

## Joint Action Group Alcohol Practitioners report: Housing & alcohol



### Introduction

The Third London Alcohol Practitioners' Forum was held on Thursday 20th May at City Hall with the theme of alcohol related housing problems and drinking in the home. As with the two previous forums, the event was packed out with a range of practitioners from across London. Paul Jenkins, Chair of the JAG opened the forum and alongside Emma Sleight, Young People's Commissioner from Hammersmith and Fulham, launched the new Pan-London Guidance on Children, Young People and Alcohol. The guidance can be accessed at [www.ldan.org.uk](http://www.ldan.org.uk)

The day explored the links between alcohol and homelessness, harmful drinking in the home including support for older people and those who experience domestic violence or 'hidden harm' linked to alcohol use, and unacknowledged drinking in the home, including research on home drinking and information on hidden drinking

Delegates on the balcony of the London Living Room at lunchtime

**London's Alcohol Practitioner Forums** act as an information sharing and networking group, open to all working in the alcohol and associated sectors. They provide a pool of knowledge, skills and expertise to support London's Joint Action Group for Alcohol (JAG) and the Greater London Alcohol Drug Alliance (GLADA) partnership.

within BME communities. At lunchtime there was a photo exhibition from the GLADA Women's Voices project that portrayed women's personal experiences of substance misuse. This briefing is a write up of the day. The London Drug and Alcohol Network (LDAN) facilitated the planning of the event and the production of this report. All presentations can be accessed at: [www.ldan.org.uk/cms/view/latest.asp](http://www.ldan.org.uk/cms/view/latest.asp)

## Brian Watts and Chair Paul Jenkins



### Session 1: Homelessness/Access to housing

Alcohol problems can be a key barrier to accessing appropriate housing, and the links between alcohol and homelessness were explored in session 1, with presentations from Brian Watts, Chief Executive of Equinox on alcohol floating support and Dr Merlin Wilcox from the Luther Street Practice in Oxford on Community Alcohol Detox with homeless people. Session 1 was chaired by JAG Chair Paul Jenkins.

#### Equinox: Alcohol Floating Support – preventing homelessness

Brian Watts, Chief Executive of Equinox outlined that they have been providing floating support since 1999 and currently provide six services. The objectives of the services are to:

- Prevent tenancy breakdown
- Reduce harm/access treatment
- Develop life-skills
- Provide meaningful activity

The approaches they use include, home visits, support planning, risk assessments, key working and reviews. They try to have a personalised approach and promote hope, self-belief and confidence. The alcohol floating support services work in partnership with services that work with drug misuse, offending

and mental health, as well as generic floating support schemes and private landlords.

Key challenges for the service include:

- Engaging service users
- Addressing immediate issues – rent arrears, behaviour, safety
- Reducing harm – alcohol, lifestyle
- Linking into services
- Sustainable change

More information can be found at:  
<http://www.equinoxcare.org.uk/>

#### Community Alcohol Detox with homeless people, Dr Merlin Wilcox

Dr Merlin Wilcox outlined that the Luther St Medical Centre in Oxford has 523 patients registered, 252 (48 per cent) have past or present problem of alcohol dependence, 41 per cent are women and 49 per cent are men.

He suggested that the medical centre is rare in that they will provide community detox to street homeless people, even those with a history of seizures.

The service was set up after a randomised study in 50 heavily alcohol dependent patients in Oxford, comparing inpatient detox with detox in a dry hostel. Detox in hostel was preferred by patients, cheaper, offered earlier appointments, and was equally safe.

The service has an open door policy to anyone and has strong policies of careful pre-detox assessment, risk management, close supervision and clear boundaries.

For more information see: <http://www.nhs.uk/ServiceDirectories/Pages/GP.aspx?pid=6430A8F2-8DB0-44A6-89DA-EE0F0BF126BB>

## Group Work

### JAG Alcohol Forum Group Work Feedback: Access to housing and alcohol use

#### Offending and crime

- There is too much focus on enforcement e.g. if a homeless person refuses to engage with services they can receive an ASBO.
- Offenders are not easily able to access alcohol services if not in housing.
- No provision of alcohol whilst in custody.
- Society is focused on drug-linked crime, not alcohol-linked crime.

#### Detox

- Lack of controlled community detox for homeless people – community detox usually requires housing and family support.
- Detox not available within appropriate timescales.
- Lack of aftercare for detox in prisons.
- If a service user accesses detox then they lose their bed in the hostel.

#### Housing provision

- Overexposure to drugs and alcohol in hostels.
- Refusal of housing providers to accept chaotic street drinkers.
- Housing providers often have stigma towards alcohol dependency.

