.3% of the total) followed by Sunday (18.6%).

Violent offending starts to increase from 0900 hours, and increases again from 1900 hours.

Offending stays roughly at this level until 0100 hours, from which point it slowly decreases.

The peak time periods are:

2000 - 0400 Fri/Sat night (103 crimes, equating to 8.8% of the total).

2100 - 0200 Sat/Sun night (56 crimes, equating to 4.8%).

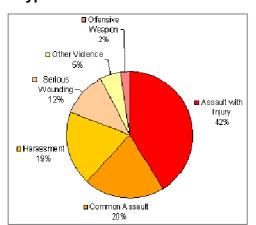
Month	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
FY 2010/11	118	144	130	136	121	94	120	116	104	101	91	107
FY 2011/12	93	106	94	85	77	107	94	75	89			

Peak months for alcohol related violent crime in FY 2010/11 were May, June and July, with secondary peaks in April, August and October. At the end of Quarter 3 in FY 2011/12, the peak months are May and September, with the secondary peaks in June and October.

These months correlate with the summer and Easter breaks for most schools in the borough; and may well be related to the warmer weather and extended daylight hours.

The October period, a secondary peak for violence in both time periods is likely to be related to the Halloween period, a traditional time for crime and disorder in the borough.

Type of violence



Over 40% of alcohol related violence is Assault with Injury, with lower level violence (common assault) being the next highest category.

Harassment (typically Public Order offences, such as threatening abusive or insulting words and behaviour) follows, though Affray is noted as an 'Other Notifiable Offence'. Serious wounding represented 12% of the borough's alcohol related violence.

Victim

Age Range	Female	% Female	Male	% Male	Total
Under 10	15	48.4%	16	51.6%	31
10 – 14	9	56.3%	7	43.8%	16
15 – 19	44	62.9%	26	37.1%	70
20 – 24	48	39%	75	61%	123
25 – 29	37	34.3%	71	65.7%	108
30 – 34	34	29.6%	81	70.4%	115
35 – 39	33	28.2%	84	71.8%	117
40 – 44	34	33.7%	67	66.3%	101
45 – 49	13	19.4%	54	80.6%	67
50 - 54	15	32.6%	31	67.4%	46
55 – 59	7	25.9%	20	74.1%	27
60 – 64		0%	9	100%	9
65+	3	23.1%	10	76.9%	13
Total	292	34.6%	551	65.4%	84.3

Proportion	0 - 19.9%	20 - 39.9%	40 - 59.9%	60 – 79.9%	80 – 100%
------------	-----------	------------	------------	------------	-----------

844 total victims (Apr-Dec 2011)

65.4% male, 34.6% female

Most common age range for females was between 20 and 24, followed by 15 to 19.

The amount of male victims' is at a higher level from the age of 20-24, peaking between 30 and 39.

Age	Afro-	Arabian/	Asian	Dark	Oriental	Unknown	White	Total
Range	Caribbean	Egyptian		European			European	
Under 10	16		2				13	31
10 – 14	10		1	1			4	16
15 – 19	31		4	3			32	70
20 – 24	30		12	8		4	69	123
25 – 29	26		10	6	1	1	64	108
30 – 34	40	1	15	5		2	52	115
35 – 39	32	2	12	10		1	60	117
40 – 44	28	2	2	3		4	62	101
45 – 49	29		2	4	1		31	67
50 – 54	22		3	1			20	46
55 – 59	10			3	1		13	27
60 – 64	1			1			7	9
65+	6					1	6	13
Total	281	5	63	45	3	13	433	839

1 - 9 10 - 19

There are two main ethnicities when considering the victims of alcohol related violence, as shown in the chart above. These are White European (51.4%, 433) and Afro-Caribbean (33.3%, 281). The peak age for White European victims was from 20-29 and 35-44, whilst for Afro-Caribbean victims the peak age was from 30-39.

Injury	Female	%	Male	%	Total
Level		Female		Male	
Fatal		0%	1	100%	1
Minor	116	35.4%	212	64.6%	328
Moderate	23	23%	77	77%	100
No Injury	122	38.9%	192	61.1%	314
Serious	4	9.8%	37	90.2%	41
Threats	28	46.7%	32	53.3%	60
Only					
Total	293	34.7%	551	65.3%	844

Vulnerable?	Female	%	Male	%	Total
		Female		Male	
Intimidated	21	50%	21	50%	42
16 or under	18	56.3%	14	43.8%	32
17 or under	25	69.4%	11	30.6%	36
Knife / Gun	1	100%		0%	1
Mental Imp	3	37.5%	5	62.5%	8
Physical	2	25%	6	75%	8
lmp					
No	223	31.1%	493	68.8%	717
vulnerability					
Total	293	34.7%	551	65.3%	844

Injuries recorded for alcohol related violent crime were typically of a minor nature, with 38.8% of victims receiving minor injuries, and 37.7% receiving no injury at all.

Most victims were not described as vulnerable, however, of the females that were, the primary causes were being aged under 17, or by being intimidated. Male victims were less likely to be perceived as vulnerable, yet where they were classified as such, this was either because of their age or because they had been intimidated. Males also had slightly higher numbers of incidents against victims who were either physically or mentally impaired.

Offenders

968 suspects of alcohol related violent crime (non DV) between April and December 2011.

Group Size	Offences
1	594
2	75
3	25
4	14
5	7
6	3
8+	4

In most offences, the suspect acts alone, with less than 20% of offences shown as being perpetrated by 2+ offenders.

In the following charts, those offenders have been omitted where the age, gender or ethnicity is not known / has not been estimated. The following chart represents the relationship between the age and gender of the suspects.

Age Range	Female	% Female	Male	% Male	Total
10 – 14	4	50%	4	50%	8
15 – 19	28	23.5%	91	76.5%	119
20 – 24	32	21.6%	116	78.4%	148
25 – 29	20	14.8%	115	85.2%	135
30 – 34	24	21.6%	87	78.4%	111
35 – 39	19	21.8%	68	78.2%	87
40 – 44	23	24.5%	71	75.5%	94
45 – 49	9	12.7%	62	87.3%	71
50 - 54	6	20.7%	23	79.3%	29
55 – 59	3	27.3%	8	72.7%	11
60 – 64	2	20%	8	80%	10
65+	1	12.5%	7	87.5%	8
Total	171	20.6%	660	79.4%	831

Proportion 0 – 19.9% 20 – 39.9% 40 – 59.9% 60 – 79.9% 80 – 100%

In total, 20.6% of suspects for alcohol related violence offences are female, compared to almost 80% male.

Peak ages for females are from 15 to 34, and from 20-29 for males. Females represent roughly 20% of each age range.

Similarly to victim data, suspects are typically either White European (56.5%, 472) or Afro-Caribbean (34%, 283). There are few suspects for other ethnicities, with the next most common being dark European (5%, 42).

Age Range	Afro- Caribbean	Arabian/ Egyptian	Asian	Dark European	Oriental	White European	Total
10 – 14	3	1				2	6
15 – 19	66		3	1		48	118
20 – 24	52	2	7	7		82	150
25 – 29	46	2	7	8		77	140
30 – 34	34	1	3	7		63	108
35 – 39	23	1	6	8		52	90
40 – 44	27	1		4		63	95
45 – 49	23	1	1	4	1	43	73
50 – 54	3			2		23	28
55 – 59	1					8	9
60 – 64	1					8	9
65+	4			1		3	8
Total	283	9	27	42	1	472	834

1 - 12 13 - 24 25 - 36 37 - 48 49 - 60 61 - 72 73 - 84

Where the victim and suspect were known to each other in some way, the most common relationship was 'acquaintance' (106, 11% of all suspects) followed by 'neighbours' (50, 5.2%), 'some other way (5%, 48) and 'friend' (3.2%, 31).

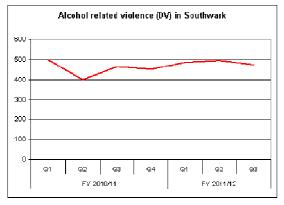
6.3 DV offences

Last FYTD (to December 2010), alcohol was a factor in 16.7% of all DV crime. This decreased to 15.6% FYTD (to December 2011).

