Alcohol is a key feature of many aspects of life in London. It makes a positive contribution to the city’s economy by providing employment in the city’s world famous hospitality and entertainment sectors. It forms an important part of many social events and occasions and is enjoyed by millions of residents and visitors who drink responsibly.

However the evidence shows that alcohol continues to have a harmful impact on many individuals, families and communities. London is home to a significant number of hazardous and harmful drinkers and has a higher proportion of dependant drinkers than any other region in England. Nearly a third of Londoners believe that drunk or rowdy behaviour is a problem and the city experiences high rates of alcohol related crime. These problems disrupt the lives of many and place a significant burden on both health and emergency services.

The Regional Statement of Priorities for London builds on the London Agenda for Action on Alcohol publications of 2003 and 2006 and defines a clear approach to reducing alcohol related harm in London. This important report has been developed in consultation with a wide range of stakeholders and presents new areas of opportunity as well as building on existing good practice. The priorities present a comprehensive approach and focus on reducing health harms, reducing alcohol related crime and anti-social behaviour and reducing the risk of alcohol related harm to children and young people.

The challenges in this area will be most effectively addressed through ongoing partnership work. The Greater London Alcohol and Drug Alliance will take the lead role in progressing these priorities and will engage with a range of partners to ensure success.

I look forward to working with colleagues across London to take forward this work

Professor Sue Atkinson, CBE
Chair, Greater London Alcohol and Drug Alliance
### Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ASB</td>
<td>antisocial behaviour</td>
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<tr>
<td>CDRP</td>
<td>crime and disorder reduction partnership</td>
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<tr>
<td>CJS</td>
<td>criminal justice system</td>
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<tr>
<td>DAAT</td>
<td>Drug and Alcohol Action Team</td>
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<tr>
<td>DAT</td>
<td>Drug Action Team</td>
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<tr>
<td>DPPO</td>
<td>designated public places order (also known as alcohol control zone)</td>
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<tr>
<td>GLA</td>
<td>Greater London Authority</td>
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<tr>
<td>GLADA</td>
<td>Greater London Alcohol and Drug Alliance</td>
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<td>GOL</td>
<td>Government Office for London</td>
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<td>JAG</td>
<td>Joint Action Group</td>
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<td>NHS</td>
<td>National Health Service</td>
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<td>NTA</td>
<td>National Treatment Agency</td>
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<td>NTE</td>
<td>night time economy</td>
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<tr>
<td>LB</td>
<td>London Borough</td>
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<tr>
<td>PCT</td>
<td>primary care trust</td>
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<td>PSA</td>
<td>Public Service Agreement</td>
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1. Introduction

Whilst alcohol can play a positive role in British society, excessive drinking causes much harm to individuals and communities. Its impact on crime, health, family breakdown and lost productivity was estimated in 2004 to cost £20bn for England and Wales.1

In November 2003 the Mayor, Ken Livingstone, in association with GLADA, a strategic network of organisations and agencies concerned with addressing the problems caused by alcohol and drugs in London, published the London Agenda for Action on Alcohol.2 The Agenda acknowledged the importance of alcohol in London life and the contribution that the manufacture, marketing and sale of alcohol make to London's economy. Set against this are the problems associated with alcohol, including alcohol-related ill-health, injuries and accidents, absenteeism and underperformance at work, family and relationship breakdown, antisocial behaviour, stranger violence, domestic violence, teenage pregnancy and mental ill-health. It also highlighted the distinct pattern of drinking in London, with low levels of per capita consumption compared to other regions, but higher rates of dependency.

The Agenda provided the first London-wide framework aimed at reducing alcohol-related harm in the capital. It was revised in 2006 to take account of developments in policy and strategic direction in approach and responsibilities in addressing alcohol related harm3.

Since then, the Government has updated its alcohol strategy for England, in Safe. Sensible. Social4, which prioritises three groups:

• young people under 18 who drink alcohol, many of whom are drinking more than their counterparts did a decade ago
• 18–24-year-old binge drinkers, a minority of whom are responsible for the majority of alcohol-related crime and disorder in the night-time economy
• harmful drinkers, whose drinking patterns damage their physical and mental health and may be causing substantial harm to others

Also, for the first time, the Government has set a Public Service Agreement (PSA) which includes the reduction of alcohol related harm to communities, individuals, and children and families. (PSA 25 – Reduce the harm caused by Alcohol and Drugs). PSAs set out the key priority outcomes the Government wants to achieve in the next spending period (2008-2011), and each one is underpinned by a single ‘delivery agreement’ that is shared across all contributing government departments. The delivery agreement for the alcohol harm reduction PSA has three strands: the laws and powers to tackle alcohol-related crime and disorder; focussing prevention, information and support on the three priority groups of drinkers (see above); and collaborative work by all agencies to shape an environment that actively promotes sensible drinking.

