

**THE CITY OF WESTMINSTER'S RESPONSE TO  
THE NATIONAL ALCOHOL HARM REDUCTION  
STRATEGY CONSULTATION DOCUMENT**

**JANUARY 2003**

## **WESTMINSTER'S RESPONSE TO THE NATIONAL ALCOHOL HARM REDUCTION STRATEGY CONSULTATION DOCUMENT**

Background The City of Westminster is a central London borough with a population of over a quarter of a million people, in the day time this rises to over million, as it includes the working and commuting population.

Westminster is a complex borough with extremes of wealth and poverty, many treatment services, a highly diverse black and ethnic minority population, has been identified as a high crime area by the Home Office and has a large rough sleeping population. However, the most unique characteristics of the borough is that a large number of people who are not residents pass through its borders. These include commuters, workers or people accessing entertainment facilities. Westminster houses the West End, where large numbers of visit into the late hours of the night to enjoy the entertainment industry. The Police in Westminster have linked the concentration of the late night drink lead entertainment premises in this small area to the high levels of victimisation. The peak time for offending in Westminster is 3am. That is also the peak time for the closure of the late night drink lead entertainment premises.

Westminster Council commissioned a piece of research<sup>1</sup> finding that the concentration of licensed premises in the West End is unique in the western world. The report sought to identify good practice from other cities facing similar issues, such as Amsterdam, Paris, Berlin, New York, Manchester, Glasgow and Leeds. "The comparison case studies illustrate clearly that the West End is unique in both its sheer concentration of entertainment uses and in its mix of competing uses, including entertainment, office, retail and residential."

### **Prevalence of Alcohol on the Borough**

Outlined below are some pieces of data about alcohol in Westminster. The data is derived from a variety of sources, and provides an indication of how alcohol affects different population groups within the borough. We would like to see data collection around alcohol improved at a national level. As a matter of routine services such as the police, A&E departments and the ambulance service should identify the instances when alcohol plays a part in people coming into contact with their services.

- The Kensington, Chelsea and Westminster Authority's Annual Public Health Report for 2000 estimated that there are 8,300 people who misuse alcohol in the borough, in addition approximately 25% of the adult population in Westminster are heavy drinkers<sup>2</sup>
- A young people's substance misuse needs assessment was undertaken in 2001 (please see appendix A for the findings on young people's alcohol use).
- The needs assessment found that youth workers were more concerned about young people's alcohol use, than most illicit drug use (apart from cannabis).
- The nurse service at the Charing Cross Police station saw 62.7% of detainees (1193 people). Of these 37.4% had alcohol identified as an issue. Weekend

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<sup>1</sup> West End Impact Study for Westminster City Council by Town Centres Limited

<sup>2</sup> A man drinking over 35 units of Alcohol Unit, a woman drinking over 21 units a week.

social drinking (self- reported) accounts for the largest percentage of the detainees consumption trends.<sup>3</sup>

- At St Mary's Hospital in Paddington, the A&E department reported that in 2001/2, 10% of the people that they saw with alcohol problems had been involved in an assault.
- The London Probation Authority undertook an audit of their caseload in Westminster, find that 27% of their caseload are alcohol misusers. 42% of the people on their caseload who are substance misusers, are alcohol misusers
- The Westminster Substance Misuse Team reports that alcohol is the most common need seen by the social workers. In 2002, out of 169 clients, 69 had alcohol problems

### **Tackling Alcohol in Westminster,**

The Westminster DAAT<sup>4</sup> has recently taken on the alcohol remit and is co-ordinating some of the alcohol related activities within the borough. This is done primarily through the Alcohol Action Plan Group, a DAAT subgroup.<sup>5</sup> Although the DAAT does not have specific resources with which to develop new alcohol interventions<sup>6</sup>, with support from its partners, it is seeking the resources to do so. In 2001, the Westminster Alcohol Strategy was commissioned to provide a framework for the DAAT's alcohol work. The strategy is implemented by annual alcohol action plans.

