CITY HEALTH 2012: CREATING HEALTHY OPPORTUNITIES IN THE 21ST CENTURY

London: 22nd - 23rd October 2012
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Welcome from Hugh Morris CC
Chair of the London Drug and Alcohol Policy Forum

On behalf of the London Drug and Alcohol Policy Forum and the City of London Corporation I would like to welcome you to City Health 2012, being hosted in the magnificent setting of Guildhall in the heart of our great global city.

This conference comes at a time when there is increasing interest at what can be done at city and population levels to tackle a range of health and social problems. For the LDAPF our area of interest is the harms and issues associated with drugs and alcohol, but we have always recognised that these problems do not exist in isolation and that there is considerable overlap and interconnectivity with other areas of policy. It is also the case that while London has many distinct problems of its own this has led to the development of some excellent initiatives and the development of innovative services. However, it is also obvious that many of the problems we face are common across other cities, and nations. So we have much we can both share and learn from and this event will demonstrate the richness of experience across the national and international stage.

City Health 2012 will provide an environment to exchange knowledge and to consider how we can most effectively deal with some of the major health issues confronting our urban environments. Experts and practitioners from a range of policy areas will get the chance to look beyond their own silos and consider how these diverse issues can be tackled.

Whether your main interest is drugs or alcohol, or violence reduction, smoking cessation, managing the night time economy or an interest in the Olympic legacy then there is something here for you. Likewise it offers much for those who look to provide political leadership, policy development or in delivering services.

This is both an exciting and challenging time and City Health 2012 will help provide inspiration and promote the development of useful contacts. I look forward to meeting you.

[Signature]
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For the first time in history the majority of the world’s population now live in urban environments. The city, often seen as an incubator of health and social problems, also has the potential to provide solutions. City Health 2012 is an opportunity to look closely at what can be learnt from cities and other urban environments. It has a special emphasis on health behaviours.

The idea for the City Health conference came from the realisation that many good public health projects and programmes are city based. Public health interventions often operate at a city level. This can reflect a lack of interest or inability to respond rapidly at a national level. It also reflects the dynamism and sense of purpose which Cities can develop and the fact that many public health issues are amenable to a whole city approach. Real potential exists where we can join up action across a range of sectors – for example health, welfare, housing, transport, policing, urban planning and so forth. We share the view that public health issues cannot be addressed in isolation.

The London Drug and Alcohol Policy Forum has a track record of hosting and running major conferences stretching back over two decades. However, this is undoubtedly the most ambitious and arguably the most important. Over the years we have looked at a wide variety of issues. From the needs of young people, to the problems of housing drug users, to improving enforcement practice and a whole host of other substance misuse related topics. The Forum has always thought to be both topical and pragmatic. In our work we always like to consider what actual delivery looks like at a local, municipal or service delivery level.

Working across issues and sectors is important in the context of the rethink that is occurring in the UK and elsewhere about how we deliver public health. We need to think for example about how work around sexual health, the night time economy, and smoking cessation all knit together. We need to better assess how to deliver public health in the context of both international migration, internal migration, and the local movement of commuters and tourists, along with the challenges of big events such as the Olympics.

This is also important because of another factor – less financial resource (a near universal issue). The pace of growth and new economic conditions have in many instances overwhelmed government capacity to regulate, plan or provide basic services especially to the poorest and we are likely to see a further decline in urban quality of life in the next decade. These circumstances have given rise to a large number of ‘bottom-up’ community responses to meet needs in relation to health and well-being.

New approaches and new thinking are needed to ensure the best possible outcomes are achieved for the communities we all work for. We need to look towards other social issues and responses, toward other cities, for ideas and inspiration. There is also an important need to develop and expand networks, across disciplines, across policy areas. This is a process we hope City Health 2012, with your help and input, can start to take forward.

Enjoy the conference, renew friendships, make new contacts and help improve the health of our communities.

David MacKintosh
Conference organiser
London Drug and Alcohol Policy Forum

Gerry Stimson
Programme chair
Knowledge • Action • Change
About the organisers

London Drug and Alcohol Policy Forum

The London Drug and Alcohol Policy Forum was established in 1991 to help support local areas and promote best practice across London. It is hosted and funded by the City of London Corporation as part of its commitment to the wellbeing of the capital and the wider nation. The LDAPF has a strong track record in influencing policy and developing innovative resources.

www.cityoflondon.gov.uk/ldapf

Knowledge-Action-Change

Knowledge-Action-Change is an independent organisation committed to the development and promotion of evidence-based policies and interventions in the field of substance use and related areas of public health and public policy. The organisational ethos is to link knowledge transfer and organisational development to achieve impact at relevant organisational, community, national and international levels. We offer a wide range of integrated services which help facilitate change, from initial assessment, through to implementation, advocacy, communication, assessment and evaluation.

www.kachange.eu

Esprit de Bois

Esprit de Bois Services works with a range of partners on developing events and conferences. Directors Teresa Williams and Andy Stonard have three decades of experience working in the drug and alcohol treatment and policy field in the UK and as onsite partners at major global health events and conferences.

www.espritdebois.org
Programme Committee for City Health 2012

Professor Gerry Stimson – Chair
Professor John Ashton – Director of Public Health, Cumbria
Professor Mark Bellis – Centre for Public Health, Liverpool John Moores University
Simon Bray – Commander, Metropolitan Police, London
Rosie Campbell – UK Network of Sex Work Projects
Ian Gray – Principal Policy Officer, Chartered Institute of Environmental Health
Natalia Khodakevich – Russian Harm Reduction Network
David MacKintosh – London Drug and Alcohol Policy Forum
Professor Martin McKee – London School of Hygiene and Tropical Medicine
Hong Tan – Strategic Commissioning Manager for Sexual Health Services in London
Ian Wardle – CEO, Lifeline, Manchester
Stephen Woods – UK Healthy Cities Network coordinator
Jane Anson – LDAPF, Secretariat in support of programme committee
Professor John R Ashton (CBE)

‘Future Cities and the Public Health - lessons from the past’

In this wide ranging lecture, Professor Ashton will explore the idea of the city as an aspiration for a setting that can meet the great diversity of human drives, inclinations, behaviours and needs. He will draw on the experience of nineteenth century pioneers from medicine, engineering, political science and town planning driven by the epidemics, squalor and misery to aim for something higher and even to create Utopias.

