

By: Mr G K Gibbens, Cabinet Member for Public Health

To: Cabinet – 17 March 2008

Subject: **SELECT COMMITTEE: ALCOHOL MISUSE**

Summary: To receive and comment on the report of the Select Committee on Alcohol Misuse

Introduction

1. The need for a piece of work looking into the issues surrounding alcohol misuse was identified some time ago, and has been supported by Members of all parties. It was agreed by the Policy Overview Co-ordinating Committee at its meeting in February 2007 that a Select Committee be convened to look into this issue, with an emphasis on the public health impacts of alcohol misuse.

Select Committee Process

Membership

2. (1) The Select Committee commenced its evidence-gathering sessions in June 2007, and finally completed its report in February 2008. The Chairman of the Select Committee for the evidence gathering was Mr J B O Fullarton, with Mr D A Hirst taking over as Chairman for the later stages of the evidence gathering and for agreeing the final report and recommendations and sharing them informally with stakeholders. Mrs T Dean served as Vice-Chairman. The other Members were Mrs A D Allen, Mr D L Brazier, Mr W V Newman, Mrs E D Rowbotham and Mrs P A V Stockell.

Terms of Reference

(2) The Terms of Reference for the review were around the public health aspect of alcohol misuse. The Terms of Reference for the review are set out in Appendix 1 to the report.

Evidence

(3) The Select Committee received oral and written evidence from a wide range of stakeholders, including the Kent Drugs and Alcohol Action Team (KDAAT), Health and Education colleagues, the Police, the Kent Youth County Council, service users and ex-service users, representatives of the alcohol industry and private and voluntary service providers. In addition to this, local authority and NHS colleagues from around the country, health professionals and academics were invited to submit written evidence. The Select Committee also visited two centres in Kent which support and care for former alcohol misusers. A full list of the witnesses who contributed to the Select Committee's work hearings is attached to this report at Appendix 2, together with a list of the visits undertaken. It also visited a school to

observe a facilitated discussion between sixth form students of their experiences of, and attitudes to, alcohol misuse, which was immensely helpful.

Innovation in the Select Committee process

(4) In response to the broad and complex subject matter it was asked to look into, the Select Committee pioneered a number of innovative work methods which have not been tried before. As part of the process of formulating its recommendations, it convened two very useful informal discussion sessions with a number of stakeholders and partners from the various disciplines listed above, with whom the KCC will need to work closely to deliver the Select Committee's recommendations. Having attended the second to these sub meetings I am confident that the stakeholders and partners who contributed to this Select Committee are determined to take forward these recommendations. I welcome this excellent report on what is a complex, challenging and emotive issue. I would also like to congratulate the Select Committee.

Timescale

(5) The Select Committee met with me and the Cabinet Member for Communities, and Officers from the Adult Social Services, Communities and Children, Families and Education Directorates on 19 December to receive our comments on the Select Committee report before it was finalised. A copy of the executive summary is attached at Appendix 3. Whilst all the recommendations are important I would wish to draw the Cabinet's special attention to the following:-

Recommendation 3

The Select Committee recommends that:

The outcomes of the needs assessment should inform the production of an overarching alcohol strategy for Kent. The production of the strategy, aiming at reducing the impact of alcohol misuse in Kent, should be lead by KDAAT. The strategy should address a variety of issues including treatment services, underage drinking, public awareness, alcohol-related crime and responsible retailing. It should clearly identify effective actions to be taken, together with responsibilities and accountability of all the agencies involved in the coordination, commissioning and provision of alcohol-related services. The strategy should include mechanisms that will evaluate and monitor the progress of its implementation, and it should encourage closer collaborative ties between all the agencies involved.

Recommendation 4

The Committee urges KCC to lobby Central Government to raise the priority and profile of the issue of alcohol misuse in the UK. KCC should press for an increase in funding to finance services dealing with alcohol misuse. This pressure should be carried out through the influence of the Local Government Association (LGA), as well as through direct contact with Central Government agencies.

Recommendation 7

The Select Committee urges that the effectiveness of GPs in early identification and referral of alcohol misusers in Kent should be improved. All GPs in Kent should be strongly encouraged to attend special training that will help them identify alcohol misusers, especially those with dependants.

Recommendation 11

The Select Committee supports the promotion of a hard-hitting health campaign targeted at the young to increase their awareness and so reduce the damaging effects of alcohol. The Committee urges that this campaign should stress personal responsibility and self esteem, give information about sensible drinking and about the variety of alcohol- related services available in the County.