The Westminster Alcohol Strategy is a multifaceted strategy tackling all aspect of alcohol misuse including the harm caused to individual and public health, alcohol related crime and disorder, and the education, prevention and treatment needs of young people. This multifaceted, multi agency approach is influenced by the 4 strands of the National Drug Strategy.<sup>7</sup>

The Westminster Alcohol Action Group, under the leadership of the Westminster Strategy and Commissioning Manager is developing an action plan for 2003/4. The plan will be completed in April 2003 and will lay the foundation for the local implementation of the national alcohol strategy, due in 2004.

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<sup>3</sup> Charing Cross Custody Nurse Alcohol Audit findings 12 August 2002 to 7 October ( eight weeks)

<sup>4</sup> The Westminster Drug and Alcohol Action Team is a partnership body whose role is to oversee the local delivery of the national drugs strategy. The team comprises of high level partners from education, community safety, housing, social services, the police, probation and health.

<sup>5</sup> Which has member's from education, housing, community safety, the police and health as well as treatment providers

<sup>6</sup> Although the DAT is responsible for several pots of money that can be used for drug interventions, this money cannot be used to development projects to tackle alcohol misuse. The exception is the young people's substance misuse money, which can be used for interventions to tackle young people's illicit drug, alcohol, solvent and other substance misuse.

<sup>7</sup>

- i. To Protect local communities from the harm that drugs can cause
- ii. Educate and provide early intervention with young people who may become involved in substance misuse
- iii. Develop strategies for understanding and tackling availability of drugs within the borough
- iv. Provide comprehensive treatment options to substance misusers and increase the numbers accessing treatment.

## **The National Alcohol Harm Reduction Strategy.**

An alcohol strategy has been promised since 1998<sup>8</sup>. The Alcohol Action Plan Group welcomes the consultation on the national alcohol harm reduction strategy, with the commitment to a plan ready for implementation in 2004. However, we would have been pleased to see clearer commitments around funding which would have enabled forward planning by providers and other stakeholders.

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<sup>8</sup> In the green paper entitled "Our Healthier Nation". It mentioned the creation of a national alcohol strategy, as it was becoming clear that the safer drinking targets announced in the 1992 paper would not be met.

## RESPONSE TO QUESTIONS ASKED BY THE CONSULTATION DOCUMENT.

### The cultural and behavioural issues around alcohol use and misuse

- The consultation document asks us how we define alcohol misuse. The Westminster Alcohol Strategy defines alcohol misuse as “ where there is clear evidence that alcohol use is responsible for (or substantially contributes to) physical or psychological harm including impaired judgement or dysfunctional behaviour, which may lead to disability or have adverse consequences for interpersonal relationships”. The strategy also focuses on encouraging “sensible and responsible attitudes to drink”
- Pubs can be an important part of socialising, particularly for older, single or other people vulnerable to social isolation. More people drink at home, as alcohol is so readily available in a number of different outlets. In some areas this has led to less people using pubs, leading to the loss of an important avenue for social interaction for some people.
- Prevention messages for young people (and parents) should focus not only on the health risks of alcohol use, but also the dangers that young people can put themselves at. Such as the risk of unsafe sex, assault or accident. See table in appendix A.
- It was felt that the relative cheapness and availability of alcohol was a factor in the increase in the level alcohol consumption nationally, particularly for women who may have felt uncomfortable drinking in pubs by themselves. With extended opening times of supermarkets, alcohol is available almost round the clock.
- National research has found that the pattern of drinking in England is different from other European countries. There are more instances of binge drinking<sup>9</sup> in England than Europe; however, the actual amounts of alcohol consumed are roughly the same. Therefore, it could be argued that binge drinking, which can be more hazardous, may be part of a particularly English drinking culture. If this behaviour is cultural, then later closing times will not address it. In fact, there is no indication that in Westminster this problem is addressed by having later closing times. As Deputy Assistant Andy Trotter, the Police Commander for Westminster said “ No, I understand the argument and I’ve seen various papers and research on it but no, I do not accept it. I think all it does is spread the troubles right the way through the night”.<sup>10</sup>
- Binge drinking poses a particular problem for Westminster. This type of drinking can take place socially, in entertainment venues, of which there is a large number (over. 2500.) This pattern of drinking behaviour can lead to a drain on Westminster resources, due to admissions to A&E, arrests or detention in police custody. Many of these people are not Westminster residents and it is hoped that

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<sup>9</sup> A man drinking more than 10 units in a single session, a woman drinking more than 7 units in a session.

