



Camden Council Alcohol Strategy

2025 - 2030

Department of Health and Wellbeing
London Borough of Camden

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1. Foreword

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The widespread harm caused by alcohol affects Camden residents both directly and indirectly throughout all stages of life. Harmful and dependent alcohol use affects the health and wellbeing of Camden residents as well as being associated with violence, domestic abuse, unemployment, and homelessness. Alcohol use also impacts children and families, making it more difficult for children and young people to have a fair chance to succeed, a goal set out in the Camden Health and Wellbeing Strategy Start Well ambition.

Changes to drinking patterns were seen during the Covid-19 pandemic, and since this time there have been national increases in the proportion of residents drinking to a harmful or dependent level. In developing this strategy, we remained mindful that alcohol plays a role in many aspects of life within Camden, including contributing to Camden's night-time economy and forming part of how some residents choose to socialise.

This strategy was developed for, and with, Camden residents and colleagues. It sets out a clear vision for how Camden Council and partners will act to reduce harm to residents from alcohol in the context of prevention, early intervention, and care and support for those experiencing alcohol dependency.

The negative impacts of alcohol use deepen existing health inequalities. Whilst alcohol-related harms impact residents across all segments of the population, the negative impacts of alcohol use disproportionately affect the most deprived populations in Camden. This strategy addresses the needs of all

residents within our community whilst addressing inequalities and considering the importance of identifying hidden harms.

In recent years the extent of alcohol-related harm, including illnesses and deaths related to alcohol, has intensified. This is in part due to the role of the Covid-19 pandemic in increasing existing inequalities across Camden, as well as the impact of the rising cost of living in creating further challenges for our residents. In the absence of a national alcohol strategy, it is crucial that we take urgent local action to safeguard and promote the health and wellbeing of our residents.

This strategy acknowledges Camden's diverse population and highlights the need for nuanced and culturally competent approaches to alcohol harm reduction.

We know this is a complex problem that will require close cooperation between our organisation and partners across the system. In our recommendations we set out a clear commitment to continue working with partners in the NHS, voluntary and community sector, criminal justice system and more in order to progress with our ambitions of reducing the harm that alcohol has on our residents.

Kirsten Watters FFPH

**Director of Health & Wellbeing
London Borough of Camden**

Councillor Anna Wright,

**Cabinet Member for Health,
Wellbeing and Adult Social
Care**

2. Executive summary

Executive summary



Camden Council and partners are committed to **reducing harm from alcohol** in the borough and the development of this strategy is central to that aim.



In the **absence of a current national alcohol strategy**, we **have developed a local strategy** to provide a coherent direction for the development of work the partnership takes around alcohol in terms of prevention, early intervention and care and support, whilst also linking in with community safety and licensing.



The **strategy will be used by and helpful to a range of partners across the system** (for example social care, NHS, trading standards, housing, community safety, care and support services, local businesses, police) but also of interest to residents and their council representatives.



The data headlines

- Alcohol misuse is the biggest risk factor for death, ill-health, and disability among 15–49-year-olds in the UK.
- The estimated rate of alcohol dependence in Camden is higher than across London or England.



The process

- In developing this strategy, we have engaged and collaborated with alcohol care and support service (Change, Grow, Live and FWD) staff and clients, Camden Carers staff and clients, primary care colleagues, and young people (aged 16-25 years) in Camden.
- We also engaged with Camden Council colleagues in Community Safety and Community Licensing, colleagues from the North Central London Integrated Care Board (ICB), and colleagues from secondary care services.
- We carried out a resident survey to better understand the views and perspectives of Camden residents with regards to alcohol, as well as to get a picture of resident drinking patterns.

Recommendations for action

Cross-cutting themes	Prevention	Early intervention	Care and support
Addressing inequity <ul style="list-style-type: none"> Address health inequity/inequality across work on reducing alcohol harms, including through collecting good quality data on resident alcohol use. Addressing wider determinants <ul style="list-style-type: none"> Work collaboratively with colleagues to address wider determinants that can be associated with alcohol use – e.g. housing (including homelessness), mental health and wellbeing (including in the context of suicide prevention). 	Use of language <ul style="list-style-type: none"> Develop a clearer shared language around alcohol harms, communicating this in a clear way that helps people avoid drinking at harmful levels. Alcohol education <ul style="list-style-type: none"> Liaise with schools (including via Camden Learning) and the youth drug and alcohol service, to identify and act on opportunities to improve alcohol education. 	Strengthening alcohol use recording and early intervention <ul style="list-style-type: none"> Work with colleagues across health and care to identify gaps in alcohol use recording and early intervention, encouraging colleagues to normalise alcohol discussions in consultations Support partners to improve capacity and confidence in identification and brief advice (particularly in areas where evidence shows this is effective e.g. primary care). 	Communication with clients <ul style="list-style-type: none"> Work with colleagues at CGL to improve communication with clients, including at the point of initial presentation/referral. Joined up working <ul style="list-style-type: none"> Co-design and implement 'passports' with residents and service providers for use across services (including in primary care), reducing duplication of information giving. Accessing mental health and adult social care <ul style="list-style-type: none"> Explore ways to reduce barriers and challenges faced by those living with alcohol dependence in accessing social care and mental health support. Treatment service workforce challenges <ul style="list-style-type: none"> Work with commissioned services to further explore this issue, remaining mindful of financial limitations. Dual diagnosis <ul style="list-style-type: none"> Explore how services currently support those with co-existing mental health diagnoses and alcohol dependence and identify ways in which residents can be better supported.

Cross-cutting themes	Prevention	Early intervention	Care and support
Stigma reduction <ul style="list-style-type: none"> Advocate for, and role model, a use of language which shifts blame away from individuals and acknowledges factors that increase risk of alcohol harms and drive inequalities. Identify ways to strengthen the confidence of health and care colleagues in assessing the capacity of adults with alcohol dependence, focussing on stigma reduction. 	Significant life events <ul style="list-style-type: none"> Work with partners across mental health, housing, and employment services to raise awareness of alcohol harms and the determinants that increase risk from these, acknowledging the complexity in these areas. 	Out of hours support <ul style="list-style-type: none"> Endorse the ambition for secondary care and commissioned service partners to provide out of hours alcohol support to residents, acknowledging current financial limitations. 	Violence/violence against women and girls (VAWG) / domestic abuse <ul style="list-style-type: none"> Working with Camden's VAWG programme and partners across Camden Council, explore the complex relationships between alcohol and VAWG, identifying ways to address this. Family impacts and hidden harms <ul style="list-style-type: none"> Explore how to better consider the role and impact of parental alcohol use on children and young people, considering ways in which family support can be provided.

Next steps

This strategy sets out a shared vision for the direction that Camden and partners will take around reducing alcohol harms for residents. The next steps for Camden Council and partners will be to develop and agree a detailed action plan for the implementation of the recommendations suggested in this strategy. We would suggest that this will be best achieved through the creation of a multi-stakeholder alcohol strategy working group.

3. Our vision



Aims and objectives

Helping to achieve Camden's vision for residents

Our main aim for this strategy is to set a direction for how Camden and partners will work together to reduce alcohol harms for residents. This has included exploring the specific needs of Camden residents in the context of alcohol and developing recommendations to guide next steps. In developing this strategy, we have particularly considered the needs of residents who are at increased risk of alcohol harms, as well as those who are typically underrepresented in our data and with potentially unmet need.

How will we know if we have made a difference?

We will know that we have made a difference in multiple different ways.

We will see this through:

- Reductions in alcohol-related harms for residents, specific indicators of which should be considered when developing detailed action plans for strategy implementation. Key performance indicators might include alcohol-related and specific admissions to hospital as well as rates of alcohol dependence.
- Qualitative feedback from residents and partners across Camden. We acknowledge that some changes set out in

this strategy will be achievable within a short time frame, whereas some will be longer term ambitions that require lengthier timeframes and/or additional funding.

Values

This alcohol strategy has been developed using an evidence-based approach to ensure that our recommendations and commitments accurately represent the needs of residents and acknowledge the existing literature around alcohol harm reduction interventions.

