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**To:** Kent Community Safety Partnership (KCSP) – 21<sup>st</sup> November 2024

**Classification:** For Information

**Subject:** Kent Substance Misuse (Drug and Alcohol) Strategy Update 2024

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**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. Three key concerns to highlight is the challenge in Kent of getting more heroin, cocaine and crack users into structured treatment services, tackling increases in drug related deaths (including the new threats of synthetic opioids such as nitazenes and the increasing complexity and safeguarding needs of vulnerable people with co-occurring conditions (substance misuse and mental health) needing more holistic and joined up services.

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## 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. [Substance Misuse \(Drug and Alcohol\) strategy - Kent County Council](#)

## 2.0 Governance and structure

- 2.1 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.
- 2.2 The Substance Misuse Alliance; the stakeholder engine room for delivering the strategy, is Chaired by Clair Bell, Lead Member for Community and Regulatory Services and meets four times a year. The Senior Responsible Officer for combatting drugs and tackling alcohol related harms 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. The SRO has set up a **senior executive group** of the substance misuse alliance and this group acts as our Combatting Drugs Partnership; Its governance ensures that objectives align with both national and local priorities, fostering collaboration among key community partners. The senior executive group meets 5 times a year 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.

### **3.0 Key findings from local needs assessment**

- 3.1 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 are on the increase.
- 3.2 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.
- 3.3 Kent drug and alcohol services are generally performing better than the national average on a range of indicators however one indicator which is below the national average is getting opiate and crack users into treatment. There is a recovery plan attached to this target.
- 3.4 Another area of concern is the increasing trend for drug related deaths, although the rate of Kent's drug deaths is still slightly below national average. The threat from new synthetic opioid substances that are used to adulterate the supply of drugs also poses a national and local concern that puts drug users at higher risk of death.

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

- 5.1 **Priority 1 - Prevention, early intervention and behaviour change:** A recent stakeholder meeting was conducted in June 2024. In July 2024, an alcohol awareness campaign was launched, Strengthening referral pathways to One You Kent.

There is an intention to strengthen Identification and Brief Advice (IBA) training to frontline staff. Benefits of linking Make Every Contact Count, and IBA through One You Kent to Reach primary care, hospitals, and community settings make cost effective use of scarce resources. Additionally, the success of naloxone distribution through a Public Health and Police partnership highlights collaboration potential. A pilot project involving GPs referring elderly fallers related to alcohol use to One You Kent is being considered, alongside further research into social prescribing and targeted campaigns.

- 5.4 **Priority 2 - Early Help: Prevention to Treatment Pathway:** Currently, only a few acute and mental health trusts have adopted alcohol or liver fibroscan as a CQUINN, highlighting the need for consistent implementation across all acute trusts in Kent to enhance CQUINN compliance. There is close work with the Kent and Medway Cancer Alliance to update the liver network map, enabling direct referrals to secondary care from substance misuse treatment services when liver disease is identified. Additionally, the KCC commissioning team has launched a rebranding campaign to strengthen the prevention-to-treatment pathway and increase engagement in treatment services.
- 5.5 **Priority 3 - Improving hospital and acute pathways to treatment:** This is important because currently there is a risk that people who have serious alcohol or drug problems will attend acute hospitals and may be in danger of being discharged without a community treatment plan. One way to avoid this is creating alcohol and drug hospital care teams in acute settings. Currently, alcohol care teams are established at Queen Elizabeth the Queen Mother (QEQM) Hospital in East Kent and Darent Valley Hospital in North Kent. However, there are no alcohol care teams at Maidstone Hospital and Pembury Hospital in West Kent, or William Harvey Hospital in East Kent. This variation in alcohol care team and alcohol liaison nurse availability across Kent and Medway acute trusts highlights the need for standardised pathways in hospital settings. Positive outcomes from QEQM underline the effectiveness of alcohol care teams, there is active collaboration with West Kent HCP to develop a business case to establish an alcohol care team in this area.
- 5.6 **Priority 4 - Children and young people living with alcohol misusing parents / Preventing inter-generational alcohol misuse:** A project plan is being developed as a result of recommendations in the Children and Young People (CYP) Substance Misuse Needs Assessment to address current fragmentations within the pathway.
- Key areas of progress includes establishing support within Family Hubs, improving the links with NHS services, ongoing work with the development of joint working protocol for children and young people's co-occurring conditions, and building on positive outcomes from the Sunlight Project which is a service of young people with substance misuse issues delivered in schools.
- 5.7 **Priority 5 - Tackling high rates of suicide and self-harm associated with substance misuse:** The Stigma Kills campaign and support for individuals with co-occurring conditions are central to this work. Based on emerging trends, targeted interventions will be developed to address substance misuse-related suicides. Plans include a public campaign to combat stigma associated with poor mental health, particularly its connection to substance misuse. We will also facilitate a substance misuse-focused meeting of the Better Mental Health Network. Additionally, the risks of substance misuse will be integrated into various training programmes by KCC Public Health, including everyday mental health, identifying and responding to trauma, domestic abuse, and suicide prevention.
- 5.8 **Priority 6 - Continued Improvements to Kent Treatment and Recovery Services**
- Implementation of a new Housing Support Service to support individuals in treatment with housing related needs.

