

The impact of Alcohol in Southwark

Southwark's Joint Strategic Needs Assessment

People & Health Intelligence Section

Southwark Public Health

13 February 2017

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GATEWAY INFORMATION

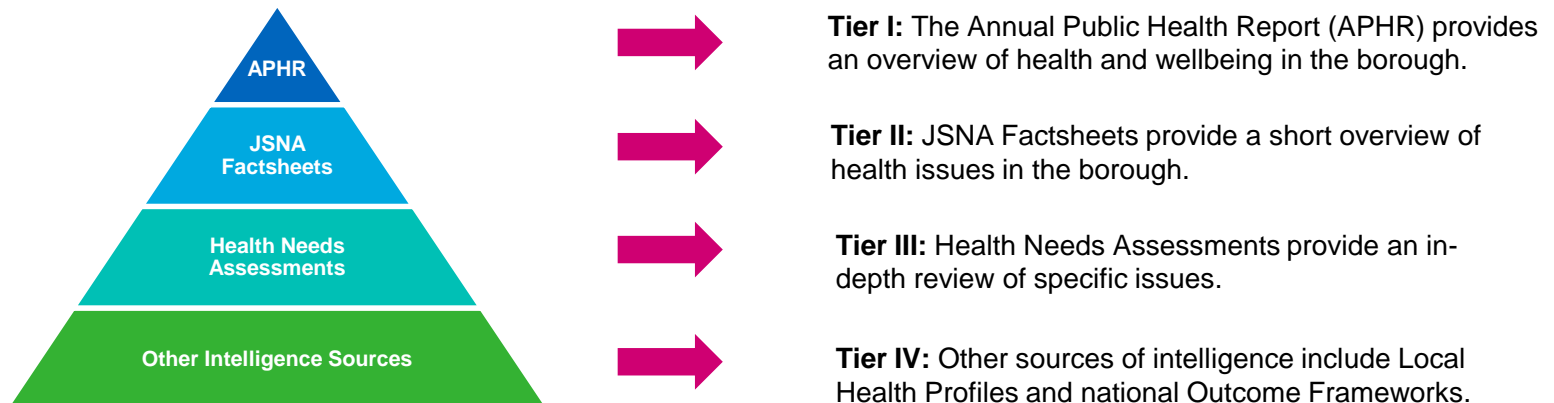
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Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/JSNA

Southwark's alcohol stakeholders are committed to a collaborative response to local issues

EXECUTIVE SUMMARY

For several years the national trend has shown a downwards trajectory in total alcohol consumption. Additionally, the frequency of binge drinking among younger people is at an all time low. Despite this, Alcohol remains the leading risk factor for ill-health, early mortality and disability among 15-49 year olds in England.¹

In Southwark alcohol is a serious problem, more so than in many London boroughs. Acute intoxication is linked to the vibrant night time economy and we are observing a cohort of older, predominantly male, drinkers showing signs of chronic disease.

Southwark is committed to a multifaceted response to alcohol-related issues. Local alcohol services range from preventative activities through to detoxification. In terms our wider alcohol work, Southwark is leading the way with its active role in licensing, carrying out novel research and collaboration between stakeholders.

Southwark's Alcohol Action Plan outlines the fantastic work by stakeholders across the borough. It also sets some ambitious targets for tackling alcohol related harms over the next three years. The action plan will be completed and agreed at the second meeting of the bi-annual alcohol prevention group in July 2017.

1. The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies, Public Health England, 2016.

Alcohol misuse is a major public health concern both locally and nationally

INTRODUCTION

On a national level:

- Evidence shows that over 10 million people are drinking at levels that increases the risk to their health
- Alcohol is now the leading risk factor for ill-health, early mortality and disability among 15-49 year olds in England
- The economic burden of alcohol, including both health harms and societal impacts, is between £25bn and £50bn per year in the UK

At a local level:

- Compared to the London region average, Southwark has much higher mortality rates attributable to alcohol overconsumption
- Although rates are lower in Southwark than across England, the borough also experiences higher alcohol-related hospital admissions than London
- Alcohol related harm including violence, crime and disorder represent a significant burden on local night-time economy services

1. The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies, Public Health England, 2016.
2. Southwark Council. Southwark Statement of Licensing Policy. 2016-2020.

This report aims to provide an overview of the health impact of alcohol misuse in Southwark

AIMS AND OBJECTIVES

This review will form part of the Joint Strategic Needs Assessment (JSNA) for Southwark, it aims to provide an overview of alcohol misuse within the borough.

Alcohol is an addictive psychoactive substance that is rapidly absorbed by the blood stream. It is quickly distributed to organs with a high blood supply including the brain, heart, and lungs. Since the body cannot store alcohol it is metabolised by the liver. Overexposure to alcohol, both immediate and chronic, of these vital organs can therefore cause significant harm.¹

The purpose of this report is to provide stakeholders, with an interest in reducing the prevalence and impact of alcohol misuse, a holistic overview of the health needs of the local population.

1. Anne M. ABC of Alcohol. Fifth edition. United Kingdom: Bmj Books; 2015.

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The Government's National Alcohol Strategy was released in 2012

NATIONAL ALCOHOL STRATEGY

The Government's National Alcohol Strategy set out proposals to reduce the number of people drinking at harmful levels.

- In particular the government aimed to tackle the UK's 'binge drinking' culture, cut levels of alcohol fuelled violence, crime, disorder, and reduce the number alcohol related deaths

The strategy identifies six high level outcomes that it seeks to achieve:

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



The Government's
Alcohol Strategy

Cm 8336

 HM Government

HMG published new guidance in January 2016 which challenges the conventional understanding of safety

NATIONAL GUIDANCE & DEFINITIONS

Men and women are recommended not to exceed 14 units per week.

- Consumption should be spread out over at least three days – emphasising the importance of ‘alcohol free days’
- There’s no ‘safe’ amount for women during pregnancy
- The ‘protective’ effect of alcohol is increasingly difficult to substantiate

Developed by the World Health Organisation (WHO), the Alcohol Use Disorders Identification Test (AUDIT) uses ten questions to categorise drinkers:

- Lower risk
- Increasing risk
- Higher risk
- Possible dependence



1. HM Government, Department of Health, Alcohol Guidelines Review – Report from the Guidelines development group to the UK Chief Medical Officers. <https://www.gov.uk/government/publications>; 2016.
2. World Health Organisation, The Alcohol Use Disorders Identification Test. WHO; 1989.

Local alcohol policies include Southwark's Alcohol Strategy and Statement of Licensing Policy

LOCAL POLICY

Reflecting on the Southwark Alcohol Strategy (2013-2016)

- An alcohol action plan has been agreed to take forward Southwark's alcohol agenda

Strategy Objective	Key Achievements
Establish safe, sensible drinking as the norm	<ul style="list-style-type: none">▪ Introduction of Intervention and Brief Advice (IBA) incentive payments for hospitals▪ IBA training across a range of social care services with an aim to make every contact count
Protect families and the wider community	<ul style="list-style-type: none">▪ Piloting of hidden harm project to help young people with parents who are substance misusers▪ Preventative activities in local schools
Provide high quality treatment	<ul style="list-style-type: none">▪ Re-commissioned substance misuse services with equal funding for drugs and alcohol▪ Conducted a language mapping exercise to ensure services are reflective of the community

Southwark recently updated its Statement of Licensing Policy (2016-2020)

Aims to provide a balance between:

- Providing a platform upon which responsible business operators may thrive and contribute towards a vibrant night-time economy
- Ensuring that the quality of life of those who live and work in the borough is protected and enhanced through the licensing system

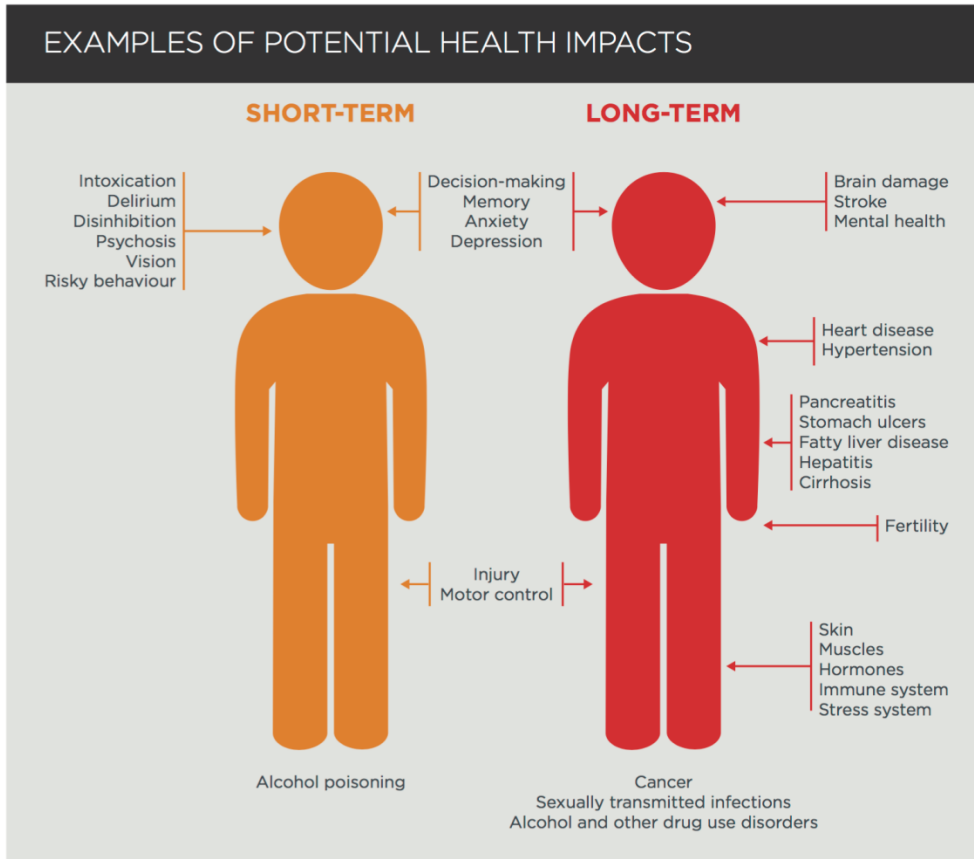
1. Southwark Council. Southwark Alcohol Strategy. 2013-2016.
http://www.southwark.gov.uk/download/downloads/id/8805/alcohol_strategy_2013_-_2016
2. Southwark Council. Southwark Statement of Licensing Policy. 2016-2020.
http://www.2.southwark.gov.uk/downloads/download/2385/southwark_statement_of_licensing_policy_2016-2020

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The effects of alcohol are seen across our borough, our city and our nation

CONSEQUENCES



FAMILIES

- Breakdown
- Domestic abuse
- Unemployment and poverty

COMMUNITIES

- Negative wellbeing and fear
- Crime and antisocial behaviour
- Public nuisance

SOCIETY

- Cost to health services
- Cost to social services
- Pressure on services
- Opportunity costs

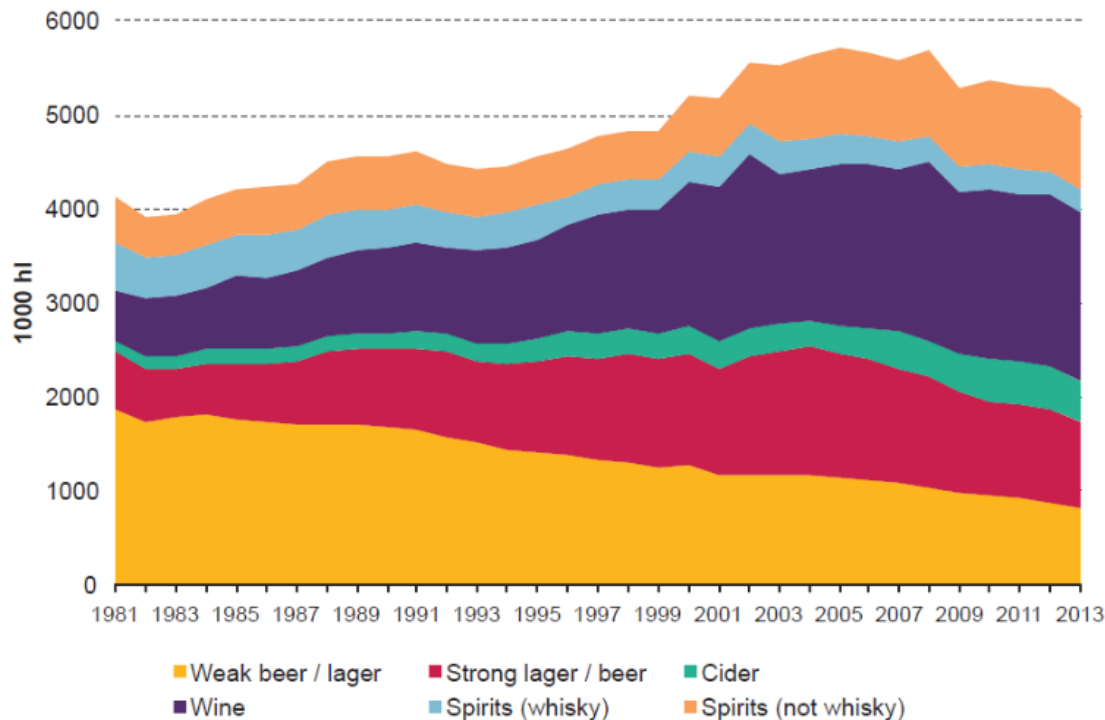
And many more...