Recommendation 14

The Alcohol Misuse Select Committee recommends that:

More consistent Personal, Social and Health Education (PSHE), which includes effective alcohol education, should be delivered in both primary and secondary schools in Kent. PSHE certificates for both teachers and nurses should be widely supported. The organisation and promotion of this training should be carried out through Local Children's Trusts. The Kent PSHE Advisory Group should pay particular attention to this recommendation when investigating young people's personal health and wellbeing in the County.

Recommendation 23

The Select Committee supports the KCC Towards 2010 target 58 to work with off licence pub and club owners to reduce alcohol fuelled crime and disorder, anti-social behaviour and domestic abuse. In addition, we recommend that problems of drinking outside the curtilage of licensed premises should be addressed, and that KCC should seek to discourage the practices of discounting alcoholic drinks, charging high prices for soft drinks and other strategies that could promote irresponsible drinking by all retail outlets.

Recommendation 27

The Committee recommends that KCC supports Central Government's engagement of large supermarket chains encouraging them to review their alcohol marketing strategies, including "loss leader" discounting practices, and to ensure that alcohol is not sold to under-age customers.

Action Plan

(6) Through the facilitated discussions the Select Committee and I are pleased with the response there has been to the draft report from the key stakeholders. Working in partnership I am confident that this important issue will be addressed in an innovative and positive manner to address sensitively the issue across Kent.

(7) The Select Committee report is an excellent strategy to deal with the issue of alcohol misuse in the county. Colleagues from the Kent Drugs and Alcohol Action Team have prepared an action plan based on the Select Committee's recommendations. A first draft of this action plan is attached as Appendix 4.

Conclusion

3. (1) I would like to congratulate the Select Committee on completing this very challenging piece of work. I would also like to thank all those witnesses who gave evidence to the Select Committee.

(2) Mr D A Hirst, Chairman of the Select Committee, Mr W V Newman and Mrs T Dean will attend to present the report. Please contact Angela Evans on 01622 221876 or email angela.evans@kent.gov.uk if you require a full copy of the report.

4. Recommendations

I recommend that:-

- (a) the Select Committee be thanked for an excellent report;
- (b) the witnesses and others who provided evidence and made valuable contributions to the work of the Select Committee be thanked;
- (c) those partners and stakeholders who took part in the informal roundtable discussions be thanked for their professional commitment and support;
- (d) the report, its recommendations and action plan for taking the Select Committee's recommendations forward be commended to Cabinet; and
- (e) Cabinet be invited to authorise the arrangement of a countywide event to launch this very important report.

Mr G K Gibbens
Cabinet Member for Public Health

Background Information: *None*

SELECT COMMITTEE – ALCOHOL MISUSE

Terms of Reference

The Select Committee's Terms of Reference were to:-

- map out, in respect of the administrative County of Kent, on the basis of available evidence, the extent of alcohol misuse and the public health implications of the issue.
- consider what public health initiatives might be undertaken to address alcohol misuse in Kent, having regards to national/government policies, and existing national and local best practice.
- explore the possible role of collaborative working (with the 12 district authorities in Kent, local NHS Bodies, schools and other partners) in delivering initiatives on this issue.
- explore programmes currently addressing the issue of alcohol misuse in primary and secondary schools in Kent.
- take account of the work of the Kent Drug and Alcohol Action Team (KDAAT), and consider innovative ways of delivering alcohol related services.
- consider the impact of alcohol misuse on NHS Accident and Emergency departments – with reference to pressure on services and assaults on NHS staff.
- identify vulnerable groups where alcohol misuse is most prevalent and focus on action that KCC could take to reach those groups.
- explore funding streams to support the implementation of initiatives on this issue.
- make specific recommendations on this issue for Kent County Council and partner organisations.

SELECT COMMITTEE – ALCOHOL MISUSE

Evidence

Oral Evidence

Thursday, 14 June 2007

- **Angela Slaven**, Director of Young Offenders' Services and KDAAT
- **Hud Manuel**, Finance Manager, KDAAT
- **Karen Sharp**, Commissioning Manager for Young Persons' Services, KDAAT
- **Lola Triumph**, Strategic Head of Commissioning (Adults), KDAAT

Tuesday, 19 June 2007

- **Jonathan Neame**, Chief Executive, Shepherd Neame
- **Martin Rawlings**, Director of Pub and Leisure, British Beer and Pub Association
- **Stuart Moore**, General Manager, South East, J D Wetherspoon plc

Wednesday, 27 June 2007

- **Nick Moon**, Social Inclusion Officer, Supporting Independence Team, KCC, and **Richard Jacklin**, researcher into alcohol and drug service provision in Kent
- **Simon Southworth**, Team Leader, Substance Misuse Team, KCC
- **Meradin Peachey**, Director of Public Health for Kent (a joint appointment by KCC and Primary Care Trusts)

