

Equality Impact Assessment
Screening
Alcohol Harm Reduction Strategy & Action Plan

Equality Impact Assessment (EIA): Stage 1: Initial Screening Form for New/Revised Policies or Functions

A: Summary Details

Directorate: Community Safety Service

Section: Drug & Alcohol Action Team

Person responsible for the assessment:

Contact details:

Name of Policy to be assessed: alcohol harm reduction strategy

Is this a new or revised policy: New

Date policy scheduled for Overview and Scrutiny/Cabinet/LAB: TBC

B: Preparation

It is important to consider all available information that could help determine whether the policy could have any potential adverse impact. Please attach examples of available monitoring information, research and consultation reports.

1. Do you have monitoring data available on the number of people (from different target groups) who are using or are potentially impacted upon by your policy? *Please specify what monitoring information you have available (your monitoring information should be compared to the current available census data to see whether a proportionate number of people are taking up your service).*

The strategy is a multi-agency, multi-organisation, partnership strategy. It covers a number of areas of alcohol –related harm and consequently there is not single data stream that gives an indication of need, groups affected, or potential impact for specific groups. Alcohol related harm affects most people either directly or indirectly, whether it be direct in relation to an individual's personal health &

social situation or indirect in relation to experiencing alcohol related crime & disorder. However during the process of strategy development a number of data streams have been analysed and the full analysis is contained within the main body of the strategy report. Few data streams contained demographic data relevant to ascertaining how different groups were affected other than the treatment agency data. A selection of the treatment agency data is shown below.

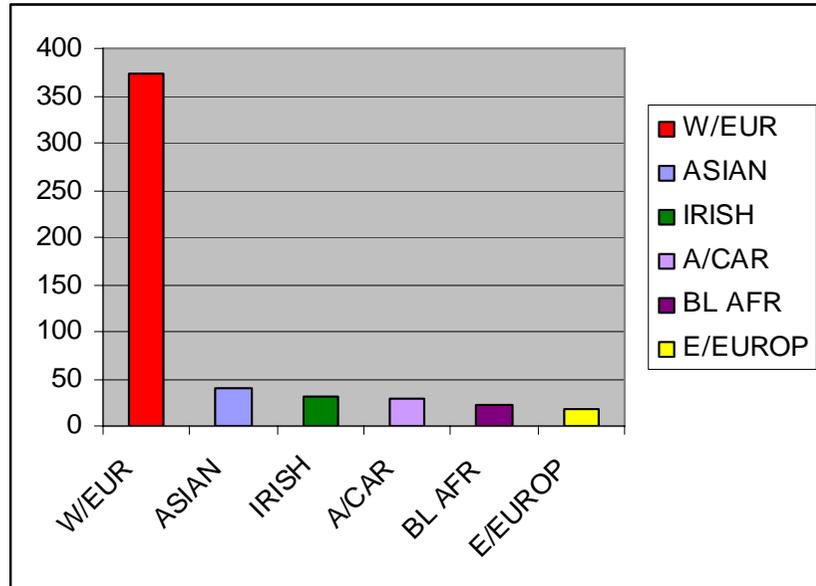
Tower Hamlets covers an area of just under eight square miles. The borough is bounded by the Thames to the South and the London Boroughs of Newham (East), Hackney (North) and the City of London (West). The 2001 census revealed that the borough has a population of 196,106 made up of people from a variety of ethnic backgrounds – over one third of the population is Bangladeshi and 7% of the population is from African/Caribbean backgrounds. The population has grown rapidly, with an increase of over 45,000 people since the previous census in 1991 and the borough now has one the highest population densities in inner London.

Current uptake of alcohol treatment services does not reflect the census data in terms of the ethnic demographic for the borough. However, as a large proportion of the population are from a Muslim background alcohol use and consequent harm is likely to be less prevalent, although not non-existent, in this group.

The gender split in take up of services is approximately 2:1 male:female.

Treatment data from a selection of agencies is shown below.