Major Category	Alcohol consumed	Suspect drinking	Victim drinking
Burglary			
Criminal	6	30	4
Damage			
Notifiable		6	
Offences			
Robbery		1	
Sexual Offences	1	5	
Theft/ Handling		3	3
Violence	36	160	
Total	43	205	36

Major Category	Alcohol consumed	Suspect drinking	Victim drinking
Burglary	0%	0%	0%
Criminal Damage	3.3%	16.6%	2.2%
Notifiable Offences	0%	16.2%	0%
Robbery	0%	16.7%	0%
Sexual Offences	3.1%	15.6%	9.4%
Theft/Handling	0%	6.5%	0%
Violence	2.8%	12.3%	2.8%
Total	2.7%	12.7%	2.7%

Generally, it can be seen that for DV related crime, it is typically the suspect who has been drinking. The suspect was drunk, or had been drinking in 12.3% of violent offences in the borough. Higher totals were seen for other offences but this is largely because of their comparatively small data sets.



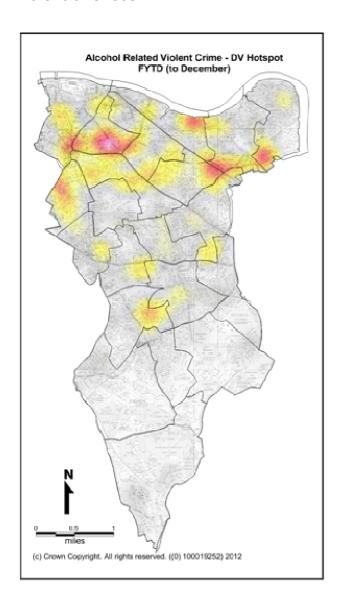
Overall, alcohol related crime has reduced when comparing the two periods FYTD.

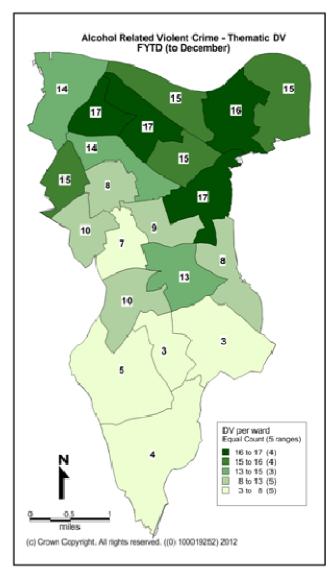
The graph indicates the trajectory for alcohol related crime. Levels decreased during FY 2010/11; however, slightly increased between Q2 and Q3 of the current FY. Since levels of offending are so low for most crime types, the remainder of this analysis will be centred on violent crime

^{**} No offences in which alcohol was consumed

^{** %} total offences in which alcohol was consumed

Violent offences





Locations of DV violent crime in Southwark are predominantly in the north of the borough, with hotspots seen in Chaucer ward; around Elephant and Castle; to the east of Newington, and West of Riverside, as well as two further hotspots in the south of Rotherhithe and Surrey Docks wards.

It appears that these hotspots are generated around estates. In total, 49.7% of alcohol related DV (violence) occurs within estates in Southwark, with the estates of note being: the Brandon estate (6), the Lawson (5) and the Aylesbury; Rockingham and Tabard Gardens estates, each with four offences.

Time Periods

Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
0000 - 0100	1	2		3	3	3	3	15
0100 - 0200		2	3	4	3	3	5	20
0200 - 0300	1		1		1	2	3	8
0300 - 0400				2		5		7
0400 - 0500				1		3	3	7
0500 - 0600						2	2	4
0600 - 0700			1		1	1		3
0700 - 0800	1					1	2	4
0800 - 0900						3	1	4
0900 – 1000	2	1			1	2		6
1000 – 1100	1			1		2		4
1100 – 1200							2	2
1200 – 1300								0
1300 – 1400			1			1	2	4
1400 – 1500	1			1			1	3
1500 – 1600				1	1		1	3
1600 – 1700		3					1	4
1700 – 1800	2	1	1		2			6
1800 – 1900	2	2			3	1	2	10
1900 – 2000	2	2	1	6		3	1	15
2000 – 2100	3	1		1	4	5	3	17
2100 – 2200	1	1	1	3	2	2		10
2200 – 2300	4	2	3	2	7	3	3	24
2300 - 0000	2			1	4	8	2	17
Total	23	17	12	26	32	50	37	197

The peak day is Saturday (25.4% of the total) followed by Sunday (18.8%).

Violent offending starts to increase from 1800, and remains at a higher level until 0200 hours.

There are low amount of alcohol related DV violence between 0500 and 1700 hours.

The peak time periods are:

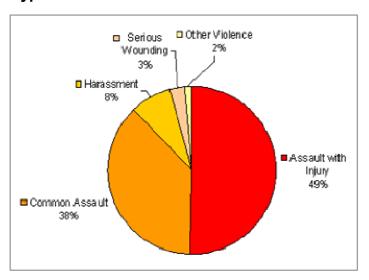
2000 - 0400 Fri/Sat night (103 crimes, equating to 14% of the total).

2300 - 0300 Sat/Sun night (56 crimes, equating to 11%).

Month	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	JAN	FEB	MAR
FY 2010/11	37	29	32	28	24	21	23	26	28	22	19	25
FY 2011/12	30	28	20	22	23	15	22	13	24			

Peak months for alcohol related DV (violence) in FY 2010/11 were April, May and June, with secondary peaks in July, December and November. FYTD, the peak times were again in April/May, with slight increases in the summer (July/August) and in December. This may be related to public holidays, when there is a general increase in alcohol consumption, and also times when families tend to spend longer periods of time together at home.

Type of violence



Almost half of alcohol related DV (violence) is Assault with Injury, with lower level violence (common assault) being the next highest category.

There are much lower levels of Harassment, serious wounding and 'Other Violence', which represent between 2 and 8% of the total.

Victims

Age Range	Female	% Female	Male	% Male	Total
10 – 14	1	50%	1	50%	2
15 – 19	9	64.3%	5	35.7%	14
20 – 24	33	78.6%	9	21.4%	42
25 – 29	21	70%	9	30%	30
30 – 34	34	81%	8	19%	42
35 – 39	33	89.2%	4	10.8%	37
40 – 44	19	59.4%	13	40.6%	32
45 – 49	20	74.1%	7	25.9%	27
50 - 54	7	77.8%	2	22.2%	9
55 – 59	4	57.1%	3	42.9%	7
60 – 64	4	50%	4	50%	8
65+	6	75%	2	25%	8
Total	191	74%	67	26%	258

258 victims of alcohol related violent crime (DV) between April and December 2011

In total, 74% of victims were female, and the remainder male.

Proportion 0 – 19.9% 20 – 39.9% 40 – 59.9% 60 – 79.9% 80 – 100%

The most common age range for females was between 20 and 24, and from 30 to 39. Though numbers were much lower for males, their peak age range was from 40 to 44.

There are two main ethnicities; White European (66.1%, 170) and Afro-Caribbean (25.3%, 65). The peak age for White European victims was 20-24 and 35-39, whilst for Afro-Caribbean victims the peak age was 30-39.

Age Range	Afro- Caribbean	Arabian/ Egyptian	Asian	Dark European	Oriental	White European	Total	
10 – 14	1					1	2	
15 – 19	4		1			9	14	Legend
20 – 24	8	2	1	3		27	41	
25 – 29	9	1	2	2		16	30	1 – 4
30 – 34	13	1	1	3		24	42	5 – 8
35 – 39	11			1		25	37	9 – 12
40 – 44	9			1	1	21	32	13 – 16
45 – 49	5			1		21	27	17 – 20
50 - 54	2			1		6	9	20 – 24
55 – 59	1					6	7	25 - 29
60 – 64	1					7	8	
65+	1					7	8	
Total	65	4	5	12	1	170	257	

Injuries recorded for alcohol related DV violent crime were typically of a minor nature, with 48.4% of victims receiving no injury, and 41.1% receiving minor injuries.

Injury	Female	%	Male	%	Total
Level		Female		Male	
Minor	75	70.8%	31	29.2%	106
Moderate	11	91.7%	1	8.3%	12
No Injury	95	76%	30	24%	125
Serious	5	83.3%	1	16.7%	6
Threats	5	55.6%	4	44.4%	9
Only					
Total	191	74	67	7.9%	258

Vulnerable?	Female	%	Male	%	Total
		Female		Male	
Intimidated	20	83.3%	4	16.7%	24
17 or under	1	33.3%	2	66.7%	3
Mental Imp		0%	1	100%	1
Physical		0%	1	100%	1
Imp					
No	170	74.2%	59	25.8%	229
vulnerability					
Total	191	74%	67	26%	258

Most victims were not described as vulnerable; however, where there was an identified vulnerability, this was owing to the suspect intimidating the victim.

There were five repeat victims, all of whom experienced two alcohol related violent DV offences.

Offenders

191 suspects for alcohol related violent crime (DV) between April and December 2011.

