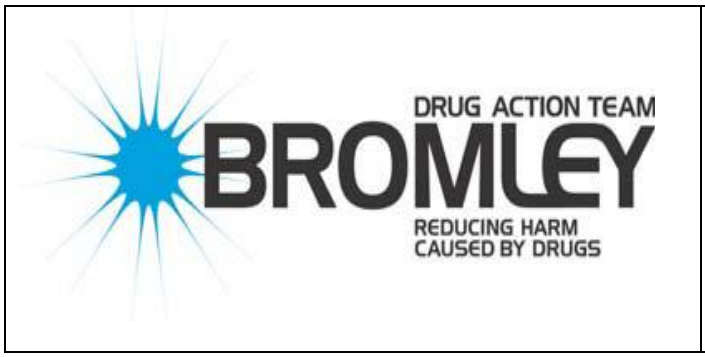


Alcohol health needs assessment for Bromley

September 2010

1 INTRODUCTION

Alcohol has wide ranging social impact and it is clear that alcohol consumption nationally has been increasing for some time. There are large societal, health and individual costs associated with alcohol excess. Nationally deaths caused by alcohol consumption have doubled in the last 20 years and trends show hospital admissions and mortality from alcohol -related diseases such as cirrhosis of the liver are increasing. Alcohol is also associated with anti-social behaviour, crime, and in young people with sexual activity and unwanted pregnancy.

Alcohol is a socially acceptable drug; most people do not recognize that they have a problem, and do not seek treatment until their alcohol problems are prolonged, causing severe health problems or involvement in the criminal justice system. The World Health Organization and Health England ranked increases in taxation to reduce alcohol consumption top of fourteen other preventive initiatives in 2009. Alcohol treatment is highly cost effective with every pound on treatment saving £5 elsewhere, yet nationally the prevention of alcohol -related harm is neglected.

Bromley's alcohol needs assessment has been developed to provide an informed picture of the needs of people who have an alcohol problem in Bromley. This includes:

- Identifying the key issues in relation to alcohol misuse
- Defining a local picture of the need
- Assessing the health and social impact of alcohol misuse
- Assess the effectiveness of the current treatment system
- Identifying any gaps
- Identifying key priorities for further action

In April 2006 an alcohol harm reduction strategy for Bromley was developed but not fully adopted. This strategy outlined priorities for action in the five following areas: education and communication, identification and treatment, protecting children, young people and vulnerable adults, addressing alcohol related violence, crime and disorder and supply and industry responsibility Work has continued on these priorities and some of the recommended actions which have impacted on alcohol services have informed this needs assessment.

A vision for treatment in Bromley has been developed identifying the priorities for Bromley:

- The misuse of illicit drugs and alcohol is damaging to the individual, to the community in which they live and work and a direct contributor to crime, anti-social behaviour, poor health and detrimental to life opportunities.

- A key priority in Bromley is to counter the spread of drugs and to take rigorous enforcement actions both against dealers and drug users through focused action on disrupting drug markets and tackling all drug and alcohol related crime to ensure Bromley continues to be a safer, stronger and vibrant community.

- Drug users will be identified and directed into appropriate treatment to break the cycle of addiction and appropriate harm minimisation interventions will be provided for people where complete abstinence is not yet possible.

- We will also ensure that particularly young people understand the health, social and legal consequences of drug and alcohol misuse.

- We will deliver these services efficiently and effectively through robust monitoring delivering value for money.

Stakeholders including service user's views about perceived gaps and priorities for alcohol misuse service were sought through two stakeholder consultation meetings. Other key stakeholders were followed up by phone or individual meetings. Stakeholders say children receive mixed messages to their children. Stakeholders also identify that aftercare is neglected for alcohol users who have been detoxified. Detailed feedback is contained in Appendix One

2. NATIONAL POLICY CONTEXT

The Government advises that, adult women should not regularly drink more than 2–3 units of alcohol a day; adult men should not regularly drink more than 3–4 units of alcohol a day; and pregnant women or women trying to conceive should avoid drinking alcohol. If they do choose to drink, to protect the baby they should not drink more than 1–2 units of alcohol once or twice a week and should not get drunk. Children under 16 years are encouraged not to drink alcohol.

The Chief Medical Officer issued guidance on alcohol consumption in children and young people in 2009, advising that an alcohol-free childhood is the healthiest and best option. Children should not drink alcohol until at least the age of 15 years. When 15 to 17 year olds consume alcohol, it should always be in a supervised environment. If 15 to 17 year olds do consume alcohol, they should do so infrequently no more than one day a week. The importance of parental influences on children's alcohol use should be communicated to parents, carers and professionals.

The term 'alcohol use disorders' encompasses a range of physical, mental and behavioural conditions associated with alcohol use. The World Health Organization identifies three primary categories of alcohol use disorder:

- Hazardous drinking: individuals drinking above the recognised "sensible" levels but not yet experiencing harm; (22-50 units per week for men and 15-35 units per week for women)

- Harmful drinking: individuals drinking above recommended levels for sensible drinking and experiencing physical and / or mental harm (> 50 unit for men per week and > 35 units for women per week)

- Alcohol dependence: individuals drinking above sensible levels, experiencing an increased drive to use alcohol and difficulty in controlling its use

Binge drinking is defined in the General Household Survey as drinking more than eight units in one day in the past week, for men, and six units or more for women. Different definitions are used in different contexts however. Binge drinking is also harmful to health, and can be associated with accidents, crime and alcohol dependence in later life.

In November 2005, the Department of Health published a report *Alcohol Needs Assessment Research Project (ANARP): the 2004 national alcohol needs assessment for England* highlighted the range of alcohol use disorders in the population and the range of services that were available to offer treatment for alcohol problems. It also identified gaps in services and the regional variations in access to treatment.

In 2004 the Department of Health also published the *Alcohol Harm Reduction Strategy,* whose four key themes were improved education and communication, better identification and treatment of alcohol use disorders, reducing alcohol related crime and disorder, and supply and industry responsibilities. *Choosing Health (2004)* also highlighted sensible drinking and the reduction of alcohol- related harm as one of six priorities, and built upon the Alcohol Harm Reduction Strategy. PCTs were delegated a statutory responsibility to participate with other agencies in the *Crime and Disorder Partnership* to tackle crime and disorder, under an amendment to the *Crime and Disorder Act (1998)*. In 2004 the Tackling Violent Crime Programme was set up by the Home Office, to target initiatives to areas of high violent crime including alcohol- related violence.

In 2007 the *National Alcohol Strategy* was updated in *Safe Sensible Social. The next steps in the National Alcohol Strategy*. This was an eight point strategy for reducing alcohol -related crime, tougher enforcement on underage alcohol sales, more help for people who want to drink less, trusted guidance for parents and young people, information campaigns, a review of NHS spending on alcohol, public consultation on alcohol pricing and promotion, and the development of local alcohol strategies to be developed by April 2008.

The government relaxed the licensing laws in 2000 and reduced the tax on alcohol in real terms. Alcohol is 65 per cent more affordable now than in 1980, and accounts for only 5.2 per cent of household spending compared with 7.5 per cent in 1980 (Office for National Statistics, 2007).

Commissioning intentions identified in *Signs for improvement- commissioning interventions to reduce alcohol-related harm (2010)* include high impact changes. These are interventions likely to have the greatest impact for tackling alcohol-related harm. They include:

- Working in partnership
- Developing activities to control the impact of alcohol misuse in the community
- Influencing change through advocacy
- Improving the effectiveness and capacity of specialist treatment
- Appointing an Alcohol Health Worker
- Providing more help to encourage people to drink less
- Amplifying national social marketing priorities

Alcohol use amongst young people was identified as a key priority in the updated *National Alcohol Strategy: Safe, Sensible, Social (2007*). The overall proportion of young people that drink has decreased; but those who do drink are consuming more alcohol, more often. Young people who drink are drinking twice the amount they were in 1990 and alcohol consumption was increasing amongst adolescents aged 11-13. An increased level of alcohol consumption by young people is linked to high risk behaviours including unprotected sex and offending. The strategy proposes a focus on the significant minority of drinkers who are at greatest risk. These fall into three main groups:

- Harmful drinkers whose patterns of drinking damage their physical or mental health and who may be causing substantial harm to others
- Young people, particularly those between 11-15 when most young people start to drink
- Young adults, 18-24 year old binge drinkers who are responsible for a disproportionate amount of anti social behaviour and crime

The new Government are reviewing the strategies in relation to drug and alcohol misuse and the commissioning of health services which may have an impact on drug and alcohol services.

