Kent
Alcohol Strategy
2013-2016

Executive summary
This Strategy has been prepared by Colin Thompson, Public Health Specialist at Kent County Council. Colin.thompson@kent.gov.uk

The following people are acknowledged for their valuable input:

Katie Latchford, Community Development Team Leader

Jessica Mookherjee, Consultant in Public Health, Kent County Council

Liz Osbourne, Commissioning Officer, Kent Drug and Alcohol Action Team, Kent County Council

Jim Parris, Community Safety Manager, Kent County Council

Gaby Price, Commissioning Officer, Kent Drug and Alcohol Action Team, Kent County Council

Jason Reilly, Principal Trading Standards Officer, Kent County Council

Sarah Robson, Community Partnerships Manager, Maidstone Borough Council

Inspector Ian Sandwell, Strategic Lead for Drugs and Alcohol, Kent Police

Richard Strawson, Trading Standards Manager, Kent County Council

Di Wright, Head of Commissioned Services, Kent County Council

We would also like to acknowledge the positive contributions from those who attended the alcohol strategy consultation event in January 2013. Such valuable community, partnership agency and practitioner feedback has assisted the development of this strategy, ensuring it reflects the experience and ambitions of the people of Kent.
The majority of people in Kent and the UK consume alcohol responsibly. In moderation, alcohol consumption can have a positive impact on adults’ wellbeing especially where this encourages sociability. Well-run community pubs and other businesses form a key part of the fabric of neighbourhoods, providing employment and social venues in local communities. The alcohol industry also contributes to the economy (Home Office, 2012).

However, excessive consumption of alcohol is a growing problem in Kent and across the country. Liver disease is the fifth largest cause of death in England. The average age of death from liver disease is 59 years, compared to 82-84 years for heart and lung disease or stroke, with a five-fold increase in the development of cirrhosis in 35-55 year olds over the last 10 years (Moriarty, 2010).

Kent, like many regions in the UK, experiences the widespread impact of alcohol misuse. Excessive drinking is a major cause of disease, accounting for 9.2% of disability-adjusted life years (DALYs) worldwide with only tobacco smoking and high blood pressure as higher risk factors.

The Kent Joint Strategic Needs Assessment chapter on alcohol (2012) identified alcohol misuse as a significant area of need, requiring urgent attention. Synthetic estimates are calculated by the North West Public Health Observatory which suggest that 209,260 adults in Kent are drinking at ‘increasing risk’ levels (22-50 units a week for men and 15-35 units for women). 49,843 drink at ‘high risk’ levels, showing evidence of harm to their own physical and mental health, and 30,423 people have a level of alcohol addiction (dependency).

Estimates from the North West Public Health Observatory show in the 2012 health profile for Kent that there are 23.1% of the population over 16 years old that are estimated to be either increasing or higher risk of drinking across Kent, this is higher than the England average of 22.3% and equates to 272,258 people, given the population above 16 years old is 1.18million.

Alcohol-related hospital admissions have risen sharply over the last few years. To help reduce the rate of this, the Department of Health (2009) released seven ‘High Impact Changes’ designed to highlight practical measures that can be implemented at a local level.

**High impact changes for alcohol**

- Work in partnership
- Develop activities to control the impact of alcohol misuse in the community
- Influence change through advocacy
- Improve the effectiveness and capacity of specialist treatment
- Appoint an alcohol health worker
- Provide more help to encourage people to drink less through identification and brief advice
- Amplify national social marketing priorities

This document sets the context in which agencies across Kent will work to address the problems associated with alcohol use across the county. The strategy encourages partnership and joint working to create a healthier and safer population by reducing the level of individual and community harm related to alcohol misuse. There are six key areas underpin the strategic framework:

- Prevention and identification
- Enforcement and responsibility
- Treatment
- Local action
- Vulnerable groups and inequalities
- Children and young people.
Developments since the last Kent Alcohol Strategy

- The first Kent Alcohol Strategy (2010-2013) focused on six key areas of work:
  - Communication
  - Adult treatment
  - Community safety
  - Licensing
  - Children and young people
  - Hidden harm.

The strategy outlined a number of commitments to tackle alcohol misuse. During the lifetime of the strategy considerable progress has been made in some areas of work and less progress in other areas. The main achievements have been:

- The establishment of an integrated substance misuse service for adults in both West and East Kent. This has improved aftercare, including wraparound services such as employment and training support
- The establishment of a new integrated substance misuse service for young people across Kent
- Effective promotion awareness and understanding of Alcohol Treatment Requirements (ATR) with treatment providers exceeding ATR targets across the county
- Roll out of Kent Community Alcohol Partnerships (KCAPs) beyond the pilot to other areas of the county. A KCAP toolkit has been developed and used so that any community group with an identified alcohol related problem can launch their own scheme with support from Trading Standards
- Implementation of a criminal justice diversion scheme
- Multi-agency commitment to Multi-Agency Risk Assessment Conference (MARAC) for domestic abuse
- The delivery of school-based interventions for children and young people who have been identified as vulnerable, using a life skills approach
- Training of Kent Neighbourhood Police Officers to engage with adolescents exposed to alcohol consumption
- Production of an updated alcohol needs assessment for Kent. This was addressed within the new integrated substance misuse needs assessment for Kent produced in summer 2012.

However, there a number of actions that still need to be achieved. These include:

- The introduction of screening and brief interventions for hazardous and harmful drinkers in non-alcohol-specialist setting e.g. primary care, A & E and criminal justice settings
- A more strategic approach to communication and public awareness is required
- Improving links with those who present at A&E to identify the additional needs of adults and young people who are misusing alcohol
- Ensuring the social care and education systems are equipped to identify cases where parental misuse is affecting the quality of family life and making sure that there are clearer protocols in place to help them co-ordinate support.
Implementation of the strategy

A strategy implementation group will monitor progress of the strategy. This group will meet on a quarterly basis to monitor progress and will review the strategy on an annual basis. The implementation group will include a range of partners from:

- Kent County Council Public Health Department
- Kent County Council – Kent Drug and Alcohol Action Team (KDAAT)
- Kent Police
- Kent County Council Trading Standards
- A representative from one of the district councils
- A representative from primary care

The strategy implementation group will develop an action plan with a timeline and agreed responsibilities to ensure that actions developed will be focused on achieving the outcomes within the strategy. They will have the role of making sure that delivery plans and individual actions are robust and acted upon (refreshing them on a periodic basis), and that partners undertake their assigned responsibilities. They will provide the reports to the KDAAT Board, and other relevant committees, and make the case for commissioning services as appropriate.

The KDAAT Board will be the accountable body for the strategy and therefore take overall responsibility for the targets and performance measures. They will scrutinise reports, periodically provide progress updates, highlight successes and good practice as well as request remedial action when necessary.
References


Moriarty, KJ et al. (2010) Alcohol-related Disease – Meeting the challenge of improved quality of care and better use of resources. London: British Society of Gastroenterology, Alcohol Health Alliance UK and British Association for Study of the Liver.


This publication is available in other formats and can be explained in a range of languages.

Please call 08458 247 247 or Text Relay 18001 247 247 for details.