#### Equality groups

- There are many problems that relate to suitability of accommodation for different groups e.g. women, young people.
- Cultural issues – if there is a language barrier then there is the extra cost of having an interpreter.
- Lack of staff knowledge of working with minority ethnic groups in hostels.
- Not enough support services and housing for young people.
- ‘Only chaotic users, at a crisis level can receive support. This can mean young people who do not meet the threshold to be classed as having a problem can be missed.’

#### Services

- Finding appropriate housing for clients with ‘Dual Diagnosis’.
- Accessing services across boroughs is varied; there is no pan-London access to alcohol/housing support. There is a lack of need assessment in commissioning.
- Either there are no wet hostels or the cost of placing someone in a wet hostel is high.
- Not many clinics do Pabrinex injections.
- Not enough long-term and ongoing support.
- Ripple effect, there needs to be earlier preventative services.
- Services cherry pick clients to easily meet targets.

#### Partnership working

- Lack of partnership working between housing and treatment, tendency to get bounced between services. People can fall through the gaps between services without good case management.

#### Good practice

- TNT Meetings – multiagency networking and shared information about service users.
- City Lodge hostel – new modern hostel with a B&B style arrangement, encouraging people to stay instead of the traditional model.
- Lambeth young people’s drug and alcohol service – specific young persons drug and alcohol work with looked after children.
- Through the gates – support after release from prison – St Giles Project, Camberwell

- Lambeth – aftercare team help released offenders access support/housing
- Homeless charities EMMAUS, KAIROS community trust, M.O.S.T, Beresford project
- Joint working in Bexley for older people with alcohol problems – links to community mental health teams, social services and housing services.
- The Homeless alcohol network – Hostels, GPs, street services.
- Southwark Reach, acts as an advocate to access housing and can provide support with treatment.
- DASL- A10 Group Alcohol Service with Latvian speaking worker.
- St Mungos service for entrenched drinkers who sleep rough.

### Greg Scott and Sean Dudley from Foundation 66



## Session 2: Support within housing/ Drinking in the home

### Working with Older Drinkers – Greg Scott, Foundation66 Community Alcohol Support Service

Greg Scott and Sean Dudley from Hammersmith and Fulham Older People's service, outlined their work with older drinkers. They began by explaining that 17 per cent of the population is over 65, Alcohol related deaths in UK doubled from 1991–2005 and the highest death rate from alcohol is among those aged 55–7. Older people have particular vulnerability to alcohol related harm due to factors such as reduced tolerance to the effects or interactions with other medication. Alcohol problems in older people often go undiagnosed as they can be mistaken for common physical or psychiatric conditions or masked by co-morbid physical or psychiatric illness.

Of the clients that Greg and Scott are working with, 30 out of 49 clients had not accessed services previously, 27 clients were physically unable to access building based services easily, 15 clients said they would feel intimidated or stigmatised by accessing alcohol services and 7 clients said they

did not feel alcohol was an issue in their lives. On reasons for their drinking, 22 clients stated social isolation and loneliness, 19 clients stated anxiety and depression and 8 clients said they drank very little before they retired.

The Foundation 66 Older Person's Team work alongside front line workers, carers and family to raise awareness of issues involving alcohol and older people, and provide advice, information, support and training.

For more information see:  
<http://www.foundation66.org.uk/>

**Alcohol, children, families and domestic abuse, The work of Alcohol Concern's Embrace Project, Don Shenker, Alcohol Concern**

Don Shenker, Chief Executive of Alcohol Concern outlined that about 1:4 people are drinking at increasing/higher risk, including 1.1million who are dependent drinkers: 60 per cent of alcohol is drunk at home. He also suggested that the usual estimate for children affected by their parents' drinking is 1.3million (Alcohol Harm Reduction Strategy for England) but recent research (Manning, V et al) taken from GHS returns and Psychiatric Morbidity surveys suggests more than twice this figure. Don highlighted that one third of all domestic abuse incidents are alcohol-related, and three quarters of children in households where there is domestic abuse have witnessed the abuse. Also, between 70 per cent and 90 per cent of clients in alcohol treatment services are/have been involved in domestic abuse as perpetrators or victims/survivors.

The Embrace Project is a three year Alcohol Concern project started in May 2008 to build capacity in non-statutory alcohol services enabling them to 'think family and think safety'. Also to mainstream and embed children, families and domestic violence/abuse issues into their everyday practice.

There are nine pilots sites in six English regions, all voluntary sector, none have previously worked specifically on these issues and progress over the past year has included:

- Building local partnerships – especially with MARACs, Women's Aid and LSCBs
- Training – both from Embrace and locally on CAF/Hidden Harm and Domestic abuse
- Developing new tools eg for recording and monitoring
- Adapting/adopting new policies, procedures, protocols
- Supporting staff in undertaking the work

For more information see: <http://www.alcoholconcern.org.uk/alcohol-concern-in-action/projects/embrace>

**Domestic Violence and Alcohol use – Karen Bailey, Stella project**

Karen Bailey outlined the work of the Stella Project in London to address drug and alcohol related domestic and sexual violence. The Stella Project works for positive, sustained improvement in the way services are delivered to survivors, their children and perpetrators of domestic and sexual violence affected by problematic substance use.