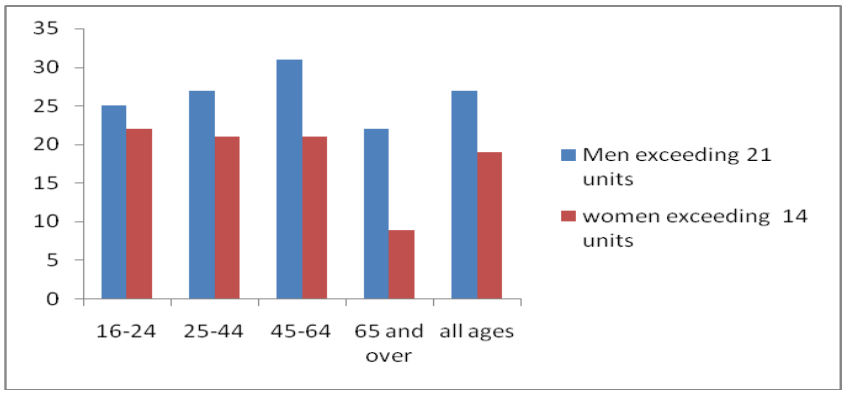
4. EPIDEMIOLOGY OF ALCOHOL MISUSE AND THE IMPACT IN BROMLEY

The demographic profile for Bromley which underpins the data on the epidemiology and the impact on Bromley can be found in Appendix Two

Patterns of alcohol consumption

Nationally alcohol consumption has been rising over recent years. Men have higher consumption levels than women, and higher alcohol associated morbidity and mortality. The number of deaths in men and women rose in England between 2001 and 2007. There are regional differences in alcohol consumption with the highest rates in the North West England. White men are more likely to be alcohol dependent /report hazardous drinking than men of minority ethnic groups. Single divorced and cohabitating men and women are more likely to be heavy consumers of alcohol /alcohol dependent. There is a linear association between household income and alcohol consumption in both men and women, though alcohol dependence shows a U -shaped curve in relation to income. Nationally drinking in women and very young adolescents is increasing. Women are less likely than men to exceed the weekly recommended amounts of alcohol. For females, younger women aged 16 -24 years are most at risk and males aged 45-64 in the male cohort.

Percentage exceeding specified amounts in one week, by sex and age in 2008



Source: GHS 2008

In England the prevalence of hazardous drinking identified in the Adult Psychiatric Morbidity Survey (2007) shows the following:

- **Hazardous drinking:** 24.2% (33.2%of men, 15.7%of women), In men, the highest prevalence of both hazardous and harmful drinking was in 25 to 34 year olds, in women in 16 to 24 year olds.

- **Harmful drinking:** 3.8% of adults (5.8%of men, 1.9%of women)

- **Alcohol dependence** 4% are dependent drinkers. The prevalence of alcohol dependence was 5.9 %(8.7%of men, 3.3%of women). For men, the highest levels of dependence were identified in 25 – 34 year olds (16.8%), for women in 16 – 24 year olds (9.8%). Among the 14%of alcohol dependent adults who were currently receiving treatment for a mental or emotional problem, women (26%) were more likely than men (9%) to be receiving treatment. This may be because men feel that there is a stigma attached to seeking help- portraying signs of 'vulnerability'; whereas women traditionally feel more able to ask for help.

The actual prevalence may be higher since the APMS 2007 surveyed private households, and homeless adults and those in an institutional setting will have been under-

In Bromley 80,000 people or 1 in 4 adults in Bromley are estimated to be drinking over safe alcohol limits. St Paul Cray, St Mary Cray and Penge are areas where prevalence is highest. These areas are also linked to high deprivation and poor life chances.

- **Hazardous drinking:** *individuals drinking above the recognised "sensible" levels but not yet experiencing harm; (22-50 units per week for men and 15-35 units per week for women)* In Bromley 32,008 men and 25,944 women over 16 are hazardous drinkers

- **Harmful drinking:** *individuals drinking above recommended levels for sensible drinking and experiencing physical and / or mental harm (> 50 unit for men per week and > 35 units for women per week*). In Bromley the percentage of people with harmful drinking habits (synthetic estimate 2005) 4.3% which equates to 13,207

- **Alcohol dependence**: *individuals drinking above sensible levels*, *experiencing an increased drive to use alcohol and difficulty in controlling its use*. In Bromley the percentage of people who are alcohol dependent (estimate based on national APMS 2007 survey) is 6% equates to 14,359

- **Binge drinking:** Percentage binge drinking (over 16 years) (synthetic estimate 2003-5) is 10.7% which equates to 32.191

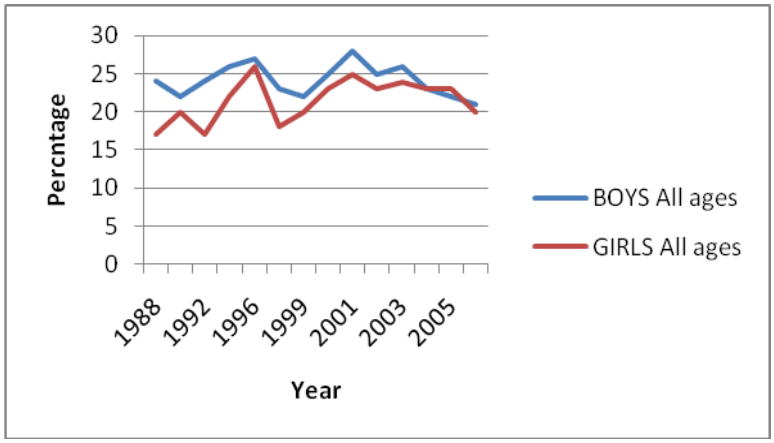
What this means for Bromley

- young people aged between16-24 years were significantly more likely than people in other age groups to have exceeded the recommended daily number of units of men aged 16-24, 30% drank at a harmful level, compared with 4% aged 65 or over. Of 16-24 year old women, 22% drank a harmful amount of alcohol on at least one day in the preceding week, compared with 1% of women in the oldest age group.

Patterns of alcohol consumption in young people

New national research published earlier this year highlighted that more than one in three young adults go out drinking with the specific intention of getting drunk. In 2008, 52% of 11-15 year olds reported that they had drunk alcohol which is a significant decrease from 1998 at 62%. Similarly, 13% of young people within the same age cohort reported that they drank at least once a week which is a decrease since 2001. This highlights again that though the overall proportion of young people that have consumed alcohol has decreased, there has been an increase in the number of units that have been consumed per week. Thus in 1994, the average consumption of alcohol was 6.4 units, in 2007 this had increased to 12.7 units.

Percentage of children aged 11 to 15 years who drank alcohol in the last week, by sex and age, 1988 to 2006, England



Source: Department of Health (2007). Smoking, Drinking and Drug Use among Young People in England in 2006.

The proportion of children who have ever had an alcohol drink rises with age from 22% of 11 year olds to 86% of 16 years olds, 54%% of 15-16 year olds reported binge drinking (defined as five or more drinks in a row in this survey) in the past 30 days. People who binge drink in adolescence are more likely to binge drink as adults. Frequent drinking and binge drinking in adolescence increase the risk of developing alcohol dependence in young adulthood. Mean adult alcohol use at age 36-42 years is inversely related to the age at which binge drinking or frequent drinking begins.

The TellUs3 survey is a national survey conducted annually of pupils in years 6, 8 and 10 to find out their views about the local area they live in. Questions around alcohol are contained within the survey. TellUs in Bromley showed that 11% of young people had been drunk twice or more in the past 4 weeks. This was the highest percentage in London along with Richmond. In relation to alcohol use, Bromley's score is 7% which is twice that for the region but very close to the national average. Kingston also scores 7% and Richmond 6%. In spring 2010, the TellUs4 survey highlighted that 42% of those surveyed had drunk alcohol and 13% had been drunk in the past week. It must however be stressed that information stemming from the TellUS surveys is useful as an indication of a problem rather than a robust evidence base with only three schools taking part in the survey. This highlights an increase in the number of young people getting drunk in the last week from the previous year.

What this means for Bromley

- Targeting young people in effective communications about alcohol harm will be the key to reducing young people's alcohol use

Patterns of alcohol consumption in black and ethnic minority groups

The Alcohol Needs Assessment Research Project (2004) found that Black and Minority Ethnic (BME) communities have considerably lower prevalence of hazardous/harmful alcohol use but a similar prevalence of alcohol dependence compared with the white population. More recently a scoping study (Thom et al 2010) was commissioned by the Department of Health to explore the issues relating to alcohol related harm, BME communities and service provision. The report found that facets of diversity in addition to culture, religion and race should be considered such as socio economic status, gender and age. The interaction between these factors has different importance for drinking and service use in different BME groups. An example of this was that evidence showed that Indian women in higher income brackets are more likely to exceed the recommended guidelines for alcohol consumption (Becker et al 2006). The literature highlights that Irish people report frequent and heavy alcohol use and that Black Caribbean, Black British, Black African people consume less than the general population. There are also lower rates of consumption among Chinese people. Changes in drinking rates have been identified with an increase in drinking for white and South Asian young people and that second generations are more likely to drink than first generations. Increases in heavy drinking among Indian women have been noted as have factors such as education, income and divorce a predictor of women's drinking. Interethnic friendships were also found to predict drinking levels and rates. In terms of alcohol-related disease, black people present with a lower of liver cirrhosis, with South Asian / Sikh men presenting with a high prevalence of alcohol-related liver damage and liver cirrhosis. Women with liver cirrhosis were found to be mainly from white backgrounds and Irish, Scottish, Indian men and Irish and Scottish women having high rates of alcohol-related mortality. Minority ethnic groups are underrepresented in seeking help and advice. A range of barriers to seeking help were identified within the study. These included lacking confidence to approach services, language barriers, racism, feeling marginalised within the system and misconceptions about alcohol services.

