

## Alcohol and drugs in London

The Mayor's policy and action plan to reduce the harm resulting from alcohol and drug use in the capital



January 2002

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**Turning Point** provides a full range of substance misuse services including 20 across Greater London and during the last year made contact with 68,000 people across the country. They have specialist expertise in working with the most resistant and challenging clients with substance misuse problems and associated histories of homelessness, offending behaviour or mental health problems.

## contents

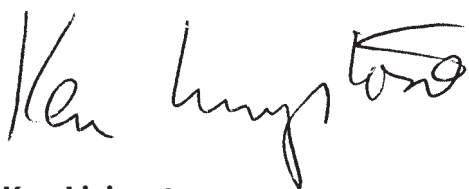
foreword	v
introduction	1
1 the role of the Greater London Authority	3
2 alcohol and drugs in London	5
<b>The national drugs strategy</b>	<b>5</b>
<b>The national alcohol strategy</b>	<b>6</b>
<b>Links with other policy initiatives</b>	<b>6</b>
<b>Brief overview of alcohol and drug problems in London</b>	<b>7</b>
<b>Current regional planning to tackle alcohol and drug problems in London</b>	<b>15</b>
<b>Recommendations from the Expert Advisory Group on Alcohol and Drugs</b>	<b>16</b>
3 Greater London Alcohol and Drug Alliance	19
<b>Membership</b>	<b>19</b>
<b>Role and terms of reference of the GLADA</b>	<b>21</b>
<b>Framework for reducing alcohol- and drug-related harm</b>	<b>22</b>
4 Greater London Alcohol and Drug Alliance priorities and action plan to reduce alcohol- and drug-related harm in London	25
glossary of key terms	31
appendices	
A1 <b>Members of the Expert Advisory Group on Alcohol and Drugs</b>	<b>33</b>
A2 <b>Written responses to the GLA consultation document to reduce the problems of alcohol and drug use in London</b>	<b>35</b>
references	43

## foreword

London is a great city, but the lives of too many individuals, families and some of our poorest communities are blighted by problems linked to the use of alcohol and other drugs. London has one of the highest rates of problem drug use in the country. The effects of this are far-reaching – on rates of suicide, mental ill-health, premature death, family breakdown, acquisitive crime, the rise in anti-social behaviour and the degeneration of communities. Alcohol, our favourite drug, can also have a very negative impact on Londoners lives – from the public disorder outside pubs and clubs, through child neglect and youth offending, to the burden on the NHS – eighty per cent of London’s A&E beds at peak times are taken up with alcohol-related admissions.

I made a commitment in my manifesto to bring all the relevant agencies together to focus resources and efforts on reducing alcohol- and drug-related harm in the capital. I was delighted to announce in July the creation of the Greater London Alcohol and Drug Alliance. This is a new partnership of statutory agencies, voluntary sector organisations and community groups that will ensure we tackle Londonwide problems effectively. We will strive to ensure that London secures the right level of resources from central government to make a real impact on alcohol- and drug-related harm in London. We will also adopt policies and approaches based on evidence rather than rhetoric or anecdote.

I am grateful to the members of the Alliance [Greater London Alcohol and Drug Alliance] and the Expert Advisory Group, who helped shape this policy. I believe that we can only tackle alcohol and drug problems successfully through building strong partnerships between statutory agencies, the voluntary sector and community groups. The key elements of my alcohol and drug policy are involving local communities, strengthening the links between action on alcohol and drugs with employment and housing and regeneration, and improving the quality and effectiveness of drug and alcohol interventions so they meet the needs of London’s diverse communities. Problem drug and alcohol use is a major public health concern in London, and I am committed to addressing this to make London a great city for all.



**Ken Livingstone**  
Mayor of London





## introduction

This report sets out the role of the Mayor and his plans to reduce alcohol- and drug-related harm in London. The establishment of the Greater London Authority provides a unique opportunity to take an overview of alcohol and drug problems in London and for the Mayor to define a strategic framework to tackle them.

Making a difference in this complex area cannot be achieved by the GLA alone. Progress is dependent on establishing and maintaining partnerships across a wide number of agencies and organisations, so that each organisation is making the best use of its skills and resources, and working towards common goals. The Mayor is committed to working in partnership with a wide range of organisations and community groups to tackle alcohol and drug problems, without duplicating the work of others. This commitment to partnership working has already been demonstrated through the large number of stakeholders engaged to date in the process of developing this policy.

During autumn 2000, a diverse group of academics, community organisations, statutory bodies, drug users and voluntary sector agencies participated in an Expert Advisory Group to the Mayor on alcohol and drugs in London. The Expert Advisory Group developed an initial set of proposals on the GLA's role and priorities for action. These proposals were circulated to over 500 organisations and individuals in London for comment. This document reflects the conclusions of that consultation exercise and incorporates the many views and responses received. We are grateful to everyone who participated in the Expert Advisory Group and consultation exercise. Membership of the Expert Advisory Group is set out in appendix ii.

The focus of the Mayor's policy is the problems caused by the supply and use of alcohol and drugs and the aim is to reduce harm. This means recognising that alcohol and drug use will always be part of the lives of some Londoners. Within this context, the Mayor will focus resources on the harm associated with and arising from the use of alcohol and drugs, rather than the substances themselves. Drugs and alcohol both cause problems, and are also symptomatic of other problems in London such as poverty, social exclusion, discrimination and inequality. The aim of this policy is to reduce harm to individuals and to communities in London.

This report is divided into four sections:

- Chapter one sets out the role the GLA will play in reducing alcohol and drug problems in London.



- Chapter two provides an overview of the national policy context for action on alcohol and drugs. A brief diagnosis of the nature and extent of alcohol- and drug-related harm in London then follows, and an outline of the structures and organisations in the capital tackling the problems of alcohol and drug use. It concludes with a summary of the findings and recommendations from the Expert Advisory Group.
- Chapter three identifies the key partners the GLA wishes to work with in reducing the harm of alcohol and drugs in London. All these partners have agreed to participate in the Greater London Alcohol and Drug Alliance (GLADA). The terms of reference for the GLADA are described along with the agreed strategic framework for action on alcohol and drugs in London.
- Chapter four describes the priorities and action plan to reduce alcohol- and drug-related harm in London. These priorities form the basis of the shared work programme for the Greater London Alcohol and Drug Alliance. This section also demonstrates how the different agencies participating in GLADA have designated lead responsibility for different actions, so that it will function efficiently and effectively as a partnership.

# 1 the role of the Greater London Authority

- 1.1 The Greater London Authority (GLA) is a new form of strategic citywide government for London, with the principal purpose of promoting the economic development, wealth creation, social development and the environmental improvement of Greater London. In pursuing these policies, the GLA must give due regard to sustainability, equality of opportunity and health improvement. The GLA is made up of a directly elected executive Mayor and a separately elected Assembly. The GLA group also includes the London Development Agency, Transport for London, the Metropolitan Police Authority and the London Fire and Emergency Planning Authority.
- 1.2 The Mayor has a number of statutory responsibilities including producing strategies on London's economic development, transport, culture, spatial development, biodiversity, air quality, waste and noise. In addition to his statutory responsibilities, the Mayor has prioritised further action on a number of key issues in London, such as domestic violence, homelessness and affordable housing, and energy. In his first annual report, the Mayor set out a vision for the future of London. This sees London developing as an exemplary sustainable world city, based on three inter-locking elements of strong and diverse economic growth; social inclusivity to allow all Londoners to share in London's future success; and fundamental improvements in environmental management and use of resources. This vision is supported by five key objectives for London to become:
- A prosperous city – in which all share in the benefits of wealth created in London's dynamic economy.
  - A city for people – a liveable city of safe, attractive streets, where goods and services are within easy reach and where everyone feels safe and secure.
  - An accessible city – with fast, efficient and comfortable means of transport, and access to affordable homes, education and training, health, leisure and recreation.
  - A fair city – showing tolerance and abolishing all forms of discrimination, where neighbourhoods and communities have a say in their future.
  - A green city – making efficient use of natural resources and energy, respecting the natural world and wildlife, recycling waste and creating new 'green' industries.



- 1.3 The GLA Act (1999) also contains a number of obligations upon the Authority regarding equalities; these include the provision that in all its activities the GLA must comply with the requirement to have regard to the need to:
- promote equality of opportunity for all persons irrespective of their race, sex, disability, age, sexual orientation, or religion
  - eliminate all forms of unlawful discrimination and
  - promote good relations between persons of different racial groups, religious beliefs, and sexual orientation.

These principles are taken in to account in the policy on alcohol and drugs in London. The Mayor is committed to ensuring that the partners he will be working with to reduce alcohol and drug related harm in London actively promote equality and anti-discrimination measures.



