

**KENT AND MEDWAY  
JOINT HEALTH AND WELLBEING BOARD**

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**REDUCING ALCOHOL CONSUMPTION DEEP DIVE**

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**Summary**

This report presents a ‘deep dive’ into reducing alcohol consumption, alcohol related harm to adults and treatment of alcohol use disorder across Kent and Medway.

Alcohol (ethanol) is a psychoactive substance that can cause physical and psychological dependence, damage to physical and mental health, and in its most serious and advanced stage, neglect, anorexia and death. In 2016, the Lancet published that Alcohol is the seventh leading risk factor for both deaths and disease burden (as measured in disability-adjusted life years (DALYs)) and among those aged 15-49 alcohol use was the leading global health risk factor<sup>1</sup>. Alcohol has potential to do great harm, not only by causing serious ill health but also through domestic violence, neglect, crime and disorder.

The challenge set out in this report is for an integrated approach across health, licencing, enforcement and other agencies. Greatest impact can be achieved by partners working together strategically to raise awareness of alcohol harms, tackle adverse social consequences, moderate availability and deliver ‘trauma informed’ community treatment services.

**1. Budget and Policy Framework**

**1.1 National, regional and local policy initiatives**

- 1.1.1 There are a number of national policy initiatives and approaches which influence Local Authority work in relation to reducing alcohol consumption. These are set out in Table 1.

<p><b>National Drug Strategy 2010 “Reducing Demand, Restricting Supply, Building Recovery and Supporting People to Live a Drug Free Life<sup>2</sup>”</b></p> <p>Although called the ‘Drug Strategy’ this includes alcohol in its promotion of recovery and treatment services.</p>
<p><b>The Health and Social Care Act 2012<sup>3</sup></b></p> <p>Working with other organisations, local authorities are responsible for improving health; this includes alcohol related harms.</p>
<p><b>The National Alcohol Strategy 2012<sup>4</sup></b></p> <p>This seeks to reduce drinking above health guidelines, or to excess. It intends to reduce alcohol-fueled violent crime, binge drinking, alcohol-related deaths and underage drinking; both Kent and Medway have localised the national strategy (Kent Drug and Alcohol Strategy 2017-22<sup>5</sup>; Medway Health and Wellbeing Plan).</p>
<p><b>The New Modern Crime Prevention Strategy 2016<sup>6</sup> and the Policing and Crime Act 2017<sup>7</sup></b></p> <p>These give certain powers to tackle ‘drivers’ of crime such as alcohol and give specific actions including:</p> <ul style="list-style-type: none"> <li>• Late Night Levy improvements applying to defined areas, rather than whole Licensing Authority areas;</li> <li>• Cumulative Impact Policy improvements, with more statutory powers to control alcohol sales;</li> <li>• Consult on Licensing interventions for groups of premises in certain locations, in a group review intervention power (GRIP) which may require improved security or other area license conditions;</li> <li>• Civilian (police) staff powers of entry to enter and inspect licensed premises; and</li> <li>• Sobriety tagging as a Court Order and improved GPS based electronic monitoring.</li> </ul>
<p><b>Sustainability and Transformation Plan 2017<sup>8</sup></b></p> <p>Alcohol prevention is covered within the Kent and Medway STP Prevention Plan.</p>
<p><b>Safer in Kent Plan 2017-21<sup>9</sup></b></p> <p>Tackling Substance misuse and mental health are some of the key priorities of the Police Crime Commissioner (PCC) in Kent.</p>
<p><b>Serious Violence strategy 2018<sup>10</sup></b></p> <p>This document cites alcohol as a driver of homicide, knife crime and domestic violence and calls for evidence based interventions targeting alcohol related violence and domestic abuse.</p>
<p><b>NHS Long Term Plan 2019<sup>11</sup></b></p> <p>The NHS Long Term Plan has a particular focus on establishing Alcohol Care Teams (ACTs). These have been shown to significantly reduce accident and emergency attendances, bed days, readmissions and ambulance call outs<sup>12</sup>.</p>

**Table 1: National policies relevant to reducing alcohol consumption**

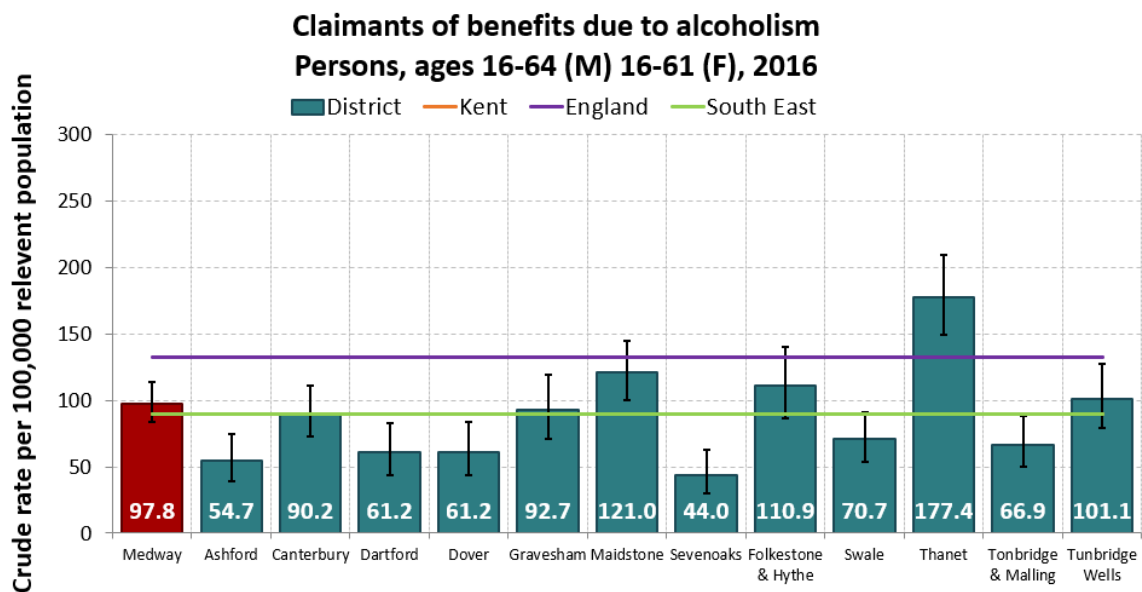
## 1.2 Estimates of economic impact of alcohol related harm in the UK

1.2.1 The Cabinet Office Strategy Unit document in 2003<sup>13</sup> sets out the estimated cost to the UK taxpayer of alcohol consumption at £21bn per year across three areas:

- Crime: £11bn at 2010-11 costs
- Lost productivity: £7.3bn at 2009-10 costs
- Costs to the NHS: £3.5bn at 2009-10 costs

1.2.2 The direct costs attributable to local authority Public Health budgets include contracts to deliver alcohol and other drug treatment services. These are valued at £13m for Kent and £2m for Medway. The Office of the Kent and Medway Police and Crime Commissioner contributes to the provision of these services through a grant of £394,049 to Kent per year and £59,042 to Medway per year.

1.2.3 Within Kent and Medway there is a considerable economic burden associated with alcohol dependence. Data on claimants of benefits due to alcoholism is shown in Chart 1. Kent and Medway, in 2016, both have rates that are below that of England. Thanet has a higher than national average rate of benefit claimants who are unable to work due to their addiction.



Source - PHE, prepared by KPHO (MP) Jan 2019

**Chart 1: Claimants of benefits due to alcoholism. Persons ages 16-64 (m) 16-61 (F), 2016**

## 2. Background

### 2.1 Introduction to alcohol harms

2.1.1 The impact of substance misuse is far reaching and contributes to 29 of the 66 indicators that describe the health and wellbeing of local areas and which are reported through the Public Health Outcomes Framework<sup>14</sup> (PHOF).

2.1.2 PHOF indicators are set out in Appendix 1, the most significant are:

- **2.18** - Alcohol Related Hospital Admissions is the key indicator for the overall impact of all aspects of alcohol interventions in any given area and can be considered a definition of how much the system fails to prevent

alcohol harm. Both Kent and Medway have less admissions than the England Average

- **2.15iii** - Successful completion of alcohol treatment and reducing drug and alcohol deaths. Both Kent and Medway have a higher percentage of successful completions than the England average.
- **2.16** - Adults with a substance misuse treatment need who successfully engage in community-based structured treatment following release from prison. Kent are comparable to the England average and Medway are significantly above it.

2.1.3 UK government recommendations state, “No one can say that drinking alcohol is absolutely safe. Current guidelines suggest to avoid harm people should not drink more than 14 units a week”. One unit of alcohol is 10ml of pure alcohol and this is half a pint of normal strength lager or a single measure of spirit. A standard bottle of wine has approximately 10 units<sup>15</sup>.

