

# **Kent Drug and Alcohol Strategy**

## **2023-2028**

**Better Prevention, Treatment and  
Recovery and Community Safety.  
Kent's 'From Harm to Hope'**

**Consultation Draft  
September 2022**

## Have your say

We would like to hear your views on our draft Drug and Alcohol Strategy for Kent, which presents our strategic priorities for the service and how we intend to deliver them.

Your feedback is important in helping us to ensure we have set a suitably ambitious but achievable strategy; one which meets the needs and expectations of Kent residents.

We are also seeking your ideas for how we can improve drug and alcohol services in Kent.

This consultation will be open from 6 September to 31 October 2022.

Please visit [www.kent.gov.uk/drugandalcoholstrategy](http://www.kent.gov.uk/drugandalcoholstrategy) to complete the online questionnaire and take part in our ideas board.

If you have any questions regarding the Strategy, please email [public.health@kent.gov.uk](mailto:public.health@kent.gov.uk) using the reference 'Kent Drug and Alcohol Strategy Consultation'.

### What happens next?

Following the end of the consultation a report will be produced, summarising the feedback received. This feedback will be used to help finalise the Strategy, which alongside the consultation report will be presented the Health Reform and Public Health Cabinet Committee before the Strategy is agreed and finalised.

### Alternative formats

A summary of this Strategy and large print versions of the consultation material are available from the consultation webpage or on request.

If you require any of the documents in any other alternative format or language, please email [alternativeformats@kent.gov.uk](mailto:alternativeformats@kent.gov.uk) or call 03000 42 15 53 (text relay service number: 18001 03000 42 15 53). This number goes to an answering machine, which is monitored during office hours.

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## **Forward**

To be added post consultation.

## **Acknowledgements**

To be added post consultation.

# Introduction

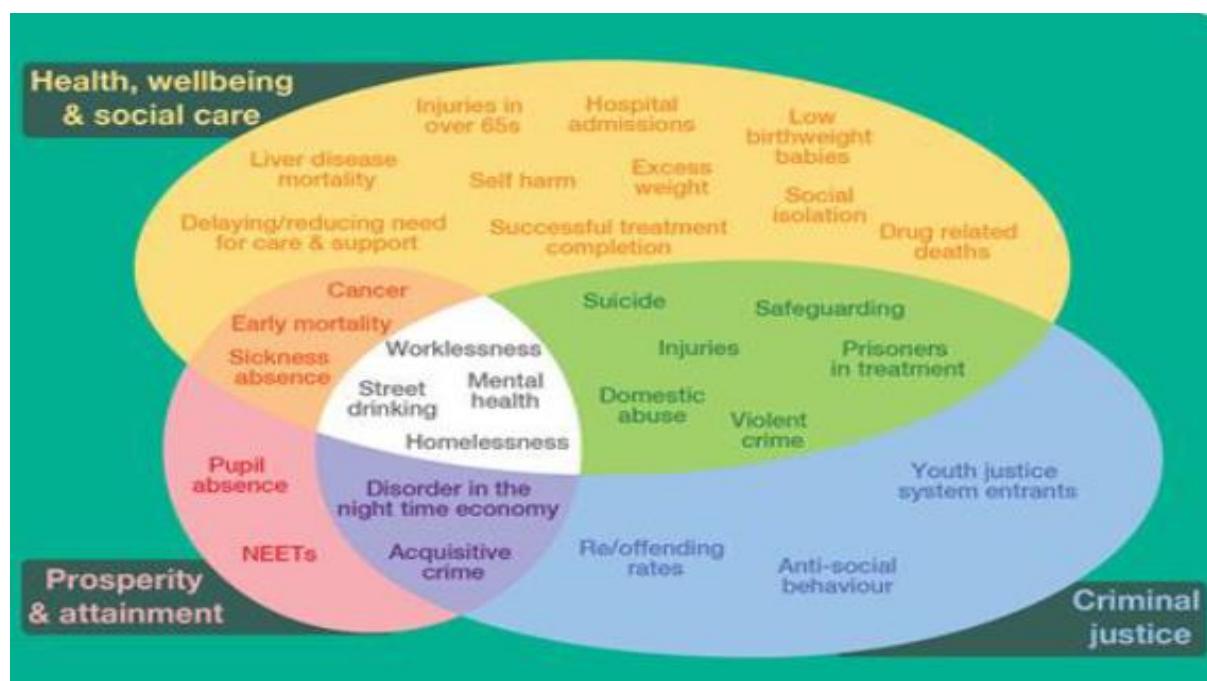
The misuse of alcohol and drugs is causing significant harm to families and communities in Kent.

Most people drink alcohol within recommended guidelines and do not use illegal drugs. Consequently they, their families, and friends, do not experience any significant direct personal harm as a result.

However, both alcohol and drugs cause harm to families and communities in Kent and the illegal nature of many drugs and the widespread use of alcohol mean that any strategy to tackle misuse must be practical and related to the substance in question. Substance misuse presents numerous complex issues and requires a whole system approach to tackle drug and alcohol-related harms.

## 1.1 What is a whole systems approach?

A local whole systems approach responds to complexity through an ongoing, dynamic, and flexible way of working. It enables local stakeholders, including communities, to come together, share an understanding of the reality of the challenge, consider how the local system is operating and where there are the greatest opportunities for change. Stakeholders agree actions and decide as a network how to work together in an integrated way to bring about sustainable, long-term systems change.<sup>1</sup>



<sup>1</sup> Public Health England, Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight. 2019, London: Public Health England.

## 1.2 From Harm to Hope: UK Government strategy to tackle drugs (and alcohol)

On December 6, 2021, UK Government published its 10-year drug strategy—'From Harm to Hope'<sup>2</sup>. It sets out how this Government will combat illegal drug use – to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system. Over the next three years, every Council in England, including Kent will receive extra funding to combat drug and alcohol misuse. Dame Carol Black, whose independent review<sup>3</sup> into the issue of drugs helped shape the strategy, will monitor and advise on the progress of the strategy with the Government producing an annual update.

## 1.3 A new Strategy for Kent 2023-2028

There has been a Kent Drug and Alcohol Strategy in operation which will end in 2022. This new strategy aims to prioritise partnership both the causes and the consequences of drug and alcohol harm. All the priorities are taken from local needs and stakeholder's views and are also aligned to the National Drug Strategy: "From Harm to Hope". The Kent strategy will also seek to implement a range of harm reduction strategies and ensure there are quality services for the very high-risk families, vulnerable people, and communities.

The new strategy will build upon the successes of the Kent Drug and Alcohol Strategy 2017-22. There has been progress in the following areas:

- **Resilience:** We supported the sustainability of KCAPS to enable communities and places to tackle alcohol and drug harms. Currently there are 9 partnerships across Kent districts.
- **Identification and Brief Advice:** We supported 'Know your Score' and other ways of implementing brief intervention and advice for alcohol harms.
- Our **early help** offer for drug and alcohol needed strengthening – we identified gaps via co-occurring conditions pathways and understanding pressures for treatment services. We worked with One You Kent and local districts to get a pathway for prevention. We also strengthened links to prisons and criminal justice.
- Our **Treatment Recovery services** were under pressure but still performed better than national average.
- **Supply:** The alliance between trading standards, the police (via County Lines) and the police crime commissioner's office enabled continued disruption of drug supply.

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<sup>2</sup> <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

<sup>3</sup> <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report>

We will retain much of what is working well and improve other areas in order to further build and strengthen them.

During the months April to October 2020, Kent undertook a peer-reviewed assessment – called the Alcohol CLeaR (Challenge services, Leadership and Results) assessment process. This is a quality improvement process – where one local authority peer reviews another with help from Public Health England (PHE). We organised a series of online workshops and discussions which was attended from all aspects of the partnership in Kent and Medway system.

