

An Alcohol Strategy for Kent

DRAFT v4

Executive Summary

To be completed once strategy agreed

1. Foreword

Alcohol within our society is seen by many people as a source of pleasure and enjoyment and a part of social gatherings such as weddings, birthdays or other celebratory events. Many of us will share stories about fun and occasionally bad times that have involved the consumption of alcohol. Some sections of our society, be it for religious or other belief systems, exclude alcohol from their daily life. This statement I trust paints a picture of our varying and sometimes problematic relationship to alcohol. For some people alcohol misuse becomes a significant problem and this is demonstrated through increasing difficulties within families, at work, and their own relationship with the world.

This alcohol strategy aims to set out our response to the management of alcohol by promoting attitudes and behaviours that allow the majority of people, for whom alcohol does not present a problem, to continue to enjoy the benefits of social drinking and associated pleasures while ensuring that if necessary, others can access advice, help and support if required. The strategy recognises that access to information for individuals in difficulty is important and where the problems are chronic, access to treatment services should be made available.

The alcohol trade works within a regulated framework and the strategy seeks opportunities to improve and support the responsibilities of those working within the license trade. This includes areas such as underage sales, alcohol sales promotions, and the responsibility for managing licensed premises in cooperation with the police and local authorities.

To deliver the strategy effectively we must continue to work in partnership with a range of organisations and agencies. These include the police and emergency services, mental and public health sectors, voluntary agencies and other excellent treatment programmes that currently contribute substantially to our aims and objectives. As a County Council we have a responsibility to work and support the efforts of all those engaged in this work. This strategy sets out the principles we aim to implement and we trust that it provides a backdrop for Kent's residents to enjoy life to the full and adopt a relationship to alcohol that avoids harm and promotes safe, sensible and social living conditions.

2. Aim

Excessive consumption of alcohol is a growing problem in both Kent and the UK. Yet, alcohol also gives much pleasure and is a significant and traditional part of the local economy. Kent is a safe place in which to live and socialise but it is important to address the problems which inevitably arise from alcohol misuse. The intention of this strategy is to attempt to balance these costs and benefits. This strategy is not trying to "ban" alcohol, instead its aim is:

- "To reduce the harms associated with alcohol, in order to ensure that alcohol can be enjoyed safely and responsibly, as part of a vibrant and inclusive community".

3. Objectives

The objectives of this strategy are:

- To prevent alcohol related harm by increasing public awareness and understanding of the impact of alcohol misuse;
- To promote community safety and create a safer environment by reducing alcohol-related violent crime, criminal damage and anti-social behaviour and by enabling offenders to access appropriate interventions and treatment throughout the criminal justice system;

- To ensure swift and easy access to services for individuals seeking information, guidance and treatment;
- To encourage responsible practices in the licensed trade by ensuring that those involved in the production and sale of alcoholic drinks act within the law and with an appropriate sense of social responsibility;
- To prevent children and young people developing alcohol related problems through a programme of education and, where necessary, law enforcement; and
- To set a robust strategic framework which is based on partnership working.

4. A Partnership Approach

A partnership approach is essential to ensure an effective response to alcohol. This strategy will engage a range of organisations so that there is:

- A shared understanding of the issues to be addressed and the outcomes achieved;
- Appropriate sharing of information;
- Cooperation and coordination between statutory, voluntary and community organisations as well as the licensed trade;
- A consistent approach to reducing the harm caused by alcohol;
- Consistent messages to the public and to people needing or seeking help;
- Appropriate arrangements to ensure that any work on alcohol links in to the plans of the Local Strategic Partnership and the Local Area Agreement.

Service users and carers, voluntary and community organisations will be involved and consulted at every level of the strategic process.