To support the PSA, local partnerships and organisations have a more defined role to address alcohol-related harm, and the Government Offices have a supporting role in developing a regional response. By April 2008, all Crime and Disorder Reduction Partnerships (CDRPs) were required by the Police and Justice Act 2006 to have in place plans to tackle crime, disorder and substance misuse - including alcohol-related crime and disorder - in their area. In addition, new statutory instruments require partners to share information, including information about alcohol-related harm, with the CDRP.5 Government Offices for the Regions will seek to ensure strategic regional coordination of local partnerships’ work to tackle alcohol-related crime and disorder. In addition, they will coordinate networks of local alcohol practitioners.

This Regional Statement of Priorities builds on the London Agenda for Action on Alcohol in the light of these recent developments, and proposes key actions alongside a delivery mechanism for achieving real progress in addressing the harm that alcohol causes to individual, families and communities in London.

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2 http://www.london.gov.uk/mayor/health/drugs_and_alcohol/docs/action_on_alcohol_jan04.pdf
5 Schedule 9 (5) of the Police and Justice Act 2006
2. Methodology

This Regional Statement of Priorities has been drawn up through structured discussions with a range of stakeholders, either one-to-one, via email, or during three alcohol strategy workshops held for local alcohol leads from every London borough. (See appendix 1 for details of who was involved). The report was commissioned by Government Office for London and compiled by Ranzetta Consulting.

The stakeholders were asked for their views on:
• priorities for the action plan
• the delivery mechanism
• achievable and realistic objectives for action

These discussions took place in February and March 2008.

3. Strategic objectives for action on alcohol in London


Objective one
to reduce alcohol-related harm to health, through awareness-raising, early intervention and better access to treatment and support

Objective two
to reduce alcohol-related crime and disorder and anti-social behaviour, through continuing to improve the management of the night time economy and tackling the links between drinking and offending

Objective three
to reduce the risk of harm to children and young people as a result of their own or others’ drinking, through developing alcohol work within targeted youth support and the Every Child Matters agenda
4. Priorities and activity to support the objectives

To reflect and support existing frameworks for action, the priorities supporting these objectives are grouped below into three main areas: health, community safety, and children and young people. The priorities overlap to a degree, and there are also some key themes that cut across all the areas of activity. These are improving data, community engagement, information messages about alcohol, working with the alcohol industry, and influencing policy.

4.1 Objective one: health

To reduce alcohol-related harm to health, through awareness-raising, early intervention and better access to treatment and support

Stakeholders proposed the following priorities and actions to support this objective:

4.1a Develop and coordinate messages and information campaigns about alcohol

- Agree a set of public messages about alcohol that are culturally appropriate for London’s diverse communities and compatible with national messages and with the evidence on effectiveness
- Establish a mechanism for coordinating alcohol information campaigns across London boroughs, to include regional and local agencies, so that resources are used effectively

The Government is committed to rolling out publicity campaigns that focus on alcohol units and the risks associated with binge drinking, from 2008 onwards. The aim of these campaigns is to encourage a culture change in the way that people use alcohol. It makes sense for regional and local campaigns to deliver messages that are consistent with each other and with the national messages. Carefully informed and planned information campaigns could also contribute to reducing perceptions of drunk or rowdy behaviour, in line with the PSA 25.

Stakeholders were keen to see messages that did not demonise young people, and that take account of the complex relationship between alcohol and harm. Some called for targeted messages for parents, as well as messages addressing the links between alcohol and domestic violence.

Stakeholders mentioned possibilities for disseminating such messages in London, such as on night buses, in leaflets given out by ambulance service staff, and via the Mayor’s office. Longer term, the new London Social Marketing Centre funded through regional Public Health, could be an important resource for developing and delivering messages that are integrated across all areas of London NHS.

