

# Alcohol Strategy & Integrated Care Pathway Pilot

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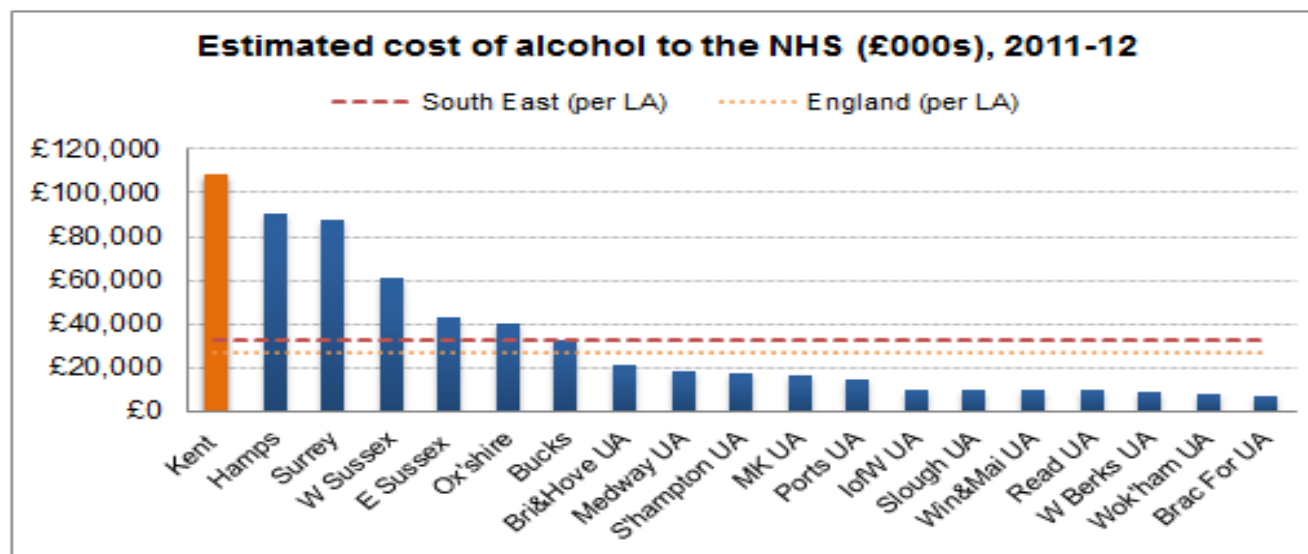


UK/NAL/1406/0512b

# Costs and comparisons

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

£108,552



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



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

<b>Condition</b>	<b>Men (Increased risk)</b>	<b>Women (Increased risk)</b>
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 (Unpublished) Department of Health.

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# 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

# High Impact Changes - DoH 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

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



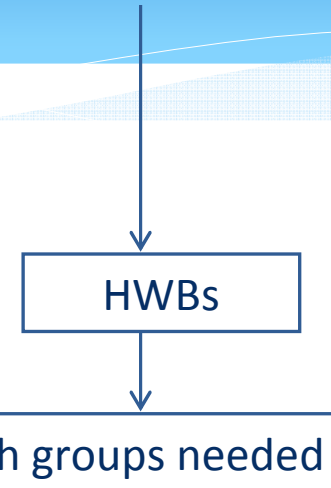
## Kent – Public Health: JSNA Alcohol Key issues

- 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.

# 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 ↔ Local Task / Finish groups needed
5. Target vulnerable groups and Health Inequalities
6. Protect Children and Young People





# Kent Alcohol Strategy 2013-16 - IBA

- \* Identification and Brief Advice (IBA) is a simple method of finding people with an increasing or higher risk of alcohol use
- \* Effective method when delivered to those who drink at “increasing” and “higher” risk levels (Moyer et al. 2002).
- \* Objective of IBAs is to motivate and encourage behavior change relating to alcohol use.
- \* IBA NNT = 8\* (considerably lower than for smoking cessation NNT = 35 or more#)

# Integrated Care Pathway – 4 key streams



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# Prevention, screening, diagnosis, specialists

**Take the scratch card test today and total your score**  
Check how many units you currently consume and then turn over to find out your alcohol consumption rating

## Too much?

Time to think about your drink?

How often do you have an alcoholic drink?

NEVER	MONTHLY OR LESS	2-4 TIMES PER MONTH	2-4 TIMES PER WEEK	4+ TIMES PER WEEK
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How many units of alcohol do you consume on a typical day when you are drinking?

1 - 2	3 - 4	5 - 6	7 - 9	10+
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How often do you consume 6 or more units (if female), or 8 or more (if male), on a single occasion?

NEVER	LESS THAN MONTHLY	MONTHLY	WEEKLY	DAILY OR ALMOST DAILY
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The professional who saw you will retain the top section, but this tear-off section is for you to keep

**Your handy reference guide to how many units are in your drink**

2 UNITS	2 UNITS	1.4 UNITS	1 UNIT	9 UNITS
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Now please look at the reverse

- \* Scratch card prevention conversations – big net to catch as broad a group
- \* Support single point of access telephone service – Turning Point
- \* Develop links into Turning Point GP Click System
- \* Ensure as many GP practices/pharmacies support IBA LES
- \* Ability to track – evaluation & impact

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