- DASL, The Drug & Alcohol Service for London is a voluntary sector agency based in Christian Street E1. It provides information and advice about alcohol use, counselling, home detox support, domestic violence support, lesbian and gay counsellors and support groups for people who have stopped drinking. People who are worried about their drinking or someone else can contact the service themselves or via a professional such as a GP.
 - The total number of referrals to the DASL service in 2006/7 was 518. Allowing for re-referral and clients using more than one treatment modality DASL actually worked with 412 individual clients in 2006/7. Approximately two thirds of clients were male and one third female.
- Figure 1 DASL ethnic breakdown 2006/7



- CAFADS, the Children And Families Alcohol and Drug Service are a voluntary sector agency run by Rugby House and are based in Bow. CAFADS aim to break the cycle of alcohol and drug related harm in families. They offer therapeutic interventions to children and adults both individually and as a family. Their approach includes systemic therapy, parenting support, brief interventions, play sessions and outreach.
- Nearly 50% of the clients seen by the service are affected by alcohol. The majority of the alcohol using clients are white UK from a wide age range. Two thirds were White UK background.

- Table 1 CAFADS clients seen January to December 2006

- **CAFADS clients seen January to December 2006**

● Total number of clients seen	● 80
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• Total number of alcohol clients	• 39
• Sex	•
• Females	• 20
• Males	• 19
• Total	• 39

- Tier 3 services available
- THAS – Tower Hamlets Alcohol Service is currently run by Rugby House, a voluntary sector agency, and is based in Bow. THAS is the Community Care Assessment Team and provides a specialist assessment and care management service for people who are concerned about the level of their drinking and wish to address the harm caused. People with an alcohol dependency who require counselling, structured day programmes or detox and residential rehabilitation use the THAS service for assessment and a care package can then be developed to meet the identified needs of the client. A package of care can be developed which uses day programme or residential treatment services out of borough and in different parts of the country if necessary.
- The THAS assessment and care management service for alcohol misuses received 245 referrals during 2006/7. 19 of these referrals were clients who had a court order to receive treatment (Alcohol Treatment Requirement). 50 clients were successfully placed in treatment programmes during the period.
- The majority of THAS clients are White UK. The percentage of female to male clients is 31% female and 69% male. Retention rates of 12 weeks or more varied between 70% and 85% during the year.
- Tier 4 services available
- Greig House operates a 14 to 21 day voluntary admission alcohol detoxification service for men and women aged 18-65. It is run by the Salvation Army and is based in E14. Following a detoxification programme at Greig House an aftercare package is usually in place to support the service user in maintaining sobriety. This can take the form of community based provision such as counselling, day programmes or residential rehabilitation.

- From local data provided by Greig House, 49 people accessed an inpatient detox during 2006. 33% of the admissions were female and 67% male. The majority were White UK.

1. If monitoring has NOT been undertaken, will it be done in the future or do you have access to relevant monitoring data for this area?

If not, specify the arrangement you intend to make; if not please give a reason for your decision.

Monitoring, data collection and analysis is key to the successful implementation of the strategy. Therefore a data section has been included in the action plan. This section covers improvements in monitoring frameworks to inform commissioning decisions. The section also covers data streams that need to be regularly monitored to obtain an overview of levels of alcohol related harm in the borough. Who leads, where the data is accessed and how regularly it is monitored is detailed.

2. Please list any consultations that you may have had and/or local/national consultations, research or practical guidance that will assist you in completing this EIA.

The process of development of the strategy and action plan has involved consultation at all stages. The methodology is detailed below.

The Tower Hamlets Alcohol Harm Reduction Strategy is based on priorities highlighted in consultation with stakeholders and supported by data gathered locally. The development was undertaken taking account of national and local guidance, local existing plans and priorities. The strategy and action plan were developed within the constraints of resources available. The key aim was to draft a practical tool to set out the direction of travel over the next 3 years and achieve tangible progress over that period.

The process of consultation and data collection took place between January and April 2007 and included a wide range of individuals and organisations.

