

Kent Alcohol Strategy: Local implementation

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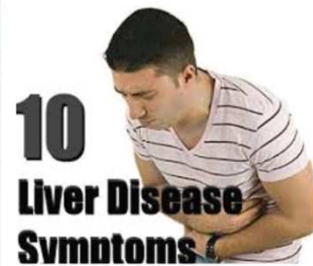


Most people drink sensibly



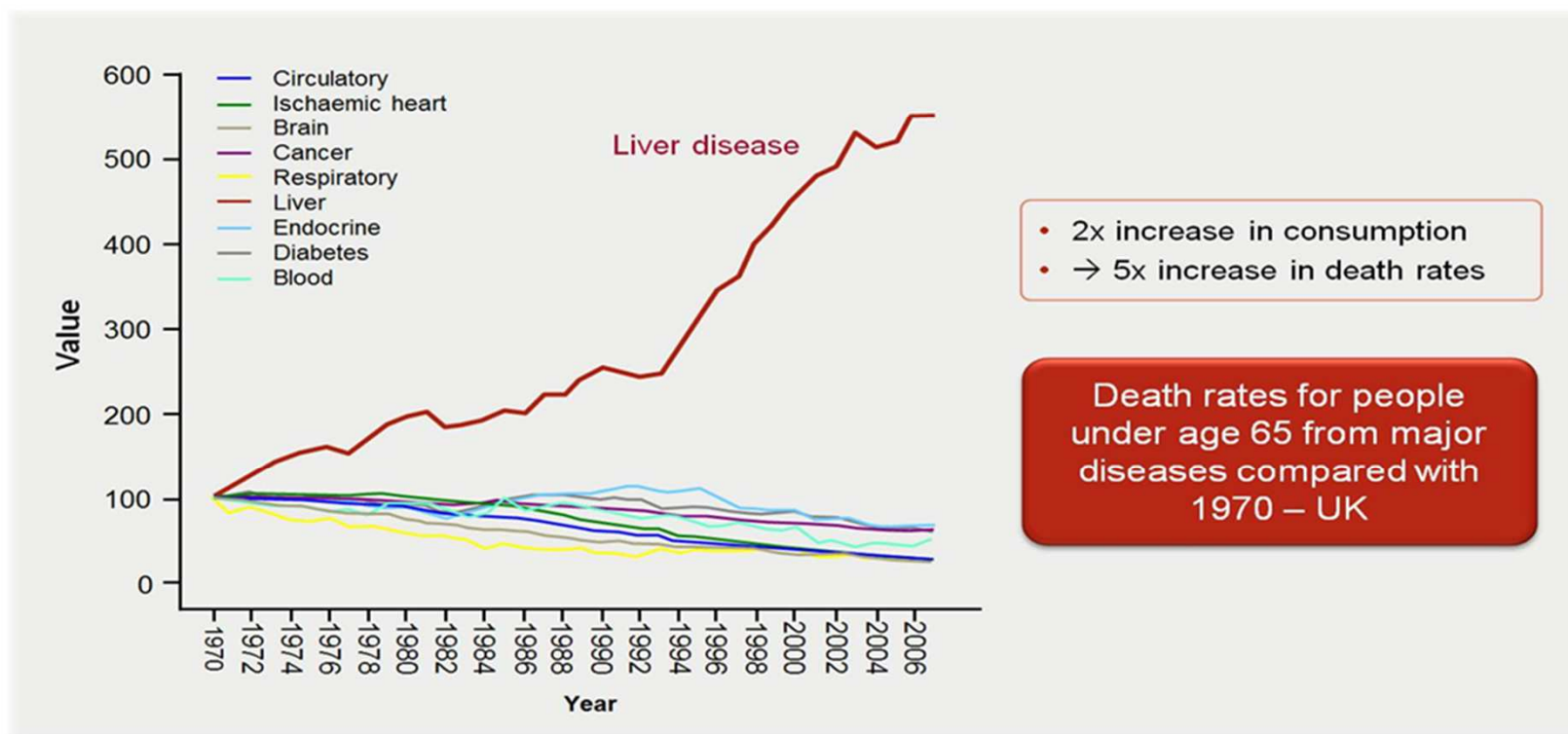
- There were 8,790 alcohol related deaths in 2010; the equivalent to a jumbo jet crashing every 17 days