- 1.4 The use of alcohol and drugs can have a substantial and detrimental impact on morbidity, mortality, public health, family welfare, crime and community safety, educational attainment, economic development and social exclusion. Therefore, minimising alcohol- and drug-related harm is crucial to the achievement of the Mayor's vision for London. The Mayor has decided that reducing alcohol and drugs problems is a key priority in London. This priority, alongside other policy initiatives, and the statutory strategies will all contribute to realising the Mayor's vision. This document sets out the GLA's policy and plans to reduce the harm of alcohol and drugs, and how it will work in partnership with other regional bodies. Partnership is crucial to tackling successfully the problems of alcohol and drug use in London.
- 1.5 The GLA's specific role in reducing alcohol- and drug-related harm has been determined following extensive consultation. The agreed role for the GLA is:
- to provide strategic leadership on alcohol and drug policy for London
  - to act as a catalyst for change through bringing together an alliance of Londonwide partners to improve co-ordination, to provide a mechanism to tackle Londonwide problems, and to work together on a programme of Londonwide priorities, ensuring that Londoners derive maximum benefit from all initiatives
  - to represent and advocate for the specific and unique needs of London to central Government and others
  - to ensure that action to reduce the harm of alcohol and drugs is integrated in to all GLA strategies and policies

## 2 alcohol and drugs in London

### The national drugs strategy

- 2.1. The key policy driver in England on illegal drugs is the national drug strategy, Tackling Drugs to Build a Better Britain. This is a ten-year strategy (launched in April 1998) comprising four main aims:
- Young people – to help young people resist drug misuse in order to achieve their full potential in society (Key Performance Indicator [KPI]: ‘To reduce the number of young people under the age of 25 reporting Class A drug use by 50 per cent by 2008’).
  - Communities – to protect our communities from drug related anti-social and criminal behaviour (KPI: ‘To reduce the levels of repeat offending among drug misusing offenders by 50 per cent by 2008’).
  - Treatment – to enable people with drug problems to overcome them and live healthy and crime-free lives (KPI: ‘To increase the participation of problem drug users in drug treatment by 100 per cent by 2008’).
  - Availability – to stifle the availability of illegal drugs on our streets (KPI: ‘To reduce the availability of class A drugs by 50 per cent by 2008’).
- 2.2 Local progress against the KPIs and related targets in the national drug strategy (as described above) is closely monitored by central government. The Home Office co-ordinates the implementation of the national drug strategy across government departments and oversees implementation at a local level. Drug Action Teams (DATs) – borough-based, senior level partnerships – are charged with the implementation of the national drug strategy at a local level. DATs are responsible for co-ordinating local activity and assessing whether local spending is in line with government objectives. The publication of the national drug strategy has been accompanied by the release of a substantial level of new resources from the Treasury through the comprehensive spending review (CSR) process. The CSR2000 released additional money to Drug Action Teams and Crime and Disorder Reduction Partnerships to support the development of drug education, prevention, treatment services and improve community safety.



**Government spending plans on anti-drug activity 2001 – 04 (£ million)**

	2001/02	2002/03	2003/04
Drug treatment	328	377	401
Young people	90	97	120
Communities	79	81	95
Availability	373	376	380
<b>TOTAL</b>	<b>870</b>	<b>931</b>	<b>996</b>

The Department of Health and the Home Office have established a special health authority, the National Treatment Agency, to oversee the additional investment in drug services, and the ‘step change’ required to increase the capacity, accessibility and effectiveness of treatment in England. The Exchequer also released an additional £220 million to Crime and Disorder Reduction Partnerships to support local communities develop new ways to tackle drug supply and drug related crime. The Police Reform White Paper (2001) suggests a merger between Drug Action Teams and borough-based Crime and Disorder Reduction Partnerships.

**The national alcohol strategy**

- 2.3 The government declared its intention to introduce a national strategy for alcohol in its public health white paper, Saving Lives: Our Healthier Nation (1999). The current position from the Department of Health is that an alcohol misuse strategy has been prepared but publication is unlikely before 2004. The Home Office published an action plan for tackling alcohol-related crime, disorder and nuisance in August 2000. In contrast to the rigorous monitoring and performance management by central government, and the level of resources and priority given to the implementation of the national drug strategy, planned and co-ordinated action to reduce alcohol problems is patchy and under-developed.

**Links with other policy initiatives**

- 2.4 In addition to the specific national strategies, tackling alcohol and drug problems cuts across many other national and regional social policy initiatives. For example, reducing alcohol and drugs problems is critical to the success of the following government initiatives:
- Strategy on Rough Sleeping ‘Coming in from the Cold’ (Rough Sleepers’ Unit Dec 1999)
  - Crime Reduction Strategy (Home Office November 1999)
  - A New Commitment to Neighbourhood Renewal – National Strategy and Action Plan (Cabinet Office January 2001)
  - New Deal for Young People and the long-term unemployed (Department for Education and Employment April 1998)

- Connexions Strategy (Department for Education and Skills 2000)
- Tackling Health Inequalities White Paper (Department of Health 2001)

### Brief overview of alcohol and drug problems in London

- 2.5 London is a diverse and complex city. Although just fewer than 15 per cent of the population live in London, 23 per cent of England's problem drug users live in the capital.
- 2.6 London is also a young city, with more children under the age of five, and proportionally more young adults between 20 and 44 than the rest of the country. It is projected that by 2011, one in three Londoners will be under the age of 25 – the age band most likely to experiment with drug use and drink excessively. Over one half of young adults in London have taken drugs at some time in their lives, and almost a quarter will have taken an illegal drug in the last month.
- 2.7 Almost 50 per cent of Britain's Black and Asian and minority ethnic population live in London. Within ten years, one in three Londoners will be from a minority ethnic group, most of whom will have been born in Britain. Over three hundred languages are spoken in London. London's Black and Asian populations consist of many diverse groups, with different cultures and faiths, and with very different attitudes to alcohol and drugs. Some of London's minority communities, mainly people of African-Caribbean and Bangladeshi origin, live in London's most deprived neighbourhoods. Across London, the needs of many minority groups are often overlooked, because they are difficult to gauge on a borough basis, but significant on a Londonwide basis. There are only a handful of voluntary organisations in London specialising in drug and alcohol use in Black and Asian communities.



### *Prevalence of problem alcohol and drug use in London*

- 2.8 Although drug use among Londoners is clearly widespread, the majority of drug users probably do not, and will not, experience significant health, financial or social problems related to their drug use. It is estimated that just over one in every hundred adults (1.6 per cent of people aged between 16 and 44 years) in London is a problem drug user and six per cent adult males and two per cent adult females in London drink alcohol at a level that will damage their health.
- 2.9 A recent study estimated there are about 55,000 drug-dependent adults in London, but that only around one third of this total are in contact with a treatment service. The uptake and rate of retention in treatment services

for people from Black and Asian communities is lower than for white users, although there has been a significant increase in the incidence of drug use amongst some black and minority ethnic communities. For example, the increase in heroin use in the last three years has been greater amongst the Bengali communities in north and east London than in any other ethnic group.



- 2.10 It is estimated that up to half the people treated for alcohol and drug dependence also have a mental health problems such as anxiety, depression, severe personality and psychotic disorders. People dependent on alcohol and drugs are also at much greater risk of suicide. Studies comparing patients in psychiatric treatment in London with other regions show that the incidence of co-morbidity is greater in London than elsewhere.

#### *Alcohol, drugs and health inequality*

- 2.11 The harm associated with alcohol and drug use cuts across all the priorities in the London Health Strategy. The London Health Strategy is a coalition to tackle health inequalities and improve Londoners health through action on regeneration, inequality, transport and promoting black and ethnic minority health. Reducing the harm of drug and alcohol use can lead to substantial positive improvements in health. Many problem drug and alcohol users in London have poor mental and physical health, often exacerbated by poor housing conditions and lack of access to services. The Acheson Report identified reducing alcohol-related harm as an essential strand of an overall policy to reduce health inequalities. Problem drinking is twice as common in the poorest than in the most affluent socio-economic groups. The death rate from diseases caused by alcohol is four times greater amongst unskilled working men than among those from professional groups. Higher levels of alcohol consumption have consistently been observed in some deprived groups, such as the homeless or unemployed. Heavy drinking in people in higher socio-economic groups may be less harmful than in lower socio-economic groups because they are better protected from harmful effects by diet, housing, health care and other factors. Half of accidental deaths in London amongst young men aged between 16 and 49 years old are due to narcotic poisoning and overdose. There are on average 350 drug-related deaths in London every year. Drinking is also a significant risk factor for accidents, including house fires.
- 2.12 The incidence and prevalence of HIV, Hepatitis B and Hepatitis C among current and ex-drug users are a major public health concern in London. The prevalence of Hepatitis C (43 per cent), hepatitis B (26 per cent) and HIV (three per cent) is higher amongst injecting drug users in London than elsewhere in England . All contribute to premature death. The

prevalence of injecting amongst drug users is higher in London than in other parts of England (4.7 per cent for men aged between 16 and 59 years old in inner London compared with 1.7 per cent in the rest of England). Over six million syringes are distributed each year by London-based syringe exchanges. Injecting drug users are at high risk of overdose, deep vein thrombosis and respiratory failure.