We have Strengthened our Strategy for Tackling Drug and Alcohol Harms in Kent in light of the main lessons learned from our Alcohol CLeaR peer to peer review on Alcohol harms:

- Improve the range of partners signed up to the Alliance (e.g., social care and safeguarding) and better links to NHS.
- Create an Alcohol and Drug Harm Prevention plan and place it into the wider ICS prevention plan in Kent and Medway.
- Provide Leadership and Encourage better pathways and co-ordination for those vulnerable people with co-occurring and complex conditions.
- Create opportunities for greater links to improve integration of health data to inform the district licensing processes.
- Improve the delivery of Identification and Brief Advice (IBA) across Kent – create opportunities and increased coverage.
- Ensure needs assessments are up to date and available.
- The Strategy will need an implementation plan. These can be organic and involve a range of partners.

This strategy is driven by Kent Drug and Alcohol Needs Assessments. The assessments include a variety of data sources, including hospital episode data, ONS and Kent substance misuse treatment service data, taking account of national guidance and reflecting the evidence base.

This strategy development also sits in the context of public mental wellbeing and reducing health inequalities and the impact COVID19 has played on these issues. Drug deaths are the highest they have been since 1993. Concerns that change in drinking habits and levels of alcohol consumption caused by the Covid-19 pandemic are causing increasing health issues. In Kent, around 308,000 were drinking above the recommended levels of alcohol in July 2021. The results of the global drug and alcohol survey in September 2020 found that:

- Almost 50% said Alcohol consumption increased and this is borne out by increased alcohol sales. Public Health England data shows that it is those in the already 'high risk' category that were at risk of tipping into dependent drinking.

- Intake of cannabis had increased. Intake of cocaine had decreased.
- People reported increasing cannabis and prescription drugs. Many reported that they increased drug intake due to mental health problems. People also reported no change to the quality of supply.

Commissioning the alcohol service pathways are fragmented. Public Health in the council is responsible for treatment services. The ICS in Kent and Medway is responsible for hospital treatment and for liver disease treatment. The ICS and NHS England (NHSE) is responsible for primary care treatment of patients with alcohol related disease in the community, NHSE is responsible for commissioning prison substance misuse services. The police and community safety partnerships bare costs for violence and other alcohol related harms.

There are social care act responsibilities for vulnerable populations including rough sleepers (of whom 80% have alcohol related problems). In addition, the Ministry of Department for Levelling Up, Housing and Communities (formerly the Ministry of Housing, Communities and Local Government) commission some key health care services for vulnerable people provided by the district / borough councils in Kent. With a new K&M CCG, increased ownership of providers, sensitive and collaborative commissioning, and an increased focus on health disparities / inequalities – there are opportunities to improve these fragmentations on behalf of the people and families at risk of poorer outcomes.

It may mean more agencies and partners need to play a role in preventing and raising awareness of drug and alcohol issues. There is a great deal of evidence that short, focused interventions such as ‘identification and brief advice’ can significantly reduce harm from drugs and alcohol.

This strategy is owned by partnership, so output and actions will be strategic—which means some actions will be specific, but some actions will be organisational responsibilities. The strategy is a guide to ensure agencies fulfil their responsibilities and commitments, but not to performance monitoring activities. The heart of this strategy is to empower, encourage and support individuals and communities to take a more active role in preventing and reducing the harmful effects of drugs and alcohol in Kent.

# **The new whole-system drug and alcohol strategy for Kent**

This has 13 key strategic priorities – many of which will be strengthened from the recent peer review and needs assessment. There will be detailed action plans for each priority area. A summary is provided for the strategy document. Some of the strategic priorities already have outcomes and some are to be identified. These are covered from page 21.

## **1. Prevention**

### **1.1 Prevention, early intervention and behaviour change**

#### **Outcomes:**

- Reducing Harms from Substance Misuse and Preventing the escalation of use and harm within young people, including supporting young people so they do not become adults dependent on substances
- Increased awareness of substance misuse in the population and where to get help if required.

**The Problem:** Many people do not realise they are drinking (or taking substances) at a harmful level: So, we want to increase awareness and ensure those that need help get the right support at the right time.

**What will we do:** We will work together to increase opportunities for preventing drug and alcohol harms by focusing on Identification and Brief Advice (IBA) and high quality publicity and campaigns.

**Currently:** the delivery of IBA is inconsistent and our plan is to create consistency across Primary care, districts, One You Kent, and hospitals. Data collection and monitoring will also be strengthened.

**Lead:** Public Health. Partners: All in Alliance.

#### **Action plan:**

- To link IBA and the campaigns together ensuring ease of data extraction, routine use of IBA across the county to be monitored via data collection systems.
- To work with Comms for the development of assets for use promoting the “Know Your Score” online tool through digital and social media channels plus sharing by partners and providers.
- Delivery of Campaigns: there will be campaigns in September, November for Alcohol Awareness Week and Dry January (2022).

- To increase coverage of IBA by working with Health Improvement Transformation Team at the Clinical Commissioning Group, One You Services, Integrated Care Partnerships (ICPs), Primary Care Networks (PCNs) to ensure engaging with the wider population.
- Equity to be increased for vulnerable and high-risk groups e.g., troubled families / criminal justice settings and health settings such as general practice, hospitals, and pharmacies. Equity audit will be done every 2 years.
- Naloxone: to prevent drug overdose (improve access and delivery of this)
- To assess behaviours and perceptions of young people on substance and develop / tailor interventions where appropriate.
- To work with families where problem drug and alcohol misuse is identified and prevent harms to children.
- To ensure services work in a way that young people and adults feel comfortable accessing support should they need to, e.g., a young person may become dependent when they are older but need to feel they are able to access support for this.

## **1.2 Early Help: Prevention to treatment pathway**

**The Problem:** There is a big treatment gap between people needing treatment and receiving treatment- particularly for alcohol dependence. However – drug deaths are also increasing and therefore there is importance to ensure treatment services are accessible (see Priority 3).

**What will we do?** There are a range of current targets and quality measures within the NHS that can be strengthened and linked to treatment pathways, e.g., the CQINN for alcohol and tobacco in hospitals can be linked to the cancer pathways in their prevention plan and the health check programme, CVD programmes, respiratory and diabetes. We will ensure that data collection is linked to improve quality of care across the prevention pathway (including training and ‘making every contact count’).

**Lead for data improvement:** Public Health and ICS.

**Lead for quality improvement:** ICS/ICP and Public Health.

### **Action plan:**

- To work alongside KCC, CGL / Forward Trust, CCG, Acute Trusts, Mental Health Trust / KMPT to develop protocols for well-functioning and agreed pathways into and through alcohol treatment.
- To monitor quality systems are being used and staff are trained to deliver them.

- To ensure that KCC commissioned prevention (currently via KCHFT One You Kent and west Kent districts) are delivering robust interventions for those at risk of alcohol and drug misuse (including pregnant women).
- To scope out the ability to monitor Making Every Contact Count for all people in the NHS and frontline services to help people become confident in having difficult conversations regarding substance misuse and cutting down.
- For all services: align and co-ordinate social prescribing, recovery, and social support for those that need access to all community resources.

### **1.3 Improving hospital and acute pathways to treatment**

**The problem:** People who repeatedly attend A&E for alcohol-related reasons comprise a relatively small patient population but account for a disproportionate use of hospital resource. Repeated unplanned detox can lead to brain damage and death. In addition, the poor outcomes can lead to people getting to treatment too late and poor recovery.

**What will we do?** Specialist alcohol care can pull people back from the brink of the devastating consequences of alcohol misuse, improve their health and wellbeing and restore their dignity.

#### **Action plan:**

- KCC, CGL / Forward Trust, CCG, Acute Trusts, Mental Health Trust / KMPT to work together to ensure there are well-functioning and agreed pathways into and through alcohol treatment
- To ensure local pathways promote and sustain recovery
- KCC, CGL / Forward Trust, CCG, Acute Trusts, Mental Health Trust / KMPT to ensure systems are in place to ensure effective care co-ordination for alcohol dependent individuals with multiple need
- To create Alcohol support system that is linked to Emergency Departments that can help with ensuring people are linked to continuing community care and recovery support.
- To scope out improved commissioning arrangements for inpatient planned medical detox

### **1.4 Children and young people living with alcohol misusing parents / Preventing inter-generational alcohol misuse**

**The problem:** The misuse of alcohol by parents negatively affects the lives and harms the wellbeing of more children than the misuse of illegal drugs does. However, parental alcohol misuse is often not taken as seriously in spite of alcohol being addictive, easier to obtain, and legal. The effects of parental alcohol misuse on children may be hidden for years, whilst children try to cope with the impact on them and manage the consequences for their families. These issues also impact children of drug misusers.

