

Croydon Alcohol Strategy

April 2008 – March 2009

Introduction

Alcohol can play an important and positive role in people's lives. It is part of our social and family life, and can enhance meal times, special occasions and time spent with friends. However, more needs to be done to promote sensible drinking.

Excessive alcohol consumption among some sections of the population is a cause for considerable concern – a concern that is shared by both the Government and the general public.

In 2004, the Government published the Alcohol Harm Reduction Strategy for England. This was a major milestone as it was the first cross-government statement on the harm caused by alcohol, which included a shared analysis of the problem and the programme of action to respond. The updated National Alcohol Strategy, 'Safe, Sensible, Social' was published in June 2007. This included:

- sharpened criminal justice for drunken behaviour;
- a review of NHS alcohol spending;
- more help for people who want to drink less;
- toughened enforcement of underage sales;
- trusted guidance for parents and young people;
- public information campaigns to promote a new 'sensible drinking' culture;
- public consultation on alcohol pricing and promotion; and

In addition, there is now a requirement for local areas to have an Alcohol Strategy in place. This document is Croydon's Alcohol Strategy for 2008/09 and has been developed in partnership by the Drug and Alcohol Action Team Unit.

Strategic Context

The Local Area Agreement (LAA) and Sustainable Community Strategy (SCS) set out the priorities for the Borough under six themes as follows:

- Safer, Stronger and more Sustainable Communities
- Achieving better outcomes for Children and Young People
- Promoting Economic Growth and Prosperity
- Improving Health and wellbeing
- Improving the Environment
- Delivering High Quality Public Services & Improving Value for Money

There are 35 priorities identified within the Local Area Agreement, that set out what the Croydon Strategic Partnership will be focussed on delivering over the next three years. Although alcohol is not included as one of the 35 LAA priorities it is clear that tackling alcohol misuse will impact on other priority areas included within it. These include:

- Reducing violent crime and domestic violence
- Reducing Anti-Social Behaviour
- Improving life chances of vulnerable children and young people
- Reducing teenage pregnancy
- Creating diversionary opportunities and reducing youth offending and gang related crime
- Reducing worklessness
- Increase life expectancy within the borough

- Supporting vulnerable adults needing care

The Croydon Strategic Partnership is responsible for overseeing the broad strategic direction for the Borough and for identifying potential links across the themed partnerships. Alcohol links to several of the themed partnerships including the healthy Croydon Partnership, Safer Croydon partnership and Children and Young People's Partnership. Responsibility for delivery falls to the Drug and Alcohol Action Team, which reports into the relevant themed partnerships.

The Drug and Alcohol Action Team (DAAT) was developed in Croydon to take responsibility for the implementation of the national drug and alcohol strategies at a local level. The DAAT is a multi-agency partnership which has senior representation from locally agreed organisations including:

Croydon Primary Care Trust

Metropolitan Police

London Probation Authority

Croydon Magistrates

Croydon Council

- Housing, Children Young people and Learners, Adult Social Services & Environment, Culture and Public Protection

National Treatment Agency / Government Office for London

DAAT Co-ordination Unit

Croydon DAAT is responsible for developing and implementing an annual alcohol strategy for the Borough. The strategy includes actions and targets to improve the prevention of problematic alcohol misuse, the treatment and support for problem users and actions to tackle alcohol related crime and disorder. The strategy is monitored quarterly by the DAAT.

The DAAT Co-ordination Unit is responsible for ensuring that plans and targets are developed and communicated to providers, that services are commissioned appropriately and for disseminating information that comes out from the relevant Government departments. There are a number of groups responsible for implementing the work of the DAAT. These include a networking group called the Drug and Alcohol Reference Group and focus groups that concentrate on individual themes within the strategy. The structure chart at the end highlights the key local groups responsible for delivery.