- Alcohol accounts for 80% of deaths from liver disease

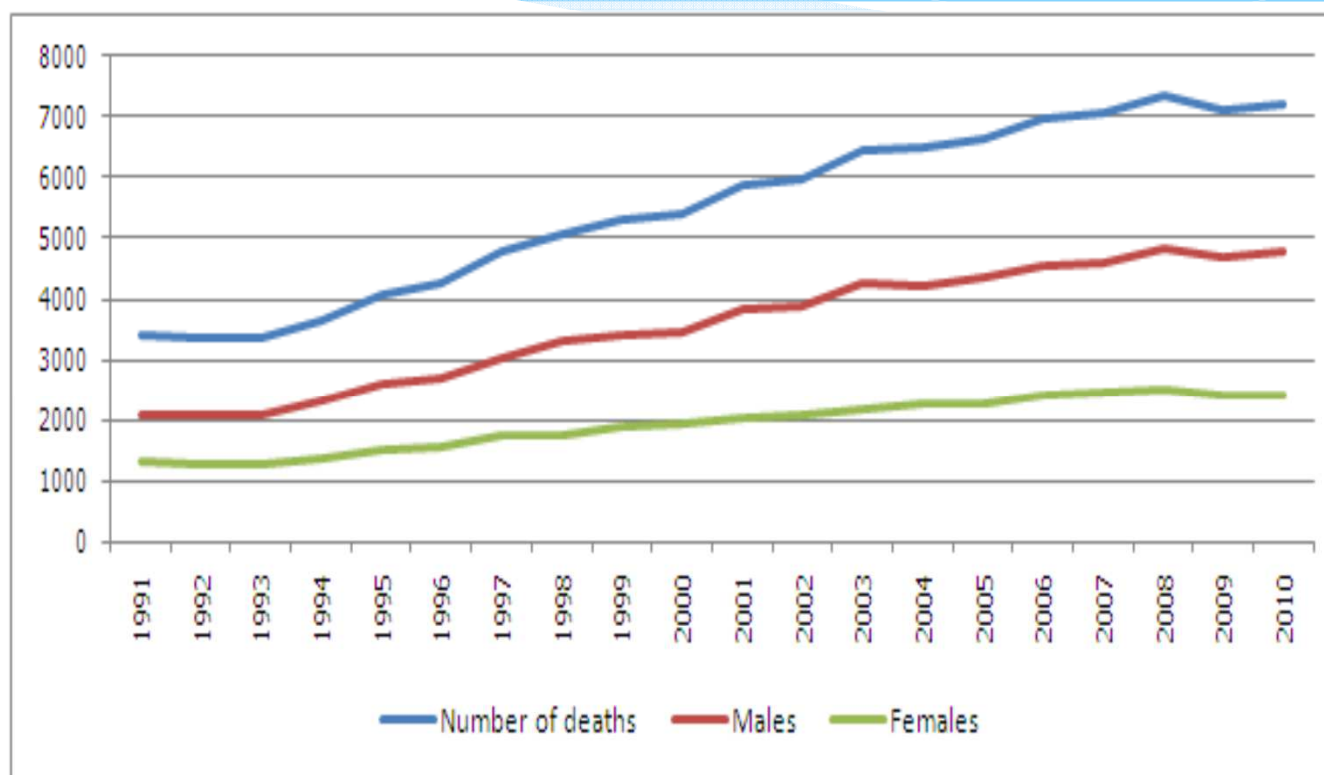


- Alcohol is the second biggest risk factor for cancer after smoking

The relentless rise of liver deaths in the UK!