1. Graphic from Alcohol Consumption in Canada, 2015.

Despite a dramatic increase since the early 1980s, average alcohol consumption has fallen over recent years

NATIONAL TRENDS

Cumulative consumption of alcohol in hectolitres in England and Wales by alcohol type



Since 1980, sales of alcohol in England and Wales have increased by 42%, from roughly 400 million litres in the early 1980s, with a peak at 567 million litres in 2008, and a subsequent decline.

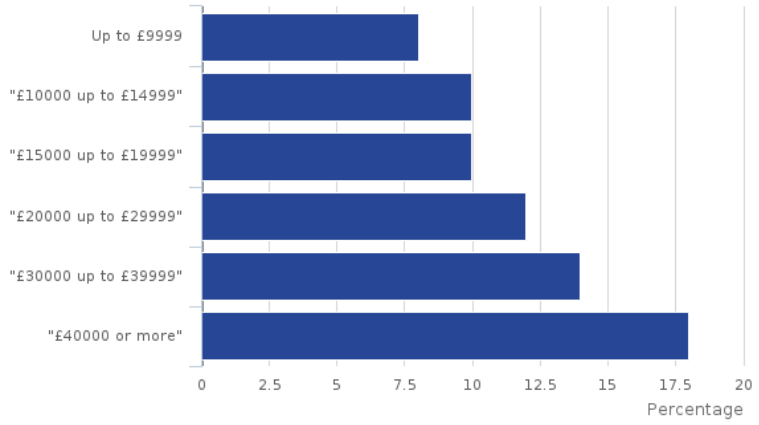
This growth has been driven by:

- Increased consumption among women
- A shift to higher strength products
- Increased wine popularity
- Increasing affordability of alcohol

*consumption of beer and lager is split between weak and strong beverages with a cut-off of around 4.2% alcohol by volume (ABV). Spirits consumption is categorised as whisky/non-whisky

Alcohol affects many population groups: and not just along common public health inequality slopes

INEQUALITIES



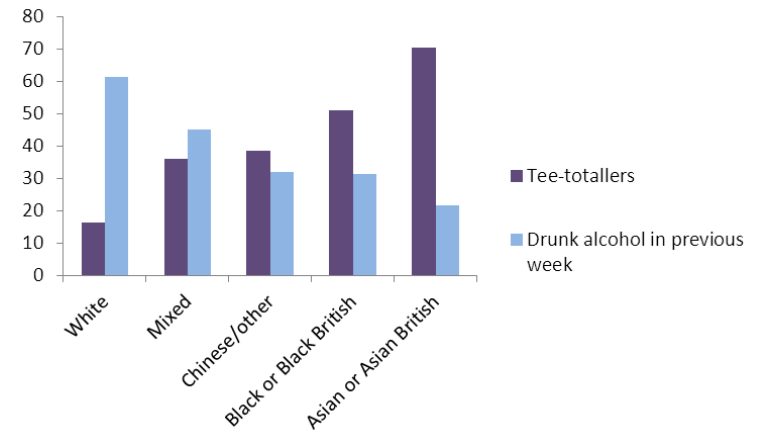
1 in 5 high earners drank on more than 5 days in the last week¹

The Alcohol Harm Paradox

Lower socioeconomic groups often report lower levels of average consumption, yet experience greater or similar levels of alcohol-related harm.

- Each percentage-point increase in income deprivation is associated with an average 4% increase in hospitalisation or mortality²
- This may be due to less frequent but more hazardous levels of drinking or reflect a generally lower level of health, however there is limited evidence to substantiate this

1. Adult Drinking Habits in Great Britain, 2014. Opinions and Lifestyle Survey, ONS, 2016
 2. The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies, Public Health England, 2016.

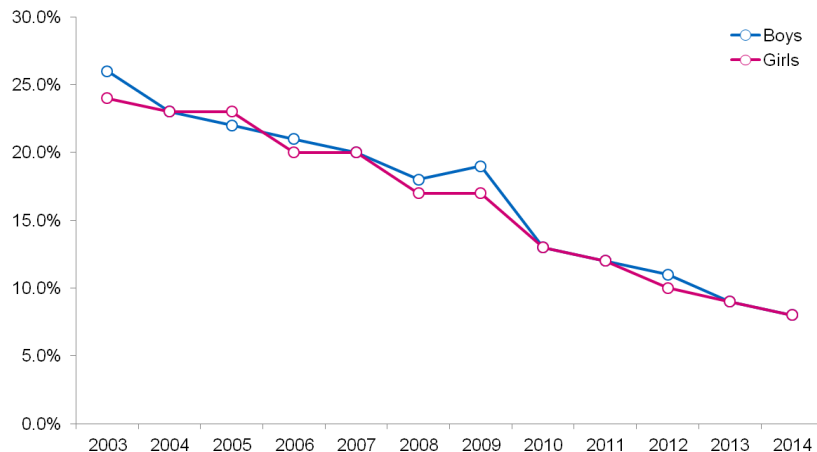


60% of the 'White' ethnic group report drinking the last week, compared to about 20% of the 'Asian' ethnic group¹

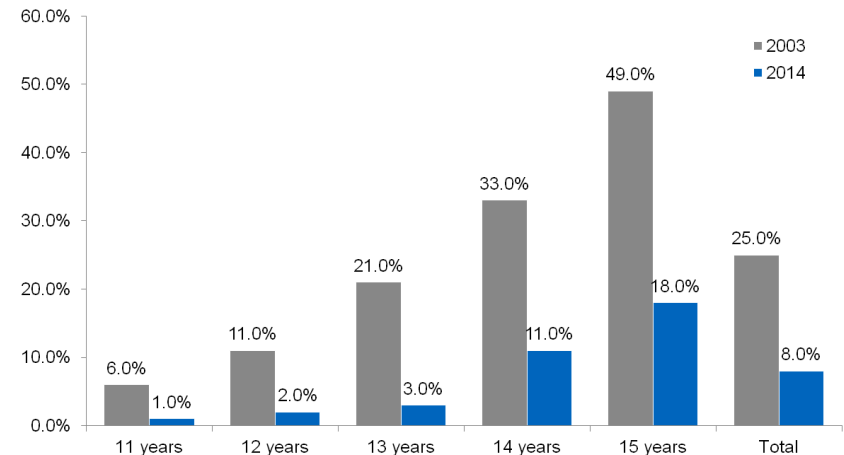
Trends indicate that young people are drinking less than they did ten years ago

YOUNG PEOPLE

Trend in the proportion of students who drank alcohol during the last week, by sex¹



Change in the proportion of students who drank alcohol during the last week, from 2003 to 2014¹



The Health and Social Care Information Centre (HSCIC) conduct an annual survey to monitor the extent of smoking, drinking and drug use among young people aged 11 – 15.

- National trends show a persistent decline in the number of young people who drank during the week prior to interview and across both sexes
- Results from the 2014 survey suggest that the proportion of young people that drank during the week prior to interview has decreased substantially from 2003, across all age groups

1. Health & Social Care Information Centre (2015) Smoking, drinking and drug use among young people in England in 2014. <http://content.digital.nhs.uk/catalogue/PUB17879>

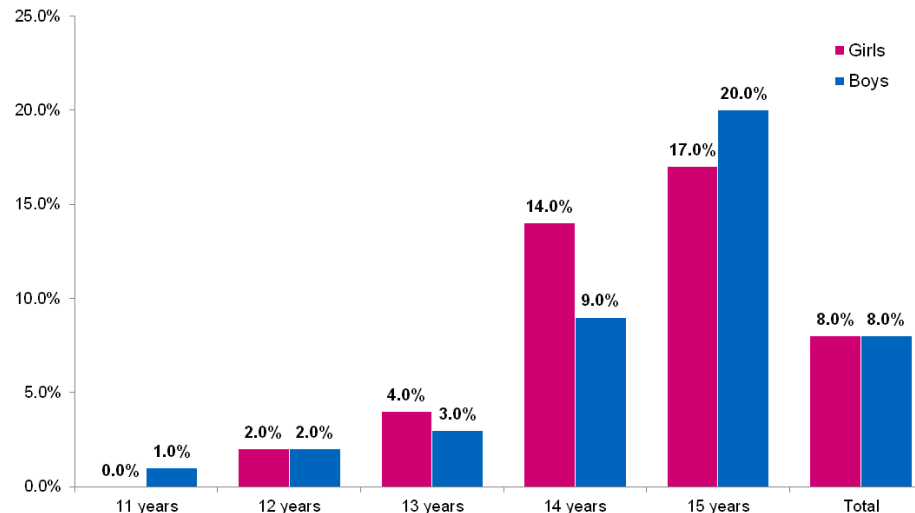
Interventions to delay young people drinking alcohol should be targeted towards ages 12 to 13 years

YOUNG PEOPLE

Results from the 2014 HSCIC survey indicate approximately 8% of young people aged 11 to 15 have drunk alcohol in the week prior to interview. Applying these figures to Southwark would equate to over 1100 young people in Southwark.