- Implementation of an Individual Placement and Support Service to support individuals into employment as part of their treatment journey.
- Beginning of journey to form an independent lived experience organisation (LERO) in Kent to support with quality improvement and advocacy for individuals in treatment and recovery across all services they may interact with.
- Improve the information available on the KCC website to support with referrals into treatment services.
- Agreement to employ a Quality Improvement Manager in each of the adult services to work together and assess quality and areas for improvement across Kent.
- Challenges – recruitment of staff and time required to recruit and then embed. Availability of clinical staff to support with increase in treatment numbers.
- Opportunities – the development of more holistic services to meet the needs of individuals with a treatment need.

### 5.9 **Priority 7 - Criminal Justice Routes to Substance Misuse Treatment**

- Kent and Medway Continuity of Care (COFC) Group meeting has been established. The subgroup for COFC Pathway takes place monthly. Co-location for drug and alcohol services at probation has improved and the pathway review identified challenges and solutions for community substance misuse services to work with offenders prior to release within Kent prisons and subsequently.
- Increasing the frequency and quality of meetings with Probation, KCC, HMPSS and community drug and alcohol services are important to implement SDS40 (early release), followed by reviewing case studies and learning.
- Prison in reach workers to aid COFC. Improving face to face engagement prior to release and utilising all other options to develop rapport and increase engagement in the community.
- Creation of additional criminal justice workers across Kent.
- KCC commissioners lead on the Custody pathway which is working well to address challenges within the Drug Testing On Arrest process. The aim is to increase numbers into treatment and the offer of brief advice and harm reduction across Kent.
- Better support for vulnerable women via community services are now offering women only support for those on a community order such as women only groups or an increase in one-to-one sessions instead of mixed groups for vulnerable women.

5.10 **Priority 8 - Improve Treatment and Recovery for Targeted Groups / Vulnerable People:** Improving treatment and recovery for vulnerable groups in substance misuse services necessitates the implementation of tailored interventions that address the unique challenges faced by each population. Vulnerable groups, including women, LGBTQ+ individuals, ethnic minorities, older adults, individuals with disabilities, and those living in rural areas, often encounter significant barriers that impede their access to effective treatment. Collaboration is underway with the adult safeguarding board and district and borough housing teams. Additionally, we are establishing connections with partner organisations to engage the Gypsy, Roma, and Traveller communities. CGL has formed partnerships with the veteran community and collaborates with the Integrated Care Board (ICB) to enhance healthcare access for vulnerable groups. A review of the Joint Working Protocol has been finalised, and we will host a co-

occurring conditions conference at the end of the year to exchange best practices and evaluate the implementation of the Kent & Medway Joint Working Protocol.

- 5.11 **Priority 9 - Improve Pathways to Treatment and Recovery to Rough Sleepers:** In Kent, the number of rough sleepers fluctuates significantly, reflecting changing patterns of homelessness over time. The new housing grant is limited in scope, covering only a small geographical area and not the entirety of Kent. As a result, many homeless individuals do not stay engaged with services, leading to lost opportunities for follow-up care. To address these issues, integrated housing and treatment services are essential. There are also opportunities that are providing stable housing, even after individuals leave temporary accommodations for inpatient detoxification or rehabilitation services, can greatly enhance recovery outcomes. Additionally, low-barrier treatment options with flexible schedules are crucial in accommodating the realities faced by homeless individuals.
- 5.10 **Priority 10 - Improving treatment and recovery for people with co-occurring conditions:** The project plan for implementing the Joint Working Protocol for co-occurring conditions is currently in progress. Multiple partners are engaged, and efforts are being made to embed these practices into frontline operations across the county, although further collaboration with Kent and Medway Partnership Trust (KMPT) is necessary. Over 50 co-occurring champions have been recruited, establishing a supportive network. Discussions have also occurred regarding the secondment of social workers to substance misuse teams at KMPT. Collaboration with the Kent and Medway Safeguarding Board aims to upskill the workforce, with training focused on topics such as alcohol-related brain damage, self-neglect safeguarding, executive function, screening tools, and care planning. Training for professionals in statutory agencies on co-occurring conditions is ongoing and evolving. Key issues that need addressing include reducing the stigma associated with substance misuse within mental health and health services, improving awareness of cognitive impairments related to alcohol-related brain damage, and enhancing advocacy for individuals with co-occurring conditions.
- 5.11 **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 Kent and Medway Care Record (KMCR) is an integrated linked dataset. It provides a joined-up view of an individual's care and treatment from multiple health and social care providers ([Kent and Medway Care Record : Kent & Medway ICS](#)) and data flow from substance misuse services into this will continue into 2025.
- 5.12 **Priority 12 - Disrupting Supply of Illegal Drugs:** The project plan is being aligned with the Kent Community Safety Agreement. There is intelligence sharing and updates related to the drug market profile. Efforts are underway to integrate the work of priorities 12 and 13 with partners from Kent Police, focusing on reducing alcohol supply chains and collaborating with the Local Drug Information System (LDIS). Support from Serious and Organised Crime (SOC) panels is essential to gain insights into organised crime groups operating in high-risk areas, which serves as a crucial driver for our initiatives.

