Bath & North East Somerset Council

Improving People's Lives

B&NES Drug and Alcohol Strategy 2022 – 2027

Led by Public Health and developed in partnership with organisations from across Bath and North East Somerset

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.

Partner organisations involved in developing this strategy

Thank you to all who have been involved in supporting development of the strategy through our online consultation, face to face engagement, focus groups and strategic forums. A special thanks goes to the following partners and groups for their face to face or virtual engagement:

- Bath and North East Somerset Council, including Public Health, Housing, Children's Services and Education, Specialist Commissioning, Inclusive Communities, Licensing and Enforcement
- HCRG Care Group
- Developing Health & Independence, including Project 28
- Avon and Wiltshire Mental Health Partnership NHS Trust, including Specialist Drug and Alcohol Services (SDAS)
- Avon Fire & Rescue Service
- Avon and Somerset Constabulary
- HMP Bristol
- Bath and North East Somerset Probation Service
- Youth Offending Service
- Bath and North East Somerset schools
- Royal United Hospitals, Bath
- Homelessness Support Organisations including Julian House, Curo Group and Genesis Trust
- Bath Business Improvement District
- 3SG BaNES – 3rd sector organisations alliance
- Bath Spa University
- University of Bath
- Primary care
- Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board
- Office of Health Improvements and Disparities, South West Team, Department of Health and Social Care
- Department of Work and Pensions

Bath and North East Somerset strategic forums involved in developing this strategy

- Bath and North East Somerset Community Safety and Safeguarding Partnership
- Early Intervention and Prevention Sub Group
- Serious Violence Steering Group
- Vulnerable Communities Steering Group

- Youth Offending Management Board
- Bath and North East Somerset Drug and Alcohol Strategic Steering Group
- Young People's Substance Misuse Group

Service user engagement

Thank you to drug and alcohol treatment service users (young people and adults) who gave their time to share experiences and feedback. Key messages from services users include the importance of:

- approaching drug and alcohol use holistically and working with people to support all their health, social and wider needs
- connecting up our services and treatment pathways, with a focus on mental health, housing and the criminal justice system
- supporting personal development and community involvement, including support to become peer volunteers and working with peers in different settings
- working to support families and children affected by parental substance use
- engaging with children and schools to prevent more young people becoming involved with substance use and supporting informed decision making through education
- keeping our services accessible for when they're needed, and making them work for that person
- continuing to focus on harm reduction alongside recovery in treatment
- building on how we work with service users to understand their experiences, views and involve them in decision making

We will seek to further involve service users and work with relevant partners as the action plans are implemented and further developed.

Governance

This strategy is for Bath and North East Somerset (B&NES) for 2022-2027. Delivery of the strategy is multi-agency, overseen by the B&NES Drug and Alcohol Strategic Steering Group, co-chaired by Avon and Somerset Police and Public Health, Bath and North East Somerset Council. This group reports into the Community Safety Partnership sub-group of the Bath and North East Somerset Community Safety and Safeguarding Partnership (BCSSP). The strategy will be approved by the BCSSP and the B&NES Health and Wellbeing Board.

Co-ordination and delivery

Delivery of the strategy will be co-ordinated by the B&NES Drug and Alcohol Strategic Steering Group, in line with national guidance for local delivery partners[1]. Members of the group will have responsibility for supporting delivery of actions in the Action Plan that links to the strategy. The Action Plan is a live document and therefore not included in this strategy document. The Strategic Steering group will review progress when meeting every 4 months, and members will also be responsible for highlighting risks and issues.

Measuring progress

Progress against the Action Plans and Strategy priorities and commitments will be reported through the Drug and Alcohol Strategic Steering group to the Vulnerable Groups, BCSSP. This will be in the form of an annual report and quarterly updates, with responsibility for these lying with the Drug and Alcohol Strategic Steering group Senior Responsible Officer and Public Health, B&NES. Indicators for assessing progress around drugs and alcohol within B&NES will be informed by national guidance (awaited 2022), with locally agreed indicators.