Alcohol related deaths in England and Wales*



*Constructed from Alcohol Related Deaths in England and Wales, 1991 –2010 (ONS)

Impacts



Alcohol Related Crime



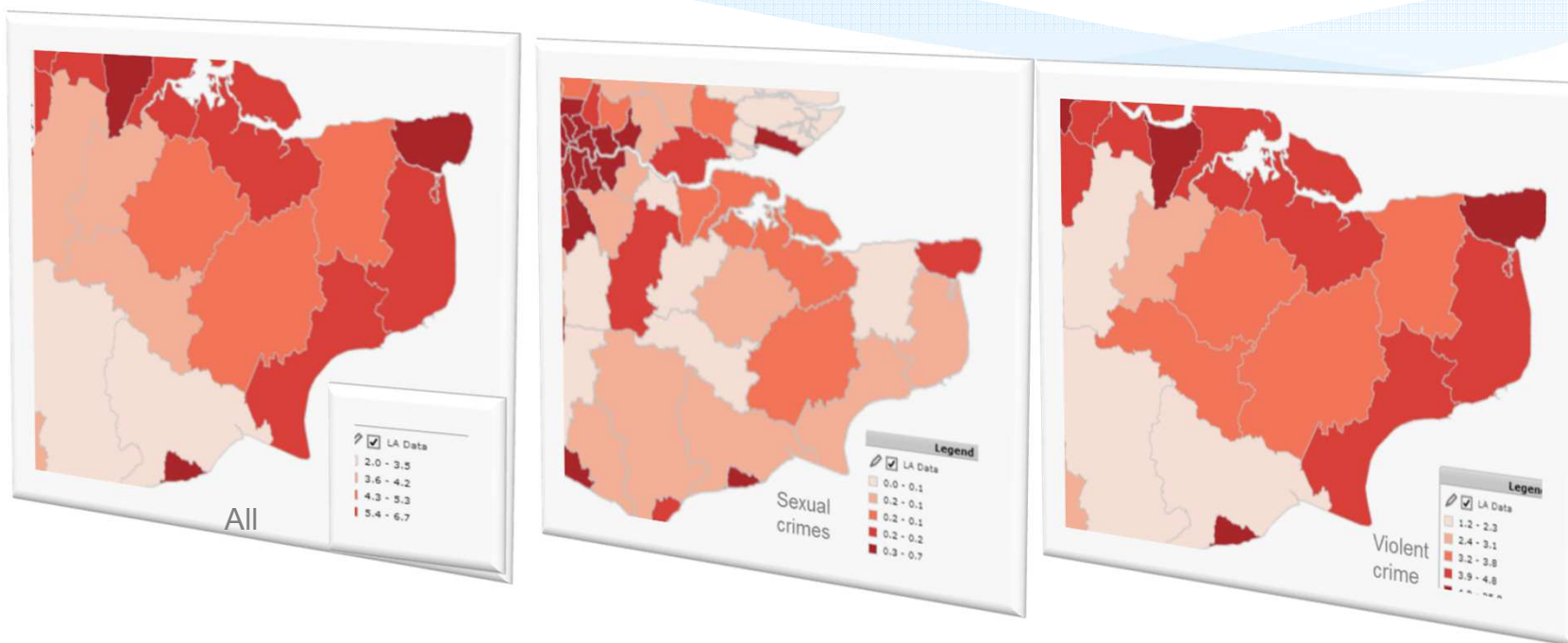
- * **47% of violent incidents** – offenders believed to be under influence
(n= 917,000, 2011/12) = **3% rise** on 2010/11¹
- * Is related to a lot of crimes including many **assaults, murder and rape cases**
(between 50 and 80%)²
- * **Pre-loaders** are **2.5** times more likely to be involved in **violence³**
- * Nearly **half of domestic violence⁵**
- * **25-33%** of known **child abuse** involves alcohol⁶

1 Crime statistics England & Wales

2 Interventions & Substance Misuse Group: National Offender Management Service, Alcohol Concern, and MP Consultancy (2008)

3 John Moores univ. 4 Drink aware 2010 5 *Safe, Sensible, Social*, (2007); 6 Swept under the carpet: children affected by parental alcohol misuse Report, 2010

Alcohol Related Crime in Kent



Crime - Alcohol-related recorded crimes: Persons, all ages, crude rate per 1000 population - 2012/13

Cost to Public Purse

- * £7.20
- * £120
- * 3.5 billion
- * 21 billion
- * Cost to families per week (2010¹)
- * Per taxpayer PA (2013²)
- * NHS costs PA (2013³)
- * 21 billion PA (2012⁴)