Professor Ashton will use the example of the Health of Towns Association as a campaigning organisation which achieved remarkable progress in a short time and has been an inspiration for the WHO Healthy Cities initiative to illustrate possible ways ahead for the twenty first century. In this century the majority of the world’s population are city dwellers for the first time and the mega cities which we are now seeing dwarf their European predecessors. Professor Ashton will identify some of the key factors which seem to be necessary to create liveable cities in which there is some prospect of optimising the sum total of human happiness and well being, how this is linked to the agenda of economic and environmental sustainability and why the rediscovery and reinvention of Town Planning is at the heart of this task.

The lecture comes at a time of seismic change in public health in England, with the implementation of a series of reforms in the organisation and delivery of health care and other services and the establishment of Public Health England, a new agency with a wide-ranging brief to deliver government objectives.

Knowledge-Action-Change are grateful to the London Drug and Alcohol Policy Forum for their financial support for this year's lecture.

Professor John R Ashton (CBE)

Born in Liverpool and graduating in medicine from Newcastle-upon-Tyne Medical School (1965-1970) and the London School of Hygiene and Tropical Medicine (1976-1978) Professor Ashton has specialised in psychiatry, general practice, family planning and reproductive medicine and finally public health.

From 1993 until August 2006 Professor Ashton held the position of North West Regional Medical Officer and North West Regional Director of Public Health where he had the responsibility for Public Health in a region of 6.7 million people, stretching from Carlisle to Crewe.

He has played an active part in developing government policies for public health and under his leadership, the North West became regarded as a centre for pioneering initiatives.

These included the country’s first syringe exchange programme, which was established on Merseyside in the mid 1980s and has had a major role in keeping HIV and AIDS out of the injecting drug population, the establishment of the country’s first Public Health Observatory - there are now Public Health Observatories in every region – and the pioneering work of the Healthy Cities initiative in conjunction with the World Health Organisation.

He was appointed as Joint Director of Public Health for Cumbria Primary Care Trust and Cumbria County Council in February 2007.

This is the third lecture in a series, established in memory of Alison Chesney and Eddie Killoran, two well known and respected figures in the drugs field over many years, still much missed by family, friends and colleagues alike. Following their untimely deaths in 2006 a number of their friends and former colleagues began discussions to determine what might be a fitting way to remember them. Their families supported the idea of an annual memorial lecture, at which they and the work they undertook might be celebrated by those who knew them and also brought to a wider audience.
The Paolo Pertica Award was established in 2004 by the European Network of Drugs and Infections Prevention in Prisons (ENDIPP) to mark the 10 year anniversary of the network. The creation of ENDIPP stemmed largely from Paolo’s work with prisoners from a wide range of different nationalities incarcerated in London prisons. The award was created to acknowledge his contribution to the development of work with drug using prisoners in the UK and within European criminal justice systems.

The award for 2012 will be presented by Paolo, in the final session for the conference, to the Scottish Violence Reduction Unit.

In Scotland, violence is a chronic problem, including that related to alcohol and drug misuse. Although overall levels of crime have fallen in the West of Scotland, levels of violent crime, in particular knife crime, have remained relatively constant for the last 40 years.

In January 2005 Strathclyde Police established the Violence Reduction Unit (VRU) to target all forms of violent behaviour, in particular knife crime and weapon carrying among young men in and around Glasgow. In April 2006 the Unit’s remit was extended nationwide by the Scottish Executive, creating a national centre of expertise on tackling violence.

Adopting the public health approach as described in the WHO’s World Report On Violence and Health (2002), the unit has simple aims: to reduce violent crime and behaviour by working with partner agencies to achieve long-term societal and attitudinal change, and, by focusing on enforcement, to contain and manage individuals who carry weapons or who are involved in violent behaviour.

The VRU is headed by co-directors Detective Chief Superintendent John Carnochan QPM and Karyn McCluskey.

In recognition of the work of the VRU, the citation for the award states that it is given “for their collaborative efforts to develop innovative and sustainable solutions to the deep rooted problems of violence associated with drug and alcohol use for individuals and their communities”.

Paolo Pertica

Paolo worked within a number of drug service providers, managing a wide range of services for drug users, most of who were in prison, or being dealt with within other parts of the criminal justice system. Amongst these organisations was the Prisoners Resource Service, where he was the Service Manager. The work of this pioneering service provided much of the model adopted by HM Prison Service to develop their CARAT services and was seen by colleagues in other countries involved in EDIPP as an effective approach. Paolo travelled extensively to provide consultancy and training for these colleagues and is still held in high esteem by many of them.

Paolo moved away from service delivery and also away from London in 2001 relocating to Blackpool, where he has worked in the commissioning and strategic development of a range of services, including in the fields of drugs and crime reduction. He is now a senior manager within the local council and spends his free time fishing and supporting Blackpool Football Club.

