



Too much?

Time to think about your drink?



2014 Annual Public Health Report for Kent

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Acknowledgements

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Pint of strong beer or cider = 3 units



250ml glass of wine = 3 units



25ml shot of spirit = 1 unit

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Alcopop = 1.5 units



175ml glass of wine = 2 units



Bottle of beer = 1.5 units

The 2014 Annual Public Health Report Executive Summary

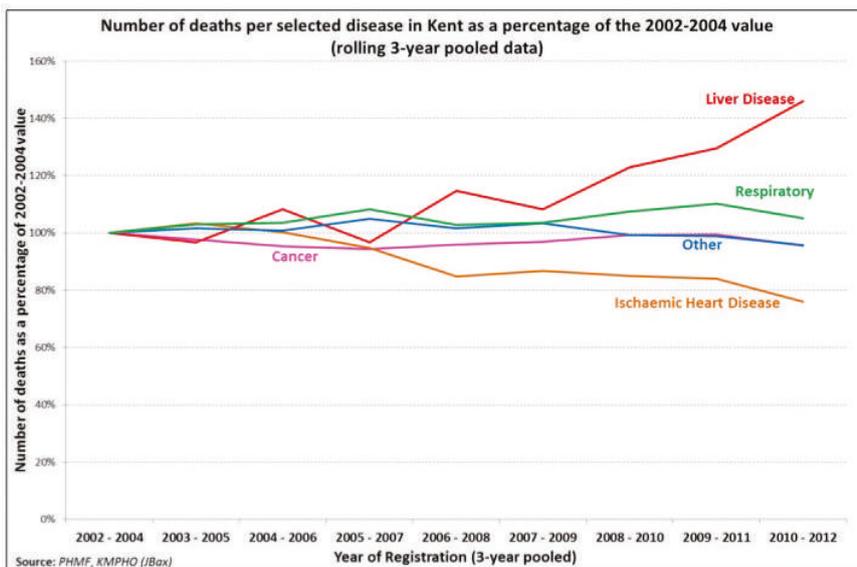


Figure 1 Number of deaths in Kent as a percentage of the 2002 value. Source KMPHO 2014

The 2014 Annual Public Health Report is dedicated to raising awareness of the dangers of alcohol. While death rates from most diseases are decreasing, liver disease is on the rise in Kent. The number of people in Kent dying from liver disease has risen by 43% since 2002.

I am dedicating my annual report to raise the profile of problem drinking and to ask everyone to think about how much and how often they drink.

Our overall ambition is to reduce the number of alcohol related deaths by 10% by the end of 2018. This equates to approximately 70 lives being saved.



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Take a minute to stop and think about your drink

- If you are a man do you regularly drink more than 3 or 4 units a day?
- If you are a woman do you regularly drink more than 2 or 3 units a day?

In Kent we are joining up all the relevant services to ensure that everyone is aware of the problem, and they know how to get people the right treatment as quickly as possible. We have made a number of pledges including;

Improving prevention and identification

We aim to screen 9% of the Kent population by 2016 with Identification and Brief Advice

Improve the quality of treatment

We will increase the number of people successfully completing alcohol treatment

Coordinate enforcement and responsibility

12 alcohol related police operations will be completed per year

Tailor the plan to local communities

Each local authority area will be assisted to produce a local alcohol action plan.

Target vulnerable groups and tackle health inequalities

We will work with partners to target support at vulnerable people

Protect children and young people

We aim to reduce alcohol related hospital admissions for under 18 year olds.

Our overall ambition is to reduce the number of alcohol related deaths by 10% by the end of 2018.

If you or a loved one are drinking too much – get help, there are people who can help you. If you live in East Kent and want to get in touch with Turning Point please call 0300 123 1186. If you live in West Kent and want to get in touch with CRI please call 08442 250 652. If you are concerned about a young person (between 10-17) drinking too much call KCA on 01227 456744.



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1. Introduction

Welcome to my first Annual Public Health Report as interim Director of Public Health for Kent. This report is my personal walk through the main issues and challenges that the Kent public face in tackling alcohol misuse.



**Andrew Scott-Clark
(Interim Director of
Public Health)**

I want to highlight some main concerns, some of the great developments and discuss areas where we can go much further in the next few years. My aim is to reduce the increasing numbers of deaths related to alcohol in Kent and make Kent a safer and more sociable place to live and work. Alcohol is one of the biggest threats to our health and wellbeing, and yet many people aren't aware of how much they drink or what damage it could be doing to their body.

New research has shown that the numbers of people dying prematurely in Kent from liver disease has risen by 43% since 2002. Changes in lifestyle and advances in treatment mean that death rates from most diseases are decreasing, liver disease is on the rise in Kent.

This is why I am dedicating my annual report to raise the profile of problem drinking and to ask everyone to think about how much and how often they drink.

'Problem drinking' can conjure up a number of images. You may picture a street drinker on a park bench. You may picture a youngster staggering out of a nightclub, getting into a fight and ending up in an ambulance. But do you picture your husband or wife, your mum or dad sitting on the sofa watching The X Factor drinking glass after glass of their favourite tippie?

Discussing people's drinking habits can be a sensitive subject, and I do not want to lecture, preach or tell people that they can't enjoy a drink. I know that most people (around 70%) drink responsibly and alcohol plays an important role in the economy of Kent.

However, we know that Kent hospitals treat nearly 20,000 cases of alcohol related illness and injury a year and sadly 30 people die each year as a result of liver disease. This is a 43% increase from 2002. We also know that 272,000 people in Kent are drinking at dangerous levels which increases their risk of many illnesses and conditions and may well lead to them dying earlier than they should. This should be of concern to the individuals themselves, it will definitely be of concern to their families, and because alcohol costs the health service in Kent an estimated £108million a year, it should be a concern to every one of us.



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Last year Public Health became a statutory function of Kent County Council which has enabled us to deepen our relationships not only across the council but with wider partners such as Kent Police and the 12 district councils in Kent. We also have a responsibility to work closely with the NHS and support them in tackling alcohol misuse. I am ambitious for the people of Kent. I want them to have the best services possible and that is why I am also highlighting improvements I would like to see in Dual Diagnosis services at the end of this report.

Finally although the majority of this report focuses on the issue of alcohol, you can find a summary of other indicators of the county's health in Appendix 2, including an update on the issue of mental health and wellbeing that was highlighted in last year's report.

Andrew Scott-Clark
Interim Director of Public Health



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Current Kent context

Alcohol is a major problem in Kent. The number of people dying prematurely from liver disease has risen by 43% since 2002. Changes in lifestyle and advances in treatment meant that death rates from most diseases are decreasing, liver disease is on the rise in Kent.