**What will we do?** We are working collaboratively with Integrated Care System (ICS) to ensure parents/carers who have a treatment need are referred to Drug and Alcohol services.

**Action plan:**

- Ensure a safe and smooth transition from Child to Adult Services.
- Stronger working links between substance misuse treatments services and Integrated Children Services (ICS), ensuring that parents/carers are adequately assessed for their substance misuse need and support offered, and respond appropriately to safeguarding concerns.
- Tackle Alcohol Spectrum Disorders (FASD). FASD is an irreversible, lifelong condition and is the most common cause of neurodisability in the Western world, presenting between three and six times the rate of autism spectrum disorder in the UK. To work with FASD System Partnership Group to make necessary system changes to support children and families with FASD.
- To improve outcomes for children and young people with the most complex needs.

### **1.5 Tackling high rates of suicide and self-harm associated with substance misuse**

**The problem?** Every suicide is a tragic event which has a devastating impact on the friends and family of the victim and can be felt across the whole community. While there has been progress in many areas, sadly suicide still accounts for approximately 1% of all deaths in Kent and Medway every year. Kent and Medway also have a statistically similar rate of suicide compared to the national average.

**What will we do?** This forthcoming drug and alcohol strategy will also consider linking to the Preventing Suicide in Kent and Medway: 2021-25 Strategy, which includes developing and implementing a Kent and Medway Prevention Concordat for Better Mental Health.

**Action plan:**

- Tailor approaches to improve mental health and wellbeing across the whole population including developing and implementing a Kent and Medway Prevention Concordat for Better Mental Health, and developing increased support for individuals with problematic debt, and people impacted by domestic abuse.
- To provide better information and support to those bereaved by suicide including commissioning a new Support Service for People Bereaved by Suicide.

## 2. Treatment and Recovery

### 2.1 Continue improvement to treatment and recovery services

**The problem:** The Kent Substance Misuse Services (funded mostly via Public Health ring fenced grant) perform consistently better than national average. However there have been funding reductions over the last 8 years and nationally drug and alcohol deaths have increased.

**What will we do?** We will improve pathways into treatment. We will improve quality of treatment services. We will work in partnership to improve outcomes. We will listen to service users.

#### Action plan

- To tackle the co-morbidities associated with alcohol use disorders including high quality mental health services. Ensure pathways to treatment are open and use the joint working protocol.
- To explore linking up recovery services across whole system – not solely for substance misuse – Improve entry and access to recovery services for service users.
- To clarify the pathway for alcohol misuse at different levels of need. Ensure the treatment gap for highly complex and dependent drinkers is addressed (via provision of outreach and IBA and links to acute hospitals).
- To target outreach and proactive care for most vulnerable population in the most deprived areas (and wards) in Kent. Prioritise Thanet. – link to priorities 4 and 5.
- To increase proportion of people engaged with treatment providers and target people in more deprived communities.
- An aging cohort of alcohol dependent clients will mean services will need to work closely with NHS and health care providers including social care and mental health for shared care plans.
- To work with social care to improve access to referral for adult safeguarding reviews from substance misuse and take seriously the Serious Incidents and suicidality linked to increasing drug and alcohol sudden deaths in Kent.

### 2.2 Criminal justice routes to substance misuse treatment

**The problem:** There are increasing links in data between domestic abuse and drug and alcohol misuse and violent crime and re-offending.

**What will we do?** Use enforcement partnerships and local data to tackle violent crime and links to drugs and alcohol. We will work together to support the Government's aim to rebuild the lives and aid recovery of those who are addicted to drugs and alcohol. Drug Testing on Arrest has identified and guided substance misusers to treatment services.

### **Action plan:**

- To ensure support for drug and/or alcohol misusing offenders to receive a holistic package aimed at stopping offending and drug or alcohol dependence
- To ensure that effective pathways of treatment and evidence-based therapies are available to those adults adversely affected (issues such as domestic abuse) by substance misuse.
- To ensure collaborative working between prison and community substance misuse services to create and maintain effective pathways of continuous care and information sharing.
- To review and develop the Integrated Offender Management (IOM) programme to ensure drug misusing offenders receive a holistic support package aimed at stopping offending and drug dependence.
- To work with KCC and Partners in domestic violence and abuse strategies to include links between family-based approaches to conflict linked with substance misuse treatment services.
- To support Crime Partnership to strengthen the Crime Strategic Assessment and create a clear 3-year action plan to tackle illegal trading, disrupt supply, tackle anti-social behaviour and access to services, violence, and sexual assault.
- To work with prisons to ensure that there are exit care plans for those on custodial sentences to improve access, help and support for those with addictions.
- To work with Police and Crime Partnerships to increase reach of drink driving risks via local media and evidence based young people's prevention initiatives.
- To increase the coverage of IBA (Identification and Brief Advice) across criminal justice settings.

### **2.3 Improve treatment and recovery for targeted groups / vulnerable people**

**The problem:** Many people will misuse drugs and/or alcohol at one point in their life, but some people are more susceptible to continued or long-term misuse. The Public Health ring fenced budget is the sole source of funding for complex treatment for drug and alcohol dependence in Kent (including medical detox and rehabilitation). There is also complexity in treatment of vulnerable people who are at risk of rough sleeping (district councils) (see priority 5).

**What will we do?** Building resilience for vulnerable individuals is a key priority to reduce the harms and consequences of drug and alcohol misuse. This can have a positive impact for the whole population because if resilience is built in, the result can be a reduction in crime, inequality, and anti-social behaviour. There are excellent community assets and knowledge at district council level that can link to Kent commissioning to strengthen outcomes for vulnerable people.

**Action plan:**

- For treatment services: improve the quality treatment and recovery services; targeted at vulnerable dependent drinkers; instigate audits into intake and throughout of high complex and vulnerable people.
- To work with treatment services to create shared and multidisciplinary treatment plans that are co-operative that plan care for the vulnerable client/patient e.g., alcohol relapse medication.
- To address hidden harm and safeguarding vulnerable adults through effective practices and integrated approaches to address the welfare of vulnerable adults.
- To instigate Modelling and Audit to understand shared costs so that better outcomes in treatment can be made for vulnerable patients who disproportionately use multiple health services.
- To work across our partnership to develop services that address the wider social determinants of health and wellbeing in vulnerable populations, such as access to housing, employment support, economic wellbeing, and educational achievement.
- Ensure all services have fully equipped and trained staff in trauma-informed, recovery and mental health and pathways are safe.
- Promote outreach and assertive peer mentoring wherever possible and create safe systems.

**2.4 Improve pathways to treatment and recovery to rough sleepers**

**The problem:** In 2018 the annual snapshot count totalled 160 individuals who are rough sleeping. Analysis from a recent local survey shows that there are 107 people currently sleeping rough on the streets of Kent and Medway. We can be fairly sure that this is an underestimate as people are dynamic and change risk dramatically. Some districts in Kent have higher proportions than others. Districts have the main burden of this issue.

**What will we do?** A multiagency, system-wide approach should be prioritised and embedded into each district council's catchment area building on the existing services provided to the homeless by outreach workers (street teams) to ensure that there is an integrated approach in place to enable a joined-up response to transition, recovery, and future planning.

**Action plan:**

- To work more proactively with safeguarding and social services, and districts to ensure data and systems are linked up.
- To Complete Needs Assessments for the health care needs for Rough Sleepers.