Other policies and strategies

Across our area there are a range of work programmes and strategic approaches that are relevant to substance use in our population. This strategy should be considered with the following, and it is intended they will be mutually supportive for delivery of shared aims:

- Bath and North East Somerset Early Help and Intervention Strategy 2021-2025
- Avon and Somerset Constabulary's (ASC) Drug Strategy (in development 2022)
- Suicide Prevention Strategy for B&NES 2020-2023 and BSW 2019-2023
- Bath Swindon and Wiltshire (BSW) Health Inequalities Strategy 2022-2027
- Bath Swindon and Wiltshire (BSW) Health and Care Model
- Avon & Wiltshire Mental Health Partnership NHS Trust Dual Diagnosis Strategy (in development 2022)
- Bath and North East Somerset Youth@Risk Strategy 2019-2022 (refresh taking place 2022)
- Integrated Strategy for Physical Activity, Healthy Weight, Food (including drug and alcohol harm prevention and tobacco**,** in development 2022)

Alongside the local strategy and policy links, other national policy and strategy links include:

- NHS Long Term Plan
    - Chapter 2: More NHS action on prevention and inequalities – Alcohol
    - Chapter 3: Adult mental health services – community-based offer including support for coexisting substance use

    - NHS Mental Health Implementation Plan 2019/20-2023/24
- The Community Mental Health Framework for Adults and Older Adults
- Commissioning quality standard: alcohol and drug treatment and recovery guidance, Office for Health Improvement and Disparities
- Integrated Offender Management Neighbourhood Crime Strategy
- People with co-occurring conditions: commission and provide services. PHE Guidance on Commissioning and providing better care for people with co-occurring mental health, and alcohol and drug use conditions

Background needs assessment

The "Where are we now" section of this strategy includes detailed data on our baseline needs in B&NES. This section uses the principles of a Health Needs Assessment approach, combining numerical data with feedback from stakeholders and service users to identify our local priority areas.

Core Vision

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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.

Priorities and Commitments

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

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

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

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

Where are we now nationally?

Substance use (drugs and/or alcohol) has an impact on everyone in society, directly or indirectly. Substance use drives health inequalities, disproportionately affecting those from our most deprived communities and within under-served and underrepresented groups. The impact drug and alcohol use has on our local population is summarised in the graphic below.

