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To: Thanet Health and Wellbeing Board
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Summary:

The current Kent Alcohol Strategy ended in December 2016. A five-year combined drug and alcohol strategy will replace this from 2017-22, jointly produced by Kent Police and Public Health on behalf of the Kent Drug and Alcohol Partnership.

This paper outlines the themes of the new strategy, which are: Resilience, Identification, Early Help & Harm Reduction, Recovery and Supply. A new strategy has been drafted and is currently out for public consultation. A final version will be developed after the consultation has ended and will be launched in April 2017

1. Introduction

This report presents an overview of the draft Kent drug and alcohol strategy (2017-2022). This strategy is a joined strategy led by Kent Police and Public Health on behalf of the Kent Drug and Alcohol Partnership, allied community groups and the public. The final strategy will be developed throughout 2016-17 following consultation and feedback from partners and the public. It will be launched in April 2017.

2. Rationale

- 2.1 Until recent years there was a clear picture of the types of drugs being misused and their associated harms. This is no longer the case. There are newer harms resulting from a range of drugs previously not seen by services, including steroids, psychoactive substances and prescription drugs – both legal and illicit.
- 2.2 This challenging landscape requires an integrated and coordinated approach by all partners. We require all agencies to be active participants in prevention

in order to facilitate cultural and behaviour change towards alcohol and drug misuse.

- 2.3 There are early indications that young people have responded to preventative messages. There are now higher reported national rates of alcohol abstinence and fewer alcohol-related hospital admissions in Kent. The new strategic challenge is to see a change in the adult population. The combination of public sector austerity and increasingly complex drug and alcohol challenges mean that a new approach is needed that is shared with all partners – including the NHS.
- 2.4 All partners need to be part of tackling the growing complexities in drug and alcohol misuse e.g. housing and employment are crucial to maintaining recovery. The NHS are needed to play their part in helping individuals manage their drug and alcohol issues as long-term conditions – just as diabetes and high blood pressure are managed.
- 2.5 There have been notable successes of alcohol strategy that we are keen to maintain. Each district in Kent has a collaborative local alcohol action plan.
- 2.6 The new Drug and Alcohol Strategy builds on this and also ensures that treatment services are more focused on those with complex drug and alcohol issues. The recommissioning of the current treatment service in East Kent began in autumn 2016.
- 2.7 The new strategy tackles 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.

3. Governance

- 3.1 The current Kent Alcohol strategy reports to the Kent Drug and Alcohol Partnership group. The new Kent Drug and Alcohol Strategy will report to the Kent Drug and Alcohol Partnership and also to the a/ Health and Wellbeing Board and b/ Crime Partnership Board.

4. Themes

- 4.1 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 Drug and alcohol strategy 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 licensing process

4.2 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.

5. Next steps

The public consultation is currently taking place. An Analysis and update (including Consultation Report) will be undertaken from mid-February. The strategy will be taken to KCC Adult Health and Social Care Cabinet in March February. A working group drawn from partner organisations will facilitate and implement the strategy.

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