

# The Context for Substance Misuse Services in Kent

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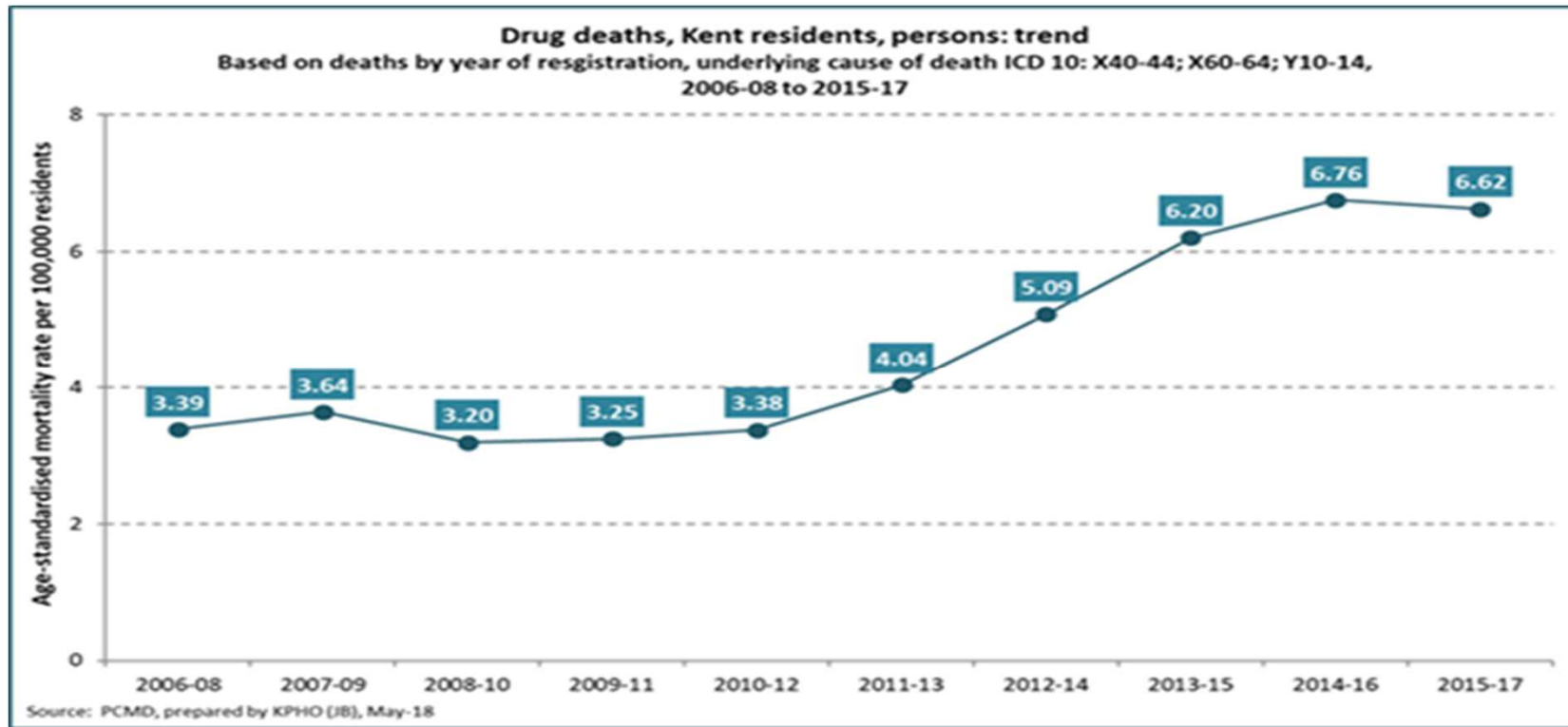
# Recent Issues in Substance Misuse in UK

- Dame Carol Black - independent review into UK Drug Services
- New guidance on treatment of substance misuse and mental health conditions – NICE guidance for NHS and partners.
- New patterns of usage – Dark Web and on line alcohol sales to young people
- **COVID-19** change in consumption: National study shows 42% cut down, 21% say they are drinking more and of that group 15% say they are drinking more per session
- Alcohol related admissions to hospital in England at an all time high

# Changing Context of Drug and Alcohol Harms

- Very large rise in drug deaths in Kent
- Alcohol is easy and cheap to buy and is normalised
- The drugs people are using have changed – cocaine, MDMA etc
- ‘County Lines’ drug supply routes is grooming children into crime
- Huge treatment gap for alcohol dependent drinkers
- Increasing liver deaths in England and Kent
- Understanding of increasing adverse child experiences leads to addictions
- Mental health support is often missing
- Workforce and skills