4.1b - Promote screening and early intervention in health, criminal justice and workplace settings

- Identify, develop and highlight successful invest-to-save models of early alcohol intervention
- Identify non-health funding sources (eg area-based grant funding through the Local Area Agreement)
- Develop good practice models for the workplace
- Promote training in screening and brief advice for generic health and social care and criminal justice workers, through development of a regional training resource or coordination and sharing of existing training resources
- Agree frameworks for incorporating alcohol work into other mainstream objectives, such as obesity, physical exercise, cardiovascular disease, mental health

There is now a large body of international evidence to support the implementation of
screening and brief advice as an affordable and effective way to address alcohol misuse in hazardous and harmful drinkers. The key settings are accident and emergency departments, primary care (including polyclinics), the criminal justice system (CJS), and the workplace. The Department of Health’s trailblazer pilots to explore the practicalities of implementation will report from 2008. Research in nine sites across England is underway to test the effectiveness of different approaches to screening and brief advice in accident and emergency departments, general practice and Probation. The Home Office is also currently piloting the use of alcohol arrest referral schemes to deliver screening and brief advice. In London, the Mayor’s Draft Health Inequalities Strategy for London makes the links between employment and health, and the London Development Agency is working to support businesses around health workplaces and health and safety.

Whilst there are pockets of good practice in London, widespread implementation of screening and brief advice has yet to take place. The issues of incentivisation and funding for work in health and CJS settings respectively need to be explored, and effective models of alcohol health promotion, screening and early interventions for workplace settings need to be established. For all three settings, and others, such as schools, youth services, housing and social services, there is a widespread need for training in alcohol awareness.

### 4.1c - Promoting equality of access to alcohol treatment for all Londoners

- Agree a minimum framework for levels and standards of treatment and support services from tier 1 to tier 4 that should be available to residents of all London boroughs

Although, compared to other regions, London has a good level of specialist alcohol service provision, the capital also has the highest rates of alcohol dependency. Investment in treatment provision varies from borough to borough. There is inequality in access to, and the quality of, services for both young people and adults as a result. In addition, some population groups may be underserved by current provision. For example stakeholders in the housing sector reported that the management of ‘continuous drinkers’ presents a significant challenge, with few suitable treatment options available at present. Similarly, provision of treatment and support for families of problem drinkers can be patchy and underdeveloped.

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6 [http://www.london.gov.uk/mayor/health/strategy/docs/health-inequalities-text.pdf](http://www.london.gov.uk/mayor/health/strategy/docs/health-inequalities-text.pdf)
7 The alcohol treatment system is commonly described in terms of tiers, as set out in the Department of Health/National Treatment Agency’s Models of care for alcohol misusers (MOCAM). MOCAM describes each tier in terms of interventions, settings, and competencies – see [www.nta.nhs.uk/publications/documents/nta_modelsofcare_alcohol_2006_mocam.pdf](http://www.nta.nhs.uk/publications/documents/nta_modelsofcare_alcohol_2006_mocam.pdf)
The table below gives an overview of the interventions in each tier.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Alcohol-related information and advice; screening; simple brief interventions; and referral</td>
</tr>
<tr>
<td>2</td>
<td>Open access, non-care-planned, alcohol-specific interventions</td>
</tr>
<tr>
<td>3</td>
<td>Community-based, structured, care-planned alcohol treatment</td>
</tr>
<tr>
<td>4</td>
<td>Alcohol specialist inpatient treatment and residential rehabilitation</td>
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</table>

Stakeholders suggested the need for guidance on commissioning which includes needs assessment and referral pathways. The contribution of service users and those with experience of alcohol problems should be an intrinsic part of any such work.

Stakeholders also expressed a desire for a regional resource for translation services and information, including information on alcohol-related domestic violence. This could be more cost effective than individual boroughs sourcing specialist services.

4.2 Objective two: crime and anti-social behaviour

To reduce alcohol-related crime and anti-social behaviour, through continuing to improve the management of the night time economy (NTE) and tackling the links between drinking and offending.

Stakeholders proposed the following priorities to support this objective:

4.2a Continue to improve the management of the night time economy
- Disseminate good practice on multi-agency enforcement
- Develop protocols on data sharing (see 4.4a)
- Disseminate good practice on the role of planning in developing a diverse NTE

4.2b - Promote best practice in reducing alcohol-related antisocial behaviour
- Disseminate and support implementation of GOL’s good practice research on addressing alcohol-related ASB
- Develop guidance on how initiatives to address alcohol misuse can positively impact on Local Area Agreement targets on ASB
• Disseminate successful approaches in tackling street drinking, e.g., expertise and experiences of implementing DPPOs, protocols between agencies for joint working, resources for working with minority communities, use of licensing conditions to limit sale of strong lager and cider to street drinkers.

