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To: Kent Community Safety Partnership (KCSP) – 20th November 2025

Classification: For Information

Subject: Kent Substance Misuse (Drug and Alcohol) Strategy Update 2025

Summary This report provides update on each objective of the Kent drug and alcohol strategy [Substance Misuse \(Drug and Alcohol\) strategy - Kent County Council](#) and the progress made as well highlighting key areas of concern and improvement.

1.0 Background / Introduction

1.1 In line with the 2021 national drug strategy, the Kent Drug and Alcohol Strategy was produced to run from 2023 to 2028 and was informed by extensive stakeholder involvement—including law enforcement, healthcare providers, and community support services—with the aim of combat drug-related and alcohol related harm. The strategy has a stakeholder Alliance and a strategic executive group (which acts as the Combatting Drugs Partnership) in Kent. This partnership aims to address the growing challenges within Kent's communities by integrating prevention, treatment, recovery, and enforcement efforts. The Kent strategy for tackling substance misuse has 13 key priorities – there are detailed action plans for each priority area. Subgroups have been established to drive forward the 13 priorities around drug and alcohol reduction. This includes agreeing terms of reference for each group and establishing regular partnership meetings.

2.0 Update on the 13 Priorities for Kent's Drug and Alcohol Strategy ([Substance Misuse \(Drug and Alcohol\) strategy - Kent County Council](#))

2.1 **Priority 1 & 2 - Prevention, early intervention and behaviour change:** Between April 2024 and May 2025, a series of stakeholder meetings were held, with the most recent priority-setting session taking place on 1 May 2025. These meetings have continued to strengthen cross-sector collaboration across prevention, intervention, and behaviour change. The One You Kent (OYK) service presented its comprehensive referral pathways, helping to raise awareness and improve access to support services for clients. Additionally, the Lived Experience Recovery organisation (ROAR) shared the impact of its volunteer-led initiatives, including drop-in sessions, cooking skills programmes, and creative groups. These creative sessions—facilitated by poets and individuals in recovery—use writing as a therapeutic tool for healing and reflection. ROAR also supports the development of SMART Recovery groups, all of which are accessible to individuals in treatment. Looking ahead, a pilot project addressing alcohol-related falls among older adults is planned for 2026. Delivered in collaboration with GPs and the OYK service, the project will target identified hotspot areas across

Kent. A robust evaluation, incorporating data linkage, is planned to assess outcomes and inform future interventions. ROAR will work to establish connections with Healthy Living Centres across Kent, further expanding access to community-based recovery support.

- 2.2 **Priority 3 - Improving hospital and acute pathways to treatment:** A series of stakeholder meetings for this priority group took place between April 2024 and September 2025. These sessions featured presentations from both North Kent and East Kent acute hospitals, which outlined current local Alcohol Care Team (ACT) models and highlighted key operational challenges. East Sussex also contributed valuable insights by sharing best practice examples and evaluation findings from their own ACT implementation. Locally, the ACT at Queen Elizabeth The Queen Mother Hospital (QEQM) has demonstrated promising outcomes, reinforcing the effectiveness of the model and its potential for wider adoption across Kent. Building on this momentum, an initial discussion has taken place with Maidstone and Tunbridge Wells NHS Trust (MTW) to explore the introduction of alcohol liaison nurses or a full ACT model. This proposal is currently being considered internally by MTW's Senior Management Team and A&E teams and aligns with the Trust's strategic priorities to improve patient flow and reduce hospital readmissions.
- 2.3 **Priority 4 - Children and young people living with alcohol misusing parents / Preventing inter-generational alcohol misuse:** The stakeholder group for this priority area, including the associated Children and Young People (CYP) workstreams, has been developed through a series of collaborative meetings. The CYP Needs Assessment has been circulated to partners for feedback, and a summary of recommendations will be available for stakeholder comment by July 2025. This group brings together a broad range of stakeholders working across both internal and external CYP workstreams. Presentations delivered to date have covered key topics such as child-centred policing, the i-THRIVE model, and contributions from the Participation Team, with a particular emphasis on the school setting. Pathway integration is beginning to take shape through the efforts of the stakeholder group. Scoping and mapping of existing services is underway to identify the most effective approaches to service alignment for this strategic priority. Stakeholder analysis for the CYP workstreams has also commenced. Ongoing work around Family Hubs and Children's Services integration remains a prominent focus. The CYP substance misuse service, With You, continues to be a valuable partner in shaping this work and has provided strong support to the recent Kent Safeguarding Children Multi-Agency Partnership cannabis campaign.
- 2.4 **Priority 5 - Tackling high rates of suicide and self-harm associated with substance misuse:** We continue to monitor and analyse suicides in Kent and Medway where substance misuse is identified as a contributing factor, using data from the Real-Time Suicide Surveillance system. Where possible, targeted interventions are being developed in response to emerging trends related to substance misuse and suicide. To support prevention efforts, the risks associated with substance misuse are being embedded across a range of Kent County Council (KCC) Public Health training programmes, including Everyday Mental Health, Identifying and Responding to Trauma, Domestic Abuse, and Suicide Prevention. A public-facing campaign is also in development to challenge the stigma surrounding poor mental health, with a particular