5. Key Strategic Links

This strategy must link with other national and local strategies. At the national level it links to the following:

- *Safe Sensible Social* - the 2007 update on the National Alcohol Harm Reduction Strategy originally published in 2004.¹
- *Choosing Health* - the public health strategy - which has alcohol harm reduction as a major theme and identifies a number of 'big wins' related to combating alcohol misuse^{2,3}.
- *Models of Care for Alcohol Misuse* – which sets the framework for the development and delivery of alcohol treatment services
- Legislation linked to alcohol enforcement such as the *Licensing Act 2003* which governs the management and control of licensed premises and the *Violent Crime Reduction Act 2006*
- *New GP contract 2004* – which identifies a Nationally Enhanced Service for alcohol
- *Alcohol Misusing Offenders – A Strategy for Delivery 2006* - National Probation Service – a strategy for addressing alcohol misuse for offenders.
- *Youth Alcohol Action Plan 2008* – which set out particular steps to tackle alcohol misuse among young people.

¹ Safe.Sensible. Social: The next steps in the National Alcohol Strategy, Department of Health, Home Office, Department for Education and Skills, Department for Culture, Media and Sport, 2007.

² Choosing Health: making healthier choices easier. 2004, Department of Health.

³ Delivering Choosing Health: making healthier choices easier. 2005, Department of Health.

- *Youth Matters* – A Government White Paper which sets out the vision for empowering young people, giving them somewhere to go, something to do and someone to talk to.

A particular priority is to ensure that the delivery plan links to the Home Office's Public Service Agreement (PSA) priorities as set out in the new National Indicator Set. The Kent Local Area Agreement (LAA) already includes targets and objectives aimed at dealing with alcohol-related problems. For example, it endeavours to reduce alcohol abuse (Outcome 16), to reduce the overall level of crime (Outcome 10), and to increase the proportion of people who believe Kent is a Safer County (Outcome 9).

In addition PSA 25: "Reduce the harm caused by alcohol and drugs" sets a target of reducing *Alcohol-harm related hospital admission rates*. PSA 14 refers to the need to reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances. These targets are mirrored in *Vital Signs* the indicator set for the NHS.

This strategy also links to other local strategies, of which the key ones are:

- Borough and District Crime and Disorder Reduction Partnerships' (CDRPs) Community Safety Strategies
- Primary Care Trust (PCT) Delivery Plans
- Borough and District Council Statements of Licensing Policy 2008-2011
- Domestic violence strategies.
- Kent Police's Drug and Alcohol Strategy
- Children and Young People's Plan (outcome 2 - reducing risk taking behaviour)

6. Stakeholder Consultation

This strategy builds on the Report of Kent County Council's (KCC) Select Committee on Alcohol Misuse. That report was built on an extensive consultation with key stakeholders including service user representation, local councils, service providers and national experts.

In July 2008 the county launched the Select Committee report with an event which included an opportunity to propose ideas for further developing the response to alcohol misuse.

7. The Impact of Alcohol: National Evidence

Nationally, the annual human and financial costs of alcohol misuse include:

- 22,000 preventable deaths per year which are associated in some way with alcohol misuse.
- Around half of all violent crimes (1.2 million) and a third of all reported incidents of domestic abuse (360,000)
- £7.3 billion spent tackling alcohol related crime and public disorder.
- Up to 70% of A&E admissions at peak times.
- £95 million spent each year on specialist alcohol treatment.
- Over 126,000 admissions to hospital for mental and behavioural disorders resulting from alcohol misuse – a rise of 75% over the past ten years.
- Up to 1.3 million children affected by parental alcohol problems.
- More than one in five men, one in six women and one in seven 16-24 year olds have admitted to having had unsafe sex after drinking too much alcohol, increasing their risk of pregnancy and disease.

8. The Impact of Alcohol: Local Evidence

The majority of Kent's population are either low risk or non-drinkers. However, patterns of problematic drinking are emerging in Kent, especially among women and young people. The proportion of adults in the South East binge drinking at least one day a week has reached about 20% for men and about 9% for women. In Kent 11% of males and 5.5% of females exceed the weekly recommended amounts. These rates are lower than in most other regions, but are higher than those of London and the East of England.