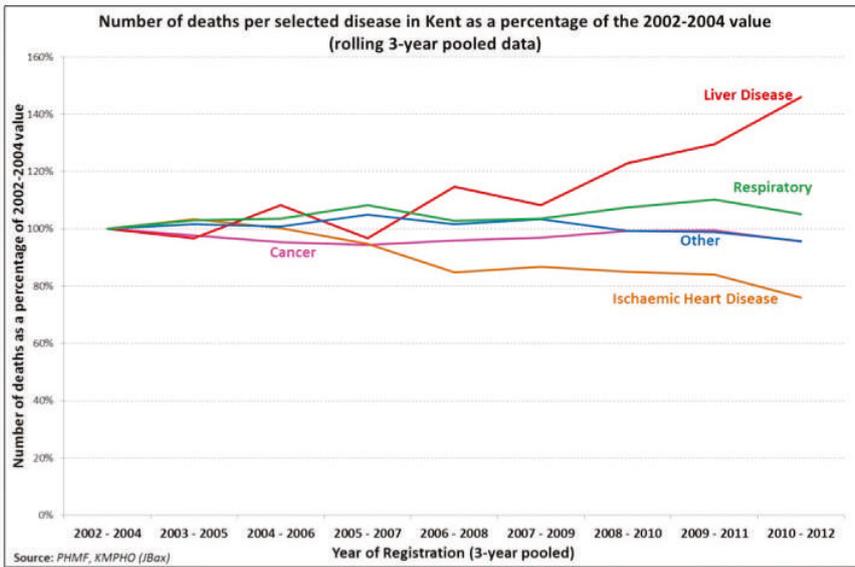
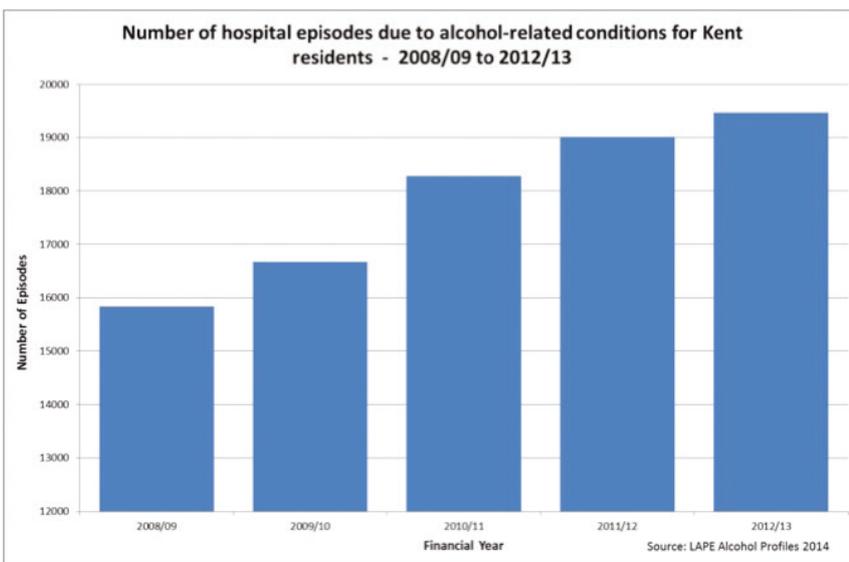


Figure 1 Number of deaths in Kent as a percentage of the 2002 value. Source KMPHO 2014

The number of people being treated for alcohol related conditions is also on the rise.



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Earlier this year we published the Kent Alcohol Strategy which included six pledges. The following table details what those pledges are and what we are doing to meet them. We will:

Pledge	Action
Improve prevention and identification	We aim to screen 9% of the Kent population by the end of 2016 with Identification and Brief Advice (IBA) We will increase the number of partner organisations (or public service staff including community and voluntary groups) trained to conduct IBAs
Improve the quality of treatment	We will increase the number of people successfully completing alcohol treatment
Coordinate enforcement and responsibility	We will increase the number of Community Alcohol Partnerships in Kent, working closely with the Community Safety Partnerships. We aim to increase the number of Community Alcohol Partnerships in Kent
Tailor the plan to local communities	Each local authority area will receive an updated substance misuse needs assessment and detailed information on alcohol use trends for their area to help them develop a local Alcohol Action Plan
Target vulnerable groups and tackle health inequalities	We will work with partners such as sexual health services providers and housing associations to target support at vulnerable people
Protect children and young people	We will continue to provide education and treatment services to children and young people We aim to reduce alcohol related hospital admissions for under 18 year olds

“I’m asking everyone to think about how much and how often they drink alcohol.”

Andrew Scott-Clark
(Interim Director of Public Health)

Our overall ambition is to reduce the number of alcohol related deaths by 10% by the end of 2018. This equates to approximately 70 lives being saved.



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2. Alcohol and the Kent economy

It is important to recognise that drinking alcohol is part of the fabric of British culture. It is used to celebrate, be social and unwind. It is legal and the majority of people enjoy drinking safely. It also contributes to the night time economy in Kent which contributes millions to the local economy and provides jobs for thousands. In this section we explore the historic relationship Kent has to alcohol and the alcohol industry.

Oast houses are a frequent sight as you travel around Kent and hints at the county's long relationship with alcohol, hops and the beer industry.

Throughout history the illegal trade in smuggled alcohol kept both local gangs and law enforcers busy. Situated neatly between London and continental Europe, the county was attractive to smugglers who landed many shipments of alcohol, tobacco, tea and other goods from the 1700s onwards and even shaped the legal system in England. Many of the Kent gangs became infamous in Britain, particularly the exploits of the notorious Hawkhurst Gang.

In more recent times, much of Kent's agricultural industry has been given over to the growth of hops (a key ingredient for the brewing process).

It was a key source of seasonal employment for many Kent residents throughout the 19th century and the first half of the 20th, before machinery took over the harvesting process. Whilst not many of us will go hop picking any more, many of the issues are still with us, notably growing our industry and tackling alcohol related crime. We talked to the Chairman of Britain's oldest brewery, Jonathan Neame, and Sergeant Garry Brimson of the Kent Police to find out more.



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We talked to the Chairman of Britain's oldest brewery, Jonathan Neame and Sergeant Garry Brimson of the Kent Police to find out more.

Voice of Industry Jonathan Neame, Shepherd Neame Chairman



"We are proud of the contribution that Shepherd Neame makes to Kent life. As well as producing drinks which are enjoyed by thousands, we support approximately 4,500 people in either full time or part time work through our pubs and in the brewery.

In addition, our pubs purchase approximately £40m of food from mainly local suppliers, and we also spend nearly £9 million a year renovating our pubs and brewery buildings. Most of that will go to local builders.

We wanted to know what Jonathan's view was about the problem of excessive drinking and what should be done about it.

"While there was some truth in the stereotype of Booze Britain twenty years ago, research shows that our drinking levels today are remarkably similar, if not less, than elsewhere in Europe.

The overwhelming majority of the population drink sensibly and look after themselves, but that doesn't mean that there aren't some individuals who drink too much, too often and cause problems to themselves and others. But problem drinking at an individual level doesn't need population level sanctions like minimum pricing. We need more education, and prevention targeted in the right places. I believe the drink industry should be proud of initiatives that they fund such as Drink Aware which is a very good resource, designed in particular to help educate young people and parents about the dangers of alcohol."



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We finished the conversation by asking Jonathan's views on what impact the current financial climate is having on drinking patterns in Kent?

"As a company we are starting to see the benefits of an improving economy, with more people coming back out to the traditional pub. And I'm pleased to say that in the main, the drinking behaviour is not about getting drunk as quickly as possible. The majority of people want to enjoy a quality product in a pleasant and controlled environment.

Consumers are once again looking for products with more flavour and which use local produce. They are looking for taste and they are willing to experiment to find a proper pint.

If I could give just one piece of advice it would be to drink less; but drink better. Go for a quality product and really savour it."