We have created this strategy with an emphasis on harm reduction to support those Camden residents who drink alcohol to do so safely. We have particularly focussed on ensuring that this strategy has been informed by the voices and lived experience of residents and partners across Camden, as well as consulting with an expert panel of stakeholders across the council, Integrated Care Board (ICB), NHS, and care and support services.

This strategy considers the importance of behaviour change interventions to support residents in positively changing their drinking patterns. It uses an asset-based approach to consider how existing strengths and capabilities within Camden Council and partners, as well as within the community, can be harnessed to achieve positive change.

Partners

This strategy was developed by Camden Council's Health and Wellbeing team in collaboration with partners and residents. We are committed to ongoing work with partners across Camden, and more widely, in order to achieve our commitments to Camden residents.

In developing this strategy, we have engaged with and worked alongside:

- Alcohol care and support service providers (CGL and FWD).
- Camden Council colleagues, including within Community Safety, Licensing, Children and Adult's Social Care, and Mental Health.
- Voluntary and community sector partners, including Queen's Crescent Community Association, the Hive, Coram's Fields, and the Mosaic Trust.
- Primary care colleagues within Camden.
- Secondary care colleagues within Camden, including specialist alcohol liaison nurses.
- North Central London Integrated Care Board colleagues.
- Colleagues at Camden Council who work with schools.



Figure 1: Camden's multi-stakeholder Alcohol Strategy vision-setting event. Photo by Jenna Selby.



Figure 2: Camden's multi-stakeholder Alcohol Strategy vision-setting event. Illustration by David Lewis.

4. Context and purpose



4. Context and purpose

Why this strategy now?

Whilst some people choose not to drink alcohol, it plays a role in the social lives of many. There are however risks and dangers linked to alcohol consumption, and harmful or dependent alcohol use is a major public health concern with widespread health, societal, and financial costs. This strategy aims to raise awareness of the risks of alcohol and to support residents in making choices that are right for them. The strategy focuses on harm reduction to support those Camden residents who drink alcohol to do so safely.

Alcohol misuse is the biggest risk factor for death, ill-health, and disability among 15–49-year-olds in the UK¹. The worrying scale of alcohol harms in England was highlighted in 2023 when deaths from alcohol in England reached a record high² (this figure relates to deaths caused by conditions that are entirely or exclusively caused by alcohol consumption). According to a Nuffield Trust analysis, trends show a concerning rise in deaths from alcohol since the beginning of the COVID-19 pandemic in 2020. The age of those engaging in harmful drinking in England is also changing, with signs that a higher proportion are aged 45–64 years or 65+ years³. This increases the complexity of care and support for those affected by alcohol harm, in part since harmful alcohol use can worsen conditions associated with age such as diabetes and memory loss.

Rates of alcohol dependence are higher in Camden than for London and England⁴, and Camden has higher hospital

admissions related to conditions specific to alcohol than the English average⁵. This is a particular worry for young people, with rates of admissions to hospital for alcohol-specific conditions in under 18s being higher for Camden compared to England³. Young people are not only affected by their own consumption of alcohol, but also by the profound impact of alcohol on their families and the environments in which they live, study, and work.

Harmful and dependent alcohol use also has a negative impact on the economy, with an estimated cost of over £27 billion to UK society each year⁶. These costs arise due to the impact of alcohol on issues such as health, crime, and the loss of money when people are unable to work⁷.

Harmful and dependent alcohol use are both drivers and consequences of health inequalities. Health inequalities related to alcohol manifest through a concept called the 'alcohol harm paradox' whereby despite similar levels of alcohol consumption, those in the most deprived groups have more alcohol-related illnesses and deaths than those in the least deprived groups⁸. Various possible explanations for this phenomenon include the different patterns of alcohol use seen across different socioeconomic groups, varying access to healthcare, and inequalities in the social determinants of health. Alcohol use has been associated with inequalities in indicators such as social and emotional wellbeing, violence, and infectious diseases⁸.

In this strategy we also refer to the role of alcohol use in driving and arising from poor mental health, with a particular awareness of the barriers that residents may face in accessing

care and support when alcohol dependence and poor mental health are co-existent. Our strategy highlights a need to address and acknowledge health inequalities when acting to reduce harm from alcohol in Camden, including ensuring that we use culturally competent approaches.

There is currently no national strategy for reducing alcohol harms, with the last having been published in 2012⁹, and there is also no recent alcohol strategy for Camden residents at a local level. We have therefore developed this strategy as part of our commitment to reducing alcohol harms and promoting health and wellbeing for Camden residents. This strategy sets out our vision for how we will reduce alcohol harms for Camden residents through prevention, early intervention, and care and support. The strategy sets out a series of commitments for action in each of these areas and provides recommendations for next steps in achieving these.

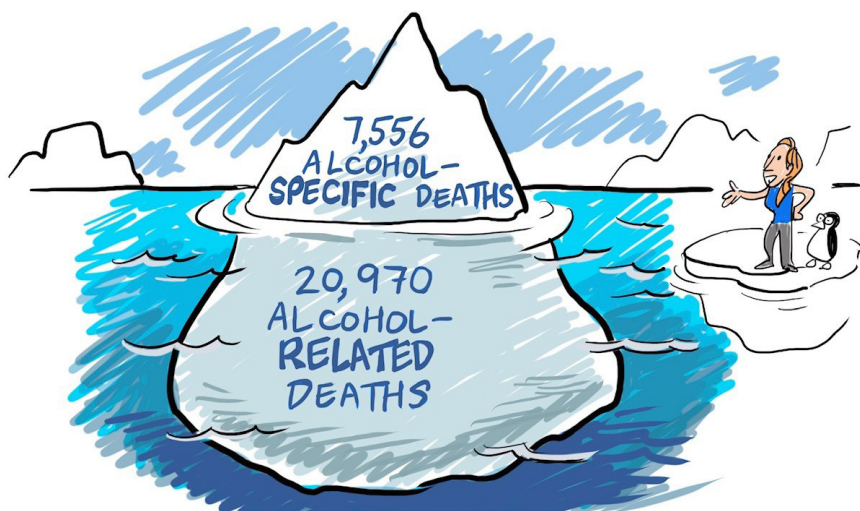


Figure 3: In 2021, there were 7,556 alcohol-specific deaths in England and 20,970 alcohol-related deaths⁴. Illustration by David Lewis.

Scope of strategy

This strategy sets out our shared vision and provides a clear direction for the development of work that Camden Council and partners take around alcohol use. In this strategy we consider the current situation for Camden residents in terms of need and service provision, as well as setting out goals for future progress. Whilst this strategy presents a high-level direction for the implementation of suggested recommendations and commitments, it will be followed by more detailed action plans to support our goals and visions.

The strategy focuses on the reduction of alcohol harms for Camden residents in the context of prevention, early intervention, and care and support. Strategic direction related to licensing and community safety were outside the direct scope for this report, but instead this strategy compliments and links with respective strategies and policies that are already in place in these areas. We have involved colleagues in these areas in our engagement efforts, and we will signpost to their work in this report. Examples of key community safety and licensing documents that sit alongside this report include Camden's Statement of Licensing Policy, Camden's Anti-Social Behaviour (ASB) Policy and Procedure, and the upcoming strategy to address violence against women and girls (VAWG).

Camden's recently published Drug and Alcohol Needs Assessment¹⁰ (2024) preceded this strategy and provides some of the most recent data related to drug and/or alcohol use at a national and local level.

Developing the strategy

As part of developing this strategy we have undertaken a programme of engagement with residents and partners, insights from which we have used to develop our recommendations. This commenced with a multi-stakeholder vision setting workshop in September 2024 in which we were joined by colleagues across Camden to discuss and agree the direction of strategy development.



Figure 4: Camden's multi-stakeholder Alcohol Strategy vision-setting event in September 2024. Illustration by David Lewis.

