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To:	**Kent Community Safety Partnership (KCSP) – 19th November 2026**
Classification:	**For Information**
Subject:	**Kent Substance Misuse (Drug and Alcohol) Strategy Update 2026**

Summary This report summarises progress against Kent's Drug and Alcohol Strategy, highlighting improvements in treatment and recovery, emerging drug threats and the principal areas requiring further partnership action.

1.0 Background / Introduction

1.1 Kent's Drug and Alcohol Strategy provides a coordinated, multi-agency response to drug and alcohol-related harm. This report highlights progress across its 13 priorities, the response to emerging risks and the outcomes used to assess delivery.

2.0 Context

2.1 The Health and Wellbeing Board and Kent Community Safety Partnership oversee the Strategy, with links to the Integrated Care Board on prevention and mental health. The Substance Misuse Alliance, chaired by Jamie Henderson, Lead Member for Public Health, brings partners together quarterly. Dr Anjan Ghosh, Director of Public Health, is the Senior Responsible Officer for the Combating Drugs Partnership; its senior executive group oversees delivery through the strategy subgroups.

2.2 An estimated 81,000 people in Kent use illegal drugs, including around 32,000 using Class A drugs. The estimated number using opiates and/or crack cocaine is 5,375. Unmet treatment need in this group is estimated at 64.6%, above the national average of 54%. Increasingly unpredictable drug supplies, including potent synthetic opioids, add to the need for effective outreach, treatment and overdose prevention.

2.3 Adult services are delivered by Change Grow Live in West Kent and The Forward Trust in East Kent; We Are With You provides the children and young people's service. Substance misuse remains a priority within the county community safety agreement and for most local Community Safety Partnerships, with close links to serious violence, organised crime, county lines and exploitation.

3.0 Strategy highlights: progress and priorities

3.1 The following headlines bring together progress across the Strategy's 13 priorities, focusing on achievements, risks and the next areas for partnership action.

3.2 **Earlier intervention and better liver care (Priorities 1–3):** Both adult providers now offer liver scanning and direct referral to specialist liver services, strengthening early identification and follow-up. Prevention activity continues through GP engagement, brief advice training and naloxone distribution. However, workforce pressures have

delayed some prevention work, and there is no dedicated funding for countywide Alcohol Care Teams.

3.3 **Stronger support for children, families and suicide prevention (Priorities 4–5):** The children and young people's needs assessment is complete, service performance remains strong, and whole-family support continues through schools, family programmes and closer links with Family First. The new Kent and Medway Suicide and Self-Harm Prevention Strategy identifies people affected by substance misuse as a priority population. A joined-up pathway for young people with both mental health and substance misuse needs still requires further development.

3.4 **Improved treatment access, with performance assurance still needed (Priority 6):** Hepatitis C micro-elimination has been achieved in Ashford, Canterbury and Thanet, and access to long-acting buprenorphine has expanded. Recovery Worker vacancies in West Kent have been filled, but the impact on waiting times is not yet confirmed. Differences between provider dashboards and national treatment data, particularly for inpatient detoxification and residential rehabilitation, require validation before these data can reliably inform strategic planning.

3.5 **Better continuity from prison to community treatment (Priority 7):** Continuity of care has improved to 49.63%, from a rolling-average low of 37.3% in February 2023 but remains below the 58% target. Conversion of Liaison and Diversion and Reconnect referrals into structured treatment increased from 15.0% in 2025/26 to 23.7% in the first quarter of 2026/27. Priorities are timely prescribing, release planning and managing the community resource implications of increased long-acting buprenorphine use in prisons; digital custody referrals remain on hold pending a Kent Police decision.

3.6 **More tailored support, but gaps for people with complex needs (Priorities 8–10):** A new Canterbury recovery hub supports people experiencing rough sleeping and multiple disadvantage. Services are adapting support for neurodivergent people, veterans and people affected by chemsex, while a network of 126 co-occurring conditions champions supports joint working. However, Kent still has no dedicated commissioned pathway for alcohol-related brain injury or co-occurring conditions. A business case is being developed for the Integrated Care Board to address gaps in placements and step-down support that contribute to prolonged hospital stays and poor outcomes.

3.7 **Better information sharing to identify risk (Priority 11):** Work is progressing to connect substance misuse services with the Kent and Medway Care Record. Hospital liver surveillance links are already operating, and links with Family First are being explored to support earlier identification of vulnerable families. These developments aim to improve coordinated care and safeguarding; wider data integration remains in development.