In addition to ENDIPP, the International Harm Reduction Association previously acted as the custodian of the award and now this responsibility resides with Knowledge-Action-Change.

Previous Recipients of the Award

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<thead>
<tr>
<th>Name</th>
<th>Country</th>
<th>Year</th>
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<tr>
<td>Elena Grigoryeva</td>
<td>Belarus</td>
<td>2004</td>
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<tr>
<td>Marina Goloviznina</td>
<td>Russian Federation</td>
<td>2006</td>
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<tr>
<td>Saman Zamani</td>
<td>Iran</td>
<td>2009</td>
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<tr>
<td>Tijana Pavicevic</td>
<td>Montenegro</td>
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We are pleased to announce this exciting new collaboration between individuals and organisations engaged in the study of and response to health behaviours in the urban environment.

For the first time in history the majority of the world’s population now live in urban environments and the proportion continues to grow. The pace of growth and new economic conditions have in many instances overwhelmed government capacity to regulate, plan or provide basic services, especially to the poorest. We are likely to see a further decline in urban quality of life in the next decade – including in Europe, as evidenced by the developments in Greece, Spain and Portugal. These circumstances have given rise to a large number of ‘bottom-up’ community responses to meet needs in relation to health and well-being.

Much urban health research and planning has been focussed on the impact of the physical environment and has largely not been cross-sectoral or multidisciplinary. Nor does it focus on how urban population health behaviours might be influenced to reduce morbidity and mortality and improve the quality of life, health and well being.

The focus of City Health International will be on health and well-being and has 3 distinct elements:

- We will concentrate on health behaviours – including alcohol, drug use, diet, sexual behaviour, violence – and also examine their impact on specific populations and groups – migrants and tourists for example.
- We will adopt an ‘inclusive’ approach, engaging with NGOs, community projects, advocacy groups, as well as academics, policy makers and those who deliver services.
- We will lobby and campaign for the implementation of proven, effective policies and interventions - especially examples of cross-sectoral and multi-disciplinary approaches - to improve the health and well-being of communities.

Key to the whole concept of City Health International is robust adherence to an evidence-based approach, placing the relationship between academics, practitioners, advocates and policy makers at the centre of all we do.
The collaborative approach is designed to encourage engagement at all levels, from individuals working on projects within communities, to community advocates, to academics, to those charged with policy development and implementation. To achieve this **City Health international** will:

- use the **City Health Group** we have established on Linked-In to enable members to raise issues and discuss developments;
- hold an **annual conference**, in a different location each year, which will examine current policy and practice in relation to public health and health behaviours in cities. Each event will be different, but there will always be space for networking and organising side meetings for special interest groups. Following the inaugural conference in London, plans are in place to hold the next event in 2013, in Scotland. We are looking for partners to work with us on future conferences. If you are interested please visit the **City Health International** website [www.cityhealthinternational.org](http://www.cityhealthinternational.org) for more information;
- work with colleagues to organise **local/national/regional seminars and dialogues**, addressing topics of special interest;
- use **Twitter** (@CityHealth2012) and other social media to stimulate discussion and debate, ensuring **City Health International** achieves its aim to be inclusive.

Longer-term plans include the development of a website to inform a wider audience about the project and a newsletter to enable those active within **City Health International** to inform colleagues about work being undertaken in different locations.

**City Health International** has been launched by the London Drug and Alcohol Policy Forum, Knowledge Action Change, Esprit de Bois and Turning Point Scotland. We are now seeking to gain the support of individuals and organisational partners to extend its influence and reach. To find out how you can become involved visit the **City Health International** website [www.cityhealthinternational.org](http://www.cityhealthinternational.org) to register your interest.
**Monday 22nd October**

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<td>Welcome and introduction</td>
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<td><strong>Keynote address</strong></td>
<td><strong>Duncan Selbie</strong>, Chief Executive, Public Health England: <em>The future of public health in England</em></td>
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<td>11.00-11.30</td>
<td>Break</td>
<td>Livery Hall</td>
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<td>11.30-13.00</td>
<td>Plenary Session 1 Urban health dynamics</td>
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<td><strong>Parallel sessions</strong></td>
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<td>14.00-15.30</td>
<td>Parallel 1: Livery Hall Behaviours and risks: safeguarding against infectious diseases</td>
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<td><strong>Stephen Bitti</strong>, MBARC, London: <em>Challenges of planning public and sexual health during the Olympics</em></td>
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<td><strong>Prof Graham Foster</strong>, Queen Marys University of London, England: <em>Chronic Hepatitis C in 2012 – can we eradicate the virus from our cities?</em></td>
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<td><strong>Paul Ward</strong>, Terrence Higgins Trust: <em>Global principles in constructing urban HIV responses</em></td>
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<td>15.30-16.00</td>
<td>Break</td>
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<td>16.00-17.15</td>
<td>Plenary Session 2 Urban health systems: embracing diversity</td>
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<td><strong>Parallel 2: Old Library</strong></td>
<td>Public pleasure and public nuisance: night time and tourist city economies</td>
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<td>Chair: David Kidney</td>
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<td><strong>Dr Owen Bowden-Jones</strong>, Central North West London NHS Foundation Trust, London, England: <em>New generation, new drugs, new harms: The rise and rise of club drugs</em></td>
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<td><strong>Dr James Nichols</strong> and Dr Evelyn Gillan, Alcohol Research UK and Alcohol Focus Scotland: <em>Alcohol licensing and public health: challenges and opportunities</em></td>
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<td><strong>Rosie Campbell</strong> and Dr Teela Sanders, School of Sociology and Social Policy, University of Leeds: <em>Stripping in the city: dancers’ concerns, working conditions, and the regulation of sexual entertainment in England and Wales</em></td>
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<td><strong>Public lecture: Alison Chesney and Eddie Killoran memorial lecture 2012</strong></td>
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## Tuesday 23rd October