2.1.4 Alcohol misuse can have a serious impact on health including increased risk of:

- Premature death or disability associated with cardiovascular disease
- Liver disease
- Gastric conditions
- Some cancers (liver, pancreas and colon)
- Co-morbidity with alcohol, depression, and anxiety
- Alcohol use disorder (one of the risk factors for suicide and self-harm)

2.1.5 There are four broad categories of risky drinking

- Harmful drinking (over 35 units a week)
- Hazardous drinking (over 35 units with no ‘free’ days or ‘binge’ drinking)
- Higher risk drinking (over 50 units a week)
- Dependent drinkers

2.1.6 Alcohol dependence or Alcohol use disorder is a psychiatric condition where a person is unable to stop drinking despite causing harm to themselves. This can be a serious condition requiring medical intervention as well as psychological support to sustain recovery.

2.1.7 A subset of the Health Survey for England, called ‘Smoking, Drinking and Drug Use among young people 2016’, shows drinking amongst children aged 8-15 is at its lowest since the survey began, with 16% of boys and 15% of girls reporting having experience of drinking alcohol. Despite the positive trends in the numbers of young people drinking, consumption is higher than the European average<sup>16</sup>.

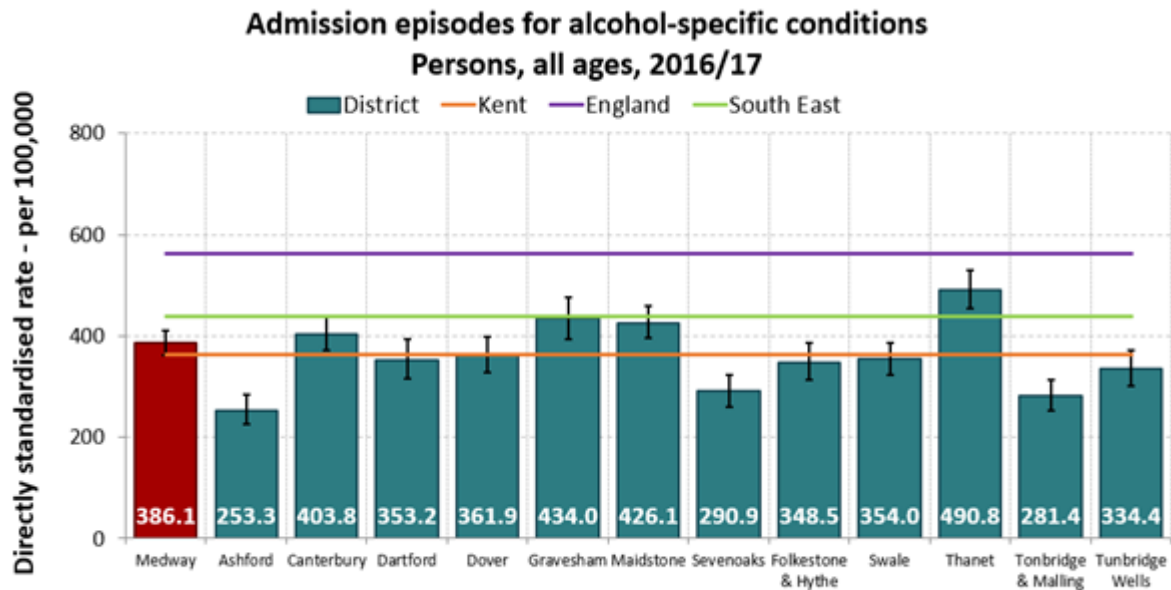
2.1.8 Following a declining trend between 2005 and 2012, the trend for the proportion of men and women drinking in the past week in UK has remained steady over the past three years of available data (2012 - 2016); with men being more likely to drink than women.

2.1.9 The Older Persons’ Substance Misuse Working Group of the Royal College of Psychiatrists report “Our Invisible Addicts”<sup>17</sup> concludes that both alcohol and illicit drugs are among the top ten risk factors for mortality and morbidity in Europe and substance misuse by older people is now a growing public health problem.

- 2.1.10 Although prevalence of high risk drinking is consistent across Kent and Medway, the harms are generally more marked in disadvantaged communities. In June 2016, Kent Public Health published “Mind the Gap: Health Inequalities Action Plan for Kent<sup>18</sup>”. This report outlines the key wards and populations in Kent who are at risk, for example Margate Central and Folkestone. The report urges local communities to work in partnership to tackle some of the reasons why people in disadvantaged communities have greater harms than others, e.g. greater availability of poor quality alcohol, higher levels of stress, family breakdown, social isolation and increased crime and violence. The report recommended targeting men from vulnerable communities as they are at higher risk of early death.
- 2.1.11 An estimated 11% of the Kent and Medway population have mild dependency to alcohol, this group of people will find it hard to cut down consumption without help and support. As Kent is a large area with complex demographic, it is important to segment the population in local plans. The ONS survey “Adult Drinking Habits in 2017”<sup>19</sup> showed that in the ‘mild dependency’ group, those with higher wages and professional jobs were more likely to report drinking every day. Poorer and younger people were more likely to ‘binge drink’. These variances need to be taken account of in developing local plans.
- 2.1.12 There are around 130,000 severely dependent drinkers in Kent and 23,000 in Medway, equating to 4% of the population. An estimated 1% of the population have severe and complex dependency. It is difficult to obtain accurate data on this group because they are often the most socially excluded. Appendix 2 summarises the rates of risky drinking in Kent and Medway. It is estimated that a quarter of people drink at levels above those recommended. 12,689 adults in Medway and 70,000 adults in Kent are drinking at higher risk levels (double the recommended safe levels or above). An estimated 19% are binge drinkers.

## 2.2 Alcohol and Hospital Admissions

- 2.2.1 Hospital admissions for alcohol-specific conditions in Kent have remained at a similar rate over time from 2009 to 2016. Medway has also kept below the national rates over time, however there was an increase in Medway rates in 2015/16. Both Kent and Medway are below the national hospital admission rates (Chart 2). In the vast majority of the alcohol-related and alcohol-specific hospital admission conditions, the rate for men is at least double the rate for women, but the rate for both men and women is rising, as it is nationally.

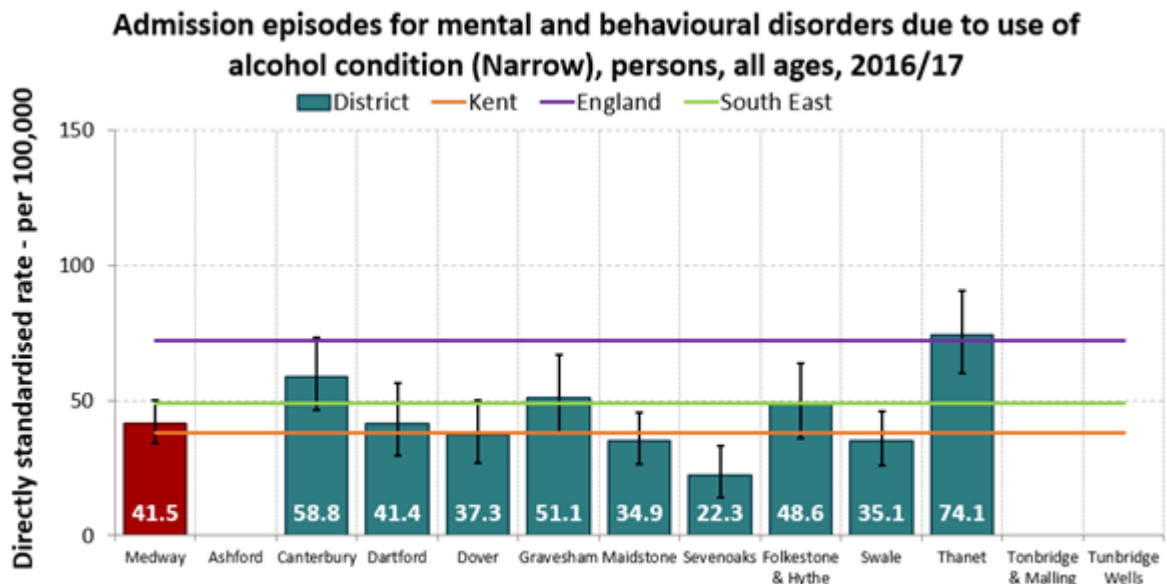


Source - PHE, prepared by KPHO (MP) Jan 2019

**Chart 2: Admission episodes for alcohol-specific conditions. Persons, all ages, 2016/17**

2.2.2 In 2017/18, Kent rate of hospital admission episodes for alcohol related conditions is 1,226 per 100,000 for women and 2,540 per 100,000 for men. Medway the rates are 1,372 per 100,000 for women and 2,723 for men.

2.2.3 For hospital admissions due to alcohol related mental and behavioural disorders a considerable variation in rates can be seen across Kent and Medway. Thanet and Canterbury have higher than regional average rates of admission compared to Kent and Medway as a whole (Chart 3). Sevenoaks is an outlier and has the lowest admission rate; this skews the Kent average value.



