

A decorative graphic in the top left corner consisting of a series of colored dots (pink, orange, teal, yellow, and purple) arranged in a diagonal pattern, appearing to flow from the top left towards the center of the page.

Camden Council Alcohol Strategy

2025 - 2030

Department of Health and Wellbeing
London Borough of Camden



Alcohol Strategy | The aim and scope for this strategy

Aim



To provide a direction for the development of work that Camden Council and partners take around alcohol.



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.

Scope

This strategy focuses on reducing harm from alcohol for Camden residents in terms of –

1. **Prevention**
2. **Early intervention**
3. **Care and support**



We have also linked in with community safety and licensing.

Why?



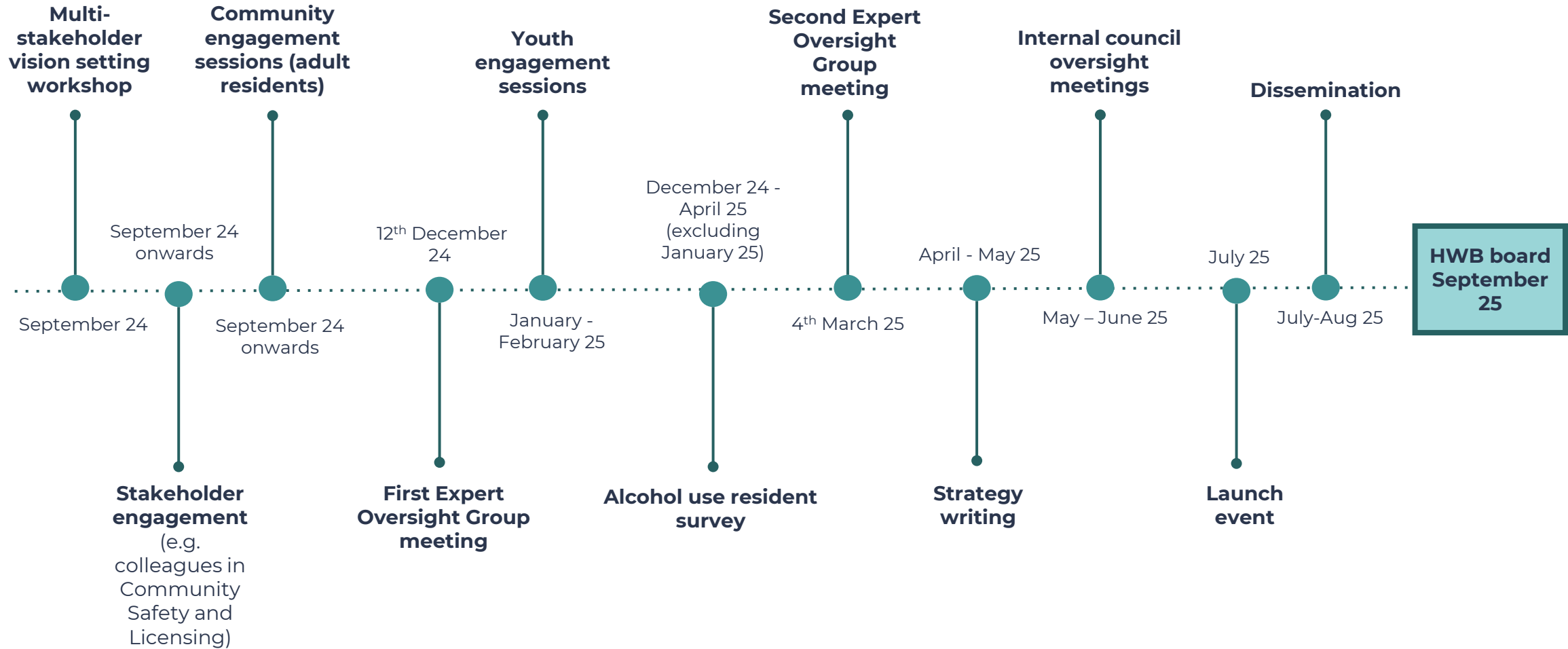
There is currently no national strategy, and there hasn't been a local strategy for many years.