Thursday, 28 June 2007

- **Inspector Jerry Prodger**, Substance Misuse Team, Kent Police
- **Caroline Davis**, Head of Strategic Partnerships, Eastern and Coastal Kent PCT
- **Godfrey Featherstone**, Director, Kenward Trust

Monday, 2 July 2007

- **Kent Youth County Council (KYCC) representatives**

Tuesday, 10 July 2007

- **Dr Mark Rake**, Founder of Kent Council on Addiction (now KCA) and **Neil Hunt**, Director of Research, KCA
- **Claire Goulding**, Operations Manager, Sunlight Centre, KCA
- **Allan Foster**, Lead Curriculum Advisor, and Subject Advisor for PSHE, KCC, **Carol Tomlinson**, Joint Commissioning Officer, KCC, and **Kate Craib**, School Drug Education Advisor, KCC

Monday, 16 July 2007

- **Bill Reading**, Manager, East Kent Community Alcohol Service
- **Peter Gates**, Service Users' Team, Kent Drug and Alcohol Action Team, with **Nick Collier**, ex Service User

Monday, 10 September 2007

- **Roger Vick**, Commercial Health Manager, Canterbury City Council
- **Clive Bainbridge**, Director of Community Safety and Regulatory Services, Kent County Council

Written Evidence

- **Clive Bainbridge**, Director of Community Safety and Regulatory Services, Kent County Council
- **Sajda Banaras**, Scrutiny Support Officer, Corporate Strategy, Hartlepool Borough Council
- **Kate Bearder**, Researcher, Overview & Scrutiny Team, City of Wakefield
- **Dr Marie Beckett**, Acting Medical Director, Clinical Director Acute & Emergency Medicine, East Kent Hospitals NHS Trust
- **Paul Blackmore**, Budget Officer, KDAAT, Kent County Council
- **Caroline Davis**, Head of Strategic Partnerships, Eastern and Coastal Kent PCT
- **Allan Foster**, Lead Curriculum Adviser, Adviser for PSHE, Advisory Service Kent, Kent County Council

- **Prof Nick Heather** , Emeritus Professor of Alcohol & Other Drug Studies
- **Caroline Highwood**, Director of Resources, Kent Adult Social Services, Kent County Council
- **Stephie Lavis**, Senior Place Officer, Place Directorate, GOSE
- **Dr Mark Rake**, Founder of Kent Council on Addiction (now KCA)
- **Bill Reading**, Manager, East Kent Community Alcohol Service
- **Phil Sadler**, Alcohol Strategy Coordinator, Public Health Department, Liverpool PCT
- **Don Shenker**, Director of Policy and Services, Alcohol Concern
- **Sarah Spencer**, Senior Public Health Information Analyst, Kent & Medway Health Informatics Service
- **Michael Thompson**, Head of Communications and External Affairs, The Portman Group
- **Gillian Vass**, European Institute of Social Services (EISS), University of Kent.
- **Jackie Wardle**, Chief Executives, Derbyshire County Council

Visits

- Wednesday 18 July 2007, Visit to **Mt Zeehan Centre**, East Kent Community Alcohol Service Canterbury
- Friday 20 July 2007, visit to the **Kenward Trust**, Yalding
- Friday 20 July 2007, visit to the **Pilsdon Community**, West Malling
- Tuesday 5 February 2008, visit to the **Marlowe Academy**, Ramsgate.

Executive Summary

1.1. Committee Membership

1.1.1. The Committee consists of eight Members of Kent County Council (KCC): Five Members of the Conservative Party, Two Members of the Labour Party and one Member of the Liberal Democrat Party.



Mrs Ann Allen
Conservative
Wilmington



Mr David Brazier
Conservative
Sevenoaks North
East



Mrs Trudy Dean
Liberal Democrat
Malling Central



Mr John Fullarton
Conservative
Broadstairs & Sir
Moses Montefiore



Mr David Hirst
Conservative
Herne Bay
Chairman



Mr Bill Newman
Labour
Dover Town



Mrs Eileen
Rowbotham
Labour
Dover North



Mrs Paulina
Stockell
Conservative
Maidstone Rural
West

1.2. Scene Setting

1.2.1. It is widely accepted that excessive consumption of alcohol is a growing social and public-health problem in the UK, with a marked increase in the numbers drinking regularly and to excess.

1.2.2. This is partly attributable to the fact that alcohol has become cheaper and more readily available. Also, patterns of drinking have changed – with alcohol misuse

becoming more socially acceptable, and increasing numbers of women (particularly younger women) drinking excessive levels of alcohol.