Gary Brimson, Police Sergeant

It is good to hear about the responsibility that aspects of the alcohol industry, licence holders and employers take. However we do know that alcohol misuse can lead to offending and problem behaviours and we asked Police Sergeant, Garry Brimson what he thought the problems were for the police.

"Nationally approximately 50% of all violent crime is alcohol related and some 25-30% of calls to police are related to alcohol in some way. Responding to this volume of calls obviously has an impact on the front line. If you were to remove alcohol related calls from an officer's day, they would have more time to concentrate on other urgent matters."

We asked him what the police were doing to tackle the problems.

"Kent is an attractive place to live, work and visit, and we work hard to ensure that it remains that way. Our public spaces are important to residents and visitors alike and we provide a visible presence in these areas to ensure that they are able to be enjoyed. As part of Kent Community Alcohol Partnership we address issues with partners and improve the quality of life in areas identified by the local community. In addition to the officers on the street who nip problems in the bud and provide friendly and sometimes firm advice to drinkers, we also have a specialist team of licensing officers. These specialists deal with licensed premises and events, using a range of tools, powers and tactics to good effect to ensure that they are safe and enjoyable places to socialise."



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South East Coast Ambulance Service

And the Police aren't the only emergency service to be affected by alcohol. We spoke to the South East Coast Ambulance Service to find out more. Their Senior Operations Manager and Paramedic Chris Stamp told us:

"We handle in excess of 850,000 calls a year. Sadly alcohol is a factor in many of them either as the main concern, or where it has contributed to other incidents such as road traffic collisions, falls or fractures.

"SECAmb is dedicated to helping all patients, and treats people who are alcohol dependent every day. We are able to help direct these patients to the specialist help they require. We would like to urge people who are out drinking socially to be aware of the impact drinking to excess has on the ambulance service. We want people to enjoy themselves but also to know their limits, look out for others they are with and to be sensible."



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Kent Fire and Rescue Service

Kent Fire and Rescue Service (KFRS) also come across the devastating impact of alcohol.

KFRS Head of Community Safety, Lee Rose, said: "All too often we're called to fires in the home that are alcohol related. Drink affects people mentally and physically, making them forgetful and sleepy, when combined with cooking or smoking, it can be a lethal combination. If you're asleep and a fire breaks out, you're in serious trouble. Just three breaths of fire smoke can be enough to knock you completely unconscious. If you've been drinking you're even more vulnerable, even with a smoke alarm."



"All too often we're called to fires in the home that are alcohol related".

**Lee Rose,
KFRS Head of
Community
Safety**



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3. How much is too much? The guidance

What is drinking too much? It is not always obvious. Here, we explain the guidance in a bit more detail.

The definition of binge drinking is for men, drinking more than eight units of alcohol or about three pints of strong beer. For women, it's drinking more than six units of alcohol, equivalent to two large glasses of wine. People are not always aware of the strength of the alcohol or even the size of the glasses. One unit is 10ml of pure alcohol and when the guidance talks of 'regular' drinking, it is referring to drinking every day or most days of the week.

Vomiting, falling over, falling asleep are all common signs of having drunk too much. But the dangers related to regularly exceeding the recommended weekly limits can be much harder to spot.

The NHS Live Well website tells us that most people who have alcohol-related health problems aren't alcoholics (or dependent drinkers). They're simply people who have regularly drunk more than the recommended levels for a number of years. Many of those people may not even be aware of the harm they may have caused their bodies. In fact the Government believes that 83% of people who are drinking at harmful levels, don't realise itⁱ.

So what are the recommended levels and what damage could be done by exceeding them?ⁱⁱ

NHS risk assessment	Definition	Potential health risk
Lower risk drinkers	Men should not regularly drink more than 3-4 units of alcohol a day Women should not regularly drink more than 2-3 units a day	Drinking consistently within these limits is called "lower-risk" rather than "safe" because drinking alcohol is never completely safe. Drinking any alcohol can still be too much if you're going to drive, operate machinery, swim or do strenuous physical activity. Pregnant women or women trying to conceive should not drink alcohol. However, if you're pregnant and choose to drink, do not drink more than 1-2 units of alcohol once or twice a week, and do not get drunk. This will minimise the risk to the baby.



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NHS risk assessment	Definition	Potential health risk
Increasing- risk drinkers	<p>This means regularly drinking more than 3-4 units a day if you're a man</p> <p>Or regularly drinking more than 2-3 units a day if you're a woman</p>	<p>If you're drinking at around these levels, your risk of developing a serious illness is higher than non-drinkers:</p> <ul style="list-style-type: none"> Men are 1.8 to 2.5 times as likely to get cancer of the mouth, neck and throat, and women are 1.2 to 1.7 times as likely Women are 1.2 times as likely to get breast cancer Men are twice as likely to develop liver cirrhosis, and women are 1.7 times as likely Men are 1.8 times as likely to develop high blood pressure, and women are 1.3 times as likely.

NHS risk assessment	Definition	Potential health risk
Higher-risk drinkers	<p>This means regularly drinking more than 8 units a day or 50 units a week if you're a man</p> <p>Or regularly drinking more than 6 units a day or 35 units a week if you're a woman</p>	<p>You have a much higher risk of developing alcohol-related health problems. Your body has probably suffered some damage already, even if you're not yet aware of it. Compared to non-drinkers, if you regularly drink above higher- risk levels:</p> <ul style="list-style-type: none"> You could be 3-5 times more likely to get cancer of the mouth, neck and throat You could be 3-10 times more likely to develop liver cirrhosis Men could have four times the risk of having high blood pressure, and women are at least twice as likely to develop it. You could be twice as likely to have an irregular heartbeat. Women are around 1.5 times as likely to get breast cancer. <p>The more you drink above the higher-risk threshold, the greater the risks. You're likely to have the same problems as increasing-risk drinkers: feeling tired or depressed, or gaining extra weight. You may be sleeping poorly or having sexual problems. You could also have high blood pressure.</p> <p>At these levels, your drinking may make you argumentative, which might damage your relationships with family and friends.</p>



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Bottle of beer = 1.5 units

Alcohol is legal and pleasurable and because of that we can easily forget that it is still a 'poison'. This means that there are quite a few health risks if we are not aware or careful. Alcohol is not only pleasant to drink, but it lowers our inhibitions and ability to control how much we drink. This is why we need to be clear how much is too much. Many doctors are concerned about the effects of alcohol related harm and one of those is Dover GP, Dr. Joe Choudhuri. We talked to him about his thoughts on alcohol.

Dr Joe Choudhuri told us:



"I asked six patients yesterday about their drinking levels, and three out of the six were drinking at harmful levels even though they didn't realise it.

Once I understand how much people are drinking, part of my role is to talk to patients about the risk they are exposing themselves to. Most people are aware that drinking increases the risk of liver disease, but they are unaware that it also increases the risk of many cancers (including breast cancers). Many women find that a powerful message.

It's not just the general public who aren't aware of the risks – many healthcare professionals are not aware of the potential dangers either."



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We asked Dr. Chaudhuri whether doctors and nurses had a role in raising awareness of people's drinking habits. Dr Chaudhuri was very clear about this.

"Yes absolutely, although alcohol hasn't had the focus it should have done in the medical profession over recent years so that needs to change. I am very pleased that in South Kent Coast and Thanet we will be training health care staff to deliver Identification and Brief Advice (IBA) to patients. The evidence about the power of IBAs is very strong and we need it to become second nature for healthcare professionals to deliver them.