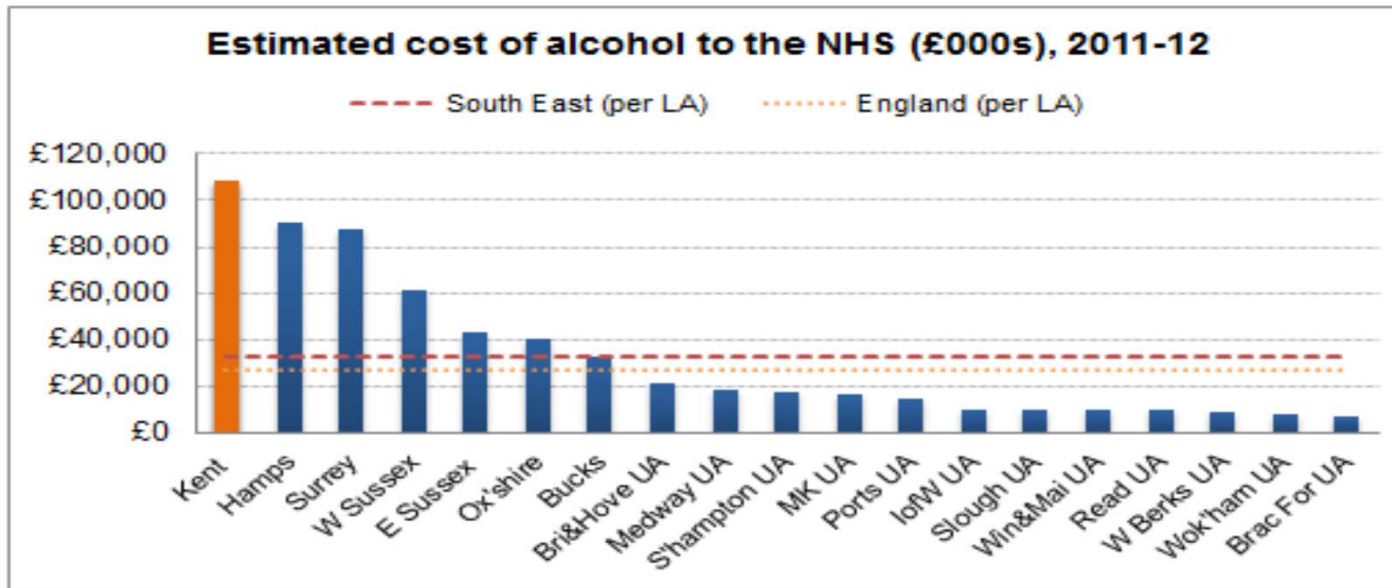


¹ INS.org; ^{2,3} PH Responsibility deal; ⁴ Govt. Alcohol Strategy

LA Costs and comparisons

Estimated cost of alcohol (£000s),
2011-12

£108,552



Data extracted from Alcohol Impact Model NHIS Ltd (2013) developed with support from Lundbeck Ltd

Kent – Public Health: JSNA Alcohol Key issues

- Kent currently provides approximately **3% of the recommended IBA** treatment capacity for increasing risk and higher risk drinkers and demand is likely to increase
- Alcohol IBA and referral to treatment services is **not routinely undertaken** by all health care professionals as part of the diagnosis and referral process
- Especially relevant for cancer, gastro and CVD services (notably hypertension and stroke), where alcohol misuse can predispose to and exacerbate the condition - **links with urgent care** commissioning
- **Dual diagnosis** services currently **under-resourced** for the level of need



Table 1: Increased risks of ill-health to people drinking at increased risk levels

Condition	Men (increased risk)	Women (increased risk)
Hypertension (high blood pressure)	Four times	Double
Stroke	Double	Four times
Coronary heart disease (CHD)	1.7 times	1.3 times
Pancreatitis (inflammation of the pancreas)	Triple	Double
Liver disease	13 times	13 times

Source: Anderson P. (2007) The scale of alcohol-related harm. (Unpublished) Department of Health.

How many people are affected in Kent?