What this means for Bromley

- In Bromley, the numbers of people from BME communities that present to services would suggest that individuals are accessing services, although more detailed work is required on the number of people from BME communities presenting with alcohol attributable physical health problems.

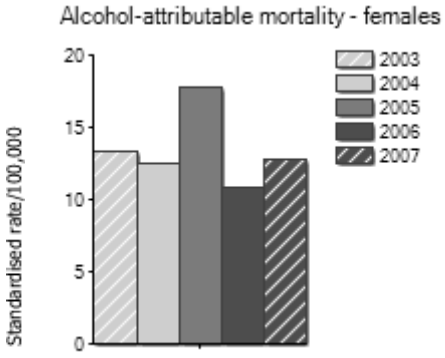
The effects of alcohol

The effects of alcohol on health can be identified in the areas of mortality, effects on physical health and the effects on mental health and well being. The societal effects of alcohol on individuals also have an effect on crime and anti social behaviour.

The effects of alcohol on mortality

Alcohol attributable mortality appears to be decreasing in men, but not women. There was significant increase in mortality of women in 2005 due to alcohol which decreased in 2006 but this rose again in 2007. Men have seen a constant reduction in alcohol attributable mortality from its peak in 2004.

Alcohol-attributable mortality in Bromley 2003 – 2007



Source: LAPE: Local Alcohol Profiles for England

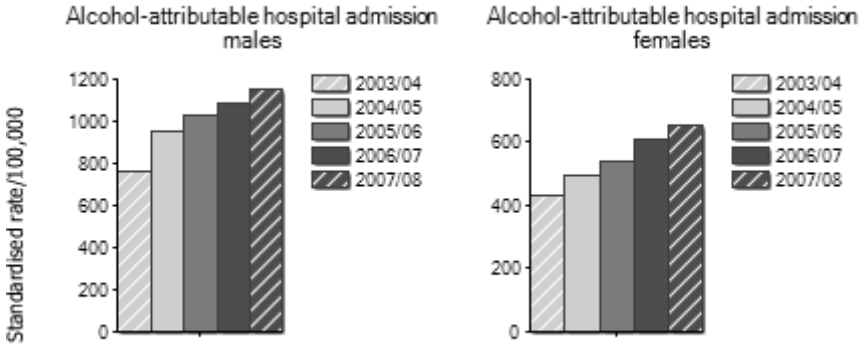
What this means for Bromley

- There is a need to understand and address the increase in female mortality in Bromley due to alcohol which contrasts with the decreasing rates of mortality for men

The effects of alcohol on physical health

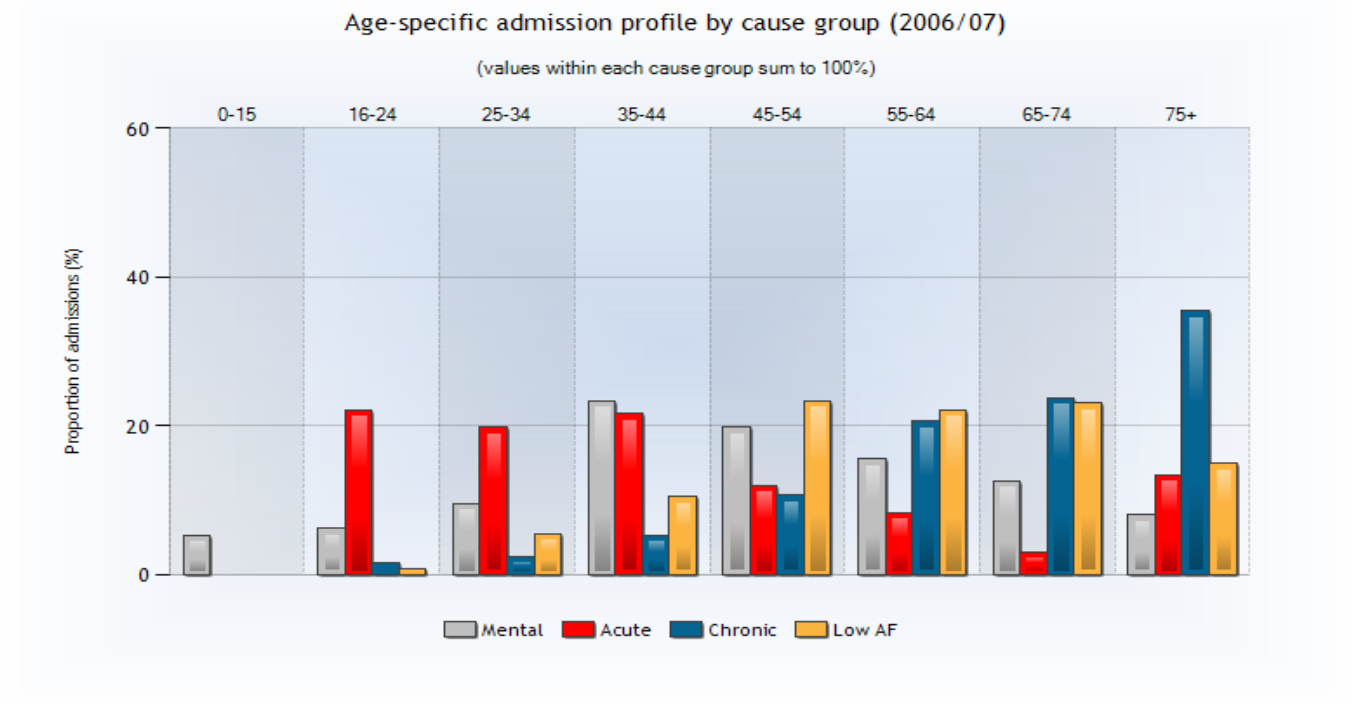
Admissions to hospital due to alcohol can be used as a proxy indicator for physical health of the population. Attributable chronic conditions such as liver cirrhosis rise progressively with age; this underlines the need for early detection of alcohol problems in young people in order to prevent these admissions in the future. In Bromley the number of hospital admissions among under 18 years between 2005/6- 2006/7 were 118, the total number of alcohol attributable hospital admissions 2007/8 were 4625. Alcohol attributable admissions rose in both women and men from 2003 - 2007.

Alcohol-attributable hospital admissions in Bromley 2003 – 2007



Source: LAPE: Local Alcohol Profiles for England

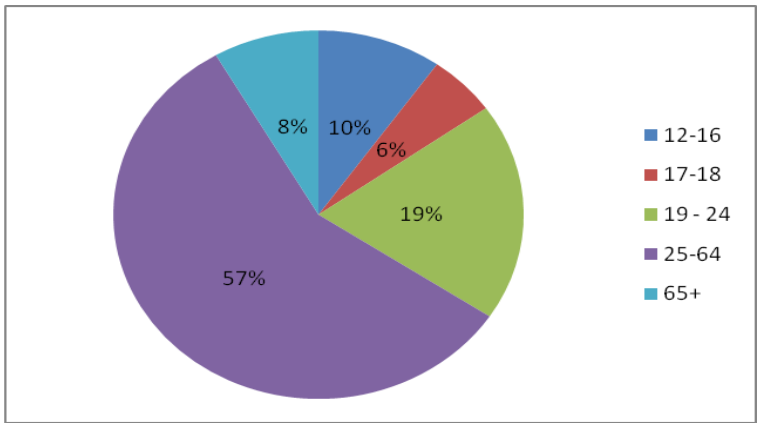
The rise in admissions between 2003/04 – 2008/09 appears to be due to mental or behavioural disorders due to alcohol while the number of admissions due to acute intoxication fell. Admission rates rose at a steeper rate in Bromley than in comparable PCTs between 2003/4 and 2008/9. The admission rates for people under 18 years are higher in Bromley compared to London and comparable PCTs (except Bexley).



Source: NWPHO. Note that according to the NI39 definition, children aged under 16 are only counted for those conditions which are wholly attributable to alcohol. Consequently, nearly all relevant admissions for the 0-15 age group fall into the two categories of Mental and Behavioural, and Acute conditions. AF = Attributable fraction. Low AF refers to conditions such as cancer of the colon.

Admissions to Accident and Emergency services are also an indicator of the impact of alcohol related conditions*:* In 2009/10 the South London Healthcare Trust had 204 Accident and Emergency attendances for alcohol- related conditions (0.02% of all attendances) of which 31% led to a hospital admission. The youngest attendees were aged 12 years. The breakdown by age is shown below.

Accident and Emergency attendances 2009/10 by age (years)



Source: South London Healthcare Trust

What this means for Bromley

- There is a need to address the increase in hospital admissions in Bromley to reduce the pressure on hospital services and ensure that individual needs are met to reduce harmful alcohol consumption
- There needs to continue to be effective engagement with Accident and Emergency departments to develop an effective pathway to treatment for people presenting in crisis

The effects of alcohol on mental health

Not only can alcohol have an impact on individual well being but also people with mental health problems or drug misuse problems are more likely to be hazardous drinkers. The estimated number of women in Bromley who are alcohol dependent and also have a mental health problem for which they are undergoing treatment is 1090. For men it is slightly lower at 914. An additional number of hazardous drinkers also have a mental health problem for which they are undergoing treatment.