5.13 **Priority 13 - Tackling Local Alcohol Supply:** A recent stakeholder review meeting held in June 2024. This plan is primarily focused on alcohol licensing.

## 6.0 **Horizon scanning and threat mitigation:**

Through the Local Drug Information System (LDIS), Kent CDP continuously monitors new threats, such as emerging synthetic opioids and stimulant trends. Proactive response planning allows the partnership to quickly address these issues, minimising harm to communities.

## 7.0 **Success Criteria - progress is evaluated through:**

7.1 **Reduction in Drug-Related Deaths:** Nationally Drug deaths have reached an all-time high. In Kent there were 182 drug misuse deaths in the two-year period from 2018 to 2020. The directly age-standardised rate in Kent for drug deaths is 4 per 100,000 population and this is lower than the English rate (5 per 100,000 population). However in some parts of Kent (Thanet) the rate is twice the national average. In Hampshire there are 144 drug related deaths the rate is 3.7 per 100,000 population. 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 system, there has been a decrease in reported drug and alcohol-related deaths for the first quarter of 2024/25 compared to the same quarter last year. The number of deaths has decreased from 160 to 72.

7.2 **Treatment Engagement Rates:** Increasing the number of people entering and remaining in treatment programs has been a priority, and early indicators suggest improved engagement.

7.2.1 **Numbers of OCU in Kent Substance Misuse Treatment Services:** In May 2024, there were 5,463 clients in Kent's Drug and Alcohol treatment services. This includes 882 opiate only clients, 922 OCUs (opiate and crack), and 2,140 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). There has been a nationwide reduction in numbers into treatment services and in Kent there has been a 3% reduction in OCU users in treatment but there are increasing numbers of Alcohol dependent people in treatment. It is estimated that around 200 people in Kent will need Inpatient detox per year.

## 7.3 **Community Safety Metrics:**

**Kent Organised Crime Groups:** As at March 2023 Kent has 207 Mapped OCGs. This included 54 Active and 153 Archived. The overall number of OCGs being mapped in Kent has increased year-on-year for the past 4 years, with 9 new OCGs mapped in 2019, 17 mapped in 2020, 23 mapped in 2021 and 28 new groups mapped in 2022. Drug criminality, (importation and / or supply), accounts for the largest number of mapped OCGs in Kent. Just over half of the active OCGs in Kent have a primary threat of 'drugs'. By comparison, the next most numerous crime types linked

to active OCGs in Kent are Fraud and Serious and Organised Acquisitive Crime (SOAC) accounting for 7 groups each. The main commodity linked to mapped OCGs in Kent is Cocaine, followed by Cannabis Cultivation and Supply. The current threat from drug importation and supply is unchanged from the previous assessment. This is also in sync with the national picture of all OCGs recorded on the national OCG database.

**Drugs and County Lines in Kent:** The numbers of identified county lines have reduced albeit the risk they pose remains consistent. Those involved in this type of crime are becoming more tactically aware of how Policing can disrupt their criminal enterprise. Those involved are adapting and are keeping the phone line local rather than it being held elsewhere. This is a national trend so the Kent picture mirrors the changes seen across the country.

Community impacts are evident in areas of lower deprivation. Crack cocaine and heroin usage is more likely to be linked to such areas, impacting on the residential and business communities.

#### 7.4 **Self-Audit and Assessment:**

Kent CDP uses self-assessment tools aligned with the upcoming Commissioning Quality Standard to ensure accountability and continuous improvement in treatment delivery. Information and evidence is currently being gathered from commissioners, public health specialists and consultants. A review will be undertaken shortly to establish where recommendations and improvements can be made.

### 8.0 **Engagement with the Local Community**

#### 8.1 Public Involvement and Awareness:

- Community Outreach: Information on the partnership's activities is shared through local media and community events, increasing public awareness and transparency.
- Involving Residents: The Kent CDP provides platforms for residents, including those impacted by drug-related harm, to contribute insights and help shape local plans. This includes partnerships with LEROs and open forums for those with lived experience, families, and affected community members. [ROAR LERO Kent | Alcohol and drug Support \(roarkent.com\)](https://roarkent.com)

#### 8.2 Opportunities for Involvement:

Community members are encouraged to participate in public meetings, volunteer in community programs, and offer feedback on the CDP's efforts. A Public Involvement Lead within the CDP ensures that diverse voices are heard and incorporated.

### 9.0 **Communication Strategy and Next Steps**

Moving forward, the partnership will focus on refining treatment pathways, expanding community-driven prevention efforts, and continuing to adapt its response to emerging drug trends.

Kent CDP will continue to monitor progress on the opiate and crack target of getting more opiate and crack uses into treatment.

Kent CDP will continue to lead the system to improve outcomes for people with Co occurring conditions working closely with Kent adult safeguarding board.

## **10.0 Recommendations**

10.1 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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