Resident population, Mid-2011 1,466,500

Adult population (16+) 1,182,961

Drinking population (16+):

- high risk drinkers	68,566
- increasing risk drinkers	204,410
- lower risk drinkers	737,794
- abstainers	172,191

Estimated cost of alcohol (£000s), 2011-12 £108,552

Costs attributed to:

- high risk drinkers	£22,086
- increasing risk drinkers	£65,842
- lower risk drinkers	£20,625

* Increasing Risk 204k

* High Risk 68k

* £108 million total NHS impact of alcohol

Alcohol Units

* A unit is 8g (or approximately 10ml)

* Women 2-3 units per day

* Men 3-4 units per day

(Regular = every or most days)

The screenshot shows an 'Alcohol unit calculator' interface with the following fields and values:

	Size	Amount	Strength
Beer or cider	Pint (568ml)	0	5% average
Wine or champagne	Std glass (175ml)	2	12% average
Spirits or shots	Single (25ml)	0	40% average
Alcopop	Sm bottle (275ml)	0	5% average

At the bottom, there is a 'Clear' button, a 'Total units' label, and a value of '4.2'.

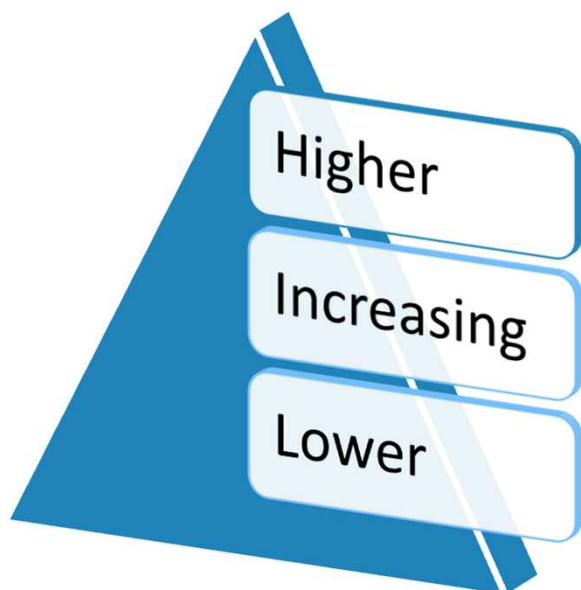
NHS Choices

* Formula

$\text{volume} / 1000 \times \% (\text{strength})$

83% of people who regularly drink above the guidelines don't think their drinking is putting their long-term health at risk

Harm triangle - risk



Alcohol harms in 3 ways:

1. acute intoxicating effects, occurring after a binge
2. chronic toxic effects, following prolonged periods of drinking at harmful levels
3. predisposition for addiction leading to physical and psychological dependency

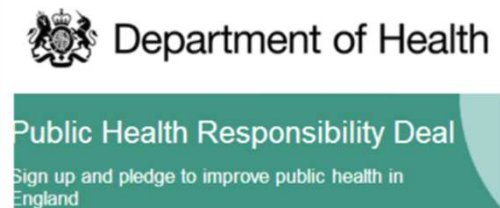
National Strategy

- * Behaviour / culture change – it's not ok to drink in ways that harm to ourselves and others
- * Reduce the numbers of:
 - * adults drinking above the lower-risk guidelines
 - * amount of alcohol-fuelled violent crime
 - * number of people binge drinking
 - * alcohol-related deaths
 - * those aged 11- 15 years drinking alcohol and a reduction in the amount they drink



National Strategy [2]

- * The strategy includes commitments to:
 - * consult on a minimum unit price for alcohol
 - * consult on a ban on the sale of multi-buy alcohol discounting
 - * introduce stronger powers for local areas to control the density of licensed premises including making the impact on health a consideration



What's missing?

Missing a large proportion of the audience?



Maybe not who you thought...

...High functioning /
binge drinkers



You and me?