Treatment currently received for a mental or emotional problem (age standardized) by level of problem

	hazardous alcohol use	Hazardous alcohol use	Alcohol dependent
Men			
Not receiving treatment for a mental health problem	95%	93%	91%
On treatment (medication+- counselling)	5%	7%	9% (914)
Women			
Not receiving treatment for a mental health problem	91%	94%	74%
On treatment(medication +- counselling)	9%	6%	26% (1090)

Source: APMS 2007

Within Bromley there is also an increase in the number of people with hazardous alcohol use or who are alcohol dependent who have developed mental health problems who are admitted to acute mental health in-patient beds for detoxification. In a recent survey on the use of in patients beds within Bromley Oxleas NHS Trust found that 11% of all bed days were used by people for detoxification. Protocols are being explored to ensure access to the appropriate services for individuals from the acute mental health services.

What this means for Bromley

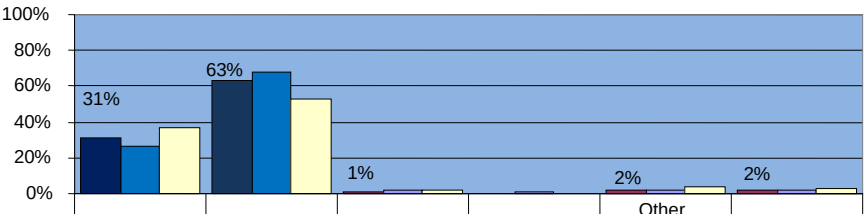
- There is a need to ensure that the acute admission unit for mental health has direct access to detoxification beds with appropriate gate keeping protocols to ensure that individuals are treated appropriately and to reduce the pressure on the in-patient beds

Alcohol and the misuse of other substances

One third of people who misuse either drugs or alcohol also misuse other substances, for example one third of drug users misuse alcohol and almost one third of alcohol users also use a secondary substance especially cannabis.

Nationally alcohol and cannabis are by far the most prevalent drugs of choice in the overall under 18s population. This trend is mirrored in Bromley's own profile (2008/09). There has been an increase in the numbers of young people presenting in treatment with alcohol and cannabis misuse since 2007. This trend can be observed both in terms of first and second drug of choice with alcohol increasing from 21% as a first drug in 07/08 to 31% in 08/09. As a secondary drug, alcohol has increased from 29% in 07/08 to 34% in 08/09.

Primary Drugs of choice for young people2008/09



	Alcohol	Cannabis	Opiates	Crack	Other Stimulants	Other
Bromley	31%	63%	1%	0%	2%	2%
London	26%	68%	2%	1%	2%	2%
National	37%	53%	2%	0%	4%	3%

The effect of alcohol on sexual health

According to the National Alcohol Strategy (2004) there are strong links between alcohol consumption and a range of risk factors such as teenage pregnancy. The strategy proposed that among 14-15 year olds who drank within the last month were more likely to engage in sexual activity. Nationally, the number of conceptions fell for under 18s. There were 9,440 under-18 conceptions, compared with 9,921 in the same period in 2008.

In Bromley the quarter one (Jan- Mar) 2009 teenage pregnancy data highlights that both the rate and the actual number of conceptions have increased in comparison to the same quarter in the previous year; 63 actual conceptions at the rate of 46.0% per 1000 as opposed to 49 and 35.0 per 1000 respectively. Anecdotal data indicates that in many these cases alcohol use was a factor and increased the likelihood of young people risk taking behaviour.

Within the borough, teenage pregnancy midwives collect data on whether contraception had been used and where possible the circumstances surrounding risks that occurred that led to the pregnancy in the first place. Whatever the circumstances, alcohol has been found to lower people's inhibitions, thus if this is related to young people, a proportion who became sexually active prematurely, may not have otherwise made these choices if they had not been under the influence of alcohol. Teenage pregnancy is tackled through a range of programmes. An example being include 'Your Choice, Your Voice' which is delivered in schools and focuses on alcohol, drugs, relationships and sex. The aim is to equip young people to make appropriate choices and decisions and understand the possible consequences of these.

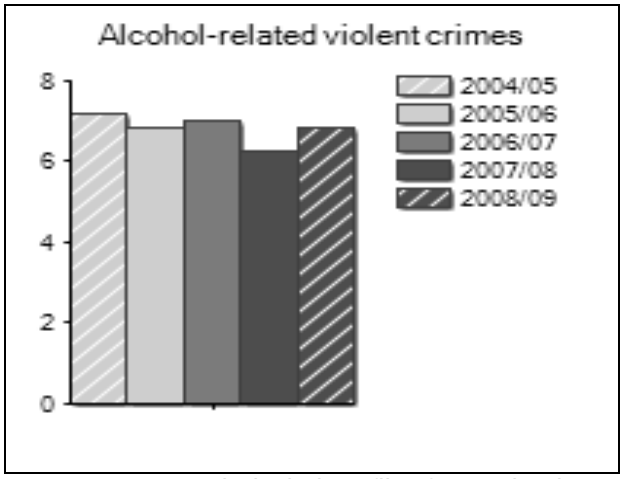
What this means for Bromley

- Data on alcohol consumption is not routinely collected in Genitourinary Medicine (GUM) clinics, and is not reported on. Furthermore, because of the confidential nature of GUM services, data about sexually transmitted diseases is not collected on a geographical basis, only on a clinic basis, so to get a true Bromley figure is difficult.

The effects of alcohol on Crime

The Local Alcohol profile for Bromley shows that the borough does significantly worse than average, for all alcohol-related crime, and for violent crime. Bromley is ranked 256 for Alcohol-attributable recorded crimes out of 326 local authorises in England, significantly higher than most of Bromley's comparable boroughs except for Barking and Dagenham & Hillingdon. The total estimated number of alcohol attributed crimes (2008/9) was 3067; of these 2060 were estimated for violent crimes attributable to alcohol and 293 estimated sexual crimes attributed to alcohol (2008/9). There has been a slight decrease in alcohol related violent crime between 2004/5 – 2008/9, assuming that reporting and recording of such crime has remained the same. However whilst a potentially valuable indicator the Local Alcohol Profiles for England uses percentage of

crime being alcohol attributable based on the % of people arrested for a particular type of crime who test positive for alcohol in an arrestee survey (1999-2001). This formula is then applied to crime data. This may result in an understatement the role of alcohol in offending. Also a proportion of the crimes counted as alcohol related may also be counted as drug-related if arrestees had tested positive for both alcohol and drug use.



Source: LAPE: Local Alcohol Profiles for England

The above figures relate to all arrest in Bromley not just people who are residents, of 11982 people arrested in Bromley for a variety of offenses 7012 people were resident in Bromley (58%) as shown below.

Arrest data 2008/09

		Numbers	Percent
Total arrests		**11982**	
	RTA - Positive Breath Test	406	3%
	RTA - Refused Breath Test	53	0.4%
	RTA - S4 Unfit - Drink	51	0.4%
Bromley arrests		**7012**	58%
	RTA - Positive Breath Test	322	4.6%
	RTA - Refused Breath Test	39	0.5%
	RTA - S4 Unfit – Drink	47	0.6%
	Drunk and Disorderly	65	1%
	Criminal Damage – Dwelling	230	3.2%
	Criminal Damage - Motor Vehicle	127	1.8%
	Criminal Damage - Non Dwelling	115	1.6%
	Criminal Damage – Other	53	0.7%
	All Criminal Damage	587	8.3%
	Public order. Other	332	4.7%

Source: Bromley metropolitan police 2008/09

The proportion of Bromley residents who test positive for alcohol after a roads traffic accident was 4.6% which is significantly higher that the non Bromley residence arrested for the same crime (1.7%). It is interesting to notes that Bromley residence committed 587 (8.3%) offences for criminal damage, proportion of these would have been directly alcohol related

The contribution of alcohol to domestic violence incidents is not routinely recorded in the Crime Intelligence System but significant levels of domestic violence incidents are thought to be alcohol related and domestic violence itself may lead to alcohol abuse in the victim. In Bromley, a system for gathering data to capture true incidence of domestic violence needs to be developed.

Safe: Sensible: Social- the next steps in the *National Alcohol Strategy (2004*) highlights that drinking among young people under the age of 18, especially frequent drinking, is associated with criminal and disorderly behaviour. Nearly half of all 10-17 year olds who drink once a week or more

admitted to some sort criminal behaviour or disorderly behaviour; approximately two-fifths reported getting into an argument and about a fifth stated they had got into a fight during or after drinking. In September 2009, it was identified that an increasing number of young people were being arrested for offences which involved drugs or alcohol. Statistics provided by the Drug Intervention Programme (DIP) within Bromley estimated that 83 young people were arrested between January and June 2009 for drug/alcohol related offences.