- 2.13 The prevalence of excessive alcohol consumption by former or current drug users and the risks to health is a cause for concern. Alcohol user self-organisations state that alcohol misuse is inadequately addressed by adult drug services.

#### *Alcohol, drugs and young people*

- 2.14 Nearly one in ten young Londoners (aged between 16 and 29 years old) used cocaine in the last year. Nearly one in five women and two in five men between the ages of 16 and 24 years old report regularly drinking twice the recommended daily limits. Half the population of London under the age of 30 will have used cannabis. Generally more young people in London report use of cannabis than their counterparts in the UK or in other European countries. Among people under the age of 30, there is little variation in consumption of alcohol by socio-economic group. Young men aged 16 to 24 are the heaviest drinking section of the population. For young women, consumption reaches its peak in the late teenage years. Young women aged 16 to 24 tend to cram their drinking into heavy drinking sessions over one to three days. It is widely accepted that alcohol consumption by both sexes declines with the formation of steady relationships, parenthood and increased financial responsibilities.

#### *Alcohol, drugs and women*

- 2.15 Patterns of alcohol and drug use in women differ from men, and any policy must give due regard to this. For example, women tend to be greater users of prescription and over the counter medicines, and problems with the use of these drugs often go undetected. Help, support and treatment for drug and alcohol use in the capital do not adequately meet women's needs. Women may not approach services for help because of fears around childcare, and the stigma attached to female substance misuse. Men outnumber women in statistics about entering treatment in London by a ratio of three to one.
- 2.16 There is a complex inter-relationship between alcohol use and domestic violence. Between 60 per cent to 70 per cent of men who assault their partners do so after drinking alcohol. The evidence base for effectively addressing substance misuse amongst violent men is poor, but interventions that treat alcohol and drug use by men, without addressing

violent behaviour have little impact on repeat victimisation. Joint working between domestic violence services and drug and alcohol services is underdeveloped. Women who have experienced sexual violence such as child sexual abuse are at serious risk of developing alcohol and drug problems. Many use drugs and alcohol for self-medication. Women with problem drug use may fund their dependency through prostitution. Research in the King's Cross area indicates a strong link between street prostitution, drug dealing and drug use. The problem of female crack users experiencing violence at the hands of their pimp/dealer was also noted at the Expert Advisory Group.

- 2.17 Women from professional households and in full-time employment tend to drink more alcohol and more regularly than their unskilled or unemployed equivalent, but poor women are more likely to experience being drunk. The majority of women imprisoned in HMP Holloway have problems with drugs and alcohol, or drugs were a significant factor in their offending. New resources targeted at drug-related offending concentrate on acquisitive crimes often committed by men, rather than the deception or prostitution offences that are committed by women.



#### *Alcohol, drugs and the family*

- 2.18 Problem drug users usually face legal and financial difficulties which place immense stress on other family members. Many drug users steal from family members to fund their drug use. Problem drug use in the family is a major cause of family breakdown. Young people who grow up with parents using alcohol and drugs, who experience neglect or abuse, who play truant or are excluded from school, have poor educational attainment and are in regular contact with the law are much at greater risk of developing drug problems in later life. In a recent study of child protection in two London boroughs, heavy alcohol use was reported in 50 per cent of families with children on the child protection register. The psychological impact on children of growing up in a heavy drinking environment can be immense, with children going on to have higher rates of psychiatric disorder, and to develop alcohol problems themselves.

#### *Alcohol, drugs and housing*

- 2.19 The incidence of problem alcohol and drug use is very high amongst London's rough sleepers and homeless people (defined as non-statutory and statutory homeless households in temporary accommodation, and hidden homeless households – those forced to live as part of another household in 'intolerable' circumstances). Problem drug and alcohol use can both be a response to and cause of homelessness. Estimates by outreach workers and the Rough Sleepers Unit suggest that in central London at least 60 per cent of rough sleepers have alcohol problems,

and 40 per cent have drug problems. Alcohol and drug problems often co-exist with mental health problems in rough sleepers. Rough sleepers with alcohol and drug problems are more difficult to engage with outreach services, more difficult to place in hostels and more likely to return to the street through tenancy breakdown. Homeless alcohol and drug users have poor access to care and treatment services. Problem alcohol and drug use can often cause homelessness through tenancy breakdown or financial problems.

- 2.20 Problem drug and alcohol users often find it difficult to manage a tenancy or mortgage. Many drug and alcohol users face homelessness (including rough sleeping) or live in inadequate accommodation. Poor housing also increases the risk of developing problems with drug and alcohol use and increases the risk of relapse for people engaged in treatment services. Access to safe and adequate accommodation is an essential part of the rehabilitation process. Many drug users are re-housed after a period of residential treatment or ending a prison sentence in dangerous neighbourhoods where drug dealing and use is rife. The housing needs of drug or alcohol users coming out of treatment are inadequately met across the capital. People with current or past drug and alcohol problems face problems accessing housing provision because they are perceived as, and may be, anti-social neighbours.



#### *Alcohol, drugs and community safety*

- 2.21 The Metropolitan Police estimate that at least 30 per cent of acquisitive crime (burglary, shop lifting, fraud, theft) in London is committed by drug users, and alcohol is implicated in 40 per cent of violent crime, 78 per cent of assaults and 88 per cent of criminal damage cases. South Bank University estimate that the 55,000 problem drug users living in London spend £0.5 billion on drugs every year, at a cost to Londoners of nearly £1 billion in property crime, and £150 million to the criminal justice system. The supply and dealing of crack cocaine in London is associated with gun violence and is a growing problem in some of London's poorest boroughs. An estimated 75 per cent of illegal drugs that enter the UK pass through London before being distributed. Drug supply and distribution is organised through criminal gangs, generating (according to the National Criminal Intelligence Service) an estimate £8.5 billion per annum, or one per cent of Gross Domestic Product. The profits of drug supply and distribution are laundered through a range of financial institutions and businesses in London.
- 2.22 People who visit pubs or clubs are six times more likely to be the victims of violent crimes. Public attitude surveys report widespread fear and concern about drinking in public spaces, especially by teenagers and

‘street drinkers.’ The risk of alcohol-related violence prevents many people participating in London cultural life during the weekend or evenings. A recent Portman Group survey showed 16 per cent of Londoners had been a victim of alcohol-related violence in the street. According to the British Crime Survey 2000, violent incidents in and around pubs and clubs account for 19 per cent of all violent crime. The police officers who contributed to the consultation exercise for this document were of the view that ‘saturation point’ has been reached in central London for licensed premises.

- 2.23 There is an inconsistent approach to alcohol-related violence and public disorder in London, although it is felt by many to be a growing problem and has a significant impact on how Londoners socialise and use public space. Nuisance and disturbance such as urinating and vomiting in the streets cause major problems for the environment and enforcement departments of central London boroughs and the police, and are also a housing management issue on estates. The Government’s White Paper on reforming the licensing laws (including measures to establish local authorities as the accountable body responsible for issuing and reviewing personal licenses and allowing flexibility in licensing hours), may not automatically lead to a more leisurely attitude to drinking. Some research suggests that in the short-term, binge drinking, public disorder and associated anti-social behaviour will increase.
- 2.24 The physical environment can be a major influence over whether alcohol and drug use causes harm to individuals and communities. For example, the layout and density of licensed premises, the siting of off-licences and development around railway stations can all determine whether a location is subject to street level drug dealing or alcohol-related public disorder.

#### *Interventions in the criminal justice system*

- 2.25 The implementation of the national drug strategy has been supported by a substantial injection of funding for a range of new interventions in the criminal justice system, such as arrest referral schemes, drug treatment and testing orders, and CARAT\* schemes. All these initiatives aim to engage drug-using offenders in effective treatment services, leading to a reduction in offending and improvements in health. This, in a nutshell, is the main thrust of the national drugs strategy.
- 2.26 From a Londonwide perspective these initiatives face a number of obstacles. Central London is a net importer of offenders, with many people coming into the area to commit crimes. The differences in standards and capacity of treatment services across the capital (and the

\*Counselling, Assessment, Rehabilitation, Advice and Throughcare Teams based in prisons to identify drug-using offenders and engage in prison-based treatment during the course of their sentence, or community based treatment on release.