Kent Alcohol Strategy 2014-16*

Six Pledges (+ seven High Impact steps)

1. Improve prevention and identification
2. Improve quality of treatment
3. Coordinate enforcement and responsibility
4. **Local action** ↔
5. Target vulnerable groups and Health Inequalities
6. Protect Children and Young People

HWBs

Local Task / Finish groups needed

*Available at KMPHO



High Impact Changes - DH 2009*

- * **Work in partnership**
- * Develop activities to control the impact of alcohol misuse in the community
- * Influence change through advocacy
- * **Improve the effectiveness and capacity of specialist treatment**
- * Appoint an alcohol health worker
- * **Provide more help to encourage people to drink less through identification and brief advice**
- * Amplify national social marketing priorities

Screening and brief advice have been shown to save £58,000 per 1,000 people screened in doctors surgeries

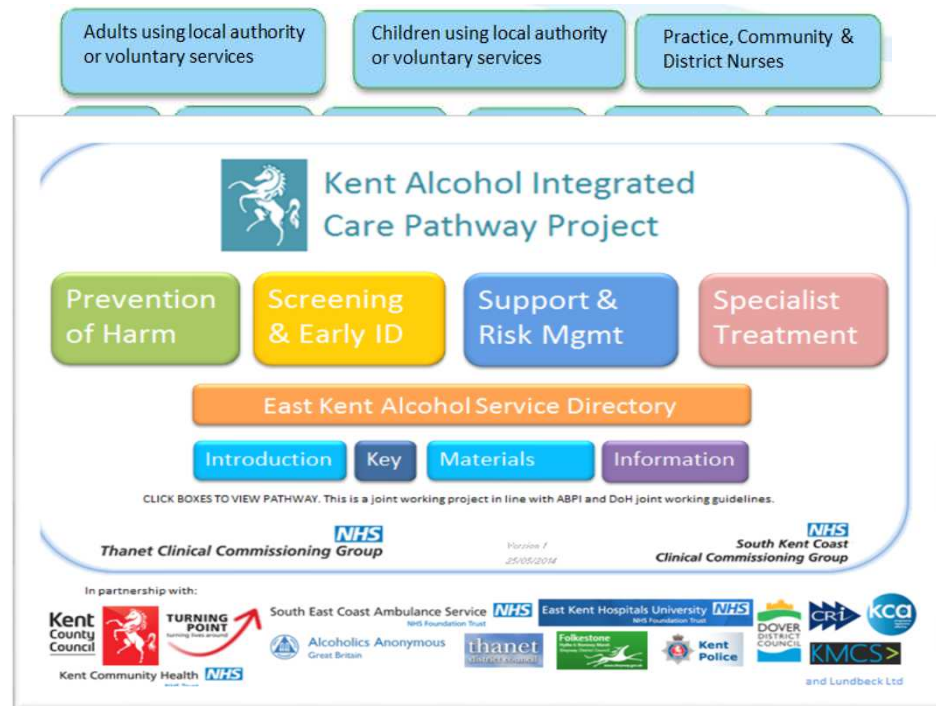
*Available at: <http://www.alcohollearningcentre.org.uk/Topics/Browse/HIC/>



Kent Alcohol Strategy Pledges

* Pledge 1 Improve prevention and identification

- IBA 10% of population
- Workforce training
- AE pilots
- GP/Pharmacy IBA LES
- Scratch cards
- Targeted population messages



Kent Alcohol Strategy Pledges

Pledge 2 Improve quality of treatment

- * Increase numbers of people coming through to specialist treatment services

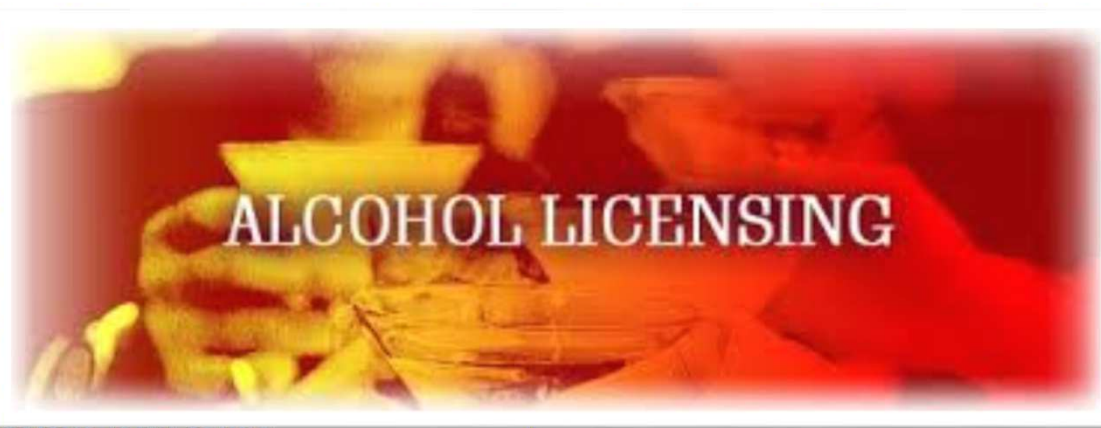
AE QEQM pilot:

Period	Number of referrals	Source
2012/13	9	(6 x hospital wards, 3 x A&E)
1 st April 2014 – 31 st July 2014 (<i>4 months</i>)	60	QEQM

Kent Alcohol Strategy Pledges

* Pledge 3 Coordinate enforcement and responsibility

K
1.
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'Working with CAP has helped partners to engage with the licensing trade to greatly reduce the sale of alcohol to young people.'

CHIEF
SUPERINTENDANT IVAN
WOOD
DURHAM
CONSTABULARY

Headcorn, Marden and Staplehurst
Gravesend
Snodland
Swanscombe
Cheriton
Dartford

improved public perception

Consider:

- increasing local business/ organisations signed up to PHRD
- Increase Conditional Cautioning and Penalty Notices re ABI referrals

Develop a Local Alcohol Action Plan

* Pledge 4 Local action

Nominate lead member

Who should this be?

Set up Task /Finish Group*

Small group to implement /coordinate the local alcohol action plan –

One person per strategy pledge?

Use local data

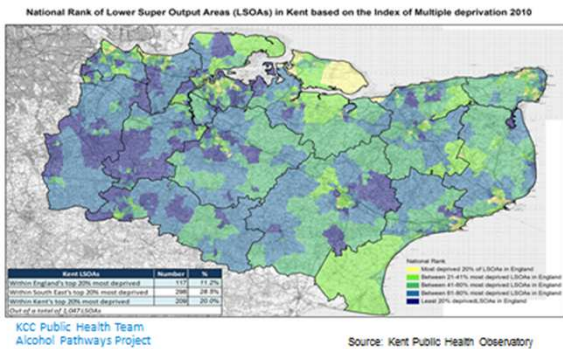
Admission/AE
Crime
PH population profiles
LAPE
Substance Misuse
Needs Assessment



* Needs to be wider than Community Safety Partnerships

Kent Alcohol Strategy Pledges

* Pledge 5 Target vulnerable groups and Health Inequalities



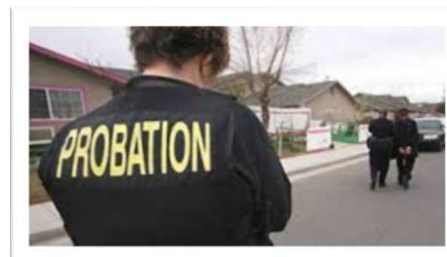
Kent Alcohol Strategy Pledges

* Pledge 6 Protect Children and Young People

University of Kent
Kent Drug and Alcohol Action Team
young persons' services

The Riskit Programme:

A multi-component programme for adolescent risk behaviour reduction



Summary

TF group

- 6-8 people (pledges); link to existing groups etc.
- Localise Kent Alcohol Strategy
- Create alcohol action plan

Local Lead

- Co-ordinate information
- Liaise with / get support from Public Health (Linda Smith)
- Localised alcohol data portfolio

Report

- Local HWB
- *(Kent Drug and Alcohol Board: facilitate & monitor)*



Summary of LAPE profile Indicators, 2013 (Source: NWPFO, KMPHO)

	Best locally
	Better performance than regional average
	Worse performance than regional average
	Worst locally

