

Taking Responsible Measures

Enfield's Alcohol Harm
Reduction Strategy
2006-2008

Enfield Alcohol Harm Reduction Strategy 2005-08

The need for a local alcohol strategy

Alcohol misuse affects individuals, families and the wider community whilst placing a huge burden on our health and social care systems and the criminal justice system. An alcohol needs assessment for Enfield, carried out by Alcohol Concern in 2005, estimated that around 9,000 adults in the borough are drinking at harmful levels, and found that alcohol misuse locally is associated with violent crime, anti-social behaviour, youth offending, child abuse, family breakdown and bed blocking in NHS services.

The Government's Alcohol Harm Reduction Strategy, published in 2004, made the case for joined-up action at local level to tackle alcohol-related harm. There are no significant new resources for tackling alcohol misuse from central Government, but Enfield Council and its partners believe that there is potential for better co-ordination of local activity.

We have established an Alcohol Harm Reduction Board to develop and deliver the Enfield Alcohol Harm Reduction Strategy.

Our Strategic Objective

'To encourage and support responsible use of alcohol to reduce crime and anti-social behaviour and improve the health of people living and working in Enfield'

Alcohol related harm

Health

Cost of alcohol misuse to the NHS: £1.7bn per annum

Nationally, alcohol misuse is linked to¹:

- annual expenditure of £95m on specialist alcohol treatment
- over 30,000 hospital admissions annually for alcohol dependence syndrome
- up to 22,000 premature deaths per annum
- at peak times, up to 70% of all admissions to accident and emergency (A&E)

¹ All national data in the Enfield Alcohol Harm Reduction Strategy comes from the Alcohol Harm Reduction Strategy for England (Cabinet Office, 2004)

Excessive drinking

Approximately 50,000 adults in Enfield are drinking at levels that risk harm to their health. Of these, around 9,000 are at high risk of alcohol-related health problems. About 24,000 can be described as binge drinkers.

An estimated 720 adults need and want specialist alcohol treatment each year, of which nearly 500 need detox. Enfield's alcohol treatment system has the capacity to manage only a small proportion of these people at present, which puts pressure on the wider health and social care system².

Health care

Alcohol misuse places a significant burden on health services, particularly A&E departments and mental health services.

Alcohol-related presentations at Chase Farm and North Middlesex Hospitals A&E departments are estimated to account for 20% of patients, rising to perhaps 40 - 50% at peak times. There are four main categories of alcohol-related presentation: acute intoxication; accidents including road traffic accidents and falls; chronic drinkers (a small number of people take up a disproportionate amount of time); and children (typically 14 or 15 year olds suffering from acute intoxication). Many incidents of threatening or abusive behaviour in A&E also involve alcohol.

Approximately a third of patients using mental health services in Enfield have substance misuse problems, and the majority of these use alcohol problematically. About 20-25% of the Community Mental Health Teams' clients have alcohol problems that require some level of support or intervention, and these patients take up a disproportionate amount of time. The demand for in-patient admission for alcohol problems has severe resource implications for Barnet, Enfield and Haringey Mental Health Trust and substance misuse commissioners.

Crime and anti-social behaviour

Alcohol misuse shows strong links to violence. In England 1.2m violent incidents (around half of all violent crimes) and 360,000 incidents of domestic violence (around a third) are linked to alcohol misuse. More generally, alcohol misuse is linked to disorder and contributes to driving people's fear of crime; 61% of the population perceive alcohol-related violence as worsening³.

