

Harrow Drug and Alcohol Action Team

Draft Alcohol Strategy 2006-2009

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1. Introduction

Reducing alcohol related harm and encouraging sensible drinking is a key national priority. In response, the Safer Harrow Management Group has identified the need for a Harrow Alcohol Strategy, which will be implemented through multi-agency working.

This Strategy sets out:

- 1 National and local drivers for action
- 2 Local needs
- 3 Current services and gaps identified
- 4 Key priorities for implementation

2. National drivers for action

2.1 'Choosing Health' the Public Health White Paper¹ identifies six key areas for action:

- 1 Alcohol industry to develop a voluntary social responsibility scheme for alcohol producers and retailers to protect young people
- 2 Industries such as the Portman Group to develop a new and strengthened information campaign to tackle binge drinking
- 3 PCTs and local partners to assess needs, initiate local improvements and review progress
- 4 Programme of improvement for alcohol treatment services
- 5 Guidance and training for health professionals in identifying problems early
- 6 Screening and brief intervention pilots in mainstream health and criminal justice settings. In addition, the white paper implementation plan² suggests that PCTs take the following practical steps:
 - 7 Assess local needs and current provision
 - 8 Identify a lead commissioner and local champions
 - 9 Consider appointing alcohol intervention specialist nurses to co-ordinate and implement screening and brief interventions
 - 10 Publish a Guide to Services

2.2 The National Strategy for Sexual Health and HIV (DOH, 2001)³ aims to reduce transmission and prevalence of sexually transmitted diseases alongside a reduction in unwanted pregnancies through national campaign targeting pubs and clubs with information about the dangers of unprotected sex. The Teenage Pregnancy Unit further links the relationship between alcohol and sexual behaviour.

2.3 Alcohol Harm Reduction Strategy for England 2004⁴&⁵ defines the shared responsibilities of individuals, drinks industry and government.

- 2.4 Mental Health National Service Framework⁶** The NSF for Mental Health encompasses all aspects of mental health promotion through to continuing care. Standard one addresses mental health promotion and the discrimination and social exclusion associated with mental health problems. People with drug and alcohol problems may experience social exclusion. In response to the draft Mental Health Bill 2004⁷, Alcohol Concern stated that people who are intoxicated should not be excluded from assessment and that intoxication is not a mental disorder. The consultation to The Mental Health Bill 2004 supported alcohol dependent people the right to assessment. Previous exclusion in the 1983 Act had led to inappropriate exclusion of people with dual diagnosis.
- 2.5 Coronary Heart Disease National Service Frameworks⁸** sets 12 standards for improved prevention, diagnosis and treatment with additional goals to secure fair access to high quality services. The standards are to be implemented over a 10-year period. Reducing heart disease in the population (Chapter one, Appendix B), states that the consumption of moderate quantities of alcohol is unlikely to cause harm, there may be some benefit. However, habitual and excessive alcohol consumption (about 4 units a day) can raise blood pressure. Alcohol intake also provides energy in the form of calories and needs to be taken into account in maintaining energy balance for weight control.
- 2.6 Licensing Act 2003⁹** gives Local Authorities powers to prohibit drinking in named areas where there has been a history of alcohol fuelled anti-social behaviour. Trading Standard officers can conduct test purchases at licensed premises. In addition, the Anti-Social Behaviour Act 2003¹⁰ enables the police, working with local authorities to target action in problem areas and disperse groups. Anti Social Behaviour Orders and Acceptable Behaviour Contracts can be used to target particular individuals.
- 2.7 The Crime and Disorder Act 1998¹¹** requires Local Authorities, Police and Partners to conduct local crime audits and strategies for tackling problems.
- 2.8 The Home Office Action Plan on Alcohol¹²** aims to reduce problems caused by under-age drinking, reduce public drunkenness and prevent alcohol-related violence.
- 2.9 National Treatment Agency Minimum Standards¹³** Review of the effectiveness of treatment for alcohol problems
- 2.10 Drugs and Alcohol National Occupational Standards (DANOS)¹⁴** skills for health, (2002), specify performance standards for people working with those affected by substance misuse.
- 2.11 Commissioning Standards¹⁵** for drug and alcohol treatment and care use evidence based approach and provides a framework for assessment and audit for practice development.
- 2.12 Children and Young People – Alcohol Education¹⁶** supports better education and communication on alcohol by making “sensible drinking” messages to those most at risk, including binge and chronic drinkers.

- 2.13 The National Healthy School Standard (1999)¹⁷** helps schools to become healthier places for staff and pupils to work and learn through local health and education partnerships. A whole school approach is used in working on specific themes, educating pupils about drugs and alcohol is one of these themes.
- 2.14 The National Curriculum PSHE and Science Frameworks (2000)¹⁸** The National Curriculum supports alcohol education by specifically including it within the statutory Science Curriculum and in the PSHE and Citizenship Framework. The National Curriculum for delivering alcohol education is included from Key Stage 2.
- 2.15 Drug (and Alcohol) Action Team Young People's Plan¹⁹** requires Local Drug and Alcohol Action Teams to implement the government's new key performance indicators, targets and services for young people and substance misuse.
- 2.16 Anti-social Behaviour Act 2003²⁰** provides the tools for practitioners and agencies to effectively tackle anti-social behaviour. These tools include the use of Anti-social Behaviour Orders, Anti-social Behaviour Injunctions and evicting people due to anti-social behaviour problems.
- 2.17 Criminal Justice and Police Act 2001²¹** The Local Authorities (Alcohol Consumption in Designated Public Places) Regulations 2001
- 2.18 Separate Issues Shared Solutions²²** (May 2003 – Mayor of London), recommends cross sector working for those agencies currently working with victims or perpetrators of domestic violence and substance misuse.

3. Local Drivers

The Safer Harrow Management Group (SHMG) is the Crime and Disorder Reduction Partnership for the Borough of Harrow within the Local Strategic Partnership (LSP). This multi-agency group with wide representation and a remit to reduce crime and disorder and to improve community safety.

In 2005/6 SHMG identified the fear of crime associated with binge drinking, alcohol related crime in particular domestic violence, and alcohol related A/E attendances as priorities to be addressed through joint working. It was proposed that the focus of work should be on improved education, information and prevention, screening and effective referral to evidence based services. It was noted at this time that much of the work around alcohol addressed the outcomes of alcohol, for example, punishment for alcohol related crime or treatment for alcohol related accidents, but there was little referral for support or treatment to address the underlying cause.