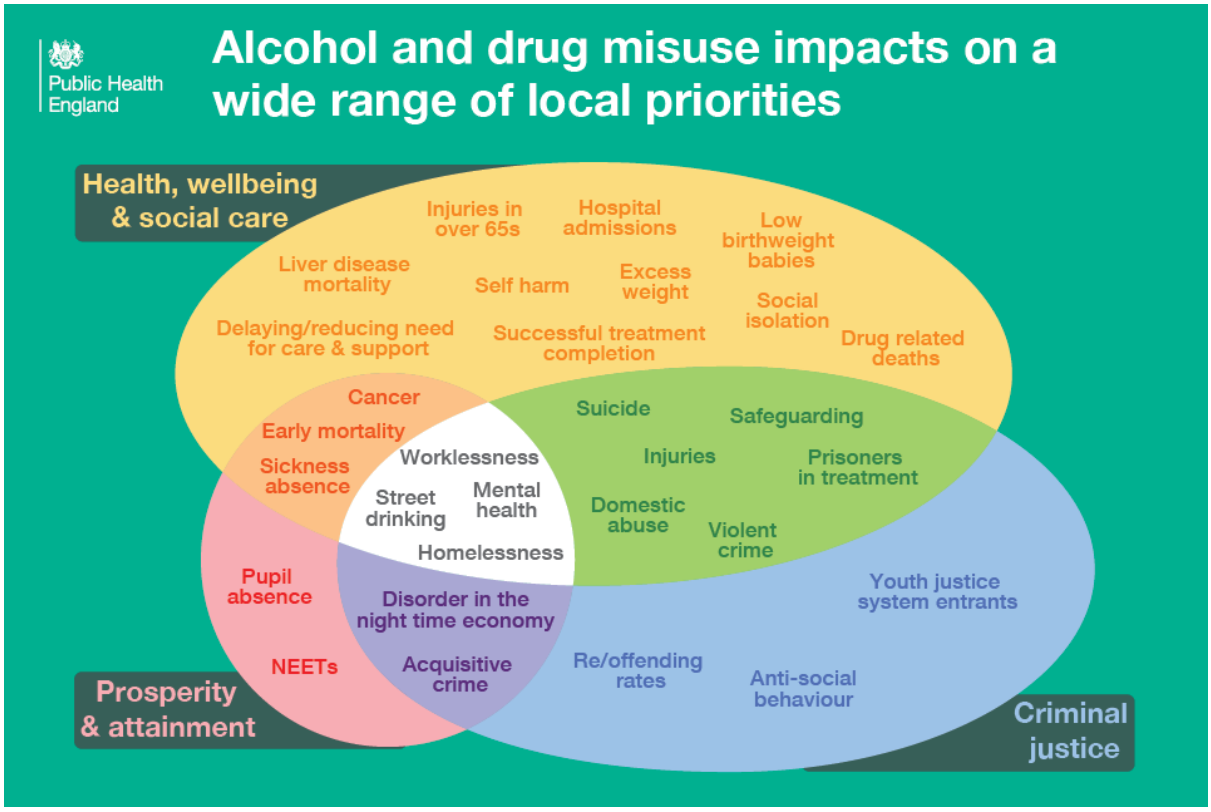

Figure 1. Infographic from Alcohol: applying All Our Health. Available from: https://www.gov.uk/government/publications/alcohol-applying-all-our-health/alcohol-applying-all-our-health

The latest Crime Survey for England and Wales estimates that 1 in 11 adults (16 to 59 year olds) took an illicit drug in the last year (2020)[2]. The trends in drug use across England and Wales show that in adults, drug use fell from 1995 to 2013, and has then risen up to 2020. This is the case for all age groups, but particularly for 16-24 year olds, with a 28% rise in the proportion who have used a drug in the last year for this age group[2]. Information on where people source illegal drugs is difficult to interpret as many people don't want to answer, but common sources include friends, neighbours or colleagues or known dealers[3]. Patterns of individual drug use are also complex. Briefly, cannabis is consistently the most-used drug, followed by powder cocaine, ecstasy and new psychoactive substances and nitrous oxide[3].

Patterns of drug use vary by demographic. Cannabis use is much more prevalent than the other drugs listed, with 18.7% of 16-24 year olds having used it in the last year. This age group are most likely to have taken an illicit drug in the last year – 1 in 5 for the year ending

2020. Drug use is also more common in men, full time students (compared to other occupations), people who are single, and people who are victims of any crime in the last 12 months[2]. Drug use also varies amongst ethnic groups, with White British adults and Black adults more likely to have used an illicit drug in the last year than Asian adults[3].

Positively, the proportion of people successfully completing treatment has continued to rise to over 50% in the last 15 years[3]. However, people in treatment for opiate use are least likely to complete treatment.

Patterns of alcohol use amongst our population continue to change over time. Since the 1980s, alcohol sales and the amount that people drink has steadily increased, peaking in 2008 and declining slightly since. However, despite more adults choosing to abstain from alcohol and fewer under 18s drinking alcohol, drinking behaviour has increased for some groups. Many people who are at high risk of health conditions because of the alcohol they drink, are now drinking more than they did before. Despite alcohol being legal, and a part of our culture for many adults, there is no completely safe level of alcohol to drink. The Chief Medical Officers' guideline for men and women is to not drink regularly more than 14 units per week, and that risk of illness increases with any amount of alcohol on a regular basis[4]. Over 10 million adults in England regularly drink over recommended limits[5]. An estimated 595,000 people are dependent on alcohol[6].