DV offenders almost exclusively work alone. This is presumably because of the nature of the relationship between abuser and victim. In cases of multiple suspects, almost all were family members.

In the following charts, those offenders have been omitted where the age, gender or ethnicity is not known / has not been estimated. The following chart represents the relationship between the age and gender of the suspects.

Age Ran	ge Female	% Female	Male	% Male	Total
15 – 19	3	60%	2	40%	5
20 – 24	1 4	15.4%	22	84.6%	26
25 – 29	5	20.8%	19	79.2%	24
30 – 34	1 7	29.2%	17	70.8%	24
35 – 39	7	18.4%	31	81.6%	38
40 – 44	1 5	22.7%	17	77.3%	22
45 – 49	2	7.7%	24	92.3%	26
50 - 54	1	0%	10	100%	10
55 – 59	•	0%	6	100%	6
60 - 64	1	0%	1	100%	1
65+		0%	1	100%	1
Total	33	18%	150	82%	183

In total, 18% of suspects for alcohol related violence offences are female, compared to just over 80% male.

Peak ages for females are from 30 to 39, and from 35-39 for males.

Proportion 0 – 19.9% 20 – 39.9% 40 – 59.9% 60 – 79.9% 80 – 100% males.

Suspects are typically either White European (61.2%, 112) or Afro-Caribbean (26.8%, 49). There are few suspects for other ethnicities.

Age	Afro-	Arabian/	Asian	Dark	Oriental	White	Total
Range	Caribbean	Egyptian		European		European	
15 – 19	1			1		3	5
20 – 24	5	1	2	2		15	25
25 – 29	5		1	1		18	25
30 – 34	11			3		9	23
35 – 39	9		1	3		24	37
40 – 44	4			2		16	22
45 – 49	8		1	1		17	27
50 - 54	3	1		1	1	4	10
55 – 59	2					5	7
60 – 64						1	1
65+	1						1
Total	49	2	5	14	1	112	183

	Legend
	1 – 4
	5 – 8
	9 – 12
	13 – 16
	17 – 20
	20 – 24
	25 - 29
_	

The most common relationship between suspect and victim is current boy/girlfriend (41.9% of the total). Ex boy/girlfriend is the second most common relationship (21.5% of the total).

In 88 offences, the employment status of the offender was recorded. 39 of these offenders were unemployed (44.3%).

Relationship (suspect to victim	No	% total
Acquaintance	2	1%
Current boy/girlfriend	80	41.9%
Brother/Sister	6	3.1%
Common Law Husband/Wife	3	1.6%
Son/Daughter	13	6.8%
Ex Boyfriend/Girlfriend	41	21.5%
Ex husband	2	1%
Parent	3	1.6%
Husband/Wife	32	16.8%
Same Sex intimate partner	3	1.6%
Step parent	2	1%
Not stated	4	2.1%
Total	191	100%

Key findings (Non DV)

Alcohol was a factor in 8.9% of non DV crime. When considering solely violent crime, this figure rose to 22.9%.

Of the other crime types, recurring themes were:

- Inebriated victims taking unnecessary risks with their property, and not paying attention to their surroundings
- ➤ Theft of alcohol (either for consumption by the suspect or for resale). Can be either licensed premises or private dwellings/garages.
- ➤ Link between alcohol and criminal damage, either as a result of fighting, or through mindless vandalism
- Assaults on staff/damage to property, as youths are refused alcohol (typically convenience stores and smaller shops, rather then supermarkets and larger chains).
- Link between the night time economy and transport, be this taxi, train or bus, whereby drivers and other passengers are threatened/assaulted, or have their property stolen.

Location: Centre and north of the borough, predominantly Cathedrals, Peckham and Walworth areas. 20.6% of alcohol related violence (non DV) occurs on estates.

Time: Peak periods are from 2000 – 0400 overnight, from Friday to Saturday and 2100 – 0200 overnight from Saturday to Sunday (implying a direct correlation with the night time economy).

Victim: 844 total victims, almost two thirds of which were male. The most common age range for males was 30-39, and for females 20-24 (followed by 15-19).

Offender: 968 total suspects, almost 80% of which were male. Peak age for male suspects was from 20-29, and for females 15-34.

The most common relationship between the victim and offender (where they were known to each other prior to the offence) was 'acquaintance', followed by 'neighbours'.

Key findings (DV)

15.6% of all DV crime is alcohol related. Generally, though not always, it is the suspect who has consumed alcohol.

Location: North of the borough, with hotspots seen in Chaucer ward, around Elephant and Castle, Newington, Riverside, as well as Rotherhithe and Surrey Docks. 49.7% of alcohol related DV offending occurs within estates (the primary one being the Brandon).

Time: Overnight from Friday to Saturday (2000 – 0400 hours), and overnight Saturday to Sunday (2300 – 0300 hours).

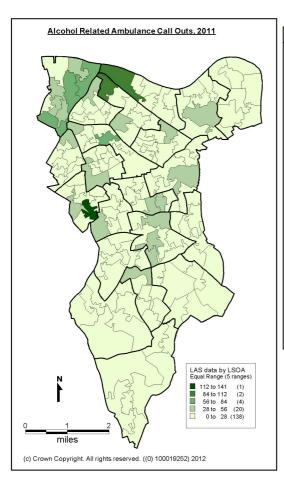
Victim: 258 victims, almost three quarters of which were females. Peak age for females is either 20 to 24 or 30 to 39. Lower numbers of male victims (peak age is 30-39).

Offender: 191 suspects, over 80% of which were male. Peak age for males is 35-39 (peak age for females is 30-39).

The most common relationship is current boy/girlfriend, followed by ex boy/girlfriend

7. London Ambulance Service

7.1 Location



Ward	2010	% 2010	2011	% 2011	% Change
The Lane	102	4.3%	199	7.3%	3%
Camberwell Green	155	6.5%	257	9.4%	2.8%
East Walworth	142	6%	204	7.5%	1.5%
East Dulwich	59	2.5%	89	3.3%	0.8%
Brunswick Park	52	2.2%	77	2.8%	0.6%
South Bermondsey	77	3.3%	102	3.7%	0.5%
Surrey Docks	39	1.6%	53	1.9%	0.3%
Peckham Rye	62	2.6%	69	2.5%	-0.1%
Rotherhithe	87	3.7%	95	3.5%	-0.2%
Faraday	89	3.8%	95	3.5%	-0.3%
South Camberwell	40	1.7%	38	1.4%	-0.3%
Riverside	153	6.5%	167	6.1%	-0.4%
Peckham	112	4.7%	115	4.2%	-0.5%
Grange	215	9.1%	234	8.5%	-0.5%
College	48	2%	40	1.5%	-0.6%
Newington	101	4.3%	100	3.7%	-0.6%
Nunhead	82	3.5%	75	2.7%	-0.7%
Village	67	2.8%	54	2%	-0.9%
Livesey	122	5.2%	108	3.9%	-1.2%
Chaucer	159	6.7%	150	5.5%	-1.2%
Cathedrals	405	17.1%	417	15.2%	-1.9%

The map above depicts alcohol related ambulance call outs in 2011, and while it can be seen that in the main, most are to the north of the borough, in Cathedrals, Riverside or Grange wards, it is the LSOA in Camberwell Green which has seen the highest amount of calls.

The chart ranks each ward based upon the change in the proportion that that ward contained of the whole boroughs alcohol related ambulance calls.

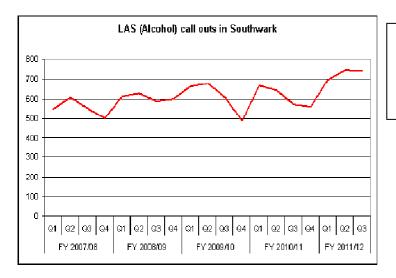
In 2010, Cathedrals had the highest number of calls, and represented 17.1% of all calls in the borough. By 2011, this had reduced to 15.2%.

In contrast, The Lane, in 2010 represented just 4.3% of the borough, which increased to 7.3% in 2011. In real terms, that was an increase of 97 calls.

Similarly, Camberwell Green and East Walworth also showed large increases, both in terms of borough proportion and numbers, with Camberwell Green increasing by 102 calls (and representing almost 10% of the boroughs alcohol related ambulance calls) and East Walworth increasing by 62 calls, and representing 7.5% of the boroughs total calls.

It can be seen that traditional 'hotspots' for alcohol related ambulance calls, such as Cathedrals, Chaucer and Grange either reduced in number, or in proportion.

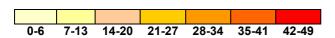
7.2 Statistics



No significant change when comparing FY 010/11.

