Lambeth Alcohol Strategic Action Plan 2014 - 2016

Executive Summary

Lambeth’s alcohol strategic action plan sets out the key work areas partners are undertaking to reduce alcohol-related harm across the borough. The plan accounts for a wide range of activities spanning health and treatment interventions to crime reduction initiatives. These activities reflect national and local priorities, focusing on evidence based approaches as well as adopting innovative and locally targeted activities.

The strategic plan brings together the over-arching workstrands in the attached action plan, identifying key aims and objectives, leads and progress. As a strategic plan, the document outlines the key alcohol themes below:

1. Alcohol Early Intervention and Prevention
2. Improving Alcohol Treatment Effectiveness & Capacity
3. Tackling Alcohol Related Crime and Disorder
4. Intelligence: Improving Understanding of Alcohol Harms

Further details of this activity can be accessed through the supporting documents or relevant leads.

Supporting documents

Key documents informing the strategic plan in terms of policy, evidence and data include:

Alcohol specific:

- Lambeth Alcohol Prevention Group workstrands 2013-2014
- Public Health England Alcohol Stock take self assessment tool 2013
- NICE alcohol guidance and quality standards CG115 & PH24
- Identifying and facilitating behaviour change amongst alcohol misusing populations in Lambeth & Southwark (2013)
- NHS Lambeth Alcohol Prevention and Health Promotion Strategy (2009-2012)

Broader Lambeth documents with specific alcohol aims or references:

- Lambeth JSNA
- Lambeth CCG Commissioning Strategy Plan
- Lambeth Public Health Needs Assessment
- Lambeth Equalities plan
- Safer Lambeth annual strategic assessment

Governance & Funding

Lambeth’s alcohol work spans a range of commissioning, strategic and delivery groups. A specific Lambeth Alcohol Prevention Group (APG) oversees health and treatment led activities, currently chaired by the alcohol lead for the Clinical Commissioning Group. The APG reports to the Joint Commissioning Group, which has responsibility for
commissioning decisions. Community Safety and Licensing activities are integrated across a number of strategic groups. A Community Safety role with the lead for alcohol sits on the APG.

There are no specific budgets for alcohol, other than a small amount of funding (currently £25,000) to support the implementation of actions identified by the Alcohol Prevention Group (sections 1 and 2 in the strategic plan). However significant funding from a wide range of budgets goes towards addressing alcohol related harms, including substance misuse and crime reduction funding. However it should be noted that alcohol specific projects rarely receive any medium to long term funding commitments, therefore the sustainability of the strategic plan needs consideration.

**Alcohol harm in Lambeth**

This strategy recognises that most adults in Lambeth drink within at lower risk levels. In addition, a significant number of bars, pubs, clubs and restaurants bring employment and income to the local economy. Nonetheless, alcohol misuse both locally and nationally can be regarded as at historically high levels, broadly reflecting the longer term trend of increased affordability and availability over the last 50 years. The costs of alcohol misuse significantly outweigh the economic benefits through the health harms to individuals, costs to services, lost productivity and impact on children and communities.

A brief overview of alcohol-related harms in Lambeth are summarised below. For further detailed information see Supporting Documents.

**Health harms: at-risk and dependent drinkers**

A recent social marketing analysis for Lambeth identified 55,200 residents drinking at increasing risk (hazardous) levels. Increasing risk means drinking above the lower risk guidelines and therefore increasing a drinker’s chances of alcohol-related problems. Although they may experience a variety of alcohol-related problems, ranging from poor sleep to serious disease conditions, increasing risk drinkers are typically free from dependency and able to change their drinking patterns if they choose to. However most will be unaware their drinking is placing their health at risk, so helping them to identify this is crucial. Identification and Brief Advice (IBA) is the most effective way to help at risk drinkers understand this and change their drinking. We know that there are strong links between alcohol misuse and a wide range of health and wellbeing outcomes. There is an opportunity to use alcohol IBA in a wide range of settings to reduce harm.

