

From: Peter Oakford, Deputy Leader and Cabinet Member for Strategic Commissioning and Public Health

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To: Health Reform and Public Health Cabinet Committee

30 June 2017

Subject: Kent Drug and Alcohol Strategy 2017-2022

Classification: Unrestricted

Past pathway: Adult Social Care and Health Cabinet Committee – 12 July 2016

Future pathway: Cabinet Member Decision – 17/00057

Electoral Divisions: All

Summary:

A five-year combined drug and alcohol strategy for 2017-22 has been jointly produced by Kent Police and KCC Public Health on behalf of the Kent Drug and Alcohol Partnership (KDAP).

This strategy incorporates the current Police drug and alcohol strategy and the KCC led Kent alcohol strategy. This new Kent Drug and Alcohol Strategy has been developed on behalf of all KDAP partners. The decision to combine a strategy for both drugs and alcohol was taken in order to highlight the new complexities in both illegal and legal drug and alcohol use in Kent.

The five strategic themes in the new strategy are resilience, identification, early help & harm reduction, recovery and supply. The strategy went out for public consultation which was completed at the end of February 2017. This final version has now been completed and has taken into account comments from the consultation.

The strategy has been endorsed by the KDAP Board. The KDAP Board will receive a draft delivery plan in June/July 2017. Subject to endorsement by the Health Reform and Public Health Cabinet Committee and sign off from the Cabinet Member for Strategic Commissioning and Public Health, the new strategy and its delivery plan will be implemented from August 2017.

Recommendation:

Members of the Health Reform and Public Health Cabinet Committee are asked to: Comment on and either endorse or make a recommendation to the Cabinet Member for Strategic Commissioning and Public Health on the proposed decision to approve the Kent Drug and Alcohol Strategy 2017 – 2022, noting that a full delivery plan will be available in August 2017.

1. Introduction

- 1.1 This report presents an overview of the new Kent Drug and Alcohol Strategy (2017-2022). The strategy has been jointly developed by Kent Police and Kent Public Health on behalf of the Kent Drug and Alcohol Partnership (KDAP), allied community groups and the public. The focus of the strategy is to ensure that the whole system supports each other in tackling drug and alcohol harms. This strategic focus will help to ensure that treatment services (mostly funded from KCC public health grant) are more focused on those with complex drug and alcohol issues. National data show that deaths related to drug and alcohol misuse are rising and the population affected is increasingly more complex. In addition there are new drugs available, a large co-morbidity with mental health problems and a large cost to prisons, health services and families across Kent. This strategy went out for public consultation which ended at the end of February. This final version has been approved by the Kent Drug and Alcohol Partnership. A delivery plan with outcomes and targets will be finalised in August 2017 and the strategy will go live pending sign off from the Cabinet Member for Strategic Commissioning and Public Health as a key decision, as set out in the attached proposed record of decision (Appendix 3)

2. Rationale

- 2.1 Until recent years there was a clear picture of the type of drugs used in the UK, the challenges for individuals, and the main focus was the traditional use of opiates, crack and cocaine. More recently the drug and alcohol landscape has changed. There is a greater amount of cheap, high strength alcohol available, and there is a greater degree of illegal alcohol, there are new psychoactive substances as well as steroid misuse. Kent, along with the UK as a whole, also has the problem that its existing cohort of drug and alcohol addicts are now becoming older and suffering far greater severity of chronic conditions, resulting in higher drug and alcohol related deaths. Alongside this is the continued challenge of increasing alcohol harm in the general population. The consequences of alcohol and drug harm are seen by families, loved ones and in the workplace. The co-morbidity between drug and alcohol problems and mental illness continues to rise.

This challenging landscape requires a whole-system, systematic, integrated and coordinated approach to tackle the causes and consequences of drug and alcohol problems. We require workforces to become informed and proactive participants in prevention to facilitate cultural and behaviour change in attitudes towards alcohol and drug misuse.

There are early indications that young people are responding to this message with higher reported national rates of alcohol abstinence and fewer alcohol-related hospital admissions in Kent. The aim will be to see this type of change in the adult population. The combination of public spending austerity and increasingly complex drug and alcohol challenges mean that a new approach is needed that is shared with all partners – including the NHS and voluntary sector.