focus on its links to substance misuse. The Better Mental Health Network event was well received and provided a valuable platform for shared learning and collaboration.

2.5 **Priority 6 - Continued improvements to Kent treatment and recovery services**

- Housing Support Service is now embedded with 632 people in treatment supported with housing related needs between Oct 24-Sep 25.
- Individual Placement and Support Service also embedded with 169 individuals supported to look for employment as part of their treatment journey between Jan 24- Sep 25 (54 successful job starts thus far).
- Reach Out and Recover (ROAR) – Kent's LERO is now established as a Community Interest Company (CIC). ROAR support with quality improvement and advocacy for individuals in treatment and recovery across all services they may interact with.
- KCC website has been updated to make it more accessible and informative, with the aim to support increased referrals into treatment services. A campaign to promote the website is also currently active. Future comms work will focus on those who are not digitally included.
- Both adult services now have Quality Improvement Managers in post who assess quality and areas for improvement within their own services then share learning with each other so it can be utilised across Kent.
- The services continue to conduct testing and support clients into treatment for Hepatitis C. Micro elimination of Hep-C has now been achieved across Dover, Folkestone and Ashford. Continued work will look to maintain this achievement and analyse current data to identify the requisite level of investment and testing to help achieve this across Kent as a whole.
- During Q2 Forward Trust have secured additional space in the Canterbury area, supporting efforts to better engage the local rough sleeping community.
- Dover, Thanet, Sittingbourne and Ashford hubs all now have a dedicated women's workshop running.
- The first "Own My Life Course" was delivered and completed by clients in West Kent. This is a 12-week educational course for women who are in, or have been in, abusive and coercive controlling relationships, supporting them to regain ownership of their lives.
- In collaboration with NHS Substance Misuse Leads, CCL has worked across NHS Trust sites including within acute mental health settings, to improve integration and continuity of care for individuals with co-occurring mental health and substance use needs. The evolving partnerships address long-standing barriers by embedding a collaborative care model that spans hospital admission through to community reintegration on discharge.
- Challenges
 - Staff recruitment: Delays due to the time required to recruit and embed new staff, particularly in specialist roles.
 - Clinical capacity: Limited availability of clinical staff to support the anticipated increase in treatment demand.
 - Funding timeline: Late confirmation of OHID grant funding (received on 2nd April), which impacted planning and implementation timelines.
- Opportunities
 - Service development: Potential to design and deliver more holistic, person-centred services that better address the complex needs of individuals requiring treatment.

- Strategic focus shift: OHID's emphasis on service quality over volume for 2025/26 creates space to prioritise meaningful outcomes and sustainable improvements.