Consultation was carried out with alcohol service users, treatment providers, young people's services, police, homeless people, hostel managers, Supporting People Team, Youth Offending Team, Children's Services, Adult & Elder services, Royal London Hospital Accident & Emergency Team and Liver Unit specialists, commissioners, Primary Care Trust, faith group representatives, Domestic Violence Team, Community Safety Team, Teenage Pregnancy Project, PCT Public Health Team, Healthy Schools Team, local colleges, licensees, GPs, Tower Hamlets Anti-Social Behaviour Team, Licensing Team, Trading Standards, Local Area Partnership management, Community Organisation Forum and others.

The approach used to develop the alcohol strategy is set out in the Local Alcohol Strategy Toolkit (www.localalcoholstrategies.org.uk), which was written in 2004 and which has since become the standard guidance in this country.

The stages of development of the strategy are set out below.

Strategic development of the strategy

- Analysis of current corporate strategies and plans, including developmental programmes being undertaken by the DAAT.
- Semi-structured interviews with key senior officers from Health, Community Safety, Licensing, Children & Young people, Treatment, Housing & homelessness, Workplace and Regeneration. In these interviews we explored:
 - The known alcohol issues
 - What evidence is collected at present
 - Where alcohol fits within existing strategic objectives
 - What funding streams may be suitable for alcohol initiatives
 - Views on the priorities for the alcohol strategy.
- A series of action planning meetings were arranged to discuss and agree an action plan that addresses the needs identified during the consultation process.
- Organisation of a stakeholder conference in the Spring of 2007 that drew together the strategic framework for the strategy, and tested the draft priorities, objectives and actions.

Operational development of the strategy

- A steering group to oversee and guide the strategy development was formed. This group will evolve to form a group that will be responsible for the implementation of the strategy and action plan.

- The alcohol treatment system in Tower Hamlets was reviewed.
- The DAAT previously commissioned a review of alcohol services; recommendations from that review were incorporated into the work.
- Existing data and information was collected and analysed
- An initial list of stakeholders was drawn up and consulted as described above

C: Your Policy or Function

1. What is the main purpose of the policy or function?

Aim

The overarching aim of this strategy is to reduce alcohol related harm in Tower Hamlets for people living, working and learning in the borough. The Strategy employs a multi-component approach which aims to address harms caused by alcohol misuse in terms of health, community safety, criminal justice and social exclusion.

This aim will be achieved through the delivery of five key objectives, set to reduce alcohol-related harm. The objectives and actions were developed and agreed through discussion with stakeholders and are informed by best practice.

- 2 Are there any other objectives of the policy or function, if so what are they?

Objectives

Improved education and communication

The Government has made improving education and communication one of its priorities in the Alcohol Harm Reduction Strategy for England. In Tower Hamlets education about alcohol in and out of school settings will be delivered in effective ways. Additionally, services that support people with alcohol problems will be widely publicised and risks highlighted via targeted media and social marketing campaigns for all residents.

Better identification and treatment of alcohol problems

Adults

The Alcohol Harm Reduction Strategy for England highlights the need for early identification and treatment of alcohol problems. The Tower Hamlets Alcohol Strategy will ensure that generic and specialist staff have the skills to address alcohol problems, that problems are identified at an early stage, and that effective and cost effective specialist treatment is available for people who have developed more serious problems.

Children and young people

Children's and young people's services are being reshaped under the Every Child Matters and youth matters programmes, bringing a new collective focus on the prevention of poor outcomes. This presents an opportunity to ensure alcohol related issues are addressed in mainstream services providing early interventions and treatment for young people and support for parents.

Better co-ordination of multi-agency approaches to tackling alcohol related crime, disorder and anti-social behaviour

Tackling alcohol-related violence, crime and disorder will remain a priority for local police and the Tower Hamlets' Partnership. The current response will be enhanced by improving the collection and analysing of data and co-ordinating joint responses across the partnership to gain success in tackling the problems.

Street drinking has been identified as an issue in Tower Hamlets in common with many urban areas in this country. This strategy aims to ensure that partners work together to address the needs of vulnerable street drinkers whilst clamping down on anti-social behaviour.