In 2005 the LSP developed a number of Local Area Agreements (LAAs), which identified multi-agency targets across four blocks of work. The Safer and Stronger Communities block included targets on tackling anti-social behaviour and on reducing the harm caused by illegal drugs and alcohol.

4. Values and principles

The following values and principles underpin this strategy:

Equity and accessibility

We believe that that people in Harrow should have equal access to services which are appropriate to their needs and which take account of age, gender, sexuality, race and religious and cultural beliefs

Reduction of inequalities

We will target health promotion, prevention initiatives at those groups most at risk, and at those areas of the borough which are most deprived. We will ensure that timely treatment and advice for alcohol is accessible to all Harrow residents, particularly vulnerable groups.

Evidence based practice

We will ensure that we use research evidence of what is effective when developing services

Effective multi-agency working

Agencies will work together across Harrow to commission and develop services collaboratively and we will expect services providers to work as part of a collaborative network.

User Involvement

We will encourage users to participate in the planning and evaluation of services, and we will value their opinions.

5. Local Needs

Accurate data on alcohol consumption is scarce. There is no population based local data on alcohol consumption however estimates are available from the National Centre for Social Research (NatCen) based on national surveys. There is also some data available from the police on crime statistics and from the council on licensing and anti-social behaviour, and from the health system on A&E attendances, morbidity and mortality.

5.1 Sensible drinking (inference from national data)

The 2004 General Household Survey reported that 32% of men in London drank above sensible levels compared to 39% in England as a whole, and 15% of women drank above sensible levels compared with 22% in England as a whole. Single men and women are more likely to drink above sensible limits or to report binge drinking.

5.2 Binge drinking

18% of men in London reported binge drinking compared to 22% in England and 6% of women in London reported binge drinking compared to 10% in England. NatCen estimates suggest that Harrow has the third lowest percentage of people

reporting binge drinking in London (10% of people compared to Newham which has the highest reported estimate of 21%). The availability of alcohol and socio-economic, cultural and religious factors all play a

part. The percentage of single women in London who reported binge drinking was more than double the percentage of married women (19% compared with 8%).

5.3 Hazardous, harmful and dependent alcohol users (inference from national data) 21% of adult Londoners are hazardous or harmful users of alcohol compared with 23% in England and 5% of adult Londoners are dependent drinkers compared with 4% in England as a whole.

5.4 Ethnic Differences in Alcohol Use

41% of Harrow's population is from minority ethnic groups (figure 1). The 2004 Health Survey for England demonstrated that people from many ethnic minority groups in England (Indian, Pakistani, Bangladeshi, Black Caribbean and Black African) were on average more likely to be non-drinkers and less likely to drink above sensible limits and binge drink than the general population. People from the Irish groups were more likely to drink above sensible levels and binge drink than the general population; 4.4% of Harrow's population is from the white Irish group.

Figure 1 Ethnic breakdown of the Harrow Population (2001 Census)

Ethnicity	Harrow
White	58.8
White Irish	4.4
Mixed	2.8
Asian or Asian British	29.6
Indian	21.9
Pakistani	2.1
Bangladeshi	0.5
Other Asian	5.2
Black or Black British	6.1
Caribbean	3
African	2.7
Other Black	0.4
Chinese or Other Ethnic Group	2.6

5.5 Deprivation

The Department of Work and Pensions showed the links between deprivation and alcohol are complex as those people who are unemployed and those on high incomes are most likely to drink above sensible levels and to binge drink.²³

In August 2004 2.1% of Harrow's population of working age was claiming Job Seekers Allowance, this is the same as the average for England (2.1%) and third lowest in the North West London Sector. However, there is variation between wards and the level of unemployment was highest in Wealdstone, Greenhill, Marlborough and Roxbourne where over 3% of the population were claiming Job Seekers Allowance. Individuals with lower socio-economic status are likely to suffer more harm because of other wider determinants of health than those drinking the same amount with a higher socio-economic status.

5.6 Crime

ALCOHOL ATTRIBUTABLE CRIME

All Recorded Crime – Number attributable to alcohol	Recorded crime attributable to alcohol 1,000 pop	Recorded Crime attributable to alcohol Upper Confidence Level / 1,000 pop	Recorded crime attributable to alcohol Lower Confidence Level / 1,000 pop
Harrow 1882	Harrow 8.88	Harrow 9.29	Harrow 8.49
London 108707	London 14.63	14.72	14.55