2.6 **Priority 7 - Criminal justice routes to substance misuse treatment**

- Kent and Medway Continuity of Care Group (CofC) meeting established Early 2024 and takes place quarterly. The CofC protocol is consistently reviewed and updated to reflect various pathways across CofC. The 2025 target for Kent CofC is 58%. Current performance, as of August 2025, is 51%. The CofC group has agreed to focus on reviewing the pathways for offenders with housing issues as a recent audit indicated a vast number of prison releases do not have secure accommodation. Prisoners being released out of area also appear to be impacting performance against the target.
- Co-location for drug and alcohol services at probation continues and community drug and alcohol services will continue to work with offenders prior to release within Kent prisons and post-release. The focus is gaining prison clearance for staff allowing them to be key holders, allowing direct access to those in prison and increasing 3-way meetings with probation on release to help transitions into the community and treatment. Where prison in-reach service is limited, Criminal Justice teams are utilising all opportunities to maximise engagement with prison leavers including use of legal visits, video links, pin phone access, email a prisoner, tele recovery and letters.
- COFC travel fund has been developed to assist those with drug support needs leaving prison travel to their appointments across Kent, their travel is funded and where possible accompanied by Connecting Communities staff to appointments including substance misuse and probation services. Additional funding has been allocated in Q2 for this purpose.
- KCC commissioners lead on the Custody pathway. KCC, Kent Police, CGL and Forward Trust have ongoing conversations regarding the low Drug Testing on Arrest (DTOA) conversion rate and have revised pathways and enhanced offers designed to improve transitions into treatment. Both drug and alcohol services continue to offer group work, one to one support for those testing positive.
- Crime Reduction Grant (CRG) continues for 25/26 and is uplifted by DATRIG funding. November's CRG return has now been submitted.
- The ATR/DRR pathway meeting is now called Community Sentencing Treatment Requirement meeting, led by Probation. Community services have introduced women-only support options for individuals on community orders, including dedicated women-only groups and increased one-to-one sessions, replacing mixed groups for vulnerable women.
- A dedicated working group has been established to address communication challenges between Probation and West Kent Community Criminal Justice teams regarding ATR/DRR clients. Probation service plans to establish a physical presence at the Maidstone hub to strengthen collaboration and improve service delivery.
- Kent Police's Make Time Count app is rolling out in a pilot in Medway. Although the pilot will take place in Medway it will involve both services providers across Kent due to arrests and drug tests of individuals who are not Medway residents
- Challenges/opportunities - Kent Police has experienced a reduction in drug testing funding and is working with services to identify strategies that ensure testing remains relevant, avoids duplication, and positively impacts treatment referrals. Police

continue to follow up on cases of non-compliance with Drug Testing on Arrest (DTOA) requirements. The Police and Crime Commissioner (PCC) Crime Reduction Grant may face reductions in 2026 due to anticipated budget cuts. Positive DTOA test referrals for prescribed opiate medications remain a persistent challenge.

2.7 Priority 8 - Improve treatment and recovery for targeted groups / vulnerable

People: Improving treatment and recovery for vulnerable groups in substance misuse services requires tailored, inclusive approaches that address specific barriers. Groups such as women, LGBTQ+ individuals, ethnic minorities, older adults, people with disabilities, and those in rural areas often face challenges accessing effective care. Women may experience trauma, caregiving pressures, and stigma; gender-specific programmes like the “Own My Life” course—now delivered in West Kent—offer safe, empowering spaces. Dedicated women’s workshops are now running in Dover, Thanet, Sittingbourne, and Ashford. Partnership working is key. There is active engagement with the Adult Safeguarding Board, district housing teams, and the DWP link worker. KCC has commissioned a Residential Recovery Housing service, delivered by CGL. Outreach to Gypsy, Roma and Traveller communities is improving, and CGL continues to support veterans. Collaboration with the ICB is underway to improve healthcare access. Joint work with Sexual Health services on ChemSex-related issues is ongoing.

2.8 Priority 9 - Improve pathways to treatment and recovery to rough sleepers:

Rough sleepers experience significantly higher rates of co-occurring conditions, including substance misuse, mental and physical health issues, and criminal justice involvement. In Kent, 139 individuals were estimated to be sleeping rough during the autumn 2024 single night count, with uneven distribution across districts and a rising trend. These individuals often face barriers to accessing preventive and primary care, and many present with complex, under-treated needs.