Source - PHE, prepared by KPHO (MP) Jan 2019

\* Districts with insufficient data are not shown

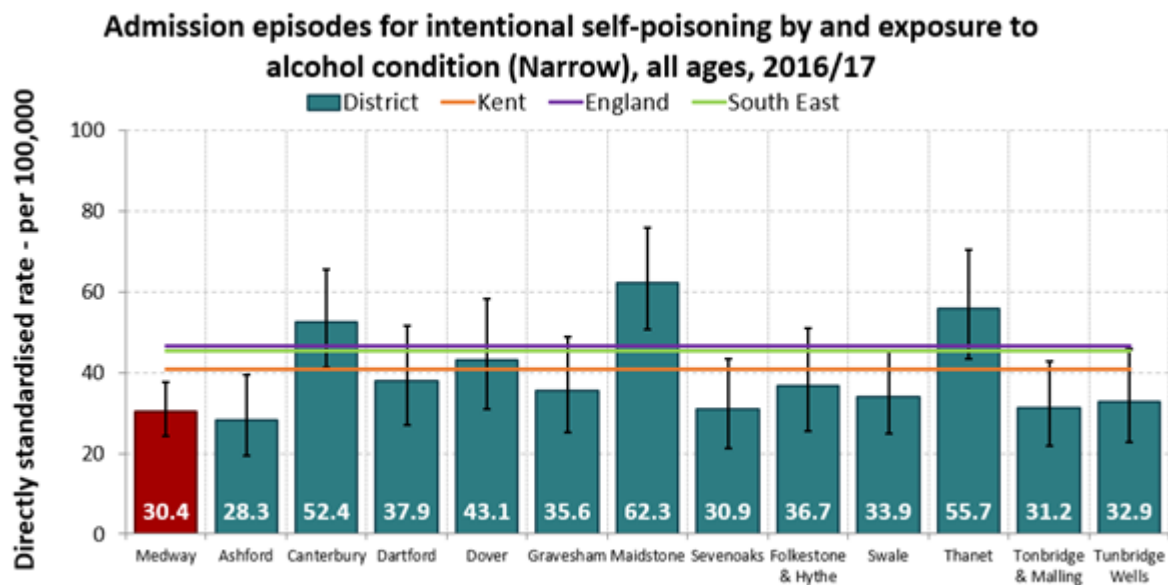
**Chart 3: Admission episodes for mental and behavioural disorders due to use of alcohol condition. Persons all ages, 2016/17**

## 2.3 Alcohol and Mental Health, Suicide and Self-harm

2.3.1 People with mental health issues, who are not accessing care, are known to self-medicate with alcohol<sup>20</sup>. Co-occurring conditions (Dual Diagnosis) refers to the co-existence of mental health and substance misuse problems. Problematic substance use is one of the most common co-morbid conditions among people with a major mental illness, with prevalence of mental health of around 75% in users of drug services; and 85% among users of alcohol services<sup>21</sup>.

2.3.2 In Kent the Treatment Substance Misuse Suicidality Audit in 2018 found that 15% to 25% of clients had suicide intent and 41% reported a mental health diagnosis. National research<sup>22,23</sup> shows 24% of all suicide cases were reported to have taken alcohol at the time of death.

2.3.3 The rates of self-poisoning in Kent and Medway have a high and statistically significant variation. Maidstone has the highest rates, followed by Thanet and Canterbury (Chart 4).

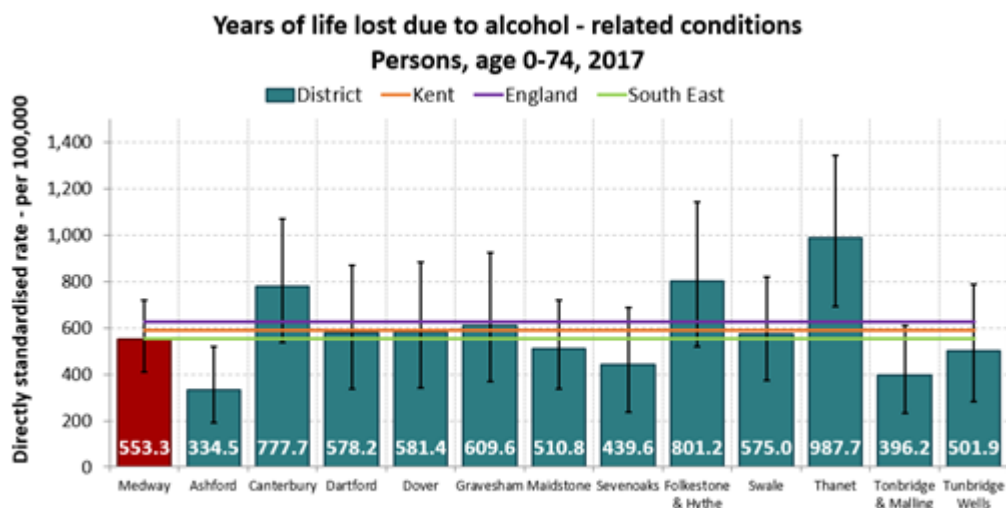


Source - PHE, prepared by KPHO (MP) Jan 2019

**Chart 4: Admission episodes for intentional self-poisoning by and exposure to alcohol condition, all ages, 2016/17**

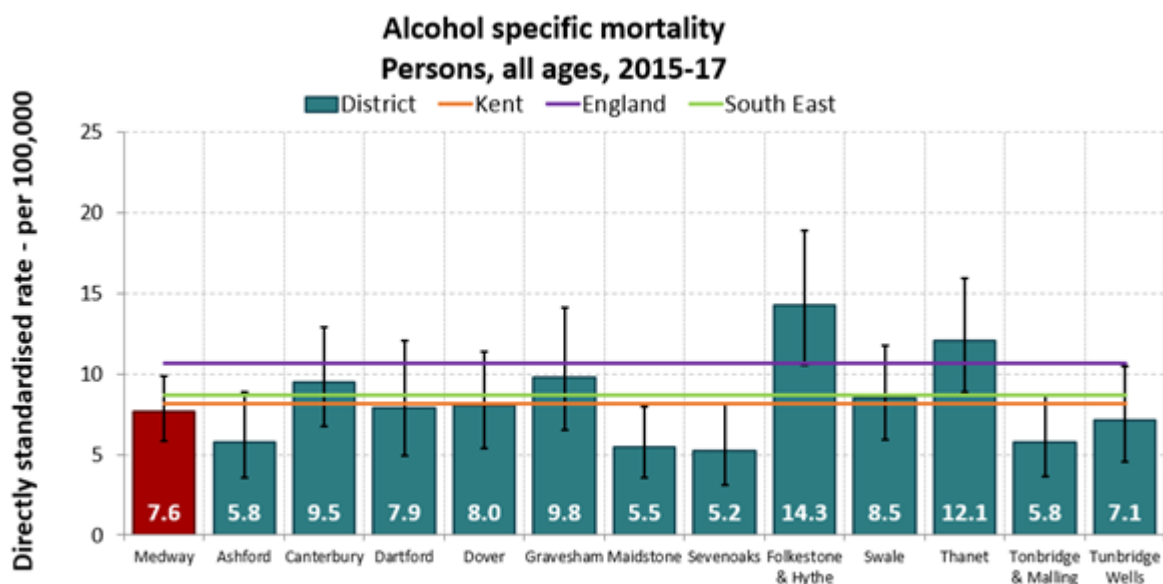
## 2.4 Alcohol and Physical Health

2.4.1 The most economically deprived districts in Kent, particularly Canterbury, Folkestone & Hythe and Thanet have high rates of years of life lost due to Alcohol, compared with the England average (Chart 5). Alcohol specific mortality, where death is directly attributed to Alcohol (Chart 6) indicates there are four districts above the South East average; Canterbury, Gravesham, Folkestone & Hythe and Thanet.