The facts



- Alcohol misuse is the **biggest risk factor** for death, ill-health, and disability among 15–49-year-olds in the UK¹.
- According to a Nuffield Trust analysis, trends show a **concerning rise in deaths** from alcohol since the beginning of the COVID-19 pandemic in 2020².
- Rates of **alcohol dependence are higher** in Camden than for London and England, and Camden has **higher hospital admissions** related to conditions specific to alcohol than the English average^{3,4}.
- Harmful and dependent alcohol use are both drivers and consequences of **health inequalities**.

Alcohol Strategy | Our journey so far



Prevention | Context – Insights from engagement work



Context



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
- Personal, social, health and economic (PSHE) education



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



Insights



*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.*



- 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.
- Our focus groups with adult residents 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 use

Early Intervention | Context – Insights from engagement work



Context

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 identification and brief advice (IBA).



NHS settings provide a great opportunity to early intervention:

- Primary care
- Secondary care, including A&E

Insights



“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.**”

- Our focus group with primary care doctors highlighted that **many factors act to prevent effective early identification and intervention.**
- There are also opportunities for effective early intervention within secondary care settings, such as in Accident and Emergency (A&E) and on hospital wards.
- **A higher proportion of those with harmful drinking nationally are now aged 45-64 years or 65+ years**, so it is important these groups are considered and included in MECC and IBA interventions.

Care and Support | Context – Insights from engagement work



Context



Change, Grow, Live (CGL) are commissioned by Camden Council to provide 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.



Alcohol care and support is also offered within **secondary care settings**.



Camden's primary intervention and support programme for under 25-year-olds is delivered in-house by **FWD**.

Insights



- Our focus groups with CGL clients highlighted that **residents value opportunities to self-refer for support**, and that **group sessions can be powerful** in supporting those living with alcohol dependence.
- Through engaging with young people of Muslim faith, we identified opportunities to empower community leaders, including faith leaders such as Imams, to support residents with regards to alcohol concerns.
- There is also a need to **ensure that young people in Camden know how and where to access** care and support with regards to alcohol use.



Recommendations | How these have been developed

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

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.

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.

Recommendations | Our promises to you

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, 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.

Recommendations | Our promises to you

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.



Alcohol Strategy | Next steps

This strategy sets out a shared commitment for the direction that Camden and partners can take around reducing alcohol harm for residents in the contexts of prevention, early intervention, and care and support. Next steps include:

1

Develop and agree a **detailed action plan** for the implementation of our strategy commitments, with the ambition of creating this action plan by **January 2026**.

2

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

- Camden Council Health and Wellbeing department
- 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
- Voluntary and community sector organisation partners



Reducing alcohol related harm is now a short-term strategic priority for Camden's health & care system

References cited in the presentation

- ¹Commission on Alcohol Harm. (2020). *'It's everywhere' – alcohol's public face and private harm. The report of the Commission on Alcohol Harm.* [Online]. Alcohol Health Alliance. Last Updated: September 2020. Available at: <https://ahauk.org/wp-content/uploads/2020/09/Its-Everywhere-Commission-on-Alcohol-Harm-final-report>. [Accessed 29 April 2025].
- ² Taylor, B. (2025). *Deaths from drinking are at a record high: does England need a new alcohol strategy?*. [Online]. Nuffield Trust. Last Updated: 4th April 2025. Available at: <https://www.nuffieldtrust.org.uk/news-item/deaths-from-drinking-are-at-a-record-high-does-england-need-a-new-alcohol-strategy> [Accessed 29 April 2025].
- ³OHID. *NDTMS - National Drug Treatment Monitoring System.* [Online]. NDTMS - National Drug Treatment Monitoring System. Available at: <https://www.ndtms.net/>
- ⁴Department of Health and Social Care (2024) *Alcohol Profile.* [Online]. Fingertips | Public health profiles. Last Updated: 2025. Available at: [Alcohol Profile | Fingertips | Department of Health and Social Care](#)