<sup>10</sup> At the enquiry into late night licensing by the Greater London Authority. He was asked whether later hours and staggered closing times would help.

the need to provide interventions to this transient population will be taken into account, when the government makes decisions regarding the allocation of resources.

## Health prevention, treatment and the NHS and the impact on the NHS

The Westminster Alcohol strategy defines dangerous drinking as drinking more than 35 units a week for men, 21 unit of alcohol units for women. This amount leads to increased health risks, such as the development of :

- Oropharyngeal cancer
- Oesophageal cancer
- Liver cancer
- Female breast cancer
- Stroke
- Hypertension
- Oesophageal varices
- Unspecified liver cirrhosis
- Acute pancreatitis
- Chronic pancreatitis

Prevention for adults should be focused on heavy drinkers. Not only are they vulnerable to the above health risks but, they also put themselves at increased risk of injury, unsafe sexual practices, accident or assaults. All of which will have a detrimental effect on health. Problem drinkers are twice as likely to see their GP than the general population.

The Westminster Alcohol Action Plan Group would like to see the alcohol strategy prioritise investment in easily accessed, low threshold services, which attract people into treatment. In the drugs field the equivalent services have been successful in increasing the number of people in treatment. At the moment people with alcohol problems are likely to look for treatment at a much later stage in their drinking career, then someone with an equivalent drug problem.

Brief interventions have been shown to be successful for people who have alcohol problems. In Westminster, it has been identified that brief interventions be particularly effective for binge drinkers picked up by the police after a night out. Providers would like to see a scheme similar to arrest referral, where alcohol workers would be able to provide interventions in custody suites. In Westminster, this could be linked in with the Met Police's positive charging policy (see below).

We hope that the government will take a flexible approach to poly drug users (those with alcohol and drugs issues). A high percentage of drugs users also use alcohol and vice versa. We hope that the implementation of the national strategy will mean targeted interventions for poly drug users. We also hope that poly drug users will not fall between drug and alcohol services in the same way that people with a dual diagnosis have fallen in the past, between substance misuse and mental health services.

## **Crime, disorder and anti social behaviour: the effects on our surrounding and community**

- Nationally some 1300 violent incidents a week occur near licensed premises, which is a particular concern given the number of licensed premises within the borough.
- Issues of personal safety should take a high profile the strategy. In Westminster, 50% of crimes are committed when the victim is drunk. The increased levels of drinking by women nationally may increase their vulnerability and likelihood to being victims of crime.
- The Westminster Domestic Violence forum states that they would like to see the development of interagency training, and the development of explicit protocols on how to tackle domestic violence when alcohol is a factor and vice versa.
- Neighbouring boroughs have expressed concern that the planned extension of the controlled drinking zone from the south of the borough to the West End, will cause displacement of the rough sleeping population. There is, as yet no empirical evidence that it will do so. These concerns illustrate the need for national strategy to take into account that in Central London in particular, thought and investment needs to be given to how to tackle alcohol related nuisance and disorder issues across borough borders.
- Many of the causes of alcohol related disorder, (under age drinking, people becoming extremely intoxicated, people drinking in inappropriate places) are covered by exiting licensing legislation. It is the enforcement of the law is difficult and will continue to be so without additional resources to the police and local authorities.
- In Westminster, as part of our local alcohol strategy we attempted to introduce a responsible management scheme, where licensed premises owners/operators were encouraged to take responsibility for the crime and disorder issues near their premises. (see appendix B pg. 20 of the Westminster Alcohol Strategy). The scheme was difficult to implement, partly due to the difficulties of persuading owners/operators of the benefits of taking part in the scheme. A national scheme with accreditation for premise owners, which rewards and recognises good premise management, might encourage better take up.
- There are some positive examples of good premise management by some pub and club owners in the borough. For example, provision of free telephones lines in their facilities so that their customers can call licensed cabs, or refusing entry when people are obviously intoxicated etc. We hope that the national strategy will promote good practice for licensed premise owners. Something similar to the Home Office publication "the Safer Clubbing Guide" (published in early 2002) might encourage licence club owners to improve the management of their premises without the need for intervention by the police or the Council.
- In Westminster we have a positive charging policy for people who are arrested for drunk and disorderly offences (people who are arrested are charged with the