Further information on the strategy is available from the DAAT Unit as follows:

Suite D/E

6th Floor, Carolyn House

22-26 Dingwall Road

Croydon, CR0 9XF

Tel 020 8726 6000 x14750

Fax 020 8726 7765

www.croydondaat.org.uk

Evidence of need

The vast majority of people enjoy alcohol without causing harm to themselves or to others. Indeed there is some evidence to suggest that moderate use is associated with health and social benefits, but for some, alcohol misuse is a very real problem. The estimated cost of alcohol misuse nationwide is around £20bn a year. This is made up of alcohol-related health disorders and disease, crime and anti-social behaviour, loss of productivity in the workplace, and problems for those who misuse alcohol and their families, including domestic violence. Taking account of inflation and population, this estimate translates into £118 million cost per annum for Croydon.

Croydon has the highest number of licensed premises, with the largest capacity, of any London town centre outside the West End. With a 1,000 licensed premises in Croydon, 53 are located in the town centre. These include off-licenses, restaurants, pubs and night-clubs. Irresponsible drinks promotions can encourage binge drinking and create additional pressures on the police and health services. Croydon's town centre has the highest volume of violent crime in the Borough. Within this context it is therefore unsurprising that Croydon is ranked only 18th best in London for perception of drunkenness and rowdiness, and that it is significantly worse than the England average on alcohol related crime.

Evidence from the British Crime Survey suggests that alcohol plays a role in many violent incidents, with 46% of victims believing that the offender or offenders were under the influence of alcohol at the time of the incident. This is particularly true with regards to stranger violence (58%), but alcohol also remained an important factor in domestic violence incidents (37%). By using these figures to estimate the proportion of total recorded crime in Croydon that may be attributed to alcohol related violence, it is likely that 20% of total recorded crime in the borough would fall into this category.

Drinking is also central to many incidents of anti-social behaviour, with two thirds of the ASB incidents reported to police in Croydon in the previous 12 months being instances of rowdy behaviour.

A patient's survey run by Croydon PCT found that although a higher percentage of people in the south of the borough drink alcohol regularly, a higher proportion of people in the north, particularly the deprived areas, said they usually drink 7 or more units when they do drink. The survey also noted that older people were more likely to drink everyday, but younger adults were more likely to drink large amounts of alcohol at any one time, with a peak age group of 25-34.

Adult alcohol services are under-resourced, in comparison to adult drug services which is both a national and local issue. Generating funds to enable the development of alcohol services is therefore a top strategic priority. A strategic review of Croydon's drug and alcohol services was published in January 2006, which identified some gaps within alcohol services. These included the lack of an open-access, low threshold drop-in service, the fact of there being no local structured day programme, and the absence of a screening and brief interventions programme. Estimates of the number of dependent drinkers between the ages of 16-64 in Croydon range from 9,800 to 11,700 people. Only a fraction of this number (under 10%) are engaged in structured treatment though.