3.8 **Joined-up action on exploitation and alcohol availability (Priorities 12–13):** Public Health is contributing to partnership work on county lines and home takeovers ("cuckooing"); a proposed Cuckooing Coordinator role is being developed. A new Alcohol Licensing Tool supports district, borough and police licensing teams with public health intelligence, although it has not yet been used for individual applications. The alcohol supply steering group is expected to restart by the end of 2026 following a pause caused by workforce pressures.

4.0 Local Drug Information System and synthetic opioid preparedness

4.1 Kent's Local Drug Information System (LDIS) brings together partner intelligence to identify emerging drug threats, issue alerts and coordinate a rapid response. Demand is increasing as drug supplies become more unpredictable. Fentanyl analogues, including carfentanil, have been identified in England, including Kent, reinforcing the importance of early warning and overdose prevention.

4.2 Assurance is being strengthened through joint work with Kent Police and the Kent and Medway Safeguarding Adults Board. Public Health will provide a quality assurance report against the Government's synthetic opioid preparedness guidance, setting out surveillance, response arrangements and areas requiring further development. This will provide a clearer assessment of preparedness rather than assuming all arrangements are complete.

4.3 A new one-page naloxone guide explains how to recognise and respond to opioid overdose and access training and supplies. Developed with Medway Public Health and both adult treatment providers, it is intended for the public, families and frontline staff. A Drug and Alcohol-Related Death Prevention Plan is also being developed to strengthen learning from deaths and coordinate action to prevent further fatalities.

5.0 Success Criteria - progress is evaluated through:

5.1 **Drug and alcohol-related deaths:** Nationally Drug deaths have reached an all-time high. Between January 2022 and December 2024, Kent recorded 224 drug misuse deaths, with a direct age-standardised rate (DSR) of 4.8 per 100,000 - higher than the South East average (4.5), but lower than the England average (5.8). In 2024, Kent saw 166 alcohol-specific deaths, a decrease from the previous year.

5.2 Between September 2025 and August 2025, Kent's treatment services reported 57 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 48 deaths in March 2022, a trend also observed regionally and nationally.

5.3 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.

5.4 According to local surveillance data, the number of reported drug and alcohol-related deaths in Kent has decreased year on year, falling from 380 deaths in 2023/24 to 299 deaths in 2024/25, and further to 283 deaths in 2025/26. While the reasons for this reduction are likely multifactorial, it may reflect the positive impact of improved access to treatment, enhanced harm reduction initiatives, strengthened partnership working, and coordinated multi-agency action across the system. Despite this encouraging trend, continued vigilance is required, particularly in response to emerging threats such as synthetic opioids and drug adulteration. Ongoing monitoring, intelligence-led interventions and targeted prevention activity will be essential to sustain progress and further reduce drug and alcohol-related mortality in Kent.

5.5 **Adults in treatment in Kent:** As of September 2025 to August 2026, there were 6,145 adults in substance misuse treatment in Kent, an increase from a March 2022 baseline of 5,108.

5.6 **Numbers of OCU in Kent Substance Misuse Treatment Services:** As of September 2025 to August 2026, there were 871 opiate only clients in Kent's drug and alcohol treatment services, 840 OCUs (opiate and crack), and 2,352 alcohol only clients. The unmet treatment gap for opiate only clients is 64.7% (which amounts to 2,363 people, OCUs is 5,375 people, alcohol only is 14,605 people). It is estimated that around 200 people in Kent will need Inpatient detox per year.

5.7 **Number of residential rehabilitation and inpatient detox in Kent:** Between September 2025 and August 2026, Kent recorded 55 residential rehabilitation admissions - an increase from the baseline of 38 in March 2022, reflecting expanded access and improved referral pathways. During the same period, 99 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.

6.0 Engagement with the local community

6.1 Community communications, local events and targeted campaigns raise awareness of drug and alcohol harms. LDIS alerts and naloxone information provide practical advice on emerging risks and overdose prevention.

6.2 People with lived and living experience, families and carers help shape priorities and service improvements through consultation, recovery forums and partnership events. Reach Out and Recover (ROAR), Kent's independent lived experience recovery organisation, provides peer advocacy and a voice in commissioning and service development.

6.3 Workforce learning on synthetic opioids, naloxone and complex needs supports more confident, less stigmatising responses. Partners across health, social care, housing, criminal justice and the voluntary sector continue to strengthen support for people facing multiple disadvantage.

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.

For Further Information:

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