offence). Although this does place an additional burden on the police, it is hoped this measure will encourage people to take drunk and disorderly offences seriously.

### Implications for Vulnerable groups

- **People with a dual diagnosis.** Dual diagnosis is the interplay of alcohol problems and mental health problems making it difficult to find appropriate treatment places to refer people to. This population needs long term support and therefore is costly to treat. We hope that this is recognised in the allocation of treatment monies.
- **BME groups** have specific needs that need to be addressed separately. Issues of culture may mean that an alcohol use that would be seen as within “ safe drinking levels” may cause alienation from the community putting individuals at much greater risk of social isolation.<sup>11</sup>

According to a survey carried out by a local treatment provider “almost all of the respondents” reported that substance misuse was a hidden and sensitive issue for BME groups. Long term “creative community development work was needed to tackle it”

It was also pointed out extra effort should be made to consult with minority groups when considering licence applications in areas where there is a high concentration of people from ethnic minorities. There needs to be sensitivity to inappropriateness of situating licensed premises near Mosques, Sikh temples etc.

- **Refugee and Asylum Seekers** seemed to want specific interventions in terms of preventative work. This group is particularly at risk of developing problematic substance misuse for a variety of reasons.
- **In Westminster, tackling the substance misuse needs of rough sleepers** remains a priority. The latest street count carried out in November 2002, showed that there were 128 rough sleepers in the borough. It is estimated that 25% -75% of the homeless population has a drug or alcohol problem. Specialist substance misuse services for rough sleepers have been successful in engaging this group in treatment, but the national alcohol strategy needs to make clear what funding resources will be directed to this group in the light of the uncertainty of around the HMD rough sleepers exit strategy
- **People released from prisons** are a particularly vulnerable group and are difficult to link into alcohol services. The CARATs services ( a treatment service for people with substance misuse problem within prisons) do not treat people with alcohol problems. The Westminster Substance Misuse Team links in with the CARAT service to provide after care support to newly detoxed, released prisoners. However, as the CARAT service does not treat prisoners with alcohol

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<sup>11</sup> All BME and Refugee and Asylum Seekers information from NEW ROOTS, Rugby House – Westminster Community Development Report April 2002 by Surinder Chera and Pam Menzies Banton

problems, this client group is lost. Newly detoxed people are particularly vulnerable to death through overdose.

- **Elderly people are vulnerable**. 31%<sup>12</sup> of older people in the former Kensington and Chelsea and Westminster Health authority use 4 or more prescription drugs at a time, and are vulnerable to injury caused by falls. These two factors mean that relatively low levels of alcohol use may put them at much greater risk than the general population. They may be at risk of over dose from mixing alcohol with drugs and/or falling when intoxicated.