Encouraging licensed premises to promote responsible drinking and to take an active role in reducing alcohol-related harm

The Alcohol Harm Reduction Strategy for England gives the alcohol industry clear responsibility for helping to reduce alcohol-related harm. The Licensing Act 2003, which reformed the system of alcohol licensing in this country, also brings opportunities for the licensed trade, the council and other partners to work closely together to tackle problems such as public disorder and under-age sales. Local

licensees have a key role to play, and actions within this strand will establish the mechanisms and forums needed for licensees to fulfil that role.

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

Better information is needed if problems are to be targeted accurately, and so that success can be measured. The type of data required includes alcohol-related presentations to health services, alcohol-related crime and anti-social behaviour. A co-ordinated and structured approach to the use of data to inform the partnership's responses will be developed.

3 Do any written procedures exist to enable delivery of this policy or function?

The strategy has a section covering the governance, monitoring and delivery mechanisms which provide strategic oversight and performance monitoring. Additionally it suggests a structure of multi-agency groups to operationally deliver the action plan points.

4 Are there elements of common practice in the service area or function that are not clearly defined within the written procedures?

5 Who are the main stakeholders of the policy?

The stakeholders are manifold and include potential service users, service users, licensees, local residents, key partner agencies such as Police, probation, voluntary sector agencies, statutory agencies such as the Royal London Hospital, Local GPs, Treatment agencies, and youth services.

6 Is the policy associated with any other Council policy (s)?

Tower Hamlets Strategic Context

The Local Strategic Partnership in Tower Hamlets is called the Tower Hamlets Partnership. The overarching strategy that provides a framework for all the priorities of the Tower Hamlets Partnership is the **Community Plan**

By 2010 the Community Plan seeks to make Tower Hamlets:

A Better Place for Living Safely
A Better Place for Living Well
A Better Place for Creating and Sharing Prosperity
A Better Place for Learning, Achievement and Leisure
A Better Place for Excellent Public Services

Whilst the community plan makes no specific mention of alcohol related issues, the priorities highlighted in the development of the Tower Hamlets Alcohol Harm Reduction Strategy clearly fit either directly or indirectly within all five of the themes.

The Tower Hamlets Partnership has agreed a Local Area Agreement (LAA) with Central Government. This sets out a list of priorities and targets that will provide the foundation for the Community Plan promises for the next 3 years. LAA priorities include delivery of substance misuse (drugs and alcohol) messages and interventions to young people and reduction of youth and domestic violence, which have well established links to alcohol misuse.

The Community Plan and LAA priorities are supported by a range of partner led strategies one of which is the **Tower Hamlets Crime and Drugs Reduction Strategy** which has 6 priorities:

- Crimes against property, namely burglary, robbery, theft and motor vehicle crime
- Violent crime – including a dedicated focus on domestic violence
- Anti social behaviour
- Drug misuse and drug-related crime
- Hate crime
- Terrorism

Alcohol misuse is clearly linked to the first 4 of the priorities and the development of the Tower Hamlets Alcohol Harm Reduction Strategy forms one of the actions detailed in the Crime and Drugs Reduction Strategy.

The Tower Hamlets Alcohol Harm Reduction Strategy has links with an array of other partnership plans and strategies listed below.

Partnership plans & strategies linked to the Tower Hamlets Alcohol Harm Reduction Strategy:

- Adult Drug Treatment Plan
- Young People's Substance Misuse Plan
- Violent Crime Action Plan
- Licensing policy 2005
- Regeneration Strategy
- The Improving Health and Well-being Strategy
- Children and Young People's Plan (CYPP) – *'Aiming High Together'*
- Local Area Partnership (LAP) action plans
- Supporting People Strategy
- London Borough of Tower Hamlets Hostels Strategy
- Teenage Pregnancy Strategy

7 Are there any areas of the service that are governed by discretionary powers? If so, is there clear guidance as to how to exercise these?

The partners involved in delivery of the actions contained within the action plan have various statutory & discretionary powers. For example, the police have powers around the implementation of drinking control zones aimed at reducing alcohol related anti-social behaviour associated with street drinking. Where legislative powers are indicated as being appropriate guidelines or protocols are in place.