IBAs work by getting people to reflect on how much they drink even if it never occurred to them they may be drinking too much. Once the awareness and motivation to change is there, healthcare professionals can provide help to cut back."

We wanted to know what Dr Chaudhuri thinks about the potential of using scratch cards which show people how much they are drinking as a way to giving brief advice.

"I'm really pleased. I think people can often be too embarrassed to tell the truth when asked by a doctor or a nurse about their drinking, so being able to use the scratch card privately will help as people are more likely to be honest with themselves.

Drinking is an easy habit to get into though, and the peer pressure to drink is enormous – it is socially unacceptable NOT to drink in many situations. Drinking is the norm and the culture is to always think "let's just finish the bottle" or "have one for the road".

The good news though is that it's not like smoking where the advice is to stop completely. With alcohol, small reductions in the amount drunk can make a big difference in reducing the risk of harm."



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4. The Kent approach – Getting the messages and services right, and to the right people

Although the majority of people drink alcohol responsibly, for some people alcohol misuse is a problem. Alcohol harm costs about £108m in Kent each year.ⁱⁱⁱ

Joining the services together

Across Kent, there are different patterns of alcohol related harm and we know people have different levels of need so we can't have a 'one size fits all' answer. To address this, we have worked with many partners to develop a range of support and education services which when used together, will help reduce the harm of alcohol faced by thousands of people in Kent.

These range from young people binge drinking, to people who were often managing their stress and mental health problems by drinking too much.

There are also people who just enjoy an extra bottle of good wine and don't realise the harm that it is causing over the years. There are also those older individuals who are lonely and isolated and drinking in the evening, not realising the effect the alcohol is having on the rest of the medications they are taking. With all these differences across Kent, we knew 'one size doesn't fit all'.

We also realised that people didn't know where to go for help. Our treatment providers were not sure why people were not coming to them. GPs were often confused about where to send patients and the police also didn't always know what to do to help people in the long term. Meanwhile people ended up in A&E – often drunk and rowdy or seriously ill. The doctors and nurses in the hospitals are also unsure how to help people in the long term. Those hardworking A&E doctors and nurses are often diverted from helping people with other serious medical conditions by those turning up drunk and disorderly on a Friday night.



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So we decided to bring together the services. Firstly we wanted to raise awareness of the treatment and prevention that was available. Then we wanted to bring the support services together so that people would get a seamless and easier way into getting help - earlier.

We started in Thanet and South Kent Coast (Dover and Shepway) – mainly because these were amongst the places with highest rates of liver failure. We are trialling what we are calling the “Alcohol Integrated Care Pathway”. We have gathered in all the information about what services and support is available, provided guidance on what support to offer which covers the range of services available in GP surgeries, hospitals, community and voluntary groups and specialist treatment services. We will link up all the treatment agencies and hospitals too. This is not an easy job because of the number of agencies and people involved, however we have been pleased with the good will of all partners who want this to work. Infact this is the first time it has been done in England and we will be rolling out this Alcohol Integrated Care Pathway across Kent in the coming months.

Our Alcohol Integrated Care Pathway has three main parts and in the next part of this report I want to share them with you. The three parts are:

1. Prevention of harm
2. Screening and early support
3. Treatment

I am pleased that our work is already receiving attention from national organisations. Kevin Fenton from Public Health England recently said:

“It is encouraging to see that Kent has recently established an Integrated Alcohol Care Pathway (IACP) that will bring together agencies and services from across the county in order to support individuals experiencing a range of alcohol related problems. Kent’s work on alcohol over the last 12 months has been both proactive and innovative and it is hoped that the impact of this work will be felt in the county over the coming months and years ahead.”



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4.1 Prevention of harm^{iv}

To help people understand better how much it is safe to drink, we will be doing several things.

For people’s general information, we will be distributing brief advice scratch cards. Any one will be able to scratch off the panel to reveal your ‘score’ and find out if you may be drinking at harmful levels, some tips to think about and how to get more advice.

This approach is called Identification and Brief Advice (IBA) which we know is a very cost - effective and successful way of giving people advice and information. For example, for every eight people that get this type of information, one will reduce their level of drinking to safe levels.

We and our partners more generally across health, social care and supporting services, have set ourselves the challenge of offering IBAs to 9% of the Kent population by 2016.

We have already started to work with GPs and pharmacies to offer people screening (similar to the scratch card questions), advice and support. This means that more people across Kent will be able to access quick advice and importantly, it will be easier to have the conversation about how much is too much.



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We spoke to Rakesh Patel, a pharmacist from Ackers Chemists in Swanscombe who conducted brief interventions with patients as part of one of our projects in 2014.

We asked Rakesh how his customers reacted to being asked about their drinking?

"At the start we were worried about how to engage with patients on what we perceived to be a sensitive subject for them, however we were surprised at how open people were, and how many were willing to talk."

Lots of people started the conversation with "I don't have an alcohol problem" but then when they add up the units over the week they realised that they were actually drinking at risky levels. You could tell that this was the first time many people had stopped to add up how much they were drinking. Lots of people are drinking more than they should but they don't feel at risk, demonstrating the importance of very brief advice and brief interventions."

We also wanted to know why pharmacies were such a good place to talk to people about alcohol?

"Lots of people use their local pharmacy and we have a good rapport with our regular customers – seeing them day to day; and being available for all their healthcare needs without appointment, so are able to reach a lot of people. The main reason is that our staff are very engaging and helpful and trusted by patients. Our staff are Health Champions and when customers see that they care and want to help, they are willing to open up and talk honestly. We were pleased at the positive reaction from the patients; the majority were really appreciative of the process, our ability to signpost, and our knowledge during NHS Health Checks."

And we wanted to know what had surprised Rakesh about the project ...

"I think that the number of people we referred to CRI for more specialist treatment was much higher than we expected. But that just highlights that interventions like this at an early stage can save a huge amount of money if they prevent the regular drinking from turning into problem drinking. The cost of the intervention is miniscule compared to the cost of treating more serious problems at a later stage. Our NHS Health Champions highlighted previously undiagnosed high risk and problem drinking, enabling informed choices to be made as a patient focused/centred approach; and also signposting upon request for further support and treatment."



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4.2 Screening and early support

As well as general awareness campaigns and the distribution of scratch cards, we want to prioritise and focus on training staff working across public services such as those in the NHS, police, education, council staff amongst others. We want to train them in a number of settings to help them identify people who may be drinking at harmful levels. This will also ensure that those people get fast access to the support they need to reduce their drinking levels.

One such project (funded by Kent County Council) is taking place at the Queen Elizabeth Queen Mother Hospital in Thanet. The Alcohol and Drug Liaison Nurse pilot started in May 2014 and aims to reduce the number of people turning up to A&E for alcohol problems over and over again. We also want this to have a good impact on those people who need longer term treatment and care for long term conditions that are a result of alcohol.

We asked Malcom Shaw, Alcohol and Substance Misuse Team Leader, and Sally Moore, the Senior Matron to tell us more about their important work in the hospital.

“Healthcare settings provide excellent opportunities for identifying alcohol and substance misuse and it is clear that there is an issue in Thanet. Sadly we have the highest rate in Kent of admissions to hospital for alcohol related conditions for both men and women (exceeding the England averages) and Thanet also has the highest alcohol specific mortality rates in Kent for both males (22.59 per 100,000) and females (7.68 per 100,000) (Substance Misuse Needs Assessment for Adults in Kent 2012). The main focus is to provide Brief Interventions (BI) to patients who have been identified as increasing risk drinkers.”