- As would be expected, the likelihood of a young person drinking alcohol increases with age
- For girls, there is a particularly steep increase between the ages of 13 and 14 years, potentially suggesting that interventions for girls should be targeted towards those below the age of 14

Proportion of students who drank alcohol during the last week, by sex (2014)¹



1. Health & Social Care Information Centre (2015) Smoking, drinking and drug use among young people in England in 2014. <http://content.digital.nhs.uk/catalogue/PUB17879>

A wide range of factors influence the risk of an individual misusing alcohol (1 of 2)

INEQUALITIES IN SUBSTANCE MISUSE

Age	Consumption of alcohol on five or more days a week increases significantly with age, among both men and women. However, levels of binge drinking are far more common among younger age groups. ¹
Sex	Data from the Health Survey for England 2015 shows that men are more likely to drink at increased or higher levels of than women (18% and 3% vs. 13% and 3% respectively). ²
Race/ Ethnicity	Most minority ethnic groups have higher rates of abstinence, and lower levels of frequent and heavy drinking compared to the British population as a whole and to people from white backgrounds. ¹
Sexual orientation	LGBT people are twice as likely to binge drink at least once a week compared to the general population. ³
Marital status	While married or co-habiting couples are more likely to have drunk alcohol in the last week, levels of consumption for those who do drink are higher among single people. ¹

1. Office for National Statistics (2016) Adult drinking habits in Great Britain: 2014
2. Health & Social Care Information Centre (2015) Statistics on Alcohol
3. Buffin, J; Roy, A; Williams, H; Yorston, C (2012) Painting the Picture: Lesbian, gay and bisexual people's alcohol and drug use in England

A wide range of factors influence the risk of an individual misusing alcohol (2 of 2)

INEQUALITIES IN SUBSTANCE MISUSE

Pregnancy & Maternity	Pregnant women are more than three times as likely to be 'teetotalers' as other women (72% vs. 22%). ²
Income & Deprivation	The relationship between alcohol consumption and socio-economic status is complex. While those on higher incomes have an increased propensity to drink, the adverse effects of alcohol are more pronounced in those from lower socio-economic group. ¹
Offenders	Over a third of offenders report drinking heavily, while 1 in 7 are thought to be drink dependent. ³
Homeless	27% of homeless people have or are recovering from an alcohol problem. ⁴

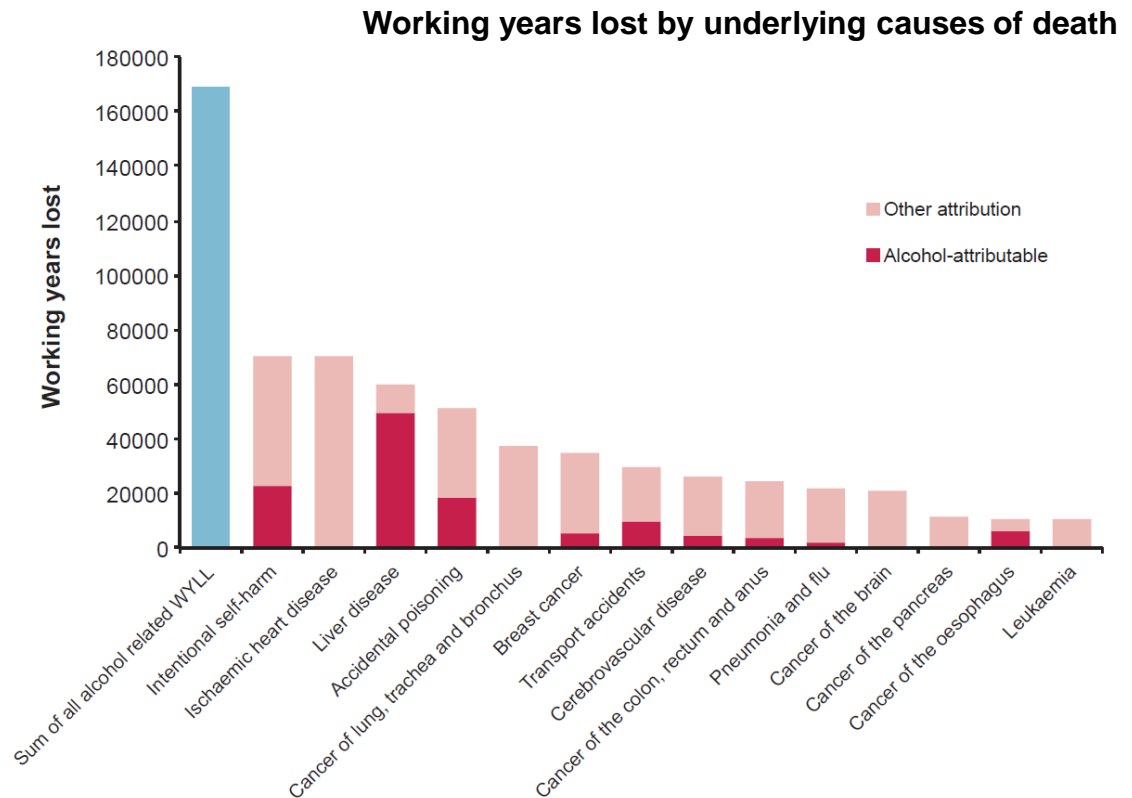
1. Office for National Statistics (2016) Adult drinking habits in Great Britain: 2014
2. Health & Social Care Information Centre (2015) Statistics on Alcohol
3. Home Affairs Committee (2012) Drugs: Breaking the Cycle,
4. Homeless Link (2014) Unhealthy state of homelessness: Health audit results 2014

The debilitating health effects of alcohol misuse leads to a large number of lost working years

NATIONAL TRENDS

In England in 2015 an estimated 301,000 potential years of life were lost due to alcohol in persons aged under 75.

- This compares with around 360,000 years of life lost due to tobacco
- More working years are lost to alcohol than the 10 most frequent cancer types combined
- The most significant of these is liver disease with 50,000 working years lost due to alcohol each year



Despite trends indicating a decrease in consumption, alcohol remains a significant public health concern

SECTION SUMMARY:

- Despite a recent decline in national alcohol consumption, approximately one fifth of the population drink at levels which increase their risk of health harm
- Alcohol consumption among young people has been declining consistently for over ten years. Additionally, the number of young people partaking in binge drinking has substantially reduced
- A wide range of factors are associated with an increased risk of an individual misusing alcohol. These include age, sex, race and socio-economic status. However the relationship between alcohol and a number of risk factors is highly complex
- Alcohol is now the third leading risk factor for disease disability and death (after tobacco and obesity), with alcohol-related morbidity from liver disease showing a particularly steep increase

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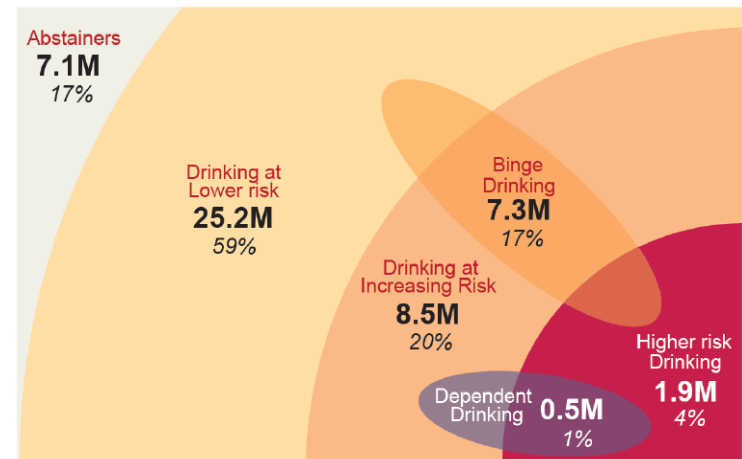
Alcohol misuse in Southwark and England is comparable, with lower binge-drinking rates in Southwark

ALCOHOL IN SOUTHWARK

Prevalence of Alcohol Misuse in Southwark¹

Estimates ^{1..}	Southwark, N = 289k
<i>Binge-drinkers</i>	32,900 (11%)
Alcohol dependent	6,400 (2%)
Higher risk drinkers	11,800 (4%)
Increasing risk drinkers	36,800 (13%)
Lower risk drinkers & Abstainers	198,000 (70%)

The Distribution of Drinkers in England²



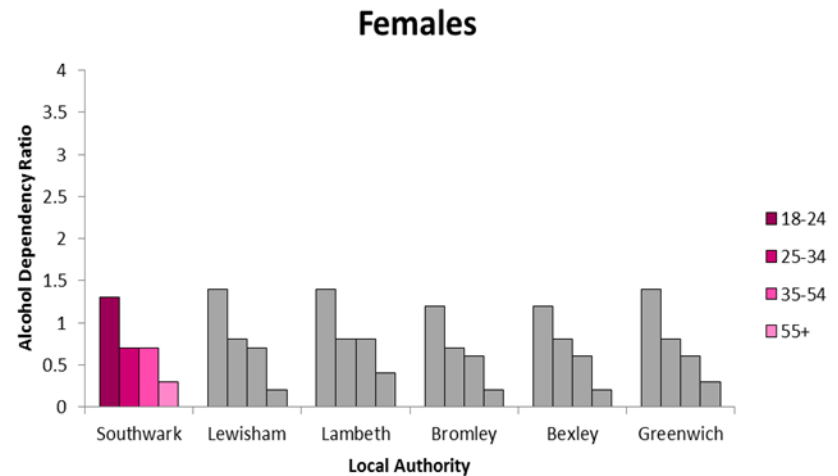
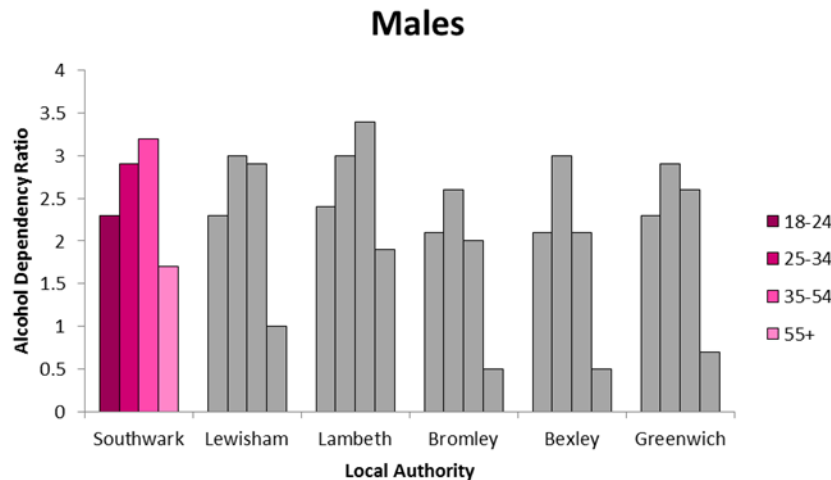
There is very limited data as to the prevalence of alcohol misuse locally, the figures quoted in the above table are a synthetic estimate and therefore may not reflect the true burden.

- With 51% of the population under the age of 35 and over 120 languages spoken on its streets, Southwark's demographic is both young and ethnically diverse
- The above demographic characteristics may explain why Southwark enjoys lower levels of binge drinking compared to England

1. Alcohol Ready Reckoner, 2011 data update, Alcohol Learning Centre, 2011.
2. The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies, Public Health England, 2016.
3. Southwark Council. Southwark Statement of Licensing Policy 2016-2020. Southwark Council Website

Southwark has the second highest rate of alcohol dependency in SE London for those aged 35 and over

ALCOHOL DEPENDENCY IN SOUTHWARK



Alcohol dependency ratio is a measure of the proportion of the population within a certain age group who are classed as alcohol dependent

- Southwark has the second highest rate of alcohol dependency in South East London for those aged 35 and over
- The ratio of males is higher than females in all age groups
- With males, ratios peak at the 35-54 age group before declining whereas with females, the highest ratios can be found in the 18-24 age group
- In Southwark, a total of 4088 people were dependent on alcohol in 2014

A number of indicators measure alcohol-related hospital admissions

HOSPITAL ADMISSIONS

Health conditions in which alcohol plays a causative role can be classed as ‘alcohol-specific’ or ‘alcohol-related’.

- Alcohol-specific conditions are those where alcohol is causally implicated in all cases e.g. alcohol poisoning or alcoholic liver disease
- Alcohol-related conditions include all alcohol-specific conditions, plus those where alcohol is causally implicated in some, but not all cases, for example high blood pressure, some cancers and falls

Within the indicators relating to alcohol-related conditions, there are two types of measure; broad and narrow.

- Narrow measure: where an alcohol-related disease, injury or condition was the primary reason for a hospital admission or an alcohol-related external cause was recorded in a secondary diagnosis field
- Broad measure: where an alcohol-related disease, injury or condition was the primary reason for hospital admission or a secondary diagnosis

We will focus on the narrow measure for admission episodes as it is a better indicator of changes over time because it is less affected by improvements in recording of secondary diagnoses.

1. Health & Social Care Information Centre (2015) Smoking, drinking and drug use among young people in England in 2014. <http://content.digital.nhs.uk/catalogue/PUB17879>

Adult hospital admissions due to alcohol are an area of concern in Southwark

ALCOHOL IN SOUTHWARK

	Southwark	London	England
Persons admitted to hospital for alcohol-specific conditions			
Under 18s 2012/13-2014/15	14.7	23.7	36.6
All Ages 2014/15	500.6	324	364
Admission episodes for alcohol-related conditions			
Narrow 2014/15	594	526	641
Broad 2014/15	2770	2157	2139

Compared to London and England...