UK) mean that arrest referral schemes and other criminal justice interventions cannot guarantee successful engagement. There is a widespread concern about the quality and capacity of drug treatment services in London and the shortage of skilled workers that can be recruited to meet the growing demand on treatment services. All these new interventions will increase the number of referrals to drug treatment services that already have intolerable waiting times for admission. In particular there is insufficient availability of treatment in London for people using crack cocaine when compared to the high rates of crack cocaine and stimulant use in the profile of people arrested in London. The over-representation of people from Black communities in the criminal justice system and the under-development of culturally appropriate and specific services are also a cause for concern. Problem alcohol and drug use is common in London's prisons' population. Throughcare planning from custody to release, especially for offenders who have served short custodial sentences, could be vastly improved.

#### *Alcohol, drugs and the 24 hour city*

- 2.27 London is the centre of Britain's music and dance scene and has a thriving nightlife centred on its many bars and restaurants. For many people the experience of 'going out' and socialising in London is associated with the use of stimulants or hallucinogens (cocaine, ecstasy, LSD, amphetamine). Alcohol use is pervasive in cultural and social activity. Binge drinking – episodes of heavy social drinking that are potentially harmful to the individual – is celebrated and seen as a cultural rite of passage for young people. Anecdotal reports suggest that although the popularity of ecstasy may be waning, powder cocaine is growing in popularity. Over the last three years, the price of powder cocaine has fallen substantially. There is also some evidence of a growth in the recreational use of smokable heroin, but this may be limited to specific cultural groups. Drug taking is a social norm on the dance scene, but public bodies have not updated their policies and practice to reflect this.

#### *Alcohol, drugs and public transport*

- 2.28 A comprehensive, night-time public transport network is vital to minimise the risk of public disorder and accidents from drink or drug driving as people who have consumed drugs and alcohol travel around the capital. These risks are increasing as the late night economy grows. However passengers under the influence of alcohol are responsible for verbal abuse and assaults on London transport staff, and other people are deterred from using late night public transport because they fear alcohol-related violence and disorder.



*Alcohol, drugs, economic development and regeneration*

- 2.29 Poor communities with limited resources are disproportionately affected by drug and alcohol problems. There are strong links between problem drug use and deprivation. Supporting local neighbourhoods through capacity building to tackle local alcohol and drug problems reduces social exclusion and promotes the objectives of regeneration. Likewise, the social regeneration of deprived communities can reduce the incidence of problem alcohol and drug use. Alcohol and drug issues are not consistently included in housing, regeneration, employment and planning strategies, although alcohol and drugs play a critical role in determining the success of these strategies. Young people who grow up with parents using alcohol and drugs, who experience neglect or abuse, who play truant or are excluded from school, have poor educational attainment and are in regular contact with the law, are at much greater risk of developing alcohol and drug problems in later life.
- 2.30 Integration between housing services, employment, training and support services and drug and alcohol treatment services is poor. This means that the Government's recent investment to expand the capacity of treatment services as a way to reduce offending and improve the health of drug users may be wasted because of poor aftercare and integration in to housing and employment. The risk of relapse for a drug and alcohol user after treatment is very high unless treatment is accompanied by key changes in lifestyle such as housing and employment.
- 2.31 Alcohol and drugs are increasingly significant factors in employee sickness, absenteeism, presenteeism (the opposite of absenteeism – meaning being physically present at work when you should be at home because you are sick and you are unproductive), accident and injury at work. A survey by the London Chamber of Commerce and Industry concluded that 25 per cent of workplace accidents are alcohol-induced, and that employees with a substance misuse problem have an absenteeism rate eight times the average. Forty-three per cent of workplaces in London do not have a workplace alcohol and drug policy. In a national survey, 74 per cent of personnel managers think that lunchtime drinking should be banned. One third of employers are proposing to introduce alcohol and drug testing in to the work place during the next 12 months. Forty-six per cent of UK firms report alcohol misuse among employees. Many employers recognise the problems of substance misuse in the workplace, but feel ill-equipped to respond. The growth in popularity and availability of cocaine in London, and its short-term performance enhancing affects, means that it is increasingly popular amongst young professionals working in a high stress environment.

### Current regional planning to tackle alcohol and drug problems in London

- 2.32 There are a number of bodies responsible for planning and delivering interventions in London to reduce the harm of alcohol and other drugs. For example, the Greater London Association of Directors of Social Services Group co-ordinates social services purchasing of drug and alcohol treatment; and the London Drug Policy Forum co-ordinates anti-drugs work in London's thirty-three local authorities. There are also a number of Londonwide bodies that are responsible for guiding and supporting local activity, such as the Metropolitan Police Service, the London Probation Service, the Home Office Drug Prevention Advisory Service, and NHS Regional Office. Co-ordination between these Londonwide bodies is poor and the mechanisms for regional planning and commissioning are under-developed. The complexity of alcohol and drugs across London's diverse communities is not adequately understood or addressed in the planning and policy development by Londonwide bodies. London's population of problem alcohol and drug users is highly mobile but the structures established to respond to them are not flexible enough to match this mobility.
- 2.33 Alcohol still has a low profile compared to drugs and is not being addressed systematically by any Londonwide planning, policy or advisory body.
- 2.34 Decision-making and service delivery mostly occur on a local, borough basis, which sometimes leads to fragmentation and wasting of resources. Borough-focused enforcement operations can often simply result in a street level drug markets being displaced across borough boundaries. There is a 'postcode lottery' of available drug and alcohol services. (Some level of difference in the range of treatment services available on a local basis can be justified due to of different local population needs). However, the extent of inconsistencies in access, availability and quality of treatment and support services across London boroughs is unacceptable. The impact of this inconsistency is felt greatest in London's most vulnerable populations such as rough sleepers.
- 2.35 On a local basis, Drug Action Teams have been successful in developing local partnerships and anti-drug strategies specifically for their borough, and representing their interests to central Government. However a regional overview of London is not represented systematically to central Government and other national bodies.
- 2.36 The evidence and information base for Londonwide planning is inadequate. There is no established monitoring system in London for problem alcohol use. The Regional Drug Misuse Database (now the National Drug Treatment Monitoring System) has undergone a thorough review in order





to provide a more effective monitoring system of problem drug use in London, but there are questions as to whether local services have the IT infrastructure to support this. Monitoring of alcohol and drug trends by gender, socio-economic status, ethnicity, religion and language (and other key variables) is very poorly developed in London. The relationship between drug and alcohol use and crime or health in London cannot be accurately described. Without accurate baseline information, progress in London cannot be measured. There are no established systematic early-warning systems to pick up on new drug trends or incidents.

- 2.37 The funding received by statutory agencies in London does not fully recognise the diversity and mobility of the London population. Co-ordination of funding within statutory sources and between statutory and non-statutory sources could be improved, and statutory agencies could benefit from developing a shared view on priorities for development.

### Recommendations from the Expert Advisory Group on Alcohol and Drugs

- 2.38 During autumn 2000 the GLA convened an expert group from the alcohol and drug field to investigate the nature and extent of alcohol and drug problems in London and determine what role the GLA should take. Membership of the Expert Advisory Group (EAG) is listed in Appendix I. The EAG made a number of recommendations that were adopted by the Mayor in December 2000. Their recommendations on the role and priorities for the GLA were circulated to over 500 organisations for consultation during spring 2001. The London Development Agency, Transport for London and London Fire and Emergency Planning Authority all participated in the consultation. The Metropolitan Police Authority delegated the MPS Drugs Directorate to respond to the proposals on their behalf. The organisations that provided substantial feedback are listed in Appendix ii. This final document represents the conclusion of the consultation exercise and the resulting GLA policy on alcohol and drugs.
- 2.39 The view from the EAG, endorsed by the Mayor, is that the bulk of activity required in order to reduce alcohol and drug problems should be planned and delivered at a local level. DATs – borough-based, senior level strategic partnerships of the NHS, Police, Probation Service, and departments of local authorities charged with the implementation of the national drugs strategy at a local level – are ideally placed to deliver effective action on alcohol and drugs. Across the capital, DATs are making progress increasing community safety, diverting young people away from problem drug use, and bringing drug users in to effective treatment services. In the absence of a national alcohol strategy, local mechanisms to plan and deliver interventions to reduce the problems of alcohol misuse

are less well developed. Nevertheless a great deal of valuable local work is underway to tackle the problems of alcohol and drugs in the capital.