Source - PHE, prepared by KPHO (MP) Jan 2019

**Chart 5: Years of life lost due to alcohol related conditions. Persons, age 0-74, 2017**

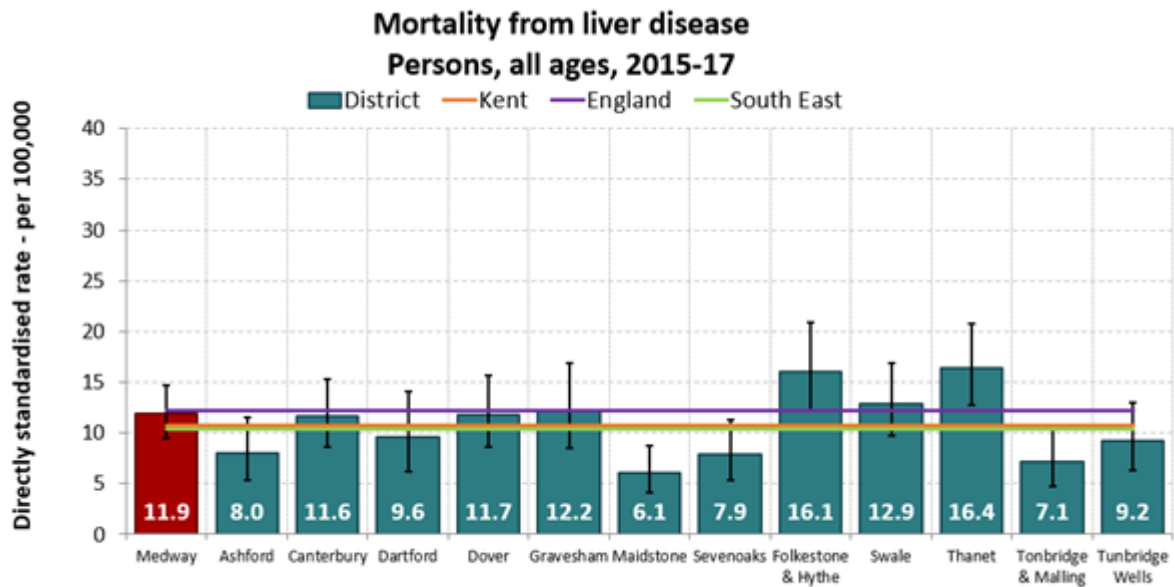


Source - PHE, prepared by KPHO (MP) Jan 2019

**Chart 6: Alcohol specific mortality. Persons, all ages, 2015/17**

2.4.2 In 2017, deaths due to alcohol were highest in women aged 55-59 and to men aged 60+<sup>24</sup>. Death and illness caused from excessive drinking in these age groups are also linked to mental and physical illnesses<sup>25</sup>. Excessive alcohol consumption can lead to liver disease. Medway has had higher, but falling, liver disease mortality rates than the Kent average. In Kent, there is considerable variation across districts for liver disease deaths with Folkestone & Hythe, Thanet and Swale having the higher rates (Chart 7).

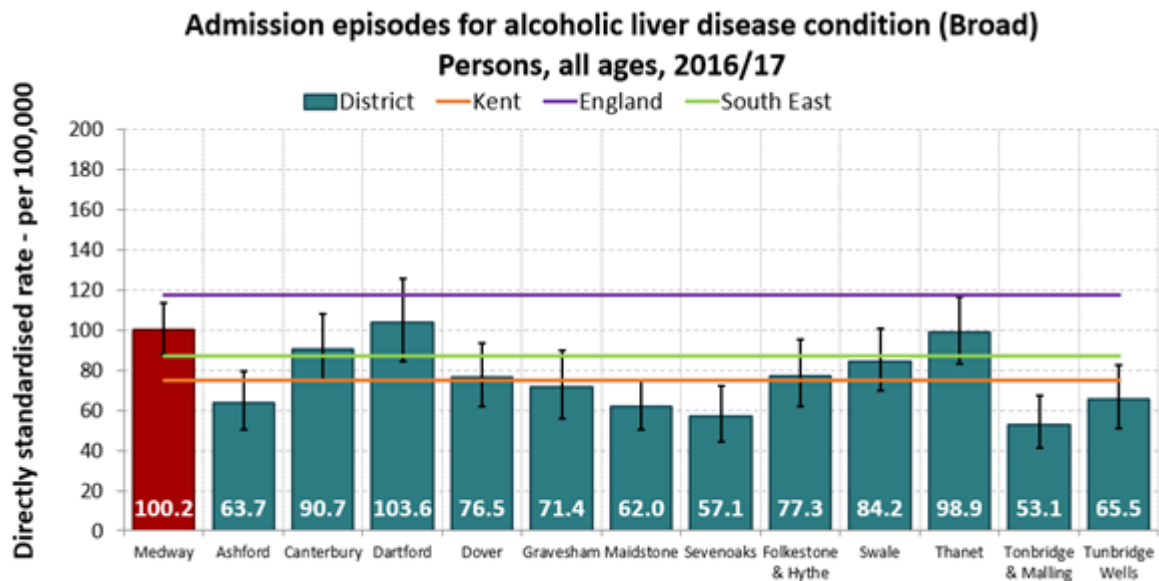




Source - PHE, prepared by KPHO (MP) Jan 2019

**Chart 7: Mortality from liver disease. Persons, all ages, 2015-17**

2.4.3 Chart 8 shows the 2016/17 position relating to hospital admissions due to alcoholic liver disease.



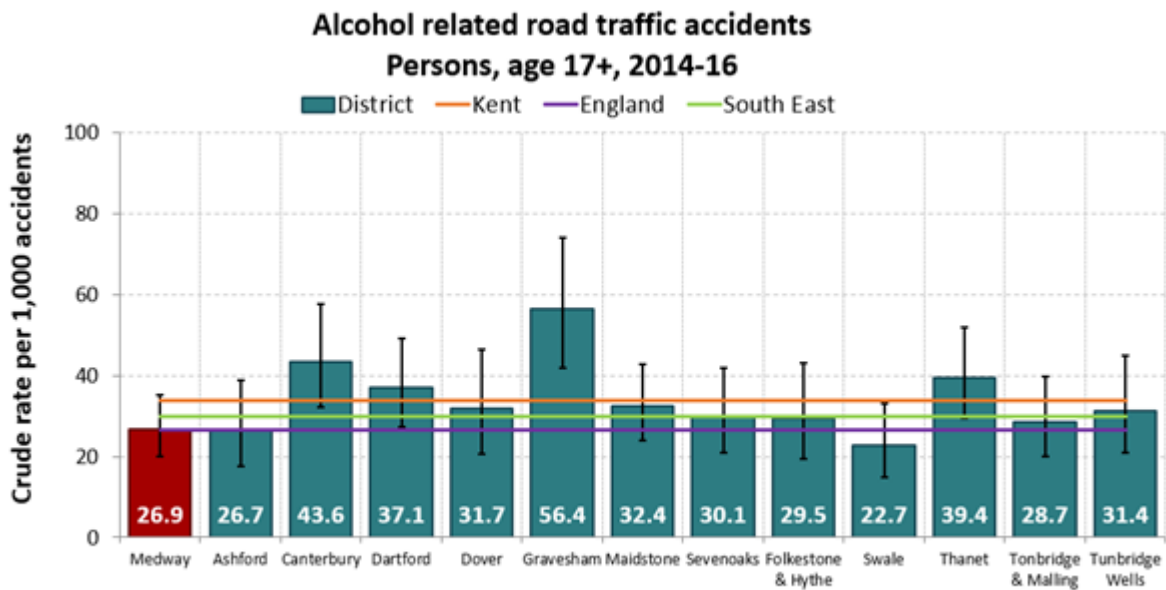
Source - PHE, prepared by KPHO (MP) Jan 2019

**Chart 8: Admission episodes for alcoholic liver disease condition (Broad). Persons, all ages, 2016/17**

## 2.5 Alcohol and its impact on society

2.5.1 It is not only the person who consumes the alcohol that is impacted by alcohol related harm. National Drug Treatment Monitoring System (NDTMS) indicates in Q4 2018/19 in Kent 23.2% and in Medway 24.7% of individuals entering treatment for alcohol misuse lived with children, this compares to the England average of 23.3%

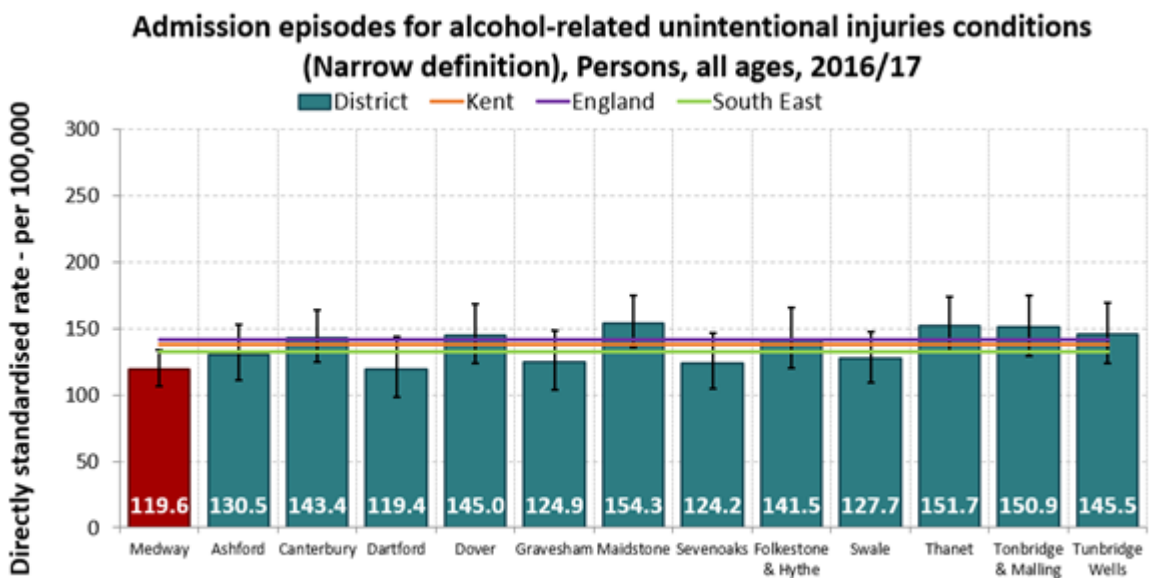
2.5.2 Alcohol related road traffic collision rates are also significantly higher in Kent than the South East and England average<sup>26</sup>, (Chart 9), Medway rates are in line with the rest of England.



