MEDWAY
ALCOHOL STRATEGY 2009-2011
Partners to the Strategy

Medway Community Safety Partnership
  Kent Police
  Medway DAAT
  NHS Medway
  Medway Council
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Executive Summary

Alcohol has a significant place in European cultural tradition and the majority of adults enjoy alcohol in a pleasurable and sensible manner. In most circumstances the use of alcohol causes no harm. However misuse of alcohol leads to a range of public health problems. Acute conditions, such as alcoholic poisoning, violence and accidents as well as the more chronic effects, such as alcohol-induced pancreatitis, chronic liver disease and stomach cancer all potentially lead to reduced health and wellbeing and at worst, loss of life. Alcohol can and does affect all of society, from the burden on the NHS in terms of hospital admission and treatment in primary care, the economic burden due to loss of employment and reduced capacity to work, through to other negative effects of alcohol on the social and behavioural welfare of communities¹.


- better education and communication
- improving health and treatment services
- combating alcohol-related crime and disorder
- working with the alcohol industry

Safe Sensible Social seeks to ensure that licensing laws that were implemented in 2004 are being used sufficiently to reduce alcohol related antisocial behaviour, focus on the minority who inflict the most alcohol related harm to self and others and finally improve communication and information regarding the harm caused by alcohol. Tackling the harm caused by alcohol needs to involve a wide range of partners: Police, Local Authority, NHS, Voluntary Sector and Private business. This strategy takes a public health perspective whilst acknowledging the need to work with partners to achieve long term changes in attitudes to irresponsible drinking and behaviour across Medway. The multi-agency Medway Community Safety Partnership (CSP) will own the strategy. A strategy delivery action plan is in development and will require significant input from all partners. The development will be co-ordinated by the Alcohol Strategic Co-ordinator who will help establish the Medway Alcohol operational sub-group of the CSP to deliver on and monitor actions.

The key priorities of this strategy are:

- Promote sensible alcohol consumption
- Protect children and young people from alcohol related harm
- Achieve cross cutting health improvement
- Support partner agencies to reduce alcohol related crime and disorder and improve public safety
Introduction

National and Regional context

Alcohol is the most commonly used drug in the world and consumption has been increasing in the UK since the 1950’s. However whilst the majority can enjoy alcohol in safe and sensible manner, alcohol is an addictive drug and can lead to significant social, health and economic harm. The key findings from the National Alcohol Health Needs Assessment Research Project (ANARP) show that 26% of men and women (aged 16-64) have an alcohol use disorder. In England, 23% of the adult population are classified as hazardous or harmful drinkers. The annual number of alcohol related deaths more than doubled in the UK between 1991 and 2005 from 4144 to 8386 (ONS, 2006). Death rates are more than twice as high for men than women.

The SEPHO (South East Public Health Observatory) Report provided the following regional analysis:

- There are 184,000 dependent drinkers in the South East region.
- There were over 3,500 alcohol-attributable deaths in the South East in 2004.
- Alcohol is implicated in almost 17,500 hospital admissions per year in the South East, which represents a rate lower than the national average.
- Over 4,000 people in the South East claim incapacity benefit or severe disablement allowance due to alcoholism – significantly more than the national average.

The report concluded that “the provision of treatment for alcohol dependency is insufficient to meet needs in the South East and currently reaches only 1 in 20 dependent drinkers”. Findings from ANARP show that there are opportunities to increase identification and referral activity across primary and secondary health care, and in other agencies e.g. criminal justice & social services; that GPs under-identify alcohol use disorders (AUDs) and there was a need to improve data collection of prevalence of AUDs.
Local Context

Figure 1: NWPHO (North West Public Health Observatory) Local Alcohol Profiles for England (2008)

Figure 1 shows alcohol related health and criminal justice data for Medway. Each indicator shows Medway’s measure as well as the regional and England averages for comparison purposes. The chart shows that alcohol attributable hospital
admissions are significantly worse in Medway when compared to national data (alcohol specific conditions are those that can be directly attributed to alcohol such as liver cirrhosis, alcohol attributable conditions are those conditions to which alcohol was a likely contributable factor but not the sole factor e.g. hypertension). The National Indicator is to reduce the annual rate of increase of all alcohol related admissions to hospital. Figure 2 shows the trend in admissions data since 2002. Whilst the rate is increasing (this trend has been increasing for both men and women) the rate of increase has reduced and we are slightly below our LAA planned targets.