1.2.3. Health problems that are known to be associated with excessive alcohol consumption include:

- brain damage;
- alcohol poisoning;
- cancer;
- liver disease (cirrhosis);
- circulatory disease;
- high blood-pressure;
- damage to the nervous system;
- mental-health problems;
- impaired reproductive health;
- elevated risk of sexually-transmitted infections (associated with more risky sexual behaviour); and
- trauma (associated with accidents and violence).

1.2.4. Drinking to excess is one of the leading causes of disease, injury, disability and premature death. The annual number of alcohol-related deaths in the UK more than doubled between 1991 and 2005 (when the figure was 8,386). It is estimated that some 17 million working days, costing £6.4 billion, are lost in the UK each year due to alcohol-related sickness absence. Alcohol misuse also contributes to health inequalities.

1.2.5. Some public-health interventions (such as breath-testing of drivers and legal restrictions on the sale of alcohol) are known to be effective in reducing alcohol-related harm.

1.3. Terms of reference

- To map out, in respect of the administrative County of Kent, on the basis of available evidence, the extent of alcohol misuse and the public-health implications of the issue.
- To consider what public health initiatives¹ might be undertaken to address alcohol misuse in Kent, having regard to national/government policies, and existing national and local best practice.
- To explore the possible role of collaborative working (with the 12 district authorities in Kent, local NHS Bodies, schools and other partners) in delivering initiatives on this issue.
- To explore programmes currently addressing the issue of alcohol misuse in primary and secondary schools in Kent.
- To take account of the work of the Kent Drug and Alcohol Action Team (KDAAT), and consider innovative ways of delivering alcohol related services.

¹ The standard typology of public-health interventions is as follows: health protection; preventive medicine; health education; healthy public policy; community empowerment.

- To consider the impact of alcohol misuse on NHS Accident and Emergency departments – with reference to pressure on services and assaults on NHS staff.
- To identify vulnerable groups where alcohol misuse is most prevalent and focus on action that KCC could take to reach those groups.
- To explore funding streams to support the implementation of initiatives on this issue.
- To make specific recommendations on this issue for Kent County Council and partner organisations.

1.4. Recommendations

Recommendation 1

The Alcohol Misuse Select Committee recommends that:

Kent County Council (KCC) establishes, in partnership with Kent Primary Care Trusts (PCTs), an independent task board which will carry out a comprehensive and systematic needs assessment of alcohol service provision in Kent. This review should investigate, quantify and evaluate the current level of need and the financial resources available in both East and West Kent; it should consider coordination, commissioning and provision mechanisms involved; it should assess the effectiveness of local alcohol treatment systems in all the four tiers of intervention, and it should explore opportunities for savings in order to maximise budget spend on service delivery. The Kent Drug and Alcohol Action Team (KDAAT) should produce an annual updating report indicating in the various areas of operation the number of individuals receiving treatment and the reasons for their referral. (Please refer to Sections 3.1 and Section 3.2)

Recommendation 2

The Committee recommends that the needs of all those individuals requesting assistance, especially those caring for dependants, should be assessed carefully, and that treatment should be prioritised according to the importance and urgency of each situation. (Section 3.2)

Recommendation 3

The Select Committee recommends that:

The outcomes of the needs assessment should inform the production of an overarching alcohol strategy for Kent. The production of the strategy, aiming at reducing the impact of alcohol misuse in Kent, should be lead by KDAAT. The strategy should address a variety of issues including treatment services, underage drinking, public awareness, alcohol-related crime and responsible retailing. It should clearly identify effective actions to be taken, together with responsibilities and accountability of all the agencies involved in the coordination, commissioning and provision of alcohol-related services. The strategy should include mechanisms that will evaluate and monitor the progress of

its implementation, and it should encourage closer collaborative ties between all the agencies involved. (Section 3.1 and Section 3.2)

Recommendation 4

The Committee urges KCC to lobby Central Government to raise the priority and profile of the issue of alcohol misuse in the UK. KCC should press for an increase in funding to finance services dealing with alcohol misuse. This pressure should be carried out through the influence of the Local Government Association (LGA), as well as through direct contact with Central Government agencies. (Section 4.1)

Recommendation 5

KCC should ensure that the distribution of financial resources for alcohol-related services is monitored, amongst other methods, through Local Area Agreement (LAA) structures and mechanisms. KCC should prioritise the allocation of resources for these crucial alcohol services, given their impact across so many other aspects of life. (Sections 4.1 and 4.2)

Recommendation 6

The Committee recommends that:

KCC establishes closer links with local academic institutions, such as the University of Kent, in order to deal with alcohol misuse. Work should be carried out with the European Institute of Social Studies (EISS) of the University of Kent, in an effort to attract European Union funding to finance alcohol misuse services in Kent. KCC should liaise with EISS to encourage the participation of both the alcohol industry and Kent-based agencies dealing with alcohol misuse in the EU Alcohol and Health Forum. Care should be taken to present the Forum with the many projects that the alcohol industry in Kent may initiate. (Section 4.2)

Recommendation 7

The Select Committee urges that the effectiveness of GPs in early identification and referral of alcohol misusers in Kent should be improved. All GPs in Kent should be strongly encouraged to attend special training that will help them identify alcohol misusers, especially those with dependants. (Section 5.1)

Recommendation 8

GPs and other primary care staff should increase the provision of “motivational brief interventions” and advice to individuals drinking excessively, but not yet experiencing major problems resulting from excessive consumption. Funding sources to finance these brief interventions should be identified by Kent Primary Care Trusts (PCTs). (Sections 5.1 and 5.2)

Recommendation 9

The Committee urges that KCC offers immediate intervention to support those with urgent needs, such as children mistreated by alcoholic parents, young carers of misusers and misusers suffering from alcohol withdrawal crises. If during assessment a

parent is identified as in need of alcohol treatment, KCC Social Services should ensure that support is provided to ascertain that the children are properly cared for. (Section 5.3)

Recommendation 10

It is paramount that additional temporary sheltered housing should be facilitated by KCC for individuals recovering from alcohol addiction, particularly those discharged from hospitals, prisons and residential alcohol treatment, in order to prevent relapse. (Section 5.4 and Section 8.1)

Recommendation 11

The Select Committee supports the promotion of a hard-hitting health campaign targeted at the young to increase their awareness and so reduce the damaging effects of alcohol. The Committee urges that this campaign should stress personal responsibility and self esteem, give information about sensible drinking and about the variety of alcohol- related services available in the County (Section 6.1)

Recommendation 12

In order to help those seeking support, the Select Committee recommends that:

1. A logo, which facilitates the identification of all alcohol services in the County, is adopted. (Section 6.2)
2. The “alcohol” section in the KDAAT website is developed and expanded. (Section 6.2)

Recommendation 13

KCC should produce a directory of all alcohol-related services available in the County which includes all voluntary sector provision, to aid partners and clients to access help for individuals in crisis. (Section 6.2)

Recommendation 14

The Alcohol Misuse Select Committee recommends that:
More consistent Personal, Social and Health Education (PSHE), which includes effective alcohol education, should be delivered in both primary and secondary schools in Kent. PSHE certificates for both teachers and nurses should be widely supported. The organisation and promotion of this training should be carried out through Local Children’s Trusts. The Kent PSHE Advisory Group should pay particular attention to this recommendation when investigating young people’s personal health and wellbeing in the County. (Sections 7.1 and 7.2)

Recommendation 15

The Committee recommends that the inclusion of persons recovering from alcohol addiction in the delivery of alcohol education in schools in Kent should be considered by Local Children’s Trusts. (Section 7.2)

Recommendation 16

The Committee commends that parents and Kent-based primary and secondary schools should work in partnership to promote legal, safe and sensible drinking. Schools should involve parents in their children's alcohol education by transferring learning about sensible drinking into the home. (Sections 7.2 and 7.3)

Recommendation 17

Successful initiatives dealing with other related health issues, such as drug misuse, drink driving and sexual health, should be explored for adaptation to the theme of alcohol misuse. KCC should support the delivery of these initiatives in tackling alcohol misuse. (Section 7.2)

Recommendation 18

The Select Committee commends and supports the work carried out by the Safer and Stronger Communities Group and its sub-group, in their effort to reduce alcohol-related crime linked to the night-time economy and to deal with domestic violence in Kent. It recommends that this work should be comprehensive, including the diversity of offences fuelled by alcohol misuse which are not necessarily of a violent nature. (Sections 8.1 and 8.2)

Recommendation 19

The Select Committee urges that:

Communication between agencies at county level and those at more local level should be enhanced. Better data sharing between organisations dealing with alcohol-related crime, such as the police and Crime Disorder Reduction Partnerships (CDRPs) should be secured. The sharing of best practice between Kent-based CDRPs in tackling alcohol-related disorder should be improved. Both Central Government and the alcohol industry should be encouraged to provide data and finance. (Section 8.2)

Recommendation 20

The Committee strongly recommends that the Kent-based alcohol misuse conference, including representatives of local authorities, CDRPs and KDAAT, is established. (Section 8.2)

Recommendation 21

The Alcohol Misuse Select Committee urges that:

All hospitals in Kent improve Accident and Emergency (A&E) data gathering on injuries resulting from alcohol-related violence. All A&E departments in Kent should be strongly encouraged to collect and share data with other agencies in order to pinpoint "hot spots" and sources of crime resulting from alcohol misuse, and should quantify accurately NHS costs of dealing with health consequences. (Section 8.2)

Recommendation 22

KCC should recommend that magistrates are provided by Her Majesty Court Service (HMCS) with training which will enable them to deal more effectively with alcohol-related crime. (Section 8.2)

Recommendation 23

The Select Committee supports the KCC Towards 2010 target 58 to work with off licence pub and club owners to reduce alcohol fuelled crime and disorder, anti-social behaviour and domestic abuse. In addition, we recommend that problems of drinking outside the curtilage of licensed premises should be addressed, and that KCC should seek to discourage the practices of discounting alcoholic drinks, charging high prices for soft drinks and other strategies that could promote irresponsible drinking by all retail outlets. (Sections 9.1, 9.2 and 9.3)

Recommendation 24

The Committee recommends that:

KCC supports, where appropriate and after other measures have been explored, the establishment of alcohol free areas and of Alcohol Disorder Zones, which can require premises failing to implement actions designed to reduce alcohol-related anti-social behaviour in their vicinity to contribute towards the cost of the additional policing necessary to suppress the disruption. Kent Police, Trading Standards and other appropriate agencies should increase their efforts to identify retailers who supply alcohol to under age persons and ensure that penalties are applied. (Sections 9.2 and 9.3)

Recommendation 25

The Committee recommends KCC to improve public knowledge of the rights to object to licence applications for the sale of alcohol and to call for license reviews if problems of public nuisance occur. Local experience of public nuisance was previously submitted via Parish Councils, and the Select Committee recommends that KCC engages the support of the Kent Association of Parish Councils to lobby Government to reinstate Parish Councils as consultees in license applications. (Sections 9.2 and 9.3)

Recommendation 26

The Select Committee urges KCC to engage and encourage Central Government to ensure that the rate of taxation of drinks increases proportionally with their alcoholic strength. A greater part of the additional revenue accrued from alcohol taxation should be re-invested for the prevention and treatment of alcohol misuse. (Section 10.1)

Recommendation 27

The Committee recommends that KCC supports Central Government's engagement of large supermarket chains encouraging them to review their alcohol marketing strategies, including "loss leader" discounting practices, and to ensure that alcohol is not sold to under-age customers. (Section 10.2)

Recommendation 28

The Committee commends that KCC encourages Central Government to make Personal, Social and Health Education (PSHE) a statutory subject with inspection by Ofsted (please refer to Appendix 4 for related recommendations in KCC PSHE report). (Section 10.3)

Kent Drugs and Alcohol Action Team

FIRST DRAFT

KCC ALCOHOL SELECT COMMITTEE ACTION PLAN

KDAAT will develop the Strategy for Kent to deliver on the recommendations of the KCC Alcohol Select Committee. The strategy will set out the key principals and core values for achieving the outcomes of the report. This will include working on issues that influence society, communities and individuals attitudes to and behaviours leading from alcohol consumption. The strategy will be broad reaching aiming to capture the work that will reduce the harm from the misuse of alcohol, recognise the disproportionate impact that this has on some communities and seek to achieve a partnership approach to services, support mechanisms and information. The key partners within this strategy are the Kent County Council including the breadth of services from education and children's service to trading standards and community safety, the Public Health and Primary Care services, the Voluntary Sector, the Police and other criminal justice agencies.

This Action Plan sets out the first steps towards meeting the recommendations flowing from the Select Committee Report. It therefore highlights immediate actions that need to be taken and should not be regarded as a final document. A further operation plan will follow with the alcohol strategy.

Safe Sensible Social is the national strategy for tackling alcohol misuse. The Alcohol Select Committee has in principal adopted the key themes within the national strategy but clearly wishes to build on local knowledge and best practice and improve opportunities where gaps either in service provision have been identified or failings have been identified such as with the area of alcohol education.