Source - PHE, prepared by KPHO (MP) Jan 2019

Chart 9: Alcohol related road traffic accidents. Persons, age 17+, 2014-16

2.5.3 The rates for alcohol related unintentional injuries in Kent and Medway are similar to the England and regional rates (Chart 10).



Source - PHE, prepared by KPHO (MP) Jan 2019

Chart 10: Admission episodes for alcohol-related unintentional injuries conditions, Persons, all ages, 2016/17

### 3. Advice and analysis

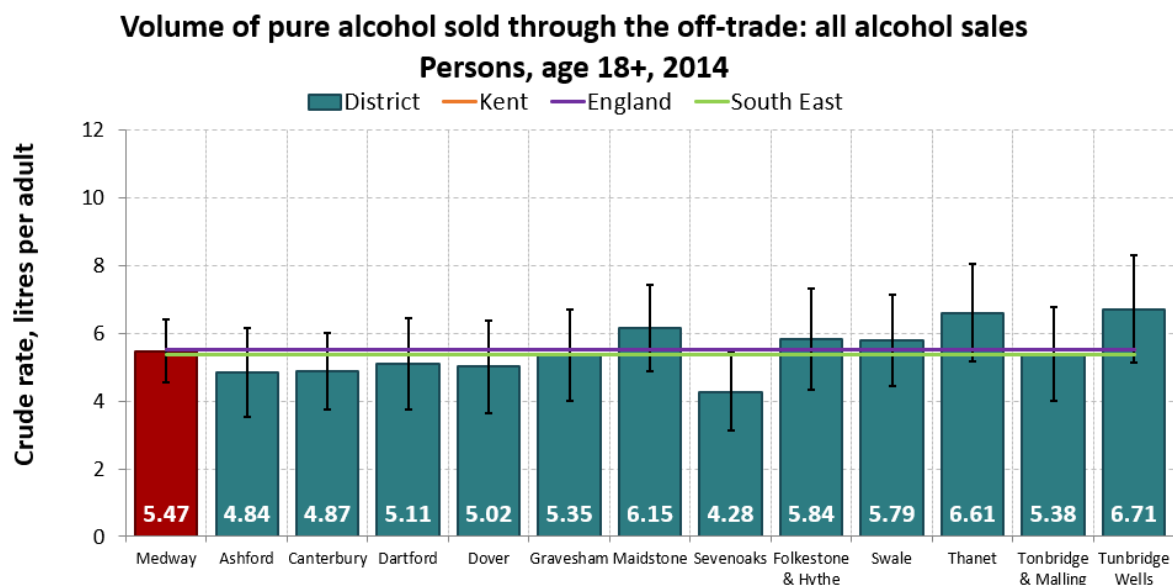
3.1 Four factors relevant to reducing alcohol consumption are considered in this section.

1. Availability
2. Normalisation and awareness
3. Social impact and crime reduction
4. Treatment provision

#### Factor 1: Availability

**Alcohol is affordable and accessible.**

3.2 In the UK, price of alcohol relative to income has fallen and continues to fall. This increases the accessibility for people from more deprived communities, thereby adding to other health inequalities. However, off sales are not significantly different from South East and England averages (Chart 11).



Source - PHE, prepared by KPHO (MP) Jan 2019

**Chart 11: Volume of pure alcohol sold through the off-trade: all alcohol sales. Persons age 18+, 2014**

3.3 Minimum Unit Pricing (MUP) is a recognised strategy to reduce the availability of cheap alcohol. The Royal Society for Public Health (RSPH) has called for an MUP in England, but although there is a MUP in Scotland and one expected in Wales, there are currently no plans for this to happen in England.

3.4 Community Alcohol Partnerships (CAP) are local voluntary schemes to limit cheap, high strength alcohol and have been used in Kent. These form a key strategic link between police and trading standards. They aim to change attitudes to drinking by informing, and advising young people on sensible drinking, supporting retailers to prevent sales of alcohol to underage drinkers, promoting responsible socialising and empowering local communities to tackle alcohol-related issues. A dedicated CAP coordinator has been appointed in Kent.

- 3.5 Medway have written and issued a Statement of Licensing Policy. Where an application is within a Cumulative Impact Policy (CIP) or Stress Area, conditions may be applied to restrict the sales of cheap, high strength alcohol.
- 3.6 Both Kent and Medway Trading Standards services carry test-purchasing operations where there are continuing problems of young people having access to alcohol. They also work proactively with businesses to prevent under-age sales.
- 3.7 Kent Police lead on enforcement, working on preventing, reducing and detecting crime and disorder. They have led work that targeted and specified operations to address identified issues in licensed premises, supporting Trading Standards with test purchasing operations and supporting other licensing initiatives.

**Factor 2: Normalisation and awareness**

**Identification and Brief Advice is delivered in a variety of ways and is the most common intervention to identify potential of alcohol harms with individuals**

- 3.8 Identification and Brief Advice (IBA) are used to bring about population and individual awareness of alcohol consumption harms; it is a quick, effective, cost effective and evidenced based intervention. Medway have trained frontline staff to deliver IBAs with the aim of increasing the availability of IBA beyond traditional substance misuse and healthy lifestyles services. In Kent, services are commissioned differently to Medway, and the One You Lifestyle Service (Kent Community Health Trust) is commissioned to deliver IBA's, alongside hospitals and primary care.
- 3.9 Alcohol IBAs are part of the NHS Health Check programme meaning GPs are trained to deliver IBA as part of this national programme to residents over the age of 40.
- 3.10 Online IBA, 'Know your Score' (Kent), 'Don't Bottle it Up' (Medway) and 'Lower My Drinking' (Medway) activity is set out in Appendix 3 along with screen shots for 'Know Your Score' and 'Lower My Drinking'.
- 3.11 Lower My Drinking, comprises of an online screening tool and a phone app to deliver Extended Identification and Brief Advice. This enables individuals to self-manage their alcohol reduction over a 4-week period.
- 3.12 In local schools, supported accommodation and youth clubs, the Medway young people's substance misuse service deliver groups offering: Substance misuse awareness; the law; harm prevention; making and accepting referrals. Medway Public Health have developed a PHSE resource that includes alcohol awareness; training and materials are made available to Medway Schools.
- 3.13 An Alcohol CQUIN (Commissioning for Quality and Innovation) indicator has been used in hospital settings and all hospitals in Kent are performing to the 10% year on year improvement for delivering on IBA.

- 3.14 In 2015, two pilot programmes were introduced to investigate how best to embed Alcohol Liaison Nurses in Kent Hospitals. In Maidstone Hospital there was an in-reach programme where nurses from West Kent Alcohol Treatment (CGL) linked with the hospitals and in East Kent a team of hospital Alcohol Nurses were embedded. During the pilot the referrals from hospital to treatment increased by 80%. Medway have also trialled hospital based Alcohol Nurses with limited success. Due to increased service pressures, the hospital liaison services are much reduced.
- 3.15 Protocols exist between mental health and substance misuse treatment services but there is still work to be done to embed these into practice. Anecdotal evidence suggests that those with co-occurring conditions still have difficulty accessing appropriate services.
- 3.16 'Men's Sheds' in both Kent and Medway is aimed at reducing social isolation and improving wellbeing and mental wellbeing among men who are out of work or retired. It is not primarily a diversionary activity away from alcohol although anecdotal evidence exists that it has helped healthy lifestyle changes including reducing alcohol consumption.