- 2.40 At a strategic Londonwide level a number of organisations such as the NHS, Drug Prevention Advisory Service, the Police, Prison and Probation Services, the London Drug Policy Forum, the Association of London Government and the London Drug and Alcohol Network are engaged in a range of activities to tackle alcohol and drugs problems. Nevertheless, the EAG concluded that the GLA could play a significant and substantial role in improving the response to alcohol and drugs problems. This is partly because the problems that London faces are unique (as described in sections 2.5 – 2.31) and partly because co-ordination and action at a Londonwide level (as described in 2.32 – 2.37) is inadequate.
- 2.41 The focus for the GLA will be to provide public leadership and advocacy for London. The GLA will work in partnership with regional organisations to deliver the Mayor’s priorities on alcohol and drugs, share intelligence, involve citizens and communities and improve our collective response so we can minimise alcohol and drug problems in the capital. The key organisations that the GLA will work with are described in the next section of this document. All these regional bodies have agreed to form a new Londonwide partnership – the Greater London Alcohol and Drug Alliance (GLADA) to co-ordinate activity and tackle Londonwide issues. Collectively, GLADA will help the Mayor realise his vision for London by reducing alcohol- and drug-related harm.
- 2.42 The GLADA has agreed a set of priorities to reduce alcohol- and drug-related harm in London and has developed a shared programme of action. The work programme to reduce the harm caused by alcohol and drugs in London can be found in chapter four.

## 3 Greater London Alcohol and Drug Alliance

### Membership

3.1 A number of Londonwide agencies and organisations are responsible for developing and implementing policy and practice to tackle the problems of alcohol and drug use in London. Some of these bodies only concern themselves with policy on illegal drugs, while others have a broader remit covering social, health and community safety policy. All these bodies are vital partners for the Mayor in tackling alcohol and drug problems across the capital. A brief description of the role and remit of each of these key partner organisations follows below.



- *Association of London Government (ALG)* represents local government in London, and its members are the 32 boroughs, the Corporation of London, the Metropolitan Police Authority and the London Fire and Emergency Planning Authority. The boroughs are responsible for providing public services such as social services, education, housing, libraries, and planning and environmental health. The ALG provide policy guidance and direction, and promotes good practice and, via its Grants Committee, distributes nearly £30 million annually in grants to the voluntary sector in London.
- *Drug Prevention Advisory Service London area (DPAS)* the regional arm of the Home Office's Drug Strategy Directorate, based within the Government Office for London. DPAS supports the delivery of all four aims of the national anti-drugs strategy through work at a regional and local level. The DPAS team provides direct support and advice to all DATs, and also works with regional and sub-regional bodies to integrate anti-drugs work into broader social programmes. DPAS aims to help DATs perform more effectively to deliver the aims of the national strategy. Its activities do not cover alcohol except in relation to education, prevention and early intervention services for young people.
- *Greater London Drug and Alcohol Purchasers Group (GLDAPG)*  
The GLDAPG is a sub-committee of Greater London Association of Directors of Social Services. Its membership comprises purchasers from London local authorities. Its members either directly commission drug and alcohol services or are involved in the commissioning process. It aims to provide consistency in approach and standards of services across London, and improve quality and cost-effectiveness.
- *London Probation Area (LPA)* is part of the National Probation Directorate. The LPA has set seven priority targets to meet the national aims of protecting the public, reducing re-offending, working with victims, punishment and rehabilitation of offenders. These targets include risk assessment, quality reports, delivering accredited



behavioural programmes, enforcement, work with victims, and participating in crime-reduction partnership work at a local and pan-London level.

- *London Area Prison Service Drugs Strategy* the aim of the London Areas Prisons Drugs Strategy is to reduce significantly prisoners access to and demand for drugs by developing constructive interventions to challenge drug misuse, offering support and incentives to change prisoner's behaviour. Its activities do not cover alcohol policy.
- *London Drug and Alcohol Network (LDAN)* LDAN is an umbrella body with a membership of 350 alcohol and drug service providers from London's statutory and voluntary sectors. LDAN supports its members through information, capacity building and representation and in developing high-quality drug and alcohol services for Londoners.
- *London Drug Policy Forum* is funded by the Corporation of London to assist, support and advise policy makers on drug issues affecting the capital. The Forum works with the London boroughs, Drug Action Teams, Government Departments, drug agencies and others to promote good practice on education and prevention, community safety and improving drug treatment services. The Forum is made up of elected Members representing the Association of London Government and is chaired by a senior Member of the Corporation of London's Policy Committee. Its activities do not include alcohol policy.
- *London Region of the NHS and Regional Social Services Inspectorate* are responsible for the strategic management of the NHS and Social Care Services in London. This function includes performance management, guidance, and supporting co-ordination. The functions of the NHS and SSI region will change from April 2002, following the implementation of recommendations outlined in *Shifting the Balance of Power*.
- *London Region of the National Treatment Agency* the National Treatment Agency is a special health authority created by the Government on the 1st April 2001 to raise the quality of drug treatment in England. The NTA aims to reduce variations in availability and quality of treatment, and increase the sector's capacity to deliver improvements. It will set standards for commissioning, provision and monitoring of high quality effective treatment. The NTA has a regional structure for performance management of commissioning and service provision. At the time of writing, it is unclear whether the NTA's activities will cover alcohol.

- *Metropolitan (and City) Police Drugs Directorate* the Drugs Directorate are responsible for overseeing the successful implementation of the Metropolitan Police Service's three-year drugs plan to reduce drug-related crime. Its activities do not cover alcohol policy.

3.2 All these agencies have agreed to come together and establish the Greater London Alcohol and Drug Alliance (GLADA). GLADA will also involve key constituencies in its meetings to inform decision-making and promote engagement, through co-opting representative and expert organisations as members. Currently, the London Alliance of Service Users, the Federation of Black and Asian Alcohol and Drug Workers, ADFAM (for the families and friends of alcohol and drug users) and the London Drug Misuse Monitoring System have been invited to join the Alliance. If the Alliance is given the lead to develop a strategic framework to meet the needs of alcohol and drug using rough sleepers and homeless people in London, Homeless Link (the umbrella body for organisations providing services to people who are homeless) will also be invited to join.

### **Role and terms of reference of the GLADA**

- 3.3 GLADA will take responsibility for the development, implementation and evaluation of a comprehensive programme of action to improve the response to alcohol and drugs in London through better co-ordination and collaboration. This programme of action will address Londonwide priorities, and contribute to the achievement of the Mayor's vision for London. GLADA will also tackle the challenges in regional planning and co-ordination identified by the Expert Advisory Group and outlined in chapter two. The work programme for the GLADA to March 2003 is described in chapter four.
- 3.4 The terms of reference agreed by all members of the GLADA are:
- to co-ordinate alcohol and drug policy and commissioning to ensure that all activity is complementary and best meets the diverse needs of London
  - to provide a mechanism for regional action to tackle Londonwide problems
  - ensure that London derives maximum benefit from all national and international initiatives on alcohol and drugs
  - to represent their respective organisations and constituencies through the Alliance
  - to take back recommendations from the Alliance to their respective organisations and implement action plans.



### Framework for reducing alcohol and drug related harm in London

- 3.5 This section summarises the underlying principles informing all activity to reduce the harm of alcohol and drug use in London. These principles have been endorsed by all members of GLADA and shape the joint work programme of activity for GLADA.
- 3.6 Action should reflect the diversity of London's population. Black and Asian communities, other minority ethnic groups, refugees and asylum seekers, people with mental health problems, disabled people, lesbians and gay men, street drinkers, homeless people and people living in multiple deprivation are all differentially affected by alcohol and drug use. Therefore, consideration will be given to the needs of, and impact on, London's minority groups in the development, aims and objectives of any action to tackle the problems of alcohol and drug use. Reflecting an understanding of the diversity of London across languages, religions, cultures and experiences is paramount to developing an effective response to alcohol and drugs.
- 3.7 Action must aim to enhance the work of existing agencies in London, and focus on issues that cannot be adequately addressed at a local level. The development and implementation of a programme of action for London must take place with regard for Tackling Drugs to Build a Better Britain, the forthcoming national alcohol strategy, and the local structures such as DATs, joint commissioning groups, and crime-reduction partnerships that support progress on these strategies.
- 3.8 Alcohol and drug users and the communities affected by alcohol and drug use must be involved in the planning and delivery of any action on alcohol and drugs.
- 3.9 Rhetorical and inflammatory language that stigmatises marginalised groups will be avoided.
- 3.10 Action to reduce the problems of alcohol and drugs in London will be framed by a harm reduction approach to ensure that resources are focused on behaviour that causes the greatest damage to individuals and communities. A harm reduction approach recognises that alcohol and drugs use will always be part of the lives of some Londoners. A harm reduction approach does not mean condoning the use of illicit drugs. The goal of harm reduction is to reduce harm to the community, and to reduce harm to the individual. This includes physical harm such as death, illness, injury, and the spread of disease as well as psychological, social and societal harm such as family breakdown, crime and violence, loss of workplace productivity and neighbourhood and community degeneration.