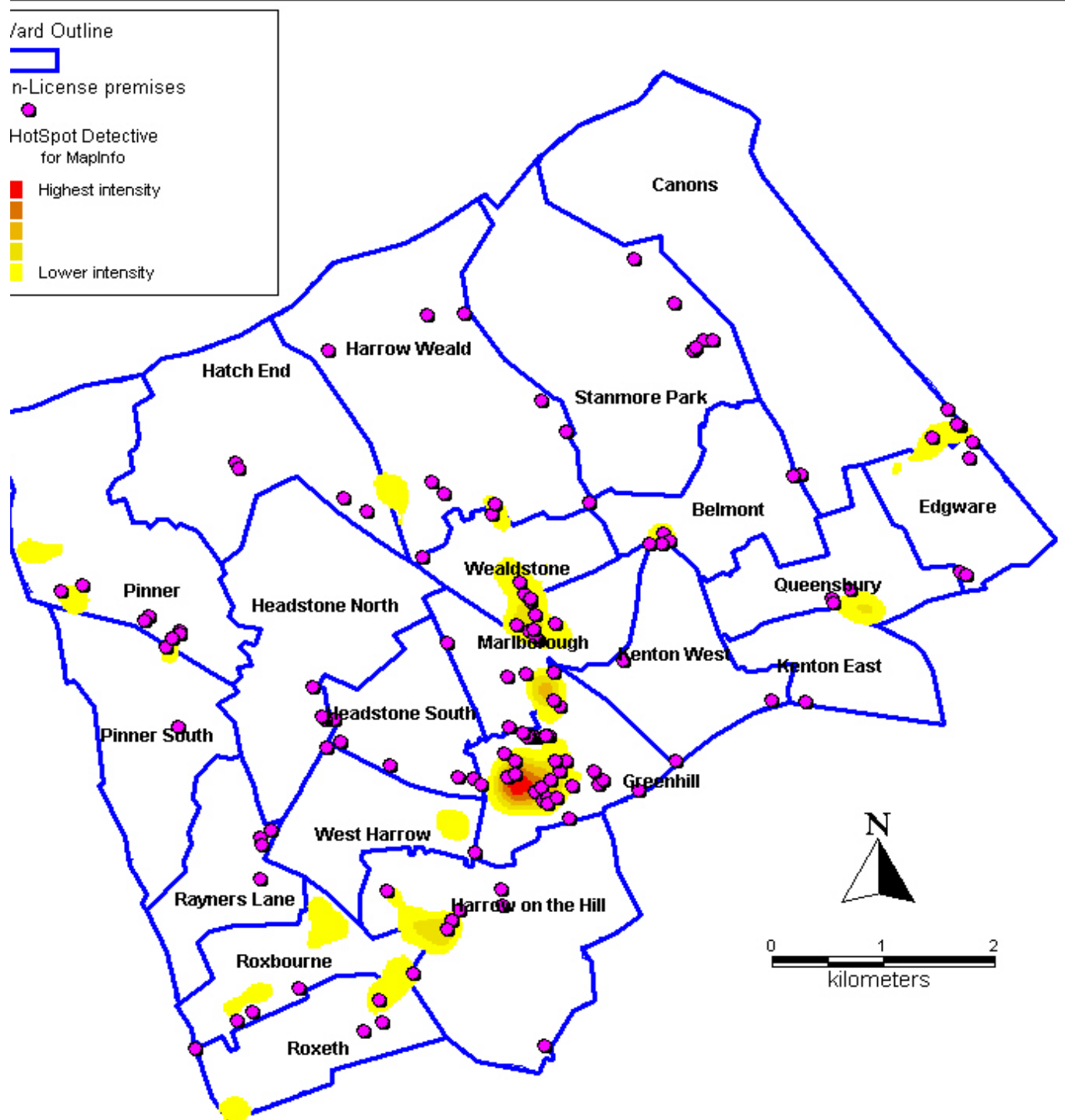
ALCOHOL ATTRIBUTABLE CRIME

Violence against the person – Number attributable to alcohol	Violent crime attributable to alcohol 1,000 pop	Sexual offences – Number attributable to alcohol	Sexual offences attributable to alcohol / 1,000 pop
Harrow 1120	Harrow 5.29	Harrow 20	0.10
London 73105	London 9.84	London 1341	London 0.18

5.7 CRIS 'Violence against the person' (VAP): The total number of VAP incidents for the three-year period of 2001 to 2004 was 7798. The primary hotspot location for the three years for this offence type is situated over the Harrow Town Centre. This could be due to the higher foot count within the town centre or it could be due to there being a high concentration of licensed premises within that area.

Figure 2 London Borough of Harrow Alcohol Audit (page nine)

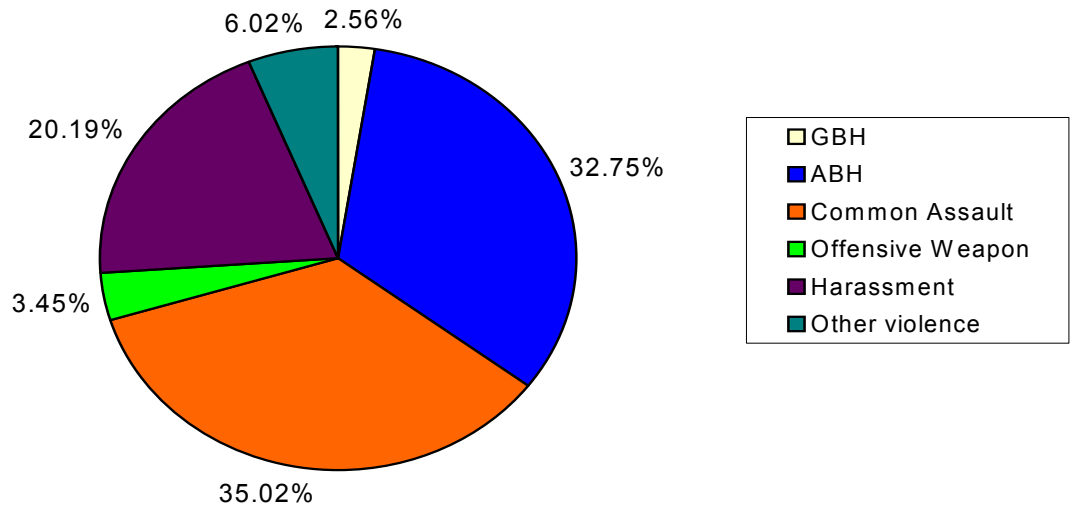
Police CRIS data:
'Violence against the person' Hotspot map:
2003/2004



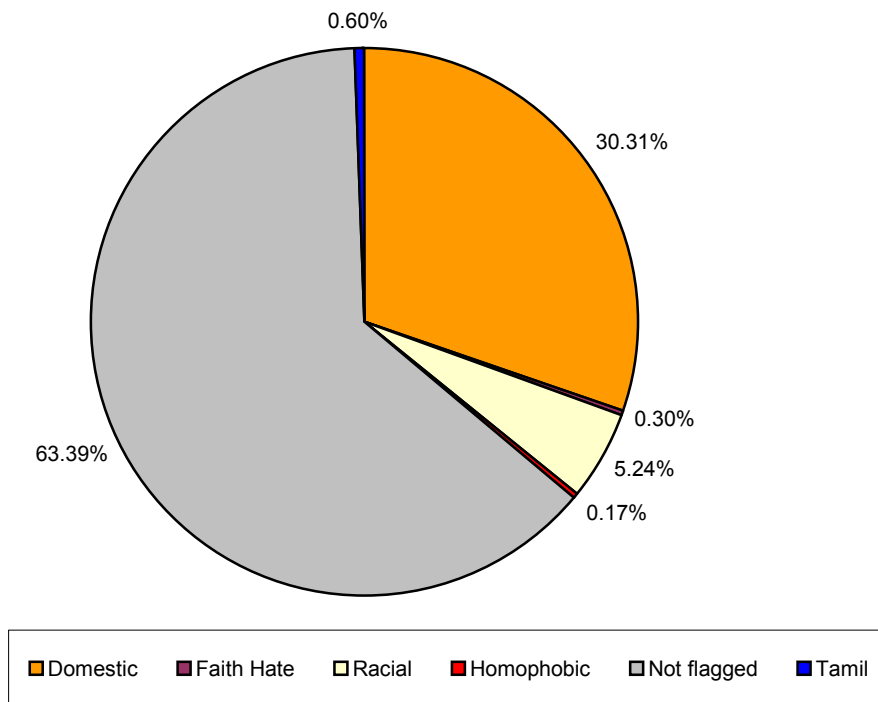
Reproduced from Ordnance Survey Mapping Data with the Permission of Her Majesty's Stationary Office. Crown Copyright. Unauthorised reproduction infringes upon Crown Copyright and may lead to Prosecution or Civil Proceedings. LA 08641 X.