Cost of crime and anti-social behaviour linked to alcohol misuse in England: £7.3bn per annum

Crime, anti-social behaviour, and community safety in Enfield

There is strong anecdotal evidence linking alcohol to violent crime, including domestic violence. Enfield's 2004 Anti-Social Behaviour Audit identifies alcohol-related disorder and anti-social behaviour as a priority, because of the

² Enfield Alcohol Needs Assessment (Alcohol Concern, 2005)

high volume of incidents spread widely across the borough, giving rise to significant fear of crime. The most common alcohol related incidents are noise, criminal damage and vandalism, nuisance, street drinking, fighting, shouting and swearing and hooliganism. The Audit gives the following information:

- There is evidence that the anti-social behaviour resulting from alcohol consumption includes urination in doorways, noise, rowdy behaviour and violence.
- 2153 incidents of drunkenness were recorded over the audit's three-year monitoring period (over 3% of the Police total incident count) and the numbers have remained consistent across each year.
- 2458 incidents of drunken behaviour were recorded by the CAD system⁴ but this is likely to be under-reported.
- The Hertford Road stretch from Upper Edmonton to Lower Edmonton is a problem area for drunkenness with concentrations around Edmonton Green and Lower Edmonton. Other concentrations occur at Enfield Town, Southbury Road / A10, Bush Hill Park, Palmers Green and Southgate.
- The number of incidents of noise from pubs and clubs was 179 during 2003/04, showing a significant rise over 2001/02 (44%).
- 'Shouting and swearing' accounted for the highest numbers of calls compared with other categories of call. The borough hotspots have remained fairly consistent during the last three years: Upper Edmonton, Edmonton Green, and Enfield Town / Southbury.

In a survey of residents' concerns and priorities undertaken for the Audit, anti-social behaviour was identified as the top concern, and alcohol-related crime specifically as the 8th highest concern overall. Action on drug and alcohol related crime was one of five areas that residents wanted to see prioritised.

Loss of productivity and profitability

Cost of productivity lost as a result of alcohol misuse: £6.4bn per annum - up to 17m working days are lost each year through alcohol-related absence

Alcohol misuse may also affect productivity of workers in their workplace and may result in shorter working lives.

Harms to children and young people, families and society

Between 780,000 and 1.3m children are affected by parental alcohol problems. Marriages where there are alcohol problems are twice as likely to end in divorce. In addition, up to half of rough sleepers have problems with alcohol.

Cost of the human and emotional impact suffered by victims of alcohol-related crime: £4.7bn per annum

⁴ CAD is the police management system for calls about anti-social behaviour

Children and young people

There is anecdotal evidence for significant alcohol use by young people in Enfield; the alcohol use is often an underlying issue for those with drug or legal problems. About 50% of the Youth Offending Team's clients have alcohol issues, and for about 15%, alcohol use is linked to their offending behaviour. The most common alcohol-related offences are violence, public order offences and criminal damage⁵.

Alcohol significantly harms the children and young people in Enfield. There is a strong link between substance misuse and child abuse. Substance misuse is a major contributory factor for 30% of the children on the Enfield Child Protection Register⁶.

Housing and homelessness

There are strong links between alcohol misuse and housing problems. Particular alcohol issues for Enfield include tenancy sustainment for older people with mental health issues, teenage pregnancy and young care leavers. Many homeless people also experience problems with alcohol misuse; this is sometimes a factor in causing homelessness and sometimes a problem exacerbated by homelessness⁵.

Current responses to alcohol related harm, and gaps

Alcohol Concern's research identified many services and initiatives that are already in place in Enfield to tackle alcohol related harm. There are some gaps in the response however, chiefly:

- Data on alcohol-related harm, particularly in the areas of crime, health, young people, social services and housing.
- Specialist alcohol treatment, including dual diagnosis services.
- Alcohol education and health promotion for adults.
- Initiatives to tackle alcohol-related domestic violence.
- Alcohol awareness in generic workers.

Aims and objectives for the alcohol harm reduction strategy

We want to reduce alcohol related harm in Enfield, so that residents do not suffer the consequences of their own, or others', alcohol misuse. We will achieve this through:

1. Improved, and better-targeted, education and communication
2. Better identification and treatment of alcohol problems
3. Better co-ordination and enforcement of existing powers against crime and disorder

⁵ Enfield Alcohol Needs Assessment (Alcohol Concern, 2005)

⁶ Local Safeguarding Children's Board

4. Encouraging licensed premises to promote responsible drinking and to take a role in reducing alcohol-related harm
5. A data strategy for recording, collating, analysing and monitoring alcohol related data
6. An alcohol awareness training strategy for generic workers

Achieving our objectives

Reducing alcohol related harm requires commitment and effort from everyone – including the Council, local health services, the police, schools, social services, licensees, parents and drinkers.