8 Is the responsibility for the proposed policy or function shared with another department or authority or organisation? If so, what responsibility, and which bodies?

The strategy is led and coordinated by the Drug & Alcohol Action Team, however it is a partnership strategy and actions have been agreed across a range of organisations. Please see attached action plan for details.

D: The Impact

Assess the potential impact that the policy could have on each of the target groups. The potential impact could be negative, positive or neutral. If you have assessed negative potential impact for any of the target groups you will need to also assess whether that negative potential impact is high, medium or low – see glossary in the attached guidance notes for definitions.

1.

a) Identify the potential impact of the policy on men and women:

Gender	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
Women	x			The action plan and strategy provides actions which specifically address women's issues.
Men	x			Strategic improvements in access, care pathways, and interventions will have a positive effect on treatment services for all.

b) Identify the potential impact of the policy on different race groups:

Race	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
Asian (including Bangladeshi, Pakistani, Indian, Chinese, Vietnamese, Other Asian Background – please specify_____)	X			Specific interventions aimed at addressing high risk behaviour is addressed in the strategy. Mosques, voluntary sector agencies and community organisations have been involved in planning appropriate actions. Access to information and support will be improved by targeting parents from under-represented communities.

<p>Black (including Caribbean, Somali, Other African, Other black background – please specify_____)</p>	<p>X</p>			<p>Access to information and support will be improved by targeting parents from under-represented communities and provision of targeted marketing & information.</p>
<p>White (including English, Scottish, Welsh, Irish, Other white background – please specify_____)</p>			<p>X</p>	<p>Improvements in each area addressing alcohol related harm have potential to affect all communities however no interventions are specific to white communities.</p>
<p>Mixed Dual heritage (White and Black Caribbean, White and Black African, White and Asian, Other mixed background - please specify_____)</p>			<p>X</p>	<p>As above</p>

Other (please specify)				

c) Identify the potential impact of the policy on disabled people:

Disability	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
			x	Improvements in each area addressing alcohol related harm have potential to affect all communities however no interventions are specific to people with disabilities.

d) Identify the potential impact of the policy on different age groups:

Age Group (specify, for example younger, older etc)	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
Young people	x			Actions specifically targeting young people are included in the action plan. This will

				improve access and quality of services to young people
Older people			x	No actions specifically aimed at older people are included – however Improvements in each area addressing alcohol related harm have potential to affect all ages.

e) Identify the potential impact of the policy on lesbian, gay men, bisexual or heterosexual people:

Sexual Orientation	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
Lesbian			X	No issues specifically relating to sexuality are addressed in the strategy/plan. However alcohol treatment agencies already target lesbians and gay men.
Gay Men			X	As above
Bisexual			X	As above
Heterosexual			x	As above

f) Identify the potential impact the policy on different religious/faith groups?

Religious/Faith groups (specify)	Positive	Negative (please specify if High, Medium or Low)	Neutral	Reason
Buddhist	X			Specific actions and needs are addressed in the strategy/action plan to improve services to all faith groups. Strengthening links with the interfaith forum, local faith and community groups.
Christian	X			As above
Hindu	X			As above
Jewish	X			As above
Muslim	X			As above
Sikh	x			As above
Other (please specify)				

g) As a result of completing Question 1 a-f above what is the potential impact of your policy?

High Medium Low

If you have assessed the potential impact as HIGH you must complete a full potential impact assessment.

2. Could you minimise or remove any negative potential impact that is of medium or low significance? Explain How.

Race:

Gender:

Disability:

Age:

Sexual Orientation:

Religious/Faith groups:

3. If there is no evidence that the policy promotes equal opportunity– could it be adapted so it does? How?

Please ensure that all actions identified are included in the attached action plan and in your service plan.

Please sign and date this form, keep one copy and send one to Equalities Team..

Signed
Lead Officer
Date

Signed
Service Head
Date

Signed
Strategy and Programmes
Date

Action Plan

Recommendation	Key activity	Progress milestones	Officer Responsible	Progress