Karen also outlined key resources on this issue including Stella Project briefing papers: <http://www.avaproject.org.uk/our-projects/stella-project/stella-project-resources.aspx> and good practice guidance and toolkits: <http://www.avaproject.org.uk/our-resources/good-practice-guidance--toolkits.aspx>

*Group Work*

**JAG Alcohol Forum Group Work Feedback: Drinking in the home**

**Policy**

- Getting the 'safe limits' message across is hard.
- Lack of consistency in measures of drinking- how much is a glass of wine? The campaign regarding units is confusing and doesn't allow for changes with age.

- Finding an accurate picture of drinking in the home has many variables; older people, mental health, financial situation – there is a need for more research.
- Lack of information on drinking in the home especially for older users.
- Breaking the myths – i.e. ‘red wine is good for you’.
- Lack of public spending for alcohol services.

#### **Pricing and availability**

- Pricing and availability of alcohol – 24hour licences makes it easier to obtain. ‘Dial a drink’ makes it easy to order in alcohol.
- A culture of drinking at home before going out (preloading) as the pricing of alcohol at supermarkets is much lower than pubs and bars – price affecting consumption.
- Smoking ban encouraging home drinking.
- More acceptable to consume alcohol during the World Cup.

#### **Home Safety/ Domestic Violence/ Hidden Harm**

- No support networks for women, particularly in rural places who are facing domestic violence.
- Victims of domestic violence can be refused from services due to their alcohol consumption.
- Hiding use due to fear that will be deemed unfit to parent.
- Neglect of children.
- Safety – accidents in home and fires are often caused when residents are under the influence of alcohol.

#### **Services**

- Need support for people who do not want to stop drinking and want to be a social drinker in their home.
- Health services need to be linked in – Neglect of physical health – diabetes
- Getting access to homes – fire fighters useful link as get access to people who are no longer linked to other services.

#### **Good Practice**

- Many boroughs have a worker who bridges drug and alcohol treatment and youth social care services encouraging dialogue.

- Letters should be sent to GP when individual accessing services – need to be discreet
- CASA – older alcohol support in Camden.
- Richmond – Joint working with home care, housing, mental health and social services.
- Identification and Brief Advice to reduce risky drinking.

### James Morris from the AERC Alcohol Academy



## Session 3: Unacknowledged Drinking in the Home

### Harmful drinking in the home – James Morris, AERC Alcohol Academy

James suggested that The WHO states there are two main ways alcohol consumption leads to health harm: the frequency/amount of episodic (binge) drinking and the lifetime volume consumption. His hypotheses was that:

The level of lifetime volume consumption is significantly determined by how we drink at home e.g. by regularly drinking above the recommended guidelines.

He suggested that it is important to look at this because more alcohol is now consumed in the home than in licensed premises (IAS 2009) and regular harmful drinking increases risk of dependency and longer term health risks. The reasons people drink at home include:

- 'Its cheaper' – 45 per cent
- 'To wind down after a stressful day' – 40 per cent
- 'Its more convenient' – 37 per cent
- Dislike pubs/clubs – 13 per cent
- Smoking ban – 9 per cent
- 42 per cent NEVER kept track of how much they were drinking (18 per cent always, 20 per cent sometimes)

(Source: Alcohol Concern home drinking survey 2009)

James suggested that at a local level, robust alcohol needs assessment and strategies are needed to:

- Target our local harmful populations (not just visible 'binge' /ASB/street drinkers)
- Improving community based treatment and early interventions e.g. IBA, community detox, mutual aid etc.

James suggested that at a local and national level we need to promote healthier lifestyles and possibly messages such as '2 alcohol free days a week' and drinking lower strength drinks. At a national level he suggests that we need to address price and availability and invest in treatment and prevention.

For more information see: [www.alcoholacademy.net](http://www.alcoholacademy.net) and [www.alcoholpolicy.net](http://www.alcoholpolicy.net)

### Royal Geographic Society Alcohol Research, Dr Steven Toole

Dr Steven Toole, Policy and Public Affairs Manager from Royal Geographical Society outlined their research project into the 'geographies of alcohol use'. Some of the findings so far included myth busting common conceptions about drinking in the UK:

- Does the UK have a drink problem?  
Since the mid-1990s there has been little change in the prevalence of 'binge drinking' – but headline statistics however mask the potential impact of an increase in alcohol strengths. There is more "binge drinking" in North East than South.
- Everyone likes a drink don't they – why worry?  
'Binge drinking' is not restricted to young people. 'Middle aged' drinking outside of public spaces and the glaring eye of media scrutiny. Men in South East (40–49) and North East (30–39) 'binge' as often as young men (18–29). Consumption trends are decreasing for younger age groups but not for middle/older age groups. Drinking at home is the most popular venue for consuming alcohol for all age groups (Valentine et al 2008).