- Alcohol related problems for younger people seem fewer
- Acute and chronic presentations of alcohol-related illness to hospital are high, in particular from men

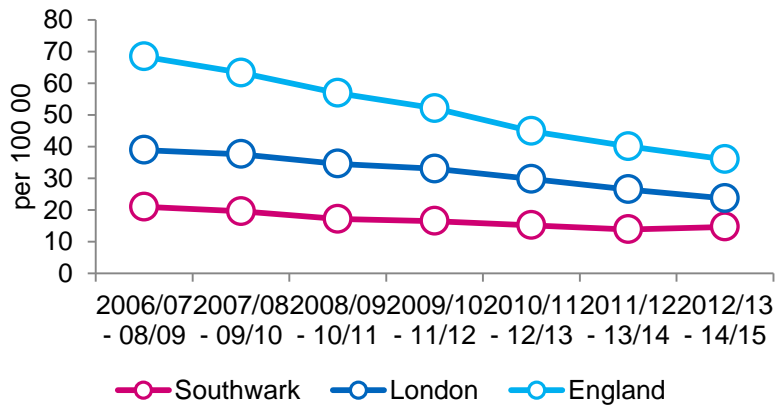
The above statistics represent a snapshot of alcohol issues in Southwark. It is important to also consider trends over time and compare these trends to similar neighbouring boroughs.

1. Public Health England, Local Alcohol Profiles for England, www.fingertips.phe.org.uk, Accessed: 16/01/2017.

While admissions among young people are low, admissions across all ages are high in Southwark

PERSONS ADMITTED TO HOSPITAL

Persons under 18 admitted to hospital for alcohol specific conditions



Persons admitted to hospital for alcohol-specific conditions



The number of people under the age of 18 being admitted to hospital for alcohol-specific reasons have been declining across Southwark, London and England.

- Southwark has lower admissions for this age group than both London and England
- The data from 2012/12-2014/15 suggest a slight upturn in admissions in the borough

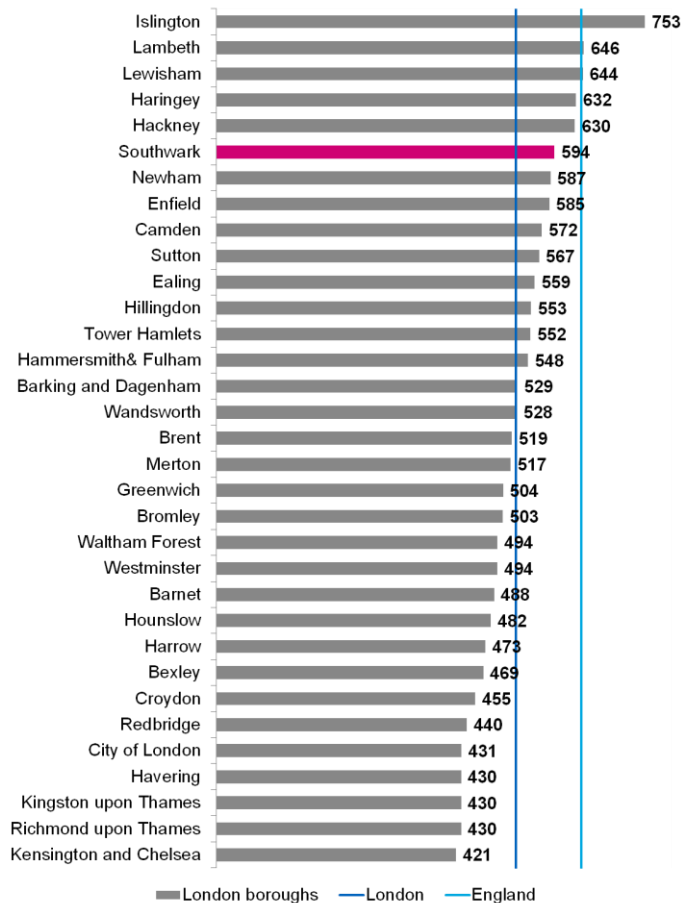
Across all age groups, the number of people being admitted to hospital for alcohol-specific reasons peaked in 2011/12 and has since been declining across London and England.

- In Southwark, despite the 2011/12 peak, admissions have risen for three consecutive years
- Admissions in Southwark are significantly higher than both London and England and seem to be diverging

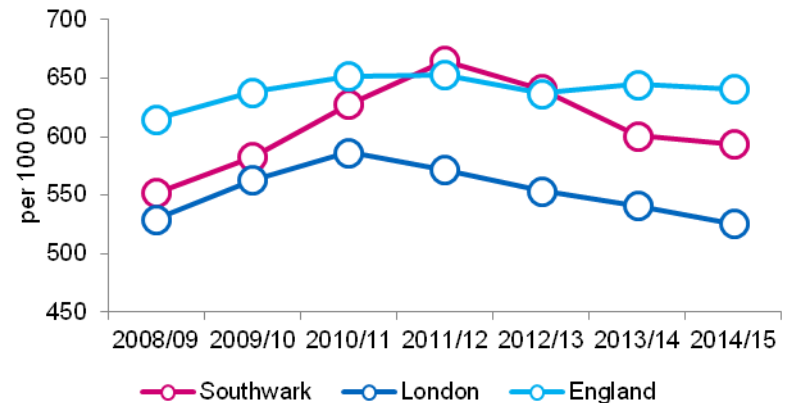
Despite declining rates since 2011/12, admission episodes in Southwark are still high compared to London

ADMISSION EPISODES

Admission episodes for alcohol-related conditions (Narrow), comparison of all London boroughs, 2014/15



Trend in admission episodes for alcohol-related conditions (Narrow), comparison of Southwark with London and England averages

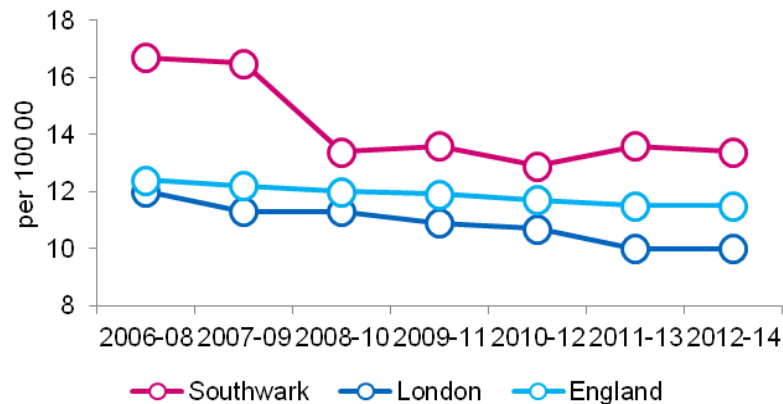


- Admission episodes in Southwark have been declining since a peak in 2011/12. At this time rates were higher than the England average
- Although admission episodes in Southwark are declining, numbers are still higher than the London average
- Southwark ranked sixth among the 32 London boroughs for hospital admission episodes in 2014/15

Mortality from chronic liver disease in Southwark is of concern, with rates higher than both London and England

MORTALITY

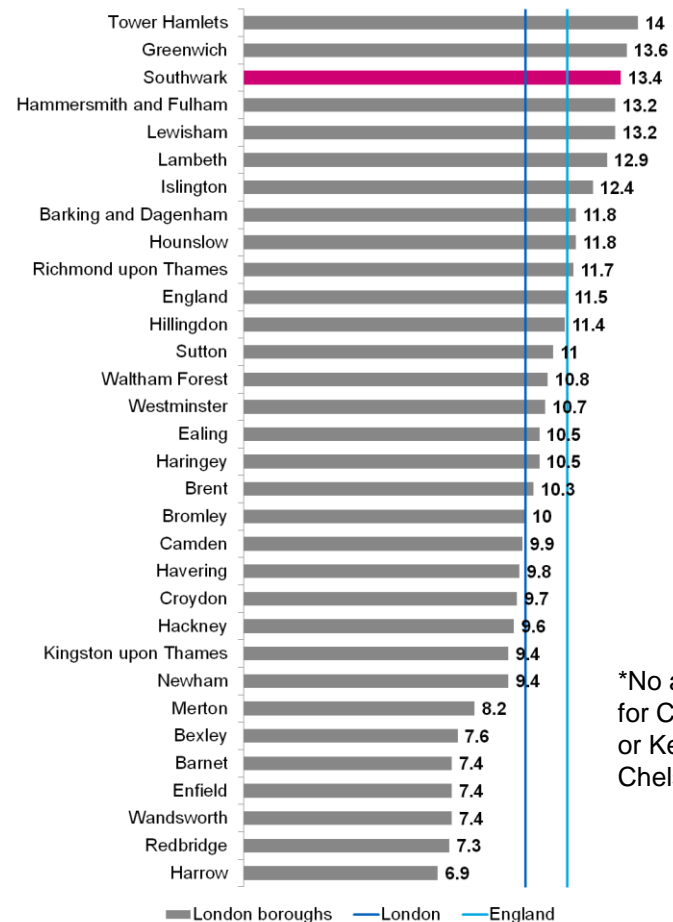
Trends in mortality from chronic liver disease (all persons), comparison of Southwark with London and England averages



- Mortality rates from chronic liver disease are particularly high in Southwark, the borough is ranked third highest of all London boroughs for this indicator in 2012-14
- Whereas London and England have been experiencing a steady decline, Southwark experienced a peak in mortality rates in 2011-13
- Mortality rates in Southwark remained significantly above both London and England in 2012-14

1. Public Health England, Local Alcohol Profiles for England, www.fingertips.phe.org.uk, Accessed: 16/01/2017.

Mortality from chronic liver disease (all persons), comparison of all London boroughs, 2012-14



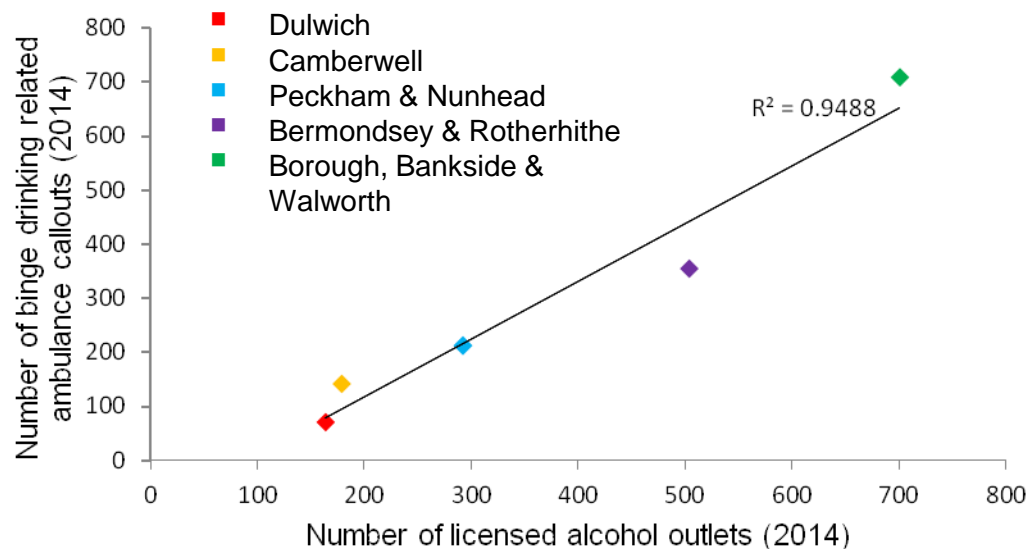
*No available data for City of London or Kensington and Chelsea boroughs

Binge drinking in Southwark remains a persistent issue and is a huge burden on emergency services

BINGE DRINKING IN SOUTHWARK

Since 2011, Southwark has consistently ranked fourth for the number of binge drinking related ambulance call outs.