**Factor 3: Social Impact and Crime and Disorder**  
**Partnership and multi-agency projects are being established to reduce alcohol harms, social impact and crime and disorder.**

- 3.17 In Medway, outreach to the parks and play areas, youth clubs, Luton area and Gillingham has been undertaken with Youth Services; the substance of choice appeared to be mostly cannabis with only a small number using alcohol. In Medway, 65% (n=53/81) of young people who entered structured treatment services Q1-3 2018/19 reported alcohol use compared to 81% who used cannabis. None of those using alcohol were defined as high-risk alcohol users. Of those reporting alcohol use the mean average age of first use 12.5 years.
- 3.18 In Medway, the young people's substance misuse service are beginning to develop collaborative working practices with sexual health outreach in clubs that hold U18 events. Street Pastors are faith based groups and operate in several locations across Kent and Medway. Due to the voluntary nature of these groups there is likely to be differing levels of activity between areas. The Medway Street Pastors aim to patrol Rochester High Street between 10.30pm and 4am every Saturday night.
- 3.19 National Health Service England (NHSE) have recommissioned the Liaison and Diversion Service with KMPT, a remodeled service is due in April 2019. Historically, the service has focused on identifying those with mental health or learning disabilities who enter the criminal justice system. The remit has now been extended so that the service will support the delivery of the Drug Testing on Arrest scheme in custody suites.
- 3.20 The 'Through the gate project' delivered by Kent, Surrey, Sussex Community Rehabilitation Company (KSSCRC) with Ministry of Justice funding is being updated with additional funding, staff and refreshed anticipated outcomes. This work builds on the early engagement of people leaving custodial sentences which has already taken place between prison and community based treatment

providers. Currently, Kent services engage with 31% of those released from custody and Medway 57.3% (Appendix 1 PHOF 2.16).

- 3.21 The Blue Light Project in Medway supports those facing severe and multiple disadvantage (substance misuse, involvement in the criminal justice system and homelessness) by way of a multi-agency team. Agencies supporting the work include Police, treatment providers, Community Rehabilitation Company (CRC), housing providers, mental health support providers, homeless outreach services and charitable organisations.
- 3.22 The number of Alcohol Treatment Requirements (ATR) issued by the courts has reduced. Additional work is required by court staff / CRC to ensure that those suitable to receive an ATR are given one.
- 3.23 The new Kent Drug and Alcohol Strategy Action Plan will have actions to tackle the social impact of alcohol related harm. The Plan will be dynamic, developing as local action plans mature. Although in early stages of implementation, the Plan draws together and builds on current strategic local work across Kent. There are 6 proposed workstreams set out in Table 2.

<b>Workstream</b>	<b>Focus</b>
Commissioning quality outcomes for adults and children with treatment needs	Improving the quality and focus of treatment services and how they work together with NHS and other services.
Preventing children and young people's harms from substance misuse	Schools based work, local strategy on gang related harm, street based work (including local pastors and community wardens), training front line providers in tackling adverse childhood experiences and highlighting where children are vulnerable to alcohol related harm, the 'Licence to Kill' film which raises awareness of drink driving to young people will also be reflected here.
Promoting positive health outcomes for adults	Bring together peer support and mentoring programmes e.g. 'Kent Men's Sheds', places where men can support each other. This Workstream will utilise local assets.
Protecting the most vulnerable	Led by local community safety partnerships and link to homelessness grants, blue light principles and Housing First models. Also, partnership working with social services and safeguarding.
Kent County Wide Safety Partnership	Partnership working with Office of the Police Crime Commissioner. Domestic violence, street triage, trading standards and work with community wardens will be reflected here.
Sharing information and data, improving evidence and learning across partnerships	What works in reducing drug and alcohol deaths

**Table 2: Kent Drug and Alcohol Strategy Action Plan**

#### **Factor 4: Treatment Provision**

**High quality treatment services are available and effective when people access them.**

- 3.24 NICE Clinical Guideline CG115 recommends harmful and mildly dependent drinkers receive a treatment intervention lasting three months, those with moderate and severe dependence should receive treatment for a minimum of six months, while those with higher or complex needs may need longer in specialist treatment. Patients are being seen for initial assessments in an appropriate timescale.
- 3.25 As part of the NHS Long Term Plan<sup>11</sup> there is a pledge to introduce Alcohol Care Teams in those hospitals with the highest rate of alcohol dependence-related admissions. Hospital admissions in both Kent and Medway are lower than the England Average.
- 3.26 Treatment services are a specialist resource and historically models of care have been geared towards opiate addiction. More recently, there has been a trend of more holistic care for people who misuse alcohol which includes trauma informed care and mental health. Protocols are in place between treatment service providers and mental health services for individuals facing co-occurring conditions. However, some evidence exists that indicates these protocols are not as effective as intended, particularly at lower levels of complexity. Medway have commissioned an insights report into common mental health disorders and alcohol (plus other easy to obtain substances) to identify the level of need and the suitability of services. The report will be available in March 2019.
- 3.27 National Drug Treatment Monitoring System (NDTMS) data shows that both Kent and Medway treatment services achieve good completion of treatment rates (Table 3) and 37.5% of clients become abstinent in post treatment, which is above the expected range for both services<sup>27</sup>. Representations (based on low numbers and therefore subject to large % changes) are 9.6% for Kent and 3.3% for Medway.

	In treatment for Alcohol	Successful Completions	% successful completions
Kent	1464	583	39.8%
Medway	221	128	57.9%

Source NDTMS Q4 2017/18 DOMES report

**Table 3: Kent and Medway treatment rates**

- 3.28 A GP practice in Medway is piloting an intervention to meet the needs of patients identified as being at increasing risk of alcohol harm. The treatment service provider will be embedding a member of staff at the practice for 1 day per week to enable rapid and direct referral for alcohol treatment.

#### **Challenge**

- 3.29 Tackling alcohol consumption and associated harms is challenging. Alcohol is an accepted part of English culture and for some people provides an important way to socialise and relax. Alcohol sales and associated industries provide employment and revenue for Local Authority areas. However, there are a

significant group of people who will have social anxiety, depression, childhood trauma, adult traumas as well as a genetic predisposition to have little ability to control their drinking. Alcohol is a depressant and in high doses, a psychoactive substance and can lead some to impulsivity, aggression, violence, neglect and death. Long-term consequences of alcohol consumption in an older population can also take a physical toll and lead to early death.

3.30 It will be vital for Public Health, commissioners and providers to work closely with the local NHS, to support the NHS Long Term Plan commitments on reducing health inequality and alcohol related harm. Kent and Medway are unlikely to benefit from increased NHS funding for alcohol prevention. Aligning resources across acute NHS treatment, mental health services and Kent and Medway Public Health provides the greatest potential to maximise impact of existing resources. Work will take place across Kent and Medway Public Health to implement the NHS Long Term Plan pledge of streamlining transition from alcohol treatment to community recovery services alongside NHS services.

3.31 Tackling excess alcohol consumption and harms requires a cross agency and coordinated approach. Based on the Advice and Analysis it is recommended that the Kent and Medway Joint Health and Wellbeing Board consider the following priority areas:

- **Availability/ affordability of alcohol:** The effectiveness of Cumulative Impact Policies, Community Alcohol Partnerships and other interventions should be evaluated and best practice implemented. This should underpin attempts to influence the availability and affordability of alcohol.
- **Normalisation and awareness of alcohol harms:** IBA and access to Extended Brief Interventions should be promoted by all publicly funded services. Alcohol consumption is socially acceptable and normalised; additional campaigns are necessary to compete with historic norms and the amount spent by industry advertising.
- **Social Impact:** There is a strong role for community safety partnerships, trading standards, licensing and health. Efforts should be made to increase cross organisation working to recognise that crime, disorder and other alcohol related health harms all have a root cause.
- **Treatment:** Holistic care for the most vulnerable people. The majority of people with alcohol problems will be seen in primary care; GPs need support, training and multi-agency involvement to cope with the high demand. Some will be accessing mental health services and the co-occurring protocols should be reissued and their implementation monitored.



#### 4. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Alcohol consumption is not reduced	Alcohol Harms including Physical Health, Mental Health and Social Disorder will continue on the same trajectory unless people of Kent and Medway reduce the quantity of alcohol they consume.	<p>Collaborative working across the entire system to reduce availability of alcohol.</p> <p>Continue delivery of IBA (or similar) to promote behaviour change.</p> <p>Use Licensing Policy to reduce access to High Strength / Low cost alcohol.</p>	B2
Co-Occurring conditions not adequately supported	Those with the co-occurring conditions of substance misuse and mental health may not receive appropriate support or treatment.	<p>Policies are in place to address but an additional and constant push is necessary to ensure implementation by providers.</p> <p>Medway Needs Assessment likely to identify good practice and gaps in provision for those with Common Mental Health disorders and alcohol misuse.</p>	B2
Reduction in budget	Any further reduction in budget could limit provider's ability to meet the need.	<p>Services have recently been re-commissioned which will give a period of stability.</p> <p>Development and introduction of online services to enable 'self-managed care' for those at lower risk.</p>	C2

## **5. Legal implications**

- 5.1 The Kent and Medway Joint Health and Wellbeing Board has been established as an advisory joint sub-committee of the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board under Section 198(c) of the Health and Social Care Act 2012.
- 5.2 The Joint Board operates to encourage persons who arrange for the provision of any health or social care services in the area to work in an integrated manner and for the purpose of advising on the development of the Sustainability and Transformation Partnership Plans. In accordance with the terms of reference of the Kent and Medway Joint Health and Wellbeing Board, the Joint Board may consider and seek to influence the work of the STP focusing on prevention, local care and wellbeing across Kent and Medway.
- 5.3 The Joint Board is advisory and may make recommendations to the Kent and Medway Health and Wellbeing Boards.