We asked them what the main ingredient in the project was.

“The key to this pilot’s success is the introduction of alcohol screening tool (AUDIT-C) in all areas of the hospital by nurses, doctors and medical staff, as increasing risk drinkers often show no signs or symptoms of alcohol misuse. Once identified the ASMT team are contacted to deliver a Brief Intervention at the bed side. BIs can lead to a 24% reduction in alcohol consumption. If patients need extra support in reducing their drinking levels we then refer patients to alcohol treatment services.”



Pint of strong beer or cider = 3 units



250ml glass of wine = 3 units



25ml shot of spirit = 1 unit

We were obviously very interested to know if it was working...even though it's early days.

"Although the results of the independent analysis hasn't come through yet, we know we are having a positive impact. Anecdotally we have seen the following results:

- *A considerable increase in referral to community treatment services from the hospital. In the year before the trial (2012/13) there were just nine referrals to specialist treatment. In the four months between April and July 2014 there were 60.*
- *Improvements in liaison with community treatment services for those already in treatment.*
- *Increase in identification of alcohol use (screening) and interventions given (BI) with in the hospital. The introduction of an electronic referral system and staff training has supported this increase.*
- *Improved treatment to ameliorate withdrawal symptoms due to earlier detection and specialist knowledge.*

The patients we have helped also let us know that we are making progress. 'I never realised the problems my drinking was causing', and 'I have previously felt too embarrassed to talk to anyone about my drinking' are just two of the pieces of feedback which let us know we are on the right track."

4.3 Treatment

We need to make sure that people have access to high quality specialist treatment services. This is important as alcohol dependency is a serious illness that can result in early death. It can also have disastrous consequences for carers and family members of people who suffer from alcohol dependency. Public Health in Kent County Council commission Turning Point in east Kent areas and the Crime Reduction Initiative (CRI) in west Kent to provide these services for our population.

Nationally we know that only one in ten people get the treatment they need. We also know that the earlier people get help, the better it is for them. That is why we are continuing to work with hospitals, GPs and other agencies (including the police) to ensure that those people who need support are identified and referred to treatment services earlier. We don't want people's lives wrecked by alcohol dependency.



Alcopop = 1.5 units



175ml glass of wine = 2 units



Bottle of beer = 1.5 units

We spoke to Andy Power from Turning Point and Claire Carlow from CRI to find out more about the services they offer and their views on how much of a problem alcohol is.

Both providers offer similar services including;

- *Detox – to help individuals stop using alcohol. This can be done either in the community or (in what is a ground breaking development) as an in-patient in hospital*
- *Group work – research shows that talking about shared experiences with others who have been through the same thing is very valuable to the recovery process*
- *One to one counselling and self-help programmes*
- *Peer mentors – who have often been through treatment themselves and can bridge the gap between service users and professionals. They can provide guidance, advice and practical support like going to appointments with the service user*

We asked Andy and Claire if they had seen an increase of people with alcohol problems

Andy – (Turning Point) *“It has been very interesting to see the changing faces of our clients over the last few years. Drug and alcohol services can have quite a stigma attached to them, and although we do provide services to high end heroin users whose lives are quite chaotic, we also provide services to the marketing executive who drinks too much after work. Our services, and even the posters we put in our waiting rooms, have changed to cater much more for the average person with a drinking problem.”*

Claire – (CRI) *“Our services are much more accessible now, but although we are seeing a lot of people, we don’t feel that the number of referrals we get reflect the true extent of the problem. It would be nice to be able to support people earlier but for many people it’s not the amount they drink which prompts them to seek support. It’s the consequences of their drinking (losing their job, the family, or a medical emergency) which brings them to crisis and then they find help.”*

Both Claire and Andy were keen to stress that they are there ready to support anyone who feels that they are drinking too much. Both organisations welcome individuals or agencies to telephone, walk in or email, without the need for a GP to refer them.

If you or a loved one are drinking too much – get help, there are people who can help you. If you live in East Kent and want to get in touch with Turning Point please call 0300 123 1186. If you live in West Kent and want to get in touch with CRI please call 08442 250 652.



Pint of strong beer or cider = 3 units



250ml glass of wine = 3 units



25ml shot of spirit = 1 unit

5. Alcohol misuse in children and young people

The dangers of alcohol to children are present even before they are born. Pregnant women are advised not to drink at all, and if they do, not to exceed one or two units a week. Drinking while pregnant increases the risk of miscarriage, as well as harm to the unborn baby.

Children growing up in families where their parents drink over recommended levels are also exposed to more dangers and are more likely to abuse alcohol themselves.

As well as creating habits which may lead them to drink too much as an adult and risk all the associated illnesses; young people's bodies are just too immature to cope with alcohol and so it is much more poisonous to them. Young people's brains do not finish developing until they are in their 20s so alcohol poisoning and misuse can cause developmental problems too.

The most direct danger is from alcohol poisoning which can require admission to hospital and in some cases can prove fatal. Being drunk increases the chances that young people engage in risky behaviour such as having unprotected sex or taking drugs. It also increases the risk that a young person will be involved (as the attacker or the victim) in a violent assault.

The graph on the following page shows the alcohol hospital admission rates for children and young people across Kent. The highest rates in Canterbury probably reflect the large student population, and a targeted approach will need to be taken with this group.



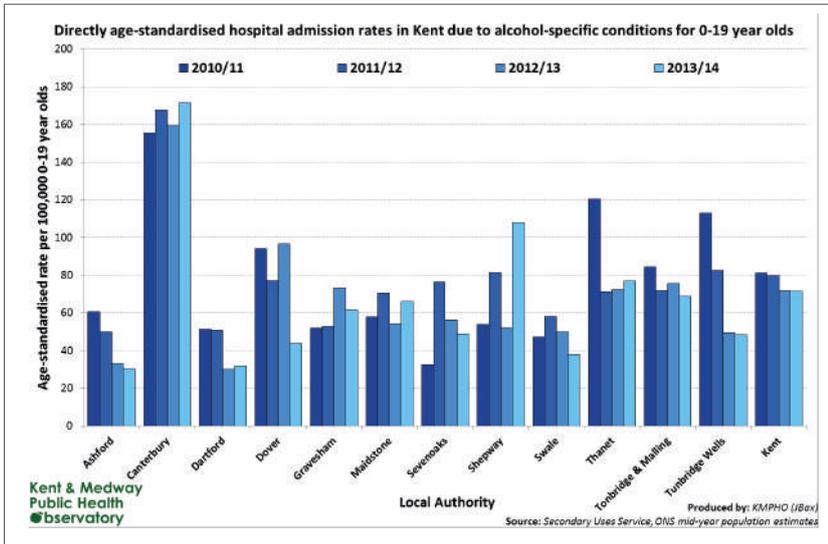
Alcopop = 1.5 units



175ml glass of wine = 2 units



Bottle of beer = 1.5 units



In 2009, the then Chief Medical Officer for England, Sir Liam Donaldson, issued guidance on the consumption of alcohol by children and young people which states that an alcohol free childhood is the healthiest and safest option. He stated that children under the age of 15 should not drink any alcohol at all. This is because the evidence shows that beginning to drink before the age of 14 is associated with increased health risks, involvement in violence and suicidal thoughts.