Ambulance call outs for binge drinking closely correlate with the number of alcohol outlets



- Official government figures estimate that the average cost of an alcohol-related emergency ambulance/paramedic journey is £321.30
- Therefore, in 2014, ambulance call-outs for binge drinking incidents alone cost Southwark almost **£480 000**

The health impacts of alcohol misuse in Southwark are considerably higher than local comparators

SECTION SUMMARY

- Southwark has a lower number of binge drinkers and a higher number of abstainers than the National average. However, local alcohol consumption data is poor and should be considered only as an estimate
- The number of people being admitted to hospital for alcohol-specific reasons is substantially higher than both national and local comparators. Admission episodes for alcohol-related conditions (narrow) in Southwark are declining. Southwark however, ranks sixth among the 32 London boroughs for this this indicator.
- The number of children and young people (under 18) admitted to hospital for alcohol-specific conditions remain low in Southwark
- Southwark ranks third highest of all London boroughs for mortality rates from Chronic Liver disease.
- Issues relating to binge drinking disproportionately affect areas with higher numbers of licensed venues

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Alcohol-related ASB and theft are decreasing but violence and sexual offences have increased

SOCIETAL IMPACTS

Alcohol-related crime and anti-social behaviour (ASB), number of incidents and as a percentage of crime (by type), in Southwark 2011/12-2015/16

Crime Type	2011/12		2012/13		2013/14		2014/15		2015/16		Change	
	n	%	n	%	n	%	n	%	n	%	n	%
VAtP	625	10.6	556	9.8	610	8.7	704	8.8	755	9.0	+130	+20.8
ASB	not available		354	2.6	283	3.0	246	3.2	218	2.8	not available	
Theft & Handling	255	2.0	245	1.8	175	1.5	166	1.4	176	1.4	-79	-31.0
Criminal Damage	122	5.3	123	5.4	136	5.7	110	4.5	126	5.1	+4	+3.3
Robbery	67	2.9	77	3.4	43	3.4	89	7.7	84	7.1	+17	+25.4
Sexual Offences	61	15.2	53	13.1	51	10.7	69	12.8	80	15.0	+19	+31.1
Drugs	109	4.3	87	3.2	100	3.7	70	3.0	44	2.6	-65	-59.6
Burglary	19	0.6	26	0.8	26	0.9	35	1.2	31	1.1	+12	+63.2
Fraud or Forgery	8	0.9	4	2.2	1	1.5	1	1.2	0	0.0	-8	-100
Total Crime	1266	4.1	1171	3.8	1142	4.0	1244	4.3	1296	4.4	+30	+2.4
Total Crime & ASB	not available		1525	3.5	1425	3.8	1490	4.0	1514	4.0		

*VAtP = Violence against the person

- Violence against the person is the most frequent alcohol related crime recorded in Southwark
- Alcohol was involved in almost 15% of sexual offences and 10% of violent offences in 2015
- Alcohol-related drug incidents have decreased substantially from 109 in 2011/12 to 44 in 2015/16

Fewer adults in Southwark accessing alcohol treatment services are parents compared to the national average

SAFEGUARDING

Evidence demonstrates that alcohol use can reduce the capacity of parents or carers to provide appropriate care.

- Children are more likely to experience neglect, low-self esteem, bullying, achieve lower educational attainment and may be more vulnerable to experiencing substance misuse problems themselves
- Figures indicate that the parental status of Southwark adults accessing alcohol treatment is comparable to national levels. However, Southwark is home to slightly fewer parents receiving alcohol treatment compared to the national average

Parental status of adults in alcohol treatment services

Parental Status	Southwark		England
	N	%	
Living with children (own or other)	46	21%	24%
Parents not living with children	31	14%	17%
Not a parent / no child contact	146	65%	59%
Incomplete data	1	0%	0%

Southwark's Responsible Authorities work collaboratively to mitigate the negative impacts of licensed venues

PROTECTING THE NIGHT TIME ECONOMY

There are currently over 1,300 premises licensed for either the sale or supply of alcohol in Southwark.

- Well managed venues, that uphold the statutory licensing objectives and local licensing goals, make a positive contribution towards local communities, culture and economies.
- However, for poorly managed premises, negative impacts can occur, these include; disturbance to local residents, crime and anti-social behavior.

The Licensing Authority, Police, Trading Standards and a dedicated Night Time Economy Team (NTE) work together to combat the negative impacts of licensed venues in Southwark.

- 1612 visits were made last year (01/04/2015 and 31/03/2016) by the Council night-time economy team.
- Covers a variety of issues including notice checks, compliance checks, premises inspections, investigating complaints and joint enforcement visits with the Police NTE Team.
- Illicit alcohol was seized from 26 premises, 28 illegal workers were arrested, 46 premises found to be in breach of their licensing conditions, 6 of which were reviewed by the Licensing Sub-Committee and a further 6 submitted a variation to their current license in lieu of a review application

Since 2011, the Director of Public Health has been granted statutory powers to influence local licensing

LICENSING CHALLENGES

The Director of Public Health (DPH) is one of nine Responsible Authorities:

- Notified of every license application made within Southwark
- Entitled to submit 'relevant' representations (perhaps better understood as 'objections')

Yet, there is no public health licensing objective, meaning that any input from public health has to relate one of the four objectives listed (see blue box, right). Further challenges include:

- Conflicting interests within the council
- Capacity
- Significant gaps in the evidence base
- Licensing professionals / solicitors
- Demonstrating a public health impact

NINE RESPONSIBLE AUTHORITIES:

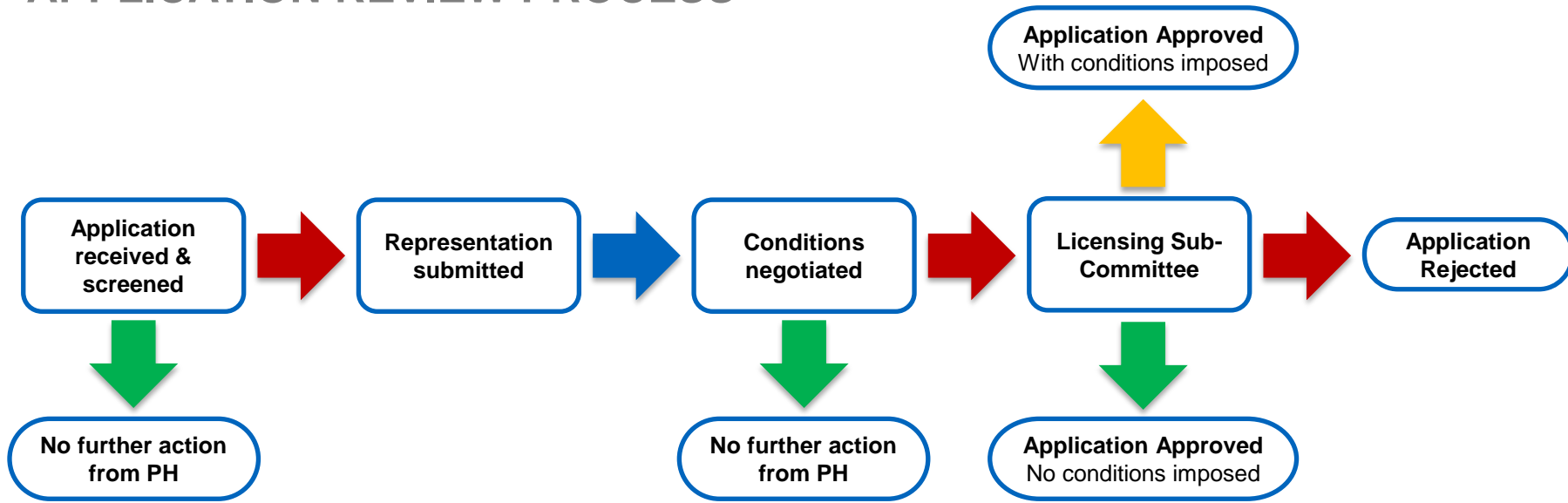
- Licensing authority
- Chief officer of police
- Fire and rescue services
- Health and safety
- Environmental health
- Planning
- Director of Public Health
- Trading Standards
- Child protection services

FOUR LICENSING OBJECTIVES:

- Prevention of crime and disorder
- Protection of public safety
- Prevention of public nuisance
- Protection of children from harm

Public health screens every licence application, making representation wherever necessary

APPLICATION REVIEW PROCESS



Public Health license screening criteria; if in doubt screen red.

Criteria for RED	Criteria for GREEN
<ul style="list-style-type: none"> ▪ Any off licence ▪ Any application for hours that cross-over 12 midnight through 8 am. ▪ High volume or vertical drinking (standing only) establishments ▪ Premises in the Cumulative Impact Zones (CIZ) 	<ul style="list-style-type: none"> ▪ Restaurant, other food venue or theatre bar closing before 12 midnight ▪ Change to the designated premises supervisor (DPC) ▪ Temporary event notices (TENs)

We typically seek to negotiate voluntary conditions with the applicant or their representative

PUBLIC HEALTH IMPACT

	Applications	Objections	Objection Rate
Total	299	63	21%
Since June 2016	134	41	31%

Southwark receives approximately 27 applications a month

- Outcome recorded for 100% of objections in Southwark. (Compared with 40% in Lambeth)
- Licensing Sub-Committee meetings are attended approximately once every three weeks

Typical Agreed Conditions

Bars

- Earlier end time for alcohol sales
- Later start time for alcohol sales

Restaurants

- No vertical drinking
- Alcohol ancillary to a table meal (or takeaway meal)

Off-licenses

- No beers, lagers or ciders sold with an ABV in excess of 6.5 %

The socio-economic impacts of alcohol create a considerable burden of local enforcement services

SECTION SUMMARY

- The societal impacts of alcohol misuse are far reaching and include a wide range of alcohol-related crimes and antisocial-behaviour, impacts on families and the safeguarding of children and young people as well as ensuring locally licensed venues are well managed.
- In 2015/16 there were a total of 1514 instances of alcohol related crime and antisocial behaviour in Southwark, these numbers reflect an increase from 2014/14 but are comparable to 2012/13
- Of all individuals within local alcohol treatment services, 24% of these live with children (slightly lower than the national average)
- The Licensing Authority, Trading Standards, the police and Southwark's night-time economy team made over 1612 visits to licensed venues across the borough in 2015/16
- Public Health as a Responsible Authority takes an active role in the borough's licensing process. 31% of licence applications were objected to by the Director of Public Health since June 2016

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National frameworks set four tiers of support provided for alcohol / substance misuse

TIERED SUPPORT

Level	
Tier I	Information, screening, advice and referral in generalist settings (such as IBA)
Tier II	Similar to Tier I, but provided in outreach or more specialist settings
Tier III	More intensive support provided by specialists involving personal / group therapy
Tier IV	Highly intensive, often residential therapy such as acute detoxification therapy

Core provider...

- Provided through NHS general practice and GSTT alcohol team
- Change, Grow, Live Integrated Adult Treatment System
- Usually spot-purchased from specialist providers

Tier I alcohol support is provided by through NHS general practice and GSTT alcohol team

EARLY INTERVENTION AND PREVENTION

Identification and brief advice (IBA) is the core provision to identify those at risk of coming to alcohol-related harm in the medium-term and has proven cost-effective.

- In a bid to make ‘every contact count’ a significant amount of training has been delivered across all service staff to improve their confidence and competence in delivering IBA
- A pilot to digitalise IBA is being carried out in a local acute care trust. The target is to achieve the delivery of IBA in all outpatient settings

Identification: using a validated screening tool, such as the AUDIT

Brief advice: delivery of short, structured ‘brief advice’ aimed at encouraging a risky drinker to reduce their consumption to lower risk levels

AUDIT	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

1. De La Fuente Jr SJ, Grant M. AUDIT: The alcohol use disorders identification test. Ginebra: World Health Organization. 1989.

Schools in Southwark deliver universal alcohol education as part of the curriculum

EARLY INTERVENTION AND PREVENTION

In line with the Healthy Schools Program, the following topics are covered for primary and secondary school children in Southwark:

Primary School Education

- **Year 2 (aged 5-6):** Introduction to drug education, primarily around household products and medicines and how they are hazardous
- **Year 3 (aged 7-8):** Pupils explore tobacco, the risks of smoking and passive smoking
- **Year 4 (aged 8-9):** Discuss the effects of alcohol and how to make safe decisions around alcohol
- **Years 5 and 6 (aged 9-11):** Lear how commonly available drugs, including alcohol, can damage their immediate and future health and safety

Secondary School Education

- **Year 7 (aged 12-13):** Discussion of the positive and negative roles of drugs and alcohol in society
- **Year 8 (aged 13-14):** Understanding the personal risks and consequences of drinking alcohol as well as the benefits of not drinking
- **Year 9 (aged 14-15):** Introduce the terms describing the different levels of substance misuse: recreational user, addiction and dependence
- **Year 9 (aged 15-16):** Consider the wider risks and consequences of substance use including on their personal safety, career, relationships and future lifestyle

Peer Education Substance Awareness sessions delivered in local schools in the borough by young people to their peers. The program delivers alcohol awareness and preventative activities.