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<th>Session</th>
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<tr>
<td>09.45-11.00</td>
<td>Plenary Session 3: Urban health and well-being</td>
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<td>Chair: Natalia Khodakevich, Russia</td>
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<td><strong>Prof Dr Robert van Voren</strong>, Global Initiative in Psychiatry, Lithuania: <em>Urban mental health – a challenge</em></td>
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<td><strong>Mauricio Rodríguez-Munera</strong>, Ambassador of Colombia: <em>From the brink of collapse to rising stars – the cases of Bogotá and Medellín</em></td>
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<td><strong>Prof Alexander Katkov</strong>, Republic Scientific Centre on Medical and Social Problems of Drug Addiction, Pavlodar, Republic of Kazakhstan: <em>Urban dynamics and destructive social epidemics</em></td>
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| 11.00-11.30     | Break                                                                  | Livery Hall    |
| 11.30-13.00     | Parallel sessions                                                     |                |
|                 | **Parallel 3: Livery Hall** Urban well-being: wants and needs         |                |
|                 | Chair: Vicky Hobart                                                   |                |
|                 | **Prof Tony Worsley**, Centre for Physical Activity and Nutrition Research, Deakin University, Australia: *The food concerns of urban consumers* |                |
|                 | **Farrah Hart**, Vicky Hobart, Dr Cecilia Pyper, Prof Les Mayhew, NHS North East London and the City (VH & FH), City of London Corporation (FH), and Public Health Action Support Team (PHAST) (CP and LM): *Assessing public health and health care needs in the City of London’s workers* |                |
|                 | **Phil Knibb**, Comuniversity, Alt Valley Community Trust, Croxteth: *Social enterprise and well-being* |                |

| 13.00-14.00     | Lunch                                                                  | Crypt          |
| 14.00-15.30     | Parallel sessions                                                     |                |
|                 | **Parallel 5: Livery Hall** Poverty, violence and public health        |                |
|                 | Chair: Commander Simon Bray                                            |                |
|                 | **Dr Lindsey Richardson**, British Columbia Centre for Excellence in HIV/AIDS, University of British Columbia, Canada: *How cities create and respond to health and social problems: policing, drug use and sex work in Vancouver* |                |
|                 | **Dr Johanna Grippenberg**, Stockholm Centre for Psychiatric Research and Education, Karolinska Institutet and Stockholm County Council Health Care Provision, Sweden: *Alcohol and drug prevention in the nightlife setting – experiences from Stockholm* |                |
|                 | **Karyn McCluskey**, Violence Reduction Unit, Scotland: *Doing it differently – public health and violence* |                |

| 15.30-16.00     | Break                                                                  | Livery Hall    |
| 16.00-17.00     | Closing session                                                       | Livery Hall    |
|                 | Chair: tbc                                                            |                |

### Keynote address

**David Wilson**, World Bank: *Urban health: world health*
Presentation of Paolo Pertica Award
Handover to Glasgow for City Health 2013
Abstracts and Speaker Details

Opening Session

Keynote address: the future of public health in England

Duncan Selbie following a distinguished career in health service management and direction was appointed this year as the chief executive designate of the new national public health service, Public Health England, which will be established from April 2013.

In his address Mr Selbie will outline his vision for Public Health England and discuss its role and anticipated impact on policy and service delivery across the various aspects of public health in the future.

Plenary One – Urban Health Dynamics

‘Afternow’ – what’s next for the health of society?

Presenter: Phil Hanlon is Professor of Public Health at the University of Glasgow and the chief investigator in the ‘Afternow’ project which asks ‘what’s next for the health of society’?

Health in cities has improved in what we can identify as a series of four waves since the period of early industrialisation. Much of this has depended on our ability to ‘understand, predict and control’. However, more recently, a series of intractable problems has emerged. These include obesity, overwhelming involvement in various ‘addictions’, loss of wellbeing and inequalities. These problems are not responding to our usual policy and programme interventions. The reason, I will argue, is that they are emergent products of our late modern culture and social structures. In short, they will not improve until there is a more radical transformation of our whole society and the culture that has created it. Importantly, transformational change is inevitable. Our current trajectory is not sustainable. If change is inevitable, the urgent task for the future public health is the creation of a transformation that is good for the health and wellbeing of the whole population. The presentation will explore how this might be achieved.

Changing the status quo

Presenter: Senator Larry Campbell was elected as the Mayor of Vancouver in 2002, after a long career primarily in law enforcement and death investigation. In 2005 he was summoned to the Senate of Canada, where he continues his work in the areas of public health, drug policy and aboriginal issues.

Senator Campbell will discuss political and logistical aspects of addressing public health issues at the municipal level, while drawing on his experience as Mayor of Vancouver and his involvement with harm reduction efforts, the “Four Pillars approach”, and the first safe-injection site in North America. His speech will focus on how public engagement and citizen involvement can be a driving force in moving forward with new ideas.

Public pleasure, public nuisance and public health

Presenter: Professor Mark A. Bellis OBE is Director of the Centre for Public Health, Liverpool John Moores University, the World Health Organisation (WHO) Focal Point for violence and injury prevention for the UK and leads on alcohol, violence and drug related health intelligence for the Public Health Observatories of the UK.