What this means for Bromley

- Bromley needs to more work around prevention and the damages of driving whilst under the influence of drugs and/or alcohol
- Further work is required to understand the local impact of alcohol on domestic violence
- Bromley needs to continue to provide interventions and initiatives to ensure that crime and alcohol related crime continues to reduce

6. SERVICES AVAILABLE IN BROMLEY

Prevention

In 2006, the Government launched the 'Know Your Limits' campaign- the first national campaign to target 18-24 year old binge drinkers. Its aim was to increase awareness and consideration of the consequences of drinking responsibly, increase knowledge about sensible drinking levels and highlight where to get more help and treatment. This was updated in 2008 to raise awareness of units and sensible drinking specifically to over 25's with the aim being to increase understanding of the consequences of excessive drinking and provide the motivation to act on information and change behaviour.

Locally, alcohol is discussed as part of substance misuse delivery in School Personal Health and Social Education classes under "risky behaviour". There have been local health promotion campaigns on alcohol at Christmas 2009, and some work in health weeks. Some work has been done around responsible bar owners/servers obtaining "Best bar none" status. Many more new Premises Licenses are granted than revoked per annum Trading standards are involved in the enforcement of alcohol sales to underage young people, and the review of Licensing of premises which service alcohol on a 3 yearly basis. Bromley implemented a management of drug and alcohol related incidents strategy with secondary schools in the borough.

The Junior Citizens programme which is run by the Metropolitan Police is delivered to year 6 Primary School children in the borough. It consists of scenarios in which the children are invited to think about how they react and deal with the kind of situations they will come across as they move onto secondary school.

Treatment services

Services are involved in prevention, screening and delivering a range of treatments, to reduce problematic alcohol misuse and alcohol- related harm. These treatment services are provided in tiers depending on the severity and impact that alcohol has on the individual. Pharmacies play an important role in delivering appropriate advice, information and signposting to services. This is an area that needs further development.

Tier 1 services are mainly delivered by GPs in Bromley the number of people seen by GPs for screening and brief interventions. A survey was undertaken on three sample general practices, this revealed poor recording of data, and alcohol consumption was only recorded at new patient visits. One sample practice had recorded that 6% of the practice population had a screening health check, 3% a brief intervention and no one had been referred for treatment. This highlights the need for appropriate and consistent training for GP's to help them to gain a greater understanding of the need of this client group as well as the importance of accurate data recording. Under the Alcohol-Direct Enhanced Scheme there has been a significant increase in the number of participating practices offering Alcohol health checks. In 2008/09 14 surgeries participated in the scheme has

risen to 23 in 09/10 with more expressing interest to participate in 2010/11. Apart from screening and brief advice, the surgeries have been signposting those considered at risk for Tier 2 support
In 2009/10 there were 1350 prescription items, for an unknown number of individuals, prescribed for alcoholic relapse prevention by GPs. It is difficult to interpret this other than those GPs are prescribing at Tier 3 but not recording their activity with people with alcohol problems.

People with acute alcohol -related problems may also come into contact with Emergency departments, with general physicians, and psychiatrists. People with chronic problems may come into contact with community alcohol and drug services, and psychiatrists as well as social care, domestic violence and housing teams all of whom will provide information and guidance.

Tier 2 services are unstructured interventions which are provided by Bromley Community Alcohol Service (BCAS). The services include individual sessions, drop- in services, and the alcohol clinic currently being delivered within REACH open access services. REACH open access is currently the gateway service into tier 3 and 4 treatments. Alcoholics Anonymous and SMART (self help support groups) are active in Bromley and provide tier 2 support for individuals. There is a separate service for young people provided by Bromley Young People's Alcohol Service (BYPASS).

Tier 3 services provide structured interventions through the Bromley Community Alcohol Service (BCAS). Individuals can access services to reduce or stabilize their drinking, and to achieve and maintain abstinence. The service also prepares people for in-patient detoxification and home detoxification which are monitored in conjunction with the client's GP. The commonest sources of referral to Tier 3 services were the non- statutory drug service –55% the statutory drug service – 8.7 % and family and friends – 10%. GPs made 15 referrals in 2009/10. This is at odds with the national profile where 22% of referrals come from a GP and 38% are self referrals.

Tier 4 services provide in patient or residential detoxification. There are a range of services to met individual needs which include:

- Individuals with more complex needs are referred via the Bromley Advice and Information Service to Bethnal Addiction Services currently provided by South London & Maudsley NHS Trust. The service currently operates three units for specific interventions depending on need.

- Individuals who require stabilisation or crisis intervention can also self refer to City Road crisis centre. In 2009/10 there was an increase in referrals to City Roads crisis center. As a result of this trend, improvements have been made to improve access to beds for individuals who may be more chaotic.

- Placement in a residential rehabilitation centre. During 2008/09 30 service users have been through the residential rehabilitation. The analysis below breaks down the 30 service users who entered residential treatment Average placement prices ranged from £500 - £740, now average first placement price ranges have reduced from £550 to £400 making it more cost effective. This is due to increased emphasis on negotiation with the service providers without compromising service delivered. The average weekly charge for Residential rehabilitation in 2008/09 was £482.00; this was reduced in 2009/10 to £457.00 (5% reduction).

- Individuals following detoxification have a number of options for services to meet their needs which may include utilising Bromley community services to undertake a structured treatment intervention, attending a structured day program outside of Bromley or being placed in a residential rehabilitation centre.

Numbers of people in treatment by Treatment Type 2009/10

Treatment Type Provision	2009/10
Inpatient Treatment	43
Structured psychosocial intervention	9
Structured day programme	2
Residential rehabilitation	2
Other structured intervention	15
Residential rehabilitation	3
Community Prescribing	2
Structured psychosocial intervention	190
Structured day programme	1
Other Structured Treatment	60
Brief Intervention	1
YP psychosocial intervention	74
YP harm reduction service	16
YP family work	1
Missing Intervention	15
Total	435

Source: NDTMS

There has been an increase in the number of people accessing and starting a structured treatment from 08/09 – 09/10. It is interesting to note that with the increasing numbers the ratio of males to females has remained similar, with the male cohort still being highest. The under 16 cohort which has increased by 53% (17 people), the 60 – 64 cohort reduced by 33 % (6 people) the 40-44 cohort also reduced by 16 % (11 people) but overall the picture for Bromley's is that the numbers of individuals in treatment is increasing.

The following chart shows wide variance between Bromley and national alcohol services in the treatment type provided. This is likely to be a coding difference and /or small numbers involved. However Bromley appears to treat more people as in- patients, which will have an impact on costs.

Treatment Type Provision in Bromley compared nationally

Treatment Type Provision	Bromley (2009/10)	Percentage for each treatment type	National percentage 2008/9 (covers adults aged 18+ only)	Variance % between Bromley and national percentage
Adults 18+				
Structured psychosocial intervention	199	58	26	32
Other Structured Treatment	75	22	31	-9
Structured day programme	3	0.8	4	-3.2
In-patient Treatment	43	12.5	2	10.5
Residential rehabilitation	8	2.3	1	1.3
Community Prescribing	2	0.5	4	-3.5
Total interventions – adults 18+	344	100		-

Source: NDTMS data, 2009/10

The age profile of service users suggests the age profile in Bromley is very similar to national rates except that people aged 18-24 years appear to be accessing services less

Age profile of those aged 18+ in treatment compared to England percentage in 2009/10

Age on starting treatment	Number	Bromley % in treatment	England % in treatment in 2008/9	variance %
18	5	1.5	9 (18-24 yrs)	-7.3
19	2	0.6		
20 – 24	10	3.0		
25 – 29	23	6.9	9	-2.1
30 – 34	39	11.6	12	-0.4
35 – 39	53	15.8	16	-0.2
40 – 44	58	17.3	17	0.3
45 – 49	58	17.3	14	3.3
50 – 54	37	11.0	10	1
55 – 59	26	7.8	7	0.8
60 – 64	12	3.6	4	-0.4
65+	12	3.6	2	1.6
all 18+	335	100	100	-

Source; NTDMS 2009/10 and NATMS 2010

What this means for Bromley

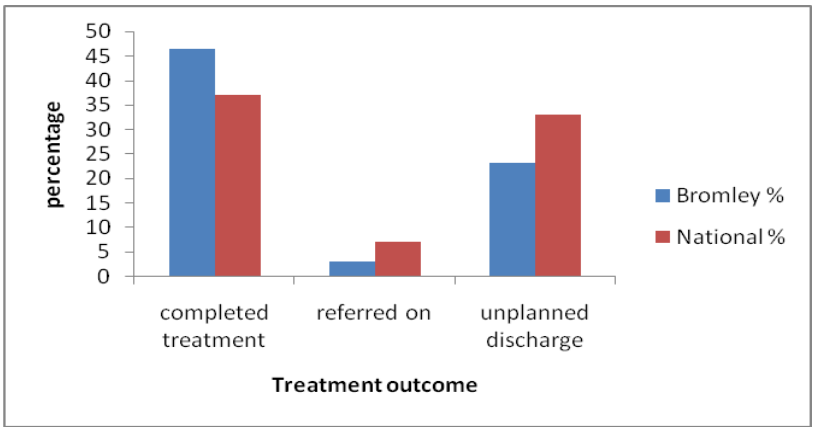
- Bromley is very similar to national rates except that people aged 18-24 years appear to be accessing services less, work needs to undertaken to understand what the obstacles may be and to ensure if necessary this age is targeted for treatment provision

- Bromley appears to treat more people as in- patients, which will have an impact on costs, the use of in-patient residential facilities will be reviewed as aprt of the review of the model of service provision.