4.2c - Develop approaches that address the links between drinking and offending
• Promote and use the learning and emerging best practice on the various conditional cautioning, arrest referral and brief intervention pilot projects taking place in London.
• Explore the links between alcohol and the perpetration of domestic violence, and promote emerging best practice in line with the Stella Project.
• Develop guidance to strengthen the Probation Service’s role in the implementation of local alcohol strategies – particularly when the strategies are health-led.
• Work to improve alcohol treatment and support for the prison population.

Activity in London has been at the forefront of efforts across the country to address alcohol-related crime and disorder associated with the night time economy, and to develop best practice in enforcement and partnership working. In addition, the Mayor of London’s Managing the Night Time Economy: Best Practice Guidance (March 2007) sets out the legal and regulatory framework and relevant policies to be considered when developing an integrated approach to managing the night time economy.

Alcohol-related antisocial behaviour (ASB) was identified in 2007 as a priority for the capital by the London ASB Board, and GOL commissioned best practice guidance on the use of tools and powers in tackling alcohol-related ASB, for publication in Spring 2008.

London Probation should report later in 2008 on a review into the use of Alcohol Treatment Requirements and other alcohol programmes and interventions for offenders with alcohol problems, and this work should tie in with work elsewhere in the criminal justice system in London exploring conditional cautioning and alcohol arrest referral, and their impact on offending. The prison population is known to have high rates of alcohol dependence, and whilst the options and pathways to support for prison leavers with alcohol problems have been developed through the London Resettlement Strategy, there is more to be done to improve support for those in prison, in line with the Department of Health’s Improving Health, Supporting Justice consultation.

4.3 Objective three: children and young people

To reduce the risk of harm to children and young people as a result of their own or others’ drinking, through developing alcohol work within targeted youth support and the Every Child Matters agenda.

4.3a - Promote the targeted youth support approach for alcohol work
• Develop guidance on how to integrate alcohol work into the existing frameworks for targeted youth support, Every Child Matters and Hidden Harm.
• Highlight the links between alcohol and the Department for Children Schools and Families’ quality standards on information, advice and guidance, and agree referral pathways.
• Promote collaborative/cross-borough diversionary activities for young people – perhaps working through the London Youth Offer.

4.3b - Work towards a consistently high standard of partnership activity across London to tackle underage sales
• Share and promote current best practice and joint working protocols.

9 http://www.london.gov.uk/mayor/strategies/sds/bpg-nighttime-economy.jsp
10 http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_080816
The frameworks are in place, through targeted youth support and Children's Trusts, to deliver alcohol prevention and support as part of broader support systems for children and young people. Targeted youth support aims to ensure that the needs of vulnerable teenagers are identified early and met by agencies working together effectively – in ways that are shaped by the views and experiences of young people themselves. A central aim of targeted youth support is to help vulnerable young people early, to address their difficulties as soon as possible and prevent their problems escalating. This often means working with young people who may not meet traditional thresholds for statutory or specialist services, but who, without help, are at future risk of further problems such as substance misuse, youth offending, teenage pregnancy and homelessness.

Stakeholders reported that they would welcome assistance in integrating the young people's work streams of Drug Action Teams and substance misuse services, more closely with these frameworks.

4.4 Cross-cutting priorities

4.4a - Improve data and knowledge about alcohol use in London, its associated harms, and activity to address it

- Establish a minimum alcohol dataset and mechanism for sharing data across boroughs
- Collect and share information on how alcohol work impacts on Local Area Agreement targets
- Collect and share useful resources such as job descriptions, service level agreements, data sharing protocols, and business cases
- Work towards ‘last drink’ data sharing protocols
- Coordinate, disseminate and promote London-based research on alcohol-related harm. Suggested topics for research include:
  - the effectiveness of brief interventions in multi-agency settings
  - the role of alcohol in domestic violence
  - cultural patterns of drinking and offending
  - hidden populations of drinkers
  - effective models of provision for ‘continuous’ single homeless drinkers

Measuring alcohol-related harm can be hampered by lack of objective indicators – in some cases, the recording of an incident as ‘alcohol-related’ can rely on a subjective judgement of whether or not alcohol was involved. As a result, such recording may be inconsistent.