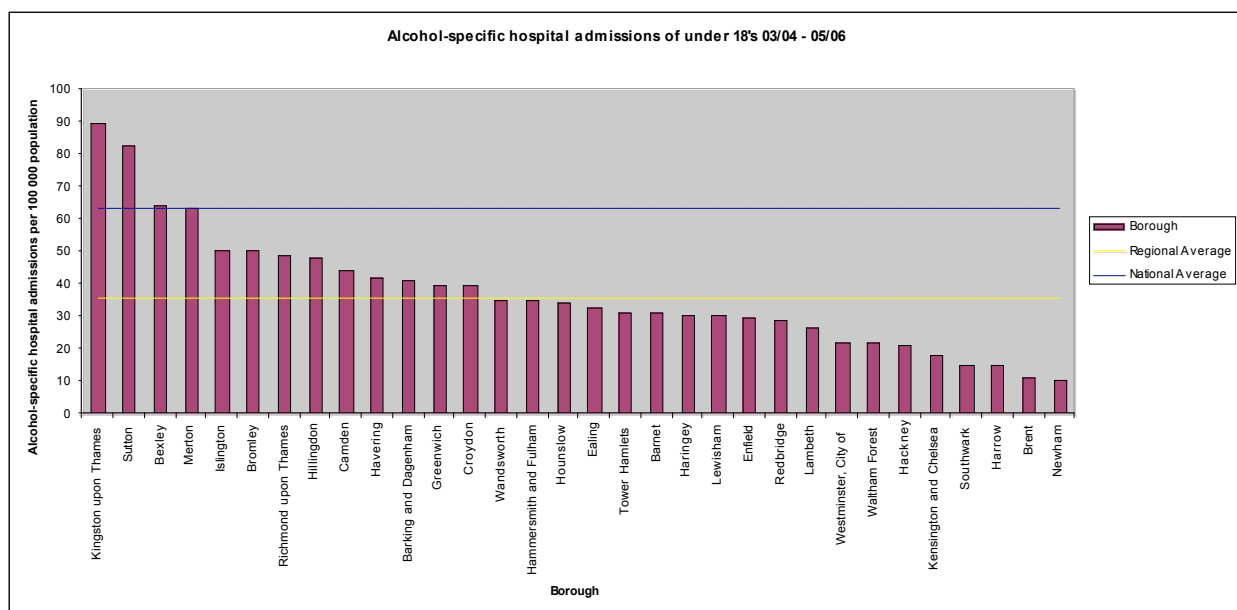
Alcohol services for young people were not looked at separately during the DAAT's strategic review because the existing young people's substance misuse services deal with both drug and alcohol issues. However, with the publication of a Youth Alcohol Action Plan due out in May 2008 this may highlight gaps in local services for young people around alcohol issues or strategic issues that need to be taken forward. Alcohol came up in the young people's needs assessment (conducted in 2007, published in February 2008) as the second most common substance that young people presented to treatment services for.

Service users have given positive feedback on the quality of alcohol services although there are access problems through restrictive opening hours of services. There were also some gaps identified within alcohol services, including the lack of an open-access, low threshold drop-in service and the fact of there being no local structured day programme, apart from that run by the statutory service.

Studies have suggested that parental substance misuse can have an adverse impact on the family and it has been estimated that there are between 250,000 and 350,000 children of problem drug users in the UK; approximately one for every problematic drug user which translates to around just under 2000 in Croydon. We do not as yet have an estimate for children of problematic drinkers so this is an important area for exploration over the next year.

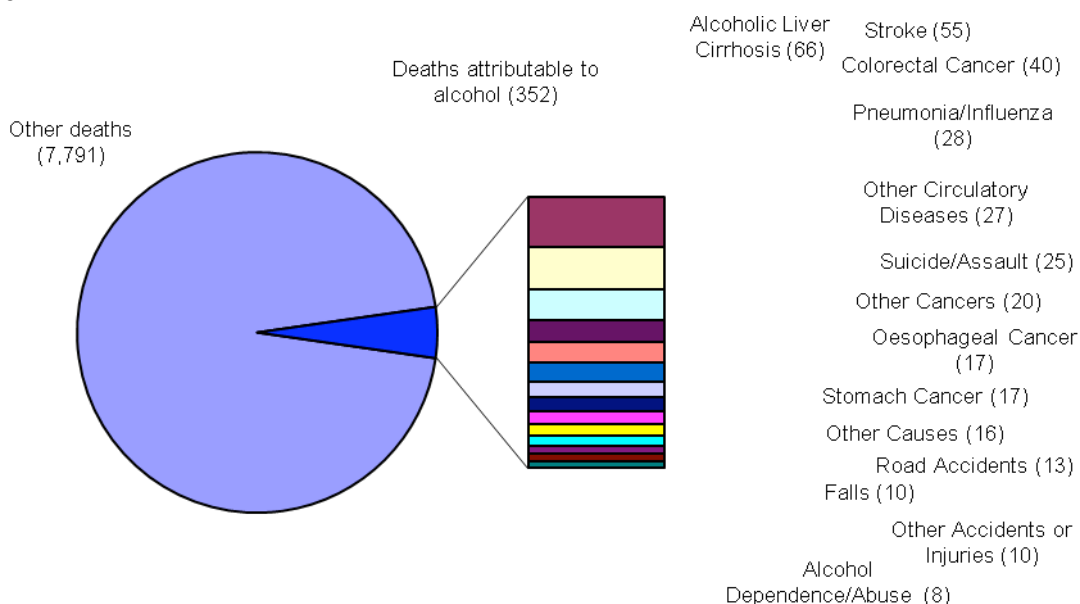
The North West Public Health Observatory has compiled Local Alcohol Profiles for England, which compare various alcohol related data across the country. This data shows that alcohol related and alcohol specific hospital admissions have risen steadily since 2002/03 and are above national averages, particularly for females. There were 2,252 hospital admissions in Croydon in 2004/5 that were attributed to alcohol.