2.2 **Progress to date: Previous Kent Alcohol Strategy 2014-2017 (Appendix 2)**

The previous Kent Alcohol Strategy 2016 and Kent Police Drug and Alcohol Strategy (ending early 2017) had notable successes. For example, there has been an increase in the number of Alcohol Identification and Brief Advice (IBAs) interventions delivered and Kent Police have been involved proactively working with Kent Trading Standards on local enforcement, e.g. restricting the supply of illegal drugs and alcohol.

There have been notable successes of the alcohol strategy that we are keen to maintain. Each district in Kent has a collaborative local alcohol action plan. The progress on the current Alcohol Strategy for Kent is displayed in Appendix 2.

The new Drug and Alcohol Strategy will build on this and also ensure treatment services become more focused on those with complex drug and alcohol issues. The recommissioning of the current treatment service in East Kent is to begin in autumn 2017.

The new strategy will tackle health inequalities and inequities. The recent needs assessments for drugs and alcohol have shown that there are higher alcohol related harm rates in East Kent, particularly Canterbury, Swale and Thanet. There are also higher rates of drug related deaths in Swale, Canterbury and Maidstone. The needs assessment highlights issues of the offender population, homeless and leaving care population as the most vulnerable. The strategic themes in the strategy will tackle these issues in partnership.

2.3. **Treatment services must become more focused on complex drug and alcohol use**

A 'whole system' response to the growing complexities is needed, e.g. housing and employment are crucial to maintaining recovery from addiction. Services need to move more towards helping individuals manage their drug and alcohol issues as long-term conditions, similar to diabetes and high blood pressure. This is because it typically takes a long time for people with complex problems to quit their addictions and if they disengage from services due to feelings of failure, they are in danger of urgent hospital care and/or death.

By taking a comprehensive and integrated approach to the development of the Kent Drug and Alcohol Strategy 2017-22 and prioritising particular themes for development, we aim to build upon the successes of the Kent Alcohol Strategy 2014-17 (Appendix 2).

2.4 The new strategy will enable greater commissioning focus and integration between the NHS, KCC and Police, Police and Crime Commissioner and the Crime Safety Partnerships. The Police have been responsible for tackling and disrupting 'supply' in their Drug and Alcohol Strategy which ends in 2017. The Police are key partners in the KDAP and are keen to maintain momentum on the prevention and disruption of the supply of illegal drugs and alcohol in Kent.

The partners that are represented on the KDAP board are district councils, CCG commissioners, clinical CCG leads, Trading Standards, Job Centre Plus,

Kent Adult Safeguarding, Social Care, Public Health, NHS Prison Commissioners, Police and Crime Commissioner’s Office, Kent Police, Kent Probation, Housing Support and Troubled Families leads.

3. Governance

The new Kent Drug and Alcohol Strategy will report to the Kent Drug and Alcohol Partnership, which will also monitor the delivery plan and its outcomes, and also to the Health and Wellbeing Board and Community Safety Partnerships.

4. Drug and Alcohol Strategy

The priority areas and key themes forming the basis of the strategy are displayed in Table 1. These are applicable to both adults and children and are aligned to national evidence and locally identified priorities.

Table 1 Kent Drug and Alcohol Strategy 2017-22 Themes

Theme	Main tasks – <i>example activity</i>
Resilience	<ul style="list-style-type: none"> • Maintain focus upon building resilience in individuals
Identification	<ul style="list-style-type: none"> • Increase workforce training and screening capacity in both statutory and non-statutory organisations • Public information and education
Early Help & Harm Reduction	<ul style="list-style-type: none"> • Drug and alcohol pathways • Increasing and earlier referrals to treatment services especially for at-risk groups • Reduce preventable mortality and morbidity
Recovery	<ul style="list-style-type: none"> • Move from an acute (episodic) model of care to a sustained recovery model • Improve support for sustained recovery
Supply	<ul style="list-style-type: none"> • Disrupt related criminal activities • Public health data contributing to the alcohol licensing process

5. Financial Implications

There are no financial implications to the development of this strategy other than to make best use of available commissioning resources across the health and social care economy.

However, there will be a strong case made to the current NHS Strategic Transformation Plan (STP) to ensure that better value of the NHS budgets for drugs, hospital treatment, prison health and mental health are made so that KCC commissioned services for drug and alcohol treatment are not provided in

isolation of other vital services e.g. paramedic services, acute inpatient detox, gastroenterology and mental health services. Better integrated investment from all partners will ensure that services are cost effective, preventative, joined up and have better outcomes for vulnerable patients.