However, there is a range of indicators that can be useful, and an agreed minimum dataset would allow comparison across boroughs, and data sharing between boroughs. Stakeholders suggested it would be especially useful to develop datasets and protocols for collecting data on alcohol-related domestic violence, injuries through violence and ‘last drink’ information from A&E and custody suites. Such data could be shared cross-borough to build up a better picture of problems.

Some of the country’s leading alcohol researchers are based in London, and a mechanism to share information about current research activity would be useful in driving evidence-based practice.

The Department of Health has commissioned Alcohol Concern to establish an online database of alcohol interventions to tackle health harms, the HubCAPP (www.hubcapp.org.uk/), and there is a wealth of information on good practice on the Home Office Crime Reduction website. However, stakeholders suggested it would be useful to share practical resources across London, such as job descriptions and protocols.

4.4b - Work with the alcohol industry to tackle alcohol-related harm

- Review the roles and responsibilities of various elements of the alcohol industry and develop mechanisms for involving the industry in action on alcohol across London as appropriate
• Work with Government departments to explore opportunities to pilot initiatives with the industry in London

The alcohol industry, in its various forms (eg retailers, publicans, alcohol producers and the hospitality industry) makes a significant contribution to the social and economic life of London: it is clearly an important stakeholder in reducing alcohol-related harm. However, to date there has not been a systematic approach to involving the industry in regional action planning in London.

Different sections of the industry have different perspectives, needs and interests, and different roles and responsibilities towards action on alcohol. There is opportunity for these to be explored and the potential for positive engagement to be developed.

4.4c - Improve community engagement in alcohol harm reduction

• Develop guidance for local partnerships on effective community engagement in tackling alcohol-related harm

Patterns of drinking and the role of alcohol vary markedly across London's communities and population groups. Individuals, families and communities also experience the impact of other people's drinking in a variety of ways. Effective action on alcohol needs to engage everybody in changing the harmful patterns of drinking whilst acknowledging the positive aspects of alcohol use in our society.

4.4d - Influence national policy and related regional policies

• Lobby government and other key stakeholders of the case for specific actions to reduce alcohol related harm
5. Delivering the regional priorities

Proposed delivery structure

Delivery of the regional priorities for alcohol requires the engagement and commitment of the many agencies and individuals with the responsibility and expertise to reduce alcohol related harm. The cross-cutting impact of alcohol misuse means that delivery also relies on effective partnership working between those agencies.

Stakeholders broadly supported the proposal of a three-tiered structure for delivering the regional statement of priorities. A similar structure has proved effective in addressing antisocial behaviour at regional level in London.

At the upper tier, GLADA - comprising the key agencies in London – would have responsibility for agreeing a pan-London approach and overseeing delivery, i.e. would act as a Strategic Delivery Board. Stakeholders emphasised the importance of having the right agencies on GLADA, represented at an appropriate level. Stakeholders felt that for the proposed structure to be effective, GLADA membership must reflect the wide range of interests impacted by alcohol-related harm, and members must be sufficiently senior to make decisions and commitments.

The middle tier is a Joint Action Group (JAG). The role of this multi-disciplinary expert group would be to advise the strategic group, and to be commissioned by them to take work forward, perhaps by convening ‘task and finish’ groups to carry out specific pieces of work.

Finally, a Practitioners’ Forum would function as an information sharing and networking group, open to all working in the alcohol and associated sectors. The forum would focus on practice and delivery, and provide a pool of knowledge, skills and expertise to support the JAG and strategic group.

Since alcohol harm reduction is a cross-cutting issue, this structure will link to existing structures and work programmes on a range of issues. This should ensure that action to reduce alcohol related harm is appropriately considered and that efforts are maximised.

Challenges

Stakeholders also identified a number of challenges. The case for prioritising alcohol work – and funding for it - needs strong leadership at local level, but stakeholders felt that it is not always clear who should take the lead, and where responsibility lies.

The prevailing drinking culture in this country coupled with the complex relationship of drinking to harm mean that sensible drinking messages are not necessarily popular, and are consequently difficult to get right. In addition, successful health promotion messages need to take into account the resources and expertise of the alcohol industry in marketing their products.

