



LDAN briefing on The London Health Inequalities Strategy

Introduction

On 24th September, The Mayor of London published the first London Health Inequality Strategy for public consultation. The strategy proposes ways to improve the physical and mental health of Londoners, with a focus on health as a state of overall 'wellbeing' and not merely the absence of ill health. The strategy acknowledges a key health determinant as 'the use, or level of use, of tobacco, alcohol or other substances'.

Five per cent of Londoners (approximately 370,000 people) are estimated to be dependent drinkers, compared to 3.6 per cent of people across England as a whole. There are approximately 74,000 problematic drug users in London, the highest number for any region. The strategy highlights the particular health needs of homeless people, including those relating to substance misuse, and suggests that more high quality, accessible services for this group need to be developed.

The strategy identifies the following objectives:

Objective One Empower individual Londoners and their communities to improve health and wellbeing.

Proposals include:

A3 Create more opportunities for Londoners to adopt healthier behaviours including those related to alcohol and drugs.

A4 Improve distribution of health and wellbeing information and raise health awareness.

A6 Support the role of the Voluntary and Community Sector in reducing health inequalities and influence the provision of sustainable funding and resources for the sector.

The strategy highlights the GLADA Women's Voices project, which is supported by LDAN, and brings together women who have experienced substance misuse to influence national policy. It also proposes an information campaign, delivered through GLADA, to promote responsible drinking.

Objective Two Improve access to London's health and social care services, particularly for Londoners who have poorer health outcomes.

Proposals include:

A10 Improve the commissioning of health and social care for the most disadvantaged or excluded Londoners, including pan-London and sub-regional commissioning.

According to the strategy, some Londoners feel excluded by the initial responses from front-line staff when trying to access primary health care. Fears about confidentiality can be a barrier to disclosing personal information, such as addiction. It states that 'vulnerable people such as those with substance misuse problems, sex workers and homeless people are often excluded from services because of limited opening hours and rigid appointment procedures'.

The Stella Project is highlighted as a model of good practice for its work across London to address gaps in service provision for both survivors and perpetrators of domestic violence with substance misuse problems. There is also a commitment to complete a regional needs

assessment of problematic alcohol or drug use with GLADA partners, and to promote improved access to appropriate services.

Objective Three Reduce income inequalities and minimise the negative health consequences of relative poverty.

Proposals include:

A13 Tackle unemployment

A14 Support the development of programmes to increase financial security for people at points of transition in their lives.

Low income is often associated with chronic stress, and can contribute to ill health and the adoption of 'coping' behaviours such as smoking and drinking alcohol. Periods of transition - such as leaving prison or moving to employment after a period in treatment - can mark a defining point when a person becomes financially insecure.

Objective Four Increase opportunities for people to access the potential benefits of work and other forms of meaningful activity.

Proposals include:

A17 Promote investment in health at work

A18 Identify and promote effective ways to improve retention and in-work support for disabled people and those with mental or physical health problems.

This section suggests that 'feeling undervalued and unsupported can cause stress, which often leads to unhealthy behaviours such as...drinking too much alcohol'. The chapter has a particular focus on mental health problems and employment.

Objective Five Develop and promote London as a healthy place for all – from homes to neighbourhoods and the city as a whole.

Proposals include:

A22 Promote initiatives to create healthier and safer environments for all Londoners both in new and existing neighbourhoods.

This section supports the delivery of the Regional Statement of Priorities for Alcohol, including promoting best practice management of the night time economy and working with public health, trading standards, and other partners to identify and promote effective interventions to tackle street trading of illegal tobacco and sale of alcohol or cigarettes to underage young people.

LDAN will be responding to the Draft Health Inequalities Strategy. Some of the areas that our response will highlight include:

- **Drug misuse to be prioritised as well as alcohol:** The strategy's 'health inequalities indicators' include 'alcohol consumption' but not drug use. Equally, although GLADA is identified as a key partner, neither the NTA nor DAATs are identified as delivery agents for the strategy.
- **Dual Diagnosis:** The particular difficulties in accessing services for people with mental health *and* substance misuse problems are not addressed.
- **Employment Support:** The strategy has a positive focus on health at work and 'in-work support'. LDAN would like to see employment support for people with drug and alcohol problems or histories included in this section.

The deadline for responses is 10 January 2010 and the final statutory strategy will be published later in 2010. To access the full draft strategy go to:

<http://www.london.gov.uk/mayor/priorities/health/docs/health-inequalities-strategy-draft-consult.pdf>

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