Our approach to policy will focus not on the substance but on harm, which is determined not just by the properties of the substance used, but a range of individual, social and environmental factors.

- 3.11 Action should always be informed by the best available evidence rather than anecdote, opinion or prejudice.

## 4 Greater London Alcohol and Drug Alliance priorities and action plan to reduce alcohol- and drug-related harm in London

(Nov 2001 – March 2003)

The tables in this chapter describe the GLADA's action plan to March 2003.

*Column one* describes the regional priority objectives. Each priority objective has been identified following extensive consultation. The priorities are grouped in to five headings for each of the Mayor's objectives. This illustrates how action to reduce alcohol- and drug-related harm contributes to the Mayor's vision for London.

*Column two* describes the actions to address these objectives required at the Londonwide level. If local action is also required to achieve the priority objectives, GLADA will facilitate activity through Drug Action Teams and other local partnerships. All the members of the Greater London Alcohol and Drug Alliance have endorsed these priorities and agreed to work in partnership to deliver this work programme.

*Column three* lists the lead agency assigned within the GLADA partnership for each action.

### Explanation of acronyms used in chapter 4

ALG	Association of London Government
CDRP	Crime and Disorder Reduction Partnerships
GLDAPG	Greater London Drug and Alcohol Purchasers Group
DAT	Drug Action Team
DPAS	Drug Prevention Advisory Service
GLA	Greater London Authority
GLADA	Greater London Alcohol and Drug Alliance
LDA	London Development Agency
LDAN	London Drug and Alcohol Network
LDPF	London Drug Policy Forum
LHC	London Health Commission
LPA	London Probation Area
LSP	Local Strategic Partnerships
MPA	Metropolitan Police Authority
MPS	Metropolitan Police Service
NDTMS	National Drug Treatment Monitoring System
NHS	National Health Service
NTA	National Treatment Agency

### A city for people

Priority	Actions	Lead
<b>Reduce the damage caused to London's communities by drug dealing</b> (All these actions are subject to change following the review of the Metropolitan Police Drug Strategy in winter 2001/02)	Assist the Metropolitan Police to develop an effective drugs strategy for London that measures success through improvements in the quality of life for London's communities	GLA
	Target visible street level drug markets through Operation Crackdown	MPS
	Run 'Crimestopper' campaigns to encourage the public to provide information and intelligence in the fight against drug crime	MPS
	Develop a consistent approach to asset confiscation and forfeiture across the MPS to ensure that enforcement activity has the maximum impact on drug traffickers	MPS
	Improve strategic intelligence systems by assessing the relationship between street level prices, availability and demand in London	MPS
	Promote the most efficient use of Metropolitan Police and other resources in effective, age appropriate enforcement against drug dealing and drug-related crime	MPS
	Develop an accurate picture of drug dealing, drug-related crime and community safety in London through assessment and analysis of DATs' and CDRPs' plans	DPAS
	Ensure that drug-using offenders in London are targeted for effective treatment	MPS
	Promote better co-ordination between local enforcement activity to reduce displacement across London boroughs	MPS
	<b>Reduce the risk of alcohol-related violence, disorder and nuisance in London</b>	Ensure the development of the late night economy in London includes risk reduction measures to minimise the damage arising from alcohol use, learning from European and international examples of good practice
Raise awareness of the links between alcohol, violence and other crime across London		GLA
<b>Promote effective pan-London criminal justice interventions to tackle the problems associated with alcohol and drug misuse</b>	Support the development of London regional planning and delivery by all criminal justice agencies (Police, Prison Service, Probation Service, Courts)	LDPF

	Promote the development of community services in London that meet the needs of offenders managing their substance misuse and offending behaviour	LPA
<b>Reduce the risk of accidental death, overdose, acute reaction, injury and blood borne viral infections such as Hepatitis B, C and HIV in London</b>	Lobby the Department of Health and National Treatment Agency for pilot funding for harm reduction projects in London to reduce drug related deaths	GLA
	Develop a hepatitis C strategy for London	NHS
	Promote harm reduction as a goal for London regional policies on alcohol and drugs, learning from European and international examples	GLA
	Increase the accessibility and promote the effectiveness of needle exchange across London by establishing shared commissioning arrangements	NHS
	<b>Increase the safety of clubs, pubs and other venues and promote safer dancing</b>	Introduce new guidelines for club owners, licensing authorities and the police to promote safer dancing in London and link with the objectives of the Mayor's cultural strategy (to be published 2002)
Identify funding to provide club goers and recreational drug users with accurate information and advice to minimise health risks and promote safer dancing in London		GLA

**A prosperous city**

Priority	Actions	Lead
<b>Promote access to employment, training and education for problem alcohol and drug users</b>	Support the evaluation of the Single Regeneration Budget funded Dependency to Work pilot programme and promote its successful elements across London and linking to the Mayor's Economic Development Strategy	GLA
	Ensure that Progress to Work (the national employment service scheme to engage drug users in recovery in employment) is successfully implemented in London and targeted at those in greatest need	LDPF
<b>Promote a healthy workforce through effective alcohol and drug employment practice</b>	Promote good practice guidance and training to personnel managers and employers across London building on work undertaken by City Drug Action Team and the London Chamber of Commerce, and linked to the Mayor's Economic Development Strategy	LDPF

<b>Enhance the success of regeneration across London by involving local people in the prevention of alcohol and drug problems in their community</b>	Promote effective community-led prevention in regeneration policy, and implementation in London of national initiatives such as New Deal for Communities, Neighbourhood Renewal and Communities against Drugs. Include drug prevention as major agenda item for Local Strategic Partnerships	GLA
	Explore opportunities for European funding for community-led prevention projects in London	GLA
	Lobby the Home Office so that the recovered assets of London drug dealers and criminals are invested in community-led prevention	GLA

### **An accessible city**

Priority	Actions	Lead
<b>Increase the accessibility and improve the effectiveness of treatment, help and support services for alcohol and drugs users, their families and friends across London, addressing marginalised groups first.</b>	Lobby the Department of Health and NTA for adequate funding for London's alcohol services and for implementing a comprehensive packages of training on screening and brief interventions across the generic health and social care professions	GLA
	Develop the case for London so that adequate resources are available to increase capacity and improve quality, and enable services to meet effectively the diverse needs of London's population	GLA
	Explore opportunities to develop a network of family support services across London (responding to both the needs of children when parents have problems with alcohol and other drugs, and the needs of parents when children have alcohol and drug problems)	GLA
	Raise the standard of service provision across London through training and development for commissioners, DATs, and services, focusing on dual diagnosis, poly drug and alcohol use, homelessness and quality standards	GLDAPG
<b>Our aim is improving the accessibility and effectiveness of services for Black, Asian and other minority ethnic communities, women, people who are homeless, people with mental health problems and poly-drug users.</b>	Promote training and joint working between community alcohol and drug services and services for women experiencing domestic violence in London	LDAN

	Develop the evidence base for effective treatment and support to reduce the harm of alcohol and drugs in London	NTA
	Ensure that all drug and alcohol services across London have implemented the Race Relations Amendment Act (2001) and developed progressive diversity policies	LDAN
	Develop a coherent and consistent response across London to meet the needs of crack cocaine users	GLDAPG
	Establish mechanisms to promote efficient regional commissioning in London of cross-borough, specialist, and open-access services	GLDAPG
	Analyse London DATs’ treatment plans to develop a comprehensive picture of service developments across London, identify common themes, opportunities for co-ordination and pan-London concerns	DPAS
	Commission a mapping exercise of the current response by drug, alcohol and mental health services to people with complex needs and identify examples of good practice in order to promote improved access to services in London	NHS
<b>Work to ensure that alcohol and drugs users, and their families have access to adequate, affordable housing and support if they need it</b>	Through the introduction of Supporting People across London, promote good practice in housing and support services for alcohol and drugs users and ensure drug and alcohol users have access to appropriate support that minimises the risk of relapse and anti-social behaviour	ALG
<b>Persuade relevant organisations to provide effective education about the risks of alcohol and drugs for all young people and access to accurate information, advice, support and help when they need it</b>	Analyse the London DATs’ young people’s strategies to identify common themes, emerging trends and opportunities for pan London co-ordination	DPAS
	Implement the MPS drug education strategy across London	MPS
	Establish best practice in commissioning young people’s services, and developing regional services for London	GLDAPG
<b>Promote opportunities so that all vulnerable young people have to participate in sports, arts, culture and other diversionary activity</b>	Support the implementation of Positive Futures in London, establish opportunities to share good practice, and promote cross-borough working on diversionary and educational activity	LDPF