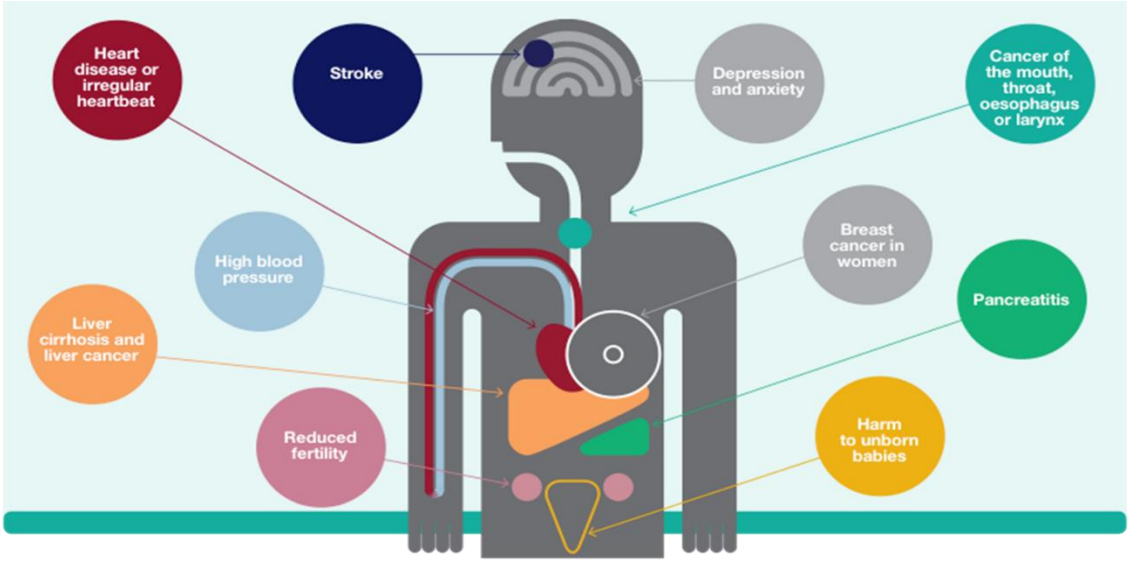

Figure 2. The range of medical conditions caused by alcohol. Available from: https://www.e-lfh.org.uk/programmes/alcohol/#:~:text=Top-,Have%20a%20word,raising%20alcohol%20as%20an%20issue

Alcohol consumption varies by demographic. The age group 55 to 64 years are most likely to drink regularly over guideline amounts, with estimated figures of 38% for men and 19% for women[7]. Across all age groups men are more likely than women to drink at higher risk levels. In the most deprived areas people are more than twice as likely to be a non-drinker

(29%), and the proportion of people who regularly drink above guideline levels is highest in the least deprived areas (27% compared to 18% in the most deprived areas)[7]. This is significant considering the socioeconomic profile in B&NES, where up to 40% of our population are in the least deprived 20%.

Children, young people and families

Patterns of substance use in children and young people (defined here as under 18 years), continue to change with time. From 2009/2010 to 2019/2020, the number of young people in contact with alcohol and drug services reduced nationally by 42% [8]. A national survey[9] however shows that from 2014 to 2018 the proportion of school pupils reporting having used a drug at some point in their lifetime increased, meaning a potential increase in the numbers of young people using substances but not accessing treatment. Many young people with substance use have other needs. Over a third of young people who started substance use treatment in 2019 to 2020 reported needing mental health treatment, yet a third of this group had received no treatment[3]. There are a number of factors linked with young people having taken drugs in the last month. These are summarised in the image below. The larger the circle, the greater the link.

