



**Kent Action on Alcohol Steering Group
Kent Alcohol Strategy
2010 - 2013**



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Executive Summary

The Kent Alcohol Strategy has been developed in partnership with a range of organisations and aims to inform, highlight and raise the profile of issues relating to the harms associated with alcohol misuse and promote positive attitudes to alcohol within the framework of the 2008 national Strategy: Safe, Sensible, Social. The strategy will build on the momentum and success of national campaigns, communicating consistent messages to children, young people and their parents.

Tackling the harms from alcohol misuse within our communities is a key priority for the health, social care and criminal justice agencies across Kent. The need to inform the public of the risks to health and society and change attitudes in a positive way is a complex task. The Strategy does not seek to deny the majority within our communities who drink safely and sensibly the right to continue to use alcohol as part of the celebration, custom and culture. The strategy seeks to inform and prevent harm through a range of measures and opportunities that addresses prevention through education and information, access to treatment when necessary and work with the retail industry to ensure responsible sales

The Strategy sets out the priorities for Kent which includes ensuring accurate and consistent information to the breadth of communities and social groups to improve the understanding and risk of alcohol misuse. It sets out a priority to ensure the continuation and support of the controls on licensing and the sale of alcohol and to achieve this by further developing the Kent Community Alcohol Partnership (KCAP) scheme, a pioneering development between the police and retail markets

The strategy seeks to increase the access to treatment services and to strengthen the early intervention and identification of emerging problems. The primary care services within health will play an

increasing role in reducing the long term harm and working with the schools and education agenda.

The Kent Drug and Alcohol Action Team (KDAAT) will continue to work with partners in health, the police and probation services to pool resources and prioritise expenditure to ensure that the maximum benefit is achieved from what is likely to become a very challenging financial climate. KDAAT will increase the network of support and work with the Supporting People and Supporting Independence Programme and other specialist services to provide a wider and more comprehensive service provision.

There will be increasing focus on the impact of alcohol misuse within families recognising that children and young people are often adversely affected by the alcohol misuse of parents and carers. This strategy will complement the direction of the Kent Hidden Harm strategy to ensure that those working in the social care and education system are equipped to identify families where alcohol misuse may be a significant or emerging factor. This strategy also



promotes the need for closer working relationships with local domestic violence groups and forums.

The strategy provides the direction for the work of the Kent Action on Alcohol Steering Group and a clear delivery has been developed to ensure and highlight the role of different agencies and a role of the community itself. The strategy is written to inform and enable the development of a positive relationship with alcohol allowing families and communities to continue to enjoy celebrations and other personal occasions in a happy and safe way. For those where problems are emerging or have developed the strategy sets the pathway to ensure access to swift and appropriate support.



1. Foreword

Alcohol within our society is seen by many people as a source of pleasure and enjoyment. It is part of social gatherings, such as weddings, birthdays and other celebratory events.

Many enjoy alcohol sensibly and 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 lives altogether.

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 statement paints a picture of the varying and sometimes problematic relationship to alcohol.

This strategy aims to set out a response to the management of alcohol by promoting attitudes and behaviours. This will 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. 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 partnership working with a range of organisations and agencies is essential. 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. The County Council has a responsibility to work and support the efforts of all those engaged in this field.

This strategy sets out the principles for implementation and provides a backdrop for Kent's residents to enjoy life to the full and adopt a relationship with 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 improve the balance between 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
- To set a robust strategic framework that 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 locks 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.

Kent is a large area with two tiers of local government as well as Parish Councils in most parts. Both the county council and the borough and district councils have responsibilities in relation to alcohol. Boroughs and districts have responsibilities relating to licensing and to community safety. The county council is responsible for the provision of education and social care and has community safety and trading responsibilities. A fully comprehensive partnership approach will engage partners at county and district/ borough level and take account of local differences. Kent's alcohol strategy will only have an impact if these two tiers are working together. The implementation of the strategy will ensure that both tiers are engaged in tackling alcohol related harm.

5. Key Strategic Links

This strategy must reflect existing national and local strategies.

Current key national strategies are :

- *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.
- *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.

Current key local strategies 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)

It is important that the Kent Alcohol strategy delivery plan addresses the Home Office's Public Service Agreement (PSA).

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

In addition to the Kent Local Area Agreement (LAA).

Outcome 16: endeavours to reduce alcohol abuse
 Outcome 10: to reduce the overall level of crime
 Outcome 9: to increase the proportion of people who be-

6. Stakeholder Consultation

This strategy builds on the Report of Kent County Council's (KCC) Select Committee on Alcohol Misuse, which was developed around 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⁽⁴⁾:

- 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 approximately 20% for men and 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 categories⁽⁵⁾:

- 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.⁽⁶⁾

Children and Young People:

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 2009. 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, 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 Observatory⁽⁸⁾ 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 also has above average levels of alcohol related hospital admissions for young people.



Other data indicates that: ⁽⁹⁾

- 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 fewer young people are drinking alcohol, those who do are consuming more and from an earlier age. 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 – Adult Treatment Services

The Kent Drug and Alcohol Action Team (KDAAT) is the agency responsible for the specific commissioning and performance monitoring 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, Crime Reduction Initiative, Action for Change, The Kenward Trust and Kent and Medway Partnership Trust.

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.

The Kent Supporting People Programme commission accommodation-based, and floating support services to enable people who misuse alcohol to be reintegrated and re-engaged within the community, with the potential to access education, training, and employment opportunities. The programme contributes to the reduction in neighbourhood nuisance, homelessness, usage of other public sector resources e.g. hospitals. The core essential of the Programme is that stable housing leads to the real potential of an individual being developed.