Camden commissions Change, Grow, Live (CGL) to provide alcohol care and support services for adults, and directly delivers services for young people through the FWD service. In developing this strategy we have engaged and collaborated with CGL and FWD staff and clients, staff and clients of Camden Carers, primary care colleagues, and young people (aged 16-

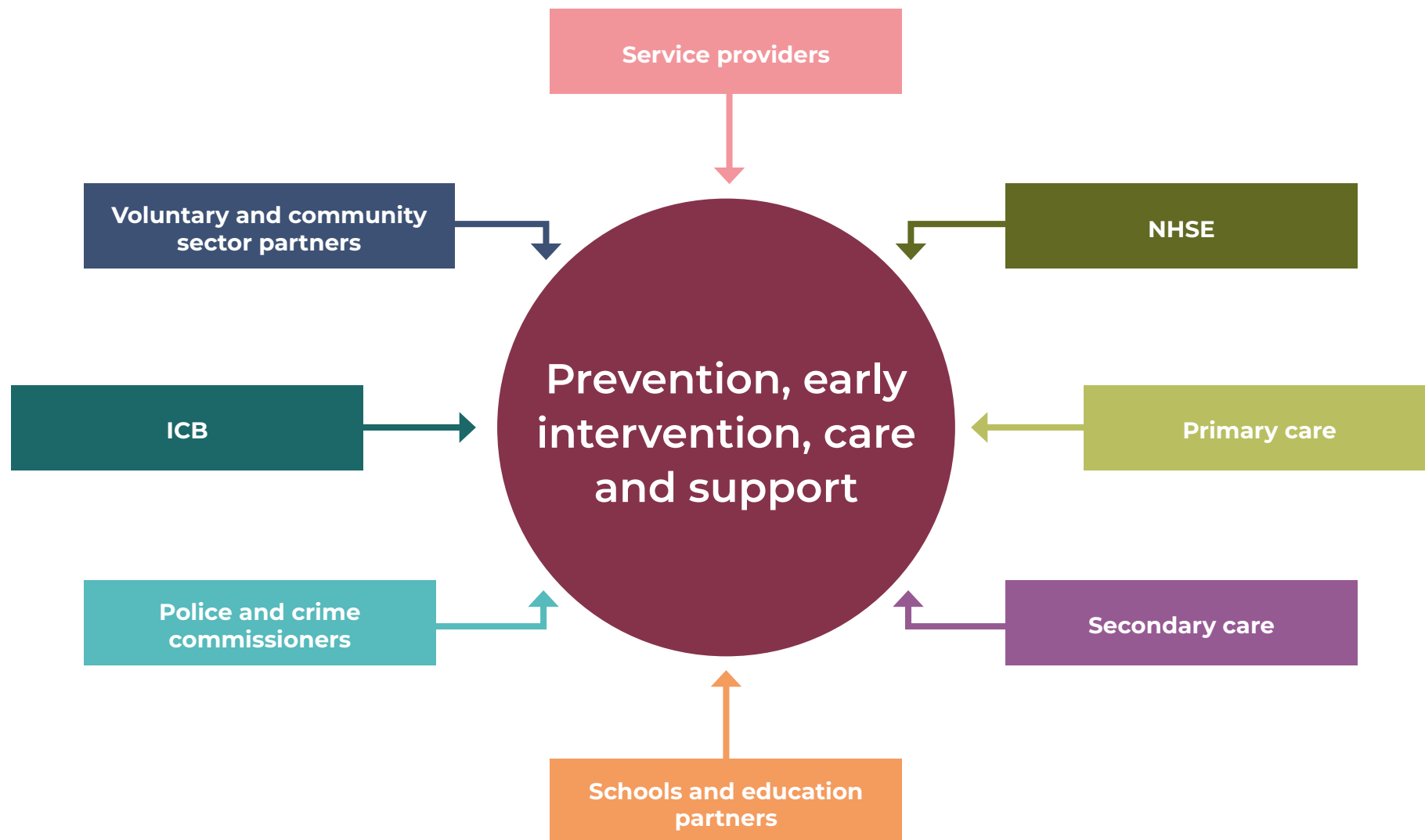
25 years) in Camden. We spoke to a broad range of young people, including those who identify as LGBTQ+ and those from the Muslim community, to ensure that their voices and lived experiences could be reflected in this strategy.

In shaping the contents of the strategy, we engaged with Camden Council colleagues in Community Safety and Community Licensing, colleagues from the North Central London Integrated Care Board (ICB), and colleagues from secondary care services.

We also carried out a resident survey to better understand the views and perspectives of Camden residents with regards to alcohol, as well as to get a picture of resident drinking patterns. See Appendix 1 for a summary of survey findings.

This strategy complements a number of other related public health strategies and ambition documents at Camden. These include:

- **We Make Camden**, published in 2022, which sets out a vision for the future of Camden.
- **Camden's 2022-30 Health and Wellbeing Strategy**, which acts as a call to action to all residents, community groups and local organisations to make Camden the very best place to start well, live well and age well.
- Camden's upcoming strategy to address Violence Against Women and Girls (VAWG).



The current strategy landscape (international, national, and local)

The strategy landscape regarding alcohol use is limited, reinforcing the need for an alcohol strategy specific to Camden.

International strategy landscape





In 2010 the World Health Organisation (WHO) published their 'Global strategy to reduce the harmful use of alcohol'¹¹, and this was endorsed by the 63rd World Health Assembly (May 2010). This strategy aimed to complement the public health policies of individual Member States. In their strategy, the WHO identified alcohol as one of the biggest risk factors for poor health at a global level, impacting the development of non-communicable and communicable diseases⁷.

The global strategy identified priority areas for action, providing policy options for member countries and suggesting interventions that each country could implement. Importantly, the WHO global strategy recommended that Member States would benefit from each having their own national strategy to reduce the harmful use of alcohol, something that England is currently lacking.

In 2018, the WHO launched their SAFER initiative¹², using this title as an acronym to represent the 5 most cost-effective interventions to reduce alcohol related harms. Of particular relevance to our strategy, the initiative refers to the importance of enabling access to screening, brief interventions and treatment. This initiative highlights the important role of health professionals in supporting residents to reduce or stop their drinking to decrease risks to their health.

In 2022 the WHO acknowledged the impact of commercial factors on alcohol use at a global level¹³, identifying the tactics of corporations in marketing alcohol towards young people and heavy drinkers. The WHO illustrated through a technical report the ways in which this could be combatted through national regulation and international co-operation.

<p>National strategy landscape</p> 	<p>In 2012, a national alcohol strategy by the then coalition government was published with the aim of significantly restructuring the approach to alcohol and reducing the number of people drinking above recommended levels. However, the strategy was not implemented, and there has since been limited progress in advancing national alcohol-related policies and interventions.</p> <p>Funded by the Alcohol Health Alliance, The Commission on Alcohol Harm brought together more than 60 organisations working together to reduce the harm caused by alcohol, publishing a report in 2020 highlighting alcohol harms¹. The Commission scrutinised the need for a new alcohol strategy in England, as well as considering priorities for the UK as a whole in areas where policy wasn't devolved.</p> <p>The lack of governmental action on alcohol policy has resulted in a further call for the 2024 Labour government to 'end the policy vacuum on alcohol harm in England' as part of their implied commitment to shifting towards preventative healthcare¹⁴.</p>
<p>Local landscape</p> 	<p>The 2012 governmental alcohol strategy highlighted how local authorities, in collaboration with community partners, are well placed to tackle alcohol-related issues in their area through interventions such as encouraging behaviour change and changing attitudes towards drinking. The strategy suggested that local authorities should undertake Joint Strategic Needs Assessments on this topic and subsequently develop their own strategies.</p> <p>Following the completion of the 2024 Camden Drug and Alcohol Needs Assessment¹⁰, this strategy represents the vital next step in addressing alcohol harms affecting Camden residents and sets out the vision for how this can be achieved. It is worth noting that any progress in governmental policy around alcohol use may also have a large impact on Camden residents, and as such it is important that we watch for such developments.</p>

Context: The current service offer and engagement insights

A number of agencies and organisations work together across Camden to support residents by providing interventions aimed at prevention, early intervention, care and support with regards to alcohol harms.

Prevention

The majority of primary prevention interventions in Camden are delivered to children and young people.