These drinkers can be divided into three categories⁴:

- Hazardous drinkers - women drinking more than 14 units and up to 35 units of alcohol per week and men drinking more than 21 units and up to 50 units of alcohol per week, These drinkers may have avoided significant alcohol-related problems so far but they will still benefit from brief advice about their alcohol use.
- Harmful drinkers - women drinking over 35 units and men drinking over 50 units of alcohol per week who show clear evidence of some alcohol-related harm, which may be physical or mental.
- Dependent drinkers - have a definite problem with drinking and in severe cases may be physically dependent.

In Kent there are about 200,000 hazardous and harmful drinkers and 30,000 dependent drinkers.⁵

Sir Liam Donaldson, the Chief Medical Officer for England and the UK Chief Medical Advisor released guidance on young people's alcohol for consultation in January 2009⁶. The consultation focuses on how the information is communicated to children, young people and their parents and whether the advice provided is practical.

The guidance states that a childhood free from alcohol is the healthiest and best option. It acknowledges that some parents may choose to allow their children alcohol. In those cases, it alcohol should never be consumed by those under 15. It goes on to say that those aged 15 – 17 should never exceed 2-3 units for young women and 3-4 units for young men. Also, 15-17 year olds should not consume alcohol more than once a week and their consumption should be supervised. The guidance emphasises the role of parents in influencing and educating their children on the use of alcohol.

The Government sponsored North West Public Health Observatory⁷ provides seventeen statistical indicators of alcohol related harm broken down by local authority area. Most areas of Kent are around the national average for the health indicators with the exception of Thanet which has above average levels of alcohol related hospital admissions for both adults and young people. Shepway has above average levels of alcohol related hospital admissions for young people.

⁴ Drummond et al, Alcohol Needs Assessment Research Project (ANARP): the 2004 National Alcohol Needs Assessment for England, Department of Health, 2005.

⁵ Drummond et al, Alcohol Needs Assessment Research Project (ANARP): the 2004 National Alcohol Needs Assessment for England, Department of Health, 2005.

⁶ Young People and Alcohol Guidance Consultation 2009: www.dcsf.gov.uk/consultations

⁷ www.nwpho.org

Other data indicates that

- In 2005 about 4,400 people in Kent, diagnosed with “alcoholism”, claimed incapacity benefits or severe disablement allowances.
- Alcohol-related crime and violent crime in Kent is below the national average. However, the level of crime attributable to alcohol is above average in three Kent districts (Dartford, Gravesham and Thanet) and higher than the South East average in four districts (Dartford, Gravesham, Swale and Thanet).
- Alcohol-related violent crime is higher than the national average in three districts (Dartford, Gravesham and Thanet) and is higher than the South East average in five districts (Dartford, Gravesham, Shepway, Swale and Thanet).
- The rate of sexual offences attributable to alcohol is the same as, or higher than, both the national and regional average in seven districts (Ashford, Dartford, Gravesham, Maidstone, Shepway, Swale and Thanet).
- The number of adults in Kent undergoing treatment for alcohol misuse more than doubled from 2005-6 to 2006-7. In the same period the number of young people in treatment increased from 115 to 271.
- The number of alcohol-specific hospital admissions in Kent has almost doubled from 885 admissions in 1997-8 to 1,454 in 2006-7.
- In Kent, the number of adult arrests for drink offences increased from 5,732 in 2005-6 to 5,950 in 2006-7. The number of young people arrested has increased, from 278 in 2005-2006 to 403 in 2006-7.
- In Kent, it has been estimated that substance misuse (both for alcohol and drugs misuse) is a parental characteristic of over half the approximately 800 children (56.1%) on the child protection register.
- In Kent the number of young people arrested for alcohol related offences increased from 278 in 2005/6 to 403 in 2005/6.
- It is estimated that the number of children with alcohol dependent parents in Kent could be in the region of 23,000.