The way forward

In addition to the new policy drivers, there is much in place to support the delivery of the regional priorities. For example:

- There is broad public acceptance that alcohol misuse is a problem in our society
- There are extensive tools and powers to address alcohol-related crime and anti-social behaviour
- The existence of bodies such as GLADA and the London Alcohol Coordinators’ Group,
- The strength of multi-agency partnerships at local level.

This Regional Statement of Priorities for alcohol sets out a clear path for making real and lasting change to alcohol problems in London. The vision is that existing activity at local level will be developed and strengthened by coordination across the capital, and by the promotion of what works. The main gaps in current arrangements will be addressed.

The challenges to tackling alcohol-related harm should not be underestimated. However, the new policy framework and delivery structure for action on alcohol in London make these regional priorities achievable.
Appendix 1

Our Priorities

Health
- Develop and coordinate messages and information campaigns about alcohol.
- Promote screening and early intervention in health, criminal justice and workplace settings.
- Promoting equality of access to alcohol treatment for all Londoners.

Crime and anti-social behaviour
- Continue to improve the management of the night time economy.
- Promote best practice in reducing alcohol-related antisocial behaviour.
- Develop approaches that address the links between drinking and offending.

Children and young people
- Promote the targeted youth support approach for alcohol work.
- Work towards a consistently high standard of partnership activity across London to tackle underage sales.

Cross cutting priorities
- Improve data and knowledge about alcohol use in London, its associated harms, and activity to address it.
- Work with the alcohol industry to tackle alcohol related harm.
- Improve community engagement in alcohol harm reduction.
- Influence national policy and related regional policies.
Appendix 2

With thanks to the following respondents:

Laura Juett, GLA
Alex Bax, GLA
Shona Beaton, London Drug and Alcohol Network
Mark Brangwyn and Mark Brooker, London Councils
Colin Standfield, London Alliance of Service Users
Bob Patton, National Addiction Centre
David Mackintosh, London Drug Policy Forum
Chris Allison and Adrian Studd, Metropolitan Police
Kathryn Pugh, Regional Development Worker, CAMHS
Sue Atkinson, Chair, GLADA
Kate Gilbert and Robin Latimer, London Probation
Richard Jolley, GOL
Nick Bagshaw, Antisocial Behaviour lead, GOL
Stan Burnyeat, Head of Drugs and Alcohol, GOL
Alison Armstrong, London NHS
Paul Plant, Deputy Regional Director Public Health, Regional Public Health Group London
Gary Poole, Prison Service
Brian Watts, Equinox
Andy Stonard, Rugby House
Sally Scriminger, ARP
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Golda Behr DAT Co-Ordinator, City of London DAT
Andrea Berkoff, Community Safety
Pam Carr, London Chamber of Commerce & Industry
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Ishita Sarkar, Anti-Social Behaviour Caseworker, Ealing Community Safety Team
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Kevin Cressey, Alcohol Research & Data Officer, Greenwich DAAT
Caroline Ellis, LB Greenwich
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Angela Stratford, RB Kensington & Chelsea
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Claire Sibson, Alcohol/DV Worker, Lewisham Drug & Alcohol Strategy Team
Paul Ronan, Safer Merton
Russell Styles, Senior Public Health Strategist, Sutton & Merton PCT
Fiona Harris, Public Health Consultant, Sutton & Merton PCT
John Currie, Alcohol Co-Ordinator, Newham PCT
Alison Williams, Newham Crime & Anti-Social Behaviour
Kiran Box, Redbridge Safer Communities Partnership
Anne Lawtey, Community Safety Partnership Manager, Richmond Upon Thames Community Safety Partnership
Louise Harvey, DAT Young People’s Lead, Waltham Forest
Alison Monaghan Commissioning Officer, Westminster DAAT
Matthew Hooper, Community Protection Officer, Westminster City Council
Eamonn Devlin, Joint Commissioning Manager, RB Kingston
Iona Lidington, AD Public Health, Kingston PCT
Louise Dibsdall, Havering PCT
Helen Sharp, Young People’s Lead, LB Lambeth
Tim Stonebridge, Young People’s Lead, LB Tower Hamlets
Jacqueline Cave, Young People’s Lead, LB Croydon
Alun Lewis, Young People’s Lead, LB Brent
Martin Goodwin, Development Officer for London, Homeless Link
Christopher Day, NTA Service User representative