**A fair city**

Priority	Actions	Lead
<b>Implement a human resources action plan for alcohol and drugs services in London addressing recruitment, retention and workforce planning, and tackling the under-representation of people from Black and minority ethnic communities in the workforce</b>	Commission a human resources action plan to address the shortages in skilled staff for specialist alcohol and drug services, and under-representation of staff (particularly at managerial level) from Black and minority ethnic communities in London. Deliver an action plan to develop workforce planning, and promote competency in recruitment and retention and training to improve the quality of services. Integrate GLADA regional workforce planning with the priorities and programmes of the LDA, Learning and Skills Councils, national training organisations and National Treatment Agency	LDAN
<b>Ensure that the needs of London's most marginalised communities are met in the development and implementation of alcohol and drug policy and practice</b>	Support the development of drug user involvement in policy, planning and decision making across London	GLA
	Assess the diverse needs of refugees and asylum seekers in London and develop tools to prevent alcohol and drug problems, and provide appropriate help and support	GLA
<b>Raise awareness of the risks and harms of alcohol and drug use, and action to minimise harm to London's communities</b> <b>Determine an agenda for action on alcohol in London</b>	Maximise opportunities to incorporate messages on preventing alcohol and drug problems in GLA organised events and initiatives	GLA
	Assess what the key alcohol related issues and concerns for Londoners are. Determine an agenda for action on alcohol for London that balances health costs, public disorder, violent crime with economic benefit of alcohol production, retail and consumption, and the key role alcohol plays in recreation, leisure and pleasure. Include a specific focus on how alcohol affects different communities in London. Ensure the agenda for action addresses user and community involvement	GLA
<b>Establish a London resource and information centre for monitoring the harm in alcohol and drug use</b>	Work with the Drug Misuse Monitoring System and the London Health Observatory to establish a core information set and maintain a regular update of data and information on trends in alcohol and drug use in London	GLA

## glossary of key terms

(as used in this document)

*Co-morbidity* the simultaneous presence of two or more disorders in an individual.

*Dependence* the user has adapted physically and/or psychologically to the presence of the drug and would suffer if it were withdrawn abruptly

*Drug* within this document the term is used to refer only to psychoactive substances, both illegal substances (cannabis, heroin), legal substances used in an unsanctioned way (solvents) and alcohol. The phrase 'alcohol and drug' is used, tautologically, to emphasise that alcohol is included in these proposals, as often the word drug is interpreted to mean only controlled substances.

*Dual diagnosis* describes the combination of a substance misuse disorder with a mental illness (particularly psychotic disorders such as schizophrenia) in an individual.

*Harm reduction* is a term used to describe policy and practice that focuses directly on reducing the harm resulting from the use of alcohol or other drugs both to the individual and to the wider community.

*Problem drug use* implies that either the pattern of drug taking, or the route of administration, is causing significant physical, psychological, or social problems to the individual and/or to the wider community.

## appendices

### A1 Members of the Expert Advisory Group on Alcohol and Drugs

<i>Name</i>	<i>Organisation</i>
Andy Nash	Social Care Region (corresponding)
Andy Stonnard	Greater London Association of Alcohol Services
Anne Delargy	London Drug Policy Forum
Berni Excell,	London Drug Services Consortium
Bill Nelles	Methadone Alliance
Dr Pui Ling Li	NHS Executive London Regional Office
Fay Austin	Association of London Government
George Ellis	East London Respect
Hilary Samson-Barry	Greater London Authority
Jan Annan	Addictions Resource Agency for Commissioners, St George's Hospital Medical School
Jan King, Jean Pender	London Drug Services Consortium
Jaye Foster	National Drug Users Network/Dance Drug Alliance
Jonathan Akwue	Federation of Black Drug and Alcohol Workers
Julie Cuthbert	London Drug Services Consortium
June Battye	London Probation Service
Karen Gowler	Home Office Drug Prevention Advisory Service (London Region)
Kazim Khan	School of Social Science, Middlesex University

Lynda Freemanis	Street Drinkers Network
Mark Brangwyn	Association of London Government
Mark Brooker	Greater London Authority
Mike Goodman	Release
Paul Turnbull	Criminal Justice Policy Unit, South Bank University
Peter Barnett	AS IF...(Alcohol Service Users Independent Forum)
Professor Gerry Stimson	Centre for Research on Drugs and Health Behaviour, Imperial College
Professor Hamid Ghodse	Addictions Resource Agency for Commissioners, St George's Hospital Medical School
Professor John Strang	National Addiction Centre, Institute of Psychiatry
Professor Mike Hough	Criminal Justice Policy Unit, South Bank University
Rachel Herring	University College London
Steve Tippell	Home Office Drug Prevention Advisory Service (London Region)
Supt. Ian Southcott	Drugs Directorate – Metropolitan Police Service
Tony Cooke	Greater London Association of Directors of Social Services Alcohol & Drugs Purchasers Sub-Group

## A2 Written responses to GLA consultation document to reduce the problems of alcohol and drug use in London

The findings and recommendations from the Expert Advisory Group were issued by the Mayor for consultation with key stakeholders in spring 2001. This table summarises the contents of the written responses to the GLA, and how the final proposals have been adapted to reflect the views of those who commented.

Organisation	Summary of response	GLA response
<b>ADFAM National</b>	Welcome the proposals but would like stronger emphasis on the impact on families Want family service providers included in the membership of the GLADA	Importance of families incorporated into priorities GLA will propose to GLADA that ADFAM is invited to become an expert adviser
<b>Alcohol Services Kingston &amp; Richmond</b>	Greater emphasis should be placed on the problems of alcohol	New priority to develop an agenda for action on alcohol for London
<b>Bahá'í Community of the UK</b>	GLA proposals are based on inadequate understanding of the nature of human beings – spiritual dimension should be recognised Positive aspects of human identity should be portrayed in awareness raising, rather than negative impacts on use Importance of formal and informal education should be included – especially with families	Commitment to involvement of faith groups in awareness raising and community prevention work Greater emphasis on role of families given in the work programme
<b>Bromley Health Authority</b>	Document should include impact of alcohol on Health Service such as A&E and dual diagnosis Benefits of AA and NA should be highlighted alongside harm reduction approach Importance on new resources for alcohol sector should be highlighted Education and prevention should be included	New priority in work programme to develop an agenda for action on alcohol for London and lobby for additional resources
<b>Community Drug and Alcohol Team, NE London NHS Trust</b>	GLA should concentrate on single issues rather than broad sweeps, for example establishing a regular output of trained drug and alcohol workers	GLA role is strategic rather than operational

<b>Croydon Alcohol Counselling Service</b>	Concerned about marginalisation of alcohol	New priority in work programme to develop an agenda for action on alcohol and lobby for additional resources
	Questions whether proposals are achievable, where the funding is coming from and suggest the GLA is creating 'another layer of bureaucracy.'	GLADA terms of reference is to maximise existing structures rather than create new layer of bureaucracy
<b>Equinox</b>	Should be a greater emphasis on alcohol	New priority in work programme to develop an agenda for action on alcohol and lobby for additional resources
	Document should include an explanation of harm reduction Section on community safety is too long. Document should tip balance from community safety back to public health	Glossary included
<b>Government Office for London</b>	Supporting People should be mentioned	Included in work programme
<b>Hope UK</b>	Support proposals but would like greater emphasis on drug education and prevention with children and young people	Included in work programme
<b>Inner London Detoxification Centre</b>	Insufficient emphasis on alcohol in programme of action. Street drinking, and binge drinking should be seen as separate issues.	New priority in work programme to develop an agenda for action on alcohol and lobby for additional resources
	Further priority should be to reduce deaths in custody	In GLA Community Safety Team plan
	Case for funding should be based on establishing true costs of providing services in London	Cost-benefit analysis included in work programme
<b>John Morduant Trust</b>	Supportive but greater emphasis on user involvement	London Alliance of Service Users invited to act as 'expert adviser' for GLADA Bid submitted by the GLA to the Confiscated Assets Fund to develop drug user involvement in London
<b>GLA Bio-diversity strategy lead</b>	Encourages links with bio-diversity emphasis on play and open space facilities for teenagers	Agree to involving the GLADA in assessment of the bio-diversity strategy