Preventative work is undertaken via programmes in Camden schools, including through:

- Early childhood education
- Parenting skills programmes which provide parents and carers with the knowledge and skills to support young people in their care with regards to topics such as alcohol use.
- Personal, social, health and economic (PSHE) education:
 - A statutory school curriculum subject which helps pupils develop the knowledge, skills and attributes to stay healthy and safe, now and in preparation for their adult life. The Department for Education sets a requirement for alcohol to be included within the school curriculum as part of PSHE, but schools can choose how they wish to cover this.
 - The PSHE Association is fully funded for all Camden schools and provides comprehensive lesson plans and resources for drug and alcohol education across all key stages (KS1-5).

FWD deliver in-house prevention interventions for under 25-year-olds in Camden. This includes provision of educational workshops for young people around alcohol.

Young people that we spoke to during the strategy development emphasized a need for improved alcohol education in schools and colleges, highlighting the importance of ensuring that this is delivered in a culturally competent and nuanced harm-reduction manner. Young people told us that they were keen for alcohol education to acknowledge the normalisation of alcohol in society, as well as considering the role that social media plays in promoting alcohol use.

“I don't remember my alcohol education very much, but it felt very condescending. It was PSHE but felt like the class that young people couldn't engage with at all.”

“There is evidence across all schools in Camden in terms of the curriculum that alcohol is being discussed.”

“Many young people accessing services won't even mention alcohol as they don't see it as a 'drug'.”

Quotes from engagement sessions with young people, education colleagues, and FWD staff.

As part of Camden's Look After YOU campaign, plans are underway at the council to develop 15-minute lessons for teachers, recommended for students in Years 11 – 13. These will be available to supplement education in PSHE lessons or could be used as standalone for use in assembly and form time. Each lesson will be centred around increasing awareness of a health topic and the support available for young people, and one lesson will focus on drugs, alcohol and tobacco. The lessons will include activities, discussion and films featuring Camden young people. This will provide an opportunity to raise awareness in schools regarding Camden's alcohol care and support service, FWD, as well as signposting to other available routes for support.

Our focus groups with adult residents (including clients of CGL and Camden Carers) and primary care colleagues have highlighted a need to strengthen interventions aimed at prevention for adult residents also. This should include identifying factors and life events that can contribute to hazardous or dependent alcohol use¹⁵ (e.g. bereavement, unemployment, or divorce) and supporting residents in these contexts to prevent or mitigate harm. It must be noted that whilst adverse life events can contribute to harmful alcohol use, alcohol is also commonly used as a way to socialise and celebrate. In our resident survey, the top reasons for drinking alcohol included 'to be sociable with others' and 'liking the feeling'. Behaviour change interventions aimed at prevention of alcohol harms must consider the different motivations that residents might have for drinking alcohol.

Prevention of alcohol harm

What we've heard could be improved	Our promise to you
Use of language Language about alcohol use can be confusing for residents (e.g. units)	We will review Camden communications around alcohol and develop a clearer shared language around alcohol harms, communicating this in a clear way that helps people avoid drinking at harmful levels.
Alcohol education There are opportunities to strengthen education around alcohol guidance and harms, including raising awareness among young people of local services	We will liaise with schools (including via Camden Learning) and the youth drug and alcohol service, to identify and act on opportunities to improve alcohol education. We will commit to a behavioural insight led alcohol campaign in 2025/26.
Significant life events E.g. Unemployment, retirement, divorce, and bereavement can contribute to alcohol use, and these could be opportunities to target prevention. This should also include celebrations, such as football events.	We will work with partners across mental health, housing, and employment services to raise awareness of alcohol harms and the determinants that increase risk from these, acknowledging the complexity in these areas.

Cross-cutting themes

What we've heard could be improved	Our promise to you
<p>Addressing wider determinants</p> <p>There is a need to consider how we can work collaboratively with colleagues to address wider determinants that can be associated with alcohol use – e.g. housing (including homelessness), mental health and wellbeing (including in the context of suicide prevention).</p>	<p>In collaboration with partners in key areas, we promise to explore how we currently address alcohol use in the context of wider determinants such as housing, considering ways in which this can be improved.</p>

Early intervention

Early intervention, or secondary prevention, aims to identify individuals with alcohol consumption that puts them at risk of harm and implement timely interventions to address this. This can be achieved in a variety of ways such as through Making Every Contact Count (MECC) and intervention and brief advice (IBA).

Primary care provides a good setting for early identification and intervention with regards to alcohol use, particularly in the context of IBA, and this is an area where evidence shows IBA to be effective¹⁶. Colleagues in primary care may speak to patients about their alcohol consumption at the point of GP registration, or opportunistically during consultations, providing

opportunities for advice and guidance to be given.

Our focus group with primary care doctors highlighted that many factors act to prevent effective early identification and intervention within primary care. These include a lack of clinical capacity due to service pressures and short appointments, as well as the fact that not all patients feel comfortable disclosing details about their alcohol intake to their GP. Our resident survey demonstrated that residents sometimes feel uncomfortable disclosing their alcohol intake with health professionals due to concerns about stigma, or simply because they do not think they are drinking above recommended levels. Furthermore, routinely collected data on alcohol use within primary care settings, including at the point of GP registration, is not always acted upon. Our resident survey found that 25% of respondents would like to access support from their GP with regards to alcohol if needed, highlighting the need to make sure that primary care colleagues are better able to support patients in this context.

“

Any patient who registered previously had a full screening registration with a nurse which included a detailed alcohol questionnaire, smoking, and all the rest of it. **Probably the gold standard is that everyone who registers is discussed. That's not done now.**

”

Quote from primary care focus group.

There are also opportunities for effective early intervention within secondary care settings, such as in Accident and Emergency (A&E) and on hospital wards. Secondary care colleagues have emphasized that clinicians in A&E are well placed to identify individuals at risk of alcohol harm and deliver interventions, including through signposting to support services or by contacting a patient's GP. There is currently not a standardised way of assessing alcohol use for patients presenting to A&E within Camden, although there are ambitions at University College London Hospital (UCLH) to integrate alcohol screening into patient consultations. At present it is likely that opportunities are being missed to identify individuals at risk of alcohol-related harms and provide timely interventions.

The Faculty of Population Health programme at the Royal Free London NHS Foundation Trust aims to upskill staff in having conversations with patients around healthy living, including with regards to reducing alcohol consumption. Learning from this has demonstrated a need to keep MECC up to date and use feedback loops so that referring staff members can see the positive impact of their referrals to specialist support services.

Given what we know about the fact that a higher proportion of those with harmful drinking nationally are aged 45-64 years or 65+ years³, it is important that these groups are considered and included in MECC and IBA interventions.

Early intervention

What we've heard could be improved	Our promise to you
<p>There are opportunities to strengthen alcohol use recording and early intervention.</p> <p>This includes through upskilling professionals across health and care around harmful alcohol use, ensuring they are making every contact count and using professional curiosity to identify residents who may be drinking to harmful levels.</p> <p>- There may be an opportunity to take learnings from the Royal Free Hospital Faculty of Public Health.</p>	<p>We will support and encourage primary and secondary care colleagues to identify gaps in alcohol use recording and early intervention, as well as supporting health and care partners to improve capacity and confidence in identification and brief advice with regards to alcohol.</p> <p>We will encourage colleagues across health and care to make alcohol discussions routine in consultations. This should include encouraging conversations with older adults.</p> <p>We will endorse ongoing efforts from ICB colleagues to integrate alcohol screening into secondary care consultation templates.</p>
<p>Out of hours support</p> <p>Out of hours care and support services for residents with harmful or dependent drinking would be helpful and improve access.</p>	<p>We will endorse the ambition for secondary care and commissioned service partners to provide out of hours alcohol support to residents, acknowledging current financial limitations.</p>

Cross-cutting themes

What we've heard could be improved	Our promise to you
Stigma reduction Residents with harmful or dependent drinking sometimes feel that they are 'blamed' for their alcohol use and that they do not receive the same level of care.	We will advocate for, and role model, a use of language which shifts blame away from individuals and acknowledges the factors that increase risk of alcohol harms/dependence and drive inequalities. <ul style="list-style-type: none"> E.g. Reframe messaging around alcohol use, using language like 'health journey' rather than 'drug and/or alcohol use' in campaigns and communications.