6. Legal Implications

The adoption of this Strategy has no Legal implications for the County Council.

7. Equalities Implications

Inequalities and vulnerable groups were considered during development of the strategy, and this is detailed in the strategy, along with how this will be incorporated into implementation. An EQIA and action plan has been developed and a link to this is included at the end of this report.

8. Consultation Phase

The consultation phase included a survey, a number of focus groups and one to one discussions with key individuals. Focus groups were conducted with offenders at HMP Elmley, service users from East Kent, West Kent and children and young people's services and mental health service users. The draft strategy was also presented at various partnership meetings including Community Safety Partnerships, Health and Wellbeing Boards (county and local), CCG clinical leadership teams and joint Kent chiefs.

Key suggestions from the consultation included:

- KCC as a commissioner needs to be clearer in their specification contract to ensure service users know who the provider is.
- Lack of appropriate support groups for people when they finish detox.
- Young people reported that they had a poor experience of drug and alcohol education at school. They stated that group situations do not work and alternative ways of giving individuals information would work better (i.e. apps).
- Young people also highlighted the importance of peer mentors. This is currently a gap in the service provided for young people.
- Develop a mandatory prison release group to support prisoners being released.
- Develop clearer referral mechanisms for professionals to make to drug and alcohol services.
- Continuation of care when leaving prison. Housing and homelessness is an issue, with many offenders not qualifying.
- Making Every Contact Count for alcohol advice can be strengthened, particularly with district councils and housing and homelessness teams.

9. Next Steps for Drug and Alcohol Strategy

The public consultation ended at the end of February 2017. An analysis and update has been completed. The final strategy will be launched following sign off at the Health Reform and Public Health Cabinet Committee in June 2017.

A detailed action and delivery plan will be developed based on the highlighted objectives for each strategic theme. The Joint Commissioning Group for drugs and alcohol will oversee the implementation and monitor the objectives highlighted in the strategy.

10. Recommendation

Members of the Health Reform and Public Health Cabinet Committee are asked to: Comment on and either endorse or make a recommendation to the Cabinet Member for Strategic Commissioning and Public Health on the proposed decision to approve the Kent Drug and Alcohol Strategy 2017 – 2022, noting that a full delivery plan will be available in August 2017.

11. Background Documents

11.1 Kent Drug and Alcohol Strategy 2017-2022

[http://www.kpho.org.uk/ data/assets/pdf file/0006/71448/Kent Drug -and- Alcohol Draft Strategy-v2.pdf](http://www.kpho.org.uk/data/assets/pdf_file/0006/71448/Kent_Drug_and_Alcohol_Draft_Strategy-v2.pdf)

11.2 Kent Director of Public Health Annual Report on Alcohol:

[https://www.kent.gov.uk/ data/assets/pdf file/0003/24483/Annual-public-health-report.pdf](https://www.kent.gov.uk/data/assets/pdf_file/0003/24483/Annual-public-health-report.pdf)

11.3 JSNA:

[http://www.kpho.org.uk/ data/assets/pdf file/0020/50753/Alcohol-JSNA-update-2015-final.pdf](http://www.kpho.org.uk/data/assets/pdf_file/0020/50753/Alcohol-JSNA-update-2015-final.pdf)

11.4 EQIA:

http://consultations.kent.gov.uk/gf2.ti/f/773474/24284869.1/DOCX/-/EQIADrug_and_Alcohol_Strategy_20172022.docx

12. Contact Details

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Key Facts from Adults Drug Misuse Needs Assessment by Kent Public Health Team