1. Building Effective Partnerships

Lead Cabinet Member	Mr. Mike Hill
Key Themes	Information sharing and strategic partnerships
Lead Agency	KCC
Recommendation	1,2,19, 20

To make our partnership arrangements with the interest groups, NHS, District Council, Criminal Justice Services, Housing, Educational Institutions and voluntary organisations more effective, we will:

Objective	Priority Actions	Next Steps	Lead agency
To achieve improved partnership working across all agencies that is led by timely and accurate information and improved outcomes for those who come into contact with services	<ul style="list-style-type: none"> • Improve data sharing between organisations dealing with alcohol related crime, such as Kent Police, Accident and Emergency Departments (A&E) and Crime and Disorder Reduction Partnerships (CDRPs) • Write a multi agency alcohol strategy for Kent and produce an annual updating report • Restore the Kent based alcohol misuse conference and encourage participation from the District Authorities, CDRPs and KDAAT 	<ul style="list-style-type: none"> • To establish data sources and the opportunities for sharing information and developing protocols where necessary • To coordinate a working group to support the consultation for the Kent Alcohol Strategy 	KDAAT

2. Co-ordinated Response to Service Delivery

Lead Cabinet Member	Mr. Mike Hill
Key Themes	Needs led service development
Lead Agency	KCC/ District Councils
Recommendation	1,2,519, 20

<i>To enable a coordinated needs led response to services we will:</i>			
Objective	Priority Actions	Next Steps	Lead agency
To ensure that service development reflects the needs of local communities addressing issues of access, treatment support and aftercare facilities	<ul style="list-style-type: none"> • Undertake a comprehensive needs assessment which will be led by the Kent Primary Care Trusts and coordinated by KDAAT • Ensure that services are needs led and available when required • Listen to views of parents, carers and service users • Review the contributions that partners make towards the delivery of alcohol services in Kent through the Local Area Agreement (LAA) structures • Work with European Institute of Social Studies (EISS) to attract European funding and encourage participation of both the alcohol industry and Kent based agencies dealing with alcohol misuse in the EU Alcohol and Health forum • Prioritise the allocation of resources for alcohol services given the impact across so many other aspects of life • Work with District Councils to ensure adequate provision of temporary 	<ul style="list-style-type: none"> • To identify key individuals within the PCT and KDAAT to commence a county-wide needs analysis • Establish links with treatment providers, parent and carer groups and other service users to develop a network for consultation 	PCTs and KDAAT

	sheltered housing for individuals recovering from alcohol addiction, particularly those discharged from hospital, prisons and residential alcohol treatment in order to prevent relapse.		
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3. Promoting Safe and Sensible Drinking

Lead Cabinet Member	Mr. Mike Hill
Key Theme	Addressing the harmful effects of alcohol within communities
Lead Agency	KCC
Recommendation	6,11, 17,25

<i>To make sure everyone understands the harmful effects of alcohol, we will:</i>			
Objective	Priority Actions	Next Steps	Lead agency
To increase the public awareness and understanding of the impact of alcohol misuse and the responsibility of public agencies to address the problems	<ul style="list-style-type: none"> • Introduce a hard hitting campaign targeted at young people to increase their awareness and so reduce the damaging effects of alcohol • Promote and maximise the use of Kent Drug and Alcohol Action Team (KDAAT) website and local media platforms such as Kent TV • Establish closer links with University of Kent and other higher educational institutions to tackle alcohol misuse among Kent student population • Improve public knowledge of rights to object to licence applications for the sale of alcohol and to call license reviews if problems of public nuisance occur 	<ul style="list-style-type: none"> • Collate and coordinate current information relating to the licensing trade • Commence planning for a hard hitting campaign • Commence work with Trading Standards, Licensees and the drinks industry to identify “quick wins” 	<i>KDAAT and Community Safety</i>

4. Providing timely support

Lead Cabinet Member	Graham Gibbens
Key Theme	Access to support and services
Lead Agency	Kent Primary Care Trusts/KDAAT
Recommendation	2,7,8,9,10,12

<i>In order to help those seeking support, we will:</i>			
Objective	Priority Actions	Next Steps	Lead agency
To ensure swift and easy access to services for individuals seeking information, guidance and treatment	<ul style="list-style-type: none"> • Adopt a logo that will facilitate the identification of all alcohol services in the County • Work with NHS, voluntary organisations and local interest groups to support and provide timely intervention to individuals or families affected by alcohol misuse • Promote the website directory of all alcohol related services available in Kent • Improve the effectiveness of GPs and primary care staff by offering a rolling training programme in early identification and referral of alcohol misusers 	<ul style="list-style-type: none"> • To work with Treatment Providers, PCTs and Adult and Children's Services to ascertain the current level knowledge, skills and expertise in respect of alcohol misuse • To catalogue existing services • To assess the resource implications of improving access to services access 	PCTs
<i>Develop the Hidden Harm Strategy and disseminate and improve early identification</i>	<ul style="list-style-type: none"> • Expand and build on interventions available to young carers of alcohol misusers and children of alcohol misusing parents • Address the practices of drinking outside licensed premises and discourage discounting of alcoholic drinks, overcharging for soft drinks and other strategies designed to promote irresponsible drinking by all retail outlets 	<ul style="list-style-type: none"> • KDAAT Young Persons Services to work with the KCC Safeguarding Board to highlight issues and increase knowledge and understanding 	KDAAT YP