It is also known that, although overall fewer young people are drinking alcohol, those who do are using more and those who do are starting alcohol use at an earlier stage. These trajectories are of great concern.

9. What Is Currently Happening

Much work has been undertaken in Kent to tackle alcohol misuse, but more needs to be done. This section sets out what is already happening and section 10 identifies key gaps and how they will be tackled.

9.1 What Is Currently Happening – Communication

Target 50 of *Towards 2010* recommends the introduction of a hard-hitting public health campaign targeted at young people in order to increase their awareness of, amongst other things, the effects of alcohol misuse. One example of this is the House campaign that moves round the districts month by month providing a centrally located meeting place for young people combined with public health messages. It targets young people who may be outside mainstream provision and potentially most vulnerable to substance misuse. House is supported by the Youth Service and will be evaluated during 2009. Consideration will be given towards the development of a model of Youth Service provision to reflect young people’s interest and needs, and expand upon the concept of town centre locations and multi disciplinary support teams.

The Kent Healthy Schools Programme promotes the health and well being of children and young people through a well planned school curriculum that encourages learning and healthy lifestyles choices. In order to gain healthy school status, schools have to

demonstrate, amongst other objectives, that they are delivering effective Personal, Social and Health Education (PSHE), alcohol education is one of the subjects of the PSHE programme

9.2 What Is Currently Happening – Adult Treatment Services

The Kent Drug and Alcohol Action Team (KDAAT) is the agency responsible for the specific management and commissioning of alcohol and drug-related treatment services across the County.

KDAAT commissions a variety of statutory and voluntary organisations to provide a range of treatment services across the whole of Kent. Agencies include: KCA, Turning Point, Action for Change, The Kenward Trust and The East Kent Community Alcohol Service.

One of the strands of the KCC Supporting Independence Programme is dedicated to helping people with alcohol or substance addiction to move out of dependency and achieve greater independence.

9.4 What Is Currently Happening – Community Safety

The commitment of Kent County Council to deal with alcohol-fuelled offences is reflected in the *Towards 2010* strategy. Target 57 aims to support Kent Police and to work with CDRPs to strengthen the police presence in problem areas. Target 60 requires the council to support young people in order to reduce the risk of them offending. The county also has the Kent Community Alcohol Partnership: a multi-agency initiative to reduce under age sales and offending (see box below).

A number of specific initiatives reflect the commitment of local partner agencies such as Trading Standards and Kent Police to reducing alcohol related harm. These include:

- The use of Penalty Notices for Disorder (PNDs) to individuals exhibiting disruptive behaviour.
- The use of alcohol enforcement areas which have been adopted by most CDRPs in Kent.
- “Conditional Cautioning” referral schemes which aim to provide an alternative to prosecution where offenders must attend sessions to learn about the consequences of alcohol misuse.
- “Meet and greet” tactics in which officers patrol targeted night-time “hot spots” to provide reassurance for the public and to deter crime.
- The “Three Strikes” scheme in Dover which involves penalties such as issuing Anti-Social Behaviour Orders (ASBOs) after a third arrest for alcohol-related offences.
- Anti-Social Behaviour Act (2003) powers which enable local authorities and the police to disperse disruptive individuals and send home young people under the age of 16.
- The designation of anti-social behaviour areas.
- Establishing alcohol free areas in Broadstairs Harbour and Canterbury.

9.5 What Is Currently Happening – Licensing

Kent has approximately 6,500 premises licensed to sell or supply alcohol. 57 of these open 24 hours a day, comprising 35 supermarkets and stores, 14 hotels and 8 late night venues. A number of initiatives are in place to promote responsible trading:

- Last year Kent Trading Standards performed 151 test purchases, and found that in about a third of them alcohol was sold to underage people.