**Health & Alcohol**

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate of admissions per 100,000 pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002/03</td>
<td>Actual</td>
</tr>
<tr>
<td>2003/04</td>
<td>200</td>
</tr>
<tr>
<td>2004/05</td>
<td>200</td>
</tr>
<tr>
<td>2005/06</td>
<td>200</td>
</tr>
<tr>
<td>2006/07</td>
<td>200</td>
</tr>
<tr>
<td>2007/08</td>
<td>200</td>
</tr>
<tr>
<td>2008/09</td>
<td>200</td>
</tr>
<tr>
<td>2009/10</td>
<td>200</td>
</tr>
<tr>
<td>2010/11</td>
<td>200</td>
</tr>
</tbody>
</table>

**Figure 2: NI39 Alcohol Related Hospital Admissions**

Data Source: North West Public Health Observatory

There are variations in the rate of hospital admissions across the wards in Medway (Figure 3), with River ward showing the highest rate of alcohol attributable admissions (Hempsted & Wigmore, the lowest). Compared to the 13 local authorities in the South-East region Medway is ranked second highest for alcohol-related deaths for women and fourth highest for men. Nationally alcohol-related deaths are most commonly due to alcoholic liver disease, stroke and cancer of the digestive systems.
Figure 3: Admission rates for alcohol attributable conditions in Medway

Similarly River ward showed the highest number of admissions to Substance Misuse Unit (Bridge House) from April 2004 to December 2006 and the highest average annual levels of chronic liver disease.

Within Medway, available data for 2000-02 shows 16% of residents aged 16+ binge drinking. There are differences in the level of binge drinking across the wards of Medway. River has the highest proportion of binge drinking, Rainham Central the lowest.

There is unfortunately a lack of data when it comes to Ambulance call outs and A&E attendances although the Strategic Review does identify some issues highlighted by the South East Coast Ambulance Service NHS Trust. It is a key priority to develop data systems to fill these gaps.
Young People and Alcohol

The TellUs2Survey stated that Medway figures for Young People consuming alcoholic drinks were marginally higher than the national average, but incidents of drunkenness were on par with national level. Criminal damage statistics show a high conviction rate for 16 year olds (Figure 5). Whilst hospital admissions for under 18s showed a significant increasing trend over a five year period (Figure 6).

Figure 5: Medway Criminal Damage Statistics U18

![Criminal Damage for All Medway by Age (Rate per 1000)]

Source: Kent Police Headquarters for the period 2002 to 2006

Figure 6: Alcohol Related Hospital Admissions for U18s

![Crude rate per 100,000 population aged <18](image)

Source: Alcohol Harm in Medway - A Strategic Review

Consultation groups with young people conducted at the time of the Strategic Review showed that they had a positive view of alcohol, generally considering it to be fun and providing a feeling of well being. The YP Healthy Lifestyles survey showed that whilst 71% of YP agreed or strongly agreed that "alcohol is likely to damage my own health", 46% agreed or strongly agreed that there is “nothing wrong with getting drunk”. The CTC (Communities that Care) Rainer Survey carried out in 2007 showed that drinking alcohol before the age of 13 was the most commonly reported behaviour (51%), followed by smoking a cigarette (25%). In addition 5%
reported first starting to drink frequently (at least once a week) before the age of 14. Medway students were significantly less likely to report problem drinking behaviour when compared with the national sample, however one in five (20%) had indulged in binge drinking in the past four weeks (defined as five or more drinks in a row) and one in ten young people reported themselves as a regular drinker (defined as drinking at least once a week). Positively Medway scored lower than the 2005 national sample average but a considerable proportion of young people in Medway have tried alcohol (66%).

Table 1: Self-reported alcohol use by Medway students (CTC Rainer report)