- To create a working strategy and plan to tackle substance misuse of homeless people using blue light principles and Housing First model.
- To create a working strategy to improve physical health and recovery for rough sleepers which includes continuity of care, rehabilitation, and social care.
- To join up commissioning arrangements for the complex care pathways of those at risk of and suffering rough sleepers.

## **2.5 Improving treatment and recovery for people with co-occurring conditions**

**The problem:** There is strong evidence linking alcohol misuse and mental ill health, with alcohol misuse among those with a psychiatric disorder twice as high as within the general population. Individuals with mental ill health and alcohol misuse problems are described as having a 'dual diagnosis' or 'co-occurring conditions', and this group are traditionally seen as difficult to treat. A local audit of those in substance misuse treatment services in Kent shows that 25% have suicidality and 40% have a mental health service need, with approximately 1% also considered to have severe and complex problems such as homelessness or offending behaviours.

**What will we do?** We would like to provide joined up, parallel care with intensive support to this patient group.

### **Action plan:**

- Create a Joint Working Protocol: and develop Joined up care planning for vulnerable patients. To ensure acute health care (Hospital Trusts), primary care and social care are included in this protocol.
- Understand and map the joined assessment and care planning e.g., MEAM/MARAC/Blue Light/IFR etc is underway.
- Joined Training: Create a joined Training that includes issues around Care Act and vulnerability assessments and assessing 'capacity', and issues regarding mental health consequences of unplanned detox. Education/training for the mental health workforce about how they support people accessing their services who also use substances is needed. More training is also planned for Adverse Childhood Experiences and Trauma Informed Practice and domestic abuse issues.
- Joined Clinical Engagement between mental health and substance misuse services: Ensure there are opportunities to work together and to learn from each other on clinical issues e.g., bipolar diagnosis, kindling effect (it is during the process of withdrawal, recovery, and relapse that the kindling effect takes place. Each successive process of withdrawal, sobriety, and relapse worsens each step in the process of addiction. Every time a person relapses, they will experience a worsening of withdrawal symptoms when they attempt to quit again), dementia and post detox care planning.

- Joined Commissioning and Service Development: Ensure that the new commissioning across ICS/ICP and CMHT redesign ensures systems are safer and of higher quality for this care group.

### **3. Community Safety**

#### **3.1 Working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm and exploitation and to provide safeguarding and intensive support**

##### **Outcomes:**

- Reduction in the impact of drug / alcohol related harm for individuals, particularly young people and vulnerable adults and ensure that they are supported and protected.
- Safer communities with less crime that is driven by substance misuse

**The problem:** There are increasing numbers of gangs operating in Kent. There is also illegal trading in alcohol. Vulnerable people are at risk from involvement in crime (County Lines) and subsequent addictions. There are increasing links in data between domestic abuse and drug and alcohol misuse.

**What will we do?** Tackle county lines via current policing strategy. Use enforcement partnerships and local data to tackle violent crime and links to drugs and alcohol.

##### **Action plan:**

- Reducing Offending: Ensure that both adults and young people who come into contact with the Criminal Justice System have access to appropriate substance misuse support and treatment.
- Where there is a treatment order, working arrangements are in place with key agencies to ensure that the offender is supported to complete treatment.
- Ensuring there are robust pathways from Prisons to community substance misuse services.
- Continue to work in partnership to deliver Integrated Offender Management programmes
- Safeguarding: 1/Safeguarding those vulnerable (both adults and young people) to drug related harm. 2/ Intensive support for young people / vulnerable adults identified at risk of exploitation and drug related harm
- Drug Related Harm: Partnership working to facilitate information sharing to identify those who are vulnerable from county lines activity such as cuckooing and criminal / sexual exploitation and disrupt supply of drugs to local communities. Understand and learn from Serious Incidents.
- Alcohol Licensing: All responsible authorities to work in partnership to exercise Licensing and Trading Standards powers fully to help manage and regulate the supply of alcohol in on and off licensed premises, to address

local objectives to prevent crime and disorder, ensure public safety, prevent public nuisance, and protect children from harm. Share data to challenge applications.

- Community Safety Partnerships: work with multi-agency or partnership forums by which intelligence will be shared to identify individuals (or locations) which are vulnerable, street-homeless or committing Anti-Social Behaviour. Partners will problem-solve to co-ordinate support alongside these issues.

### **3.2 Disrupting supply of illegal drugs**

**The problem:** The illicit drug market has considerable financial value. To reduce the crime and disorder via the disruption of related criminal activities sometimes associated with substance misuse, for example through policing interventions and licensing policies can have a considerable impact. There is a need to ensure that activity is co-ordinated to ensure that enforcement actions are effective in reducing substance misuse and related crime and disorder and maximise community safety, while ensuring there is an optimal night-time economy.

**What will we do?** We will work together to change attitudes to drinking by informing and advising young people on sensible drinking, supporting retailers to prevent sales of alcohol to underage drinkers, promoting responsible socialising and empowering local communities to tackle alcohol-related issues. Also, we will disrupt the supply of drugs and drug gangs in Kent and Medway with a focus on cocaine and heroin.

#### **Action plan:**

- Working with Police and local enforcement teams to disrupt the supply of drugs and drug gangs in Kent and Medway, with a focus on cocaine and heroin.
- To have a Partnership delivery to deliver the recommendations from the Drug Market profile. drugs intelligence network to enable the fast and effective sharing of drug market information with a view to identifying emerging trends and regularly receiving indicators of change.
- To review the crossovers between drug market profiles to identify supply routes and bid for funding/resources to combat the supply chain (for example extra ANPR on supply routes, focused resourcing and tracking etc)
- To set up local systems to create Early Help Assessments reviewed on a quarterly/biannual basis to understand the cohort of those at risk of wider impact and exploitation and work together across health areas within the region to support each other and prevent moving issues/vulnerable people around.

### **3.3 Tackling local alcohol supply**

**The problem:** Alcohol consumption has increased over the last 18 months. There are areas where there is a high density of off licences which increases the likelihood

of high strength and cheap alcohol being available to high-risk groups (including children). There is also associated crime, disruption, and violence alongside density of places where alcohol is sold.

### **What will we do?**

- to map the number of off licensed and licensed premises in Kent districts against areas of deprivation and risk factors for harm.
- challenge license applications in areas with risk for potential harms using 'cumulative impact'.
- to understand and audit the issues and barriers for Kent districts for Late Night Levies and work in areas of greatest alcohol risks in a place-based approach.

**Key Partners:** Trading Standards, Districts, Police and Public Health.

### **Action plan:**

- To work with trading standards to tackle underage alcohol sales.
- To work with retailers and treatment services in areas of greatest risk in Kent districts to tackle the availability and sale of cheap white cider to vulnerable groups.
- To revisit the impacts of the Local Alcohol Areas (LAA) to see if lessons can be brought back to the Kent Substance Misuse Alliance regarding sales of high strength alcohol to vulnerable groups.
- To understand the impact via additional scoping - of 'on-line' and 24-hour internet alcohol supply.
- To work with all partners to use the Alcohol CLeaR assessment findings to monitor continuous improvement of the partnership's goals in relationship to current needs for enforcement and impact on demand and legislation.
- To work with all partners, create a strong action and outcome-based plan to tackle alcohol-related harms in Kent, strengthening links between crime, alcohol, violence and treatment services. To embed Alcohol prevention into criminal justice pathways.
- To work with children and families and Health and Social care to ensure that the Care Act responsibilities for carers and families are taken into account and further harm prevented.
- To work with Police and Crime System to identify and support families at risk of disruption and harm from alcohol misuse with better trained staff. This includes ensuring there is a 'trauma informed' programme to tackle the lasting consequences of Adverse Childhood Experiences.

## How will we implement this strategy?

We consulted our partners and developed an action plan for each priority area under themes of prevention, improving treatment and recovery, and community safety.

This draft strategy will be updated based on feedback received via the consultation. The updated version will be considered by

Once the post-consultation version has been agreed, implementation may progress as follows:

Each Kent district has a local alcohol action plan which encourages a range of partnership collaboration. This is an excellent resource for future drug and alcohol strategy implementation, resource sharing and shared learning. It is anticipated that these could be used to implement the whole system Kent Substance Misuse Strategy.