Specialist tenancy support is provided by East and West Kent SMS Tenancy Support Teams (Forward Trust and CGL), co-located with local housing authorities. They support individuals engaging with or willing to engage in treatment who:

- Have entered or are on a path to entering a housing crisis, i.e. they are at risk of losing a tenancy – preventative support
- Have recently moved into new accommodation, ensuring they are equipped with the skills and support to maintain that tenancy - maintenance support.
- Are in temporary accommodation or with no fixed abode (e.g. sofa surfing), in which case the service offers support to prevent these clients from becoming rough sleepers and helps them into drug and alcohol treatment whilst working on establishing more stable housing solutions.

2.9 Priority 10 - Improving treatment and recovery for people with co-occurring conditions:

Implementation of co-occurring protocol: We are progressing implementation of the co-occurring conditions protocol through multi-agency complex case reviews, focusing on individuals at risk due to limited service engagement, repeated admissions, or poorly managed mental health or substance misuse. Partners include housing, probation, GPs, KCC, and substance misuse services. We promote shared risk, support training, and highlight occupational therapy’s role. Collaboration

continues with ICB, Darent Valley Hospital, and KCC. We are advocating for formal data sharing agreements to improve coordination and care pathways across services.

Alcohol-related brain damage (ABRD) leaflet and patient engagement: An ABRD leaflet was developed to support patient information but awaits governance approval. Due to patients' complex cognitive and health needs, leaflet use is currently limited. If funding is secured for an Alcohol Care Team, we plan to implement these materials as part of a wider preventative engagement strategy.

Partnership working and case management: We continue close collaboration with substance misuse services and case managers to strengthen multidisciplinary care. This includes support for Multi-Professional Meetings (MPMs), MDT advice, and promoting ACE-III and multiple errands tests. We advocate assessing executive over decisional capacity. Complex case discussions enhance acute and community care by enabling thorough information sharing—ensuring key details inform comprehensive assessments that might otherwise be missed without this collaborative approach.

Data: One key challenge remains the formal diagnosis and recording of ABRD. At present, we have no consistent coding for alcohol-related brain damage (ETOH) or occupational therapy involvement within the patient record system. We are working with the CQI Team to address this so that we can generate accurate data.

Referrals and service access: Referrals to CGL are made via the REACH team or online portal, though communication on acceptance can be inconsistent. While no major issues persist, patients often face barriers such as limited mobility or social isolation. Social care referrals via Short Term Pathways may not meet long-term needs. Outreach remains limited; REACH attends DGT weekly but lacks consistent home follow-up. NICE guidance recommends psychological support within two weeks post-withdrawal, yet delays are common. Many patients cannot attend due to cognitive or physical impairments. More intensive, flexible post-detox support is needed, especially for unplanned withdrawals, which require a different, more proactive approach.

- 2.10 **Priority 11 - Working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm & exploitation and to provide safeguarding and intensive support:** The first meeting of this priority group was held on 29 May 2025, featuring presentations on advancing analytics and the importance of linked data. These provided an overview of the current data linkage landscape in Kent. Several linked datasets were highlighted, including the Kent and Medway Care Record (KMCR), KERNAL, the West Kent Integrated Dataset (led by the West Kent Health and Care Partnership), and Xantura. Further updates on both KMCR and Xantura were also presented to support understanding of how these tools can inform service planning and delivery. Substance misuse data needs to link with KMCR (integrated health dataset) to help identify patterns and trends across multiple partnerships and providers around substance use in Kent. There is significant potential to use data linkage across a range of council-commissioned programmes and services, enabling more meaningful impact evaluation and capacity modelling—beyond the limitations of standalone KPI reporting. While the ICB currently leads on data integration, their focus remains primarily on NHS data and priorities. The NHS-led Information Governance (IG) forum appears to have limited participation from local

authority and wider public sector IG leads, creating a gap in cross-sector collaboration. Furthermore, there is no clear operating model for the sharing and linkage of non-NHS, non-social care person-level data with NHS datasets. West Kent Integrated Dataset, led by the West Kent Health and Care Partnership, and the KCC Research, Innovation, and Improvement team's work to build an evaluation function. Both initiatives are currently in the development phase, with ongoing discussions involving SHcAB and the Information Governance Forum around governance and technical setup. Additionally, work on Xantura risk stratification is progressing to enhance predictive analytics and targeted interventions.