- 15.6% increase from 2010 to 2011
- Significant increase in the amount of calls FYTD (16.1%, 302)

Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
0000 - 0100	15	16	18	28	24	49	26	176
0100 - 0200	15	11	17	12	16	49	33	153
0200 - 0300	14	9	16	13	12	29	35	128
0300 - 0400	6	13	8	10	9	27	25	98
0400 - 0500	6	7	11	12	9	21	19	85
0500 - 0600	8	7	5	8	6	24	23	81
0600 - 0700	8	4	5	6	4	8	13	48
0700 - 0800	8	12	8	5	3	16	14	66
0800 - 0900	8	6	3	9	3	13	12	54
0900 - 1000	13	7	7	12	6	13	13	71
1000 – 1100	11	5	12	10	14	7	18	77
1100 – 1200	17	13	12	9	18	24	19	112
1200 - 1300	11	13	8	11	15	14	5	77
1300 – 1400	11	15	11	13	15	12	15	92
1400 – 1500	17	17	18	12	20	32	20	136
1500 – 1600	20	8	11	14	20	16	14	103
1600 – 1700	21	10	14	17	23	24	18	127
1700 – 1800	11	18	16	22	21	20	16	124
1800 – 1900	19	20	12	16	23	22	15	127
1900 – 2000	21	20	15	13	30	19	28	146
2000 – 2100	15	19	17	15	31	21	11	129
2100 – 2200	20	19	16	22	38	20	18	153
2200 – 2300	12	29	27	25	39	23	17	172
2300 - 0000	23	24	32	26	42	42	14	203
Total	330	322	319	340	441	545	441	2738



Peak times for alcohol related ambulance data are overnight Friday – Saturday morning, and Saturday – Sunday morning, which correlates with police disorder calls and crime data.

The overall peak time is between 2300 and 0000 hours. 7.4% of all calls are made within this time period. Just over a quarter of all call outs (704) occur between 2200 and 0200 hours.

Peak days: Saturday, with higher levels recorded on Sunday and Friday

13.8% of calls made between 1900 on Friday and 0600 on Saturday.

7.4% of calls are made between 2300 on Saturday and 0600 on Sunday.

7.3 Patients

Age Range	Female	% Female	Male	% Male	Total
Under 10	2	33.3%	4	66.7%	6
10 – 14	9	81.8%	2	18.2%	11
15 – 19	84	50%	83	49.4%	168
20 – 24	109	47.4%	121	52.6%	230
25 – 29	99	33.1%	198	66.2%	299
30 – 34	85	29%	208	71%	293
35 – 39	51	16.7%	254	83.3%	305
40 – 44	61	18.9%	261	81.1%	322
45 – 49	42	13.1%	279	86.9%	321
50 - 54	42	22.1%	148	77.9%	190
55 – 59	19	15%	108	85%	127
60 – 64	56	34.6%	106	65.4%	162
65+	28	19.6%	115	80.4%	143
Total	687	26.7	1887	73.2	2577

Proportion 0 – 19.9% 20 – 39.9% 40 – 59.9% 60 – 79.9% 80 – 100%

Just under three quarters of patients are male, and 26.7% female.

The peak age range is 40 - 44, followed by 45 - 49 and 35 - 39. It must be remembered that DV victims will not have been removed from this search, which therefore may skew the figures.

As highlighted in previous assessments, and still being monitored by the Divisional Business Team, up until the age of 19, there are more females treated than males. From the age of 20 onwards however, there are far more males treated than females.

Treatment

The London Ambulance Service is continuing to improve their database, and it is possible to see what happened to those patients, after the ambulance was called. This data field is still underused – and currently being improved upon by the LAS. Approximately 90% of calls have this field completed.

Patients are taken in equal measure to either St Thomas's or Kings Cross Hospitals (approximately a third of all patients going to each). These are the A & E departments closest to Southwark, and as such this is to be expected. The most common results of those remaining were 'declined assistance against medical advice' (12.3%, n=304) and 'assisted but not conveyed' (5.7%, n=141).

31 patients were taken home by the LAS (own request) and 18 were taken home by police.

Key findings

Cathedrals, Grange, Chaucer and Camberwell Green have had the most calls, but the proportion of calls increased in The Lane, Camberwell Green and East Walworth.

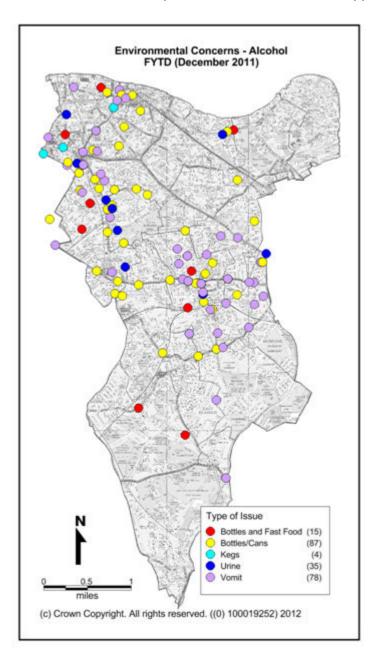
There was a 15.6% increase from 2010 to 2011.

Peak times are overnight Friday/Saturday (1900 – 0600) and Saturday/Sunday (2300 – 0600).

Just under three quarters of patients were male (peak age of 40-44) but to the age of 19, there are more females treated then males.

8. Environmental Concerns

Street drinking and associated antisocial behaviour (be this as part of the night time economy or otherwise) can impact upon residents, commuters and visitors perception of the physical environment, and also their feelings of safety. Problems associated with street drinking are (though not exclusively) litter; noise; intimidation; vomiting and urinating in public. The LBS Confirm database records some of these issues, as they are reported to the Local Authority, and the results from April – December 2011 are mapped below.



It must be remembered, given the extent of the data supplied by the community wardens, that to some extent these trends will be shaped based upon their shift patterns and patrol areas.

Nonetheless, it is possible to see that there are several peak areas for environmental problems associated with alcohol, principally:

Outside the bars and nightclubs to the north of the borough, in Cathedrals, Riverside and Chaucer wards

Along the Walworth Road (most notably the littering of bottles and cans, urination and vomit)

Littering of bottles and cans in Camberwell Green (historically a prevalent street drinking area).

Vomit, littering of bottles and cans, urination in and around Peckham High Street / Rye Lane.

There were 4 instances where metal kegs belonging to breweries were found, two of these were in Cathedrals, and the other two in Chaucer.

Specific issues concerned with alcohol use:

Littering of bottles and cans

There were 82 instances of bottles/cans being littered throughout the borough, with peak wards being The Lane (11), Cathedrals (10) and Chaucer (8). In 13 of these cases there was also a considerable amount of fast food debris left with the cans/bottles.

Peak times for littering to be reported are between 1100 and 1400, particularly on Mondays and Wednesdays. This is likely connected to the night time economy from the previous evening, in addition to the street drinkers in the daytime.

In six of the 82 reports, the litter was concerned with rough sleepers (where bedding materials / possessions had been found).

The top five locations for alcohol related litter are:

Milkwell Yard (4); Bog Gardens (3); Pocock Street (3); Queens Road (3) and Walworth Road (3).

Urination and vomiting in the street

There were 20 reports of urination in the street, eight of which were located in Elephant and Castle. There were also two reports in Perryn Street and a further two in Pocock Street. Eleven were in Cathedrals ward.

Reports are frequently made by the wardens, most of which are in the form of wash requests, owing to a strong, unpleasant smell.

Similarly to urination, vomiting is also unpleasant to see, walk through, or push a wheelchair or pushchair through.

There were 77 reports made of vomiting made in Southwark between April and December 2011, 25 of which were in the Lane, followed by 10 each in Livesey and East Walworth.

All instances were reported by the street wardens, who have noted that the top five roads are:

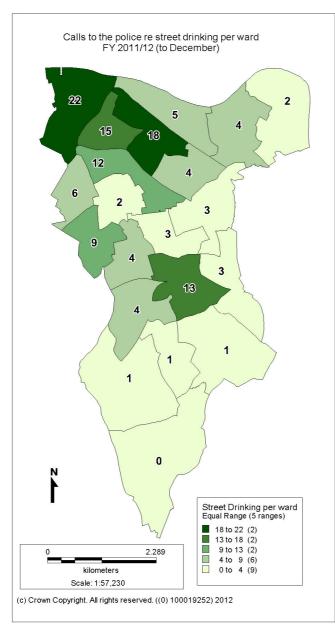
Rye Lane (10); Queens Road (8); Walworth Road (8); Peckham High Street (7); and Adys Road (4).