Croydon is 14th highest for the proportion of 18s being admitted to hospital for alcohol related issues between 03/04 and 05/06.



4.8% of deaths in Croydon between 2004 and 2006 were attributable to alcohol, the most common causes of death being stroke and alcoholic liver disease including cirrhosis.

Deaths attributable to alcohol as percentage of all deaths from that disease, Croydon, 2004-2006



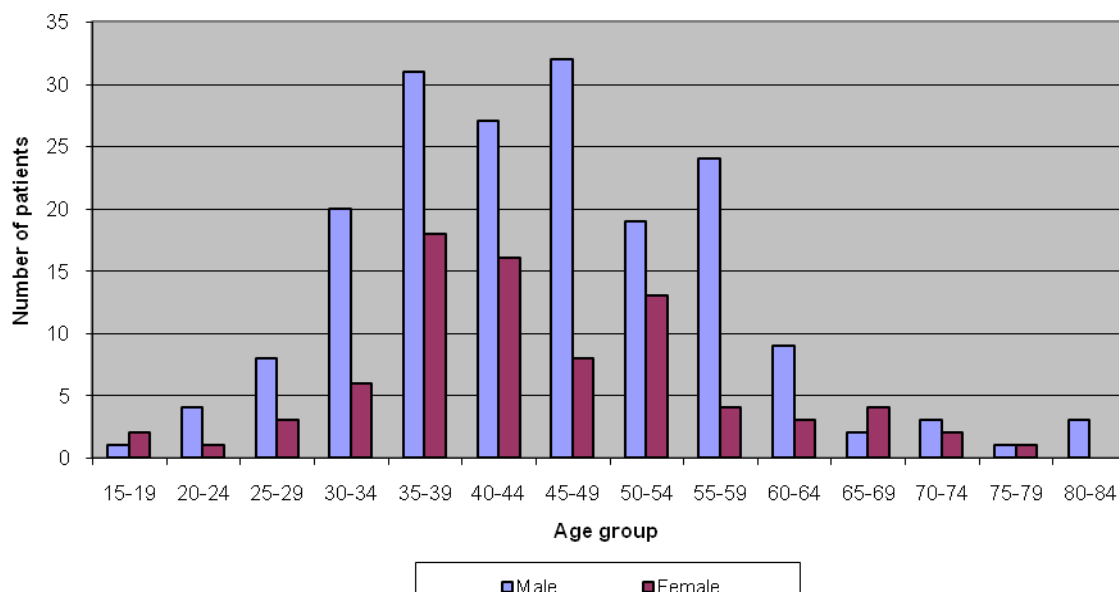
Source: Office for National Statistics mortality data using attributable factors from Government Strategy Unit on Alcohol

Weekend possible alcohol related attendances at A&E can be defined as A&E attendances for 17-35 year olds between 10pm and 5am on Saturday or Sunday mornings. On an average weekend (October 2005 – September 2007) there are 46 weekend possible alcohol related attendances at Mayday A&E. There has been a slight fall in weekend possible alcohol related attendances at Mayday Hospital between October 2005 – September 2007 but there has been a slight increase in the 15-17 years age group, indicating there is a higher risk of young people needing treatment in primary care in those early teen years.