2.11 Priority 12 - Disrupting supply of illegal drugs: The project plan is being aligned with the Kent Community Safety Agreement, with ongoing intelligence sharing and updates on the local drug market profile. Work is underway to integrate Priorities 12 and 13, in collaboration with Kent Police, focusing on disrupting alcohol and drug supply chains and strengthening links with the Local Drug Information System (LDIS). Support from Serious and Organised Crime (SOC) panels is vital, providing insight into organised crime groups operating in high-risk areas—key drivers for targeted interventions. CGL is actively working with community safety teams, police, and other partners to reduce drug-related retail crime, particularly in Maidstone, with similar approaches being explored in East Kent. These efforts aim to enhance local intelligence, improve coordination across agencies, and ensure that enforcement activity is informed by public health priorities. The integration of treatment, recovery, and enforcement strategies is essential to reduce harm, disrupt supply, and improve safety in affected communities.

2.12 Priority 13 - Tackling local alcohol supply: A document capturing the themed outcomes from the steering group's interactive session has been developed. This document is intended to evolve over time, with steering group members agreeing to take ownership of specific thematic areas to shape it into a comprehensive action plan. Support from Serious and Organised Crime (SOC) panels remains a key driver, particularly in enhancing understanding of organised crime groups operating in identified hotspot areas. To support more efficient responses to alcohol licensing applications within Kent County Council (KCC), an online dashboard has been developed. This tool will soon be shared with wider stakeholders for consultation. In addition, Kent Police and the Community Safety Partnership are exploring the delivery of alcohol licensing training for frontline staff to strengthen local enforcement and safeguarding efforts.

3.0 LDIS and synthetic opiate:

Synthetic opiate and adulterated drugs are now becoming the norm. Our LDIS system is being used more frequently than ever. This impacts on our capacity as more partnership and administrative time is taken up tackling this threat. One of the challenges we are currently facing is the limited prioritisation of synthetic opioids within our local emergency response structures. While we've engaged with the Kent and Medway Resilience Forum to explore options for an out-of-hours response via the Local Drug Information System (LDIS), the Forum does not currently view synthetic opioids as a priority area.

However, there is a positive development: our health protection function is set to become part of the Resilience Forum. We hope this integration will provide an opportunity to embed LDIS within the health protection framework, enabling a more coordinated and responsive approach to emerging threats such as synthetic opioids.

This shift could help address current gaps in preparedness and ensure that synthetic opioids are considered within broader public health and emergency planning efforts.

The use of naloxone needs to become more normalised, and also the double doses of naloxone however the chemicals in the synoptic opiate keeps changing, we do need good partnership working locally and nationally to keep the abreast of it all.

4.0 Success Criteria - progress is evaluated through:

- 4.1 Reduction in drug-related deaths:** Nationally Drug deaths have reached an all-time high. Between January 2020 and December 2022, Kent recorded 205 drug misuse deaths, with a direct age-standardised rate (DSR) of 4.5 per 100,000—higher than the South East average (4.1), but lower than the England average (5.2). In 2023/24, Kent saw 194 alcohol-specific deaths, a slight increase from the previous year.

Between March 2024 and February 2025, Kent's treatment services reported 50 drug-related deaths (including those involving opiates, crack, opiates and crack, non-opiates and alcohol, and non-opiates only). This marks an increase from a baseline of 30 deaths in March 2022, a trend also observed regionally and nationally.

The majority of drug deaths in Kent are from opiates and cocaine and the average profile is a white man aged between 40 and 70 with complex health and social care problems and is often refused or experience barriers to mental health, substance misuse or health care recovery services. The average age of death to a person with OCU addiction is 55 years old.

According to our recent local surveillance data, reported drug and alcohol-related deaths in Kent have decreased in 2024/25 compared to 2023/24—from 383 to 300. This reduction may reflect improvements in treatment access, harm reduction efforts, and multi-agency collaboration, though continued monitoring and targeted interventions remain essential to sustain progress.