- Many licensed premises in Kent have joined the “Safer Socialising” scheme which awards certificates to those businesses selling alcohol in the night-time economy that demonstrate high standards of management and operation.
- Both the Kent-based company Shepherd Neame and the Wetherspoon pub chain, amongst other schemes aimed at promoting sensible drinking, make use of mystery shoppers to test socially responsible behaviour of the staff in its pubs.
- “Pub Watch” schemes have been developed which involve the exchange of intelligence between businesses, the police and other agencies in order to identify “hot spots”.

Example of action - Kent Community Alcohol Partnership

KCAP is based on a project first run in St Neots which engaged the licensed trade. There was a press launch by the Chief Executive, Chief Constable and licensed trade in November 2008 at Sainsbury’s Maidstone.

On the ground it consists of a host of small initiatives, e.g. supporting shops not to be intimidated, dealing with proxy purchasing in a better fashion and multi-agency patrols. There will be three 6 month pilot sites in Canterbury, Thanet and Edenbridge to see how it operates in different environments.

9.6 What Is Currently Happening – Young People

Kent schools have a programme of Personal, Social and Health Education (PSHE) which includes education about alcohol misuse. It has been announced recently that PSHE will become part of the National Curriculum. A number of other initiatives target young people. These include:

- A strategy on PSHE for all Kent schools produced in 2008 – this aims for uniform practice with sufficient resources and support to deliver high quality PSHE to all young people.
- In West Kent, Targeted Prevention services are working with partners in education and health to understand substance misuse needs among school populations and to develop an integrated and coordinated approach to meeting those needs.
- The Alcohol Intervention Support Programme (delivered by the Kenward Trust), aims to divert young people from substance misuse through education and awareness. This programme will be rolled out across all of Kent from March 2009.
- A Hidden Harm working group has been established to look at the needs of young people with substance misusing parents.
- Kent Safeguarding Children Board provides multi agency training to raise awareness and improve responses to parental alcohol misuse
- The substance misusing parents project in Thanet and Dover fast tracks substance misusing parents – drugs and alcohol – into treatment and ensure joint work between Children and Families teams and the drug and alcohol service.
- The Sunlight Project (run by KCA) in Thanet, Canterbury, Dover and Swale provides group work for children 7-13 whose parents abuse drugs and/or alcohol.
- Early Intervention which targets vulnerable groups of young people and focuses on making contact with young offenders, looked after young people,

those young people who are not in mainstream schools, refugees and asylum seekers.

- An intensive multi component intervention is being developed which is working to reduce alcohol and drug use in addition to other risky behaviours with a view to building young people's resilience.
- DUST training is a programme of training for the children and young people's workforce in drugs and alcohol awareness, assessing problematic use and interventions for those who are not problematic.
- Specialist young people's community treatment provides one to one interventions for young people who are assessed as problem users. This includes specific drug and alcohol work with young offenders to impact positively on offending.⁸

A booklet has been published by the Kent Children's Safeguarding Board for parents of teenaged children that provides helpful advice and guidance as well as contact numbers. Further information can be found on the Kent Resource Directory website.

9.7 What Is Currently Happening – Hidden Harm

Alcohol misuse affects not just the drinker, but the family around them. Many children can just about cope, but for others, a parent's drinking can lead to feelings of isolation, guilt and poor performance at school. Children of problem drinkers can experience long-term psychological damage into adulthood. Services to support both young carers and chronic-drinking parents are too scarce.

In some cases where a parent's drinking has become so debilitating, their children have been forced into caring roles. This group of young carers looking after a parent with an alcohol problem is both hidden and particularly vulnerable. Most young carers in this situation simply never get support, with too many ending up in care when families reach crisis point.

10 Priorities for Action

10.1 Priorities for Action - Strategy

A strategic priority will be to collect and share data about alcohol misuse. This will ensure that there is robust baseline data available for planning. Information is needed from A&E to pinpoint problems with licensed premises. Better data on alcohol related offending will also be important.