## **6. Financial implications**

- 6.1 There are no financial implications arising directly from this report.

## **7. Recommendations**

- 7.1 The Kent and Medway Joint Health and Wellbeing Board is asked to consider the report and provide their support for:
  - 7.1.1 Promotion of collaborative working between organisations (including Public Health, Licensing, Police, Trading Standards, Planning and Regeneration) to limit availability and minimise the social impact of High Strength / Low Cost Alcohol.
  - 7.1.2 A call for the Co-Occurring (Dual Diagnosis) protocols between Substance Misuse Treatment Services, Mental Health Services and Primary Care to be updated, reissued and a mechanism be put in place to measure their use.

### **Lead officer contact**

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### **Appendices**

- Appendix 1 – Key PHOF Indicator data.
- Appendix 2 – The Estimated Pattern of Severity of Risky Drinking
- Appendix 3 – Identification and brief advice

## **Background papers**

### **The Government's Alcohol Strategy**

Available at:

<https://www.gov.uk/government/publications/alcohol-strategy>

### **UK Chief Medical Officers' Low Risk Drinking Guidelines**

Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/545937/UK\\_CMOs\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf)

### **Alcohol-use disorders: prevention**

Available at:

<https://www.nice.org.uk/guidance/ph24>

### **Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence**

Available at:

<https://www.nice.org.uk/guidance/cg115>

### **Drug misuse and dependence: UK guidelines on clinical management**

Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/673978/clinical\\_guidelines\\_2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf)

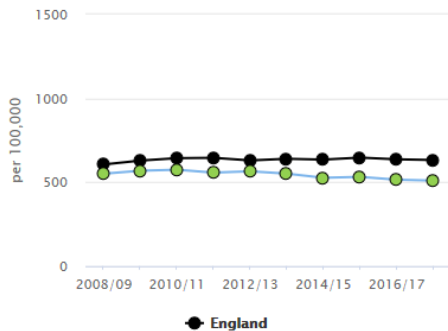
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## Appendix 1 – Key PHOF Indicator data

Data available at: <https://fingertips.phe.org.uk/>

### 2.18 - Admission episodes for alcohol-related conditions - narrow definition New data Kent Directly standardised rate - per 100,000

 Export chart as image [Show confidence intervals](#)




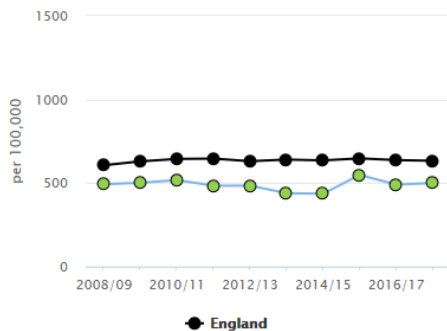
Recent trend: –

Period	Count	Value	Lower CI	Upper CI	South East	England
2008/09	7,554	551	538	563	493	606
2009/10	7,891	568	556	581	506	629
2010/11	8,077	574	562	587	518	643
2011/12	7,933	557	545	570	524	645
2012/13	8,134	565	553	578	513	630
2013/14	8,021	551	539	563	525	640
2014/15	7,771	526	515	538	519	635
2015/16	7,937	532	520	544	526	647
2016/17	7,785	515	504	527	525	636
2017/18	7,789	510	498	521	515	632

Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

### 2.18 - Admission episodes for alcohol-related conditions - narrow definition New data Medway Directly standardised rate - per 100,000

 Export chart as image [Show confidence intervals](#)




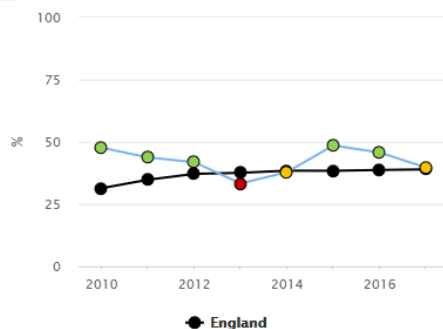
Recent trend: –

Period	Count	Value	Lower CI	Upper CI	South East	England
2008/09	1,180	492	464	522	493	606
2009/10	1,210	501	472	531	506	629
2010/11	1,264	517	488	547	518	643
2011/12	1,174	483	455	512	524	645
2012/13	1,189	484	456	512	513	630
2013/14	1,090	438	412	465	525	640
2014/15	1,080	435	409	462	519	635
2015/16	1,396	548	519	578	526	647
2016/17	1,249	490	463	518	525	636
2017/18	1,287	499	472	528	515	632

Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

### 2.15iii - Successful completion of alcohol treatment Kent Proportion - %

 Export chart as image [Show confidence intervals](#)



Recent trend: ↑

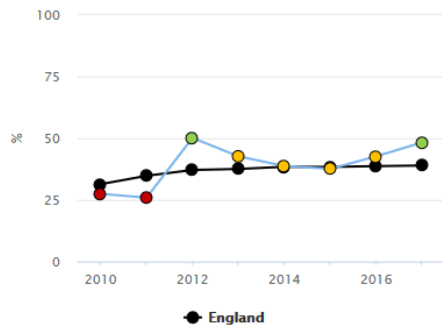
Period	Count	Value	Lower CI	Upper CI	South East	England
2010	710	47.6	45.1	50.2	34.3	31.4
2011	724	43.7	41.4	46.1	34.6	34.8
2012	664	41.8	39.4	44.3	36.5	37.1
2013	514	33.2	30.9	35.6	37.7	37.5
2014	678	37.8	35.6	40.1	36.2	38.4
2015	1,036	48.5	46.4	50.7	40.5	38.4
2016	770	45.7	43.3	48.1	40.2	38.7
2017	600	39.7	37.2	42.1	35.3	38.9

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the National Drug Treatment Monitoring System

2.15iii - Successful completion of alcohol treatment Medway

Proportion - %

Export chart as image Show confidence intervals



Recent trend: ↑

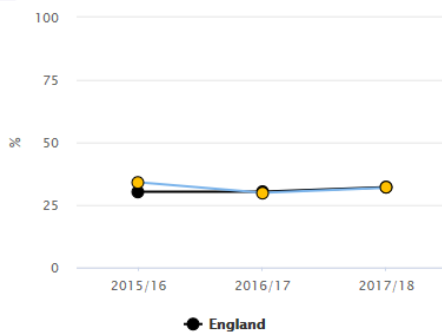
Period	Count	Value	Lower CI	Upper CI	South East	England
2010	157	27.4	24.0	31.2	34.3	31.4
2011	119	25.9	22.1	30.1	34.6	34.8
2012	203	50.1	45.3	55.0	36.5	37.1
2013	119	42.7	37.0	48.5	37.7	37.5
2014	122	38.7	33.5	44.2	36.2	38.4
2015	124	37.6	32.5	42.9	40.5	38.4
2016	134	42.7	37.3	48.2	40.2	38.7
2017	113	48.3	42.0	54.7	35.3	38.9

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the National Drug Treatment Monitoring System

2.16 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison Kent

Proportion - %

Export chart as image Show confidence intervals



Recent trend: -

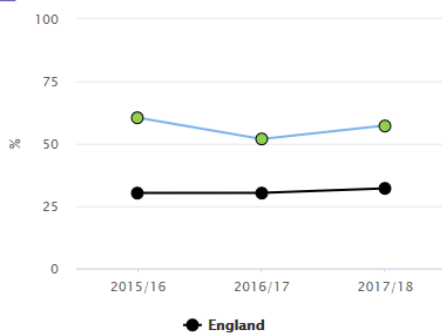
Period	Count	Value	Lower CI	Upper CI	South East	England
2015/16	171	34.1	30.1	38.3	29.4	30.3
2016/17	173	29.9	26.3	33.7	28.9	30.3
2017/18	166	31.9	28.0	36.0	32.1	32.1

Source: Calculated by Public Health England: Evidence Application Team using data from the National Drug Treatment Monitoring System (NDTMS).

2.16 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison Medway

Proportion - %

Export chart as image Show confidence intervals



Recent trend: -

Period	Count	Value	Lower CI	Upper CI	South East	England
2015/16	87	60.4	52.3	68.0	29.4	30.3
2016/17	83	51.9	44.2	59.5	28.9	30.3
2017/18	51	57.3	46.9	67.1	32.1	32.1

Source: Calculated by Public Health England: Evidence Application Team using data from the National Drug Treatment Monitoring System (NDTMS).