<table>
<thead>
<tr>
<th>Alcohol use</th>
<th>National</th>
<th>Medway</th>
<th>Areas most affected</th>
<th>Areas least affected</th>
<th>Wards most affected 'Yes'</th>
<th>Wards least affected 'No'</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had taken more than a sip or two of alcohol</td>
<td>75%</td>
<td>66%</td>
<td>Strood – 70%</td>
<td>Chatham – 64%</td>
<td>Rochester West – 68%</td>
<td>Twydall – 25% Princes Park – 26%</td>
</tr>
<tr>
<td>Had had 5 or more alcoholic drinks in a row in the past four weeks</td>
<td>29%</td>
<td>20%</td>
<td>Gillingham &amp; Strood both at 20%</td>
<td>Chatham &amp; Rochester both at 19%</td>
<td>Twydall &amp; Cuxton &amp; Halling – 23% had at least once</td>
<td>Rochester West – 56% had never drunk 5 or more</td>
</tr>
<tr>
<td>Were regular drinkers, drinking at least once a week</td>
<td>18%</td>
<td>10%</td>
<td>Gillingham – 11%</td>
<td>Chatham – 9%</td>
<td>Rainham North &amp; Rainham South – 11%</td>
<td>Rochester West – 64%, Strood Rural &amp; Strood South – 62%</td>
</tr>
<tr>
<td>Had been seriously drunk at some stage</td>
<td>29%</td>
<td>20%</td>
<td>Strood – 23%</td>
<td>Rochester 19%</td>
<td>Cuxton &amp; Halling – 25% and Strood South – 24%</td>
<td>Hempstead &amp; Wigmore, Rainham South, Rochester West and Strood North – 53%</td>
</tr>
</tbody>
</table>

Additional analysis also found a relationship between perceptions about being caught by parents and drinking alcohol regularly. Of those who thought their parents would catch them if they had a drink, 4% drink regularly compared with 24% of the group who thought they would not be caught.

CTC found that the ease of access to alcohol needs to be looked at in Strood Rural, Walderslade and Cuxton & Halling.
Anti-social behaviour and Alcohol

River ward also shows the highest rate of alcohol related incidents as recorded by Kent Police, nearly double that of any other ward in Medway (Figure 4).

Figure 4:

![Bar chart showing alcohol related incidents in Medway](image)

Source: Kent Police, April 2007

Kent Police record data on alcohol in the Medway area. These incidents include:
- Alcohol related incidents
- Drunken behaviour in public (excludes collapse/illness/injury/trapped including drunk and incapable)
- Nuisance drinking in public (Different from drunken behaviour in public and collapse/illness/injury/trapped including drunk and incapable)

Table 2: Alcohol-related recorded crimes (from the Local Alcohol Profiles 2008)
<table>
<thead>
<tr>
<th>Measure of Harm/Authority 2007/08</th>
<th>Medway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>254,700</td>
</tr>
<tr>
<td>Alcohol-related recorded crimes</td>
<td>9.3</td>
</tr>
<tr>
<td>Numbers of alcohol-related</td>
<td>2,369</td>
</tr>
<tr>
<td>crimes per 1,000 of population</td>
<td></td>
</tr>
</tbody>
</table>

Whilst 2007/08 figures show a drop in the upward trend of previous years, the above figures are only for recorded crimes, a considerable (and unclear) amount of crimes go unrecorded. Almost all of these are violent crimes (71%). Additionally these figures will not reflect the majority of incidences of crimes such as domestic violence, strongly linked to alcohol misuse. The British Crime Survey estimate that 45% of domestic violence involves alcohol.

Achieving Local Targets
The key target this strategy addresses is in reducing alcohol harm related admissions to hospital (NI39, PSA25), this contributes to Medway’s vital signs and choosing health targets, however actions taken in response to this strategy will help Medway achieve against the following LAA targets too, thereby reducing health & social inequalities for Medway residents:

NI 65* Children becoming the subject of a child protection plan for a second or subsequent time. DCSF
NI 112* Under 18 conception rate. PSA 14
NI 40* Drug users in effective treatment. PSA 25
NI 121* Mortality rate from all circulatory diseases at ages under 75. DH DSO
NI 141* Number of vulnerable people achieving independent living. CLG DSO
NI 15* Serious violent crime rate PSA 23
NI 19* Rate of young offenders reoffending
NI 17* Perceptions of anti-social behaviour. PSA 23
NI 16* Serious acquisitive crime rate
NI 30* Re-offending rate of prolific and priority.
NI 32* Repeat incidents of domestic violence. PSA 23. HO DSO
NI 47* People killed or seriously injured in road traffic accidents. DfT DSO
NI 152* Working age people on out of work benefits. PSA 8.
NI 72 Achievement of at least 78 points across the Early Years Foundation Stage with at least in each of the scales in Personal Social and emotional Development and Communication, Language and Literacy
NI 87 Secondary school persistent absence rate
Strategic Priorities:

1. ACHIEVE CROSS CUTTING HEALTH IMPROVEMENT

‘Choosing Health in the South East: Alcohol’ (SEPHO, 2007) highlights the different ways in which alcohol can cause harm:

- through its toxic effects on the body’s physiology and organ systems, leading to chronic diseases such as cirrhosis of the liver; heart disease and cancer
- through the effects of intoxication, which can lead to accidents and violence
- through the chronic effects of alcohol dependence, which can lead to social and psychological problems.