Indicators	Ashford	Canterbury	Dartford	Dover	Gravesham	Maidstone	Sevenoaks	Shepway	Swale	Thanet	Tonbridge and Malling	Tunbridge Wells	South East region
Months of life lost - males	6.66	10.24	10.05	13.22	10.37	8.18	8.50	11.79	10.32	13.64	8.29	7.22	9.89
Months of life lost - females	4.07	4.19	4.61	4.29	4.97	4.80	3.86	5.14	5.58	5.85	4.35	4.19	4.72
Alcohol-specific mortality - males	4.56	11.60	7.45	15.57	11.95	9.89	7.25	14.72	10.40	16.70	5.06	6.27	11.78
Alcohol-specific mortality - females	3.24	6.81	2.12	3.59	5.60	6.39	4.13	7.15	5.57	6.72	2.68	4.07	5.35
Mortality from chronic liver disease - males	5.98	10.45	9.82	20.12	19.24	9.75	8.35	17.58	13.10	22.78	9.35	5.53	12.94
Mortality from chronic liver disease - females	5.64	6.75	5.01	4.41	7.70	7.65	5.46	9.62	8.09	10.51	4.95	4.66	6.92
Alcohol-related mortality - males	46.87	62.39	56.71	75.45	59.20	50.95	61.16	66.28	70.16	65.57	59.87	46.35	58.49
Alcohol-related mortality - females	22.97	24.08	21.67	24.28	23.27	32.41	29.61	31.09	30.52	32.19	21.04	19.95	25.95
Alcohol-specific hospital admission - under 18s	22.79	57.76	17.76	47.66	35.28	25.73	28.64	35.06	24.68	58.26	40.87	37.44	37.30
Alcohol-specific hospital admission - males	240.07	445.32	327.99	385.39	372.17	370.90	240.78	341.59	301.51	543.92	337.96	356.64	375.53
Alcohol-specific hospital admission - females	115.82	254.23	172.25	176.01	160.39	151.53	143.71	182.25	166.44	256.45	132.04	216.57	188.37
Alcohol-related hospital admission (Broad) - males	1241.43	1554.39	1470.78	1448.52	1528.54	1399.31	1228.20	1389.60	1509.85	1711.28	1290.45	1241.49	1409.59
Alcohol-related hospital admission (Broad) - females	633.84	817.78	776.45	693.90	724.37	628.51	609.36	773.41	746.81	819.76	598.74	664.22	705.48
Alcohol-related hospital admission (Narrow) - males	446.65	617.96	495.20	574.47	550.98	500.75	442.61	555.08	517.19	693.52	457.00	489.03	495.95
Alcohol-related hospital admission (Narrow) - females	244.99	385.60	306.46	283.27	270.11	247.74	245.63	314.24	262.43	350.43	235.85	254.90	267.25
Admission episodes for alcohol-related conditions (Broad)	1515.63	1815.39	1853.15	1614.75	1878.54	1469.74	1371.05	1759.81	1713.29	1851.48	1359.91	1406.06	1615.65
Admission episodes for alcohol-related conditions (Narrow)	583.28	679.45	640.43	558.39	644.83	468.65	473.49	715.30	501.91	651.88	440.80	469.72	513.12
Alcohol-related recorded crimes	4.99	4.97	6.42	5.67	7.39	4.96	3.80	5.70	5.65	8.10	3.66	4.09	4.90
Alcohol-related violent crimes	3.57	3.67	4.46	4.47	5.31	3.73	2.07	4.47	4.14	6.02	2.51	3.14	3.60
Alcohol-related sexual offences	0.12	0.08	0.08	0.10	0.12	0.09	0.15	0.10	0.11	0.14	0.08	0.08	0.11
Abstainers synthetic estimate	14.17	14.99	16.15	14.19	17.42	13.37	13.32	15.20	14.32	15.76	13.15	13.44	14.73
Lower Risk drinking (% of drinkers only) synthetic estimate	72.78	71.88	73.23	73.56	73.75	72.36	72.69	73.98	73.70	73.97	72.82	71.78	72.71
Increasing Risk drinking (% of drinkers only) synthetic estimate	20.40	20.56	20.05	19.85	19.72	20.86	20.85	19.44	19.66	19.09	20.69	21.25	20.54
Higher Risk drinking (% of drinkers only) synthetic estimate	6.83	7.57	6.72	6.59	6.53	6.79	6.46	6.58	6.63	6.94	6.50	6.97	6.75
Binge drinking (synthetic estimate)	16.80	18.30	17.70	17.00	14.90	17.80	17.10	16.60	16.50	15.20	16.90	17.70	18.10
Employees in bars - % of all employees	1.48	1.74	0.91	2.27	2.27	1.58	2.09	1.53	1.53	2.16	1.30	1.41	1.59

Questions



Thank you for your attention