A thriving and entertaining nightlife can be both a major economic asset to a city and an important part of the pleasure that living in it brings to residents. Recent years have seen policies to extend alcohol sales times, ostensibly to reduce anti-social behaviour, and an escalating battle between on and off licence premises for the binge-drinker’s cash. The confluence of these factors can leave city centres populated by individuals who arrive drunk after preloading on cheap booze and continue to get drunker into the early hours of the next day. Anti-social behaviour in such environments has been controlled largely by police. However, while public disorder is seen as a priority relatively little attention is paid to how public health is impacted. This presentation will examine the benefits of considering public health issues, such as inequalities, wider health outcomes and life course influences on nightlife behaviours, alongside policing priorities, good bar and club management and the economic interests of the alcohol industry.
Parallel One- Behaviours and Risks: safeguarding against infectious diseases

London: Challenges of planning public and sexual health during the Olympics

**Presenter: Stephen Bitti** is the Head of Sexual Health at MBARC where he leads the 2012 Olympics Sexual Health, Further Education Sexual Health and London LARC Network Programmes on behalf of the London Sexual Health Programme.

Sexual Health needs in London are the highest in UK and amongst the highest in Western Europe. Planning for sexual health delivery and promotion during international sporting events is important to maintain public health. MBARC were commissioned by the London Sexual Health Programme to support delivery of sexual health Games time planning and legacy. All deliverables were set by NHS London, who were funded by the Department of Health, and then agreed between NHS London and the London Sexual Health Programme. This presentation explores the benefits and lessons identified.

**Chronic Hepatitis C in 2012 – can we eradicate the virus from our cities?**

**Presenter: Graham Foster** is Professor of Hepatology at Queen Marys University of London with a long standing interest in the management of chronic viral hepatitis in difficult to access patient groups.

Chronic hepatitis C infection is common in injecting drug users and is responsible for enormous morbidity and mortality. Recent developments in diagnostics and approaches to case finding have allowed increasing numbers of patients to be diagnosed. With current therapies a minority of patients can be treated successfully but the advent of new drugs may allow us to treat many more patients with success and indicate that the long term goal of eradicating this virus from our cities may be within reach.

**Global principles in constructing urban HIV responses**

**Presenter: Paul Ward** is Deputy Chief Executive of the Terrence Higgins Trust and has responsibility for the management and strategic development. Previously he edited the self help magazine Positive Nation and was a manager within the NHS.

Despite the lower profile of HIV in the 21st century, it is an increasing problem within urban settings, with considerable human and financial consequences for failure to prevent it. Yet some cities have done far better than others in tackling HIV, improving diagnosis and involving communities at risk. What works? Where are the examples of best practice? What can we learn from each other about getting it right? Paul Ward will give concrete examples of successful strategies and a few less so.
Abstracts and Speaker Details

**Parallel 2: Public Pleasure and Public Nuisance: night-time and tourist city economies**

**New generation, new drugs, new harms: The rise and rise of club drugs**

**Presenter:** **Dr Owen Bowden-Jones** is an Addiction Psychiatrist and founder of the Club Drug Clinic, the UK’s largest service for people using novel psychoactive substances including Ketamine, Mephedrone and legal highs. He is also Chair of the Faculty of Addictions, Royal College of Psychiatrists.

New drugs are part of the urban landscape. Patterns of drug use in the UK are changing with an increase in the use of new drugs such as Mephedrone, Ketamine and ‘legal highs’. Hundreds of new substances are being released onto the market with little or no understanding of the potential harms. The internet is increasingly being used as a route to market and sell new substances creating a huge challenge for the legislation and enforcement of drug policy, and for providing advice and help. The Club Drug Clinic is a new service for people who have begun to experience problems with their use of recreational drugs.

**Alcohol licensing and public health: challenges and opportunities**

**Presenter:** **Dr James Nicholls** is Research Manager for Alcohol Research UK and author of *The Politics of Alcohol: A History of the Drink Question in England* (2009). (Co-author is Dr Evelyn Gillan is Chief Executive of Alcohol Focus Scotland).

This presentation will discuss the role of public health in alcohol licensing across the UK. Based on research funded by Alcohol Research UK, it will look initially at the challenges faced by licensing boards in Scotland seeking to operationalise the ‘public health’ licensing objective. It will discuss what can be learned from that experience by licensing authorities in England and Wales, especially given the new emphasis on public health engagement in the 2012 Alcohol Strategy. The presentation will explore what specific roles health authorities can play in the licensing process and how the kind of evidence developed within public health can best be applied in the context of local licensing.

**Stripping in the city: dancers’ concerns, working conditions, and the regulation of sexual entertainment in England and Wales**

**Presenter:** **Rosie Campbell** is an expert on sex work, having carried out research on sex work for 17 years and working with sex work projects throughout the UK, with the UK Network of Sex Work Projects. She is currently a researcher at the University of Leeds on a project looking at the strip club sector. (Dr Teela Sanders, second author also of University of Leeds).

The presentation draws on the largest study of the striptease industry in the UK, *The Regulatory Dance* (by Sanders & Hardy, 2011) and the follow-on project “Regulating Working Conditions: Sexual Entertainment Venues”, both carried out at the University of Leeds and funded by the ESRC. It overviews the experiences and working conditions of dancers and patterns in licensing strip clubs in England and Wales, since the introduction of a new law (2009) governing sexual entertainment venues. It explores the extent to which regulation considers working conditions, welfare, health and safety of dancers, in a climate of national and local policy development which has often been preoccupied with community impact, regulating nudity and claims about the objectification of women. The project produced with dancers - Dancers Info - a website and iPhone App as a means of responding to the information needs of dancers in this sector regarding employment rights, tax, trade union membership and safety at work.
A look back on health and the Olympics and the Paralympics

**Presenter: Lola Banjoko** is Head Olympic Games – Time Delivery /2012 Deputy Programme Director, NHS London.

The presentation will give an overview of the NHS in London with respect to its role, responsibilities, and frameworks used to prepare for and respond to the opportunities and challenges of the 2012 Olympic and Paralympics Games and measures taken to ensure a health legacy.