The SEPHO report also summarises the most significant diseases and types of injury associated with alcohol consumption, and provides, for each, estimates of the proportion of the worldwide burden of disease attributable to alcohol (table 3).

<table>
<thead>
<tr>
<th>Table 3: Diseases and Categories of Injury Related to Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Malignant neoplasms</strong></td>
</tr>
<tr>
<td>Cancers of the mouth and oropharynx</td>
</tr>
<tr>
<td>Oesophageal cancer</td>
</tr>
<tr>
<td>Liver cancer</td>
</tr>
<tr>
<td>Breast cancer</td>
</tr>
<tr>
<td><strong>Neuropsychiatric disorders</strong></td>
</tr>
<tr>
<td>Unipolar depressive disorders</td>
</tr>
<tr>
<td>Epilepsy</td>
</tr>
<tr>
<td>Alcohol use disorders; alcohol dependence and harmful use</td>
</tr>
<tr>
<td><strong>Circulatory disease</strong></td>
</tr>
<tr>
<td>Ischaemic heart disease</td>
</tr>
<tr>
<td>Haemorrhagic stroke</td>
</tr>
<tr>
<td>Ischaemic stroke</td>
</tr>
<tr>
<td><strong>Gastrointestinal diseases</strong></td>
</tr>
<tr>
<td>Cirrhosis of the liver</td>
</tr>
<tr>
<td><strong>Unintentional injury</strong></td>
</tr>
<tr>
<td>Motor vehicle accidents</td>
</tr>
<tr>
<td>Drownings</td>
</tr>
<tr>
<td>Falls</td>
</tr>
<tr>
<td>Poisonings</td>
</tr>
<tr>
<td><strong>Intentional injury</strong></td>
</tr>
<tr>
<td>Self-inflicted injuries</td>
</tr>
<tr>
<td>Homicide</td>
</tr>
</tbody>
</table>


2005 data show that deaths due to alcohol related harm are higher in Medway than the SE or England averages. NWPHO data show that alcohol-attributable hospital admissions are significantly worse in Medway for both men and women (Figure 1).
There is a lack of data in Medway for alcohol-related ambulance call outs and A&E attendances.

In Medway, Equinox is the only provider of alcohol specific interventions for adults. They run an alcohol counselling (Tier 3) service in Rochester as well as a specialist floating support service. Bridge House (located in Dartford) provide beds for in-patient detoxification services. The substance misuse treatment services in Medway (KCA, Turning Point and CRI) provide some alcohol support as part of a poly-substance misuse provision. KCA were commissioned to provide an Alcohol Treatment Requirement (ATR) pilot in November 2008, too early to include any findings in this strategy. A Maidstone and Medway Community Alcohol Pilot Service (MMCAPS) was commissioned in 2007 providing a full range of tier 3 services for problem drinkers and carers, some tier 2 (advice and information and brief interventions) and access to tier 4 (inpatient detox). The key recommendations of the evaluation were that the service should be continued and further developed by increasing capacity (including dedicated medical time), consolidation with Health Services and implementing links with the criminal justice system.

Young People can access alcohol treatment through KCA Young People Services at the Sunlight centre (Gillingham). KCA work with all forms of illegal substance misuse though a significant proportion of their clients are alcohol specific.

NDTMS (National Drug Treatment Monitoring System) figures show that the year to date figures (April 2008 – January 2009) for the number of Medway residents in treatment is 730 (498 new presentations to treatment services). The MMCAPS evaluation estimated the following levels of problem drinkers based on figures of adults potentially able to use services and local alcohol profiles

<table>
<thead>
<tr>
<th>Percentage of adult population</th>
<th>Estimated numbers of 'problem' drinkers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harmful drinkers</td>
<td>5.2</td>
</tr>
<tr>
<td>Hazardous drinkers</td>
<td>19.3</td>
</tr>
<tr>
<td>Binge drinkers</td>
<td>16.1</td>
</tr>
<tr>
<td>Dependent drinkers</td>
<td>5.9</td>
</tr>
<tr>
<td>Moderate dependence</td>
<td>0.4</td>
</tr>
<tr>
<td>Severe dependence</td>
<td>0.1</td>
</tr>
</tbody>
</table>