Alongside CGL, Southwark operates a Service User Council and Peer Mentor Service

EARLY INTERVENTION AND PREVENTION

Service User Council

Recruits and trains service user representatives to work in Southwark's substance misuse services. Their duties include:

- Organising service user meetings
- Relaying service user comments to service management and commissioners
- Input into performance delivery groups and steering committees
- Undertake specific research programs

Peer Mentor Service

Experienced service users trained to support others during their treatment and recovery journey. Their duties include:

- Paired with an individual from when they first enter the service and support the service user in all phases of treatment
- Act as visible, tangible role models of the achievability of recovery
- Providing preventative and awareness campaigns for the council

More needs to be done to empower Southwark's residents to keep track of their alcohol consumption

COMMUNITY ENGAGEMENT

During Alcohol Awareness Week, engagement activities were carried out with council staff at Southwark Council's offices (Tooley Street) and in the community (Elephant & Castle) to raise awareness around alcohol misuse

	ELEPHANT & CASTLE	TOOLEY STREET
People engaged	68	39
People signposted to Lifeline (LL) or primary care (PC)	29 (LL) 33 (PC)	7 (LL) 7 (PC)
Male/female	26 (M) 42 (F)	22 (M) 17 (F)
Were concerned about their family/loved ones drinking?	62	19
Said knew what a unit looked like (a) and were correct (b)	2 (A) 0 (B)	5 (A) 0 (B)
Said they drank over the recommended units per week	65	28

- **Only 7% of people engaged thought they knew what a unit of alcohol looked like, of those people 0% were correct**

Tier two and tier three alcohol treatment services are provided by CGL

COMMUNITY TREATMENT SERVICES

CGL Southwark provides an open access, confidential support service for adults (aged 25 and above), living with or affected by drug or alcohol issues.

- Recovery is underpinned in all aspects of treatment delivery and is presented as a visible, attainable and desirable outcome to all

Services include:

- Assessment, support and treatment, including detoxification, within a community setting
- Person-centred and individual care planning coordination, with regular review
- Individual allocated key worker throughout treatment
- Psycho-social interventions and support including motivational interviewing and CBT models
- Needle exchange
- Structured group session: 194 group sessions delivered in Q2 2016/17, with 236 service users in attendance
- BBV and sexual health screening
- Prescribing of opiate substitute treatment (OST), including methadone and buprenorphine
- Family and carer support
- Criminal justice support for users known as Integrated Offender Management (IOM) clients

Southwark has better treatment outcomes than national comparators, in particular for alcohol treatment services

COMMUNITY TREATMENT SERVICES

Issues relating to alcohol make up a significant proportion of the burden on local substance misuse services.

- Approximately one third of patients within Southwark's community treatment services for addiction are suffering from an alcohol misuse problem

Substance Category	SOUTHWARK				NATIONAL		
	Number in treatment	Successful completions ^(a)		Representations to treatment ^(b)		Successful completions ^(a)	*Re-presentations ^(b)
	n	n	%	n	%	%	%
Alcohol only	357	178/357	49.9%	5/112	4.5%	39.2	9.3
Alcohol and non-opiate only	249	93/249	37.3%	8/55	14.5%	35.3	8.6
Non-opiate only	217	90/217	41.5%	2/58	3.4%	40.3	5.8
Opiate	1022	67/1022	6.6%	8/51	15.7%	6.9	19.3

(a) Successfully completed treatment between 01/04/15-31/03/16

(b) completed treatment between 01/04/15-31/03/16 and re-presented to treatment by 31/03/16

A review of clients in treatment for poly-substance misuse including alcohol is required locally

POLY-SUBSTANCE MISUSE

Poly-substance use is considered to be the use of more than one type of drug or alcohol being taken either at the same time (*simultaneous use*) or more than one type of drug or alcohol being taken within the same period of time, for example, in the last year (*concurrent use*).

- The crime survey for England and Wales identified a number of national patterns relating to simultaneous poly-substance misuse
- More than half (56%) of drug use incidents in England and Wales also involve the use of alcohol
- Local data suggests that our rates of poly-substance misuse involving alcohol are much lower
- In 2015/16, 31% of individuals received community treatment for poly-substance misuse involving alcohol in Southwark
- A review of clients in treatment where alcohol misuse concerns are present is required to provide a better understand the issue of poly-substance misuse and the groups most affected

Tier four, specialist treatment services are available for dependent drinkers and are an in patient service

RECOVERY AND REHABILITATION

Southwark refers individuals to receive residential support to one of two in-patient detox centres:

Equinox, Brook Drive

Provides medically managed detoxes for a range of substances, including alcohol. Residential facilities are provided for both men and women as well as pregnant women and those suffering from mental health problems. While staying at the center, service users will have access to structured 1:1s and group work support, complimentary therapies and life skills sessions. After care programs are of vital importance to ensure individuals are able to continue their progress on leaving residential rehabilitation.

Cranstoun, City Roads

Service users can stay here for 14-28 days to receive a detox or stabilisation on OST alongside psycho-social and group work interventions. Following detox, service users may request for secondary rehabilitation support and can be moved to other services for a period of three to six months if agreed to be funded by the local authority.

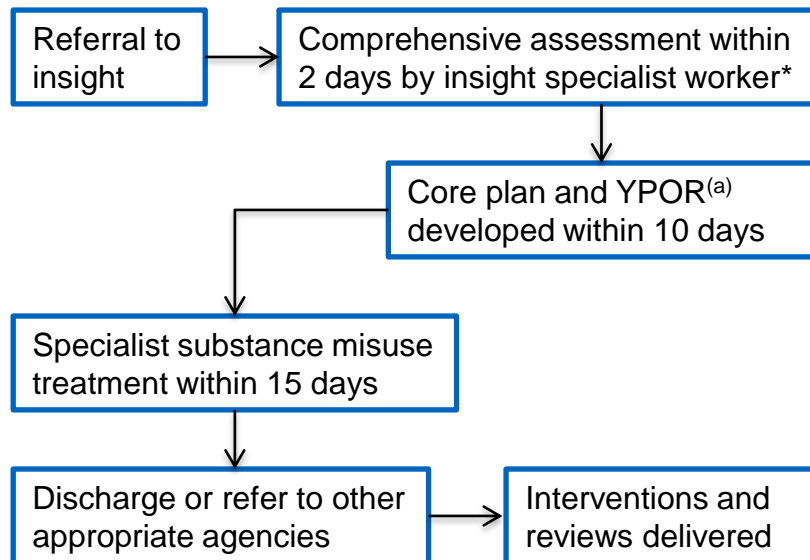
It is not clear how many individuals are using Southwark's T4 treatment service for alcohol needs as T4 admissions by substance category are not currently recorded.

Insight Southwark provides open access, confidential support for young people under 25

ADDICTION SERVICE FOR YOUNG PEOPLE

Insight Southwark team has extensive experience working in schools, colleges and youth focussed centres, providing information, advice and guidance on matters relating to drug and alcohol use.

Operational delivery of Insight Southwark



(a) Young Persons Outcomes Record

*The above process and timescales are not always possible with Youth Offending and Social Care clients

- For 18-25 year olds in Southwark, there was one individual in treatment for alcohol misuse issues only and 18 individuals in treatment for alcohol and non-opiate misuse issues only in 2015/16.
- For under 18 year olds, alcohol was cited in 46 out of a total of 171 treatment episodes in 2015/16. As such, alcohol is the third most common substance cited in a treatment episodes for this age group (after cannabis and nicotine).

More work is needed to reduce treatment times and improve outcomes for male clients

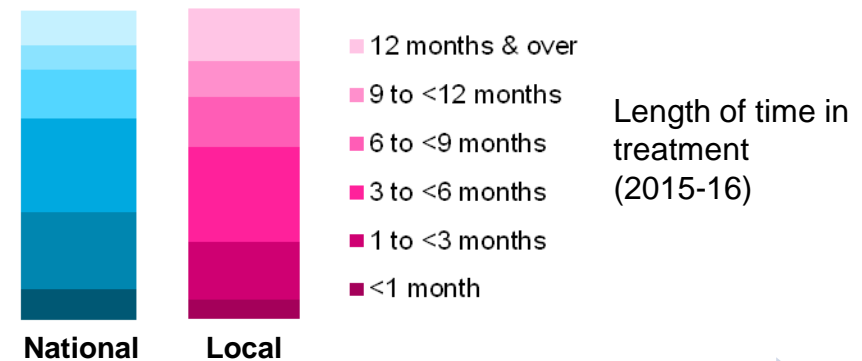
ALCOHOL TREATMENT IN SOUTHWARK

Southwark's alcohol treatment population is older than the national average

Age group	Local clients	National clients
18-29	7%	10%
30-39	18%	22%
40-49	31%	32%
50-59	36%	25%
60+	9%	9%

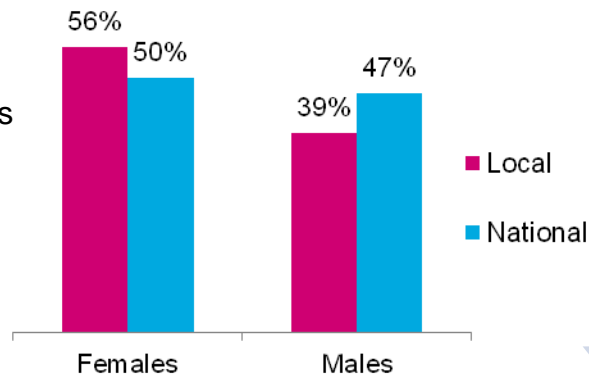
Age of all adults in alcohol treatment (2015-16)

Service users spend a longer time in treatment

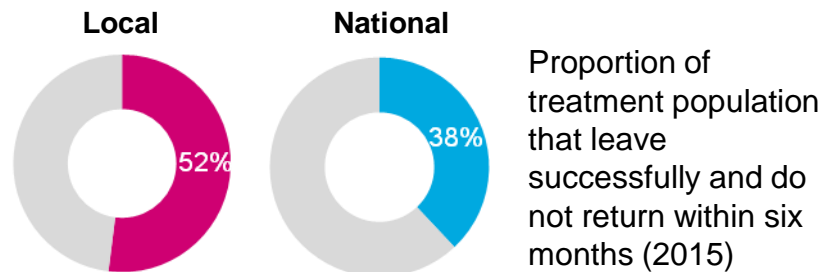


Treatment outcomes are more positive for females

Abstinence rates at planned exit, proportion by gender (2015-16)



More clients successfully complete treatment and do not return within 6 months



From prevention activities to detoxification, Southwark offers a wide range of alcohol response services

SECTION SUMMARY

- Early intervention and prevention activities in Southwark include increasing the delivery of IBA across all Southwark's services, early intervention work within local schools and offering both service user council and peer mentor services
- CGL provides tier two and tier three community treatment services, in 2015/16 approximately one third of patients suffer from an alcohol misuse problem
- Successful completions within Southwark's community treatment services for alcohol only issues are substantially higher than the national average for 2015/16
- Specialist, in patient treatment services (tier four) are available in Southwark for dependent drinkers often requiring detox. We require a better understanding of the patients that use this service
- For young people struggling with alcohol misuse, Insight Southwark provides open access and confidential support. For young people aged below 18 years, alcohol was cited in 27% of treatment episodes in 2015/16

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Southwark's inaugural Alcohol Summit facilitated collaborations between stakeholders