Diversity and inequality in the East End of London- the challenge of the Olympic legacy

**Presenter: Dr Bobbie Jacobson OBE** has spent over 3 decades in public health and is currently Director of the London Health Observatory leading nationally on health inequalities, ethnicity and tobacco. She was previously Director of Public Health in East London.

The presentation gives a snapshot of how diversity and inequality influence the health of the children in the six Olympic boroughs and the implications for the Olympic legacy.

Changing Patterns of Migration and their Implications for Urban Health Systems

**Presenter: Manuel Carballo** is Executive Director of the International Centre for Migration, Health and Development (Geneva), a Professor of Clinical Public Health at Columbia University (New York) and Adjunct Professor at Tulane University Payson Center for International Development (New Orleans).

The pace of migration is growing and producing new paradigms of health and demands on urban health systems. Migrants not only move with the medical profiles they developed before leaving their countries and communities of origin, but they are additionally challenged by new health risks as a result of the working and living conditions they move into as newcomers in the towns and cities they re-settle in. All too often their culture, language, health beliefs and healthcare-seeking behaviour also differ from those of local non-migrant populations and as a result many migrants encounter complex barriers to accessing quality health care. The public health implications of this can be far-reaching, and in many cities the health profiles of migrants are becoming considerably worse than those of their indigenous peers.
Urban Mental Health – a Challenge

Presenter: Professor Robert van Voren is Chief Executive of Global Initiative on Psychiatry and Professor of Soviet and Post-Soviet Studies at the Vytautas Magnus University in Kaunas (Lithuania) and at the Ilia State University in Tbilisi (Georgia).

It was the enlightened psychiatrist Philippe Pinel (1745-1826) who at the end of the eighteenth century separated the mentally ill from the other wretches that inhabited an indistinct ghetto where the insane and those ill with the most varied infective illnesses lived together with prostitutes and criminals. By separating them he finally gave a clear and distinct status to the sick: they were now not considered to be immoral criminals but people with mental illness and therefore not ill with other illnesses. This separation can be considered as one of the key founding moments of modern psychiatry. Now, in the twenty-first century, it is the city that gives refuge to the poor, social misfits, outsiders, drug addicts, illegal immigrants, and the mentally ill. The city has in fact become an enormous ghetto, a mental home spread across the map of the city, rather than being concentrated to a mental home in a tangible and visible building. This presents enormous challenges to both the mental health services in the city, as to both the municipality and the population at large. Therefore the city of today is similar to Pinel's mental home of yesterday and in this, differences and many different populations emerge and can be defined even if all have in common the same vulnerability and marginality.

From the brink of collapse to rising stars – the cases of Bogotà and Medellin

Presenter: Mauricio Rodriguez-Munera studied Business Administration, Economics and Finance; he worked for Dow Chemical from 1981 until 1993 in Colombia, Venezuela, United States, Switzerland and Italy. In 1993 he became the founder and editor of PORTAFOLIO- Colombia’s leading financial newspaper. In 2009 he was appointed ambassador to the UK.

Twenty years ago the two main cities of Colombia - Bogotà (the capital) and Medellìn - were suffering very serious problems: high levels of insecurity, lack of competitiveness, unemployment, financial difficulties, chaotic transport public space invasions and absence of pride amongst its citizens. Today both cities experience a much improved situation and positive outlooks. This presentation will describe what was done to produce such a big positive change. The main reason that explains the great progress of Medellín and Bogotá in the past two decades is the visionary and courageous leadership of several mayors, who introduced important innovations in key areas: public transportation, education and social urbanism - which will be explained in detail in the presentation.

Urban dynamics and destructive social epidemics

Presenter: Dr Alexander Katkov is a doctor of medical science and professor. He works as a Chief Expert on social epidemics at the Republican Scientific Centre on Medical and Social Problems of Drug Addiction, in Pavlodar, Kazakhstan.

In the Republic of Kazakhstan (the total population 16,323,300; GDP per capita USD 6,264,000, 2010) up to 60 per cent of the population live in the cities with populations ranging from 75,000 - 2 million. Epidemiological studies show that such social phenomena as chemical dependence (alcoholism, drug dependence, toxicomania), psychological dependence (totalitarian cults and sects, extremist organisations, gambling, computer addiction), and adaptation disorders with manifestations of demoralisation syndrome - which we defined as destructive social epidemics - are specific to the urban population. The principle of an effective response to destructive social epidemics spreading is based on medium-sized and large cities, with the possibility to develop a cluster model of social psychotherapy. This model combines the following sectors: addiction, psychological and psychotherapeutic, educational and media interventions. The initial findings from the framework of the national programme implemented in Kazakhstan indicate their effectiveness.
The food concerns of urban consumers

**Presenter: Tony Worsley** is Professor of Behavioural Nutrition at Deakin University, Australia. His interests include the evaluation of public health nutrition programs, and the promotion and maintenance of food behaviour change.