ANARP equates dependence with needing a service. However the numbers of these are clearly beyond the ability of the service to address, over 10,000 people in Medway. This is not to say that specialist alcohol services do not have a role with harmful, hazardous and binge drinkers, but this role should probably be confined to educating and supporting tier 1 providers (such as GPs and other health staff) in the appropriate competencies and interventions. Findings from the ANARP showed there were low levels of formal identification, treatment and referral of patients with alcohol use disorders (AUD) by GPs. Of those identified as needing specialist treatment many were not referred due to difficulties in access and patient preference.
not to engage. In the South East only 1 in 20 in-need alcohol dependent clients were accessing treatment.

There is a need to focus on work that enables early detection and helps prevent the onset of alcohol related harm. Specifically there is evidence for the effectiveness of alcohol screening and interventions within A&E and that heavy drinkers who receive brief interventions in primary care or hospital are twice as likely to moderate their drinking.

**Key Actions:**
- Training for primary healthcare staff for screening and delivering brief interventions opportunistically for harmful drinkers.
- Identify the opportunities for delivering brief interventions in A&E, primary care and other settings e.g. Police Station, Youth Services.
- Evaluate evidence and identify gaps in data to inform local commissioning of appropriate treatment for adults (brief interventions and structured psycho social counselling)
- Review and where appropriate implement recommendations of MMCAPS and ATR evaluations.
- Identify the best model for prescribing options.
- Develop system for identifying and treating hazardous drinkers within criminal justice system
- Clear pathways into and between services requiring multi-agency responses and close partnership working.
2. PROTECT CHILDREN AND YOUNG PEOPLE FROM ALCOHOL RELATED HARM

While most young people who experiment with heavy or binge drinking successfully change their behaviours as they enter adulthood and take on more responsibility, some young people are particularly vulnerable to developing serious alcohol problems. These at risk groups include young offenders, “looked after” young people and young people who truant or are excluded from schools. Young homeless people are very vulnerable to substance misuse and children in households where there is disruption and conflict are also at greater risk of developing alcohol problems as well as mental health impacts such as depression and anxiety.

Parents with alcohol problems can put their children at risk. Providing support to children of alcohol misusing parents is a vital responsibility of all partners. Misuse of alcohol is often one of many interrelated problems experienced by the most vulnerable families and is a key factor of wider social exclusion. It is estimated that half of all relationship breakdowns are alcohol related and is prevalent in domestic violence. Behavioural issues and poor outcomes at school are often found in children from alcohol misusing parents and it is likely that these children will experiment earlier with their own alcohol use. A recent study by the national charity Turning Point titled Bottling It Up (2006) found that parental alcohol misuse had a huge impact on children and young people including physical abuse, high levels of stress and anxiety, worry that “something bad” was going to happen, pressure to maintain family and household functioning, concerns that they might have to leave their parents and blaming themselves for their parents drinking. Various recent surveys of young people in Medway identified the levels of and reasons for alcohol misuse in Medway. Overall 92% aged under 18 had tried an alcoholic drink, with 76% drinking on at least 1 or 2 days a week. The main reasons for drinking are highlighted in Figure 7.

Figure 7: Medway Young People: reasons for drinking alcohol

The Communities that Care report outlined a number of risk and protective factors for problem drinking among young people. Key to these were healthy bonds with family and school and healthy standards set by family and school.
Medway Healthy Schools team employees a Drugs & Alcohol Education Advisor. The post is responsible for supporting schools with drug and alcohol education within the PSHE (Personal and Social Health Education) curriculum, ensuring that schools have appropriate drugs and alcohol policies and promoting available resources. It is a key function of this post to ensure workforce development of teachers in respect of drugs and alcohol is delivered. It is vital that this function is adequately resourced to ensure schools have the capacity and competency to identify alcohol issues amongst the student body and refer appropriately. There was evidence from the Medway Communities that Care Survey that only 4% of those young people who thought their parents would catch them if they had a drink, would drink regularly compared with 24% of the group who thought they would not be caught. There is little or no provision for Medway parents with regards to drugs or alcohol. Some ad hoc programs have been run from time to time ("Drugproof your kids", Windmill Clinic) but are subject to short term funding and a lack of co-ordination.