Crime Reduction Unit (GIS)

Violence Against the Person by Crime Type for Harrow: 01/04/2004 - 31/03/2005



Violence Against the Person by Flag Code for Harrow: 01/04/2004 - 31/03/2005



Latest Crime Figures for Harrow²⁴

Number of Offences	Harrow	Met Total
Violence Against the Person (Total)	3,109	195,136

12 months to May 06 (year)

5.8 Police Crime Audit from 29/08/05 to 20/11/05

The local Police in Harrow undertook a 12-week audit with the following figures:
Assaults 29/08/05 to 20/11/05 (excluding Domestic Violence)

Overview:

235 assaults in 12 weeks excluding Domestic Violence (DV).

Trigger:

The main types of assault in the town centre are alcohol related (30%), attacks on staff in shops (11%), and unprovoked attacks in the street (14%).

Inference:

The town centre is the long-term hotspot for assaults. Over a 12-week period, it normally would account for between 8-12% of all assaults (including domestic violence). Where domestic violence is excluded, it has accounted for 18%. The majority of assaults occur on Friday and the weekend, and at times when the area is at its busiest, i.e. peak shopping hours from 1400-1800 hours and then during pub and club closing time from 2200-0159 hours:

During the crime/drugs audit carried out in 2004, 66% of people surveyed indicated that drugs usage and drunken behaviour was a big problem in Harrow. In particular, people were concerned about their safety in the town centre, especially after dark where fear of crime actually rose to 64% compared to 24% during the day. An explanation of the heightened fear of crime perceived by residents may be due to alcohol issues, as there is a concentration of licensed premises, take-way food outlets and public transport facilities that all together create an alcohol and fear of crime hotspot²⁵.

5.9 CADMIS (Drunkness): The total number of CADMIS incidents for the three-year period of 2001 to 2004 was 1347. The main locations for these incidents are within the Harrow Town Centre and the Wealdstone Town Centre. There is also an emerging hotspot along Harrow Weald High Road often because of alcohol-related fighting or accidents after closing hours. Central Harrow is a hotspot.

The reduction of crime in local hotspots will focus on policing and engagement with the licensing community. There is a need for improved evening and night-time transport systems and support for the development of initiatives like the Off-Licence and Pub Watch Schemes (e.g. Local Charters with the alcohol industry).

5.10 Domestic Violence

Over 2,000 cases of domestic violence are reported to the police each year in Harrow with only the more serious cases resulting in prosecution. From the common monitoring data in the six-month period between June and December 2005, 54% of victims were living with the perpetrator, 41% of cases involved children living at home and the average duration of abuse was 9.5 years. In Harrow, it is estimated that 30% of domestic violence cases are linked to alcohol use.

5.11 Drink Driving

Drink driving arrests have remained relatively static over the last two years with approximately two thirds of those arrested being charged. The main reason for people not being charged is that when they blow into the machine, they blow under the limit. A third of those arrested are never charged. Drink drive arrests are based on reasonable suspicion, whereas charges require substantial evidence.

Drink Drive arrests at Harrow for 2006

Month	Charge	Grand Total	% Charged
January	31	41	75.6%
February	19	27	70.4%
March	20	30	66.7%
April	39	59	66.1%
May	16	35	45.7%
June	20	35	57.1%
Grand Total	145	227	63.9%

Drink Drive arrests at Harrow for 2005

Month	Charge	TOTAL	% Charged
Jan	26	34	76.5%
Feb	16	25	64.0%
Mar	27	42	64.3%
Apr	33	45	73.3%
May	27	41	65.9%
June	24	40	60.0%
July	19	27	70.4%
August	24	34	70.6%
September	22	32	68.8%
October	29	43	67.4%
November	24	49	49.0%
December	24	39	61.5%
Grand Total	295	451	65.4%

RTA Statistics ²⁶ (specific alcohol related RTA data unavailable)

Month / Year	Collisions – Death / serious injury	Casualties Death	Casualties Serious injury	Casualties slight injury	Casualties Total
Feb 2006	05	0	6	37	43

5.12 Anti-social behaviour

The following table illustrates the number of alcohol related anti-social behaviour orders granted in Harrow and the total number of ASBO's issued for the years 2004, 2005 and 2006.

Year	Alcohol related ASBO's	Total Number of ASBO's
2004	2	6
2005	1	5
2006	4	15

5.13 Trading Standards

Trading Standards have sent children to test purchase alcohol from pubs and off-license premises. The following table illustrates the total number of places visited and the total number of sales of alcohol made to children over a two- year period.

The numbers of sales have increased by 14.4% this financial year.

	Test Purchases			Number of Alcohol Sales to Children		
	Off License	Pubs	Total	Off License	Pubs	Total
01/04/05-31/03/06 (12 months)	67	15	82	3	1	4 (4.9 %)
01/04/06-01/01/07 (9 months)	39	23	62	6	6	12 (19.3 %)

5.14 Licensing

There are about 550 premises licensed to sell alcohol. It is illegal to sell alcohol to Under 18s. There is a voluntary system called "challenge 21" which is a guide for retailers to ask for identification if unsure of under age sales. The Local Authority is encouraging licensees to join.

5.15 Alcohol and Health

Alcohol contributes to a wide range of health conditions. The Prime Minister's Strategy Unit in 2004 reported that alcohol misuse was estimated to cost the NHS approximately £1.7 billion per annum²⁷

5.16 Deaths

Data on mortality from alcohol related conditions are collated from the Office of National Statistics. Overall, London has more alcohol related deaths than England as a whole (12.2 deaths per 100,000 compared to 11.1). Harrow has significantly lower deaths than London as a whole (6.7-9.4 per 100,000 compared to 12.2).

5.17 Hospital Admissions

The analysis of hospital admission data related to alcohol is complex. In 2003 there were around 7000 admissions for London residents where alcohol related conditions were the primary cause. Outer London has a significantly lower rate of admissions and Harrow has between 40 and 69 admissions per 100,000 populations.

5.18 London Ambulance Services (Alcohol Incidents)

The total number of LAS alcohol related incidents over the three-year period of 2001 to 2004 was 1098 with all of them being able to be mapped to Super Output Area. The SOA's with the highest number of incidents were situated close to Harrow Town Centre.