## Appendix 2

### The Estimated Pattern of Severity of Risky Drinking in Kent and Medway.

Medway Numbers	Kent Numbers	Type of Drinking	Rates %	Description of likely Harms	Alcohol Units consumed	Treatment (NICE guidance)
160724	898399	Lower Risk	75% of 18 + population	showing little or no harms from alcohol	under 14 per week	Awareness
36797	205686	Increasing Risk	17.4 % of 18+ population	Risk of falls, violence, obesity, hypertension, depression, CVD	14 to 30 units per week	Awareness and IBA, Lifestyle advice
12689	70926	Higher Risk	6% of 18+ population	Liver disease, gastric problems, mental illness, stroke.	30 to 50 units per week	Awareness, IBA, health check, IAPT, wellbeing services.
23262	130031	Moderate Dependence	11% of 18+ population (cohort of Higher risk)	Finding it hard to cut down, impact on family and loved ones, depression, violence.	30 +per week	Awareness, Self help groups, IBA, well being services, IAPT, specialist advice, recovery groups
8459	47284	Severe Dependence	4%	Anorexia, Depression, Dependence Syndrome, withdrawals, nausea, shaking, suicidal ideation, self harm, liver failure.	30+	IBA, Referral to specialist, Case Management, Support, Peer support, counselling, psychiatric monitoring, medication monitoring, lifestyle support, rehabilitation, range of recovery services.
2115	11821	Severe Dependence & Complex	1%-.5%	Homelessness, mental illness, drug, falls & injury, anorexia, cancer, suicide, liver disease, gastric, COPD, violence, pancreatic disease, injury, stroke.	30+	As above also social care support and assessment & Housing needs.

Source: Household Survey for England applied to Kent and Medway populations & Adult Psychiatric Morbidity Survey 2014 applied to Kent and Medway.

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## Appendix 3

### Identification and Brief Advice

Kent			
	Visits to Know your Score website	Know Your Score Completions	Comments
2017	56,493	22,165	97% of people starting test completed it.
2018	42,960	19,900	
Medway			
	Don't Bottle it up Site visits	Don't Bottle it up Completions	Comments
2015/16	6466	1160	
2016/17	3514	1540	
2017/18	4321	1974	
2018/19 (part yr.)	3051	1218	DBIU contract ended Nov 2018
	Lower My Drinking Site Visits	Lower My Drinking Completions	
Since Dec 2018/19	156	145	LMD website went live Dec 2018

Online IBA, Know your Score (Kent), Don't Bottle it up and Lower My Drinking (Medway) activity

### Screen shots of Know Your Score (Kent)



There are an estimated 272,000 people in Kent who are at high risk of alcohol-related problems.

Many people don't know how much they drink and how it might be affecting their health, work and relationships. Do you? Take the quiz below to discover your score and find ways to cut down.

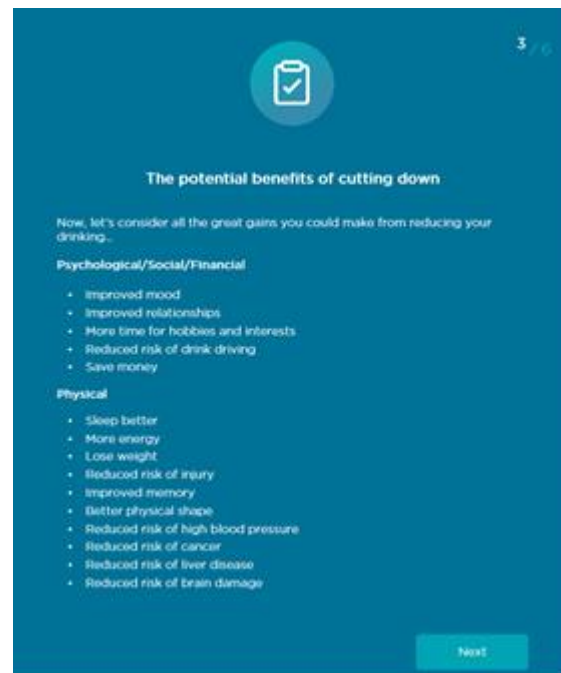
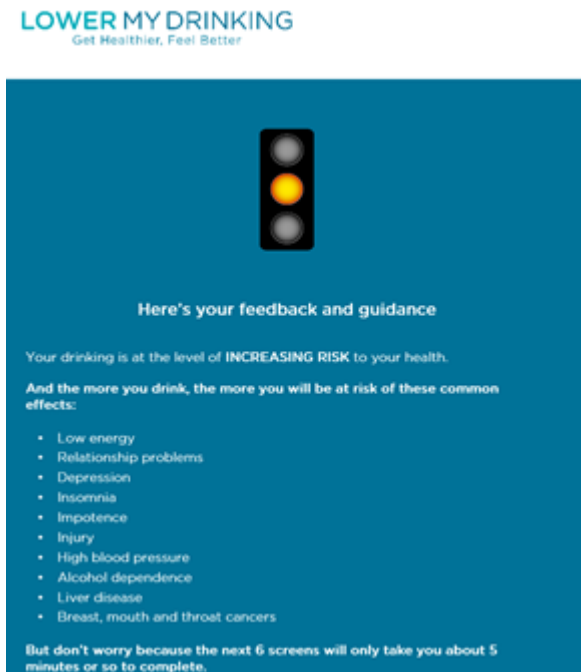
### Your results

You have a low risk of alcohol-related problems



Advice on how to cut down on your drinking.

## Screen shots from 'Lower My Drinking' (Medway)



<sup>1</sup>[https://www.thelancet.com/article/S0140-6736\(18\)31310-2/fulltext](https://www.thelancet.com/article/S0140-6736(18)31310-2/fulltext)

<sup>2</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/98026/drug-strategy-2010.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/98026/drug-strategy-2010.pdf)

<sup>3</sup><https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

<sup>4</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/224075/alcohol-strategy.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf)

<sup>5</sup> <https://democracy.kent.gov.uk/documents/s77730/B7%20-%20Appendix%203%20-%20Kent%20Alcohol%20and%20Drug%20Strategy%20Final.pdf>

<sup>6</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/509831/6.1770\\_Modern\\_Crime\\_Prevention\\_Strategy\\_final\\_WEB\\_version.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/509831/6.1770_Modern_Crime_Prevention_Strategy_final_WEB_version.pdf)

<sup>7</sup> <http://www.legislation.gov.uk/ukpga/2017/3/contents/enacted>

<sup>8</sup> <http://kentandmedway.nhs.uk/wp-content/uploads/2017/03/20161021-Kent-and-Medway-STP-draft-as-submitted-ii.pdf>

<sup>9</sup> [https://www.kent-pcc.gov.uk/getmedia/74246ee9-38f0-4d1e-9b27-d8a9075bd708/Safer-in-Kent-2018\\_final.pdf](https://www.kent-pcc.gov.uk/getmedia/74246ee9-38f0-4d1e-9b27-d8a9075bd708/Safer-in-Kent-2018_final.pdf)

<sup>10</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/698009/serious-violence-strategy.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf)

<sup>11</sup> <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

<sup>12</sup> National Institute for Health and Care Excellence (2016) Quality and Productivity case study. Available from: <https://www.nice.org.uk/savingsandproductivityandlocalpracticeresource?id=2603>

<sup>13</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/157763/ia-minimum-unit-pricing.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/157763/ia-minimum-unit-pricing.pdf)

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- <sup>14</sup> <https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019>
- <sup>15</sup> <https://www.drinkaware.co.uk/alcohol-facts/alcoholic-drinks-units/what-is-an-alcohol-unit/>
- <sup>16</sup> <http://healthsurvey.hscic.gov.uk/data-visualisation/data-visualisation/explore-the-trends/alcohol.aspx>
- <sup>17</sup> <https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/our-invisible-addicts-2nd-edition-cr211-mar-2018>
- <sup>18</sup> [https://www.kpho.org.uk/\\_data/assets/pdf\\_file/0011/58835/Mind-the-Gap-Analytical-Report-D2.pdf](https://www.kpho.org.uk/_data/assets/pdf_file/0011/58835/Mind-the-Gap-Analytical-Report-D2.pdf)
- <sup>19</sup> <https://www.ons.gov.uk/releases/adultdrinkinghabitsingreatbritain2017>
- <sup>20</sup> [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361129/pdf/hesr\\_00345.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1361129/pdf/hesr_00345.pdf)
- <sup>21</sup> <https://www.ncbi.nlm.nih.gov/pubmed/14519608>
- <sup>22</sup> <http://www.dualdiagnosis.co.uk/uploads/documents/originals/5%20yr%20report%20-%20National%20Confidential%20Inquiry%20into%20Suicide%202001.pdf>
- <sup>23</sup> Suicide in Primary Care in England: 2002-2011. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.  
DOI - 10.13140/RG.2.1.3106.3121
- <sup>24</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2017>
- <sup>25</sup> <http://www.mjmsr.net/article.asp?issn=0975-9727;year=2013;volume=4;issue=2;spage=68;epage=73;aulast=Chandini>
- <sup>26</sup> <https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack>
- <sup>27</sup> <https://www.ndtms.net/>