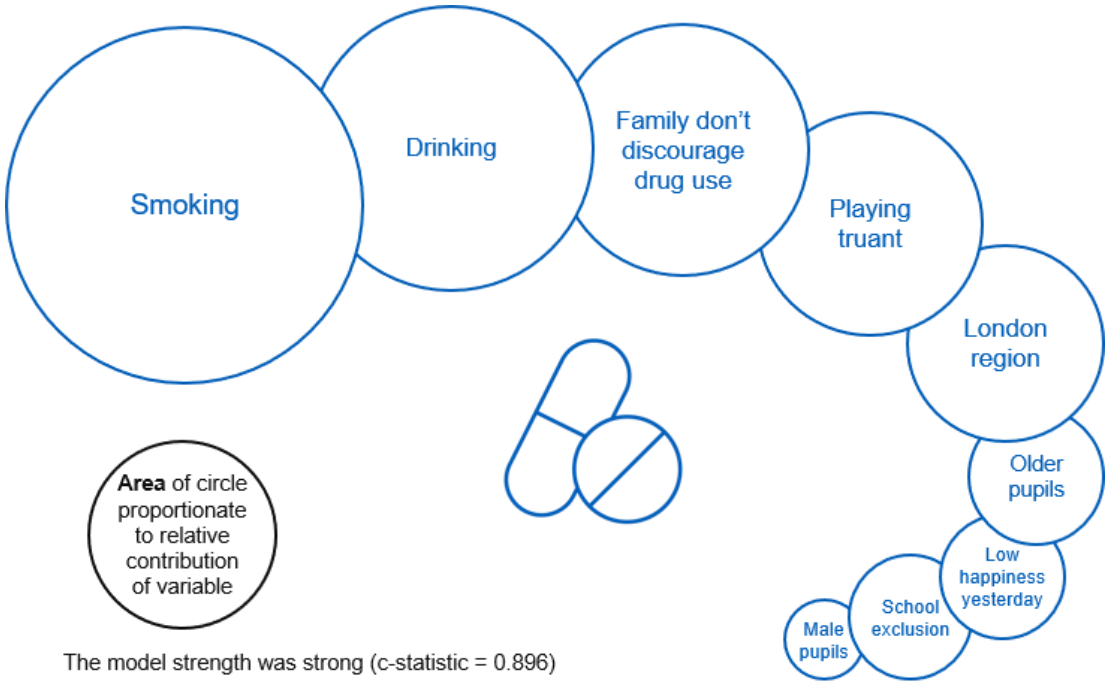

Figure 3. Risk factors for drug use in the last month in young people.

Patterns of substance use continue to evolve, and a recent development is the use of disposable vapes (Puff Bars) amongst young people.[10] There are health impacts associated with Puff Bar use, and the potential to increase the risk of other substance use (including smoking tobacco) is concerning given the above evidence. It is common for young people to enter substance use services with a range of problems or vulnerabilities including early

onset substance use (76% before the age of 15), poly-drug use (56%), antisocial behaviour (32%), domestic abuse (21%) and being affected by others' substance use (22%).[11] These are all adverse childhood experiences (ACEs) and linked to poorer health and social outcomes later in life. The Children's commissioner describes the "toxic trio" of children who live in households where there is domestic violence and abuse, parental substance use (alcohol or drugs) and parental mental health issues. This environment can lead to serious harm in the short and longer term[12].

Substance use within a family can also have significant impacts and childhood adversities often cluster together[13]. The potential impacts of parental substance use on child development[14] include:

- Risk of health and developmental problems from exposure during pregnancy (1.4% of women have substance use during early pregnancy nationally)[15]
- Adversely affecting relationships and attachment
- Increased risk of physical and emotional neglect
- Behavioural and mental health problems in children and young people
- Undermining school performance
- Reduced levels of safety and oversight

There is also evidence of intergenerational vulnerability, where parental substance use increases the risk that children will go onto develop substance use problems themselves[16]. Positively, there are evidence-based protective factors in individual children, their families and their communities that foster resilience. This includes parental treatment for substance use, strategies and action to minimise the impact on children, and positive school experiences in connected communities that provide value and identity as well as resources such as child care and leisure facilities[14].

Complexity and a whole person approach

Nationally, more adults than ever now have multiple physical health conditions, and prevention, treatment and support for people with multiple conditions is a national priority[17]. Substance use increases the risk of many long-term health conditions, and vice versa[18]. It also increases the exposure to other factors that damage health. For instance, smoking rates are up to 3-4 times higher amongst people in substance use treatment compared to the general population, and smoking itself causes a range of long term health conditions and increases people's risk of dying early. Competing priorities for an individual can make prevention or treatment of other health problems challenging, yet substance use treatment offers a point of contact to improve other areas of health, including for instance referral to smoking cessation services.

People with substance use often also have mental health issues (also known as dual diagnosis) and are more likely than the general population to have social needs such as homelessness or experience of the criminal justice system. For instance, up to two thirds of people with experience of homelessness also have experience of substance use[19].

This creates a complex picture of Severe and Multiple Disadvantage[20] where people are more likely to experience a range of poor health and social outcomes. Figure 4 shows how different characteristics that can be linked to health inequalities (avoidable and unfair differences in health) overlap. Substance use can be more common in some of these groups, and we also find that traditional ways of delivering heath care or support may not work as well for these groups. It is not possible within the scope of this strategy to consider all vulnerable groups or groups who may have difficulty accessing services separately. Where needed, actions for specific groups for focus in B&NES will be identified in the Action Plan to support local needs and reduce health inequalities.