## Education and Communication

- Information to parents and carers should make clear the risks to young people of alcohol use. Parents tend to be more confident of their knowledge of alcohol issues and may not see alcohol use as being as much of a potential problem as drugs use. However, as the research indicates, alcohol use can have a negative impact on young people.
- The pattern alcohol consumption has changed in recent years. More alcohol is consumed in homes due to the relative cheapness and variety of alcohol available. People in domestic settings are likely to drink more (tending to pour themselves more generous measures than they would get in licensed premises). Although more people are aware of alcohol units, and have some awareness of safe drinking levels<sup>13</sup>, they may underestimate their actual consumption and many people are not aware of differences in the alcohol per volume. In France, there are health warnings on alcoholic drinks. The government may wish to consider a similar scheme, or consider labelling each bottle or can of alcohol with the number of units of alcohol it contains.
- The government is planning a new campaign that gives “credible” information on drugs to young people. Information around alcohol needs to be just as credible. This is one area where Westminster can spend national drug strategy money. In Westminster, the approach taken by the substance misuse education programme, is to develop young people’s life skills. Assisting them to make informed choices and be aware of risks, rather than simply warning young people of the dangers posed by different substances.
- Research shows that in Westminster<sup>14</sup> the majority of young people drink and therefore they need harm reduction information as well as prevention messages.
- The marketing and packaging of drinks to appeal to young people continues to cause concern to providers who work with young people. Not only has the drinks industry managed to make drink more appealing to younger people but they have also managed to make drinks relatively affordable, which may be a contributory factor to the increase in young people’s consumption of alcohol. The government should consider issuing guidance around the marketing of alcohol to decrease its appeal to young people, or even consider restrictions on alcohol advertising similar to the restriction on the advertising of tobacco products.

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<sup>12</sup> From the Kensington and Chelsea and Westminster Health Authority Annual Report 2000

<sup>13</sup> Drinking: Adults Behaviour and Knowledge in 2002- Office of National Statistics

<sup>14</sup> See Appendix A

- The government should consider guidelines around the advertising of alcoholic drinks. Some adverts encourage the associations of drinking alcohol and risk taking behaviour, sexual activity etc. Although many of these adverts are meant to be tongue in cheek, these may not be the most appropriate messages to give, particularly to young people.
- Education and prevention messages need to be targeted specifically to different population groups, as each group are vulnerable to different health risks from alcohol. Prevention and health information campaigns need to take into account the different risks that each population group faces. There are different risks for, pregnant women, older people, very heavy drinkers etc.
- In Westminster, we are taking action to raise awareness of the risks that alcohol poses to the population. This includes;
  - Provision of information to every parent on substance misuse (including alcohol) this is part of our young people's substance misuse plan,
  - A drug rape awareness campaign (see Appendix D)
  - Supporting a campaign aimed at students and other young people by the Portman group.

However, with limited resources, and without a national strategy to provide some context for the work, these actions will be of limited effectiveness

**.Appendix A**  
**Young People's Alcohol Use in Westminster, 2001 (from a sample group of 162 young people)**

	Number	Percentage
Do you drink alcohol	105	64%
<b>Do you regularly drink</b>		
Lager	38	23%
Strong beer	10	6%
Wine	29	18%
Spirits	59	36%
How often..		
Weekends	38	23%
More than 3 days a week	3	2%
<b>In the last month have you...</b>		
Drunk so much you became sick	14	8%
Drunk so much you passed out	5	3%
Drunk so much you don't remember what you did	7	5%
Drunk so much you regretted it	12	7%
Drunk so much you were violent	8	5%
Drunk so much you committed a crime	9	6%
Drunk so much you had unprotected sex	7	4%

## Appendix B

### Comparative Data on Liquor Licenses

Type of Licensed Premises	City of Westminster	Inner London	Outer London	London Total
Pubs	1571	5074	3436	9006
Restaurants	812	2426	2235	4699
Off-licenses	384	1726	2655	4399
<b>TOTAL</b>	<b>2767</b>	<b>9226</b>	<b>8326</b>	<b>18104</b>

London figures from GLA 24 hour licensing scrutiny <sup>15</sup>

All other s from City of Westminster West End Entertainment Impact Study

#### **Manchester**

Pubs and café bars 500

#### **Leeds**

Pubs and café bars 132

Restaurants 66

#### **Glasgow City Centre**

Pubs and café bars 6

Restaurants 70 (most with a full bar licence)

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<sup>15</sup> Liquor Licensing Bulletin, England and Wales, July 2000-June 2001 Home Office, 2002, Derived from Table 9.