Treatment outcomes

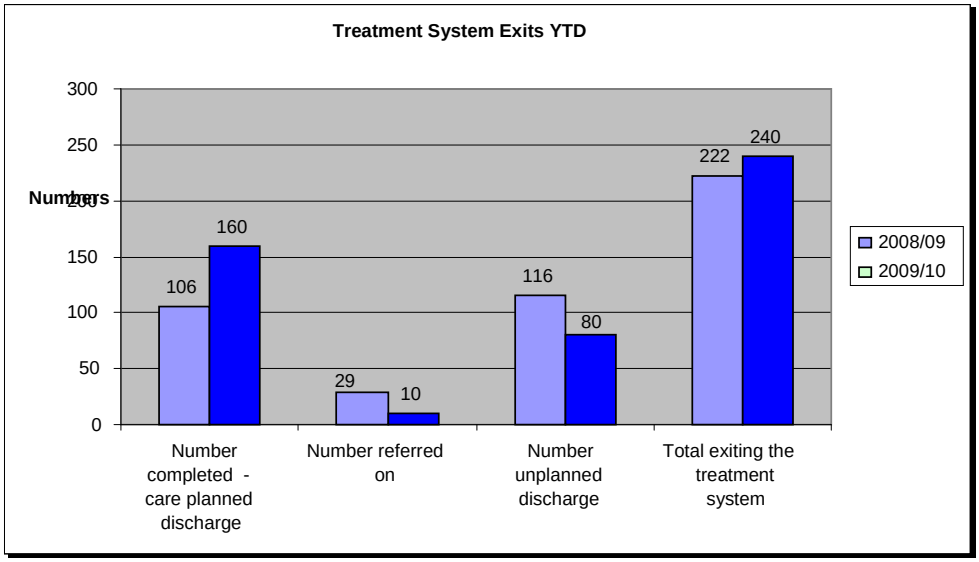
In 2009/10 160/435 (37%) clients completed treatment. Compared to national rates Bromley had a higher percentage of people completing treatment and a lower percentage having an unplanned discharge in 2009/10. Ten clients were referred on for in- patient detoxification /dual diagnosis/complex problems, and 80 people quit treatment early.

Treatment Outcome in Bromley and England 2009/10



Source; NTMDS 2009/10 and NATMS 2010

In Bromley the number of individuals that completed (care plan discharge) has increased by 51% in 2009/10, the number of clients leaving treatment in an 'unplanned' way has reduced by 31 %. The evidence shows that improvements made in the re-modelling of BCAS have impacted on outcomes.



Source: NDTMS data, 2008/09 & 2009/10

Expenditure on Alcohol Services

The budget for substance misuse- which includes funding for alcohol services is made up of a number of funding streams:

- Primary care provision is funded by the PCT outside of the funding for substance misuse
- The Pooled Treatment Budget, a government grant is ring-fenced for drug services and is used to support individuals with substance misuse meaningful structured treatment, this budget does not fund for the community based alcohol services in Bromley.
- Main steam funding for BCAS IS from the PCT mains steam funding.
- Funding for in patient treatment is from PCT core funding
- Residential Rehab expenditure is funded from by social care area

Expenditure on Alcohol Services (excluding GP and Accident and Emergency) in 2009/10

Tier	Provider	Funding stream	Budget
Tier 1 & 2	Bromley Community Alcohol Service	PCT	£393,632
Tier 3	Bromley Community Alcohol Service	PCT	£121,235
Tier 4	Drugs & Alcohol Rehab	LBB	£118,000
Tier 4	In patient detox (drugs and alcohol)	Pooled budget	£102,107 –

Source: Bromley DAT

7. GAPS AND PRIORITIES FOR BROMLEY

The Local Alcohol profile for Bromley shows that the borough does better in all areas except crime, and significantly better in twelve of the twenty-three indicators. It does significantly worse than average, however, for all alcohol-related crime, and for violent crime. However whilst Bromley appears to be providing services to reduce the harm that alcohol causes there are still areas which need to be developed alongside continuing to provide important services for people to access treatment and support. These fall into six main categories, Community Safety, Prevention, Primary care, Access to treatment services, Information and data:

Community Safety

Crime figures would indicate that although crime is decreasing there are areas which require further development whilst maintaining the existing initiatives and services. These include:

- more work around prevention of driving whilst under the influence of drugs and/or alcohol

- Continued to enforce controlled access to alcohol especially at the points of sale with rigorous vetting of age before sale. A national Home Office led campaign *Tackling Underage Sales of Alcohol Campaign (TUSAC)* used to target worst offending off-licenses known to Trading Standards and the Police.

- Continued to enforce reduction of drinking in public places like parks by young people using Community Police to confiscate drinks from under 18 drinkers.

- To continue to work with drug and alcohol agencies to ensure that contracts are sufficiently flexible to enable agencies to support local borough and police initiatives which promote access into treatment.

- Drug Intervention Programme workers are not currently contracted to provide advice and support to young people under 18 years of age however are able to signpost to the appropriate service. Further work will need to be done to appropriately address this gap in provision

Prevention

Whilst there is ongoing work in schools, retail outlets and with parents this needs to be increased in the following areas:

- In line with the Chief Medical Officer's guidance; agencies in Bromley need to continue to communicate with parents, carers and professionals the message of strict abstinence for under 15s and supervised drinking if at all for the 15-17 age group to minimise alcohol harm both in the short term and in the long term

- Frontline services need to be more visible and welcoming in a non stigmatising way to increase access to support for young people and families with alcohol related issues

- Need for increased alcohol awareness and education amongst young people especially within the educational establishments highlighting the importance of accurate and consistent messages in relation to harm reduction, safer drinking limits, and prevention, including high visibility campaigns in the community to sensitize young people to the dangers of alcohol (similar to "Talk to Frank").

Primary care

GP's and primary care services provide a valuable point of contact for individuals, both in terms of providing information on alcohol harm and also in identifying health consequences of alcohol consumption. To support this work the following will be undertaken:

- Expand the Alcohol-Direct Enhanced Scheme to further increase the number of practices offering Alcohol health checks.

- To address the assertion of under-recording of alcohol consumption in primary care by auditing the recording of alcohol on GP registration and ongoing care

- To continue to provide by direct contact with GP's and by continued participation in GP training information on the services and treatments available in Bromley.

Access to treatment services

Services in Bromley continue to meet the demands of people accessing services although there are a number of issues which need to be addressed, firstly that people aged 18-24 years appear to be accessing services less, work needs to undertaken to understand what the obstacles may be and to ensure if necessary this age is targeted for treatment provision. Secondly that Bromley

appears to treat more people as in- patients, which will have an impact on costs, the use of in-patient residential facilities will be reviewed as part of the review of the model of service provision. Further work will also be undertaken in the following areas:

- Increase the numbers of points of access to treatment for problematic drinkers, including expanding outreach services.

- To support NICE guidance regarding school based initiatives providing support to schools identified as needing, or requesting additional support from the Healthy Communities Team .and to inform schools of the referral pathway into specialist young people's drug and alcohol services.

- To increase access to services for those who are currently underrepresented within local provision including working with local agencies to target those under 24 years of age.

- Protocols are being explored to ensure access to the appropriate detoxification services for individuals from the acute mental health services.

- To explore further the needs of older people in relation to harmful alcohol consumption and access to services

- There is a need to address the increase in hospital admissions in Bromley to reduce the pressure on hospital services and ensure that individual needs are met to reduce harmful alcohol consumption

- To undertake a review of the care pathway for alcohol services with a focus on the A&E department**,** In-patient services in mental health and aftercare provision.

Information and data

- There is limited data on the effects of alcohol on the elderly – most data sources available suggest that alcohol problems are an issue for young people and up to age 65 and not so much for the over 65+ but this may reflect a lack of awareness and recording issue.

- To develop an alcohol data to monitoring across partnership agencies.

- There is a need to understand and address the increase in female mortality in Bromley due to alcohol which contrasts with the decreasing rates of mortality for men

- Data on alcohol consumption is not routinely collected in Genitourinary Medicine (GUM) clinics, and is not reported on. Furthermore, because of the confidential nature of GUM services, data about sexually transmitted diseases is not collected on a geographical basis, only on a clinic basis, so to get a true Bromley figure is difficult.