10.2 Priorities for Action - Communication

A co-ordinated approach is required to improve education and communications on alcohol related issues, by ensuring consistent methods and messages are used to create maximum impact. Campaigns should adopt a social marketing approach to achieving positive behavioural goals in the target audience.

Communications activities will be developed to support all the strategic objectives set out elsewhere in this Strategy, as well as to deliver the following specific objectives:

- To prevent alcohol related harm by increasing public awareness and understanding of the impact of alcohol misuse;
- To prevent children and young people developing alcohol related problems through a programme of targeted interventions including social marketing.

Communications will adopt the partnership approach underpinning an effective response to alcohol in Kent. A Communications Sub-Group (of the Kent Action on Alcohol Steering Group) will co-ordinate communications activity across the county and also commission research, campaigns and other related activity needed to help fulfil the strategy's objectives.

The sub-group will:

- Develop a Kent Action on Alcohol Communications Strategy and Action plan, drawing on partners' work as well as its own commissioned activities, to include all relevant activities, campaigns and social marketing interventions;
- Ensure that young people and their families are being targeted with appropriate educational information;
- Establish an annual county budget to support alcohol communications work with contributions from a range of agencies and sectors;
- Continuously monitor and evaluate the impact of activity across the county.

Other related communications work will also take place including the development and updating of content on partners' websites, the creation of an "alcohol services" directory and working with local employers to encourage the adoption of workplace alcohol policies and employee access to information and treatment services.

10.3 Priorities for Action - Adult Treatment

It is recognised that there is an under-provision of treatment services in the county. It is estimated that if a minimal level of access was provided (10%) 18,000 individuals would be helped each year. A good level of service (20%) would provide treatment to 36,000 people. Government data suggests that the level of access in the region is currently only 5%. A sustained programme of increasing the resources going into alcohol services will be put in place.

A key priority is 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.

At the other end of the process there is an identified need for better aftercare, including wraparound services such as employment and training support or financial advice. A specific route into treatment is needed for people with a dual diagnosis of alcohol misuse and mental disorder. Clarity is required on who is responsible for people who have alcohol-related brain-damage.

Services also need to be developed for particular groups. Appropriate services will need to be offered to people who are homeless or require better housing. Additional temporary sheltered housing will 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.

Approximately 40-60% of clients who enter alcohol treatment services will drop out within after as few as a couple of sessions. These difficult to engage clients may be far riskier and more vulnerable than those in treatment. This is an important group of clients and a care pathway will be developed to address their needs.

Treatment services will need to be developed within the context of a system of outcome measures and with the application of a performance management system.

10.4 Priorities for Action - Community Safety

It is a priority to tackle crime and anti-social behaviour linked to alcohol. This will require a number of developments.

A priority is a focus on ensuring that there are pathways from the criminal justice system to treatment services for both persistent drunken offenders and those who are first experiencing problems due to alcohol. This will include the use of Alcohol Treatment Requirements, Conditional Cautioning, Arrest Referral and the provision of alcohol interventions to people in the Multi-Agency Public Protection Arrangements and Prolific and Priority Offender systems or on Acceptable Behaviour Contracts or Anti-Social Behaviour Orders.

Local people with alcohol problems who are in the prison system will be targeted with advice and interventions and must be able to move into treatment immediately on leaving prison. Peer education in prisons will be considered as an approach.

Alcohol is a contributory factor to a significant proportion of domestic violence: however, local data on this is poor and will be improved. Those working with problem drinkers will be made aware of domestic violence and, where appropriate, alcohol interventions will be part of any programme targeting perpetrators and possibly victims of domestic violence. The alcohol strategy will link in to the local domestic violence strategies.

An ongoing priority will be to manage alcohol misuse effectively within the night time economy (NTE) and to ensure the development of a planned and balanced NTE.

10.5 Priorities for Action - Licensing

The application of the Licensing Act 2003 should be monitored. In particular are members of the public being encouraged to make representations and seek reviews of problem premises and are more socially deprived communities making as much use of these rights as more affluent communities?