The multi-agency Alcohol Harm Reduction Board will oversee the development and implementation of the Strategy. Enfield's Alcohol Harm Reduction Coordinator will work with partners to agree an annual action plan that will deliver year on year reductions in harm. The action plan can be found at the end of this document.

Links to other local strategies:

- Community Safety Strategy 2005-08
- Local Safeguarding Children Board Business Plan 2006 -07
- Licensing Policy
- DAT Treatment and Young Peoples' Substance Misuse Plan 2005-06 and subsequent Plans
- Domestic Violence Strategy
- the Community Strategy

Alcohol Harm Reduction Board membership:

- LB Enfield Environmental Health & Regulation
- Metropolitan Police
- LB Enfield Community Safety Unit
- LB Enfield Licensing
- Enfield Drug Action Team
- Probation Service
- London Fire Brigade
- Youth Offending Team
- Enfield Primary Care Trust
- Barnet, Enfield and Haringey Mental Health Trust
- London Ambulance Service
- Community Business
- Community Empowerment Network
- LB Enfield Education Welfare
- Enfield Domestic Violence Forum
- Local Safeguarding Children Board
- Enfield Observatory

Enfield Alcohol Harm Reduction Strategy Action Plan 2005 - 2008

A. Building Capacity

	Objective	Baseline	Year 1 2005/2006	Year 2 2006/2007	Year 3 2007/2008	Lead
A1	To establish an Alcohol Harm Reduction Strategy Board by June 2005		Achieved	N/A	N/A	Community Safety / Environmental Services
A2	To appoint an Alcohol Harm Reduction Coordinator		Advertised twice, post not recruited to. Consultant appointed.	Consultant appointed from 1st April 2006.	Consultant appointed from 1st April 2006.	AHRB
A3	To agree a Terms of Reference for the Alcohol Harm Reduction Board.		Achieved	To review annually.	To review annually.	AHRB
A4	To draft an action plan for the Alcohol Harm Reduction Board to 2006.		Achieved	To implement action plan.	To implement action plan.	To be identified against each action.
A5	To review the recommendations of the Enfield Alcohol Needs Assessment.			Assessment of recommendations to be considered in this year.		Alcohol Coordinator/AHRB
A6	To embed the Alcohol Harm Reduction Strategy in key corporate strategies, including the Local Area Agreement and Community Strategy.		To CMB - 7.3.06, stakeholders Conference 23.3.06			Alcohol Coordinator/AHRB

B. Improved, and better-targeted, education and communication

	Objective	Baseline	Year 1 2005/2006	Year 2 2006/2007	Year 3 2007/2008	Lead
B1	To deliver alcohol education for young children and young people, including interventions targeted towards those most at risk of harm from alcohol misuse. To also include piloting innovative mainstream approaches. Young people to be actively involved in the planning and development of initiatives.	a) Existing activity in schools on alcohol education (to be obtained by audit) b) Current levels of awareness of risks associated with alcohol misuse (to be obtained by survey)		Target 1: Increased education/prevention interventions Measured by: audit of activity Target 2: Increased awareness of risks associated with alcohol misuse - measured by: survey	Target 1: Increased education/prevention interventions Measured by: audit of activity Target 2: Increased awareness of risks associated with alcohol misuse - measured by: survey	DAT/Education
B2	To raise awareness within the community of the need to reduce alcohol-related harm to children and young people.	Current levels of awareness of risks associated with alcohol misuse (to be obtained by survey.)		Target: Production of action plan	Target: Implementation of action plan	LSCB
B3	To deliver an alcohol health promotion and education campaign for adults in health and non-health settings, to include community safety messages (eg100 day campaign to target behaviours which lead to alcohol harm.)	Current levels of awareness of risks associated with alcohol misuse (to be obtained by Citizen's Panel)		Target: Increased awareness of risks associated with drinking Measured by: survey	Target: Increased awareness of risks associated with drinking Measured by: survey	PCT/Environmental Services