Appendix One

Stakeholders key issues

Issue	Providers	Users
Access to alcohol services	Staff training to help users approach their employers re alcohol problems Alcohol prices should be raised – lobbying government Venue for alcohol services should be non stigmatizing yet one stop shop for all substances misused.. Different client groups need different access. REACH is drug –orientated and middle class people won't attend there Alcohol workers needed in A & E Lack of Tier 2 (brief interventions) drop in No self referral to BCAS must be via GP or arrest referral etc. Lack of dual diagnosis services e.g. for alcohol dependent people withy suicidal intent, and chronic. Mental health services will only accept if alcohol abstinent for 6 months. Young people, young women, older people and people with physical disability are least likely to access services. People with alcohol problems and related cognitive problems do not have services to access. Training is needed to encourage staff working in learning disability services to refer PLD, because they don't understand health risks or addiction service models Those who arrive intoxicated in A &E are not supported.	• Better access to BCAS needed • GPs patchy awareness and identification of alcohol problems • 24 hour Crisis helpline needed ask Samaritans
Access to Prevention and earlier intervention	More GP screening needed. Alcohol can't be separated from other problems a YP has- must be holistic High proportions of people in youth justice system are alcohol users. Tackle in YOT and before this e.g. Neighbourhood teams should recognize. Poly drug and alcohol use is common in YP. Need to educate people earlier before alcohol related harm set in Arrest referral can pick up alcohol users and refer on There is no access to services through custody Reach Works with Housing Associations to pick up dependent users but they are extreme by then	• Re-engagement services should be for alcohol not just drugs • Alcohol is very easy to get at 8am in the morning if needed • Most drinking is at home in working age people • Young people drinking in pubs are poly substance users
Access to Relapse prevention	Reach is drug –orientated not alcohol orientated There is not enough psychosocial support post detoxification (revolving door scenario) Outreach team can only do assessments not treatments (no funding)for alcohol problems Women in shared care (mental health + alcohol) remain isolated.	• More support via outreach and face: face contact needed post treatment to prevent relapse • Alcoholics Anonymous and SMART are useful
Access to Aftercare	Aftercare is only funded for drug mis users. Methadone users with continued alcohol use are excluded from aftercare.	
Education	The public lack awareness of what a unit of alcohol is and how much they can drink safely. People need education about harm to self and links to crime and sexually transmitted infections unwanted pregnancy etc Young people need education to enable access to services. Stop the "normalization" of alcohol in families and societies Seeing patterns of alcohol use in 13 year olds that used to see in 16 year olds Work with parents needed so messages not mixed Work in schools not enough	• People worried about labeling as an alcoholic and hide their need.
Reducing alcohol related harm and crime	More could be made of 3 yearly License Reviews. New Licenses outnumber those revoked (rarely done) Licensing and promoting the night time economy conflicts with community safety, health etc,	
Multiagency working	There is no multiagency panel that brings licensing, trading standards, health, social care together unlike drugs. DAT is perceived as drugs only.	
Monitoring of alcohol abuse	There is at present no collation of data collected by A & E, primary care, probation, local ambulance service -	

Stakeholders suggested solutions

Issue	Providers	Users
Enforcement of licensed organizations serving alcohol to drunk people	Undertake a study in A & E to find out where the attendee had their last alcoholic crink, so this can be used in warnings /revoking licenses Review the "Saturation" Policies in order to reduce the number of licensed premises in the city centre hot spots for alcohol related crime. Institute a "Best Bar "scheme to encourage responsible landlords.	
Mental health /dual diagnosis	Services need to be improved for this group.	
Education	Ask supermarkets and off- licenses to distribute leaflets about alcohol related harm Educate parents and general public	
Alcohol taxation	Lobby for the price of alcohol to be increased	
Treatment	Pilot a triage system (the Cardiff model) between LAS, police and primary care in the city centre on Friday and Saturday nights in order to reduce A & E visits. Train more GPs in brief interventions Put in place more satellite services in A&E, CMHT, GPs, social services ie alcohol workers	
Increased funding	Use crime reduction funding	
Unwanted pregnancy	Link Alcohol strategy with Teenage Pregnancy Strategy	
Relapse prevention	Ask the Samaritans to be a crisis line.	
Management	Revised Alcohol Strategy Action plan and data monitoring towards targets needed	

Appendix Two

BROMLEY IN CONTEXT

Bromley is geographically the largest of the all London Boroughs, covering more than 58 square miles, stretching from the highly urbanised areas of Anerley, Penge and Crystal Palace in the northwest to the more rural areas of Biggin Hill in the southeast.

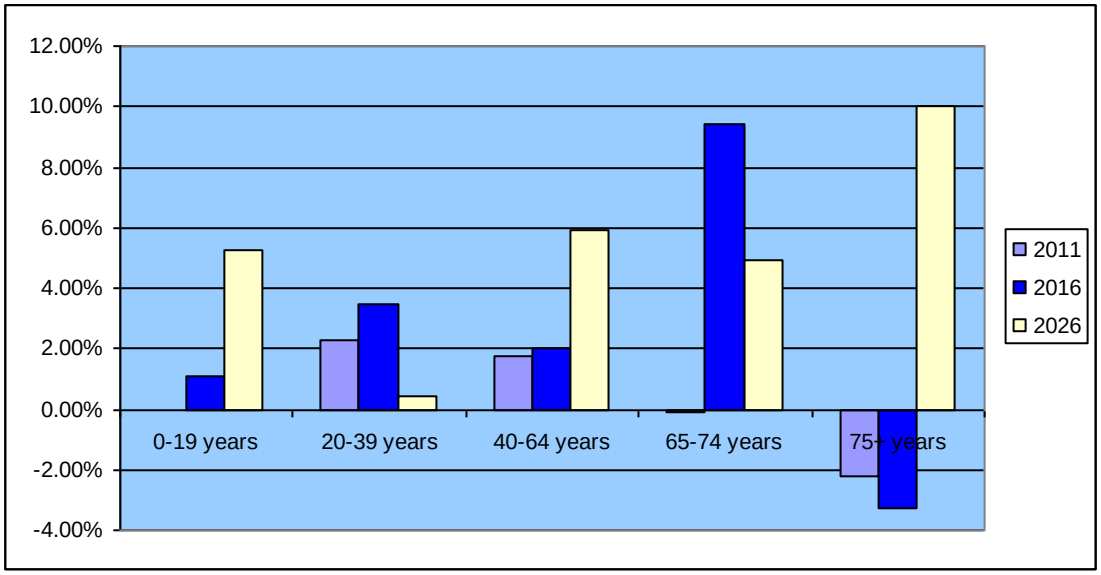
The Borough is a relatively prosperous community, which is reflected in the high level of home ownership (75%) and the highest level of car ownership in London (77% of households own one or more cars). A key change between 1991 and 2001 has been a 245% rise in Lone Parent Households, reaching a current figure of 8224 households.

The population of Bromley is currently just under 300,000. The overall population of Bromley is projected to rise to 299,791 in 2011, and to 303,100 by 2026**.** This represents a rise of 0.8% between 2006 and 2011, and a rise of 1.92% between 2011 and 2026. Over the last 10 years there have been rises in the number of people aged 75 or above and children aged 15 or below.

Age profile

Bromley has one of the highest proportions of older people within its population of all London Boroughs; particularly those aged over 85 years. The population of pensionable age stands at 57,300 people and is the highest in London. This age group forms 19.3% of the total population. Around 39,000 people in Bromley live within a single person household and almost half of these are 65 or older. The number of older people living on their own within Bromley is higher than the London average. Bromley also has a higher than average number of children compared to its neighbouring boroughs and with a total of 66,680, is placed second behind Croydon with 80,685.

% Population Growth by Age Group 2006 to 2026



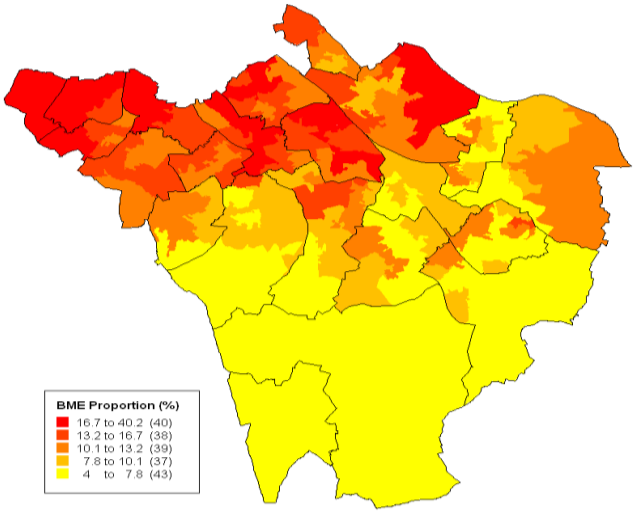
Source: GLA 2009 Round Demographic Projections

Black and Ethnic communities' profile

Bromley's ethnic make up is mostly formed of white British residents. This reflects higher than the London average but slightly less than the national profile of 90%. It is anticipated that representation from ethnic groups in Bromley is going to increase over the next 20 years. The Black Caribbean ethnic group were the largest ethnic group in 2006 but in 2026, the Black African ethnic group will be the largest single ethnic group in Bromley. Bromley has the largest group of settled Gypsies and Travellers in England, which is estimated to be around 1,000 families. Some of the travellers are settled on caravan sites but the majority live in social housing in The Crays, Penge, Bromley and Biggin Hill wards. Furthermore, it is estimated that there are between 2200 - 2400 refugee households.