- 4.2 Adults in treatment in Kent:** As of September 2024 to August 2025, there were 5,733 adults in substance misuse treatment in Kent, an increase from a March 2022 baseline of 5,108.
- 4.3 Numbers of OCU in Kent Substance Misuse Treatment Services:** As of September 2024 to August 2025, there were 916 opiate only clients in Kent's drug and alcohol treatment services, 862 OCUs (opiate and crack), and 2,188 alcohol only clients. The unmet treatment gap for opiate only clients is 63% (which amounts to 3,760 people, OCUs is 4,725 people, alcohol only is 12,447 people). It is estimated that around 200 people in Kent will need Inpatient detox per year.
- 4.4 Number of residential rehabilitation and inpatient detox in Kent:** Between September 2024 and August 2025, Kent recorded 101 residential rehabilitation

admissions—an increase from the baseline of 38 in March 2022, reflecting expanded access and improved referral pathways. During the same period, 117 individuals accessed inpatient detox services, up from 94 in March 2022. These increases suggest growing engagement with structured treatment options and enhanced service capacity across the county.

5.0 Engagement with the Local Community

- **Community Outreach:** The partnership actively shares updates and information through local media channels and community events, helping to raise public awareness and promote transparency around its work.
- **Resident Involvement:** The Kent CDP ensures that local residents, especially those affected by drug-related harm, have meaningful opportunities to shape local plans. This includes collaboration with Lived Experience Recovery Organisations (LEROs) and open forums that welcome input from individuals with lived experience, their families, and wider community members.
- **ROAR – Kent's LERO:** Reach Out and Recover (ROAR), now established as a Community Interest Company (CIC), plays a key role in supporting quality improvement and advocacy for people in treatment and recovery. ROAR works across services to ensure that individuals navigating multiple systems receive coordinated and compassionate care. More information is available at [ROAR LERO Kent | Alcohol and drug Support \(roarkent.com\)](https://roarkent.com)

6.0 Context

- 6.1 The two overarching governance structures Kent Drug and Alcohol strategy are the Health and Wellbeing Board and the Kent Community Safety Partnership. There are also strong governance links to the Integrated Care Board for both prevention and mental health.
- 6.2 **The Substance Misuse Alliance;** the stakeholder engine room for delivering the strategy, is Chaired by Diane Morton, Lead Member for Social Care and Public Health and meets quarterly. The Senior Responsible Officer for Combatting Drugs Partnership is, Dr Anjan Ghosh, Director of Public Health, supported by representatives from public health consultant and specialist, commissioners, local police, probation services, substance misuse service providers, and non-profits focused on drug and alcohol dependency. Its governance ensures that objectives align with both national and local priorities, fostering collaboration among key community partners. The senior executive group meets quarterly and drives the substance misuse strategy and gets reports from each of the sub groups. All of the key groups include police and police partnerships. In addition the Police leadership have their own structures where they lead on county lines, prevention and organised crime.
- 6.3 There are an estimated 81,000 people taking illegal drugs in Kent of which around 32,000 take Class A drugs. The modelled estimate of numbers for opiate and / or crack users (OCUs) in Kent is 5,647. The rate of unmet need of OCUs is 63%, and this is higher than the national average of 54%. The rate for people addicted to opiates and crack (OCU) in Kent is 5.9 (compared to England's 8.9 per 1,000) . There is an estimated rate of 11.5 per 1000 in need of alcohol treatment services for dependent

drinking (slightly lower than England average of 13.5). This is 14,000 people. New threats such as nitrazines and xylazines are on the increase.

- 6.4 There are three main substance misuse providers in Kent, CGL in the West, Forward Trust in the east, and we are with you: the children's service. Kent drug and alcohol services are generally performing better than the national average on a range of indicators.
- 6.5 Substance Misuse continues to be identified as a priority for most of the local Community Safety Partnerships (CSPs) either as a stand-alone priority or as part of a broader theme and following the latest review it remains a priority within the county agreement. It should be noted that there are strong links between Substance Misuse and other CSA priorities such as 'Serious Violence and Organised Crime' in the form of County Lines drug dealing and other associated activities and as such there may be some actions which link across more than one priority.

7.0 Recommendations

- 7.1 The KCSP is asked to note the progress and actions undertaken through the Kent Combating Drug Partnership and Kent Drug and Alcohol Strategy.

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