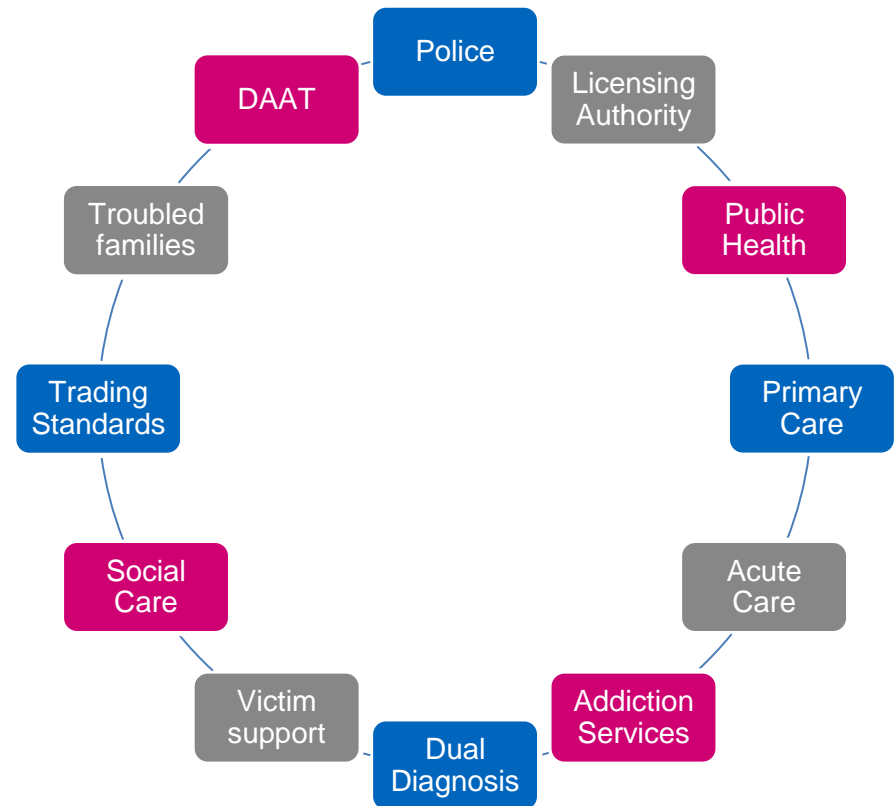
STAKEHODLER ENGAGEMENT

On 14 July 2016, Southwark Council held its inaugural Alcohol Summit. The summit brought together all local partners with an interest in reducing the impact of alcohol across the borough.

Stakeholders were invited to present details around the following themes:

- What are the key issues you face with in your affiliation?
- What are you doing currently that is working well?
- What more can be done and what would you like to achieve?

Sentiments from the Alcohol Summit are outlined in the following slides.



*DAAT = Drug and alcohol action team

The impact of alcohol is felt across GPs, social care, hospitals and addiction services

ALCOHOL AND SOUTHWARK'S SERVICES

Primary Care

- Lack of a patient pathway for those with liver cirrhosis. There is no hospital based unit for people requiring detox.
- Some GPs feel that IBA is not a service in their remit and is the responsibility of other services – that attitude needs changing.

What are the issues?

Addiction Services

- Dependent drinkers present for treatment but do not want to be abstinent. This becomes a very long term relationship: resulting in bed-blocking and a poor recovery prognosis.
- Seeing a very high volume of new referrals for alcohol misuse which is challenging due to resource constraints.

Acute Care

- Repeat attendance is an issue for hostel residents. In hospital, patients make good progress towards abstinence. On discharge if they are then placed in a drinking hostel.
- Numbers of older adults with alcohol misuse problems are increasing.

What are we doing well & what more can be done?

- There has been a push to increase IBA but it is felt that alcohol screening is patchy at best. GPs are not incentivised to carry out IBA.
- Alcohol misusers do not like getting referred to unfamiliar services. Bringing specialist services to GP surgeries would be ideal.

- A drugs and alcohol hotline was distributed to GPs and other service providers for direct referrals.
- Ideally, more resources would be sent to GP surgeries.
- Specific cohorts such as MSM / chemsex require a very specialist approach.

- Partnership working with CGL and establishing patient access to key individuals providing community services are currently working well.
- All patients are screened with IBA.
- Outreach services for the elderly were recommended.

More should be done to ensure the needs of vulnerable and high risk population groups are met

HIGH RISK POPULATION GROUPS

The Elderly

- Southwark is in the top three London boroughs for alcohol-related mental and behavioural issues within the elderly.
- A particularly challenging demographic since alcohol misuse is a stigmatised issue. Therefore they are often unwilling to seek help.

Dual Diagnosis

- Alcohol is by far the most common substance misused among dual diagnosis patients.
- It is common that patients are unwilling or not ready to become sober and therefore resist referral to addiction services.

Domestic abuse

- It is very difficult to find a place for women who are actively using drugs or have an alcohol problem. Many of these women use substances as a coping mechanism and are not ready to become abstinent. They are therefore unsupported in the current system.

- Southwark has a specialised assessment service that makes robust and informed referrals into CGL.
- More outreach services or care at home is required.
- Need to engage more front line staff as well as with home carers.

- Dual diagnosis is now on the local care networks
- Dual diagnosis training has been increased.
- There is a dual diagnosis CQUIN for 2016/17.
- More sharing of information between services to understand the whole family picture is required.

- Current services work well for women with children, without a substance misuse problem.
- Very few men come forward as victims of domestic violence; therefore the narrative is very much from a female perspective

What are the issues?

What are we doing well & what more can be done?

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A significant body of scientific evidence correlates alcohol availability with alcohol related harm

BACKGROUND

National and international guidelines consistently emphasise the importance of reducing the availability of alcohol.

- Cumulative Impact Zones (CIZs) empower local licensing authorities to better control the number and type of licenced outlets as well as impose more restrictive conditions upon alcohol licences¹
- CIZs are designated geographic areas that are currently saturated by premises licensed to sell alcohol
- In 2014, there were 208 CIZs established in over 100 local authorities (LAs) across England and Wales²
- Few studies have evaluated the impact of CIZs and therefore there is little evidence as to their effectiveness

1. Home Office. Revised Guidance issued under section 182 of the Licensing Act 2003. 2015.

2. Home Office. Alcohol and late night refreshment licensing England and Wales. National Statistics. 2014

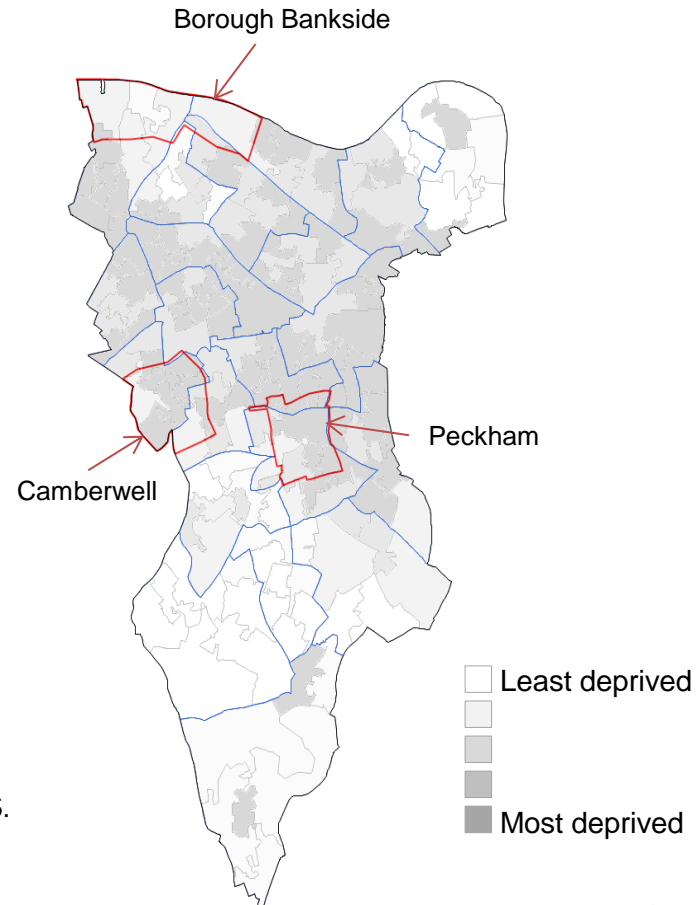
Southwark's public health team developed a methodology to evaluate cumulative impact zones

INTRODUCTION

**Southwark currently enforces three CIZs in areas considered 'saturated' by alcohol outlets:
Borough Bankside, Peckham and Camberwell**

- Negative consequences on local neighbourhoods include crime and disorder, public nuisance and matters of public safety
- Legislation requires that the ongoing need for established CIZs is regularly readdressed
- With Southwark's current Statement of Licensing Policy due for renewal, public health were asked by licensing to evaluate the impact of the three CIZs

1. Home Office. Revised Guidance issued under section 182 of the Licensing Act 2003. 2015.
2. Home Office. Alcohol and late night refreshment licensing England and Wales. National Statistics. 2014



The aim was to evaluate how three CIZs have influenced alcohol availability in Southwark

THREE QUESTIONS WERE ASKED

Q1

- Following the establishment of three CIZs in Southwark, did the number of licences decrease?

Q2

- Post CIZ, are the type of licences, such as drinking establishments, eateries, and off-sales, affected?

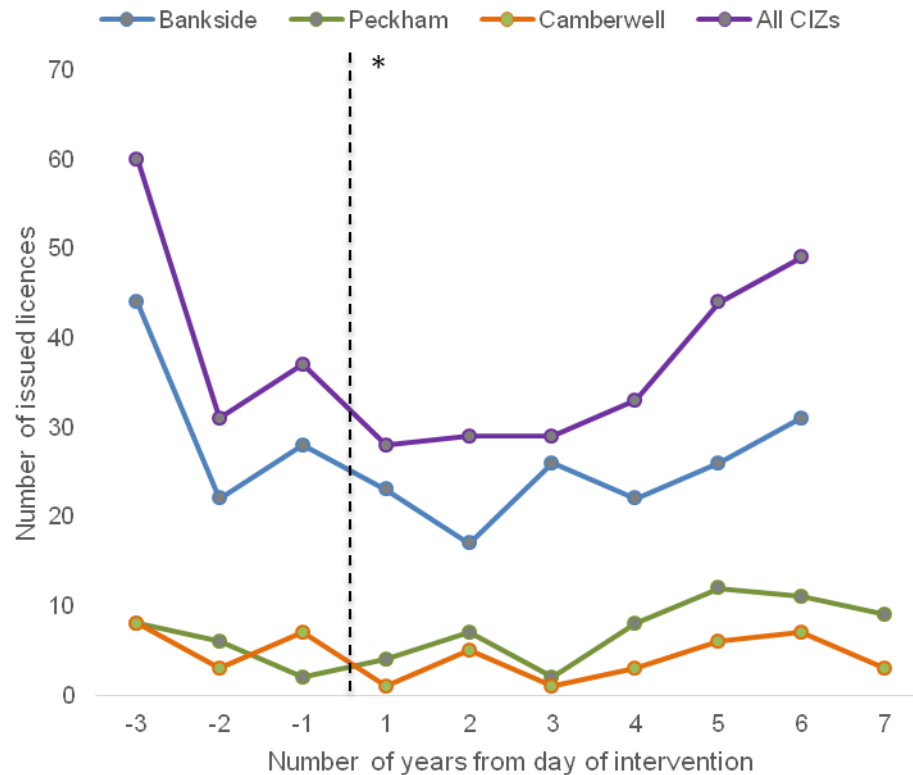
Q3

- After CIZ, do the number of licence applications receiving objections increase?