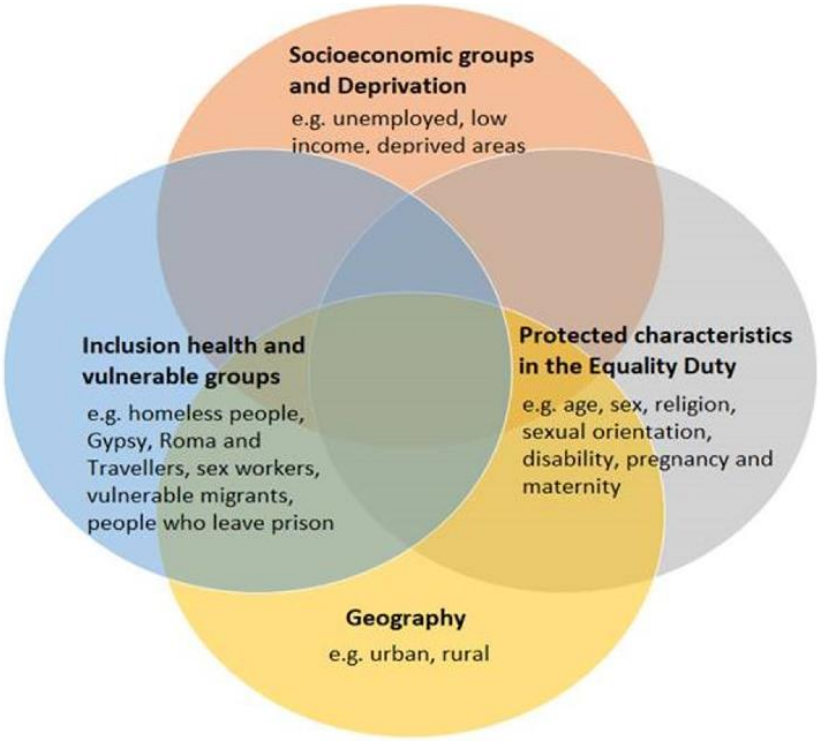

Figure 4. Overlapping dimensions of health inequalities[21]

People will typically need multiple different treatment services, and it is a complex picture for local service providers. For instance, in the Avon and Somerset criminal justice landscape alone, there are four prisons that mainly release people to B&NES; Ashfield, Bristol, Eastwood Park and Leyhill, as well as other prisons nationally, the Youth Offending Team, the Magistrates Court, and the Probation Service. To provide integrated care around substance use and support transitions between these providers, as well as mental health services, acute and primary health care services, education, social care and early help and

intervention requires a collaborative focus in organisational culture, commissioning and pathway design.

National strategy

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"[22] was published in December 2021. The plan sets out 3 core priorities:

- *break drug supply chains,*
- *deliver a world-class treatment and recovery system, and*
- *achieve a shift in the demand for recreational drugs*

For children and young people, the national strategy says that *"children will receive a comprehensive education about the dangers of drugs. Interventions will happen earlier to stop young people getting dragged into a life of drugs and crime.*

We will ensure that there is early intervention for young people and families at the greatest risk and make sure all children are provided with high quality education on health and relationships to help prevent the use of drugs."

The national Alcohol Strategy[23] also commits to combine nation-wide interventions and policies with locally developed approaches to reduce harmful drinking and the impact on the population. The aims of the national strategy are to achieve:

- *a change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others,*
- *a reduction in the amount of alcohol-fuelled violent crime,*
- *a reduction in the number of adults drinking above the NHS guidelines,*
- *a reduction in the number of people "binge drinking",*
- *a reduction in the number of alcohol-related deaths, and*
- *a sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.*

Cost effectiveness of substance use prevention and treatment

Drug and alcohol treatment saves money in a number of areas, including crime, health, education and social care. Alcohol treatment reflects a return on investment of £3 for every pound invested, and drug treatment reflects a return on investment of £4 for every pound invested[24]. Evidence-based interventions recommended for prioritisation in our region by the Office of Health Improvements and Disparities[25,38] include:

- working to prevent future drug dependency and reduce the impact of alcohol by supporting children, families and expectant parents affected by substance use

- providing personalised drug treatment
- harm reduction including needle exchange to prevent blood borne virus transmission
- local, targeted support for groups with complex and multiple vulnerabilities
- local review panels to investigate drug-related deaths
- raising awareness and taking every opportunity to intervene and reduce alcohol consumption and related harms
- work to manage the Night time Economy with data, guidance and tools available through legislation

The interventions need to be considered alongside the national strategy priorities and our picture of local need.