Care and support

Change, Grow, Live (CGL) are commissioned by Camden Council to provide drug and/or alcohol use support for adult residents. Residents can self-refer to CGL or can be referred by their GP for support with both harmful and dependent alcohol use. Our focus groups with CGL clients have highlighted that residents value opportunities to self-refer for support, and that the group sessions offered by CGL can be powerful in supporting those living with alcohol dependence. The interventions offered by CGL include:

- Peer support
- Emotional support and counselling
- Group work
- Recovery support, including education, training and

employment advice

- Online courses
- Medically assisted treatment
- Access to different detox and rehab options
- Onward referrals to a range of specialist services
- Blood-borne virus screening

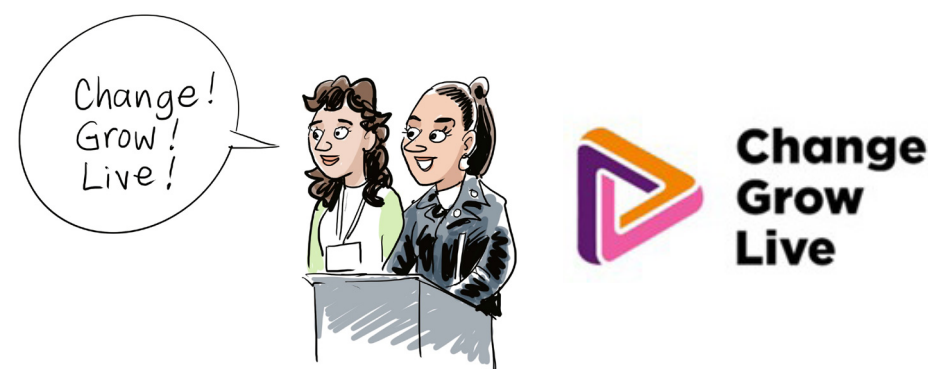


Figure 5: CGL colleagues speaking at Camden's multi-stakeholder Alcohol Strategy vision-setting event.
Illustration by David Lewis.

Figure 6: Change Grow Live logo.

Alcohol treatment support is also offered within secondary care settings, with specialist health professionals often working closely in collaboration with primary care and local authority commissioned services. This provision is patchy, with good clinical nurse specialist cover at some locations within hospital trusts, but no specialist nurses in others.

Commissioned care and support, and secondary care services, currently mostly function only 5 days a week within daytime working hours. Our engagement sessions with residents and colleagues have highlighted a shared sense that residents

would benefit from better access to out-of-hours support. Work is already underway within the NCL ICB and commissioned treatment services to explore how better out-of-hour provisions can be implemented.

Camden's primary intervention and support programme for under 25-year-olds is delivered in-house by FWD, and this includes:

- Open access and targeted engagement for children and young people who are particularly vulnerable to drug and/or alcohol use, for example those in the care system or criminal justice system.
- Information and advice
- Assessment and short-term intervention
- Access and signposting to diversionary activities
- Counselling and motivational interviewing
- Drug screening
- Targeted group work/workshops with vulnerable young people



Figure 7: FWD logo

In our consultation sessions, young people highlighted the importance of being able to access positive non-alcohol related activities in both the prevention of alcohol harms and as part of care and support. There is also a need to ensure that young people in Camden know how and where to access information and support with regards to alcohol use. We must particularly raise awareness of Camden's alcohol care and support service for young people, FWD. Through our engagement with young people of Muslim faith, we also identified opportunities to empower community leaders, including faith leaders such as Imams, to be able to support residents with regards to alcohol concerns.



Figure 8: Illustration by David Lewis.

Care and support

What we've heard could be improved	Our promise to you
Communication with clients <p>There is scope for better and more consistent communication between Camden's alcohol treatment service and clients, particularly at the point of referral to the service and keyworker allocation</p>	<p>We will work with our colleagues at CGL to ensure that measures are put into place to improve communication with clients, including at the point of initial presentation/referral.</p>
Joined up working <p>Need to improve communication between health and care services and increase multi-disciplinary team (MDT) working to support care and support client needs.</p>	<p>We will co-design and implement 'passports' with residents and service providers for use across services (including in primary care), reducing duplication of information giving. We will take learning from the passports used in Camden's homelessness transformation programme, looking at whether these could be amended to meet the needs of alcohol care and support clients.</p>
Treatment service workforce challenges <p>High turnover of staff and a lack of key worker continuity can create challenges for clients of alcohol care and support services.</p>	<p>We will work with commissioned services to further explore this issue, remaining mindful of financial limitations.</p>
Violence/VAWG/domestic abuse <p>Alcohol is a risk factor for violence, including VAWG and domestic abuse. There is a need for this to be addressed by care and support partners.</p>	<p>Working with Camden's VAWG programme, and partners across Camden Council, we will explore the complex relationships between alcohol and VAWG and identify ways to address this.</p>
Family and hidden harms <p>Alcohol related harms can have many impacts on families, and this is something that our strategy must address across our recommendation areas.</p>	<p>We will explore how to better consider the role and impact of parental alcohol use on children and young people, considering ways in which family support can be provided and implementing changes accordingly.</p>

Community safety and licensing – the Camden context

Whilst outside the main scope for this strategy, it is important to highlight the role of Camden's Licensing and Community Safety teams in reducing harms from alcohol for residents.

Licensing

Camden's Licensing service plays a crucial role in mitigating harms related to alcohol by regulating the availability and consumption of alcohol in ways that align with public health goals. This includes regulating alcohol availability through licensing decisions and conditions, and ultimately enforcement action ranging from advice and additional conditions up to and including prosecution as a last resort. Underage sales are identified through test purchasing with a young volunteer, and harm reduced through for example identifying and addressing venues that serve alcohol to intoxicated individuals.

Licensing decisions can influence the levels of alcohol-related antisocial behaviour, domestic violence, and public disturbances. Camden's Licensing service work with venues to promote safety measures such as requiring trained security staff to be employed, anti-spiking training, WAVE (Welfare and Vulnerability Engagement) training, and implementing incident management procedures. Camden's Licensing service collects data on alcohol-related incidents and health outcomes. They collaborate with Camden's Health and Wellbeing team, as well as other agencies, to inform public health strategies and shape interventions targeted at reducing harms from alcohol.

By aligning licensing policies with public health objectives, local authorities contribute to reducing alcohol-related harms, improving community well-being, and creating safer environments. Camden's Licensing service is currently

reviewing the Council's 2022 interim Statement of Licensing Policy¹⁷. As part of this, a 13-week consultation was launched in December 2024 with the goal of gathering resident, business, and licensee opinions regarding the draft policy. Amongst other changes, the new policy addresses women's safety and integrates the principles of the Mayor of London's Women's Night Safety Charter to ensure that women feel safe in Camden at all times including in Camden's evening and night-time economy, addressing the safety of both patrons and staff at licensed premises¹⁸.

Community Safety

Camden's Community Safety & Enforcement Service includes a number of different work areas where tackling the impact of alcohol is of significance. In addition to this, the service works with a number of partners who support the delivery of this work in a multi-agency environment.

Camden's recent anti-social behaviour (ASB) review has helped improve service delivery, data management, and resident engagement in the way the council responds to reported antisocial behaviour. This work is underpinned by a new ASB Policy and Procedure that is delivered across both Community Safety and Neighbourhood Housing services. Alcohol can play a significant part in managing behaviour in both residential settings and the public realm that is reported as antisocial behaviour affecting the lives of residents.

The on-street Community Safety Enforcement team deliver interventions of support and take enforcement action against location-based issues. This team work closely with Camden's Routes off the Street (RTS) team to provide outreach support to vulnerable rough sleepers and those who are street active. The team also work closely with the police, providing a visible uniformed presence and using statutory enforcement powers when working in our town centres and night-time economy hotspots.

In all the work that is delivered across the Community Safety & Enforcement Service, a key outcome is to focus on reducing risks to both victims, alleged perpetrators, and our most vulnerable residents.

What does the data tell us about the needs of Camden residents around alcohol?

The picture for adult residents – key findings from the needs assessment⁷

It is challenging to accurately capture levels of alcohol harm and misuse, in part due to the normalisation of alcohol use as well as the hidden harms of alcohol amongst many residents. As such current data may not fully represent the needs of residents.