5.19 A&E Attendances

It is difficult to get accurate local estimates of the burden of alcohol related A&E attendances. Local audit estimates that 1 in 6 cases presented to emergency services are alcohol related and A&E figures for 2005/6 recorded a total of 240 attendances coded as alcohol intoxication with a total of 716 attendances recorded as being related to alcohol. London estimates suggest that up to 29% of all attendances to A/E are Alcohol related²⁸

5.20 Drug and alcohol services

The number of drug and alcohol users in treatment in 2005/6 was 1009; primary alcohol users (362) make up 36% of the caseload. Of the 647 primary drug users, 28% (184) report secondary alcohol problems.

6. Current Services

6.1.1 Alcohol Prevention in schools

The National Healthy School Standard (1999) helps schools to become healthier places for staff and pupils to work and learn through local health and education partnerships a whole school approach is used in working on the four core areas of PSHE (including tobacco, alcohol and drug education), Healthy eating, physical activity and emotional health and well being. Currently (August 2006) 33 schools are validated as healthy schools (48%) and on line to meet national target of 50% of schools having validation by December 2006. The majority of Harrow schools are involved in the programme at various levels.

Alcohol education is part of the National Curriculum' s science from key stage 2 and the PSHE National Curriculum Framework.

6.1.2 Alcohol Prevention with external Agencies

Alcohol awareness training is planned for people working in drug agencies, both statutory and voluntary, police, probation, and front line staff working with young persons.

6.1.3 Counselling Services

EACH

This is offered by EACH (Ethnic Alcohol Counselling in Harrow). The service is open from. Monday to Friday 9.30am – 5.30pm Thursdays 9.30am – 7.30pm) Saturdays 9.30am – 1.00pm. Engaging BME drinkers is necessary where communities are isolated and drinking becomes a concealed problem due to stigma.

Within the Drugs and Alcohol Services, all clinical staff have counselling skills and take referrals from all agencies.

In addition, within CNWL there is counselling provision through Community Mental Health Services. Other services to support clients include counselling and help-line services through:

- 1 Alcoholics Anonymous
- 2 Drink Line
- 3 Al-Anon

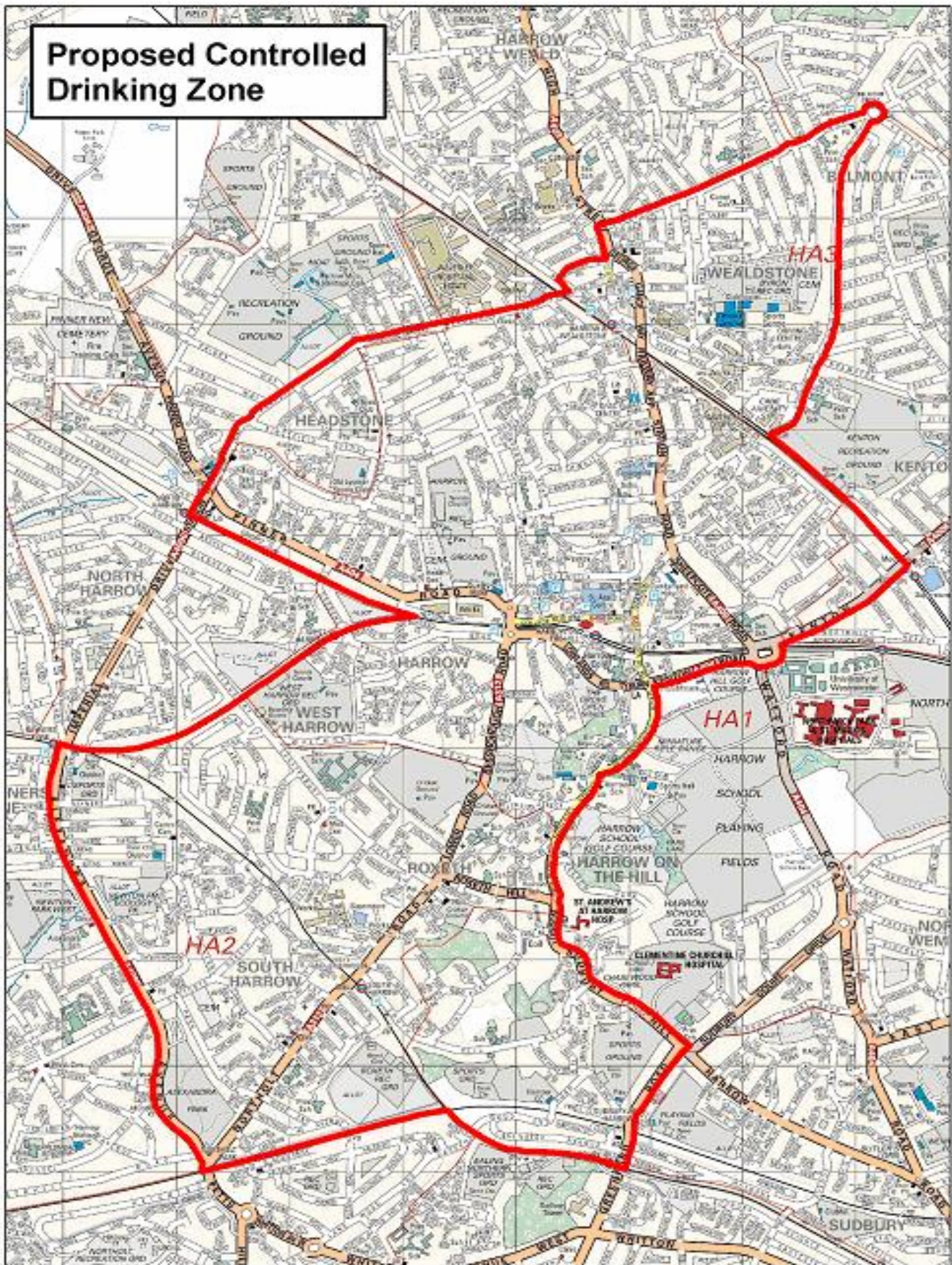
6.1.4 Anti Social Behaviour Unit

Harrow Police are working in collaboration with partner agencies to support the reduction in crimes fuelled by alcohol.

The joint council/police anti-social behaviour unit takes complaints from the public and partner agencies regarding anti-social behaviour problems. This information is then entered onto the police intelligence system and action is taken depending on the seriousness of the anti-social behaviour. The Anti-Social Behaviour Unit is responsible for preparing and issuing Anti-Social Behaviour Orders (ASBO) in Harrow. Other actions may include sharing information with other agencies about a particular person, calling multi-agency case conferences and asking the offender to sign an Acceptable Behaviour Contract (ABC).