The *Towards 2010* strategy requires the County Council to work with off-licences, pubs and clubs to reduce alcohol-related crime and antisocial behaviour. A key element will be to seek to discourage the practice of discounting alcoholic drinks, charging high prices for soft drinks and other strategies that could promote irresponsible drinking.

Where necessary, use of appropriate legislation will be considered to reduce alcohol-related crime and disorder, for example licence reviews, dispersal powers and designated public place orders.

As a last resort, when all other practical attempts have been unsuccessful, consideration can be given to the establishment of alcohol free areas and Alcohol Disorder Zones, which can require premises failing to implement actions to reduce alcohol-related anti-social behaviour in their vicinity to contribute towards the cost of necessary additional policing.

Trading Standards and partner agencies should increase their efforts to identify retailers who supply alcohol to under age persons and ensure that penalties are applied.

10.6 Priorities for Action - Children and Young People

Ensuring that all young people receive appropriate, evidence based, education about alcohol is vital. In particular, awareness will be raised about safe and sensible alcohol consumption. Personal Social and Health Education (PSHE) lessons in school are the core of this and it is important to ensure that these inputs are fit for purpose. PSHE accreditation for both teachers and school nurses will be supported. Peer education will also be considered as an approach.

Such work also needs to focus attention on young people living in deprived communities who have particular risk factors. However such interventions should not be offered in isolation and should be offered at universal, targeted and specialist level. The national Every Child Matters Change process requires health and wellbeing issues to be tackled in an holistic manner,

Specialist treatment interventions will recognise that such young people often have multiple needs which require ongoing support and coordination in their communities. As a result effective Youth Inclusion and Support Panels are key to success.

The national Common Assessment Framework (CAF) will provide an assessment tool for all young people with identified needs. It will be necessary to ensure that the CAF identifies difficulties related to alcohol and leads to appropriate responses such as Targeted Youth Support.

It is important to tackle underage sales through regular campaigns of test purchasing and to tackle underage drinking in public places. This will be accompanied by efforts to provide alternative activities to divert young people from drinking on the streets, as well as efforts to prevent the parental supply of alcohol or young people taking drink from home.

Systems will be in place to identify children and young people at risk of harm from alcohol misuse and refer them to relevant bodies which will provide support and treatment. Services will also target parents whose drinking is putting the wellbeing of children at risk.

These activities require that staff working with children and young people are educated about alcohol interventions and can refer to services or seek other help to safeguard child health and wellbeing.

The Youth Alcohol Action Plan refers to a range of criminal justice interventions designed to stop young people from using alcohol in public places. This provides an opportunity for interventions to be provided to young people and it is important to ensure that young people do not enter the criminal justice system as a result of this. The aim is to complement this activity with a health based intervention and work is underway to develop this.

Successful initiatives dealing with other related health issues, such as drug misuse, drink driving and sexual health, will be explored for adaptation to the theme of alcohol misuse.

Help also needs to be offered to parents in Kent. Local research indicates that parents want more information about alcohol. Parents need to be able to give their children and young people good information and be good role models. It will be important to draw in both parents and those professionals who work with parents.

A particular concern is the transition from young people's services to adult services. Although 11-18 year olds are identified as being in contact with drug and alcohol

services, there is a dip in the numbers attending adult treatment services in their early twenties. This gap will have to be addressed by further research into the blockages and gaps in the system and the best ways of addressing them.

10.7 Priorities for Action - Hidden Harm

In Kent, it has been estimated that substance misuse (both alcohol and drug misuse) is a parental characteristic of over half the approximately 800 children (56.1%) on the child protection register. Nationally, alcohol policies have barely begun to address this issue and treatment services must now have better support and funding to help both parents and their children recover from alcohol problems. There is also a real need to ensure that those working in the wider social care and education system are equipped to identify cases where parental misuse is affecting the quality of family life and that there are clearer protocols in place to help them co-ordinate support with the alcohol treatment sector where that is appropriate.