Key findings

Principal areas for environmental problems associated with alcohol are outside bars and nightclubs in Cathedrals and Riverside, along the Walworth Road, in Camberwell Green and Peckham High Street.

Such behaviour puts pressure on LBS services to keep the area clean, and is unhygienic, particularly for children. It can also be distressing and/or embarrassing for members of the public to witness.

9. Street Drinking



As the map to the left indicates, street drinking in Southwark is primarily located in Cathedrals ward, with 16.3% of calls of this nature being made to that ward.

Similar to the ambulance alcohol data, it is not only Cathedrals that is displaying higher levels, but the whole North West cluster of wards. The Lane is an anomaly, as most wards surrounding it have far fewer calls, and many wards to the south of the borough have just one or no calls.

Within Cathedrals; Grange and Chaucer, the peak areas are:

Hankey Place Gardens, Geraldine Mary Harmsworth Park and the grounds of the Imperial War Museum. Lambeth Road / St Georges Road Pilgrimage Street / Manciple Street

Camberwell Green, a former 'problem area' for street drinking has recorded nine calls, mostly to the park area.

Street drinking takes place at all hours of the day, but the profile of the drinkers, and the area changes.

The peak time for street drinking calls is between 1200 and 1600 hours, with calls made to Union Street, Geraldine Mary Harmsworth park, Elephant and

Castle and the Walworth Road. Calls are also made to the hostels and day centres, around Penarth Street, Blackfriars Road and Rushworth Street.

As the evening draws on, street drinking typically becomes centred on the licensed premises in the borough, principally those in Cathedrals, Chaucer and Peckham, and more specifically in the streets surrounding them.

Using CSAS powers, the community warden service are able to demand the name and address of people who have committed antisocial behaviour, and also confiscate alcohol from persons acting in an antisocial manner in a designated place, or from the under 18's.

-	CWS Alcohol Confiscations by ward/month April 2011 – February 2012 inclusive												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Total	% total
Camberwell Green	2	15	18	16		16	17	32	12	14	19	161	23%
Cathedrals Newington	2	3 11	18 24	43 15	22 4	24 3	24 2	1 5	6 4	5	3	151 68	22% 10%
East Walworth Faraday		1	10	4 12	8	28 10	18 4	2 7		1	1 1	61 54	9% 8%
Peckham Livesey	2	3	12	15 9	10 12	6 7	4 10	8	3 1	1	_	52 51	7% 7%
The Lane Chaucer	2	4 1 1	7 1	5 1 6	4 1 1	3 4	7 5	1	1	1 1	1 2	36 15 11	5% 2% 2%
Grange Nunhead South	1	ı	ı	0	1	3	1	2	1	1	3	11	2% 2%
Camberwell Rotherhithe	1		1				1	1 3	2		1	6 4	1% 1%
Peckham Rye Brunswick Park			1	4				2				4 3	1% 1% 0%
Riverside South			'	1				2		1		2	0%
Bermondsey East Dulwich		4			2							2	0% 0%
College	40	1	00	404	70	404	00		00	1	04	1 1	0%
Total % Total	10 1%	41 6%	92 13%	131 19%	73 11%	104 15%	93 13%	64 9%	29 4%	26 4%	31 4%		694

There have been 694 alcohol confiscations made by the community warden service between April 2011 and February 2012. Almost a quarter of confiscations were made from Camberwell Green, which had a particular peak in November 2011. In the summer months, Cathedrals was the peak ward, from July to October, with 20+ confiscations per month.

As with the police CAD data, confiscations are rare in the more southern wards. East Walworth, Faraday, Peckham and Livesey have had months in which they have had 10+ confiscations, but more often, have months in which there are 0-5.

Location	Total	% total	
Camberwell Green	91	13%	
St Georges Circus	69	10%	
Walworth Road	64	9%	
Peckham Square	47	7%	
Milkwell Yard	45	6%	
Old Kent Road	45	6%	
Nursery Row Park	27	4%	
Burgess Park	26	4%	
Nursery Row	22	3%	
Geraldine Mary Harmsworth	19	3%	
Rye Lane	17	2%	
East Street	14	2%	
Nelson Square	11	2%	
Blackfriars Road	9	1%	
Camberwell Church Street	8	1%	
Mint Street	8	1%	
Elephant and Castle	7	1%	
London Road	7	1%	
Borough High Street	5	1%	
Denmark Hill	6	1%	
Peckham High Street	6	1%	
Queens Road	6	1%	
Borough Road	5	1%	
Faraday Gardens	5	1%	
St Mary Magdalen Churchyard	5	15	
Locations with less than 5 confiscations	120	17%	
Total	694		

Looking more closely at the locational data, several patterns emerge, which correlate with findings from the police systems, these principally being that park areas are a frequent location for street drinking and that Cathedrals and Peckham are the main areas.

However, wardens data indicates that street drinking still takes place in Camberwell Green (specifically the park and the nearby Milkwell Yard), indeed, they are two of the areas with the highest numbers of alcohol confiscations. This is likely to be owing to changes with the MPS call reporting system.

For example, there were 45 alcohol confiscations in Milkwell yard, yet just one police call within the same period.

	CWS Alcohol Confiscations by Time Band / Location Type April 2011 – February 2012 inclusive Grey areas indicate times outside of standard patrolling times																	
	0	1	3	9	10	11	12	13	14	15	16	17	18	19	20	21	23	Total
Estate					4	11	1	3	2	4	5	2	2	1				35
Park	1		1	2	11	34	33	29	25	48	44	11	5	2	6			252
Street		2		1	11	37	60	58	32	73	80	27	7	11	5	2	1	407
Total	1	2	1	3	26	82	94	90	59	125	129	40	14	14	11	2	1	
% total	0%	0%	0%	0%	4%	12%	14%	13%	9%	18%	19%	6%	2%	2%	2%	0%	0%	694

Peak times for confiscations are 1200 - 1700 hours. As the chart below shows, Tuesday to Thursday are the peak days in SE5, and Tuesday to Friday the peak days in SE1.

Postcode	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	% total
N/A	1	2	0	5	2	1	2	13	2%
SE1	12	33	51	65	45	12	2	220	32%
SE1 & SE17	2	3	14	22	16	5	2	64	9%
SE15	12	9	18	31	27	7	3	107	15%
SE16	0	0	0	0	1	0	0	1	0%
SE17	2	17	23	18	22	2	0	84	12%
SE21	0	0	0	0	1	0	0	1	0%
SE22	0	1	0	0	0	2	0	3	0%
SE5	13	44	41	49	28	19	4	198	29%
Total	42	109	149	190	143	48	13	694	
% total	6%	16%	21%	275	21%	7%	2%		
Key	0 – 9	10 – 19	20 – 29	30 – 39	40 – 49	50 - 59	60 - 69		

Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
0000 - 0100				1				1
0100 - 0200					2			2
0200 - 0300								
0300 - 0400							1	1
0400 - 0500								
0500 - 0600								
0600 – 0700								
0700 – 0800								
0800 – 0900								
0900 – 1000			1	2				3
1000 – 1100		6	7	5	4	3	1	26
1100 – 1200	6	11	13	20	21	9	2	82
1200 – 1300	3	12	23	26	16	10	4	94
1300 – 1400	9	8	26	20	21	5	1	90
1400 – 1500	5	11	12	13	12	3 7	3 1	59
1500 – 1600	10	25	28	33	23	7	1	127
1600 – 1700	5	22	20	48	27	9		131
1700 – 1800	2	10	3	17	10			42
1800 – 1900	3		4	3	2	2		14
1900 – 2000		3	6	3 2 3	2 3	1		14
2000 – 2100		1	4	3	3			11
2100 – 2200			1	1				2
2200 – 2300								
2300 - 0000			1					1
Total	43	109	149	194	143	49	13	700
	0	1-9	10 – 19	20 – 29	30 – 39	40 – 49	50 - 59	

The table to the left clearly details the prevalence of alcohol confiscations on weekdays, though Thursday is clearly the peak day, for reasons unclear.

The overall peak periods are: 1500 to 1700 on Thursdays (81, 11.6%).

1100 to 1400 on Thursdays (66, 9.4%).

1200 to 1700 on Tuesdays 999, 14.1%).

Key findings

Peak areas for street drinking, identified through the MPS CAD call system are in the north of the borough (Cathedrals, Chaucer and Grange). There is an anomaly between police and CWS data, which implies that street drinking in Camberwell Green remains to be a problem, despite a lack of CAD calls to this area.