The **task** of the Kent Substance Misuse Alliance is to oversee the new Substance Misuse Strategy for Kent. **The Kent Alliance for Substance Misuse** is a partnership of key stakeholders to work together to tackle alcohol and drug related harms. The Alliance is now Chaired by the member for Public Health and Social Care, **Claire Bell**. The Alliance **governance** is dual: To the Kent and Medway Health and Well Being Board and the Kent Community Safety Partnership. This is important for the wide-reaching nature of substance misuse and importance of tackling Supply, crime and disorder.

A specific strategy implementation group will be formed to oversee the implementation of the strategy.

# How we will measure outcomes

Measuring quality along care pathways:

- Indicators from available national and/or local datasets can be selected and compared to stimulate a pathway.
- Different sets of patient records can be linked together for analysis. This can be done locally, or centrally by linkage of national dataset by an authorised agency.
- New data can be collected to fill the gaps in available data, to measure quality more comprehensively along pathways.

## Proposed outcomes under each priority:

### **Prevention, early intervention, and behaviour change**

- Alcohol screening in primary care
  - Proportion of practice population screened
- Alcohol screening in secondary care
  - Number of individuals screened
  - Number of brief interventions delivered
  - Number of campaigns run during strategy period
- Alcohol screening via social media campaign

### **Early Help: Prevention to Treatment Pathway**

- Number of front-line staff trained to deliver IBA
- Increased contacts and referrals from pharmacy and GP settings

### **Improving hospital and acute pathways to treatment**

- Increased referrals from secondary care
- Admission episodes for alcohol-specific conditions
- Admission episodes for alcohol-related conditions
- Hospital admissions due to substance misuse (15-24 years)

### **Children and young people living with alcohol misusing parents / Preventing inter-generational alcohol misuse**

- Increased referrals and assessments from integrated children services
- Better outcomes for families - reduced number of children on Child Protection Plans and reduction in cases escalated from early help to a Child in Need plan where parental substance misuse was a factor

### **Tackling High Rates of Suicide and Self Harm associated with substance misuse**

- Increased assessments for individuals with problematic debt, and people impacted by domestic abuse

- Increased assessment for people bereaved by suicide

### **Continue Improvement to Treatment and Recovery Services**

- Successful completion of alcohol treatment
- Successful completion of drug treatment – opiate users
- Successful completion of drug treatment – non-opiate users

### **Criminal Justice Routes to Substance Misuse Treatment**

- Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison
- Number with Drug Rehabilitation and Alcohol Treatment Requirements successfully completing treatment
- Crime and re-offending rates for those who are misusing substances

### **Improve Treatment and Recovery for Targeted Groups/ Vulnerable People**

- Number of shared and multidisciplinary treatment plans that are co-operative that plan care for the vulnerable client/patient.

### **Improve Pathways to Treatment and Recovery to Rough Sleepers**

- Increase in engagement with substance misuse services for people with a housing need (no fixed abode, those residing in temporary accommodation, homeless hostels and other supported living accommodation)

### **Improving treatment and recovery for people with co-occurring conditions**

- 100% screening rate across Community Mental Health Teams.
- Active signposting from IAPT to alcohol screening and support
- Concurrent contact with mental health services and substance misuse services for alcohol misuse
- Concurrent contact with mental health services and substance misuse services for drug misuse

### **Working in partnership to share data and intelligence in order to identify those at risk of drug / alcohol related harm and exploitation and to provide safeguarding and intensive support**

- Regular production of Needs Assessments that utilised real-time locally linked data for complex population analytics
- Data sharing to enable shared care records for improved care planning and multidisciplinary and multi-agency assessment

### **Disrupting Supply of Illegal Drugs**

- Increase in safeguarding support for those vulnerable to exploitation through county lines

### **Tackling Local Alcohol Supply**

- Number of tested premises selling alcohol to those underage
- Gather relevant data from authorities and agencies to evidence an area/s where a CIP may be effective in Kent
- Promote a safe, profitable, and diverse night-time economy in Kent

# Appendix A: Key findings from the Kent alcohol CLeaR process

Extracted from the draft CLeaR peer assessment report.

Kent completed the alcohol CLeaR self-assessment and subsequently requested and received a peer assessment (comprising 3 discrete virtual workshop sessions) to validate the findings of this.

## 1.1 Headline messages from the alcohol CLeaR

- You expressed significant ambition for the newly established Kent Drug and Alcohol Alliance. This forum is seen as critical to raising the profile of the alcohol agenda and improving the outcomes achieved locally. You anticipate it will provide an opportunity to develop a stronger partnership approach, improve wider understanding of the issues and promote shared ownership of the strategy. It is good to hear that Adult Social Care has signed up to the alliance.
- We were advised that the alcohol needs assessment dates back to 2017 and is due to be updated. Equally the CYP substance misuse and mental health needs assessments are also due for review. We were reassured to hear there is commitment to refresh these at the earliest opportunity.
- You told us that the Kent alcohol strategy is still in date, but that there is no current action plan supporting the implementation of this. It was suggested that the findings of the updated needs assessment and learning from the CLeaR process will be used to shape a new action plan to drive forward the aspiration articulated in the strategy.
- We heard there are strong relationships between Public Health and criminal justice partners, and you told us there is a good operational response to alcohol-related harm from the crime reduction perspective. You said that addressing substance misuse is a priority for the Kent Community Safety Partnership (KCSP).
- Addressing alcohol-related harm is seen as a core component of the prevention workstream in the local long-term plan submission. Public Health are keen to work with health and other partners to improve population health and tackle the wider determinants. We acknowledge the capacity issues currently faced by health colleagues but would encourage the alliance to continue to strive for better engagement with partners from the health sector.
- You mentioned encouraging new developments in the work Kent is doing to address co-existing mental ill-health and alcohol dependence.

It is anticipated that learning from piloting a multi-disciplinary team approach will support improved local pathways and better opportunities for care co-ordination.

- We heard about some good data sharing, but this didn't appear to be consistent. Partners are encouraged to consider how and when data from across the wider partnership can be shared on a regular basis to inform the understanding of need and progress against local ambition.
- You advised that alcohol-related harm in Kent has increased during the pandemic. This is evident in police reports about levels of domestic violence, drink driving offences and alcohol fuelled violence. However, you also described innovative and positive developments in the last year; we heard there has been better collaborative working between agencies to support vulnerable groups and a flexibility in approach to treatment delivery that has been welcomed by service users. There was a consensus that there has been some useful learning from the local response to Covid-19 which should be reflected in future planning once the pandemic is over.
- We heard there are some inconsistencies in the delivery of alcohol Identification and Brief Advice (IBA). IBA is currently embedded in local MECC arrangements, but it appears that not all frontline services routinely undertake this. You told us that the new One You service has been charged with the delivery of training to improve this.

## 1.2 CLeaR opportunities – recommendations for strategic leaders

Senior leaders with oversight of the alcohol agenda in Kent are encouraged to consider the following in local planning for improvement:

- Plans articulated in the self-assessment process to refresh the needs assessment and operationalise the alcohol strategy through the development of an action plan could present an opportunity to re-engage absent partners in the agenda and planning and commissioning processes at a senior and operational level. At the strategic level, partners are encouraged to ensure the necessary resource is available to support action to address identified priorities.
- We would encourage you to use these processes to raise awareness of complementary workstreams, to show where partnership priorities align with, and support, the achievement of key objectives within individual partner organisations. This may help to find the 'hook' that will lead to more active engagement.
- Senior strategic leaders are encouraged to use contact with their counterparts in other partner agencies to ensure ongoing appropriate representation at the Drug and Alcohol alliance.