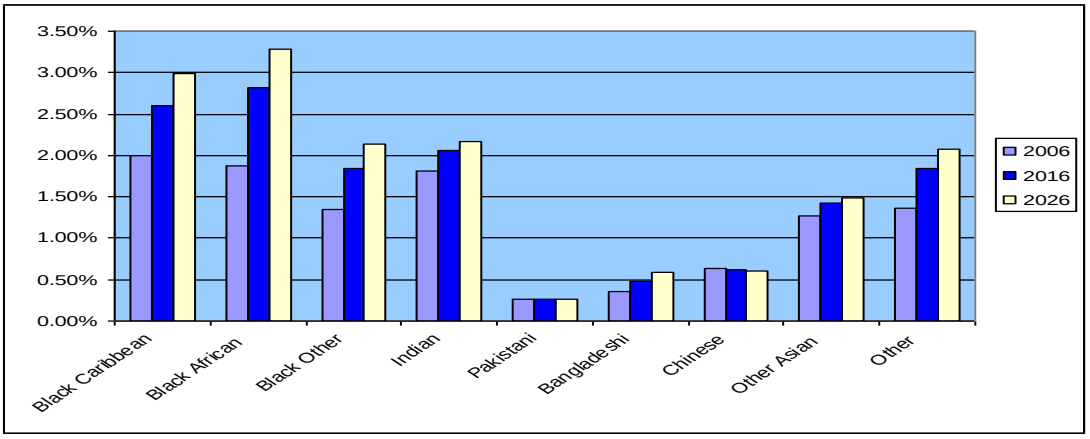
The ethnic minority population is mainly concentrated in the northwest of the Borough with the wards of Crystal Palace and Penge being the only wards where the BME population exceeded 16% of the total. These areas are also notable for relatively high unemployment and the presence of greater health concerns than the rest of the borough. The settled traveller population is in the East of the Borough, particularly in the Crays.

Distribution of the black and ethnic population in Bromley



Approximately 12.3% of Bromley's total population identify themselves as members of minority ethnic groups. This is a figure well below the London average which stands at 29% and 25% for outer London Boroughs and is a significant increase from the 4% of the population recorded in 1991. With around 10% of children and young people having an ethnic minority background, the figure is expected to rise further still to around 10% of the Borough's total population by 2011.

Ethnic group representation in Bromley 2006 – 2026



Source: GLA 2009 Round Demographic Projections

Gender profile

In Bromley, the gender split reflects the wider London and National trends with a slightly higher number of women than men. The gender representation in treatment services also reflects local and national trends with a 29% (women) / 71% (men) split in treatment.

Bromley and comparator populations by age groups and gender (000s)

	Bromley		London		ENGLAND	
Age	**Males**	**Females**	**Males**	**Females**	**Males**	**Females**
0-9	19.400	18.700	514.600	495.000	3,100.000	2,959.200
10-14	9.700	9.100	207.400	200.800	1,543.800	1,472.700
15-19	9.200	8.900	217.800	208.700	1,700.900	1,610.900
20-24	7.800	7.900	279.700	283.800	1,817.200	1,737.100
25-34	19.200	20.400	761.700	740.200	3,436.000	3,338.600
35-44	24.200	25.600	680.900	625.500	3,787.400	3,823.400
45-59	29.800	31.100	648.500	668.300	4,907.000	5,034.200
60+	29.900	39.200	540.500	680.000	5,222.100	6,318.900
Total	149.200	160.900	3,851.100	3,902.300	25,514.400	26,295.000

Source: ONS Mid-2009 Population Estimates, June 2010

Health profile

Bromley scores well in national health indices, coming ninth overall within London based on combination of four key health indicators. The headlines for Bromley are:

- The health of people in Bromley is significantly better than the England and London average. Deprivation, people diagnosed with diabetes and deaths from smoking are all lower in Bromley than the England average, while adults who eat healthily and life expectancy generally in both males and females is higher.

- There are differences in people's health within Bromley by location, gender, income and ethnicity. For example, wards such as Pratts Bottom are among the least deprived in England while areas of Cray Valley East and Biggin Hill are among the most deprived

- Over the last ten years, the rate of deaths from all causes for both men and women has remained below that for England and has fallen every year. Early deaths from heart disease and stroke have fallen from over 100 deaths per 100,000 of population in 1996 to around 60 deaths per 100,000 of population in 2005.

- Rates for physically active children and life expectancy in both males and females are significantly better in Bromley than in England.

- The 2008 Local Area Agreement has prioritised tackling adult participation in sport, obesity among primary school-aged children in reception year, and under 18s conception rate

Crime

The level of crime in Bromley is low compared with neighbouring boroughs and is showing a downwards trend

Crime figures for Bromley 2008 -2010

	12 months to August 10 (year)		12 months to August 09 (year)	
Number of Offences	**Bromley**	**Met Total**	**Bromley**	**Met Total**
Total Crimes	22,496	827,132	26,058	841,202
Homicide	2	126	4	123
Violence Against the Person (Total)	5,158	174,454	5,507	173,874
Rape	59	3,120	51	2,270
Other Sexual	219	7,192	202	6,608
Robbery (Total)	596	34,001	671	32,910
Robbery (Person)	529	30,858	582	29,604
Robbery (Business)	67	3,143	89	3,306
Burglary (Total)	3,070	89,579	3,994	95,817
Burglary Residential	1,899	58,614	2,215	60,972
Burglary Non-Residential	1,171	30,965	1,779	34,845
Gun Crime	74	3,274	73	3,239
Motor Vehicle Crime	2,875	98,222	3,840	104,479
Domestic Crime	1,765	50,922	2,066	53,098
Racist & Religious Hate Crime	332	9,532	407	9,854
Homophobic Crime	52	1,309	60	1,240

Source: Metropolitan Police Crime figures

As important as the numbers of actual crime is residents perception of crime and their feelings of safety. A survey by MORI *Bromley in 2008/09 Findings of the Place Survey* conducted every two years analyses resident's perceptions of the place in which they live which includes perceptions on crime. In Bromley the findings included:

- Increasing numbers say Bromley and Beckenham town centres are safe and pleasant, with residents thinking there had been the most improvement in Bromley town centre and the least in Orpington
- Crime is still a priority for residents but markedly lower than in 2003, 2006 and 2007
- In 2008 residents feel safer in Bromley than at any other time with 87% feeling safe and 13% feeling unsafe, people feel safer in daylight than the average for outer London as they also do after dark with some of the lowest perceived problems with crime and anti social behaviour
- Concerns about drugs is near the bottom as are worries about drunkenness but all areas of concern have remained static since 2006/07

Bromley resident's perception of issues in the borough

Perceived problem	**% in Bromley 2008/09**	**% across all London Boroughs 2008/09**	**% in Bromley 2006/07**	**% across all London Boroughs 2006/07**
People using or dealing in drugs	23	37	23	36
People being drunk or rowdy in public places	27	36	27	37
Noisy neighbours or loud parties	11	20	11	13
Teenagers hanging around on streets	44	49	44	69
Rubbish or litter lying around	34	46	34	41
Vandalism, graffiti and other deliberate damage	33	39	33	53
Abandoned or burnt out cars	10	12	10	13

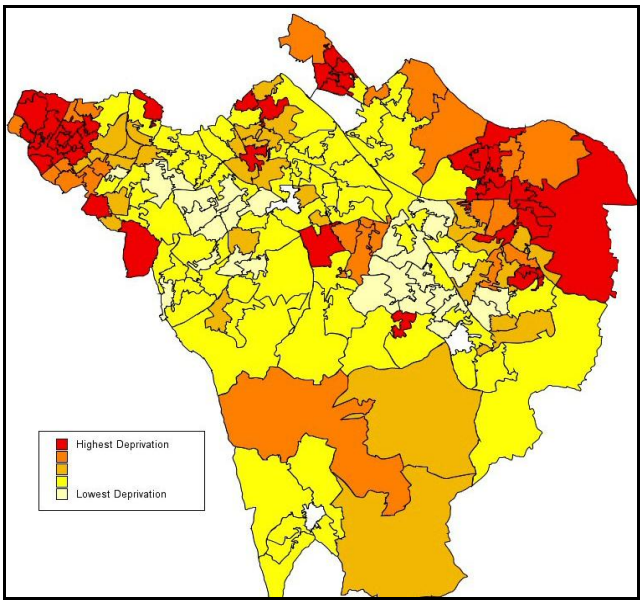
Source Bromley in 2008/09 Findings of the Place Survey MORI

Economic profile

In spite of the higher than average index of economic activity rate, some areas in Bromley present relatively high levels of deprivation. These areas include the West, East and North of the Borough

and include Crystal palace, Penge, Cator, Clock house, Cray Valley East, Cray Valley West, Mottingham, Chislehurst, Plaistow, Biggin Hill and Sundridge.

Bromley index of multiple deprivation



Unemployment in the Borough is lower than the Greater London average at 2.7% compared with a London average of 4.4% and an outer London average of 3.6%. Only Crystal Palace and Penge & Cator have above the London average of unemployment at 5.75% and 5.04% respectively.

Bromley has the fourth highest economy in South London, with a large economically active population compared to other South London Boroughs. Nearly a quarter of Bromley's jobs are located in Bromley Town Centre, and nearly two thirds (62%) of the jobs in the borough are taken by residents of the borough. 55% of the working population work outside the borough.