Alcohol confiscations take place between 1200 and 1700 hours, (peak 1500 – 1700 hours) with Tuesday – Thursday the peak days in SE5, and Tuesday – Friday the peak days in SE1.

10. Health

10.1 LAPE profiles

Alcohol Specific Mortality

Figures for both males and females are below the regional averages (and in the case of males, below the national average). The LAPE have judged that this is not statistically significant; however, it is of concern that this rate is not better. Southwark ranks 10th (of 32 boroughs) for males, and 4th for females (behind Hackney, Lambeth and Islington).

Mortality from chronic liver disease

Southwark has a higher rate of mortality from chronic liver disease (both males and females) than both regional and national averages, ranking 6th in London for males, and 5th for females.

Alcohol attributable mortality

Again, Southwark has higher rates of alcohol attributable mortality for males and females than regional and national averages, ranking 6th in London for males, and 7th in London for females.

Alcohol specific hospital admissions

Southwark is significantly better than the regional and national averages for those admissions in the under 18 age group (indeed, it has the fewest of all boroughs). The rate for males aged over 18 however is significantly worse than regional and national averages, yet for females is significantly better (than the national average).

Alcohol attributable hospital admissions

Figures for females' show that Southwark is significantly better than the national average (and slightly better than the regional average). The same is not true for males, where the deviation from the national average is not significant (yet is similar to the regional average).

Admission episodes for alcohol attributable conditions

Southwark is significantly better than both national and regional averages for this indicator.

Crime

Southwark is significantly worse than national and regional averages when considering all types of alcohol related crime. Measures used are:

- Alcohol related recorded crimes (9th in London)
- ➤ Alcohol related violent crimes (9th in London)
- Alcohol related sexual crimes (7th in London)

Claimants of Incapacity benefits (whose main reason is alcoholism) - working age

Southwark is significantly worse than both national and regional averages (5th in London).

Mortality from land transport accidents

Southwark's levels of mortality from land transport accidents is not significantly higher than either national or regional averages, ranking 10th in London.

Binge drinking, synthetic estimate

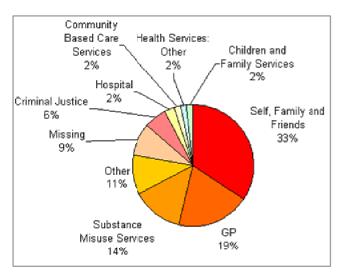
This refers to those people who drink twice the recommended intake per drinking session. Southwark is close to the national average, though ranks 12th in London.

10.2 Tier 3 alcohol data (NHS)

There are 566 clients in treatment FYTD, where alcohol is the primary drug used. 45% of these (n=256) were clients who were new to treatment.

There are currently 21 clients receiving an alcohol specific intervention FYTD (where alcohol is **not** the primary drug used).

FYTD, there have been 193 clients to have exited the treatment system (where alcohol is the primary drug used).



Self referrals or those from friends/family make up a third of all referrals, with the next highest level being referrals from the GP (19%) and referrals from Substance Misuse Services (14%).

Just 6% (n=16) have entered treatment through criminal justice means.

Common Treatment Pathways - (client	s late	st treat	tment journey FYTD)		
-	No	%		No	%
Structured Psychosocial Intervention	43	8%	Psychosocial and SDP	6	1%
Only					
Other Structured Treatment (OST) only	217	38%	Residential Rehabilitation Only	13	2%
Young Person Intervention only	6	1%	IP and Psychosocial	7	1%
Prescribing Only	6	2%	SDP and OST	24	4%
Psychosocial and OST	13	7%	Inpatient, Psychosocial and OST	6	1%
Structured Day Programme (SDP) Only	9	2%	Prescribing, Psychosocial and	1	0%
			OST		
Inpatient Treatment Only	35	6%	Psychosocial, SDP and OST	13	2%
Prescribing and Psychosocial	2	0%	All Other Combinations (inc	71	13%
			IP/RR)		
IP and OST	24	4%	All Other Combinations	4	1%
Prescribing and OST	9	2%	No intervention Commenced	24	4%

As the table above shows, there are a number of different treatment routes, dependent upon the patient themselves and their needs. The most common treatments are 'Other Structured Treatment' (38% of all clients) or 'All Other Combinations' (13% of all clients).

Over half the clients who have left treatment made a 'planned exit', taking, on average 319 days to complete their programs (this equates to 101 clients). Almost a third (n=60) made an 'unplanned exit', with this taking, on average 153 days of treatment. In 30 cases, the client was transferred to other services etc, with very few transferred because they were in custody (approximately 1%, spending, on average, 57 days on the program).

Clients

Age group at mid point of the year – all in treatment FYTD								
	Male		Female					
	Number	%	Number	%				
18 – 24	15	3%	6	1%				
25 – 29	21	4%	9	2%				
30 – 34	42	7%	26	5%				
35 – 39	49	9%	29	5%				
40 – 44	75	13%	39	7%				
45 – 49	73	13%	26	5%				
50 – 54	53	9%	27	5%				
55 – 59	24	4%	6	1%				
60 – 64	20	4%	13	2%				
65+	7	1%	6	1%				
Total	379	67%	187	33				

At the mid point of the year, two thirds of the clients were male, and the remaining third female.

There was a wide age range for male clients, but 40% of them were aged between 40 and 49. Numbers increase from the age of 30 onwards, and diminish after 55.

60% of clients being treated for alcohol are White British, with the second highest grouping being 'White Other' (10%) and 'White Irish (9%). There are very few other ethnicities going through the alcohol treatment system.

Drinking days and Units (FYTD)										
No units on typical	No drink	No drinking days in the past 28 days								
drinking day	0	1-7	8-14	15-27	28	Missing				
0	48	0	0	1	0	0				
1 – 9	0	14	1	12	8	0				
10 – 19	0	25	14	25	61	0				
20 – 29	0	15	11	15	97	0				
30 – 39	0	11	7	13	62	0				
40 – 49	0	7	3	1	38	0				
50 – 99	0	7	2	3	30	0				
100+	0	10	1	0	11	0				
Missing	0	0	0	0	0	13				

Units per month	Ma	ale	Fe	male	Α	II
Units per month	No	%	No	%	No	%
0	28	7%	21	11%	49	9%
1 – 199	54	14%	35	19%	89	16%
200 – 399	53	14%	38	20%	91	16%
400 – 599	69	18%	35	19%	104	18%
600 – 799	42	11%	22	12%	64	11%
800 – 999	44	12%	10	5%	54	10%
1000+	78	21%	24	13%	102	18%
Missing	11	3%	2	1%	13	2%

Almost all clients had had at least one drink over the past 28 days, with most drinking on at least 7 days. Over half (54%, n=307) state that they have had a drink every day over the past 28 days, with most clients stating that they have drunk between 20-29 units per day.

Approximately 18% of all clients drink between 400 and 599 units per month, and a further 18% over 1000. This data is largely driven by males, who seem to drink more than females, with 100+ units being drunk the most common average. For females, the most common average was between 200 and 399 units.

Secondary and tertiary drug use

A third of clients use a secondary drug (where data was recorded). This was mostly cannabis (11% of clients), though in 5% of cases heroin was the secondary drug, and in a further 5% the secondary drug was Cocaine. 39% of clients have a dual diagnosis (both drugs and alcohol).

Key findings

Southwark is significantly worse than national and regional averages for all types of alcohol related crime (all recorded; violent and sexual).

Southwark has higher rates of mortality from chronic liver disease (in both males and females) than both national and regional averages).

Alcohol Specific Hospital Admissions								
Under 18	Significantly better than national/regional averages (lowest in London)							
Males 18+	Significantly worse than national/regional averages							
Females 18+	Significantly better than national/regional averages.							

There are 566 NHS clients FYTD where alcohol is the primary drug used. Of these:

- Primarily self referrals or referrals from friends/family. Just 6% have been referred through the criminal justice system
- > Two thirds of clients are male and one third female
- Peak age for males is 40-49, and 40-44 for females
- ➤ 60% of clients are White British, 10% White Other and 9% White Irish. There are very few people from other ethnicities going through the treatment system
- Most clients have drunk on at least seven of the last 28 days, with over half stating that they have had a drink every day.
- ➤ One third of clients use a secondary drug. Where recorded, 11% also use cannabis, 5% heroin and 5% cocaine. 39% of clients have a dual diagnosis.

11. Young People

11.1 Introduction

Virtually all secondary school students and some college/university students are aged under 18. However, many drink alcohol, at least occasionally, and some drink frequently and heavily. Students in particular can get alcohol for free, or at low prices, which may contribute to their drinking at levels that significantly increase their risk of negative alcohol-related experiences.