- Identifying clinical champions to promote work to reduce alcohol harm across the NHS, particularly within secondary and primary care settings, would support the alcohol agenda being seen as a health priority. This approach could be taken forward by key strategic leaders on the Health and Wellbeing Board
- There is an opportunity for greater alliance input to improve the integration of health within the local licensing process. Investigating how this is managed successfully in other areas of the country and ensuring health consideration is actively embedded into the local Statement of Licensing Policy may provide useful insight and help shape future planning.
- There is an opportunity for Kent to address the challenges it currently faces around the delivery of IBA. We would encourage the alliance to undertake a review to improve understanding of the extent to which alcohol screening, and the routine delivery of brief advice, where indicated, is embedded in local MECC arrangements and to agree how best to monitor quality and impact going forward. This will help the new One You service determine priorities for action in promoting more routine use of IBA across the county.
- The peer assessment team felt that there are opportunities to more actively include the voice of people with lived experience in the planning, development and delivery of local services. Promoting meaningful service user participation in these processes could support local ambition to further reduce unmet need among the local alcohol dependent population.
- Formalised agreements about data sharing are needed to help overcome inconsistencies in the information about alcohol routinely shared by health and criminal justice partners. Visible senior partner commitment to the development of inter-agency information sharing protocols may help prioritise this work.