COVID-19 pandemic

The COVID-19 pandemic impacts everyone. However, some people have been more affected than others. People who are more likely to experience the negative impacts of drugs or alcohol have been some of the most affected by the pandemic[26]. In adults, poor mental health, particularly Severe Mental Illness, is linked to substance use[27].Nationally, wellbeing across our population is still below pre-pandemic levels[28]. The heaviest drinkers have drunk more alcohol during the pandemic, and deaths due to alcoholic liver disease are at their highest ever[29]. Provisional data shows methadone overdoses have increased. There's also been an increase in deaths in those on treatment in 2020[30]. In summary, addressing substance use is a key part of recovery for communities and the Levelling Up policy[31]. During the COVID-19 pandemic, treatment and support services have largely needed to be accessed online. This can be positive for accessibility, but also pose difficulties for people with complex lives, vulnerabilities and other disadvantages like access to reliable internet.

Where are we now in B&NES?[32]

Prevalence of substance use and harm caused by substance use in B&NES

- Consistent with national figures, B&NES has high levels of substance use (meaning drugs and/or alcohol use)[17].
- In B&NES, the number of hospital admissions in 15-24 year olds due to drugs and alcohol is higher than the national average[33].
- In B&NES, estimates for numbers of people with substance use who are not in treatment are high, as is the case nationally. The percentage of opiate users not in treatment is estimated at 43%, and for alcohol users is 75%, this has remained high since 2014/2015. The percentage of crack users not in treatment is estimated at 48% (2019/2020).

- In B&NES, the numbers of adults admitted to hospital due to drug poisoning has increased by 90% since 2017/2018 to 68 per 100,000 of the population in 2020-2021. This is higher than the national rate of 50.2 per 100,000 of the population.
- The number of drug related deaths in B&NES has also increased, to 8.5 per 100,000 deaths. This is also higher than the national average of 7.6 per 100,000 deaths (2018/2020). The DRD review in 2020 found that more males died from drug-related causes than females, and in a third of deaths there was experience of mental health issues[17].

Children and Young People

- The number of young people being hospitalised due to substance related use has also increased in B&NES. For females under 18, 105 people per 100,000 of the population are admitted to hospital for alcohol specific conditions. This is the highest in the South West, twice the regional average (59 per 100,000) and four times the national average (36 per 100,000). For males under 18, 53 people per 100,000 of the population are admitted to hospital for alcohol specific conditions. This is double the regional average (34 per 100,000) and triple the national average (23 per 100,000). Further work is needed to understand these figures and the underlying causes.
- In 2020/21, 216 adults in treatment for substance use were parents living with children[34].
- In B&NES, children in need assessments in 2019-2020 found that 23% had a parent or other adult living them with alcohol use, and 21% with drug use. This is higher than the national figures of 16% for alcohol and 17% for drug use[20]. These children are vulnerable to the effects of the substance use that is happening in their homes.
- In B&NES, for every 1000 children, an estimated 172 live in households with domestic abuse, a parent with a severe mental health problem or a parent with substance use [20]. This equates to an estimated 6,166 children. These issues increase the vulnerability of children to multiple negative experiences or outcomes.
- In B&NES an estimated 1,688 children live in a household where there is problematic parental substance use[35]. This rate of 47 per 1000 0-17 year olds is ranked at 87/100 amongst local authorities, where 100/100 is the highest rate.
- In B&NES, there are a small number of children (0.1%) who are permanently excluded from school, and from 2015-21 13% of these were due to drugs and/or alcohol. Schools and the council have worked to support children and reduce this number.

In summary, the impact of substance use for children, young people and adults in B&NES is substantial and some indicators have worsened in recent years.