There were 265 patients diagnosed with alcohol dependence between April 2005-March 2006 at GP practices. Fifty-eight percent of these were males aged between 30 and 59.

Furthermore, after recording a fall in alcohol related incidents between 2005 and 2006, figures from the London Ambulance Service show that these have now increased to a total of 776 for 2007 (up to 31st Oct). This represents a 14% increase, with a substantial proportion of these incidents occurring in the Fairfield (27%) and Broad Green (13%) wards which are located in the centre of Croydon.

Patients diagnosed with alcohol dependence in last year by age and sex



Source: General practices (MIQUEST), April 2006

For the two years previous to this (March 03 to April 05) there were a further 329 patients diagnosed with an alcohol dependence by GP's.

This is supported from the findings of the most recent survey with Croydon's Citizen's Panel, which has shown that one of their main crime concerns is the level of alcohol related disorder in the town centre. This impacts on Croydon's image and the fear of crime amongst residents. The Talkabout Croydon Citizen panel reported just over two fifths of respondents (43%) say that they have seen or heard people being drunk or rowdy in their local community once or a few times in the last 12 months which revealed that a quarter of the sample experienced drunk or rowdy people at least once a week.

2007/08 ACHIEVEMENTS

During the last year there have been some significant achievements in tackling alcohol misuse in the Borough. This includes

- Continuing to celebrate the good management of licensed premises using the 'Best Bar None' awards
- Encouraging responsible management of licensed premises through Pub and Club Watch
- Conducting a programme of joint Police and Trading Standards inspections of pub, clubs and bars in the town centre to ensure that they comply with relevant legislation including underage sales and selling to people who are intoxicated
- Reducing alcohol related offences through inspection, enforcement and advisory visits to licensed premises
- Enforcing the street drinking ban and dispersal zone in the Town Centre

- A significant drop in alcohol related crime including 12% reduction in the Fairfield Ward for violent crime for the period April to December 2007. Croydon is one of only two areas in the country where alcohol related disorder has reduced since 24 hour drinking laws were introduced
- Implemented the 'Think Safe, Drink Safe' campaign in December to highlight the risks of alcohol
- Commissioned brief interventions work with patients in A&E and throughout Mayday Hospital for those who present with alcohol related issues to help engagement with treatment and support
- Delivered an alcohol awareness and sexual health campaign to young people in the Town Centre and Croydon College in partnership with Teenage Pregnancy.

There are potentially many other areas where we can target alcohol misuse but a lack of resources locally has prevented further work taking place at this stage. It is also unclear what impact the current initiatives are having on the outcomes within the strategy due to a lack of robust performance management and co-ordination of initiatives. Evidence does suggest that alcohol related disorder in the Town centre is down, the prevalence of street drinking has been reduced and less people are visiting the town centre on Friday and Saturday nights however.

To fully ensure the current actions are successfully meeting the national strategy outcomes a greater emphasis is needed locally to drive the work forward. This includes co-ordination and project management capacity and a commitment from local partners to contribute to the implementation and resourcing of the strategy.

Action Plan

The Croydon Alcohol Strategy Aims are to:

1. Increase awareness of the risks of alcohol misuse and promote safe and responsible drinking to young people and adults
2. Reduce the level of drunkenness, alcohol related crime and disorder and risks to personal safety
3. To provide more accessible and better quality treatment and support for problematic alcohol users

We will measure progress through monitoring:

- Alcohol-harm related hospital admission rates
- Perceptions of drunk or rowdy behaviour as a problem
- The number of alcohol users identified and referred into treatment
- The number of young people frequently using illicit drugs, alcohol or volatile substances