The 2024 Camden Drug and Alcohol Needs Assessment⁷ presents some of the most recent data around the issue of alcohol in adult Camden residents, including around alcohol use patterns in Camden and treatment-service level data. The needs assessment also demonstrates issues regarding inequity and intersectionality in alcohol use and harms for Camden residents.

Overview of need in Camden

The estimated rate of alcohol dependence in Camden is higher than across London or England, although the most recent estimates are for 2019-2020². Whilst future estimates may show whether the rate has increased since the COVID-19 pandemic or the cost of-living crisis, alcohol remains a significant public health concern for Camden.

Camden rates of unmet need are similar to or lower than the London average – though still high². Rates are calculated using prevalence estimates for 2019-20, and numbers in treatment (12-month rolling, to March 2023).

In 2023/24, 54% of service users entered alcohol care and support via self-referral, or by friend or family referral². Only 29% were referred by colleagues in health services or social care. 7% of clients were referred by colleagues in the criminal justice service, and 5% by drug and/or alcohol use services and 'other' services respectively. This represents a need to focus on ensuring easy and accessible self-referral processes for residents, as well as clarifying and strengthening referral pathways to alcohol support services from health and social care.

Intersectionality and inequality

White drug and/or alcohol use service users are over-represented in Camden. 35.4% of Camden's population identify as White British, with 59.6% identifying as any White group¹⁹. In 2023/24, 73% of adult alcohol misuse service users in Camden identified as White², a higher proportion of White service users than would be expected from the Camden population. This overrepresentation could be due to higher need among the White population, or factors such as stigma or lack of cultural awareness reducing access to the services for residents of certain ethnicities.

Whilst 62% of Camden residents identify as having a religion²⁰, a large percentage of drug and/or alcohol use service users report that they do not have a religion, both in Camden and nationally. Camden has higher rates of service users who are Buddhist, Jewish or Muslim compared to the national figures, although both Jewish and Muslim service users are under-represented compared to the Camden population. This might represent an area of unmet need.

The proportion of residents who report disability or long-term mental/physical health conditions is higher in the drug and/or alcohol use service user cohort than in the general Camden population. 44.8% of Camden service users reported no disability, compared to 64.9% of service users across England²¹. The most common disability, cited by over a third of Camden drug and/or alcohol use, was behavioural and emotional (36.1%). In the general Camden population, 79.1% reported no disability or long-term mental/physical health condition, so the proportion of disability among service users is high in comparison³. Furthermore, our engagement with residents and professionals has highlighted that dual diagnosis of poor mental health and alcohol dependence is prevalent and can act as a barrier to receiving appropriate care and support.

Residents on Camden's homelessness pathway also have specific alcohol-related support needs. From April 2022 – March 2023, approximately 25% of all residents in Camden's adult homelessness pathway had alcohol-related support needs, and a further 13% had both alcohol and drug support needs²².

In 2024 Drink Aware published a report detailing the relationship between alcohol, gender and lesbian, gay, bisexual and transgender (LGBTQ+) individuals²³. The report identified that LGBTQ+ individuals were more likely to binge drink, as well as being disproportionately affected by alcohol-related harm because of other people's drinking. The report identified that LGBTQ+ individuals were more likely to drink alcohol to fit in or cope, as well as highlighting that these individuals are also more likely to experience anxiety and depression linked to harmful alcohol use. Compared to other parts of the UK, Camden has a relatively high proportion of LGBTQ+ residents. According to the 2021 ONS census, 7% of over-16-year-olds identified as lesbian, gay, bisexual, or other²⁴. It is therefore

important to ensure that the specific needs of LGBTQ+ individuals are considered in this strategy, something that drove our decision to engage with young LGBTQ+ individuals in our consultation work.

The picture for young people

Young people can be negatively affected by alcohol use in a variety of ways, both in the context of their own alcohol use and because of alcohol use by parents and guardians.

Nationally, it is estimated that 478,000 children (40 per 1,000) are living with a parent with problem alcohol or drug use²⁵. In 2019/20, Camden had a total of 828 new presentations to care and support services. Of those, 107 (13%) were parents or adults living with children, and 199 (24%) were parents not living with children. These are lower than the national rates of 21% and 31% respectively¹⁴. Most recent data in Camden shows that 15.4% (202) of children who had a Child in Need assessment identified alcohol misuse by a parent or other adult living with the child as an issue¹⁰.

Questions on alcohol use are included in Camden's Health-Related Behaviour Questionnaire (HRBQ)²⁶. The HRBQ has indicated that alcohol use in young people has reduced, with 78% of year 8 and 10s reporting they hadn't had a drink in the last week in 2004 compared to 91% in 2021. In 2021, 14% of secondary school pupils surveyed reported worrying 'quite a lot' or 'a lot' about the alcohol or drug use of someone in their family, compared to only 6% who worried 'quite a lot' or 'a lot' about their own alcohol or drug use (the questionnaire encompasses both alcohol and drugs in this question). 33% of secondary school pupils responded that they have had an alcoholic drink, with 66% reported that they never drink.

In 2021, 33% of secondary school pupils answering the HRBQ

responded that they thought it was 'unlikely' that a young person would access alcohol services if they needed help, and a further 23% thought this was 'very unlikely'. This reflects a need to ensure services are accessible and available to young people who need them.

Data from April 2022 to March 2023 showed that 54% of children and young people receiving tier 3 drug & alcohol intervention (delivered in specialist services) in Camden are 18-24 years old²⁷. Of those accessing the young person's drug and alcohol service, 49% reported alcohol use¹⁶. Notably, 22.7% of service users seeking treatment for alcohol use were aged 15 or under. For 27% of children and young people, alcohol was reported as the primary issue, meaning that 22% used alcohol but did not consider it their main drug and/or alcohol use issue. Alcohol use has significant educational impacts, with 2021-2022 schools' data showing 45 exclusions or suspensions in Camden related to drugs or alcohol out of 1,134 (4%)¹⁶.

Cross-cutting themes

What we've heard could be improved	Our promise to you
Addressing inequities We need to ensure that we address health inequity/ inequality across our work on reducing alcohol harms, including through ensuring we consistently collect good quality data on resident alcohol use.	We will ensure that inequity remains an ongoing thread in Camden's work on alcohol, including when implementing strategy recommendations. We will also ensure our strategy is accessible, e.g. being available in different languages.

Care and support

What we've heard could be improved	Our promise to you
Accessing mental health and adult social care People living with alcohol dependence can experience challenges accessing support related to this (e.g. mental health, social care).	We will explore ways to reduce the barriers and challenges faced by those living with alcohol dependence in accessing social care and mental health support.
Dual diagnosis Dual diagnosis (co-existing mental health and alcohol dependence) is an ongoing area of need. Whilst work is underway to address this, more is needed.	We will commit to exploring how services currently support those with dual diagnosis and identify ways in which residents can be better supported. This could include: <ul style="list-style-type: none"> Working agreements between mental health and alcohol support teams to establish their roles in supporting residents/ clients. Improved alcohol care outreach into mental health services (a current ambition in the recommissioning of mental health supported living).

5. Recommendations



5. Recommendations – Our promises to you: quick wins vs longer term ambitions

Our strategy recommendations reflect our commitment to action toward reducing alcohol harm across a variety of areas. We have developed our recommendations across four domains:

1. Cross-cutting themes

2. Prevention of alcohol harm

3. Early intervention in the context of alcohol use

4. Care and support for those experiencing harmful or dependent alcohol use

We acknowledge that there may be additional areas, not included in our recommendations, that will require further exploration or action in the context of alcohol harm reduction for Camden residents. One example would be to link in with Camden's SEND Strategy and All-Age Autism Strategy to ensure that the needs of residents with SEND and autism are met in the context of alcohol harm reduction.

Within each recommendation area we have highlighted potential 'quick wins', as well as acknowledging that some changes will require longer timeframes. **Our recommendations include some areas that we acknowledge need further exploration but cannot necessarily be addressed immediately.** A more detailed action plan will follow this document to set out how each recommendation will be implemented, and this will be created in ongoing collaboration with key stakeholders and residents.