For questions one and two, both the number of licence applications and the number of issued licences were investigated in parallel

The impact of the CIZs appear to be to reduce activity in the short-term but with growth thereafter

QUESTION ONE

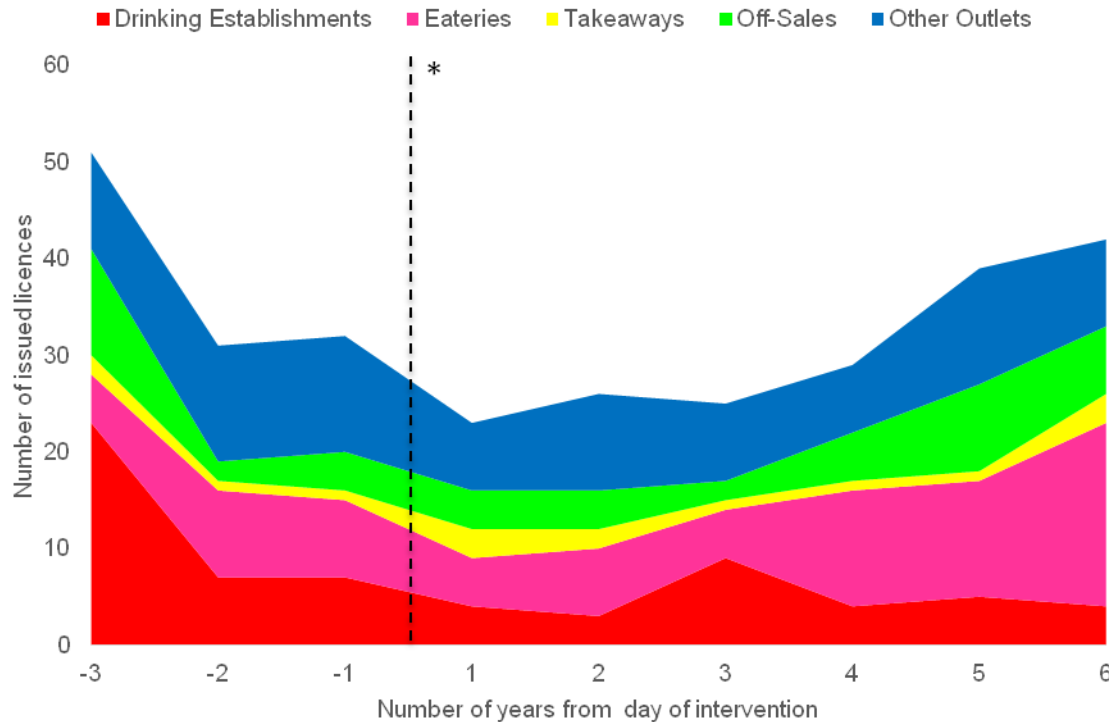


* Date of CIZ establishment

- Borough Bankside issued fewer licences for two years post intervention but then started to gradually issue more
- Fewer licences are issued per year in Camberwell and Peckham with numbers increasing in later years
- Across all CIZs, despite maintaining lower numbers over a three year period, in later years, the number of licensed outlets increased

There has been growth in the number of licences issued to 'eateries' over recent years

QUESTION TWO



Drinking Establishments

Despite a peak in year three the numbers decreased

Eateries

A year on year increase

Takeaways

Numbers remained stable

Off-sales

Numbers are stable in earlier years but then start to increase

Other Outlets

Numbers remained relatively stable

* Date of CIZ establishment

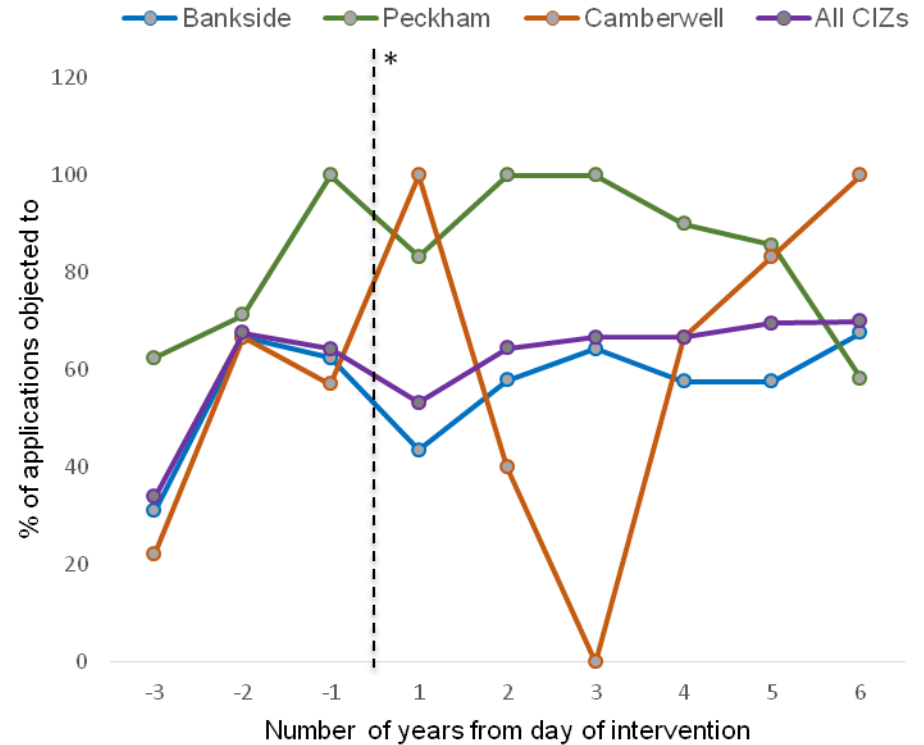
It appears that the objection rate has remained steady since CIZ implementation

QUESTION THREE

By taking into account the upward trajectory of applications, the proportion of applications to which a representation was made has remained steady, with a minor trend upwards.

- Objections in Borough Bankside follow a similar pattern to 'All CIZs'
- In Peckham, the proportion of applications objected to have decreased in recent years, potentially reflecting the increase in the number of food-led establishments more recently
- Camberwell's trend is sporadic due to low numbers of applications (one in year three)

While there is some trend upwards, there are limitations around data quality, and it may be that the quality of application has risen.



* Date of CIZ establishment

CIZ success is not about limiting outlet density, it is the objection and negotiation process that is key

KEY MESSAGES

Question one

CIZ establishment has not substantially affected the number of issued licences

- During a recession, applications maybe more likely in areas where there is considerable footfall
- The quality of licence application may have improved
- RAs may have objected to applications that did not support the licensing objectives and negotiated conditions to regulate licensable activity

Question two

CIZ establishment affected the type of application, in particular eateries have increased

- Drinking establishments reduced in numbers across all CIZs, in Camberwell not a single licence was issued post establishment
- Food led establishments are exempt from the licensing policy in Peckham and Camberwell
- CIZs appear to have shaped the night time economy in these areas to support regeneration goals

Question three

The number of objections to new licence applications has increased post CIZ establishment

- CIZs reshape the local alcohol environment in a subtler way than limiting outlet density
- RAs are negotiating less permissive conditions to control the licensable activities of new alcohol outlets in CIZs
- Such conditions have important implications for addressing the local burden of alcohol related harm

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Southwark has been selected to participate in the Home Office's Local Alcohol Action Areas scheme

LOCAL ALCOHOL ACTION AREAS

In November 2016 Local Authorities were requested by the Home Office to submit their bid to become a Local Alcohol Action Area and participate in the second phase of the scheme.

- The programme will last two years and aims to combat the effects of irresponsible drinking such as crime, disorder and violent incidents through fostering collaborative local solutions
- The LAAA programme has three core aims;
 1. Preventing alcohol-related crime and disorder;
 2. Reducing alcohol-related health harms; and,
 3. Generating economic growth by creating a vibrant and diverse night time economy.

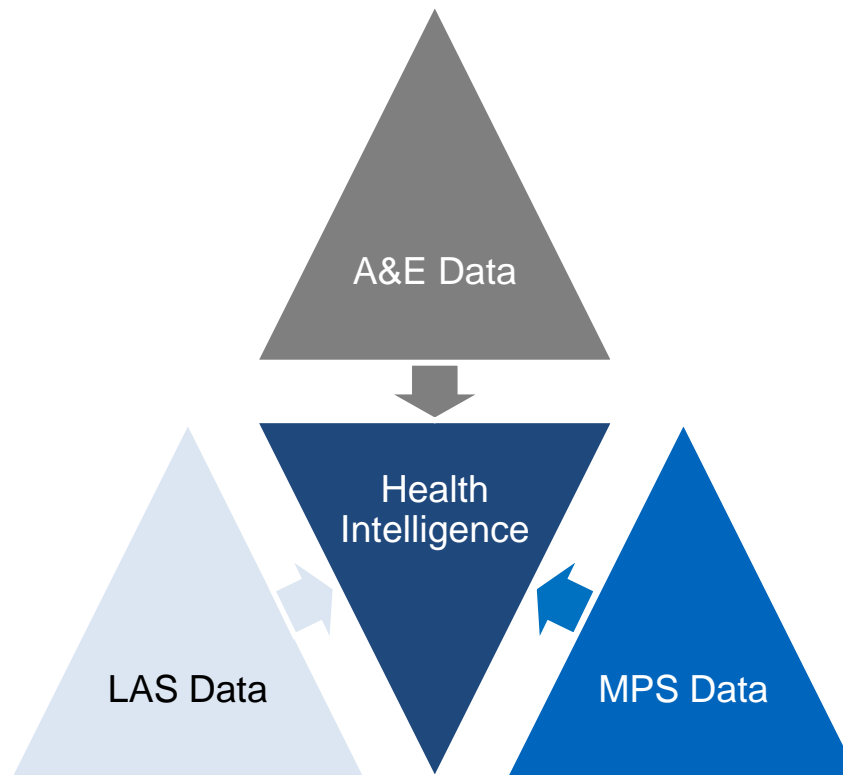
Southwark's proposal focuses on addressing aims one and two through tackling the following challenges:

- How can local areas improve the collection, sharing and use of data between A&E Departments, local authorities and the police?
- How can local authorities, the police and business work together to help prevent the sale of alcohol to drunks in both the off- and on-trades?

By triangulating data from A&E departments with other sources, we hope to develop a holistic alcohol profile

SOUTHWARK'S PROPOSAL

The project aims to assess and optimise the value of assault data collected by A&E departments and understand how this information can be applied to reduce alcohol related crime and disorder as well as alcohol related harms.



Following the inaugural Alcohol Summit, an alcohol action plan will be developed to maintain momentum

ALCOHOL ACTION PLAN

Following the recent expiry of the Southwark Alcohol Strategy (2013-16), it was agreed by stakeholders that a more succinct action plan would be developed to take forward Southwark's alcohol agenda.

The overall aim of the action plan is reduce the burden of health and societal impacts of alcohol misuse in Southwark.

The action plan will have three objectives broken down into six themes:

- Reduce the health and well-being burden associated with alcohol misuse
 - Improve the population's physical health
 - Develop better well-being across the borough
- Promote a safer borough to live, work and socialise in
 - Establish safer streets and communities
 - Protect homes and families

Underpinning these aims and objectives will be ongoing work to improve intelligence and collaboration between stakeholders.

The plan will be completed for the second meeting of the bi-annual Alcohol Prevention Group in July 2017. The group is comprised of stakeholders with an interest in reducing the impact of alcohol misuse and will oversee the progress and completion of agreed actions.

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Southwark is regarded as a pioneer in terms of our alcohol work: and we feel we can achieve more

Recommendations

Suggested Actions		Suggested Lead
1	<ul style="list-style-type: none"> Utilise hospital episode statistics (HES) data to improve understanding of those admitted to hospital for conditions relating to alcohol misuse 	Public Health
2	<ul style="list-style-type: none"> Improve data recording for Southwark's T4 treatment pathway to improve our understanding of individuals within this service 	DAAT
3	<ul style="list-style-type: none"> Undertake CLear self assessment to identify deficiencies and priorities for alcohol activities across the borough 	Public Health and DAAT
4	<ul style="list-style-type: none"> Undertake a review of clients in treatment where alcohol misuse concerns are present to better understand the issue of poly-substance misuse and the groups most affected 	CGL, DAAT and Public Health
5	<ul style="list-style-type: none"> Review the provision of IBA in primary care and other health care settings 	DAAT
6	<ul style="list-style-type: none"> As part of the LAAA, review the potential to utilise assault data collected by A&E departments to reduce alcohol related crime, disorder and harm in Southwark 	Public Health
7	<ul style="list-style-type: none"> Develop a needs assessment programme as part of the JSNA on vulnerable / specific population groups such as the elderly, dual diagnosis and migrant populations 	Public Health
8	<ul style="list-style-type: none"> Develop a systematic, intelligence-led and evidence based process to support Public Health's emerging role in licensing 	Public Health

Find out more at
southwark.gov.uk/JSNA

People & Health Intelligence Section
Southwark Public Health

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