■ Is it safer to drink at home?  
Public and policy debates about alcohol, centering on questions of regeneration and fears of drunken disorder/binge drinking within the night-time economy, is overly biased towards problem drinking in public spaces (Holloway et al 2008)

■ Should children not drink alcohol?  
More than half of children (11–15 year olds), both boys and girls, have tried alcohol and increases with age from 16 per cent of 11 year olds to 81 per cent of 15 year olds (Shelton and Fuller). The Government's former Chief Medical Officer Liam Donaldson produced new guidance aimed at children and drinking alcohol, stating "...if children drink alcohol, it should not be until at least the age of 15 years .... should always be with the guidance of a parent or carer or in a supervised environment ... [and] may suffer high levels of harm if they begin drinking in parks, streets or other unsupervised settings." (Department of Health, December 2009).

### **Specialist floating support for BME groups – Foziha Raja, EACH**

Foziha Raja outlined EACH's learning on hidden drinking within BME groups. Clearly BME groups are not homogenous and there are also specific gender and age factors, however she highlighted the following trends:

- Asian men: more settled in the UK, access to primary healthcare, more support from family and communities and statutory services
- Somali Clients: less settled and issues with accessing healthcare, greater risk of being ostracized/ religious beliefs mean negative view of drinking
- Tamil Clients: insecure immigration status, historical trauma, dislocated, little or no access to primary healthcare and very dependent for support on voluntary services

Foziha suggested that the quality of engagement is key and aftercare just as crucial as alcohol treatment for addressing other issues – 'its never just about the alcohol'. Key to engagement was offering something that met their immediate needs, letting them know what services are available, not just for alcohol problems e.g. welfare rights, housing, registering with GPs and advice on employment.

For more information contact EACH Counseling & Support Service: [Info@eachhounslow.org.uk](mailto:Info@eachhounslow.org.uk) or 020 8579 6059

## The London Drink Debate



### Session 4: The London Drink Debate

#### Introduction the LDD and its aims and feedback from the LDD initial report, Matthew Andrews, RPHG

Matthew Andrews from RPHG outlined the aims of the London Drink Debate as follows:

- Seeking Londoner's input on what we can do for them and their community
- Listening to Londoner's views on alcohol and its effects
- Understanding how alcohol affects communities and individuals within London
- Developing a better understanding of the work that is being done across London to address alcohol related issues
- Creating stronger ties between individuals, DH, communities and partner organisations
- Generating a media profile and public awareness of alcohol related issues and its effects across London

Feedback from the consultation process so far has shown that people see the key issues related to alcohol in London as:

- Immediate social impacts are the primary concern followed by health issues

- Teenagers and young adults are perceived as the most affected
- Alcohol is largely viewed as having both positive and negative effects with communities
- Public area drinking is seen as being the greater problem compared to private place drinking

Those involved in the debate so far have suggested that some of the solutions to alcohol related harm in London are:

- Information on health and social consequences
- Enforcing alcohol laws
- Early intervention and treatment
- Responsibility should be with the parents primarily rather than the NHS
- More support is required within communities and their voices need to be heard

The London Drink Debate continues, if you haven't had a chance to do the survey on the website please go to [www.londondrinkdebate.co.uk](http://www.londondrinkdebate.co.uk) and take the survey.

#### **Greater London Alcohol and Drug Alliance (GLADA)**

is a strategic partnership which aims to improve collective responses to alcohol and drug problems, and to provide a mechanism to tackle London wide priorities.

**GLADA Women's Voices** is an advisory group set up to be a voice for women in London affected by drug and alcohol issues. The women use their knowledge and experiences of alcohol and drugs to influence policy and practice and improve options for women affected by these issues.

#### **Joint Action Group for Alcohol in London (JAG)**

is a multi disciplinary expert group established to advise GLADA and take forward specific pieces of work on action around alcohol in the capital as described in the Regional Statement of Priorities.

#### **Regional Statement of Priorities for London**

was developed in response to a call for regional action within the Government's *Safe, Sensible, Social. The next steps in the National Alcohol Strategy* (2007). The Regional Statement can be found at [www.london.gov.uk/mayor/priorities/health/regional-statement-priorities.jsp](http://www.london.gov.uk/mayor/priorities/health/regional-statement-priorities.jsp)