The Chief Medical Officer also recommended that staying alcohol free was the healthiest option for young people aged between 15 and 17, although if they did drink then it should always be with the guidance of a parent or carer in a supervised environment.

Tackling alcohol misuse in children and young people in Kent. Within Kent, our activity has three main objectives. We aim to;

1. Reduce the supply of alcohol to children and young people
2. Increase children and young people’s understanding of the risks of alcohol
3. Deliver effective prevention and treatment to targeted groups who are particularly at risk



Pint of strong beer or cider = 3 units



250ml glass of wine = 3 units



25ml shot of spirit = 1 unit

5.1 Reducing the supply of alcohol to children and young people

A key part of decreasing the risk of alcohol to children is to stop them having access to it in the first place. It is illegal for children (under the age of 18) to buy alcohol.

Parents are often the gatekeepers to alcohol for children and more needs to be done to help parents understand that alcohol free childhoods are the safest.

Children who can't access alcohol at home may be tempted to try and purchase it from shops. There have been many successful initiatives recently involving Trading Standards, Kent Police, district councils and other partners, and indications are that many fewer premises in Kent are willing to serve under-age drinkers.

We spoke to Richard Strawson (Trading Standards Manager, Kent County Council) to hear about how a number of companies and agencies are working together in Snodland.

"Kent Community Alcohol Partnerships (KCAP) were started in 2009 by Kent County Council Trading Standards to tackle problems with underage drinking and anti-social behaviour. There are now 13 KCAPs across Kent, including Snodland which was launched in November 2012 by Tonbridge and Malling Borough Council, alongside Kent County Council Trading Standards. Other partners include Cooperative who have two stores in the High Street, other local businesses, Kent Police, the Town Council, Youth Workers, Housing Associations and the local secondary school.

Since its launch two years ago there have been regular meetings held between partners, training offered to small business, frequent visits by Trading Standards and Police Licensing to on and off licences in the town and alcohol awareness education taking place within Holmesdale Secondary School. Alongside this, periods of outreach work have been conducted by Kenward Trust, which were highly regarded."



Alcopop = 1.5 units



175ml glass of wine = 2 units



Bottle of beer = 1.5 units

We asked him what the benefits of being in the partnership were.

"The Kent Community Alcohol Partnership has drawn together partners who before were working towards very similar goals in isolation. Youth diversions such as coaching by Charlton Football Club have taken place, and even now plans are afoot for an outdoor music festival for young people in 2015, to offer alternatives to drinking alcohol.

Recent surveys have highlighted how everyone sees the scheme as beneficial and a cost effective way of tackling local issues. Retailers have also been remarking that the problems they face are much reduced which clearly demonstrates the scheme is successful in what it aims to achieve."

5.2 Increasing the understanding amongst children and young people of the risks of alcohol

Despite the advice that an alcohol free childhood is the safest option, many children and young people in Kent still choose to experiment with alcohol as they grow up. Therefore it is important that every child understands the risks of drinking alcohol, including how to reduce the risk of harm if they do choose to experiment. The 'House Project' is a KCC supported 'safe space' for young people.

We spoke to Holly Paterson the HOUSE project manager in Ashford to find out more about the project and how it could help young people to understand the risks of drinking alcohol.

"There are nine HOUSE projects across Kent which provide a free, safe space where young people can 'hang out' in a relaxed atmosphere with friendly staff creating an environment where they are more open to listening to public health messages. Each HOUSE project is different but they are all designed by young people, for young people and are based around their needs and what they like doing. Each HOUSE offers advice, support and information on health issues that 13-19 year olds face such as drugs, sex, smoking and alcohol."



Pint of strong beer or cider = 3 units



250ml glass of wine = 3 units



25ml shot of spirit = 1 unit

Holly explained more...

"HOUSE projects link in with agencies such as KCA who deliver sessions on alcohol as well as the trained HOUSE staff having informal discussions whenever appropriate. The sessions are designed to be engaging and interactive, they use things like role play and beer goggles to replicate the effects of drinking and get the message across about the dangers of alcohol.

Although they may not be convinced to never drink again, by having open and honest discussions we are providing young people with as much information as possible so that they make informed decisions about their health and lifestyles."

5.3 Deliver effective prevention and treatment to targeted groups who are particularly at risk

There are some young people who need more support to help them reduce their risky behaviours. For these more 'risky' and vulnerable young people there is a Kent programme called 'RisKit'.

We spoke to Steve Butler, Service Manager from KCA, (KCA provide treatment services for young people across Kent) to find out more about RisKit.

"Schools help us identify those young people most likely to behave riskily. Then we work with those young people in a series of group sessions and one to one conversations to help them understand the risks they are taking, and the potential consequences."



Alcopop = 1.5 units



175ml glass of wine = 2 units



Bottle of beer = 1.5 units

We wanted to know how much, in his experience, did young people already know about the risks?

"They are often surprisingly naive, and it may be the first ever chance they get to explore the potential dangers of their risky behaviour. We discuss a range of subjects including what risk taking is, the benefits of changing behaviour and anger management. By providing a package of support, including peer practitioners, we are helping young people to a brighter future."

We really wanted to know, in his opinion, what made the programme successful?

"The group sessions are a key component of the programme as they allow the young people to discuss issues with their peers, but equally important is helping them to make connections with other activities and services locally. By helping to introduce positive activities such as sport into their lives, they are less likely to engage in risky behaviour."

In public health we know that not all young people are the same – and that some young people need even more targeted interventions- so we asked Steve what they were doing to tackle that issue...

"For some young people prevention and early intervention programmes aren't sufficient. We provided treatment to approximately 300 young people last year including detox programmes for alcohol and substance misuse."

If you are concerned about a young person (between 10-17) drinking too much call KCA on 01227 456744.



Pint of strong beer or cider = 3 units



250ml glass of wine = 3 units



25ml shot of spirit = 1 unit

6. Local best practice across Kent

In this section I will describe some excellent examples of work to tackle alcohol misuse that localities and districts across Kent have delivered. It is our partners in the Crime Reduction Partnerships, district councils, police and fire brigades as well as local people and the voluntary sector who make all this work possible.

Maidstone - Don't abuse the booze

In 2012 Maidstone was one of ten local authorities who were awarded £90k over two years to tackle the problems caused by under-age and binge drinking. The project had four main strands;

1. In-school alcohol and drug education in all secondary schools

Every year 10 and 11 pupils in every secondary school in the borough is given advice around alcohol and drugs.

2. Street and Community Outreach

This part of the project enabled street-based work by skilled youth and community workers who could engage with young people and reinforce the messages received in school and other youth settings. A specially fitted trailer provided a mobile resource to reach young people in town centres and rural 'hot spots' and at other community events

3. Urban Blue Bus

The Urban Blue Bus is now a regular feature in the centre of Maidstone on a Friday and Saturday night. The bus is fully fitted out to provide emergency first aid and other services to support the night time economy. The project is now well established and regularly saves an average of eight ambulances on a Saturday night, thus keeping people away from the A&E department.

4. Urban Blue Water

Other research has also found that young people hold on to two items when they are in a drunken state: the first being their mobile telephone and the other being a bottle of water. Maidstone's response was to produce 10,000 bottles of water, branded Urban Blue Water. Each bottle carries three key messages (around crime, pre-loading and the maximum daily recommended units of alcohol) that the young person can read the next morning when they are sober.