	GLADA should consider perceived lack of safety in parks/open spaces and advise on how to tackle this	
	Role of horticultural therapy in dual diagnosis should be included	
<b>Local Government Association</b>	Local government involved in the GLADA should be wider than Social Services, and include education, housing etc	Inclusion of ALG and London Drug Policy Forum brings all aspects of local government to the GLADA
	Proposals for capacity building should address majority community as well as minority communities	GLADA view that policy focus should be marginalised and minority communities
<b>London Connection</b>	Concern that GLADA could add another layer of bureaucracy	GLADA terms of reference is to maximise existing structures rather than create new layer of bureaucracy
<b>London Development Agency</b>	Strongly support formation of GLADA and underlying principles in proposals. Changing policy context means that LDA is unlikely to be a principal funder of substance misuse programmes, instead will focus on labour market activity, and work to promote collaboration across various regeneration funding streams	Noted
<b>London Directors of Public Health</b>	Profile of alcohol should be raised	New priority in work programme to develop an agenda for action on alcohol
	Employer and work place policies should be emphasised	New priority to support City DAT lead on workplace policies
<b>London Drug Action Teams</b>	Concerned that the GLA is seeking to achieve too much with too little resources and control of many of the mechanisms by which the drug strategy is actually delivered. Poor focus in the proposals on what is achievable	GLA role is to work with partners in central Government to ensure that the right resources and mechanisms exist for London. Clarify that the GLADA will deliver the work programme, not the GLA in isolation.
	Should include action on TB	Action on TB is under the remit of the London Health Commission
	Concerned about the lack of reference to tobacco, especially given its role as a gateway drug	Noted

	Dispute the suggestions that the majority of drug users also have an alcohol problem – suggest the figure is closer to 30 per cent rather than 80 per cent and that many drug services are not geared up to responding to alcohol problems	View that drug services are not responding to alcohol use is reference to As If...
	Seeks a greater emphasis in the work programme on how any pan-London initiatives support DATs	Inclusion of London Drug Policy Forum in the GLADA is crucial as mechanism to represent views and communicate with London DATs
	Dispute assertion that improved Londonwide co-ordination could counter displacement of drug markets	Noted
	Dispute claim that central London is becoming saturated with licensed premises, as market forces would counteract this	View that central London is 'saturated' with licensed premises comes from Police Vice and Clubs squad, and Westminster City Council.
	Case for London should also cover lack of affordable, social housing, and the under-funding of London's prisons	Noted
	Issue of cultural diversity In London should include not just visible minorities but communities such as the Italians, Polish, Jewish and Greek.	Noted
	Should emphasis the prevalence and costs of responding to co-morbidity	New priority on co-morbidity included in work programme
	Careful consideration needs to be given to housing policy for drug users and dealers and the balance between anti-social behaviour and risk of relapse	Noted and revised
	Cautions against putting emphasis on heroin and cocaine as it misses the opportunity for interventions with young people at the first stage of cannabis use	Inclusion of 'age appropriate' emphasis in work programme
<b>London Drug Policy Forum</b>	Crucial that the GLADA works to complement and enhance existing good work rather than setting up an additional layer of bureaucracy. GLA should focus on its clear strengths of public leadership and political advocacy and promoting awareness amongst London's citizens	Noted and reflected in section on role of GLA

<b>London Fire and Emergency Planning Authority</b>	There is a significant link between fire deaths and the misuse of alcohol and drugs. Keen to explore further what LFEPA can do to reduce alcohol and drug problems	Noted – to be explored further with London Health Observatory
<b>London Health Commission</b>	A much greater emphasis should be placed on the problem of alcohol.	New priority in work programme to develop an agenda for action on alcohol
	There is no mention of schools, or engagement with education authorities in the proposals.	Noted
	The list of priorities for action is very long, and there are no clear criteria for prioritising.	Noted
<b>Merton Youth Awareness Programme</b>	Links with the Black and Asian Drug and Alcohol Workers Forum should be strengthened	Federation of Black and Asian Drug and Alcohol Workers invited to be expert adviser to GLADA meetings
	Proposals should also address growing drug use amongst the affluent	Noted
<b>National Probation Service for London</b>	Document should include impact of alcohol and drugs on families	Greater emphasis given to families in work programme
<b>NSPCC</b>	Welcome proposals but want programme of action to consider the very specific and wider ranging needs of families, especially those affected by parental problem drinking	Greater emphasis given to families and children in work programme
<b>Portman Group</b>	Document should make a distinction between alcohol use and drug use – not all alcohol consumption is a problem. Suggest that GLA should not support whole population reduction in alcohol consumption	Noted – harm reduction approach adopted
	Drunkness and binge drinking should be a priority for action	New priority to develop agenda for action on alcohol, will include action on binge drinking and drunkness
<b>Richmond Fellowship</b>	Agree with emphasis placed on diversity and support strategies to employ Black and Asian staff at a management level	Noted
	Broader housing needs (post treatment) should be included, not just homelessness	Reflected in final draft
	GLA should address dual diagnosis	Action on dual diagnosis included in final work programme

	Welcome inclusion of alcohol and express concern about lack of resources to support alcohol services	Action to lobby for additional resources for alcohol services included in final work programme
	Place of residential treatment providers unclear	Noted – residential treatment providers represented on GLADA through LDAN
<b>Substance Misuse Advisory Service</b>	Suggest that the agenda of GLADA is too large	Noted
<b>St Martin's Social Care Unit</b>	What constitutes progress – who decides?	Noted
<b>St Mary's Hospital</b>	Important place of A&E in intervention on alcohol	Will be highlighted in London agenda for action on alcohol
<b>St Mungo's</b>	Health service should be pressured to work with homelessness services. Proposals do not grasp the complexity of homelessness and substance misuse. Proposals do not adequately address needs of rough sleepers	Alcohol and drug work programme will complement GLA work programme on rough sleeping and homelessness
	Greater precision in definition of drug dealers	Noted
	Proposals should address problems of dual diagnosis and suggest responses	In action plan
	Regional focus on street drinking should build support for provision, eg wet day centre	Will be addressed through agenda on alcohol
	Potential conflict between community capacity building and need for local services and housing for alcohol and drug users	Noted
	Who will meet the extra costs of improving data collection	Within existing resources
	Suggest terms of reference should be extended to include 'to establish a clear understanding on the extent of alcohol and drug use across London, and to ensure that resources are deployed and secured to tackle them	Included in action plan
	Question assertion that DATs have been successful	Noted
	Important role of stabilisation services should be acknowledged	Harm reduction goal of policy
	Concern about the impact on Supporting People	Action on Supporting People included

	Concerned about suggestion on preventing the re-housing of known drug dealers	Noted and revised
	More emphasis should be given to employment, training and alternatives to involvement in dealing and using	Action on employment and training included
	GLA spatial development powers should be used to tackle local residents hostility to planning permission for alcohol and drug support and treatment services	Noted
<b>TASHA foundation</b>	Benzodiazepine misuse should be highlighted	Noted - programme covers all intoxicating drugs that have a harmful impact on the individual and wider community
<b>Transport for London</b>	Suggest proposals should include employment policies	Work programme includes supporting City DAT on employment policies
<b>Turning Point</b>	Concerned about the lack of link between the policy and commissioning, and limited resources available to support alcohol services. Also, inadequate mechanisms for consistent cross-borough commissioning and geographic commissioning rather than following populations	Involvement of NTA in the GLADA should address these concerns
<b>University College London</b>	Death in Police custody should be included	Deaths in policy custody included in GLA community safety work programme
	Important to include families	Greater emphasis given to the role of families in final document
	Is there opportunity to use London as a media centre for messages on alcohol and drugs	Reflected in action plan
	Reference to Sure Start etc should be included	Noted

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## useful contacts

If you have questions or concerns about alcohol call **Drinkline National Alcohol Helpline 0800 917 8282**. Drinkline provides information and help to callers worried about their own drinking, and support for families or friends of people who are drinking and advice on where to go for help. Their lines are open 9am - 11pm, Monday to Friday and 6pm - 11pm, Saturday and Sunday. Drinkline will also send out self-help materials and where appropriate refer callers to local alcohol advice agencies.

If you have questions or concerns about drugs call the **National Drugs Helpline 0800 776600** available 24 hours a day, 7 days a week. The National Drugs Helpline offers free advice and information about drugs and solvents. All advisers are trained and can give you information about local services as well as provide direct support. All calls are confidential.

If you are worried someone in your family using drugs or drinking, **ADFAM** provides a telephone helpline and a range of leaflets and resources. Their helpline is available Monday, Wednesday and Friday between 10am and 5pm **020 7928 8900**.

If you want to find out more about what's going on in your local area to tackle drug problems, and to get involved in drug prevention activity you should contact your local **Drug Action Team**. You can find their number and contact details through your local library or Council.

If you want to know more about the GLA's alcohol and drug work, please email **siwan.hayward@london.gov.uk**.

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