It is also estimated that nearly 11,800 people living in Lambeth drink at higher risk (harmful) levels. Higher risk drinkers are drinking double the recommended guidelines or more on a regular basis (i.e. daily or near daily). Within these two at-risk groups (increasing and higher risk drinkers), 17,000 people are expected to have some level of alcohol dependence, but most only at mild or early stage psychosocial dependency. However around 1,400 have moderate dependence and 140 with severe dependence; those more typically in contact with or seeking help from treatment services.

By 2021 there could be over 1,800 more dependent drinkers living in Lambeth (including 250 more with moderate or severe dependence) if current trends remain. These figures show that although treatment for moderate and severely dependent drinkers is essential, improving access to treatment and interventions for less dependent and at-risk drinkers is crucial to halting rising levels of alcohol misuse.
Other harms

Those under the influence of alcohol are more likely to commit crimes and engage in anti-social behaviour. They are also more likely to be the victim of crimes such as common assault and robbery which are significant issues for Lambeth, with domestic violence also significant.

It is important to highlight that alcohol is not regarded as a causal link to domestic violence, but rather that it can be used as an excuse by those who perpetrate domestic violence to explain and justify their behaviour. However, alcohol can and should be identified as a risk factor in relation to perpetrators of domestic violence as it can lead to more serious/severe use of violence and therefore harm. In relation to sexual assault we know that those under the influence of alcohol can be targeted by perpetrators who take advantage of their increased vulnerability, and as such there are links through to our night time economy. As with domestic violence, we do not place responsibility with the victim of the offence regardless of their alcohol use. The responsibility sits firmly with those who chose to perpetrate violence. In order to address sexual violence and the links to the night time economy Safer Lambeth have developed a sexual violence campaign aimed at perpetrators. The “Know The Difference” campaign sets out our zero tolerance approach to sexual violence and highlights the consequences for those who chose to offend.

Based on the Local Alcohol Profiles for England (LAPE) database, Lambeth ranks in the top ten local authorities with the highest levels of alcohol-related violence, recorded crimes and sexual offences. Whilst these figures are typically on a slight downward trend, the impact on individuals, communities and public services affected by alcohol-related crime and disorder remains a concern for local residents.

Key strategic themes: overview and rationale

The strategic plan covers the four key strategic themes outlined below.

1. **Alcohol Early Intervention and Prevention**

Alcohol early intervention and prevention is a major part of Lambeth’s action to address alcohol misuse. The greatest proportion of alcohol misuse and collective harms from alcohol do not come from dependent drinkers, but those who drink at increasing or higher risk levels. This is because although those with alcohol dependence experience more serious alcohol-related problems at individual level, they are greatly outnumbered by non-dependent alcohol misusers.

‘Identification and Brief Advice’ (IBA) in Lambeth

Reducing alcohol misuse amongst increasing and higher risk drinkers also has the greatest cost-efficacy, particularly through the delivery of routine evidence based brief interventions. This approach is known as ‘Identification and Brief Advice’ (IBA) and is a key priority nationally and locally due to its overwhelming evidence base. Lambeth’s CCG
Commissioning Strategy Plan has a key goal to “reduce the health impact of alcohol by increasing the number of frontline staff who can deliver screening and brief intervention”.

Brief intervention through IBA involves front-line health care professionals (not drug and alcohol roles) routinely asking alcohol questions (‘Identification’) and offering brief advice to those drinking at risky levels. Around 25% of adults in Lambeth could benefit from IBA, mostly through brief advice aimed at reducing risky drinking, or sign posting to further interventions or treatment for a smaller number of drinkers who may need more.

A wide range of activity is taking place to increase and improve IBA delivery across Lambeth. Although the evidence base for IBA is strong, research shows that achieving regular, high quality delivery by front-line roles is difficult. For instance those who need to deliver IBA, such as nurses and other front line health and social care roles, typically do not see IBA as a core part of their role. In addition they may feel insufficiently skilled, motivated or supported to do it. Although these challenges exist across all settings where IBA delivery is sought, the responses needed to overcome these challenges in each setting are unique.