## Appendix B: Data - reference to needs assessments

Figure 1: Drug deaths in Kent are increasing

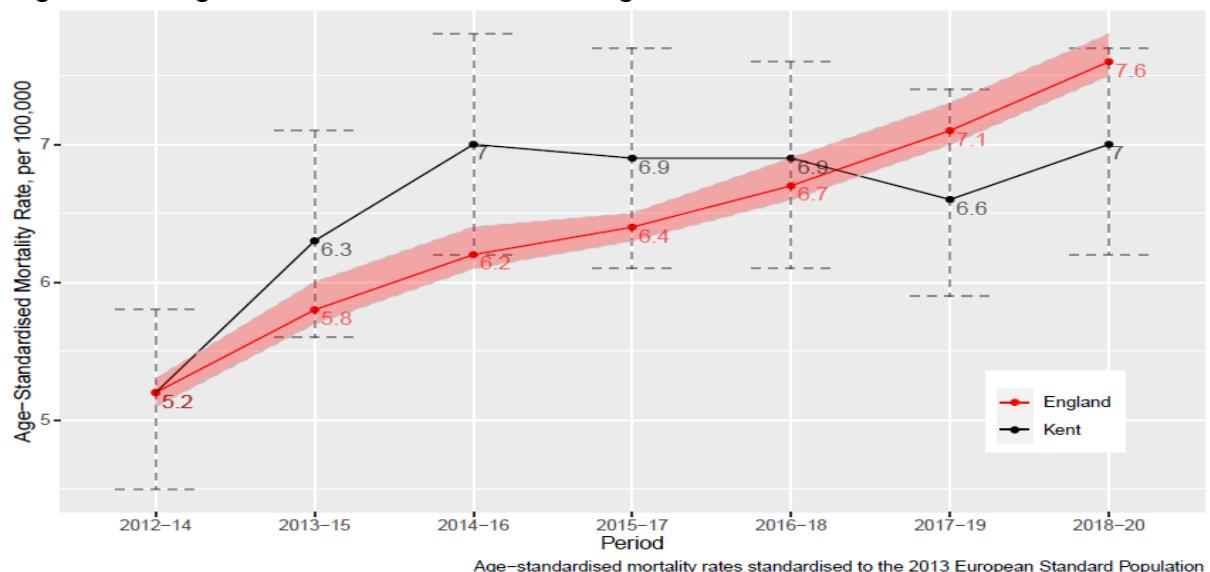


Figure 2: Drug deaths in Kent at district-level

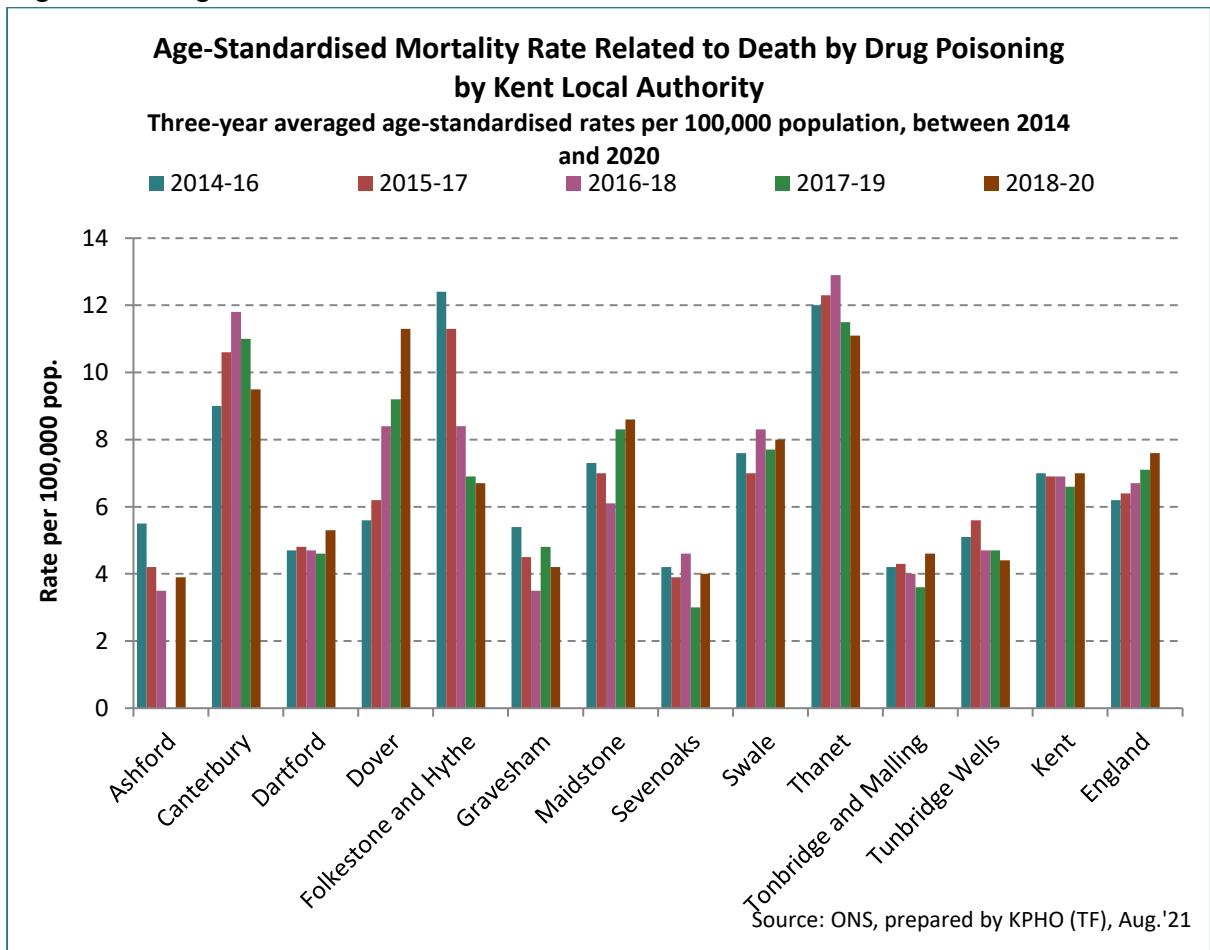


Figure 3: Alcohol deaths in Kent are increasing

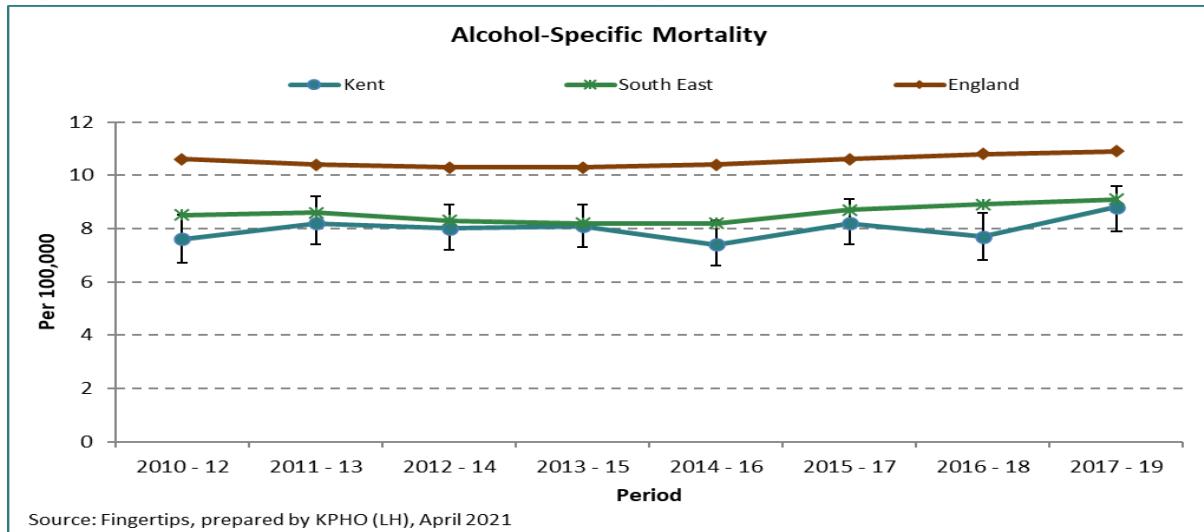


Figure 4: Who Dies? For Alcohol specific deaths: Kent is below national average but lots of local variation

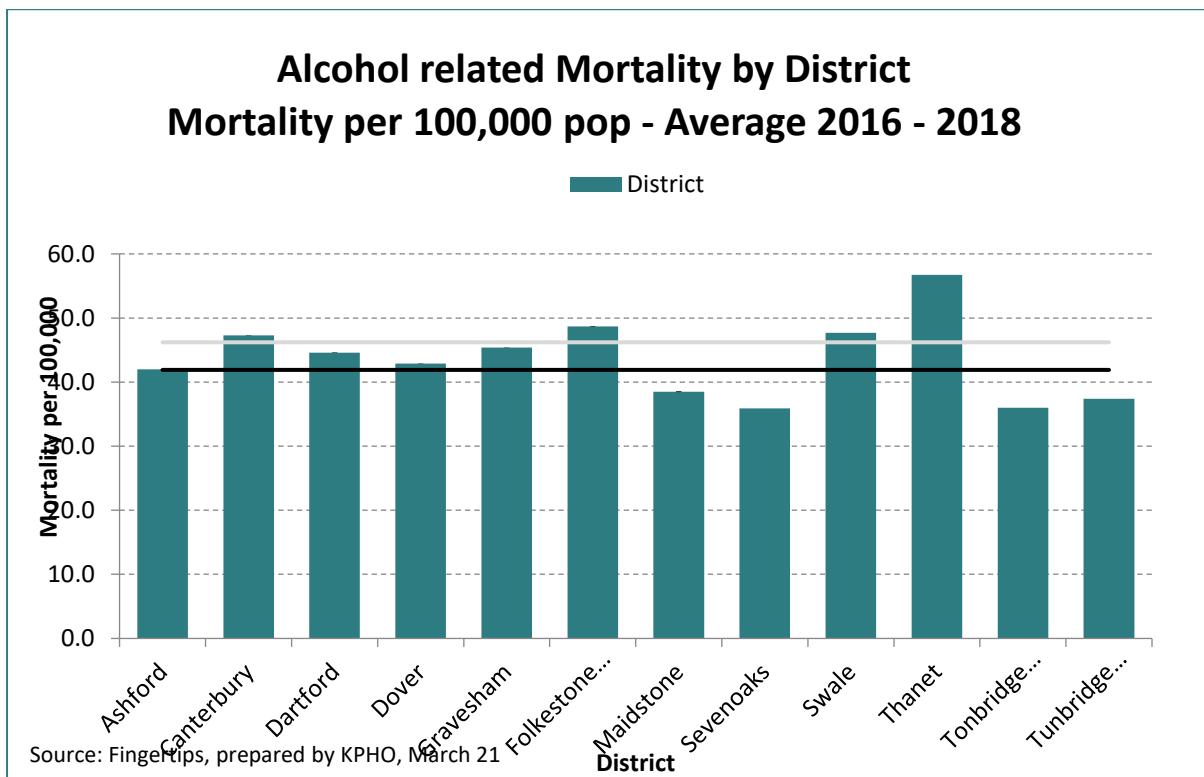


Figure 5: Who gets sickest as a result of alcohol in Kent?