The Food Matters report of the UK Cabinet Strategy Unit (2008) attempted to integrate major aspects of the food system in urbanised communities into a comprehensive food policy model. The themes identified included: health and nutrition, food safety, environmental, ethical and economic issues. Our work has followed similar lines but has focussed on food consumers’ awareness and actions regarding these issues. In 2011 we conducted a detailed study of Australians’ concerns about food and in early 2012 we examined similar concerns held by consumers in the UK, USA, France and Shanghai. The findings from these (and other) studies will be discussed in relation to the metabolic disease epidemic, urbanisation and market consolidation.

Assessing public health and health care needs in the City of London’s workers

**Presenter: Farrah Hart** is Healthy City Development Manager, a joint post between City and Hackney’s Public Health Team and the City of London Corporation. (Co-authors: Vicky Hobart is a consultant in Public Health in the City and Hackney Public Health Team, co-chair of the City of London’s Shadow Health and Wellbeing Board. Dr Cecilia Pyper is a primary care consultant, and an associate of the Public Health Action Support Team. Professor Les Mayhew is an associate of the Public Health Action Support Team. He was involved in the research into the public health and primary healthcare needs of City workers).

The Coalition Government’s Health and Social Care Act presents opportunities for local authorities to influence the health of their whole populations, not just residents. For the City of London, which has around 10,000 residents, but 360,000 workers, this represents a vast increase in the population it serves. With no routine data produced, gathering information about the health and health care needs of workers presents a unique challenge. In 2011/12, the City of London commissioned the Public Health Action Support Team to conduct research into the public health and primary healthcare needs of City workers, with a view to collecting data that would form the basis for health needs assessment amongst workers in the City, and inform the development and resources required for its public health function. The research returned presents a fascinating insight into the workers of the square mile. Further analysis has also returned profiles of the City workers who are most likely to be in poor health, to drink to excess and to smoke – these profiles present an opportunity to target interventions more effectively at specific sub-groups of the City worker population.

Social enterprise and well-being

**Presenter: Phil Knibb** is the Executive Director of two social businesses who operate in partnership in North East Liverpool. Phil has over 30 years’ experience working in the community development field with Liverpool City Council and Social Businesses.

The Government’s much publicised localism agenda has been going on for many years in communities up and down the country. Over the past ten to 15 years many voluntary groups have begun to emerge as social businesses and are often taking a lead in providing frontline services in many marginalised communities. Social businesses are entrepreneurial and innovative in providing not only training and employment opportunities, but a plethora of linked services that contribute significantly to overall community sustainability and well-being.
Development of pre-hospital night-time economy guidelines to improve the management of recreational drug harm

Presenter: Dr David Wood is a consultant physician and clinical toxicologist at Guy’s and St Thomas’ NHS Foundation Trust, London, UK. He has a specialist clinical, research and academic interest in the epidemiology of use and associated acute toxicity of recreational drugs and novel psychoactive substances in the pre-hospital and hospital environment.

The appropriate management - including understanding when to involve ambulance services and/or referral to the Emergency Department - of those individuals with clinically significant pre-hospital acute toxicity (harm) from recreational drugs and novel psychoactive substances (“legal highs”) can reduce the risk of significant morbidity and potentially death. Prior to 2005, there were no guidelines for use by non-specialist staff on when to involve ambulance services in the pre-hospital night-time economy environment for this group of individuals. Through involvement of key stakeholders in the night-time economy, guidelines were developed and validated in South East London; these have subsequently been incorporated into UK national night-time economy guidance (Safer Nightlife). Additionally, through an EMCDDA funded consensus project across 17 EU countries, they have now been adapted to a European context.

Adoption of tobacco harm reduction in population centers as a social contagion, a complex systems model

Presenter: Dr Carl V Phillips was a professor of public health for most of his career, and won awards for his innovative work in epidemiology. He is one of the world’s top experts on tobacco harm reduction, the public health effort to encourage the substitution of low-risk alternatives for smoking, and is now a consumer advocate in that field.

The greatest emerging, but still largely untapped, public health movement in Western nations is tobacco harm reduction (THR), the substitution of low-risk tobacco and nicotine products for smoking. Cities have experimented with various command-and-control approaches to anti-smoking, but their role as incubators for individual-level public health innovation and choice has largely been overlooked. THR is a social phenomenon, with knowledge and appeal of products depending heavily on their prevalence in one’s communities. It is, in effect, contagious, and cities are the best places for spreading contagions - both John Snow’s cholera epidemic and healthy ideas. A complex systems model illustrates how THR will spread most readily in a dense urban population. The model further suggests ways in which more rapid spread can be most effectively encouraged.

City gyms and human enhancement drugs

Presenter: Jim McVeigh is Deputy Director of the Centre for Public Health, Liverpool John Moores University. He has 20 years experience in drug related research, in particular in the area of anabolic steroids and other human enhancement drugs.

Anabolic steroids and associated drugs are well established within many city gyms. Often considered the domain of the elite athlete or competitive bodybuilder, evidence indicates that a growing number of young men are self-administering anabolic steroids to enhance their physique. Anabolic steroids, together with a vast array of other drugs to increase musculature, strip fat, increase energy and tan the skin are being used. Many of these drugs are unlicensed, banned or have never been fully tested for their safety. Consumers appear unaware of the dangers presented by these drugs that are sold on the illicit market.
How cities create and respond to health and social problems: policing, drug use and sex work in Vancouver

Presenter: Dr Lindsey Richardson is a Post-Doctoral Research fellow at the Vancouver-based British Columbia Centre for Excellence in HIV/AIDS. Her research focuses on the social, economic and institutional drivers of health inequities, with a specific focus on income generation and employment.

