

## Bath & North East Somerset Council

MEETING/ DECISION MAKER:	Health and Wellbeing Board
MEETING DATE:	29 <sup>th</sup> November 2022
TITLE:	Bath and North East Somerset Drug and Alcohol Strategy 2022 – 2027
WARD:	All
<b>AN OPEN PUBLIC ITEM</b>	
<b>List of attachments to this report:</b> Please list all the appendices here, clearly indicating any which are exempt and the reasons for exemption Bath and North East Somerset (B&NES) Drug and Alcohol Strategy 2022 – 2027 B&NES Drug and Alcohol Strategy Equality Impact Assessment	

### 1 THE ISSUE

1.1 Substance use (drugs and/or alcohol) has an impact on everyone in society, directly or indirectly. The UK central government recognises that action is needed around substance use. “From Harm to Hope: A 10 year Drugs Plan to Cut Crime and Save Lives” was published in December 2021. It is required that local areas develop their own drug and alcohol strategies to support delivery of the national strategy and identify local priorities. The B&NES Drug and Alcohol Strategy 2022 – 2027 has been overseen by the new multi-agency Drug and Alcohol Partnership (co-chaired by Public Health and the Police), which will report into the Bath and North East Somerset Community Safety and Safeguarding Partnership. The strategy itself is a multi-agency piece of work, incorporating local data with service user and frontline worker voices to capture local needs, priorities and commitments across our wider system. There is an accompanying live Action Plan which will drive strategy implementation, overseen by the Drug and Alcohol Partnership.

### 2 RECOMMENDATION

**The Committee is asked to;**

#### **2.1 Approve the B&NES Drug and Alcohol Strategy 2022 – 2027**

## **2.2 Support development and implementation of the accompanying Action Plan to deliver on the strategic priorities and commitments**

### **3 THE REPORT**

3.1 Within the strategy are a core vision and core aims. This is then followed by four identified priorities with commitments sitting underneath each priority. These have been co-produced with partner teams and organisations, and with service users. They aim to tackle our areas of greatest challenge, and provide greatest potential gains for B&NES, whilst reducing health inequalities.

**3.2 Core Vision: ‘To work together to enable people from B&NES to grow up and live free from the harms of substance use.’ Core aims: ‘To focus on prevention alongside early intervention, and support those that experience difficulties with substance use by having an effective treatment and recovery support system.’**

#### **3.3 Priority 1: Reduce demand for substances in the B&NES population**

To achieve this priority, we commit to:

- a. Create a change in culture around drugs and alcohol, including raising awareness and educating children, parents, and young adults. We want to empower them to make informed choices when it comes to substances, and reduce the use of alcohol and other drugs
- b. Focus on Early Intervention through a Whole Family approach, including work with children and young people with vulnerabilities, and with families affected by parental substance use
- c. Reduce crime that leads to the supply of illegal drugs, including work to combat Serious Organised Crime and County Lines
- d. Increase and improve our service user representation and feedback into decision making and service review
- e. Embed substance use recognition, early intervention and referral to treatment across the B&NES health and care system, and in partnership with other sectors including housing, probation, prisons, businesses, schools and universities, using evidence-based approaches and tools
- f. Work closely with licensing and businesses, particularly the Night Time Economy to understand issues in B&NES and support collaborative action where needed, promoting a safe, thriving economy

#### **3.4 Priority 2: Support more adults and young people to access and benefit from treatment and recovery services**

To achieve this priority, we commit to:

- a. Increase the number of people going through treatment for substance use, (including residential rehabilitation), with the aim that more people will achieve recovery and/or their treatment goals. This will include a focus on longer term recovery and integration into the community, including developing recovery communities
- b. Continually review our approach to prioritise evidence-based interventions, build in best practice and respond to local data, so we can support more people to recover and/or achieve their treatment goals. This includes

- reviewing our treatment service capacity and workforce requirements for adults and young people in relation to local need
- c. Support transition between settings and services for individuals with substance use, with a focus on continuity of care for secure settings and mental health services, as well as for young people moving into adult services
  - d. Build engagement with underrepresented communities and underserved groups adversely affected by substance use and/or the COVID-19 pandemic. This includes ensuring services are accessible to all, using Assertive Outreach or unstructured interventions to build trust and engagement where needed

### **3.5 Priority 3: Prevent and reduce harms from drugs and alcohol, including preventing drug and alcohol-related deaths**

To achieve this priority, we commit to:

- a. Embed harm reduction including prescribing best-practice, Opioid Substitution Therapy, naloxone availability and training in our adult services, and in treatment pathways
- b. Continue to learn from people who experience harms, building a B&NES non-fatal overdose notification system and drug alert system, and embedding our learning from drug-related deaths
- c. Work collaboratively across our system to identify and support high risk individuals or groups, including work with the Acute Trust to understand and prevent hospital admissions for alcohol in young people
- d. Strengthen our harm reduction approach, including improving needle exchange programmes and continuing to review national guidance and legislative frameworks
- e. Address the indirect and long-term health impacts of drugs and alcohol, using new tools such as fibroscanning, and improving pathways for diagnosis and treatment of physical conditions in an ageing treatment population. This includes chronic respiratory disease, cognitive impairment, Blood Borne Viruses and liver disease
- f. Reduce substance-use related crime, and break the cycle between substance use and illegal activity. We will use opportunities to engage with people in contact with the criminal justice system and support them to access treatment services
- g. Build on our outreach offer to bring treatment and other forms of unstructured support to individuals who are less engaged with services

### **3.6 Priority 4: Support the health and social needs of adults and young people with complex lives**

To achieve this priority, we commit to:

- a. Develop our pathways and links between services for adults and young people with complexities (including dual diagnosis) for early identification and referral from substance use treatment services to the right support service, including primary care, secondary care and specialist services
- b. Build capacity and expertise in our treatment system and wider healthcare system for working with adults and young people with complexities, including dual diagnosis clients, to provide holistic trauma-informed care

- c. Take a holistic approach to the physical, mental health and social needs of adults and young people in specialist substance use treatment, including their potential to do voluntary or paid work
- d. Develop our pathways to identify and engage with people with substance use in contact with the criminal justice system, including on release from prison, on arrest and on probation
- e. Develop our pathways to identify and engage with people substance use who are at risk of, or experiencing, homelessness, supporting more into treatment as part of their recovery
- f. Work across healthcare to address physical health needs of people who use substances, including meeting additional training needs in our wider healthcare system, and considering pathways and interventions for chronic respiratory disease, cognitive impairment and liver disease

## **4 STATUTORY CONSIDERATIONS**

- 4.1 Implementation of this strategy will deliver on the government expectations set out on [From harm to hope: a 10-year drugs plan to cut crime and saves lives](#) and formalise the action for the new mandated Drug and Alcohol Partnership group.

## **5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)**

- 5.1 There are several national grants – for general adult and young person substance use treatment services, inpatient detoxification and for people with substance use experiencing, or at risk of, rough sleeping. These grants collectively are worth approximately £2,634,436 to B&NES over 3 years. These grants will enhance treatment and support implementation of the strategy, particularly around Priority 2: Support more adults and young people to access and benefit from treatment and recovery services, and Priority 4: Support the health and social needs of adults and young people with complex lives.
- 5.2 To deliver effectively on the strategy requires multi-agency commitment, and may have resource implications for organisations. Evidence shows that for every £1 invested in substance use disorder treatment, £2.50 is saved for wider society<sup>1</sup>. As a local area, there is clear rationale for prioritising prevention, early intervention, harm reduction, treatment and recovery for substances.

## **6 RISK MANAGEMENT**

- 6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

## **7 EQUALITIES**

- 7.1 An EIA has been completed. In implementing the strategy, the impact of drugs and alcohol for under-represented groups in our population will be considered. For specific groups, further prioritisation and tailored approaches will be included in our Action Plan as needed. It is noted that drugs and alcohol are both associated with, and drive health inequalities. This means that commitment to implementation of this strategy by system partners has potential to reduce health inequalities in B&NES.

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<sup>1</sup> <https://researchbriefings.files.parliament.uk/documents/CDP-2017-0230/CDP-2017-0230.pdf>

## 8 CLIMATE CHANGE

8.1 Substance use may appear unrelated to Climate Change, however for the UK taxpayer illegal drugs carry a cost of £20 billion per year<sup>2</sup> and alcohol a cost of £27 – 52 billion per year.<sup>3</sup> Savings from reducing the impact of drugs and alcohol could be invested in preventing and mitigating against climate change, and achieving carbon neutrality.

## 9 OTHER OPTIONS CONSIDERED

9.1 None

## 10 CONSULTATION

10.1 Extensive consultation has taken place in development of the B&NES Drug and Alcohol Strategy 2022 – 2027. This has included discussion and feedback in multiple strategic forums, online and face to face stakeholder consultation, and focus groups with front line workers. Over 40 organisations have been involved in developing this strategy. To engage and consult with service users, we worked with treatment services and used questionnaires for adults and young people, as well as a focus group.

<b>Contact person</b>	Celia Lasheras
<b>Background papers</b>	From harm to hope: A 10-year drugs plan to cut crime and save lives. Available from: <a href="https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives">https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives</a>
<b>Please contact the report author if you need to access this report in an alternative format</b>	

<sup>2</sup> <https://www.gov.uk/government/news/largest-ever-increase-in-funding-for-drug-treatment>

<sup>3</sup> <https://www.ias.org.uk/wp-content/uploads/2020/12/The-costs-of-alcohol-to-society.pdf>