5. Reducing the Impact of Alcohol in our Communities

Lead Cabinet Member	Mike Hill
Key Theme	Improving the health of our Communities
Lead Agency	Kent Police/ Kent Primary Care Trusts
Recommendation	18, 21, 22,23,24,

The impact of alcohol on the health and well being of our communities cannot be understated, we will:

Objective	Priority Actions	Next Steps	Lead agency
To improve the knowledge and understanding of the residents of Kent of the impact of alcohol misuse and enable them to make informed choices	<ul style="list-style-type: none"> • Work with Kent Police to tackle alcohol related crime and domestic abuse in Kent • Identify practical ways of collecting Accident and Emergency (A &E) data on injuries resulting in alcohol related violence • Provide Magistrate will training that would enable them to deal effectively with alcohol related crime • Work with off licence, pubs and club owners to reduce alcohol fuelled crime and disorder and anti social behaviour • Work in partnership with Kent Police, District Councils to establish alcohol free areas in identifies alcohol disorder zones • Penalise retailers who supply alcohol to under age persons 	<ul style="list-style-type: none"> • To quantify the level and extent of alcohol related crime across the county • To work across agencies to assess the extent of domestic abuse that is alcohol related and identify existing services to meet this need • To consider the opportunities within the Anti Social Behaviour and Crime Disorder Act 2005 to implement measures to limit the impact of disorder arising from alcohol misuse – work with District Councils and the Police 	KDAAT and Kent Police

6. Alcohol Education in All Schools

<i>Lead Cabinet Member</i>	
Key Theme	Working with Schools and improving alcohol education via PSHE
Lead Agency	KCC
Recommendations	14,15,16

<i>Working with schools, parents and teachers, we will:</i>			
Objective	Priority Actions	Next Steps	Lead agency
To improve the knowledge and understanding amongst young people of the potential harm of alcohol misuse.	<ul style="list-style-type: none"> • Adopt a more consistent Personal, Social and Health Education (PSHE) which includes the delivery of alcohol education to be delivered in both primary and secondary schools. • Ensure that each school cluster has a PSHE lead and each secondary school in Kent has at least one PSHE certified teacher • Encourage the Kent PSHE Advisory Group to pay particular attention to the delivery of alcohol education in schools when investigating young people's personal health and wellbeing in the County 	KDAAT to identify and coordinate a working group to assess current practice and activity across the county.	KDAAT

<p><i>Investigate the opportunity to develop the role of parents and carers in the alcohol education processes</i></p>	<ul style="list-style-type: none"> • Work towards Healthy Schools validation by March 2009, through a process which is inclusive to parents and governors • Ensure that a strong and consistent sex and relationships education is delivered within PSHE framework is delivered. • Ensure that sex relationships and education is taught appropriately from primary school and by specialist teachers 	<ul style="list-style-type: none"> • KDAAT to enter discussions with providers of alcohol treatment services 	KDAAT
	<ul style="list-style-type: none"> • Explore the use of personal experience of recovering from alcohol addiction in the delivery of alcohol education in schools in Kent • Encourage parents to help Kent based primary and secondary schools in the delivery of alcohol education and in promoting responsible drinking i 	<ul style="list-style-type: none"> • KDAAT to work with CFE and school governor networks to consider opportunities 	KDAAT

7. Proactive Leadership

Lead Cabinet Member	
Key Theme	Leadership and Champions to support the agenda
Lead Agency	KCC
Recommendation	26,27,28

<i>In order to ensure that proactive and effective leadership is in place we will:</i>			
Objective	Priority Actions	Next Steps	Lead agency
To highlight and publicise the harm caused by alcohol misuse and engage communities in combating the issue	<ul style="list-style-type: none"> • Engage the lobby of Kent Association of Parish Councils to lobby Government to reinstate Parish Councils as consultees in license applications • Engage central government to ensure that the rate of taxation of drinks increase proportional with the alcoholic strength and 	<ul style="list-style-type: none"> • To draft a Communication Plan • To establish a network for the coordination of responses to support lobby to Central Government 	KDAAT

	<p>that revenue accrued from taxation are re-invested in prevention and treatment alcohol services</p> <ul style="list-style-type: none">• Support central government in engaging supermarkets chains to review their alcohol marketing strategies, including “loss leader” discounting practices and selling to under age customers• Engage central government to make Personal, Social, Health Education (PSHE) , a statutory subject with inspection by Ofsted		
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