1. Drugs (Adults)

1.1 National

- Drug use is decreasing: Drug use is at its lowest since measurement began in 1996 with the use of any drug in the last year among 16 to 59 year olds falling from 8.9% in 2011/12 to 8.2% in 2012/13. Among young people aged 11 to 15, 12% reported having taken any drug in the last year in 2012, the latest drop in a downward trend from 20% in 2001.
- Pattern of drug use is changing: Fewer opiate and crack and greater poly-drug use, NPS (Legal Highs), prescribed drug misuse and dependent drinking.
- Attitudes to drugs are negative: The majority of adults think that drug-taking is unsafe: 98% of adults thought heroin was very unsafe; 97% view cocaine and ecstasy as unsafe (very or a bit unsafe); 79% of adults thought taking cannabis was unsafe compared with 3% who thought it was very safe; and 75% of adults viewed getting drunk as unsafe.
- Supply may be decreasing: In 2012/13, over 109 tonnes of Class A drugs were seized at home and abroad as a result of Serious Organised Crime Agency (SOCA) activity. The police and the UK Border Force made 193,980 drug seizures in England and Wales in 2012/13, an 8% decrease from 2011/12.
- Treatment is getting more effective: Record numbers of people in England are completing their treatment free of dependence. The overall number of people who have successfully completed their treatment for any drug has gone up from around 11,000 in 2005/06 to just under 30,000 in 2011/12; and nearly one third of users in this period successfully completed their treatment and did not return, which compares favourably to international recovery rates.
- Fewer heroin and crack users. The number of heroin and crack cocaine users in England has fallen below 300,000 for the first time. The latest estimates show the number of heroin and crack users fell to 298,752 in 2010/11, from a peak of 332,090 in 2005/06.







1.2 Local

- Treatment providers may not be treating the most needy or vulnerable people. Recent needs assessment on treatment data shows that, while services are getting good outcomes for lower level substance misusers, there are far fewer clients in the most vulnerable category and vulnerable people are less likely to be recovering.
- Estimated number of 4,616 heroin and crack users in Kent (Glasgow estimate).
- The data indicates that there is a significantly larger difference in treatment penetration between crack and opiate users in Kent. There are hypotheses

as to the reason for this difference. It has been noted that treatment has historically been overwhelmingly focused on opiate users, with little attention paid to the growing numbers of crack and poly-drug users (Audit Commission, 2002).

- Vulnerable groups: Prevalence statistics indicate that substance misuse among the LGB community is nearly four times greater than that of the overall population. Kent treatment data shows that LGB individuals were less likely to be in structured treatment in 2012/13 (0.1%) than the Kent population overall (0.3%).
- Drug treatment is value for money. Using the PHE Value for Money Tool it can be argued that in Kent, for every £1 spent on drug treatment, nearly £6 is gained in benefits.
- There are links between injecting drug use (including steroids) and HIV and Hep B & C.
- Lower rates in Kent for drug related deaths, but lots of variation. The 2012 figure was 2.5 in comparison to an average over the period of 2.7. There is notable variation between rates in districts. The highest rates are found in Thanet, Swale and Gravesham. The lowest rates are found in Ashford, Sevenoaks and Tonbridge & Malling. Dover has also had a very high rate over the period that has reduced in recent years.
- There has been an increase in mental health-related drug hospital admissions in England and Kent. There were a total of 1,157 admissions for drug-related mental health and behavioural disorders in Kent in 2012/13.
- Decrease in emergency detox in hospitals.
- Fewer people in structured treatment in Kent; a thirteen per cent decrease from 2009. Mainly people are accessing for opiate and crack and 24% decrease in 'other drug use'.

2. Progress on Kent Alcohol Strategy 2014-2017

Pledge area	Aim	Achievement (as of October 2016)	Status/DoT
1. Improve Prevention and Identification	Screen 9% of the Kent population (18+) Target 106,389	11% of the target population; 128,542 (121%)	
2. Improve the Quality of Treatment	Increase number of referrals into treatment services by 15% by 2016 ¹ .	Trend increasing.	
3 Co-ordinate Enforcement and Responsibility <i>These elements of the plans are largely taken from the work of Kent Community Safety Partnerships.</i>	12 police operations per year will be completed e.g. CSP targeted activity within localities Support the work the development of Kent CAPs	Achieved in 2015. Ongoing in 2016. Achieved and ongoing	
4 Tailor the Plan to the Local Community	Each district will develop a local alcohol action plan.	Achieved	
5. Target Vulnerable Groups and Tackle Health Inequalities	Contained in district plans as locally identified priorities.	Ongoing. Evaluation at the end of the strategy	
6 Protect Children and Young People	Reduce alcohol related hospital admissions for those aged under 18 years	The number of admissions is decreasing. Kent is better than the national and South East region	

¹ Successful completions are a good indication of quality. Service Quality Assured by service monitoring of national reports on a range of service indicators and via quarterly KDAAP reports Service information available at: <https://www.ndtms.net/default.aspx>