Primary Care is the key setting for the delivery of IBA, and practices are incentivised to offer it to new registrations and those receiving ‘NHS health checks’. However the evidence both locally and nationally shows the actual delivery and quality of IBA to be widely variable. Locally, significant differences in the frequency of IBA and referrals exist, and areas of the borough with high alcohol related harm do not correlate with the greatest level of activity. Uptake of free training, support and resources aimed at improving the IBA delivery has also been varied. In 2013 practices were asked to complete a short survey as part of this support, but responses were only received from 4 out of the 52 practices.

Across hospital settings, CQUINs as a commissioning incentive scheme appear to have been effective in starting to embed routine IBA delivery. Targets are being met, although the ambition needs to be extended and activity needs to be sustained to ensure IBA becomes an integral part of hospital doctors and nurses responsibilities.

Action to deliver IBA across other key health and social care settings is also underway. However common barriers exist such as securing organisational buy-in, up take of staff training, or the ability to easily record and report activity. Monitoring IBA activity whilst continuing to encourage and support organisations is integral to achieving this key priority.

**Other early intervention and prevention activities**

Further activities are sought to ensure opportunities to prevent alcohol misuse by increasing awareness of lower risk drinking and information and support. However the limited effectiveness of broad ‘alcohol awareness’ activities is noted, resulting in a heavy focus on IBA implementation. Nonetheless, alcohol information materials, including NHS approved self-help resources in a number of languages are produced and distributed across the borough accordingly.

In addition, ‘social marketing’ activity has been undertaken to ensure further opportunities to identify and reach at-risk drinkers. These activities tend to support the delivery of IBA or access to treatment, but through tailoring interventions or targeting specific groups or areas. For instance through exploring new mediums such as online interventions or producing language or cultural specific materials.
Opportunities to reach employees through workplace settings are also identified. Although many barriers similar to IBA implementation exist, there is potential scope to secure buy-in across statutory and private sector organisations to promote healthy alcohol use or alternatives.

2. **Improving Alcohol Treatment Effectiveness & Capacity**

Lambeth provides treatment to significant numbers of dependent drinkers each year through a Consortium of providers. This includes one of the largest ‘Shared Care’ teams, ensuring access to substance misuse treatment within Primary Care. Access to specialist services can also be made through locality hubs in different parts of the borough.

**Improving treatment effectiveness and capacity**

As a national picture, alcohol treatment is typically accessed by moderate to severely dependent drinkers, often with complex co-morbidities. Although Lambeth services are well-designed to meet these needs, addressing the needs of less severely dependent but higher risk drinkers is an unaddressed need. In recognition of the potential benefits of identifying and treating dependency earlier on, the priority for increasing alcohol treatment capacity is focused on this large section of the ‘dependent’ but treatment naive population.

However it is less well established as to how less severely dependent drinkers can be effectively engaged. A significant barrier is that many such drinkers will be unaware of their potential dependency or drinking risk, and be cautious or resistant to such a suggestion. These drinkers are commonly functional with ordinary lives, jobs and families and may not be aware of the negative health impacts their alcohol is having. Therefore they have less reason to consider their drinking as ‘problematic’, although provided with the right opportunity many will accept help.

Over recent years, two main projects have looked at reaching less severely dependent and higher risk drinkers outside of the ‘traditional’ treatment system. A specific ‘Alcohol Brief Treatment’ team has been piloted to provide ring-fenced brief psychosocial interventions to these drinkers within Primary Care settings. These interventions are based on NICE based quality standards and evaluation of the project is underway. However until more effective routine IBA is taking place consistently across the borough, there may be limited scope for reaching more of these drinkers (who may be less likely to self-refer).

Outside of Primary Care settings, a part time Lambeth Early Intervention and Prevention Services (LEIPS) alcohol role offers Extended Brief Interventions to Higher Risk drinkers. A one year evaluation of the project has shown significant reductions in alcohol misuse amongst those in contact with the service, but similarly to the Primary Care alcohol roles, consistent referral and support from partner organisations is essential.