Policy initiatives of municipal governments and affiliated institutions can contribute to both the development of and response to urban social and health problems. Using the case study of policing policies and practices in Vancouver both prior to and during the 2010 Winter Olympics, we show how enforcement policy can have contrasting public health impacts depending on the policy objectives and target population. We further demonstrate how criminal justice system engagement has spill over effects, such as impacts on labour market participation, that further impact public health and public order. These impacts offer potential avenues for alternative approaches to dealing with drug market disorder. Designing municipal policies with a view to anticipate public health consequences is therefore of vital importance.

Alcohol and drug prevention in the nightlife setting – experiences from Stockholm

Presenter: Dr. Johanna Gripenberg is a researcher at STAD (Stockholm prevents alcohol and drug problems). STAD is a research and development unit within the Stockholm County Council and the Karolinska Institutet. Johanna’s research focus is to study the prevalence and prevention of club drug problems in the nightlife setting.

STAD (Stockholm prevents alcohol and drug problems) is a research and development unit within the Stockholm County Council and the Karolinska Institutet. It was founded in 1995 due to increasing concern over the alcohol and drug situation in Sweden. The overall objective is to identify, develop, and evaluate promising methods for the prevention of alcohol and drug related problems. This presentation will describe STAD’s alcohol and drug prevention work in the nightlife setting, with the focus on the “Clubs against Drugs” programme. The interventions include community mobilisation, training of servers and door staff, policy work, environmental changes and increased enforcement. Research results have shown for instance: a decrease in serving intoxicated guests, a decrease in police-reported violence and an increase in door staff interventions with intoxicated guests.

Doing it differently – public health and violence

Presenter: Karyn McCluskey trained as a registered nurse, has a BSc and MSc in Psychology and is a fellow by distinction of the Faculty of Public Health. She has worked in a variety of areas within the NHS, East Africa and HM Prisons. The Institute of Directors awarded her Scottish Female Director of the year in April 2012. She was involved in setting up the Scottish Violence Reduction Unit and over the last eight years, as Co-Director, has driven the development of some of the most successful interventions in addressing violence and been at the forefront of innovation in this area.

Using a public health approach to addressing violence in Scotland has led to engagement across public, private and third sectors in an aspiration to reduce violence. From dentists, to schoolchildren, mums, politicians and individuals – all have a role to play. Violence is a public health issue in Scotland – just like measles and tuberculosis. We utilise the preventative spend agenda to influence the early years debate in relation to long term prevention, targeting those who are at risk of infection, intervening with victims and offenders and working on attitudinal change are key to achieving long term reductions in violence in Scotland.
Parallel Six – Creating Healthy Environments

Healthy cities – reducing inequalities and creating change

**Presenter: Stephen Woods** is the UK Healthy Cities Network Co-ordinator. Previous to this Stephen was the Assistant Director for the Anglia Heart and Stroke Network. He has an extensive background in the field of public health having held the posts of Assistant Director and Delivery Programme Manager for the Cumbria and Lancashire Public Health Networks, and as the Sexual Health Network Lead for Cumbria and Lancashire.

The UK Healthy Cities Network is part of a global movement for public health and sustainable development with over 25 years’ experience of developing creative solutions to old and new challenges. It engages local authorities and their partners in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects. The Network’s vision is to develop a creative, supportive and motivating network for UK cities and towns that are tackling health inequalities and striving to put health improvement and health equity at the core of all local policies. Within this, our aims are to: enhance learning and build capacity through sharing ideas, experience and best practice; widen participation in the Healthy Cities movement and support member towns and cities to develop and test innovative approaches to emerging public health issues; and become a strong collective voice for health, wellbeing, equity and sustainable development – informing and influencing local, regional, national and European policy.

Politics, people, enterprise and smoke-free cities

**Presenter: Natalya Podogova** is Vice President GBC Health and Director of its regional office and manages in Russia and the CIS region, the coalition of business advocating for healthier life styles of populations in the region.

Russia now is at the stage of adopting the federal law ‘On protection of public health from the effects of tobacco consumption’, which contains 100% smoke free policies, including smoke free workplaces that are compliant with the Framework Convention on Tobacco Control, which Russia ratified in 2008, and that mirror international practice. With 62% of smokers among men and 20% among women, and the possibility to smoke in almost all public places, Russia faces an aggressive lobby from the tobacco industry, hospitality business and small business. Challenges and lessons learnt from the country, cities, enterprises and people facing the new law on tobacco control will be outlined in the presentation.

Sex work and the London 2012 Olympics – How was it for you?

**Presenter: Georgina Perry** has been the service manager for Open Doors, a clinical, case management and outreach service for sex workers in City & Hackney, Newham and Tower Hamlets since 2003. Open Doors is a multi-disciplinary team of development and clinical practitioners, dedicated to improving the health and wellbeing of street and off street sex workers in East London.

Faced with scarce international evidence, how did the link between the 2012 London Olympics and an increase in prostitution and sex trafficking develop? Moreover, how has this phenomena translated into an anti-prostitution ideology and what impact has this had on the safety, both in public health and public protection terms, of people in the sex industry? In this presentation Georgina Perry explores how the sex trafficking hyperbole surrounding the London Games and other mega sporting events has diverted resources away from supporting sex workers and how enshrined public health principles that challenge health and social inequality have been eroded, as political pressure has been exerted throughout the Games’ period to rescue and rehabilitate people in the sex industry.

Closing Session

**Keynote address: Urban health, world health**

**Dr David Wilson:** is Global HIV/AIDS Program Director, at the World Bank.
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