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C. Better identification and treatment of alcohol problems

	Objective	Baseline	Year 1 2005/2006	Year 2 2006/2007	Year 3 2007/2008	Lead
C1	To review current arrangements for specialist alcohol assessment and referral, and develop an implementation plan that identifies funding for new developments to meet need in terms of increased capacity and access to services.	Treatment activity stats (available from Alcohol Concern needs assessment)		Target 1: Mapping of existing referral pathways (to be obtained) Target 2: Assessment of need (revisit Alcohol Concern needs assessment in light of ANARP) Target 3: Identification of funding sources	Implementation plan	DAT/PCT
C2	To commission low threshold support interventions for people with alcohol problems, to be delivered from the new Primary Care Centre in Hertford Road, Edmonton.					DAT
C3	To develop a business case for a cross-borough detox facility.				Implement successful business case	DAT
C4	To develop alcohol-related health objectives and targets for inclusion in the Local Area Agreement when it is revised at the end of its first year.			Get alcohol targets in health section on LAA; develop action plan to achieve targets		PCT
C5	Enfield Domestic Violence Forum to develop work around raising awareness, particularly among local practitioners on the links between alcohol misuse and domestic violence.			Target: Increased referrals between substance misuse and domestic violence agencies Measured by: referral data via DV Forum		Domestic Violence Forum
C6	To provide housing related support for people with alcohol problems.			Target: Agree protocols and targets for floating support and accomodation-based support for primary and secondary alcohol users		Supporting People/DAT
C7	To consult hard to reach groups in the community on the action plan, and revise the plan as appropriate			Carry out consultation with five main ethnic groups		Alcohol Coordinator

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D. Better co-ordination and enforcement of existing powers against crime and disorder

	Objective	Baseline	Year 1 2005/2006	Year 2 2006/2007	Year 3 2007/2008	Lead
D1	To protect children from harm by restricting access to pubs/clubs where the sale of alcohol is the primary use of the premises, and to encourage improvements in premises to give acceptable environments for access by children.	% of licensed premises where access by under 14's is permitted (to be calculated from Licensing records)		Target: Assess numbers of premises where access by under 14's is permitted. Measured by: Licensing records.	Target: 3% increase in numbers of premises where access by under 14's is permitted. Measured by Licensing records.	Environmental Services
D2	To carry out 'test purchases' proactively, and carry out joint enforcement operations outside normal office hours.	% of attempted purchases of alcohol resulting in an unlawful sale (to be calculated from Licensing records). % of underage sales in on-licenses (to be obtained through a programme of targeted checks).		Target 1: Undertake test purchases and achieve sales of 17% or less. Measured by Licensing records. Target 2: Undertake programme of targeted checks on on-licenses. Measured by Licensing records.	Target 1: Undertake test purchases and achieve sales of 16% or less. Measured by Licensing records. Target 2: Achieve 3% reduction in baseline. Measured by Licensing records.	Environmental Services
D3	To co-ordinate and enforce existing powers against alcohol-related crime and disorder	Top ten high risk problem premises (to be drawn from Licensing records)		Target: Top ten 'high risk' problem premises agree to undertake an improvement plan or be subject to license review and / or enforcement action Measured by: Licensing records	Target: Top ten 'high risk' problem premises agree to undertake an improvement plan or be subject to license review and / or enforcement action Measured by: Licensing records	Environmental Services/Police
D4	To encourage communities throughout Enfield to look out for and make representation under the new Licensing Act 2003.	Current awareness of issues (to be established through planned residents' survey (Sue McDaid))		Target: Reduced % of residents who identify licensed premises as a serious problem in their communities Measured by: Licensing records	Target: % of residents who identify licensed premises as a serious problem in their communities reduced by 3% from Y2. Measured by: Licensing records	Environmental Services
D5	To reduce alcohol related disorder			Target 1: Reduction in alcohol-related incidents associated with crime or disorder Measured by: London Ambulance Service data; police data Target 2: Reduction in assaults in and around licensed premises Measured by: London Ambulance Service data; CCTV records; police data	Target 1: Reduction in alcohol-related incidents associated with crime or disorder Measured by: London Ambulance Service data; police data Target 2: Reduction in assaults in and around licensed premises Measured by: London Ambulance Service data; CCTV records; police data	Police/Community Safety Unit
D6	To reduce drink driving	Number road traffic accident casualties where driver over drink drive limit		Target 1: Agree a 3 year enforcement and education strategy Target 2: Deliver summer prevention campaign	Implement enforcement and education strategy	Road Safety/Police