9.2 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.

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.

9.3 What Is Currently Happening – Licensing

Kent has approximately 6,500 premises licensed to sell or supply alcohol, of which 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 - the largest of its kind in the UK.– uses a combination of training for retailers, patrols by police and community wardens, and activities for young people to reduce the amount of under-age drinking and anti-social behaviour in those areas.

The scheme was originally piloted in Edenbridge, Canterbury and Thanet,

In November 2009 an extension of the pilot areas was announced and the KCAP accreditation scheme launched.

A KCAP accreditation will provide traders with support and training. if they commit to stringent checks for alcohol sales that include asking anyone who looks under 25 for proof of identification.

KCAP is run by Kent County Council's Kent Trading Standards, Kent Police, the Retail of Alcohol Standards Group, Thanet District Council, Canterbury City Council and Sevenoaks District Council.

9.4 What Is Currently Happening – Young People

A comprehensive programme of communication and universal education, early intervention, workforce development and treatment is in place for young people in Kent. Recent increases in investment in early intervention have also resulted in increased numbers of young people who have been referred to specialist treatment.

These include:

Communication and Universal Education:

- 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. This campaign is being delivered through the House campaign which uses a social marketing approach. House 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 the evaluation will inform future developments of this particular model of working.

- 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 a statutory part of the National Curriculum from 2011. A strategy on PSHE for all Kent schools was produced in 2008 – this aims for uniform practice with sufficient resources and support to deliver high quality PSHE to all young people. This Strategy is overseen by a PHSE Strategy Group and a Drugs Education Steering Group has been formed to coordinate resources and support schools to deliver high quality drug and alcohol education.
- 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.

Early Intervention and Prevention:

- Targeted Early Intervention focuses on 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.

- The Alcohol Intervention Support Programme (delivered by the Kenward Trust), aims to divert young people from substance misuse through education and awareness.
- A programme of alcohol focussed prevention has been developed in schools in Maidstone.
- Diversionary projects were commissioned in areas of alcohol related need in Summer 2009. These were delivered by workers trained in delivering alcohol brief interventions.
- RisKit is a multi component intervention for young people designed to reduce their risk taking behaviour and build resilience and is currently being delivered in schools as part of the Enhanced Healthy Schools Programme.

Workforce Development:

- 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.
- Brief intervention training has been made available to youth workers from the community and voluntary sector.

Specialist treatment:

- 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.
- The Changes Dual Diagnosis project works with young offenders who have mental health and drug or alcohol issues. It operates in Thanet and Dover and is expanding to other parts of East Kent and Dartford and Gravesend.

9.5 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.

The development of a Hidden Harm Strategy will aim to start addressing some of the difficulties associated for children and young people who live with substance misusing parents. As with all Kent's strategies this will fully depend on a partnership approach to achieve the identified objectives and will be delivered alongside inter-related strategies and priorities for maximum impact.



- 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.



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.

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 misuse, 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 after, as few as, a couple of sessions. These difficult to engage clients may be at higher risk 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 and Drink Banning 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

Communications and Universal Education:

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. An approach to ensuring consistent drug and alcohol education in FE settings needs to be developed.

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.

House has been effective at bringing young people in contact with multiple agencies. The model needs to be examined to see how learning can be built into subsequent attempts to change young people's behaviour including in relation to alcohol misuse.

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.

Early Intervention and Prevention:

Effective early intervention and prevention is essential in enabling the earlier identification of young people who at risk of alcohol misuse or who may be problematically misusing alcohol as well as reducing alcohol misuse amongst young people. Young people who misuse alcohol are more likely to be involved in other risk taking

behaviours like early unsafe sex, smoking, drug use, youth crime and anti social behaviour.

Effective early intervention requires targeting vulnerable groups of young people and areas where young people are most at risk of alcohol related harm. The Kent Young People's Alcohol needs assessment is able to identify vulnerable groups of young people to target services. The Alcohol Needs Assessment for Young People in Kent is able to identify areas where alcohol related harms are highest.

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.

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.

Specialist Community Treatment:

Specialist community treatment interventions need to be available to those young people who problematically misuse alcohol.

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

Workforce Development:

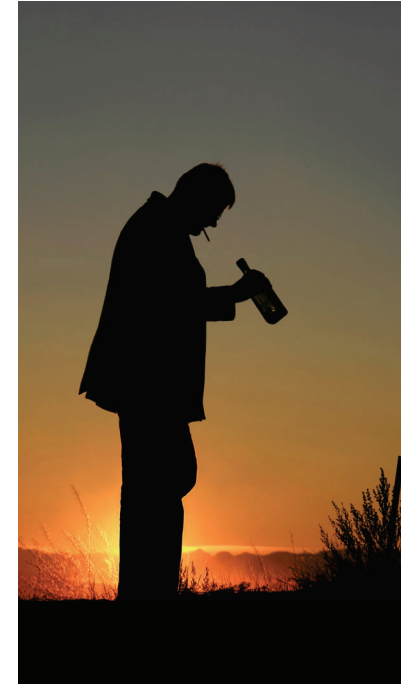
Brief interventions are cost effective at reducing alcohol misuse amongst young people. Brief intervention training needs to be extended across the children and young people's workforce.

DUST screening and referral training needs to be integrated into CAF and be consistently used across the children and young people's workforce.

Supply:

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.

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.



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 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 Primary Care Trusts	• 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. are 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. As such, 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 preventative support. It has also contributed to

meeting the needs 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 £2,027,000.



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 £95, 000.

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 Steering Group will work to support the health, community and personal safety and education agenda.

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All images within this document are being used for illustrative purposes only and any person depicted in the image is a model.