On the whole, underage drinkers experience a wide range of alcohol related health, social, criminal justice and academic problems. Younger drinkers can have troubled interactions with others, particularly police officers or other responsible adults trying to intervene, these include:

Overconfidence and recklessness. Excessive drinking may cause people to act in ways that they would usually consider unwise or inappropriate

Lack of awareness. As people become intoxicated, they may lose awareness of what is happening, and may be unable to process difficult situations appropriately.

Aggression. Drinkers sometimes misinterpret others, perceiving them to be offensive, and this can result in violence

Loss of control. Drinkers' motor skills can become impaired, and drinkers often lose control of their emotions

Some of the associated problems with youth drinking are:

- Drink driving / speeding / 'cruising'
- Disorderly conduct in public places
- Assaults in and around bars, late night eateries, and transport links
- Acquaintance rape
- House parties
- Vandalism
- Noise complaints in residential areas

Young people may see drinking as a 'rite of passage', and go out for the evening intending to get drunk, and may try to get drunker still by drinking a lot very quickly, or drinking alcohol with a high alcohol content. Many may get drunk simply because they misjudge their limits. Given that young people are susceptible to peer pressure, if they perceive their peers to be drinking a large amount; this may influence their own drinking habits.

Environmental reasons for young people drinking

Alcohol is heavily advertised, on the television, on billboards, in newspapers and magazines, and even on the side of buses. The media may be seen as promoting alcohol use amongst young people (with limited messages given of the importance of drinking responsibly). Many products (such as 'Alco pops') have trendy, colourful youth-oriented packaging, and are likely to appeal to young people.

Young people, particularly those away from home, at university or college, are surrounded by outlets that sell alcohol, as well as locations in which they can drink, such as bars and restaurants. Many bars have discount prices (e.g. during happy hour) or drink specials (e.g. two for one, ladies drink free etc) that encourage heavy drinking amongst all customers, some of whom may be underage.

National issues

It is estimated that between 780,000 and 1.3m children are broadly affected within the UK by parental alcohol problems.

Fewer young people are drinking. 51% had ever drunk alcohol in 2009 compared to 61% in 2001.

The average amount of alcohol consumed by those young people who do drink has also declined slightly over the past three years. This is down from 14.6 units in 2008 to 11.6 units in 2009. Having doubled between 1990 and 2000 (Smoking, drinking and drug use amongst young people in England 2009).

There are 13,000 hospital admissions linked to young people's drinking each year. (Hospital Episode Statistics, the NHS Information centre for heath and social care).

Most young people were under the influence during their first sexual encounter.

By the time they are 15, the vast majority (81%) of young people have had their first alcoholic drink. (Smoking, drinking and drug use amongst young people in England 2009).

Alcohol misuse is also linked to sexual health and teenage pregnancy. One in eight 15 to 16 year old girls has had unprotected sex after drinking alcohol.

Local issues

Southwark have low rates of alcohol related hospital admissions for under 18s, compared to the national average.

Ambulance data shows an increase of 7.6% in drug and alcohol calls for young people from 2007/08 to 2008/09. (Females being over represented).

2004 survey of Southwark pupils between the ages of 12 and 15 found that 19% had drunk alcohol in the previous seven days.

The number of Southwark pupils excluded for drug or alcohol use has greatly reduced since 2005-06.

Southwark is performing significantly worse than the England average in Alcohol Related recorded crime and alcohol related violent crime.

Southwark's sexual offence data has increased every year since 2007/08, and ranks 309 nationally (from 326 Local Authorities across England).

Agencies report that young people are not as concerned with alcohol related health risks but want to make behaviour changes to improve their safety.

11.2 Health

The Child Health Reports for each borough were published in March 2012. These reports provide a snapshot of child health in each area, and are designed to help the Local Authority and PCT improve the health and wellbeing of children, and tackle health inequalities.

Southwark has proportionally slightly fewer young people aged 0-19 than both London and England averages.

77.1% of the school aged children (5-16) in Southwark are from a BME background.

32.3% of children (aged under 16) live in poverty, which is worse than the London average (29.7%) and significantly worse than the England average (21.9%). This equates to the percentage of children living in households in receipt of out of work benefits or tax credits where their reported income is less than 60% median income 2009.

Children in Southwark have higher than average levels of obesity. 13% of children in Reception, and 26% of children in Year 6 are classified as obese. 64% of children participate in at least three hours of sport a week, which is better than the England average.

The teenage pregnancy rate in Southwark is higher than the England average. In 2010/11, 1.2% of all births were to teenaged girls. This is similar to the England average.

For the 15-24 year old age group, the Chlamydia diagnosis rate is significantly worse than both the regional and national averages.

When considering young people and alcohol, in comparison to the 2003-2006 period, the rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol (such as alcohol overdose) is broadly similar in the 2007-2010 period. Overall rates of admission in the 2007-2010 periods are lower than the England average.

In terms of wider determinants of ill health, there are five areas in which Southwark's children are significantly worse than both regional and national averages. These are:

- > The rate of children not in education, employment or training
- > The rate of first time entrants to the Youth Justice System
- Children living in poverty (aged under 16 years)
- Rate of family homelessness
- Number of children in care

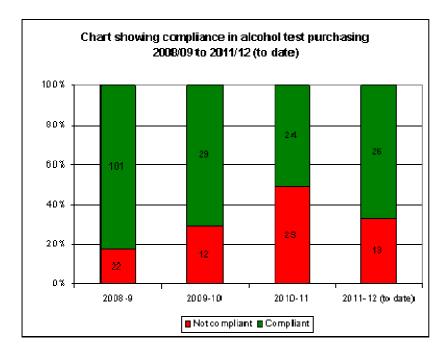
11.3 Education

Between September 2011 and March 2012 there has been one permanent exclusion and four fixed term exclusions where the reason given has been drugs/alcohol. Proportionally, this is 1% of all exclusions in the borough (across all schools, both primary and secondary).

In the last academic year (between September 2010 and July 2011, there were 12 exclusions (10 of which were fixed term and two of which were permanent). This represented 1.8% of all exclusions.

All pupils that have been given exclusions (in both academic years) are males, and aged between 14 and 16. One pupil was aged 10.

11.4 Test Purchasing



In FY 2010/11, there were 164 test purchasing operations undertaken the LBS by licensing team, for cigarettes, alcohol or fireworks. Of these, 47 were for alcohol.

23 premises sold alcohol to the LBS representative, a rate of 49%. In only one of these did shopkeeper ask the representative how old they were (and sold it to them anyway).

In all, ten premises were given additional training and a warning, five were cautioned, and two were prosecuted.

Thus far in FY 2011/12, there

have been 111 test purchase operations, 39 for alcohol. 13 of the premises sold the volunteer alcohol, a rate of 33%. Of these 13 premises, five were given additional training and a warning.

It appears that sales to minors drop if many test purchases are attempted, or if enforcement action is taken (prosecutions/licence reviews etc). No action was taken in 2010, owing to resourcing issues, and 49% sales were experienced. There may be other factors that influence this (such as different volunteers used), but it does seem to be a problem that ought to be kept under close control.

As an inner London borough, Southwark has an ever-changing trader base, with many licence applications made each year, and therefore, many traders granted a licence may not take an alcohol licence seriously until they are challenged and the Local Authority seeks to impose sanctions upon it as a result of non-compliance.

Key findings

Nationally, it is estimated that between 780,000 and 1.3m children in the UK are broadly affected by parental drinking problems.

By the age of 15, 81% of young people have had their first alcoholic drink.

1% of all exclusions in the borough since September 2011 were for the possession/use of drugs or alcohol.

Currently, there is a 66% compliance rate for the test purchasing of alcohol (down from 49% in FY 2010/11).

12. Road Traffic Accidents

12.1 Introduction

Driving whilst under the influence of alcohol is a Partnership concern because alcohol increases the risk that drivers will become involved in traffic collisions and perhaps kill or injure either themselves or others. There are similar concerns over the use of controlled substances, and this data is included within this chapter.

Drink driving is increasingly the result of a cultural 'norm' that emphasises drinking alcohol as a form of entertainment, and driving as both transportation and entertainment. Cultural drinking habits also shape drink driving patterns; for example, **the data shows that this is more concentrated on weekend nights.**

Drivers who opt to take this risk do so because they believe that there is little risk of them being caught by police. It is unknown how many drivers are on the road who have consumed alcohol, but it is likely that only a small proportion of those are arrested. This is likely to be because:

- ➤ Police must reasonably suspect that a driver is drunk, or have committed some other traffic violation in order to stop and detain the driver. If the driver is able to drive without displaying obvious signs of intoxication, they are not as likely to be stopped.
- > There are fewer police officers on duty at any one time than the public commonly believes
- There are many competing priorities for police attention, particularly at those times when drink driving is at its peak

The low probability that they will be stopped or arrested, compounded with the need to get home, and clouding of judgement by alcohol leads many drivers to believe that they can drink and drive without being caught.

