

Item	
Decision No	

By: Colin Thompson

To: West Kent Health and Wellbeing Board, January 21st, 2014

Subject: Substance misuse: ways forward

Classification: Unrestricted

1. Purpose

1.1 To inform the Health and Wellbeing Board of potential ways forward regarding the substance misuse agenda.

2. Licensing

- 2.1 Licensing authorities are responsible for administering the 2003 Licensing Act in their areas. This includes issuing licences and enforcing the conditions of the licence, often working with the police. Licensing authorities are part of the local council.
- 2.2 The Licensing Act 2003 requires each licensing authority to carry out its duties with a view to promoting four licensing objectives. These are:
 - the prevention of crime and disorder
 - · public safety
 - the prevention of public nuisance
 - the protection of children from harm
- 2.3 These objectives comprise the basis on which the licensing authority determines what is in the overall public interest when carrying out its functions. A licensing authority may only restrict licensable activities where it

- is necessary for the promotion of these licensing objectives. Each objective is of equal importance.
- 2.4 Agencies that are responsible authorities can make an objection to a license application so long as it is on the basis of one of the four licensing objectives highlighted in 2.2. Public Health Departments in England were included as a responsible authority from April 2013, but due to health not being included as one of the licensing objectives, it has not been possible in any area of England to make an objection utilising health data.
- 2.5 Public Health Departments can work with licensing departments on other aspects. One example is to establish a Cumulative Impact Policy (CIP). This is the promotion of the licensing objectives of a significant number of licensed premises concentrated in one area, where the number, type or density of premises selling alcohol is high or exceptional, serious problems of nuisance and disorder may be arising, or have begun to arise, outside or some distance from those premises. A CIP is being considered in Medway, but none of the districts in the West Kent CCG area have alcohol related crime rates that are significantly higher than the England average, so this is not likely to be a viable option.
- 2.6 Removing cheap, high strength alcohol from the shelves of off licences restricts its availability to street drinkers, dependent drinkers, and under age children, who may be attracted by its ability to cause drunkenness quickly and at little cost. If imposed as a licence condition, the requirement is usually that the shop may not sell beers and ciders above 6.5% ABV. In voluntary schemes, Police and Council officers generally identify the products they want removed from the shelves, and work is done in the area to assist and support problem drinkers. Participating retailers are awarded a plaque to place in their window and are mentioned in local publicity.
- 2.7 Dover District Council have implemented such a scheme and Thanet District are planning to introduce one from April 2014. It has involved establishing voluntary scheme with off-licenses not selling cheap super-strength beer and cider to street drinkers in a designated area of Dover town centre. The campaign was set up by the Community Safety Team at Dover District Council in partnership that includes Kent Police, Probation, Turning Point, Dover Town Councillors. The campaign is still in operation so there are no formal outcomes as yet, although initial data has shown that there has been a reduction in the number of calls made to the Dover Community Safety team in relation to concern over street drinkers in the specified area. The majority of off licenses in the specified area have supported the campaign. Outreach is a key component in offering support to street drinkers with the aim of engaging them with the treatment service.

3. Kent Community Alcohol Partnerships

- 3.1 Community Alcohol Partnerships form a key strategy of both the police and trading standards which aim to change attitudes to drinking by:
 - Informing and advising young people on sensible drinking
 - Supporting retailers to reduce sales of alcohol to underage drinkers
 - Promoting responsible socialising
 - Empowering local communities to tackle alcohol related issues.
- 3.2 A number of Community Alcohol Partnerships have been established successfully across the county. A Kent Community Alcohol Partnerships "Toolkit" has been launched. This is a web based product which provides local communities with the opportunity to establish Community Alcohol Partnerships in their own localities. Trading Standards will support the developments of these partnerships
- 3.3 Agencies should work together to consider increasing the number of Community Alcohol Partnership in appropriate areas to expand their positive impact.

4. Identifying more people who need support

- 4.1 Given the increasing number of chronic liver disease deaths and the considerable proportion of increasing and higher risk drinkers, it is imperative to identify people at risk and offer appropriate support.
- 4.2 Opportunistic screening and brief interventions is likely to contribute to the primary outcome of reducing alcohol-related harm and alcohol-related hospital admissions by targeting the delivery of screening and brief interventions to selected populations at an appropriate time and in an appropriate setting reducing alcohol consumption in those drinking at increasing and higher risk levels. Healthcare settings provide excellent opportunities for identifying alcohol misuse.

4.3 Research has shown that;

- up to 20% of patients presenting to general practice settings will be consuming alcohol at higher risk or increasing risk levels
- one in six people attending accident and emergency departments for treatment have alcohol -related injuries or problems, rising to 8 out of 10 at peak times (HEA, 1998)
- 1 in 16 hospital admissions are alcohol related
- 9% of 999 calls are related to alcohol misuse
- 7% of ambulance journeys are as a result of alcohol misuse

- 4.4 Hospitals are an effective setting to identify and offer support around substance misuse. Emergency departments are often the first point of contact patients have with a hospital. This makes them a good location in which to identify patients misusing alcohol or drugs early in their admission or to provide some form of brief intervention to those who leave. A programme of intensive care management and discharge planning delivered by an Alcohol Liaison Nurse in the Royal Liverpool Hospital was shown to prevent 258 admissions or re-admissions resulting in about 15 admissions per month saved. Economic analysis of such an appointment in a general hospital suggested that it was highly cost effective with the potential of saving ten times more in reducing repeat admission than the cost of the programme.
- 4.5 There are plans in place to commission a hospital and drug liaison nurse service at Maidstone Hospital this coming spring.
- **4.6** There is potential to develop pathways around
- 4.7 Training will offered to staff across a number of agencies to carry out IBA. The training will help professionals in identifying individuals whose drinking might be impacting on their health by delivering simple, structured advice.
- 4.8 KDAAT and Kent Public Health need to create better linkages between Criminal Justice System alcohol interventions, the alcohol treatment system, and anti-social behaviour interventions, in order to reduce alcohol related harm and offences.

5. Raising awareness

- 5.1 Raising awareness through campaigns in the press, radio and through partner newsletters including workforce initiatives about the risks of substance misuse (particularly around the use of legal highs) is a priority.
- 5.2 Campaigns will be evidence-led social marketing campaigns to foster a responsible drinking culture.
- 5.3 RisKit is a specialist programme targets young people who are identified as vulnerable or are involved in risk taking behaviour, such as drug and alcohol use, or unprotected sex. It is delivered by KCA in schools. Young people are screened with those who are identified as most likely to be involved in risk taking behaviour offered intense support around. RisKit aims to help young people to build their skills and resilience, explore the reasons why they might take risks in order to help them make safer choices for them. It has been evaluated it was shown that it is effective at reducing risk taking behaviour including alcohol misuse. Additional capacity has been

commissioned by Kent County Council to ensure the programme will be offered in more schools across the county.

6. Identifying CCG support

- 6.1 From April 2013, CCGs are required to be a 'responsible authority' and a member of local community safety partnerships.
- 6.2 A clinical champion should be identified in order to work with other partners to progress any work around pathways (ie Identification and Brief Advice)
- 6.3 It is important to ensure that there are strong links between Clinical Commissioning Group's (CCG's) and agencies that commission and provide support or treatment for substance misuse. This will allow for enhanced understanding of treatment needs, screening, referral and advice services and passing relevant information.

7. Recommendations:

5.1 Members of the Health and Wellbeing Board are asked to note the briefing.

6. Contact details

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