## Appendix C

### Arrests and Charging Figures in Westminster from the Metropolitan Police Service

Westminster Wide	January To November 2001	23 361	Arrested
Westminster Wide	January To November 2001	12 911	Charged
Westminster Wide	January To November 2002	27 578	Arrested
Westminster Wide	January To November 2002	14 425	Charged
Charing Cross	January To November 2001	5 967	Arrested
Charing Cross	January To November 2001	2 958	Charged
Charing Cross	January To November 2002	7377	Arrested
Charing Cross	January To November 2002	4011	Charged
West End Central	January To November 2001	6875	Arrested
West End Central	January To November 2001	4155	Charged
West End Central	January To November 2002	7278	Arrested
West End Central	January To November 2002	4002	Charged

### Arrests for drunk and disorderly over a three-month period

Month	Drunk Disorderly	Drunk in Charge of a child	Drunk on Licensed premises	Drunk in A Public place	Grand Total
April 2001	167	1	1	98	267
May 2001	187			119	306
June 2001	158		1	98	257
Grand Total	512	1	2	315	830

Month	Drunk Disorderly	Drunk in Charge of a child	Drunk on Licensed premises	Drunk in A Public place	Grand Total
April 2002	126		1	114	241
May 2002	135			95	230
June 2002	137			104	241
Grand Total	398		1	313	713

## **Appendix D**

### **DRINK WATCH CAMPAIGN**

Over the Christmas and New Year period 2002-3, a media campaign was run through out Westminster to warn people of the dangers of drug rape. The campaign aimed to raise awareness of drink tampering and encouraged people to be vigilant and keep an eye on their drinks when out in pubs and clubs.

The effectiveness of the campaign has not been evaluated, however it was at least successful in promoting its messages in a number of different ways.

### **Drinkwatch Campaign**

- The aim of Drinkwatch is to encourage you to be more vigilant when you're on a night out
- Follow three simple pieces of advice:
  - Don't accept drinks from just anyone
  - Always keep an eye on your drink
  - Look out for your friends too
- These posters have been displayed throughout the London Underground (during December/New Year) and in participating pubs, bars, retail outlets and business premises, with greater weighting in the City of Westminster.
- The TV ad features the voice over by Davina McCall who commented: 'This is something I feel passionate about and I am very proud to be a part in this campaign. Drug rape is something that can happen to any of us, boy or girl, and we all need to make sure we know how to minimise it.'
- BBH staff designed posters, flyers and the script for a television advert, in consultation with Westminster Sapphire Unit, Westminster City Council and the Drug Rape Trust.

### **Partnership Members**

- BBH: Bartley, Bogel and Hogarty (advertising company)
- Exposure: PR company
- CO14: Clubs and Vice Unit
- Westminster Community Safety
- Sapphire Unit (DS Jane Scotchbrook)
- Drug Rape trust
- House of commons (initial stage only)
- Portman group
- Westminster Licensee Association
- 3 club owners (Richard Travis, Denim Management, Mark Fuller, Embassy)
- Club promoters
- Arcadia group

### **Promotion**

- Posters in all bars, clubs and drinking venues within Westminster
- 100,000 text messages being sent on a Saturday evening near launch date (9<sup>th</sup> December) with a message and the drink watch web site.
- [www.drinkwatch.org](http://www.drinkwatch.org)
- Posters in change rooms of Arcadia Group shops, flyers in shopper's bags. (Top Shop, hairdressers)
- Link to drink watch web site on club promoter websites. (receive up to 100,000 hits per week)

- TV advert (Up and coming Director donated time to produce, club owner donated the club time as did the actors.) to be aired on ITV, Channel 4, Channel 5 and MTV, this air time has been allocated free of charge due to BBH's contacts.
- Article in Evening Standard on 10<sup>th</sup> December 2002, promoting campaign.
- A resource pack for teachers to use with senior students, posters and flyers for students will be rolled out in to schools in Westminster during the Spring term.