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E. Encouraging licensed premises to promote responsible drinking and to take a role in reducing alcohol-related harm.

	Objective	Baseline	Year 1 2005/2006	Year 2 2006/2007	Year 3 2007/2008	Lead
E1	Licensed premises to promote responsible drinking and to take a role in reducing alcohol-related harm.		Licensing Forum established	<p>Target 1: Licensing Forum meets on at least 3 occasions and makes a positive contribution to alcohol harm reduction Measured by: audit of outcomes from Forum</p> <p>Target 2: Assess percentage of traders who feel supported by the Police Measured by: survey</p> <p>Target 3: Trader and Police action identifies 5 persistent trouble makers leading to ABCContracts or ASBO or prosecution (not FPN).</p> <p>Target 4: Increase numbers of licensed premises in membership of Enfield's Responsible Licensee Scheme to 85.</p>	<p>Target 1: Licensing Forum meets on at least 3 occasions and makes a positive contribution to alcohol harm reduction Measured by: audit of outcomes from Forum</p> <p>Target 2: Increase percentage of traders who feel supported by the Police Measured by: survey</p> <p>Target 3: Trader and Police action identifies 5 persistent trouble makers leading to ABCContracts or ASBO or prosecution (not FPN).</p> <p>Target 4: Increase numbers of licensed premises in membership of Enfield's Responsible Licensee Scheme to 110.</p>	Environmental Services/Police
E2	To deliver and develop Pubwatch			Review Pubwatch		Environmental Services/Police

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F. A data strategy for recording, collating, analysing and monitoring alcohol related data.

	Objective	Baseline	Year 1 2005/2006	Year 2 2006/2007	Year 3 2007/2008	Lead
F1	To collate and establish baseline data for the action plan and establish a performance framework for the Alcohol Harm Reduction Board.			Establish the baseline and Monitor.	Monitor	Enfield Observatory/Alcohol Coordinator
F2	To establish a data strategy for recording, collating, analysing and monitoring alcohol-related data.		Achieved	Review	Review	Enfield Observatory
F3	To review the action plan in light of the evidence and re-prioritise as necessary.			Review	Review	Enfield Observatory

G. An alcohol awareness training strategy for generic workers

	Objective	Baseline	Year 1 2005/2006	Year 2 2006/2007	Year 3 2007/2008	Lead
G1	To raise alcohol awareness within generic workers, to include housing officers, police, social workers, health professionals, youth workers, teachers and voluntary/community sector.			Target 1: Identify funding for training programme Target 2: plan training programme Measured by: training packs	Target: Increased awareness Measured by: survey; referral data	Alcohol Coordinator

Abbreviation Summary

1	ABC	Anti Social Behavioural Contracts
2	ASBO	Anti Social Behavioural Orders
3	AHRB	Alcohol Harm Reduction Board
4	ANARP	Alcohol Needs Assessment Research Project
5	CCTV	Close Circuit Television
6	CMB	Council Management Board
7	DAT	Drug Action Team
8	DV	Domestic Violence
9	FPN	Fixed Penalty Notice
10	LAA	Local Area Agreement
11	LSCB	Local Safeguarding Childrens Board
12	PCT	Primary Care Trust
13	Y2	Year 2