Increase awareness of the risks of alcohol misuse and promote safe and responsible drinking to young people and adults			
	Action	By when	Lead Agency
1.1	Extend prevention, public health and safety messages that go out to the public about alcohol	March 2009	DAAT unit
1.2	Work in partnership with the Teenage Pregnancy Unit to deliver a campaign to young people in the Town Centre and Croydon College raising awareness of alcohol and sexual health issues	December 2008	
1.3	Improve communications to reduce the perceptions of the levels of drunk and rowdy behaviour	March 2009	Community Services and Police
1.4	Increase awareness of professionals in Croydon of how to identify and manage alcohol misuse through the delivery of basic alcohol awareness training sessions	March 2009	DAAT Unit
1.5	Highlight the issues of binge drinking, drink spiking and personal safety during the "Think Safe, Drink Safe" campaign	December 2008	Community Services
1.6	Information on accessing treatment and support for alcohol problems	December 2008	DAAT Unit

	to be available in all GP practices, Health Centres and libraries through delivering an annual mail out.		
1.7	Implement the National Institute for Clinical Excellence (NICE) guidance “Interventions in schools to prevent and reduce alcohol use among children and young people” including: <ul style="list-style-type: none"> • Embedding alcohol education in schools • Ensuring that interventions are linked in with Children and Young People’s Plan activity • Exploring ways to consult with parents, carers and young people • Monitoring and evaluating partnership working in this area 	Ongoing	DAAT & Children, Young People and Learners (CYPL)
Reduce the level of drunkenness, alcohol related crime and disorder and risks to personal safety			
	Action	By when	Lead Agency
2.1	Visit known hotspots with police, challenging youths with alcoholic drink, seizing drink and dealing with traders found to be supplying the drink	March 2009	Community Services and Police
2.2	Through role of responsible authority under the Licensing Act we vet all new licences and consider reviews of licensees found to be selling to under age	March 2009	Community Services
2.3	Maintain a high-visibility presence of patrolling police officers, community support officers and Neighbourhood Enforcement Officers within the town centre	March 2009	Community Services and Police
2.4	Increase the dedicated Police Town Centre Team from 14 to 21 officers	June 2008	Police
2.5	Conduct a programme of joint police and Trading Standards inspections of pubs, clubs and bars in the town centre to ensure that they comply with relevant legislation including underage sales and selling to people who are intoxicated.	March 2009	Community Services
2.6	Encourage responsible management of licensed premises through Pub & Club Watch	March 2009	Community Services
2.7	Continue to enforce the Street Drinking ban	March 2009	Community Services
2.8	Celebrate good management of licensed premises using the “Best Bar None” awards	March 2009	Community Services

2.9	Work closely with the London Ambulance Service to reduce night-time economy alcohol-harm related hospital admission rates	March 2009	Community Services, Police and PCT
To provide more accessible and better quality treatment and support for problematic alcohol users			
3.1	Work towards providing alcohol treatment that is both effective and can demonstrate successful outcomes for service users and the community as a whole	March 2009	DAAT Unit
3.2	Improve data and information sharing systems, particularly with regards to National Drug Treatment Monitoring System (NDTMS) data	June 2008	Treatment services
3.3	Act in partnership to reduce the prevalence street drinkers, beggars and drug users in the town centre including exploring the development of a wet centre for street drinkers	July 2008	DAAT/Business Improvement District Team
3.4	Explore the delivery of brief interventions and assessments for treatment/support for alcohol related offenders in custody suites and courts (for example people using drugs and alcohol problematically, repeat drunk and disorder offenders and domestic violence). This would include victims, if appropriate	October 2008	DAAT Unit/Westminster Drug Project
3.5	Deliver targeted outreach to street drinkers in the Town centre	March 2009	Westminster Drug Project
3.6	Deliver a screening and brief interventions project to identify and support alcohol misusers through GP services and Mayday Hospital	March 2009	DAAT Unit and International Centre for Drug Policy (ICDP)
Co-ordination and development			
4.1	Explore the recruitment of a dedicated alcohol co-ordinator for the Borough	June 2008	DAAT
4.2	Continue to explore funding opportunities	Ongoing	DAAT

DAAT Groups and Accountabilities

Shaded boxes are permanent meetings administered by the DAAT Unit.
Unshaded boxes are not administered by the DAAT Unit but link to the overall structure