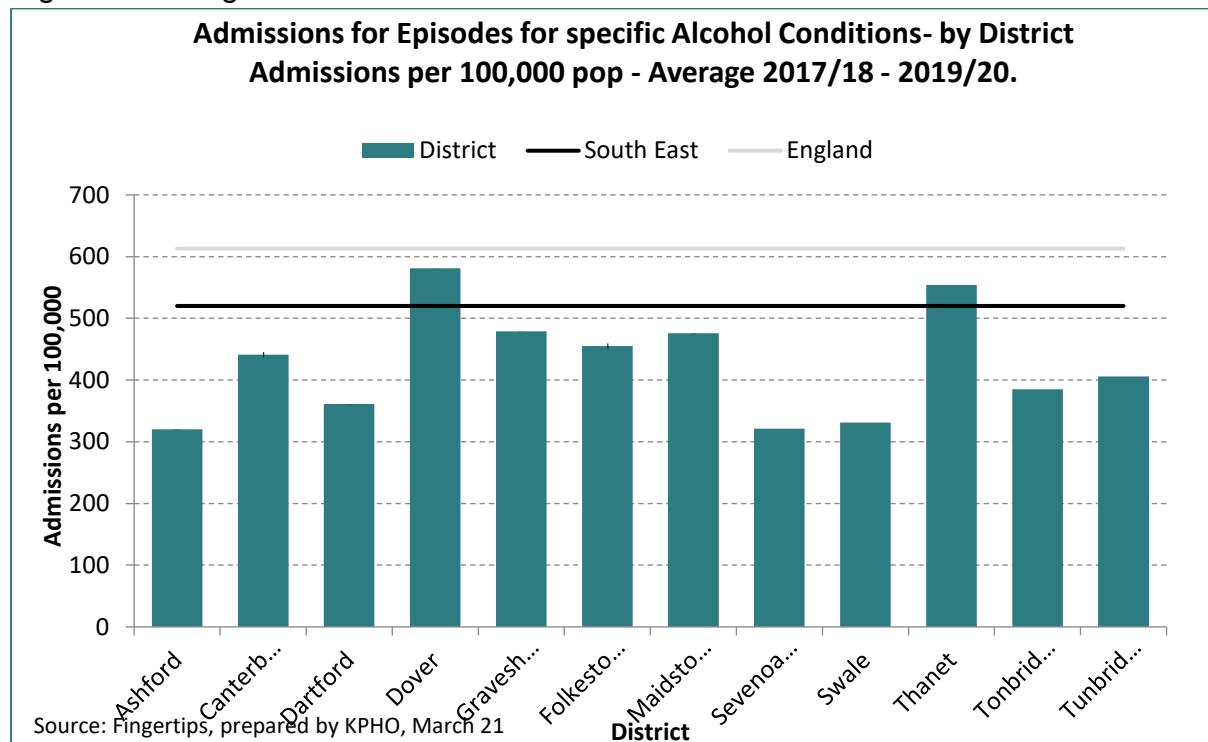


Figure 6: Successful completion of alcohol treatment

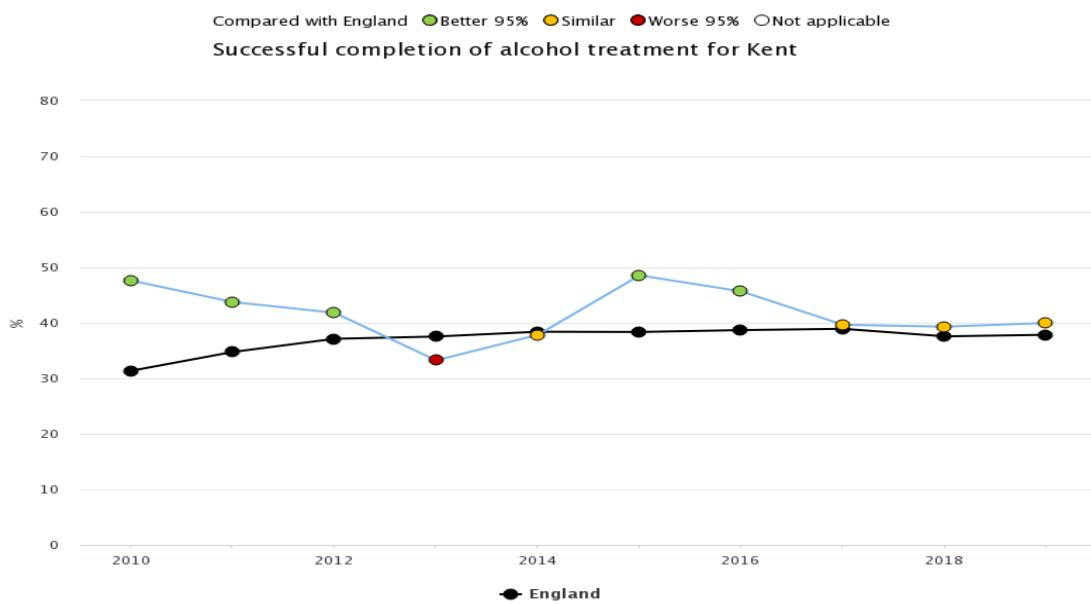


Figure 7: Successful completion of drug treatment – opiate users

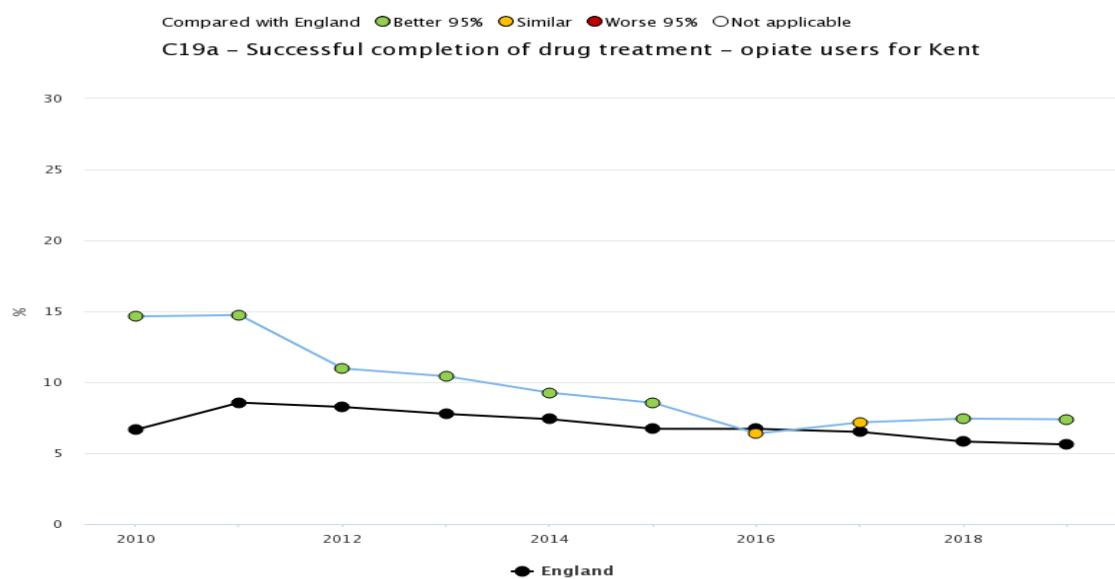


Figure 8: Successful completion of drug treatment – non-opiate users

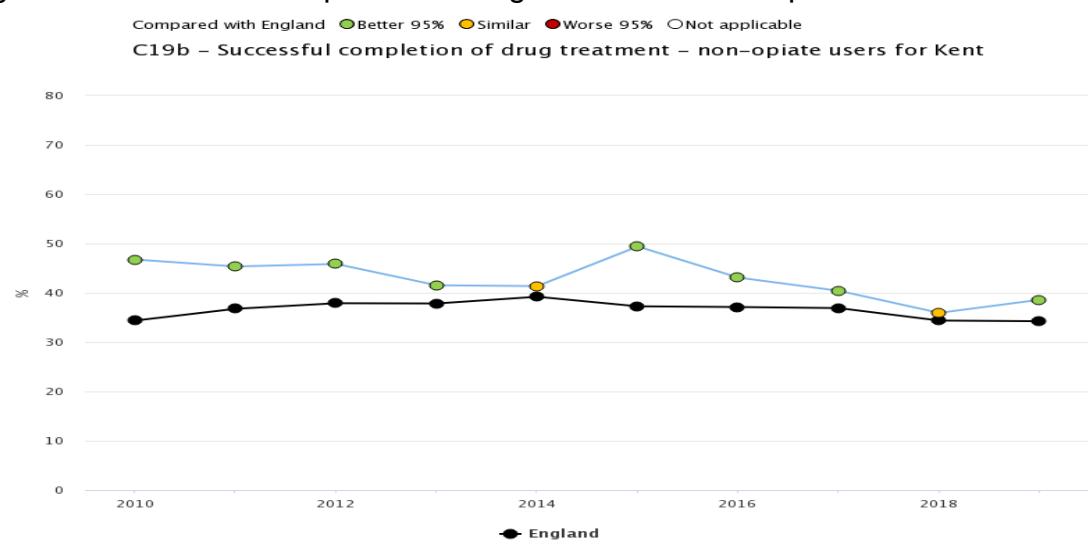


Figure 9: Drug-related offences

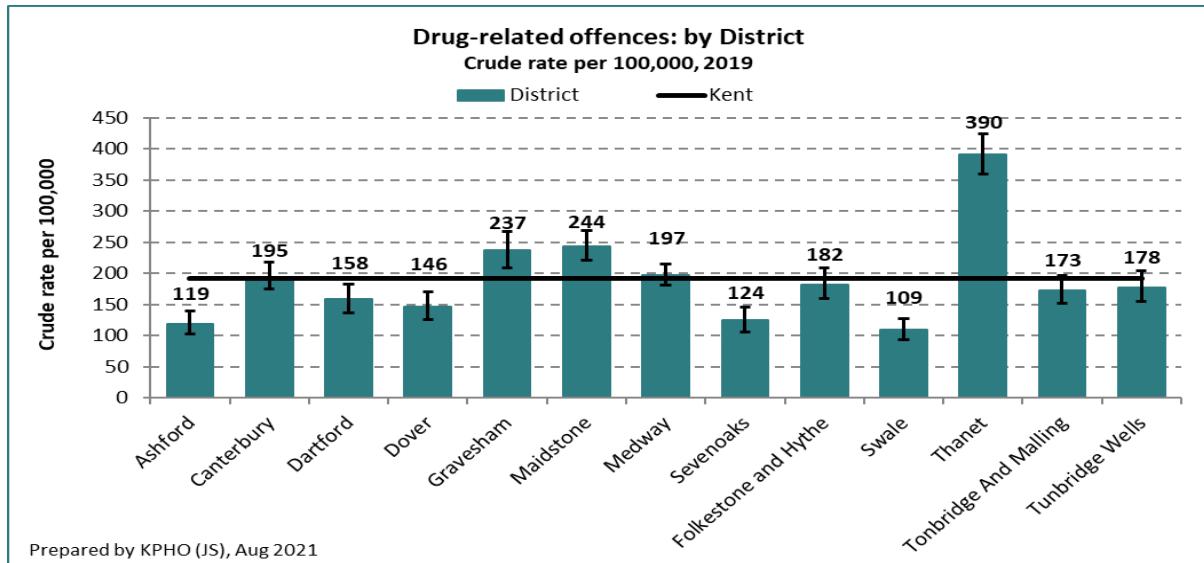


Figure 10: Drink driving