Harms caused by drink-driving are:

- > Death or injury to drivers, passengers and pedestrians
- > Financial losses to those persons, their families and their employers, when they are not at work
- Damage to vehicles (potentially causing insurance rates to rise)
- > Other property, often belonging to the Local Authority is damaged or destroyed, such as trees, utility poles, traffic signage, and buildings/walls/fences.
- > Partnership resourced are deployed, reducing resources available for other community safety problems

12.2 Collisions involving drugs or alcohol

- There was a 2.9% (n=29) increase in traffic collisions between FY 2009/10 and FY 2010/11. FYTD (to November), there was a decrease of 7.8% (54 collisions).
- In FY 2009/10, 3.1% (31) of all road collisions were attributable to drugs or alcohol. This fell to 1.9% (19) in FY 2010/11.
- FYTD (to November), 2.3% (n=16) of all road traffic collisions were attributable to drugs or alcohol. This is an increase from the same period in the last FY, when 1.9% (n=14) were considered to be alcohol/drugs related.

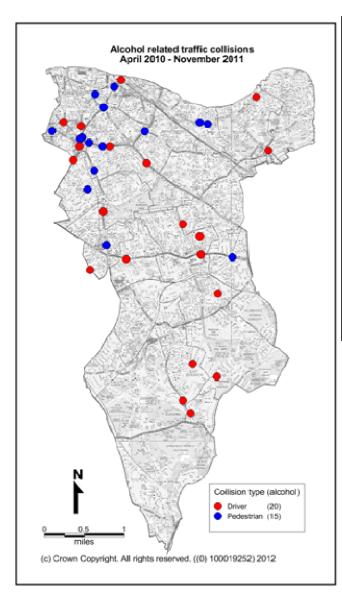
Since there is limited data, the following analysis will concentrate on all alcohol related traffic accidents since April 2010 (35 incidents).

12.3 Peak days / times

11 of the 15 incidents where a drunk pedestrian were involved were on a Friday, Saturday or Sunday, and though the numbers are low, tend to occur between 2100 and 0500 hours. The overall peak time is between 0400 and 0500 on Sundays Saturdays and Mondays, which would imply a direct correlation with the night time economy.

Drink/drive incidents are a little more spread out, though there are still peaks in the early hours and at the weekends. Particular times of note are Saturdays between 0000 and 0500 and Tuesdays between 1800 and 2200 hours.

12.4 Locations



Ward	Driver	Pedestrian	Total
Brunswick Park	1		1
Camberwell Green		1	1
Cathedrals	3	5	8
Chaucer		1	1
College	1		1
East Dulwich	1		1
East Walworth	2	2	4
Faraday	1		1
Grange		1	1
Herne Hill	1		1
Livesey	1		1
Newington	1	2	3
Nunhead		1	1
Peckham	1		1
Peckham Rye	1		1
Riverside	1	2	3
Rotherhithe	2		2
The Lane	2		2
Village	1		1
Total	20	15	35

Cathedrals has seen the most alcohol related collisions since April 2010, followed by East Walworth (an adjoining ward). Generally, incidents follow the pattern of the main roads.

Drink/drive collisions occur throughout the borough, with no real prevalence in any ward. Incidents where the pedestrian hit was drunk however are almost entirely in the north of the borough, dovetailing with Southwark's night time economy. Particular areas of note are Elephant and Castle (and surrounds), Borough High Street and Walworth Road

12.5 Accident data

Almost all incidents took place on a single carriageway (31 of 35) with the remainder taking place on a dual carriageway (2) or at a roundabout (2).

Almost 80% of incidents (27) took place near a junction, with over half taking place at a T Junction (19).

In all cases, there were street lights in dark areas (which were lit). In the daylight hours, there were street lights present (but not lit).

In almost all incidents, there was one casualty. In three incidents there were two, and in one incident three.

Over 80% of incidents in Southwark took place at some sort of junction, primarily at T Junctions or roundabouts. Just 19 events occurred where there was no type of junction

Pedestrian Crossing	Driver	Pedestrian	Total
Central Refuge, no other controls		1	1
Footbridge or subway		1	1
No crossing within 50m	13	7	20
Pedestrian phase at traffic signal junction	3	2	5
Pelican, Puffin, Toucan or similar	4	2	6
Zebra Crossing		2	2
Total	20	15	35

Of incidents that involved a pedestrian crossing, most were where there was no official crossing facility

Over three quarters of incidents occurred in daylight hours; in areas where there is street lighting (one incident occurred in the daylight with no street lighting present). Of all incidents that occurred in the darkness, street lighting was present, and lit.

In the majority of incidents, conditions were dry (27). In 6 incidents there were wet/damp conditions and in two incidents there was frost/ice.

12.6 Vehicles

In total, 119 vehicles were involved in alcohol-related collisions in Southwark between April 2010 and November 2011.

Vehicle Type	Driver	Pedestrian	Total
Bus or coach		6	6
Car	22	3	25
Goods vehicle less than or equal to 3.5T	2	3	5
Goods vehicle between 3.5T and 7.5T	1		1
Motorcycle 50cc and under	2		2
Motorcycle over 50cc and up to 125cc	4	0	4
Motorcycle over 125cc and up to 500cc		1	1
Motorcycle over 500cc	2	0	2
Other motor vehicle		1	1
Pedal cycle	4	0	4
Taxi	2	1	3
Total	39	15	54

Drink/Drive incidents typically involved cars, though motorbikes (of all different engine sizes) were also of note.

Where the pedestrian was drunk, they were primarily hit by buses/coaches, followed by cars and small goods vehicles (under 3.5T).

Age Range	Driver		Pedestrian	
	Female	Male	Female	Male
15 – 19		1		
20 – 24	1	2		1
25 – 29	2	4		
30 – 34	1	5		
35 – 39		4		
40 – 44	1	3		1
45 – 49	1			3
50 – 54		4		3 2 2
55 – 59		3		2
60+		1		1
Total	6	29		13

There were 44 incidents in which a partial postcode was given for the driver. In 20 cases, the driver lived within Southwark (principally SE17 and SE15). Other originating areas were Surrey, north London and Essex.

Hit and Run

There were 5 alcohol-related hit and run incidents in Southwark in this period. All of these were where a drunk pedestrian was hit by a passing vehicle.

12.7 Casualties

Since April 2010 there have been 40 casualties owing to alcohol related traffic collisions. 9 casualties suffered slight injuries, and 31 severe injuries. There were no fatalities.

Age Range	Driver		Pedestrian	
	Female	Male	Female	Male
15 – 19	1	1	2	1
20 – 24		2		1
25 – 29	4	2		1
30 – 34	1	2		1
35 – 39		4		3
40 – 44		3		5
45 – 49				
50 - 54		1		
55 – 59		2		
60+		1		1
Total	6	18	2	13

Over double the amount of females injured in Southwark than males.

Of the females who have been injured, most drivers were aged 25 – 29. Both female pedestrians who were injured were aged 15-19

The peak age for male drivers is between 35 and 44. This is the same profile as the male pedestrians injured.

Of the injuries, there were 18 pedestrians, 1 passenger and 21 drivers. Of those pedestrians, six were within 50m of a pedestrian crossing, and a further six were crossing the carriageway (with no official crossing).

Key findings

2.3% of all Road Traffic Accidents in Southwark are attributable to drugs or alcohol

Drunk Pedestrians

Time: Mostly on Friday/Saturday or Sunday nights, between 2100 and 0500 hours.

Location: Most accidents occur in Cathedrals, or the surrounding wards. Half of the accidents occurred where there was no crossing in place for at least 50m.

Drunk Drivers

Time: More spread out than collisions involving pedestrians, though there are still peaks in the early hours of the morning. Times of note are on Saturdays between 0000 and 0500 and Tuesdays, between 1800 and 2200 hours.

Location: Drink/Drive collisions occur throughout the borough, with no real prevalence in any ward. Areas of note are Elephant & Castle; Borough High Street and Walworth Road.

Type of vehicle: Of 39 vehicles, 22 were cars and 8 were motorcycles.

5 alcohol related hit & run incidents, all involving a drunk pedestrian being hit by a vehicle.