# Drug Deaths in Kent are Increasing



## From BBC News : Arrests in Gravesend as £2m of cocaine seized in raids







Estimated People Using Illegal Drugs in Kent	Estimated people drinking alcohol –high dependent/ vulnerable with complex needs.	Estimated number of dependent drinkers : Alcoholics in Kent	Estimated people who are using heroin and crack cocaine in Kent	Drug deaths in Kent.	Alcohol related deaths in Kent	Numbers in Treatment
10% adult population	<b>VERY HARD TO QUANTIFY</b> est only 20% of <b>dependent</b> drinkers get treatment. <b>1%</b> of population are highly severe and complex. Over 90% of street homeless people have addiction needs.	Est: <b>72,000</b> Broad definition dependent (4% pop)	Est: <b>5,600</b> (2016) Rate: 5.5 per 1000 pop	6 per 100,000, this higher than England	8 per 100,000 ( <b>alcohol specific</b> death rate) <b>14.5</b> in Folkestone and Hythe.	<b>3,055</b> Drug (opiate and crack)
						<b>2,467</b> (Alcohol)
Declining trend: for casual drug use. Class A slight increase.	What about the: <b>80%</b> ? <b>60-80% mental health need? Unidentified.</b> <b>25% of clients were also in mental health system. 45% had mental health identified need.</b>	<b>30%</b> of people in treatment had severe dependence Treatment Gap high in UK	Increasing rates in Kent But lower than national average.	Pooled 3 year rates have increased from 2 per 100,000 and Thanet rate is 9.	Kent is much lower than the England average BUT masks local variation and the trend was reducing but is recently showing increase.	Kent's services are tackling a growing complex drug and alcohol dependency problem with big treatment gaps.

## Definitions

**Trauma informed approach:** An organisational transformation model that improves awareness of trauma and its impacts, supports services to consider and put in place appropriate support, and prevents re-traumatising those accessing or working in services.

**Trauma:** Refers to events or circumstances that are experienced as harmful or life-threatening and can have lasting impacts on mental, physical, emotional and/ or social well-being.

**Adverse Childhood Experiences (ACE):** Refers to some of the most intensive and frequently occurring sources of stress that children may suffer early in life. Such experiences include multiple types of abuse; neglect; violence between parents or caregivers; other kinds of serious household dysfunction such as alcohol and substance abuse; and peer, community and collective violence. Exposure to multiple ACE is associated with health harming behaviours and physical and mental health conditions in adulthood.



[kent.gov.uk/spacematters](http://kent.gov.uk/spacematters)



Health Education England



# Case Study: Jack

- Jack's teenage mum couldn't cope and suffered domestic abuse and Jack had mental health issues as a child.
- At 16: took drugs with friends, prescribed Prozac at 19. Had blackouts and bouts of violence.
- At 24: first suicide attempt – his job in events industry – normalised his substance misuse.
- At 28: got married and had a well paid job in the City but had 2<sup>nd</sup> suicide attempt. Hiding his drinking and morning drinking.
- At 35: had a child but the relationship breaks down. Substance misuse goes up. Cocaine, cannabis, alcohol.
- At 40: first time in substance misuse treatment services when...
- At 43: loses job and suffers second breakdown and first alcohol inpatient detox.
- At 45: more inpatient detoxes, liver problems, mental health, suicide attempts, injuries, arrests, assaults, 24 hour drinking, homelessness, white cider, isolation.
- 50: **via CGL** - 4th detox: Bridge House and 6 weeks Kenward Trust – but no onward mental health support or housing or care plan. Suicide attempt: 3 week out of area placement and CMHT referral then **re-engaged with CGL** and achieved sobriety, offered psychotherapy and medication review.
- 52: **sober for 24 months and housing support and now seen by GP for severe depression**. Re-established relationship with daughter.

# A New Substance Misuse Alliance and Strategy for Kent : First Step – Peer Assessment

- **The CLear Assessment Process is a self assessment** Created by Public Health England to help health and social care systems improve and create better strategies.
- It helps us to have a framework – so we can learn the strengths and challenges in our system.
- **CLear** was developed originally for Tobacco Control. It has been used successfully in Kent on creating the Tobacco Control Alliance
- **First part of self assessment completed – results in late September.**

# Even in the Context of COVID-19 – Some Early Successes

- Creation of NHS MDTs (Multi disciplinary teams)
- Co-occurring conditions protocol and learning networks (Substance Misuse and Mental Health services)
- West Kent Review of services
- Substance misuse now a priority in NHS
- Better links with Safeguarding and Vulnerable Adults groups
- Better joined working between adults and child social services
- Getting alcohol and drug prevention into mainstream public health offer via One You: Identification and Brief Advice.