Nationally the government strategy highlights two developments around working with industry and business to reduce underage drinking. These are:

- Toughened enforcement of underage sales: Successive Campaigns have made it harder for under-18’s to buy alcohol. Now local authorities and the police have more powers to prosecute and even close premises that persistently sell alcohol to children.
- Public Consultation on Alcohol Pricing and Promotion: reviewing the evidence to assess if alcohol pricing and promotions cause people to drink more.

Within Medway Council, test purchasing of licensed premises is the responsibility of the Trading Standards team, carried out to help combat the sale of alcohol to under 18’s. During the period 2007/08, 403 licensed venues were visited by the licensing enforcement team, underage test purchases were carried out at 83 premises, 10 of which were successful. Where appropriate warning letters were sent to the premises and enhanced training requirements were implemented. Evidence from the strategic review demonstrated that young people in Medway still have easy access to alcohol, not just from certain outlets, but also from their older friends, older siblings, and parents. Consideration needs to be given to innovative ways of getting messages across to these sources.

Medway Drug and Alcohol Action Team (MDAAT) have a responsibility for treatment and prevention of alcohol misuse by young people under the age of 18. This strategy is not intended to duplicate the mandatory planning requirements of the DAAT but to ensure that the DAAT is a key partner in the delivery of the action plan. Key target groups for the DAAT include looked after young people, young offenders, young homeless, young people leaving care and young people not in education, employment or training (NEET). The 2009/10 DAAT YP plan identifies the following key priorities:

1. Make screening an integral part of Children’s services through the Common Assessment Framework
2. Pilot an Alcohol Support Programme and explore sustainability
3. At least 20% of referrals to specialist substance misuse treatment should be referred by key agencies for vulnerable young people (Children and Families, LAC & Education)
4. CAMHS to plan and provide for vulnerable young people. Included in this term are Children and Young People who misuse substances or whose parents/carers misuse substances (Children and Young People in mind: the final report of the National CAMHS Review 2008).

**Key Actions**

- Develop a family alcohol service, working with families with alcohol misuse and child protection issues.
- Implement training for social workers, health professionals in alcohol awareness and interventions
- Identify training needs and develop a programme of training within education settings.
- Further develop drug and alcohol education within school and further education settings
- Support key strategic partners to further prevent access to alcohol by young people
- Discourage local retailers from heavy promotional activity of alcoholic drinks
- Incorporate MDAAT YP actions into Strategic delivery plan
3. PROMOTE SENSIBLE ALCOHOL CONSUMPTION

There is a need to convey a strong public health message that highlights the harmful effects of non-safe drinking and brings to attention the level of alcohol misuse within society. Locally, there is little information about current levels of awareness of alcohol or knowledge about ‘safe drinking’ levels. The Kent and Medway Lifestyle Survey (CHSS, 2002) includes some data on levels of drinking, but these are far lower than the estimates provided by the ONS through the synthetic estimates of lifestyle behaviours.

Locally a few media campaigns have been run, mainly led by the Police and the Community Safety Partnership. Campaigns have largely been focused on the nighttime economy and tackling anti social behaviour. However there is little evidence of effectiveness or cost effectiveness of mass media campaigns which are an ineffective antidote to alcohol advertising. Social marketing approaches which identify the determinants and barriers to behaviour change and how best to deliver the message to a target population should be explored.

For adults in Medway, there is a strong need for lifestyle survey data to explore a range of issues around alcohol, including:

- overall consumption levels
- frequency and volumes consumed
- awareness of alcohol misuse
- awareness of current ‘sensible’ drinking levels
- motivations and attitudes to alcohol and to reducing consumption

These data would inform the development of targeted local messages and social marketing campaigns to reduce alcohol misuse amongst adults in Medway.

Consultation carried out with professionals as part of the Medway strategic review identified a need for better co-ordination between agencies when communicating with Medway residents. A clear alcohol communication strategy is required so that messages delivered are consistent and coherent and constantly re-enforced.