Councils can designate whole or parts of the Borough where there is evidence alcohol related disorder or anti-social behaviour as a 'Controlled Drinking Zone'. It is not an offence to consume alcohol within this zone. However, if a Police Officer reasonably believes that someone is causing or about to cause a public nuisance, any alcohol can be confiscated and the individual requested to move away from the controlled drinking zone area. It is an offence not to comply with a reasonable request of the Police Officer.

The Local Authority is satisfied that the proposed area for designation has a history of anti-social drinking and disorder. The Local Authority will review the order on a regular interval to assess displacements and the need for enlargement of the zone.



DIGITAL MAP DATA © COLLINS BARTHOLOMEW LTD (2005)

6.2 Licensing

The Role of Licensing Service is based on 4 licensing objectives under the Licensing Act 2003.

1. Prevention of Crime and Disorder
2. Promotion of Public Safety
3. Prevention of Public Nuisance
4. Protection of Children from harm.

Harrow Council is working on draft proposal to prohibit drinking in named areas where there has been a history of alcohol fuelled anti-social behaviour through the creation of a Designated Public Places Order. Furthermore, there is training for retailers on good practice undertaken by Harrow Borough. (Preventing sales to under 18's).

Trading Standards conduct under age test purchase operations on a regular basis. This includes alcohol. From Jan 2006, Trading Standards have sent children to attempt purchasing alcohol at 49 pubs and there have been 10 sales. From April 2005-March 2006 Trading Standards have sent children to 75 off license premises and there were three sales.

6.3 Treatment

Harrow Drug & Alcohol Service provides treatment to people with drug and alcohol misuse. Data is collected regularly to audit activity. The team has input from a consultant psychiatrist with management and nursing support.

The Harrow Drug & Alcohol Service offers:-

- 1 Hep B Screening by Nurse and vaccination
- 2 A drop in centre on Mondays & Thursdays between 9.30 a.m. to 12.p.m.
- 3 A female service between 9.30 a.m. - 12.p.m on Fridays.
- 4 A Mental Health Liaison Worker for Mental Health & Alcohol Services
- 5 Advice and information for everyone
- 6 Individual and group counselling
- 7 Complex case management for clients
- 8 Inpatient detoxification at NPH and also at Max Glatt unit at Ealing
- 9 Out Patient Department Alcohol & Drug Detoxification
- 10 Referral to residential rehabilitation.
- 11 Conduct community care assessment

6.4 In-patient services North West London Hospitals Trust and other acute trusts within NW London provide inpatient services. The Treatment Service includes in-patient detoxification, stabilisation, and rehabilitation.

There are three formal detoxification and rehabilitation services:

- 1 1 dedicated alcohol detoxification bed in Northwick Park Hospital
- 2 Max Glatt Unit at Ealing Hospital for drug and alcohol detoxification
- 3 Providence Project at Bournemouth, quasi residential rehab (block contract)
- 4 A small budget from People First for spot purchase, yet need to go through community care assessment.

6.5 Primary Care

GPs gather alcohol consumption data on many types of patient routinely. There are useful data sources about alcohol consumption trends in Harrow by age and ethnicity. Local primary care tutors are keen to help Primary Care Teams with educational needs on the recognition and best management of problem drinkers and established alcohol dependence.

6.6 Alcohol and Housing

Alcohol abuse plays a part in contributing to loss of accommodation and the inability to find appropriate accommodation. Harrow currently has a floating support service that offers assistance to 35 individuals who have drug and alcohol problems.

Alcohol and housing provision involves Step Forward / MHT Drug & Alcohol Service. The service addresses the housing and support needs of people who have a history of substance misuse, housing requirements, and chaotic lifestyle, including anti-social behaviour and offending. The service takes referrals from a range of providers including the Drug Action Team, Housing, and People First.

Floating support service is regarded as a key component in helping substance misusers to re-integrate into society, maximise their access to local housing resources and by matching their needs to those resources, acquire independent-living skills, and achieve a full social-recovery. This will reduce the risk of a relapse into using drugs and / or alcohol. Support is given to clients to keep in touch with mainstream treatment services. Assistance is also given to clients in structuring and managing their free time.

6.7 Domestic Violence

Common Monitoring Form for domestic violence includes a specific question on alcohol. There is a new risk identification tool (part funded by GOL) for agencies to use in supporting cross sector working. This will help to identify clients who may be experiencing domestic violence and have alcohol issues. Clients will be supported with agencies working together. Where there are alcohol issues and domestic violence, both need to be addressed to secure successful outcomes.

6.8 The Harrow Drug Intervention Programme (DIP) is currently funded to provide a full- time Alcohol Diversion Worker to undertake the following:

- Make contact and engage with alcohol offenders in court, custody and prison utilising the Alcohol Interview Record (AIR)
- Provide initial assessments and develop an individual care plan
- Refer alcohol offenders on to structured treatment, and support in finding and maintaining accommodation, and accessing training and employment.
- Provide brief intervention services or alcohol offenders (i.e., both acquitted or sentenced) and follow-up them on a three-month, six-month and nine-month basis
- .Provide a case-holding service (up to three months) from the point of contact to the admission to structured treatment or support service.
- Provide training to other criminal justice workers

6.9 DOH Trailblazer Research Pilot on Alcohol Screening and Brief Intervention.

An expression of interest has been indicated for Harrow with local partnership working across Alcohol & Drugs Service, A/E at Northwick Park Hospital, and Criminal Justice.

7. Service Gaps

7.1 Care Pathways

There are no agreed and published care pathways or aggregated multi-agency information on available services. In addition there are service gaps across the pathway particularly in primary care and day services.

7.2 Police

The police manage the consequences of alcohol but do not currently have a process for referral to prevention or treatment services.

In Harrow the fear of crime is high and is often linked to alcohol misuse, particularly within the town centre. Clear action plans on alcohol must be evidence based.

7.3 Data

There is a lack of complete and accurate aggregated data across agencies.

7.4 Local Authority / Licensing need to improve:

- 1 Enforcement of drink driving legislation
- 2 Better enforcement of existing rules on under-age drinking and serving people who are already drunk. Support Police use of the Confiscation of Alcohol (Young People) Act 1997.
- 3 Police action on sales, particularly on off-licenses that break the law, needs to be consistent and coordinated. Develop and distribute a newsletter aimed at off-licences to remind licensees of their legal obligations.

7.5 BME group includes the silent drinkers who do not raise concerns around alcohol use and dependent drinkers who refuse to disclose alcohol abuse.