**Addressing alcohol problems in Hospital settings**

Hospital settings are obvious settings to try and reach alcohol misusers through IBA, treatment interventions and referral to community services. However acute settings are one of the most challenging contexts to build in routine and effective alcohol responses. Time pressures, huge populations and complex pathways are just some of the issues. Two
major hospitals fall within Lambeth’s boundaries – St Thomas’s and Kings College London Hospital although Lambeth residents make up a significant minority of attendees.

Nonetheless in recent years improvement have been made in reaching both at-risk and dependent drinkers across Lambeth hospitals. Although it has been suggested that St Thomas’ should have an Alcohol Care Team of at least three full time nurses, the one current post has received increased support and recognition of the need to address alcohol issues. A commissioning incentive scheme (CQUIN) over the last year has been meeting targets for a first stage of minimal IBA delivery opening the way for further delivery.

Looking forward, an alcohol strategy for all South East London hospitals has been formulated by King’s Health Partners. The strategy sets out a vision and key recommendations for ensuring alcohol needs are met across the hospitals. Although the strategy has not yet received financial commitment for implementing the broad range of recommendations, attention and leadership seeking a sustainable and fully resourced response to alcohol problems is to be welcomed.

**Children and young people**

Approaches to addressing alcohol misuse amongst children and young people is in many ways more challenging than for adults. Patterns of use may be more experimental, and structured treatment systems do not seem to fit these needs. The evidence for IBA amongst young people is less clear, though likely to still be effective to some degree.

As a result, responses to alcohol misuse amongst children and young people are typically seen in a more holistic approach. For instance although the logic of ensuring ‘alcohol awareness’ education in schools may seem strong, the evidence actually suggests very limited impact on behaviour change if delivered in isolation. Nonetheless, ‘life skills’ approaches, wider support, and limiting access to alcohol are important areas that may be complimented by more targeted activity.

Currently work to engage Lambeth parents, practitioners, managers and young people to develop a partnership approach to service development is underway. This will inform future work to meet the substance misuse needs of Lambeth’s children and young people, whilst existing children’s services are being trained in working with young people to offer appropriate support and interventions.

### 3. Tackling Alcohol Related Crime and Disorder

The council introduced a new Licensing Policy for the borough in January 2014, following a year-long consultation with residents, licensees and other key stakeholders including the responsible authorities. The policy is being supplemented by co-produced local guidance.

Directors of Public Health now have the status of a responsible authority under the Licensing Act, although health is not a licensing objective. Lambeth Licensing have assisted the Safe Social London Partnership to develop guidance for Directors about making representations about applications for licences. This new approach is currently being successfully trialled in the borough.
Working in partnership with the Police, HMRC, Border Force and industry the council works on a number of priority areas concerning the sale and consumption of alcohol.

- To prevent and detect sales of alcohol to children we conduct test purchase operations using child test purchasers. If the purchase is successful the premises will be checked over. The owner will be cautioned and the seller will receive a fixed penalty notice from the Police. If the check reveals two more serious matters (for example counterfeit or non duty paid alcohol or identity checks reveal an illegal worker) the premises will be referred to the licensing committee for revocation of the licence. If there are no other serious faults found the owner is offered advice and further checks will be made to check compliance. All premises refusing to sell alcohol are written to congratulating them. In 2013/14 we made 152 attempts which resulted in 18 sales or 11.8%, a reduction from the previous year of 20% . We referred 15 premises to the committee. All were successful, with 8 licences revoked and 7 premises with additional more stringent conditions imposed as a result.

- All licencing applications are checked for compliance in relation to protecting children (one of the four licensing objectives). If insufficient information is given or the nature of the business (e.g. Mobile alcohol sales) gives concern, representation will be made to the licensing committee. New businesses will be contacted if requested or thought necessary to give detailed advice on compliance issues.

- We work with local off licences to control and prevent the sale of alcohol to street drinkers. Owners can voluntarily enter into local agreements to become Responsible Retailers. If they refuse and it becomes a serious issue we can apply to the licensing committee to request conditions to be imposed on the licence.