Alcopop = 1.5 units



175ml glass of wine = 2 units



Bottle of beer = 1.5 units

Tunbridge Wells - Reducing the Misuse of Alcohol

In the west of the county, William Benson, (Chief Executive of Tunbridge Wells Borough Council) and Chief Inspector Pate (Borough Commander for Tunbridge Wells) are hoping to introduce a unique scheme to reduce alcohol misuse and related crime.

William told us how the project has developed

"Alcohol has been a priority for all the partners which make up the Public Service Board in Tunbridge Wells for a number of years. In the past, our work has included innovative social marketing campaigns aimed at teenage girls and their mums, so while this project is more enforcement focused, it is building on a tradition of agencies working together in ground breaking ways."

Chief Inspector Pate explained what the scheme aims to do

"We want to introduce a voluntary code of conduct for pubs, bars and clubs in the town centre to promote safer socialising. The code promotes higher standards of management and operation for licensed premises that want to help reduce crime and disorder. Alongside the introduction of the voluntary code we also hope to introduce a late night levy for pubs and clubs to ensure they contribute to the cost of the police and clean-up operations after a night-out."

We wanted to know what will be unique about the scheme...

William answered, "The unique element is that we aim to link the levy to the voluntary code, so if a venue adopts the code, we will refund the majority of the levy. In this way we are creating a financial incentive for the bars and clubs to operate in a responsible manner. The voluntary code could have different tiers, so the more responsible the pub or club is, the bigger the financial benefit."

Obviously the introduction of such a scheme would be subject to public consultation and a decision by elected representatives and presents a proactive approach by a local partnership. Chief Inspector Pate was clearly supportive about the potential benefits of a scheme like this.

"We are looking to reduce anti-social behaviour and alcohol-related crime. This in turn should reduce hospital admissions and mean reduced contacts for the police. Ultimately it could save hundreds of thousands of pounds of taxpayers' money."



Pint of strong beer or cider = 3 units



250ml glass of wine = 3 units



25ml shot of spirit = 1 unit

Gravesham – Local Alcohol Action Area Project

Gravesham has been selected by the Home Office as one of only 20 Local Alcohol Action Areas. This will result in extra support to further develop partnership work in Gravesend Town Centre to reduce alcohol related crime and disorder and promoting growth in the night time economy.

Through the LAAA Project, Home Office support is being provided to:

- Identifying underlying causes of alcohol-related problems being faced;
- Develop innovative strategies to tackle these;
- Monitor and assess projects in an effective and standardised way;
- Make connections with mentor areas that have successfully tackled similar issues.

Gravesham was also successful in its application to be one of 5 local authority areas selected to receive intensive support from Home Office Communications specialists. This will help identify how to better get the message across about positive work that is taking place to increase public confidence – both in partner agencies commitment to tackling issues and in the potential that Gravesend town centre has to offer.



Alcopop = 1.5 units



175ml glass of wine = 2 units



Bottle of beer = 1.5 units

7. Dual diagnosis - We can do better

In this report I have highlighted a number of areas where Kent has started its journey towards providing a truly comprehensive prevention and treatment service for reducing the harm that drinking alcohol can cause.

Another area where I am determined to make improvements and a real difference to people's lives – is in the area of dual diagnosis. This refers to people who have both mental illness and an alcohol or drug dependency.

We know (from a National study in 2002):^v

- 75% of users of drug services and 85% of users of alcohol services were experiencing mental health problems
- 30% of the drug treatment population and over 50% of those in treatment for alcohol problems had 'multiple morbidity'
- 38% of drug users with a psychiatric disorder were receiving no treatment for their mental health problem
- 44% of mental health service users either reported drug use or were assessed to have used alcohol at hazardous or harmful levels in the past year.

We know locally that there have been increasing numbers of people with dual diagnosis entering Kent's treatment services and that this varies from district to district across Kent. Also from our local data it seems that more women are entering treatment with a dual diagnosis than men.

There have been many national reports, a lot of guidance published and a general consensus that improvements must be made and yet the reality for many people who suffer both mental illness and substance misuse problems is that they are pushed from pillar to post. Treatment providers and commissioners in Kent have worked hard over the last few years to develop the Dual Diagnosis Protocol^{vi} and this is a step in the right direction.



Pint of strong beer or cider = 3 units



250ml glass of wine = 3 units



25ml shot of spirit = 1 unit

However there is still a problem facing people with mental illness who are risky drinkers but not necessarily alcohol dependent, also those people who are addicted to alcohol but have moderate mental health problems. These people are still at risk of falling through the gap in treatment because they may not meet the treatment criteria for one or more of the services. Yet these are some of the most vulnerable people in Kent.

Over the years there seems to have been a shortage of resources, a lack of clarity around local service responses and a lack of workforce skills which has meant that this client group has often failed to receive good quality and consistent care.

In Kent we have created dual diagnosis champion roles within both the substance misuse service and the mental health services with a view to improving joint working between these teams. Some excellent practice has arisen from these providers, eg Maidstone has seen the development of joint dual diagnosis assessment clinics facilitated by a Consultant Psychiatrist from Kent and Medway Partnership Trust and a nurse from CRI West Kent Recovery Service.

However, we need to do more. As commissioners of substance misuse services, we must work together with our Primary Care colleagues in Clinical Commissioning Groups (who are responsible for mental health services) to commission together. There is much that is possible. We can use joint payment systems, joint outcome measures, improved and linked data, pooled and community budgets, working together on improving the mental health treatment in prisons and creating a shared vision of recovery across both mental health and substance misuse systems.

I want to return to this subject in more detail next year and hope to be able to report back to the Kent population and elected politicians – that we have improved the outcomes for people with a dual diagnosis of both mental health and substance misuse. For me to do this, I will need the support of front line workers, carers, commissioners, public health specialists and practitioners, social workers and the voluntary sector.

I am confident of success, as working together on the Alcohol Integrated Care Pathway has shown that real progress is possible.



Alcopop = 1.5 units



175ml glass of wine = 2 units



Bottle of beer = 1.5 units

8. Conclusion from Andrew Scott-Clark

My report makes clear that, in Kent, the health consequences of excessive alcohol consumption are increasing, as evidenced by the rates of premature deaths from liver disease and increasing rates of hospital episodes due to alcohol related conditions.

At the same time alcohol directly and indirectly plays a large part in Kent's essential services, from Kent Police, Kent Fire and Rescue and Southeast Coast Ambulance service to our hospital Accident and Emergency departments. The challenge for our services is that they have to prioritise their workloads when they are particularly busy, the risk being the major issues could be missed or poorly managed.

It is also really obvious that there is real confusion about:

- How much alcohol is too much?
- What is a unit of alcohol? and
- How do I know how many units I've consumed?

The key message is:

Men should not regularly drink more than 3-4 units a day and have at least 2 alcohol free days a week.

Women should not regularly drink more than 2-3 units a day and have at least 2 alcohol free days a week.

I've also taken the opportunity to highlight Kent's strategy for responding to the increasing health impacts and the journey we've started to ensure a truly comprehensive prevention and treatment service for reducing the harm alcohol causes.

Prevention in the case of alcohol must be better than cure, I'm therefore saying to the people of Kent:

"It's time to think about your drink".