Cross-cutting themes

Quick wins

What we've heard could be improved	Our promise to you	Proposed sector lead(s)
Addressing inequities We need to ensure that we address health inequity/ inequality across our work on reducing alcohol harms, including through ensuring we consistently collect good quality data on resident alcohol use.	We will ensure that inequity remains an ongoing thread in Camden's work on alcohol, including when implementing strategy recommendations. We will also ensure our strategy is accessible, e.g. being available in different languages.	<ul style="list-style-type: none"> Camden Health and Wellbeing (HWB) department
Addressing wider determinants There is a need to consider how we can work collaboratively with colleagues to address wider determinants that can be associated with alcohol use – e.g. housing (including homelessness), mental health and wellbeing (including in the context of suicide prevention).	In collaboration with partners in key areas, we promise to explore how we currently address alcohol use in the context of wider determinants such as housing, considering ways in which this can be improved.	<ul style="list-style-type: none"> Camden HWB department (liaising with colleagues in mental health, housing, etc)
Stigma reduction Residents with harmful or dependent drinking sometimes feel that they are 'blamed' for their alcohol use and that they do not receive the same level of care.	We will advocate for, and role model, a use of language which shifts blame away from individuals and acknowledges the factors that increase risk of alcohol harms/dependence and drive inequalities. <ul style="list-style-type: none"> E.g. Reframe messaging around alcohol use, using language like 'health journey' rather than 'drug and/or alcohol use' in campaigns and communications. 	<ul style="list-style-type: none"> Camden HWB department

Longer term ambitions

What we've heard could be improved	Our promise to you	Proposed sector lead(s)
Addressing inequities <p>We need to ensure that we address health inequity/ inequality across our work on reducing alcohol harms, including through ensuring we consistently collect good quality data on resident alcohol use.</p>	<p>We will explore ways to better collect and utilise data to identify and address inequalities with regards to alcohol education and alcohol harms.</p> <p>We will consider a digital inclusion approach to improving access for older adults to alcohol support.</p>	<ul style="list-style-type: none"> • Camden HWB department • Primary Care • Secondary Care • NCL ICB
Addressing wider determinants <p>There is a need to consider how we can work collaboratively with colleagues to address wider determinants that can be associated with alcohol use – e.g. housing (including homelessness), mental health and wellbeing (including in the context of suicide prevention).</p>	<p>We promise to act on opportunities to identify and support people around their alcohol use across council departments, commissioned services, health partners and others using existing structures and processes and through building productive relationships.</p>	<ul style="list-style-type: none"> • Camden HWB department (liaising with colleagues in mental health, housing, etc)
Stigma reduction <p>Residents with harmful or dependent drinking sometimes feel that they are 'blamed' for their alcohol use and that they do not receive the same level of care.</p>	<p>We will identify ways to strengthen the confidence of health and care colleagues in assessing the capacity of adults with alcohol dependence, with a focus on stigma reduction.</p>	<ul style="list-style-type: none"> • Camden HWB department

Prevention

Quick wins

What we've heard could be improved	Our promise to you	Proposed sector lead(s)
Use of language Language about alcohol use can be confusing for residents (e.g. units)	We will review Camden communications around alcohol and ensure that any existing or new communications are clear and accessible for all residents, particularly with regards to helping people understand harmful levels of drinking and avoid drinking at harmful levels.	<ul style="list-style-type: none"> Camden HWB department
Alcohol education There are opportunities to strengthen education around alcohol guidance and harms, incl. raising awareness among young people of local services	We will liaise with Camden's schools (including via Camden Learning), as well as with commissioned youth drug and alcohol services, to identify opportunities to explore alcohol education across Camden and identify areas for improvement.	<ul style="list-style-type: none"> Camden HWB department Camden Learning FWD
	We commit to a behavioural insight led alcohol campaign in 2025/26.	<ul style="list-style-type: none"> Camden HWB department
Significant life events E.g. unemployment, retirement, divorce, bereavement can contribute to alcohol use, and these could be opportunities to target prevention. This should also include celebrations, such as football events.	We will work with partners across mental health, housing, and employment services to raise awareness of alcohol harms and the determinants that increase risk from these. In doing so we will acknowledge the complexity in these areas.	<ul style="list-style-type: none"> Camden HWB department (with mental health colleagues)

Longer term ambitions

What we've heard could be improved	Our promise to you	Proposed sector lead(s)
Use of language Language about alcohol use can be confusing for residents (e.g. units)	We will work towards developing a clearer shared language around harmful levels of drinking for Camden residents, communicating this in a clear way that helps people avoid drinking at harmful levels.	<ul style="list-style-type: none"> • Camden HWB department • Primary Care • Secondary Care • NCL ICB
Alcohol education There are opportunities to strengthen education around alcohol guidance and harms, incl. raising awareness among young people of local services	We will consider ways in which we can strengthen alcohol education, e.g. through: <ul style="list-style-type: none"> • Targeted campaigns • Developing local standards for schools (PSHE) • Peer education • Promotion of local services (incl. reviewing comms and digital footprint). 	<ul style="list-style-type: none"> • Camden HWB department • Camden Learning • FWD
Significant life events E.g. unemployment, retirement, divorce, bereavement can contribute to alcohol use, and these could be opportunities to target prevention. This should also include celebrations, such as football events.	We will collaborate with partners across mental health, housing, and employment services to improve capacity and confidence in identification and brief advice (IBA) with regards to alcohol. In doing so we will acknowledge the complexity in these areas. It will be important to understand the baseline capacity and confidence of different professionals and organisations in IBA.	<ul style="list-style-type: none"> • Camden HWB department (with mental health colleagues)

Early intervention

Quick wins

What we've heard could be improved	Our promise to you	Proposed sector lead(s)
<p>There are opportunities to strengthen alcohol use recording and early intervention.</p> <p>This includes through upskilling professionals across health and care around harmful alcohol use, ensuring they are making every contact count and using professional curiosity to identify residents who may be drinking to harmful levels.</p> <ul style="list-style-type: none"> • There may be an opportunity to take learnings from the Royal Free Hospital Faculty of Public Health 	<p>We will support and encourage primary and secondary care colleagues to identify gaps in alcohol use recording and early intervention.</p>	<ul style="list-style-type: none"> • Primary Care • Secondary Care • ICB • Camden HWB department
	<p>We will encourage colleagues across health and care to make alcohol discussions routine in consultations. This should include encouraging conversations with older adults.</p>	<ul style="list-style-type: none"> • Camden HWB department • Primary Care • Secondary Care • ICB
	<p>We will endorse ongoing efforts from ICB colleagues to integrate alcohol screening into secondary care consultation templates.</p>	<ul style="list-style-type: none"> • ICB
<p>Out of hours support</p> <p>Out of hours care and support services for residents with harmful or dependent drinking would be helpful and improve access</p>	<p>We will endorse the ambition for secondary care and commissioned service partners to provide out of hours alcohol support to residents, acknowledging current financial limitations.</p>	<ul style="list-style-type: none"> • ICB • Commissioned service partners • Camden HWB department

Longer term ambitions

What we've heard could be improved	Our promise to you	Proposed sector lead(s)
<p>There are opportunities to strengthen alcohol use recording and early intervention.</p> <p>This includes through upskilling professionals across health and care around harmful alcohol use, ensuring they are making every contact count and using professional curiosity to identify residents who may be drinking to harmful levels.</p> <p>- There may be an opportunity to take learnings from RFH Faculty of Public Health</p>	<p>We will support health and care partners to improve capacity and confidence in identification and brief advice with regards to alcohol (particularly in areas where evidence shows this is effective such as primary care, emergency departments and criminal justice settings). This may include delivering training, as well as reviewing the way recorded data on alcohol use is used.</p> <ul style="list-style-type: none"> This will included empowering professionals to be confident in knowing how to respond if residents disclose harmful or dependent alcohol use. 	<ul style="list-style-type: none"> Camden HWB department
<p>Out of hours support</p> <p>Out of hours care and support services for residents with harmful or dependent drinking would be helpful and improve access</p>	<p>We will endorse the ambition for secondary care and commissioned service partners to provide out of hours alcohol support to residents, acknowledging current financial limitations.</p>	<ul style="list-style-type: none"> ICB Commissioned service partners Camden HWB department