Spend on alcoholic drinks in the UK amounts to £41 billion a year (drinks Market Review 2006). In Medway there are 745 licensed premises (of which 185 are public houses). River ward has the highest number of licensed premises (119) and some national evidence shows that poorer wards tend to have a larger number of licensed premises. The SEPHO review of alcohol highlights that some occupations have a higher risk of alcohol-related ill health than others. For example publicans and bar staff have higher mortality rates from liver cirrhosis. There is evidence that high quality training of bar staff and people involved in alcohol retail is effective in leading to a reduction in intoxication of patrons as well as providing opportunities for health promotion with alcohol retail workforce. Nationally various health promotion campaigns have been run in collaboration with licensed premises to promote sensible drinking. Developing a standardised training package for Medway bar staff as part of the communication strategy would provide ideal opportunities to promote sensible drinking.
Key Actions

- Make use of Mosaic Segmentation profiles to target social marketing campaign
- Develop coherent alcohol communication strategy agreed by all key partners
- Develop Medway Training program for alcohol retailers
4. SUPPORT PARTNER AGENCIES TO REDUCE ALCOHOL RELATED CRIME AND DISORDER AND IMPROVE PUBLIC SAFETY

Alcohol misuse is a major contributory factor in crime, disorder and anti-social behaviour. The government estimates the cost of alcohol related crime to be £7.3 billion per annum (Strategy Unit, 2003). Alcohol-related crime and anti-social behaviour includes:

- Alcohol-related disorder and anti-social behaviour in towns and cities at night
  Kent Police record data on alcohol related incidents in the Medway area. These incidents include:
    - Alcohol related incidents
    - Drunken behaviour in public (excludes collapse/illness/injury/trapped including drunk and incapable)
    - Nuisance drinking in public (Different from drunken behaviour in public and collapse/illness/injury/trapped including drunk and incapable)

The ward with the highest rate of alcohol related incidents is River – this ward has a rate of approximately double that of any other ward in the authority.

- Under-age drinking
  Perceived by many to be the most serious alcohol-related problem. Much of the consumption by young people takes place outside the home.

- Domestic violence
  Alcohol is one of the risk factors in domestic violence (estimated to account for 16% of all violent crime). AHRSE (Alcohol Harm Reduction Strategy for England) recommends that local partnerships support local DV projects and services. Domestic Violence is already established as one of the key target areas for Medway Community Safety Partnership.

- Drink driving.
  Drink-driving has been reduced significantly in the UK largely due to successful information and awareness campaigns and increase enforcement. Locally work can be undertaken with publicans to make special offers for designated drivers (e.g. free soft drinks).

The main focus and driving force for addressing alcohol-related crime, disorder and anti-social behaviour is Medway’s Community Safety Partnership (CSP). Alcohol related violence, domestic violence and alcohol related crime are key priorities for the CSP. Some measures already introduced by the partnership include alcohol control zones, accredited community safety officers with powers to confiscate alcohol from underage drinkers and multi-agency licensing enforcement. The CSP also makes use of CSP TV – a range of widescreen TVs placed throughout Medway which inform the public about all the work that is being done to reduce crime and make people feel safe. Various alcohol related campaigns are run through CSPTV. Public Health and the CSP are currently working with other strategic partners to
deliver alcohol interventions in the night time economy using a Bus outside key sites (e.g. nightclubs and bars).

A significant action within the plan should be to work with partner agencies to reduce unemployment and homelessness and improve independent living. The supporting people’s strategy already identifies substance misuse as a key priority and there are contracts in place to improve support for dependent drinkers. This would include training and service awareness raising for landlords and employers

Key Recommendations:
- Appointment of a Strategic Alcohol Lead for Medway to develop and co-ordinate an alcohol action plan to deliver against the strategy
- Work with partner agencies to reduce worklessness and homelessness and improve independent living
- Strategy to be owned by the CSP, actions to be monitored through an established Medway Alcohol Partnership which will have representation from core services i.e. NHS, Council (especially licensing, trading standards, youth services, supporting people and social care, MDAAT, Voluntary Sector.
1 Indications of Public Health in English Regions 8: Alcohol; APHO; August 2007
2 SEPHO: Choosing Health in the South East: Alcohol; Sheenan; 2007
3 Alcohol Harm in Medway – A strategic review; Information by Design; 2007
4 ONS Annual District Death Extract Liver Disease: Average annual chronic liver disease ASMRs by Medway UA electoral ward, 1996-2005
5 Report on the Maidstone & Medway Community Alcohol Pilot Service (MMCAPS), Anthony Hewitt Consultancy, Feb 2009
6 Medway Young People Lifestyle Survey, Information by Design, 2004
7 Alcohol health promotion via mass media: The evidence on (in)effectiveness, Linda Hill, PhD, New Zealand Drug Foundation, Global Alcohol Policy Alliance, June 2004