- We investigate all complaints and other sources of intelligence that concern the illegal supply of alcohol to youngsters and any allegations concerning the sale of counterfeit or duty evaded product.

- We have just completed a multiagency and high visibility project which visited and checked almost all nightclubs and other late night venues supplying alcohol in the borough.

Street Drinking is consistently a priority in 5 of the 21 wards in Lambeth. Our partnership response includes the use of Section 27 powers, de-canning, identification and case management of often complex individuals with complex needs. In 2013/14 we took out 4 Anti-Social Behaviour Orders where part of the conditions related to Street Drinking, for example prohibitions not to drink in groups. We also endeavour to reduce the ease of sale of high strength alcohol and the sale of single cans in particular, through voluntary agreements with off-license retailers. We will continue to monitor and review the effectiveness of this approach.

The Government’s new powers to tackle Anti-Social Behaviour, contained within the Anti-Social Behaviour, Crime and Policing Bill 2013, due to commence in October 2014, will replace the existing ASBO, Drinking Banning Order, Section 27 Direction to Leave and the Designated Public Place Order – all powers which we traditionally (and typically) use – with Injunctions, Criminal Behaviour Orders, new Dispersal Powers and a new Public Place Protection Order. We will also be required to implement a Community Trigger, all of
which may impact on how we deal with anti-social behaviour as it relates to alcohol. A steering group will be established to oversee the implementation in Lambeth. Following an initial pilot, Clapham Hub has been operating on Friday and Saturday nights from 11pm to 5am since March 2013. Since then, the Hub has seen a total of 670 visitors. The Hub currently aims to support night-time visitors to Clapham High Street; reduce nuisance to local residents; offer rapid access to treatment for minor injuries; reduce A&E attendances and hospital admissions; and contribute to safety and crime reduction. The Hub is supported by contributions from partners including Clapham Methodist Church, local night-time venues and the council.

In addition, Lambeth is one of four boroughs that will be taking part in an Alcohol Abstinence Monitoring Requirement (AAMR) pilot, working with the Mayor’s Office for Policing and Crime to test their effectiveness. AAMRs can be imposed by the Courts as part of a Community Order for alcohol related offences. The AAMR imposes a duty to remain sober for between 90-120 days. Compliance is monitored by a transdermal bracelet. The proof of concept pilot will test the effectiveness of this new sanction to reduce alcohol-related offending.

4. *Intelligence: Improving & utilising information on alcohol related harms*

Ensuring effective intelligence and data analysis underpins an effective strategy to reducing alcohol harms across the borough. Data sources and resources available to achieve this vary significantly so efficient use of available information and opportunities to share data are crucial. Key data areas not covered in previous sections are summarised below.

**Public Health Outcomes Framework**

The Department of Health have set out the Public Health Outcomes Framework (PHOF) as a vision for public health, desired outcomes and indicators. PHOF sets out four key domains including a ‘Health Improvement’ domain which will include alcohol. As yet the precise nature of the alcohol indicator is unavailable but will measure alcohol-related hospital admissions. The PHOF should be used to support monitoring of specific and related alcohol harms in the borough to compliment local reporting.

There are strong links between alcohol and a wide range of health and wellbeing outcomes. Alcohol will therefore be a contributing factor in a wide range of PHOF indicators across the “Health Improvement”, “Improving the Wider Determinants of Health”, and “Healthcare Public Health” domains including: intentional/deliberate injuries, falls, domestic abuse, violent crime, homelessness, cardiovascular disease, cancer and liver disease.

**Public Health and Licensing**

Changes to the 2003 Licensing Act made Directors of Public Health (DPH) a responsible Authority. Lambeth Council has recently updated its Statement of Licensing Policy to reflect Public Health’s new role and involvement in licensing creating a more holistic view.

However ensuring Public Health plays a meaningful role in licensing decisions is a challenge most teams are facing across the country. No tried and tested approach has yet been demonstrated in England and success will depend on effective health data capture and resource to collate and channel this in an effective way. Lambeth is committed to
ensuring that Public Health utilise any available data to ensure the objectives of the Lambeth Licensing Policy Statement can be met.