Care and support

Quick wins

What we've heard could be improved	Our promise to you	Proposed sector lead(s)
Communication with clients There is scope for better and more consistent communication between Camden's alcohol treatment service and clients, particularly at the point of referral to the service & keyworker allocation	We will work with our colleagues at CGL to ensure that measures are put into place to improve communication with clients, including at the point of initial presentation/referral.	<ul style="list-style-type: none"> • CGL
Joined up working Need to improve communication between health and care services and increase multi-disciplinary team (MDT) working to support care and support client needs.	We will co-design 'passports' with residents and service providers for use across services (including in primary care), reducing duplication of information giving. We will take learning from the passports used in Camden's homelessness transformation programme, looking at whether these could be amended to meet the needs of alcohol care and support clients.	<ul style="list-style-type: none"> • Camden HWB department
Accessing mental health and adult social care People living with alcohol dependence can experience challenges accessing support related to this (e.g. mental health, social care).	We will explore ways to reduce the barriers and challenges faced by those living with alcohol dependence in accessing social care and mental health support.	<ul style="list-style-type: none"> • Camden HWB department • Camden mental health & adult social care

Treatment service workforce challenges	<p>We will work with commissioned services to further explore this issue, remaining mindful of financial limitations.</p>	<ul style="list-style-type: none"> • Camden HWB department • CGL/FWD
Dual diagnosis	<p>Dual diagnosis (co-existing mental health and alcohol dependence) is an ongoing area of need. Whilst work is underway to address this, more is needed.</p> <p>We will commit to exploring how services currently support those with dual diagnosis and identify ways in which residents can be better supported.</p> <p>This could include:</p> <ul style="list-style-type: none"> • Working agreements between mental health and alcohol support teams to establish their roles in supporting residents/clients. • Improved alcohol care outreach into mental health services (a current ambition in the recommissioning of mental health supported living). 	<ul style="list-style-type: none"> • Camden HWB department • Camden mental health colleagues
Violence/VAWG/domestic abuse	<p>Alcohol is a risk factor for violence, including VAWG and domestic abuse. There is a need for this to be addressed by care and support partners.</p> <p>Working with Camden's VAWG programme, and partners across Camden Council, we will explore the complex relationships between alcohol and VAWG and identify ways to address this.</p>	<ul style="list-style-type: none"> • Camden HWB department • Camden VAWG leads • Camden Licensing and Community Safety
Family and hidden harms	<p>Alcohol related harms can have many impacts on families, and this is something that our strategy must address across our recommendation areas.</p> <p>We will explore how to better consider the role and impact of parental alcohol use on children and young people, considering ways in which family support can be provided.</p>	<ul style="list-style-type: none"> • Camden HWB department

Longer term ambitions

What we've heard could be improved	Our promise to you	Proposed sector lead(s)
Communication with clients There is scope for better and more consistent communication between Camden's alcohol treatment service and clients, particularly at the point of referral to the service & keyworker allocation	We will work with our colleagues at CGL to ensure that measures are put into place to improve communication with clients, including at the point of initial presentation/referral.	<ul style="list-style-type: none"> • CGL
Joined up working Need to improve communication between health and care services & increase MDT working supporting user needs.	We will implement resident 'passports' for use across services (including in primary care), reducing duplication of information giving.	<ul style="list-style-type: none"> • Camden HWB department
Accessing mental health and adult social care People living with alcohol dependence can experience challenges accessing support related to this (e.g. mental health, social care).	We will explore ways to reduce the barriers and challenges faced by those living with alcohol dependence in accessing social care and mental health support.	<ul style="list-style-type: none"> • Camden HWB department • Camden mental health and adult social care

<p>Treatment service workforce challenges</p> <p>High turnover of staff and a lack of key worker continuity can create challenges for clients of alcohol care and support services.</p>	<p>We will work with commissioned services to further explore this issue, remaining mindful of financial limitations.</p>	<ul style="list-style-type: none"> • Camden HWB department • CGL/FWD
<p>Dual diagnosis</p> <p>Dual diagnosis (co-existing mental health and alcohol dependence) is an ongoing area of need. Whilst work is underway to address this, more is needed.</p>	<p>We will commit to exploring how services currently support those with dual diagnosis and identify ways in which residents can be better supported.</p> <p>This could include:</p> <ul style="list-style-type: none"> • Working agreements between mental health & specialist alcohol teams to establish their roles in supporting residents/clients. • Improved alcohol care outreach into mental health services (a current ambition in the recommissioning of mental health supported living). 	<ul style="list-style-type: none"> • Camden HWB department • Camden mental health colleagues
<p>Violence/VAWG/domestic abuse</p> <p>Alcohol is a risk factor for violence, including VAWG and domestic abuse. There is a need for this to be addressed by care and support partners.</p>	<p>Working with Camden's VAWG programme, and partners across Camden Council, we will implement interventions aimed at addressing the role of alcohol and better supporting victims/survivors of domestic violence.</p>	<ul style="list-style-type: none"> • Camden HWB department • Camden VAWG leads • Camden Licensing and Community Safety
<p>Family impacts and hidden harms</p> <p>Alcohol related harms can have many impacts on families, and this is something that our strategy must address across our recommendation areas.</p>	<p>We will implement changes to provide better support to families affected by harmful and dependent alcohol use.</p>	<ul style="list-style-type: none"> • Camden HWB department

5. Implementation



Next steps

This strategy has set out a shared commitment for the direction that Camden and partners will take around reducing alcohol harm for residents in the contexts of prevention, early intervention, and care and support. Recommendations have been informed by the findings of the preceding health needs assessment, as well as the voices of Camden residents and partners through our consultation sessions and resident survey. Our governance meetings with partners and key stakeholders have enabled us to collaboratively refine our recommendations. The next steps for Camden Council and partners will be to develop and agree a detailed action plan for the implementation of the commitments suggested in this strategy, with the ambition of creating this action plan by January 2026.

We would suggest that this will be best achieved through the creation of an alcohol strategy working group, with representation from (but not limited to):

- Camden Council Health and Wellbeing department
- Healthy Lives, Behavioural Insights and Public Realm teams.
- Camden Council Mental Health and Adult Social Care colleagues
- Camden Council Children's Social Care colleagues
- Adult and young people's drug and alcohol services: CGL and FWD
- Primary care in Camden
- Secondary care in Camden
- North Central London Integrated Care Board

Through this collaborative approach we hope to reduce harm from alcohol for Camden residents.

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Context and Purpose

Why this strategy now?

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Scope of Strategy

The current strategy landscape

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Appendix 1 - Alcohol Survey | Survey key findings



- Our alcohol strategy survey was opened in December 2024 and closed at the end of the month. A shortened version of the survey was re-opened in February 2025 and closed at the end of March – In total we have 105 responses (17 longer survey + 88 shortened).
- The survey was created on the Citizen Space platform (Camden's preferred survey platform) and was anonymous.
- The survey was shared internally at Camden Council, as well as with external stakeholders and through resident engagement forums.
- Survey respondents were offered the opportunity to enter a prize draw to win a £30 voucher. A winner was randomly allocated after the survey closed.



Of those who responded, demographics included:

- 66 female, 37 male, 1 prefer not to say, 1 not answered.
- 69 identified as straight/heterosexual, 14 as bisexual, 9 as gay/lesbian, remainder not answered.
- The majority of respondents were White, mostly White British.
- 56 had no religion, 32 Christian, 3 Buddhist, 3 Muslim, remainder not answered.

Insights at a glance:

- 100 respondents were aware that the government provides guidelines regarding alcohol intake limits, and 69% of these reported knowing what the guidelines are.
- Almost a quarter (24%) of respondents felt 'not at all confident' calculating alcohol intake in units.
- A third (33%) thought they might be drinking above recommend levels.
- 68% of respondents felt they could be honest about their drinking with health and care professionals.
- 14% reported drinking 10+ units on a typical day when drinking.
- The top reasons for drinking included to be sociable with others and liking the feeling.
- 10% reported drinking because it helps when feeling depressed or nervous.
- 38% (40) reported drinking less nowadays compared to a year ago – Most commonly for health/medical reasons.
- 63% (66) have felt they should cut down their drinking at some point.
- 25% of respondents would like to access support from their GP if needed, and 29% would like online support.

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