Pint of strong beer or cider = 3 units



250ml glass of wine = 3 units



25ml shot of spirit = 1 unit

Appendix 1 - A summary of The Kent Alcohol Strategy 2014-2016

The Kent Alcohol Strategy 2014-2016 was published earlier this year. The full strategy can be found on the Kent and Medway Public Health Observatory website.

It found that although the majority of people drink alcohol responsibly, there are still a proportion of people for whom alcohol misuse is a problem. Liver disease is on the increase and alcohol misuse can also lead to violence and family disruption. In Kent it is estimated that alcohol harm accounts for approximately £108m of health commissioning resource each year. ^{vii}

The National Alcohol Strategy makes key recommendations on enforcement and disorder that are echoed in the Kent Strategy. The Kent Strategy for 2014-16 goes further by pledging action to improve the current prevention and treatment arrangements in Kent.

This Alcohol Strategy has six pledges for action to reduce alcohol-related harm and seven evidence-based steps that we will take to reduce harm from alcohol consumption.



Alcopop = 1.5 units



175ml glass of wine = 2 units



Bottle of beer = 1.5 units

The Kent Alcohol Strategy's Six Point Pledge:



Pint of strong beer or cider = 3 units



250ml glass of wine = 3 units



25ml shot of spirit = 1 unit

Seven high impact steps:



Alcopop = 1.5 units



175ml glass of wine = 2 units



Bottle of beer = 1.5 units

Appendix 2 - A summary of progress since the 2013 Annual Public Health Report

Since the last Annual Public Health Report Kent County Council and its partners have been involved in further research to inform the Joint Strategic Needs Assessment (JSNA), other needs assessments and equity audits. The JSNA is available at <http://www.kmpho.nhs.uk/jsna/>

The Health Inequalities and Wellbeing Impact Assessment (HIWIA) and Screening Toolkit

This has been used in almost all local authorities in Kent and partners have supported mental wellbeing initiatives across all KCC directorates, community asset mapping and developments to grow community resilience.

Domestic abuse

Kent County Council has also funded increased capacity aimed at tackling domestic abuse. This year's report also flags alcohol as a key factor in domestic abuse. For further help and support around domestic abuse in Kent please visit <http://www.domesticabuseservices.org.uk/>

Independent Domestic Violence Advisors (IDVAs)

Alongside the Community Safety Partnership and District Councils – KCC Public Health is jointly funding this important service that provides direct help, advice and case work for victims of domestic abuse who have been assessed at "high risk of homicide or significant harm". <http://kdac.org.uk/independent-domestic-violence-advisers/>

House

House projects continue to support children's emotional wellbeing, http://www.kenthouseparty.com/how_house_was_built.aspx



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25ml shot of spirit = 1 unit

Kent Sheds

Kent Public Health has commissioned Groundworks South to help us grow the Kent men’s Sheds programme, which is a targeted community intervention for isolated men (including ex-service personnel) and has achieved some national recognition and external funding from the Libor fund. The aim of the programme is to increase population wellbeing, aid and improve resilience and recovery and prevent suicide. Further information on Kent sheds is available at www.kentsheds.org.uk



Parity of Esteem

The Chief Medical Officer’s (CMO) 2014 Annual Report focused on Public Mental Health. It highlighted the importance of Parity of Esteem – the need for people with mental illness to live as long and as healthy lives as the population as a whole.

Time to Change

One step towards improving the health and wellbeing of those with mental illness is to reduce the stigma associated with mental health issues. KCC has promoted Time to Change the national campaign to challenge stigma at events across Kent. For further information and regular updates please visit <http://www.time-to-change.org.uk/>

Mental Health First Aid

KCC has commissioned Sevenoaks Area Mind to run this innovative training programme across Kent. It is available to people wanting to build their knowledge and skills around supporting people with mental health related problems and to improve awareness training for suicide prevention. <http://sevenoaksareamind.org.uk/training/mhfa>

The Six Ways to Wellbeing Campaign and the Live It Well website

The Live It Well website has grown in importance and is the main source of information on KCC’s Six Ways to Wellbeing Campaign which seeks to help people keep well and recover quickly from physical and mental health issues through the exploration of the six themes and taking steps to include them in everyday activities. Please visit www.liveitwell.org.uk



Alcopop = 1.5 units



175ml glass of wine = 2 units



Bottle of beer = 1.5 units

-  **Connect - with family, friends, colleagues, neighbours**
-  **Be active - walk, run, garden, dance**
-  **Take notice - be curious, reflect on experiences**
-  **Keep learning - try something new**
-  **Give - doing something for others**
-  **Care for the planet - sustainability**

Our campaign strategy focuses on communicating frontline, human interest stories, as a powerful way of raising awareness about mental health, engaging 'reluctant' audiences and inspiring them to try out new activities.

Primary Care Link Workers

KCC Public Health has also supported the development of an important mental health care service promoting the wellbeing of people facing challenges across Kent. Kent County Council Families and Social Care, Public Health, and Kent's Clinical Commissioning Groups have jointly awarded a two year contract to Porchlight to roll out the existing Primary Care Community Link worker pilot in Thanet to all Clinical Commissioning Groups (CCGs) areas in Kent.

The aim of the service is to provide individually tailored, one to one and time limited support to individuals with mental health needs to access community resources and to promote social inclusion. Support and advice is provided in range areas including:

- Money
- Housing
- Education, training and volunteering
- Community involvement
- Health
- Drugs & Alcohol
- Confidence

Support is completely free and can last for up to 8 weeks. The service is open to adults (18+) living in Kent who feel that their circumstances have affected their mental health and well-being.



Pint of strong beer or cider = 3 units



250ml glass of wine = 3 units



25ml shot of spirit = 1 unit

Notes

- i <https://www.gov.uk/government/policies/reducing-harmful-drinking>
- ii Table adapted from advice given on NHS LiveWell website <http://www.nhs.uk/Conditions/Alcohol-misuse/Pages/Risks.aspx>
- iii Data extracted from NHIS Alcohol Impact Model
- iv * Lundbeck Ltd has provided artwork for this report as a service to medicine
- v COSMIC 2002 Weaver T et al (2002), Co-morbidity of substance misuse and mental illness collaborative study (COSMIC), Department of Health/National Treatment Agency
- vi <http://www.liveitwell.org.uk/policies/dual-diagnosis/>
- vii Data extracted from NHIS Alcohol Impact Model
- ¹ Lundbeck Ltd have provided support for the 'Too Much' logo and artwork used in this report as a service to medicine



Alcopop = 1.5 units



175ml glass of wine = 2 units



Bottle of beer = 1.5 units

Notes



Pint of strong beer or cider = 3 units



250ml glass of wine = 3 units



25ml shot of spirit = 1 unit

Notes



Alcopop = 1.5 units



175ml glass of wine = 2 units



Bottle of beer = 1.5 units

If you or a loved one are drinking too much - get help, there are people who can help you. If you live in East Kent and want to get in touch with Turning Point please call 0300 123 1186. If you live in West Kent and want to get in touch with CRI please call 08442 250 652. If you are concerned about a young person (between 10-17) drinking too much call KCA on 01227 456744.

The 2014 annual public health report

This publication is available in other formats and can be explained in a range of languages

Helpline: **03000 416491**

Text Relay: **18001 03000 416491**