The young carers' services need the training and resources to reach these families while every adult alcohol service should routinely ask clients "Are you a parent? Can we help you in your parenting role?"

A new Public Service Agreement could be established to increase the health and wellbeing of children affected by parental alcohol misuse. There could be a target to reduce the number of children placed in care as a result of their parents' drinking.

The Local Safeguarding Children Board could identify an 'Alcohol Champion' to lead locally on family alcohol misuse issues and link alcohol and families targets into other local plans, such as Local Strategic Plans, Local Area Agreements and Alcohol and Drug Treatment Plans. Joint Strategic Needs Assessments could include an audit of parental alcohol misuse and services for both alcohol misusing parents and their children.

Links between domestic violence services and children's and young people's support services could also be strengthened.

11. Governance Arrangements

The delivery plan identifies how each target will be managed: the actions to be achieved, the agency responsible and the timescale. However, all these actions will be overseen and coordinated in a wider framework.

Several forms of multi-component collaboration aimed at dealing with alcohol misuse in Kent already exist. For example, Crime and Disorder Reduction Partnerships, including members from the Police, local authorities, the Probation Service, health authorities and the voluntary sector, are already working to deal with, amongst other aspects, alcohol-related crime and anti-social behaviour.

A multi-agency Kent Action on Alcohol Steering Group has been established which will meet on a bi-monthly basis and will receive progress reports on the action plan targets, identify resources and help overcome problems in meeting the targets.

This group will have membership from:

• Kent DAAT	• Kent County Council
• The county's two PCTs	• HM Prison Service
• Kent Police	• Kent Probation

This group will report to the Kent Public Health Board and the KDAAT Board.

12. Outcome measures

This strategy recognises the need to develop good indicators of its success. This will require outcome measures e.g. is there less crime, is health improving or are children safer? At the moment the baseline data does not exist on which to build such measures. Nor is it clear which indicators are the most effective measures of the impact of alcohol.

One of the key processes for the ongoing alcohol strategy group will be to develop a set of outcome measures across health, community well-being, child safety and licensing which will enable the impact of this strategy to be measured effectively. These will include tools such as TellUs and the Kent Pupil Survey which will be used to measure PSA 14.

13. Resources

This strategy has been developed to reflect growing national and local concerns of the harm caused by alcohol misuse. Alcohol has been the hidden relative within the substance misuse agenda for many years and gaining an accurate picture of the cost of services that either directly supports individuals or the consequences of alcohol misuse such as anti-social or violent behaviour provided via policing and health, or the hidden cost arising from absenteeism from work, is problematic. This strategy recognises the complexity of the cost analysis that is needed and pinpoints this as a critical area for development.

In 2008/09 Kent's Health services made substantial new investment into services that support prevention measures and treatment facilities. This has contributed to better assessment, access to information and the coordination of services within communities that offer opportunities for support at the preventative end and also serves to meet the need at the "chronic" end where for some people their life has become chaotic and destructive. In 2009/10 direct investment in these services will equal £2,027k.

As this strategy develops the recognition of the contributing role of wrap around services to support alcohol interventions will be essential to sustain change in behaviour and improve outcomes. Further investment will be necessary but this is likely to be achieved within the existing main stream budgets and delivered by a reshaping of the services as an extension of their roles and responsibilities. The principle support for housing is delivered via Supporting People and the current investment in "floating support" is £95k.

The strategy will contribute to the effort to counter the extreme levels of anti social behaviour and criminal damage associated within the night time economy. A reduction in ambulance responses, demands upon Accident and Emergency and hospital alcohol related admissions should follow.

What lies at the root of the strategy is a coordinated partnership approach building on existing investment and sharing the benefits of reductions elsewhere in the system. Kent Action on Alcohol will work to support the health, community and personal safety and education agenda.

TO ADD

DELIVERY PLAN presumably drawing on the existing action plan