7.6 A & E

Alcohol Admissions to A/E are treated for their injuries with minimal input into prevention and counselling. This is mostly due to time constraints and resources in terms of staff availability. The focus is on the presenting injury with limited assessment time. There are no alcohol guidelines for junior doctors within the department.

7.7 Training

Primary Care Teams could be supported on the recognition and best management of problem drinkers and established alcohol dependence.

Developing multi agency training to enhance professional skills on “brief Intervention” within Primary Care would impact on Alcohol reduction.

Support from GPs could include the roll out of alcohol awareness campaigns.

The Domestic Violence Forum can expand their one- day training sessions for all agencies who are currently supporting clients.

8. Recommendations

Short Term

8.1 Multi-agency forum

Development of multi-agency alcohol forum to oversee the implementation of the strategy
(proposed terms of reference and membership appendix 1).

8.2 Resources

Map existing resources and identify recurrent and non-recurrent funding streams. Agree priorities for development and potential funding sources.

8.3 Education and prevention for young people

- Prioritise alcohol education and prevention through the Healthy Schools programme, including training of PHSE coordinators.
- Prioritise the reduction of ‘under-age sales’
- Ensure that alcohol reduction is a component of multi-agency education programmes relating to sexual health, smoking and drug misuse.
- Prioritise prevention and education programmes for vulnerable groups of young people working with Connexions and other organisations – Youth Offenders, Children in the Looked After System, school exclusions etc.
- Alcohol awareness training programme will be designed to increase participants’ alcohol knowledge and the skills required to enhance the quality of service. A two-day course aimed at people working in drug agencies, both statutory and voluntary, Police, Probation, and front line staff working with young persons currently planned for implementation in November 2006, January & February 2007.

8.4 Consider the development of the Paddington Screening Test within A&E for referral to appropriate alcohol services.

Long Term

8.5 Improve and share information between partners:

Improve multi-agency planning by integrating aggregated information across agencies from existing databases and identifying and prioritising information gaps.

Police ward data to be aggregated with Anti Social Behaviour Unit and Crime Reduction Unit data for alcohol related information.

8.6 Referral pathways and service directory:

Develop referral pathways across agencies with the use of screening tools to direct/refer people to appropriate services. These pathways need to be supported by information for the public and professionals on available services and access criteria.

8.7 Targeted interventions in geographic areas where alcohol is known to be an issue e.g. Harrow Town Centre and with high risk population groups e.g. young offenders and those with dual diagnosis of alcohol and mental health problems.

8.8 Within the Drug Intervention Programme (DIP), funding for the alcohol diversion worker is available until March 2007.

8.9 Multi-agency training:

Ensure improved training about Safe Drinking Limits, harm minimisation and available services for all agencies. Include training for door and bar staff in using the Pub Watch Scheme.

8.10 Improve access to levels one and two services (Appendix 5)

9. Appendices

Appendix one

Harrow Alcohol Strategy: Action Plan 2006-09

Service Gap	STRATEGIC OBJECTIVE	TASK	LEAD/ PARTNERS	SUCCESS CRITERIA
<p>1) Local audit estimates that 1 in 6 cases presented to emergency services are alcohol related¹⁹. A&E figures for 2005/6 recorded a total of 240 attendances coded as alcohol intoxication with a total of 716 attendances recorded as being related to alcohol. London estimates suggest that up to 29% of all</p>	<p>Reduce harm & long term cost implications with alcohol related morbidities in Harrow</p>	<ul style="list-style-type: none"> -Existing licensee forum to establish local pub watch scheme -Training of pub & club door staff on safe interventions (drink driving, diffusing conflict etc) - Work with alcohol retailers on safe drinking practices within pubs, clubs & restaurants 	<p><u>Local Authority,</u> Trading standards</p> <p><u>Local Authority</u> Business & enterprise lead for alcohol industry, Crime reduction unit</p> <p><u>Trading standards</u> Local authority,</p>	<p>Significant reduction in alcohol misuse morbidities and cost implications.</p>

<p>attendances to A/E are alcohol related.²⁰</p>		<p>-Paddington Test Pilot to address alcohol prevention methods in A/E (six months duration).</p> <p>- Ensure dissemination of alcohol prevention information with posters, leaflets, local radio and local newspapers. Share information with agencies dealing with alcohol prevention</p>	<p><u>Harrow Drug & Alcohol Services</u> A/E leads in acute Trusts PCT / DAT</p> <p>Local media leads DAAT / schools, Connexions etc, PCT Local authority Home office</p>	
<p>2) Crime/drugs audit carried out in 2004, 66% of people surveyed indicated that drugs usage and drunken behaviour was a problem in Harrow. CADMIS(drunkenness) incidents for the three-year</p>	<p>Aim to reduce anti-social behaviour</p> <p>Maintain links with partner agencies to reduce anti social behaviour and domestic violence</p>	<p>-Establish communication links with all Partner agencies to reduce anti-social behaviour and ASBO</p> <p>Reduce anti-social behaviour</p>	<p><u>Anti-Social Behaviour Unit</u> YOT Crime reduction unit Police</p>	<p>Reduction in anti-social behaviour</p>

<p>period of 2001 to 2004 were 1347. The main locations for these incidents are within the Harrow Town Centre and the Wealdstone Town Centre. During 2004 and 2005 there were five ASBO's granted in Harrow</p>	<p>Reduce alcohol harm with under age sales.</p>	<p>Reduce sale to minors. Use AHRSE directive.</p> <ul style="list-style-type: none"> - Reduce underage sales and evaluate effectiveness. Licence to sell will be revoked for underage sales - updated figures on mystery shoppers 	<p><u>Trading standards</u></p> <p>Local authority licensing</p> <p>Alcohol industry</p> <p>Drug action team</p>	<p>Significant reduction in under age sales in Harrow</p>
<p>3) Prevention to be strengthened within schools to reduce its long term affects, e.g., the number of drug and alcohol users in treatment in 2005/6 was 1009; primary alcohol users (362) make up 36%</p>	<p>Harrow schools to implement national directive on alcohol prevention</p>	<p>-Education for children and young persons to prevent alcohol abuse through the Healthy Schools Programme. School cluster leads need to link with activities outside the curriculum.</p> <p>Curriculum based alcohol education for children and young people</p>	<p><u>PSHE lead, Children's Services</u></p> <p>School cluster leads</p> <p>Local authority, School heads</p> <p>Voluntary group lead: Ignite project</p> <p>Public health PCT</p>	<p>Alcohol prevention coverage for 100% of schools in Harrow</p>

<p>of the caseload. Of the 647 primary drug users 28% - report secondary alcohol problems</p>		<p>supported through the healthy schools programme.</p> <p>Continuous professional development opportunities for staff in schools.</p> <p>-Application of alcohol prevention theme within the school curriculum .</p> <p>Partner agencies to support schools on alcohol prevention activities i.e., Ignite Initiatives (Connexions) within drama and science subjects</p> <p>Plan and target colleges for alcohol prevention education and awareness</p>		
<p>4) Pregnancies resulting from Alcohol misuse</p>	<p>Increase educational awareness on alcohol misuse and teenage pregnancy.</p>	<p>Sex and relationship education:</p> <p>-Sex education within schools must incorporate alcohol prevention and vice versa.</p> <p>-Youth forums and BME access to information on alcohol services and prevention.</p>	<p>-Local authority,</p> <p>-Looked after children</p> <p>-Maternity</p> <p>-Schools</p> <p>-Connexions</p> <p>-CDAS</p>	<p>Reduction in STI, TOPs and teenage pregnancies as a result of preventive activity around alcohol misuse</p>

	<p>Prevention work within sexual health clinics to reduce the rate of:</p> <p>Sexually transmitted infections</p> <p>Termination of pregnancies and teenage pregnancies</p>	<ul style="list-style-type: none"> -Sexual health clinics to promote and raise awareness through leaflets & posters -Raise awareness & recording of alcohol prevention within one to one consultation -Explore capacity for a drop in alcohol service within sexual health clinics 	<p>PCT / sexual health service</p> <p>Commissioners</p>	
<p>5) Current limitation in retrieval of pooled alcohol data locally</p>	<p>All partners to pool their database for the purpose of aggregation, retrieval analysis and audit of alcohol prevention data</p>	<p>Work with head of Informatics to establish links with the following:</p> <p>Primary Care, DAT (Anonymous data) Police, School, Licensing Homelessness Agency</p>	<p><u>PCT:</u> (Public Health Informatics)</p> <p>Local authority: Licensing Education DAT Police Voluntary agencies</p>	<p>Making data better with proper entry, data cleaning and validation</p> <p>Trap all alcohol data to improve and share database</p>

<p>6) There are no locally agreed care pathways or multi-agency information sharing on available services</p>	<p>Development of care pathways and directory of local alcohol service provision</p> <p>Effective through-care and aftercare</p>	<ul style="list-style-type: none"> - Involve all agencies and stakeholders for mapping of current service provision - Establish a care pathway and shared protocol - Directory of services for all users and professionals - Website on day care provision for poly drug use -Set up pathways for poly-drug users (subject to funding availability) <p>Establish referral pathways for an A & E link worker, ambulatory service, structured day programme, rehabilitation and aftercare support (subject to funding availability)</p>	<p>ALL lead partners</p> <p><u>PCT</u> NWL hospital trusts, CNWL MHT, LA, Voluntary & Charity, YOT</p> <p>CDAS, Each, DIP, A & E, GPs and other voluntary organisations</p>	<p>Access to alcohol service provision using care pathway and a local alcohol directory</p> <p>Increase the number of treatment slots</p> <p>Successful completion rates</p> <p>Improvement in physical health social and psychological functioning</p>

7) Service gap in primary care with brief Interventions	Introduce alcohol prevention activity within primary care	-Identify practice(s) willing to undertake brief intervention services for alcohol prevention, early intervention and referral - Primary care training	<u>PCT / GP Forum</u>	Establish brief intervention services within Primary Care
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Appendix Two

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Appendix Three

Draft Terms of Reference

Multi-Agency Alcohol Forum

1. To oversee the development and implementation of the multi-agency alcohol strategy within Harrow
2. To agree priorities for development and responsibilities for that development within and between agencies
3. To deliver priorities where possible within existing resources or seek funding through individual organisations or collectively through the Safer Harrow Management group funding streams
4. To monitor the implementation of the strategy and the delivery of services against local and national targets
5. To develop multi-agency information for the public, clients and professionals on prevention and harm minimisation and on alcohol services
6. To develop and promote multi-agency training
7. To facilitate multi-agency working and information sharing on alcohol at all levels including planning and commissioning of services
8. To inform and influence statutory organisations particularly around the importance of multi-agency working, education and prevention in relation to alcohol

Appendix Four

Proposed Membership:

- 1 Harrow Council DAAT
- 2 Harrow Council Licensing
- 3 Trading Standards
- 4 Drug and Alcohol Counselling and Treatment Services
- 5 North West London Hospital Trust A&E
- 6 Harrow PCT
- 7 Primary Care
- 8 Police
- 9 Probation
- 10 Drug Intervention Programme Team
- 11 Crime Reduction Unit
- 12 Anti Social Behaviour Unit
- 13 London Ambulance
- 14 Specific alcohol related projects: Connexions/ Each
- 15 Schools

Appendix five

Models of Care divides service provision into four tiers of service:

Tier 1 - these are generic services, which work with a wide range of clients including drug and alcohol misusers. They should be able, as a minimum, to screen and refer individuals to local specialist services.

Tier 2 - these are specialised but low threshold services, which are easy to access. Often drug and alcohol misusers will access drug or alcohol services through tier two and progress to higher tier services.

Tier 3 - these services are provided solely for drug and alcohol misusers in structured programmes of care.

Tier 4 - these are structured services, which are aimed at individuals with a high level of presenting need. Services in this tier include: inpatient drug and alcohol detoxification or stabilisation services and residential rehabilitation units.

In a successful local alcohol strategy, the largest actual number of interventions should take place in tier one, with people who do not require referral into structured treatment.

Appendix six

Websites:

Fact sheet: www.alcoholconcern.org.uk/servlets/doc/251

Alcohol Concern report *Your Very Good Health* at www.alcoholconcern.org.uk/servlets/doc/553

(Strategy Unit, 2003 www.strategy.gov.uk/output/Page4498.asp)

Alcohol Concern's *Health Impacts of Alcohol* Fact sheet gives a summary of facts. www.alcoholconcern.org.uk/servlets/doc/251

(Strategy Unit, 2003 www.strategy.gov.uk/output/Page4498.asp)

London Domestic Violence Strategy www.london.gov.uk/mayor/strategies/dom_violence/dv_fullstrategy.pdf

www.crimereduction.gov.uk/toolkits/ar020202.htm)

www.alcoholconcern.org.uk/servlets/doc/219)

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