Services for substance use

- In B&NES treatment for substance use varies depending on the individual's level of need for support and input.
- Supporting people around drugs and alcohol happens at multiple levels – from brief advice in general healthcare setting to specialist drugs and alcohol services.
- Substance use services are commissioned by the Public Health team at Bath and North East Somerset Council.
- Young people and adults who are supported by substance use treatment services will have a personalised holistic treatment plan.
- Access to treatment services can be through self-referral or referral through other partner agencies. Support is provided in ways that work for clients including drop in, virtual, face to face, one to one and group settings.
- There is an increasing emphasis on integrated working, and holistic support, from stop smoking services to our early help services to housing support.

Who is accessing substance use services?

Adults in B&NES 2020/2021

- In 2020/2021 1,121 adults accessed commissioned drug and alcohol services.
- Referral route: In 2020/2021, 7 in 10 adults accessed substance use services by referring themselves or being referred by their family or friends. Over the last 10 years, the number of adults accessing substance use services via self/family/friend referral has increased. This has also been the case nationally. Only 11% of referrals in 2020/2021 came from health services and social care[21]. For opiate users, just under a quarter of referrals come through the criminal justice system (23% in 2020/2021). This is increasing and is now similar to the national average.
- Substance use patterns: between 2017/2018 and 2020/2021, the number of adults in treatment for alcohol only and for non-opiates has increased. The number of adults in treatment for opiates has reduced slightly. The number of adults in treatment for alcohol and non-opiate use has remained similar.
- Gender: in 2020/2021, most clients in drug and alcohol treatment services identify as male (between 59% and 73% depending on the type of treatment). Treatment services for non-opiates had the highest proportion of females compared to males (41% were female)[36].
- Age: the age of people entering treatment is increasing. Between 2021/2011 and 2020/2021, the number of adults in treatment over 50 has doubled to 1 in 4. However, over half of clients in treatment are between the ages of 30-49 years.

- Ethnicity: most clients identify as white British (94% in drug treatment services and 96% in alcohol treatment services). These figures are similar to the ethnicity breakdown of the wider population in B&NES.
- Disability: a third of adults in substance use treatment report a disability. This is slightly higher than the England average . For adults reporting a disability, 15% were behavioural and emotional. 10% reported a disability associated with a progressive condition and physical health[14]. This supports evidence that long term conditions are increasing nationally[12], and the population in drug and alcohol treatment is getting older on average.
- Services are seeing increasing complexity in adults in treatment[37]. 7 in 10 adults entering substance use treatment during 2020/2021 reported a mental health treatment need, compared to 5 in 10 in 2019/2020. More adults in treatment are unemployed/economically inactive and consistently around 20% have a housing problem. This shows how the impact of substance use is greatest in our socioeconomically disadvantaged communities[21].
- Families of people with substance use: 2 in 10 clients in treatment in B&NES are parents living with children[38]. Children of adults with drug use are more likely to be on a children in need plan or child protection plan, compared to children of adults with alcohol use.

Children and Young People in B&NES 2020/2021

- In 2019/2020, 160 young people were in treatment, 70 of whom had presented to treatment that year. Just over half of young people in treatment are 14-15 years old, and the majority are 14-17 years – similar to national figures[24].
- Since 2017/18, increasing numbers of young people are being referred to treatment from education (46% in 2019/2020). This is now above national average. Smaller proportions are referred from criminal justice, social care, health services and other sources. Young people identifying as male appear more likely to be referred from the criminal justice system, but the numbers are relatively small making gender differences hard to interpret[39].
- Ethnicity and gender breakdowns of young people in treatment services are similar to adults in treatment services[24].
- Cannabis (88%) was reportedly the most used substance for young people in 2019/2020, followed by alcohol, ecstasy and nicotine[24]. In 2020/2021, just over a third of young people in treatment were using two or more substances.
- Most young people entering treatment services in 2019/2020 were living with their parents (71%). Small numbers (<5) were living in care or in unsettled accommodation[24]. 21% were in alternative education and small numbers (<5) were persistently absent or excluded[24].

- Treatment services report an increase in complexity of young people in treatment. For young people in treatment in 2020/2021, 25% were involved in antisocial behaviour/criminal activity, 23% were affected by others substance use, 20% had experienced self-harm, 13% were affected by domestic abuse, 11% were classified as a "child in need" and small numbers (<5) were looked after children or affected by sexual exploitation.

Where do we want to get to?

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.

How will we get there?

The priorities below are linked to commitments from the B&NES system partners. This strategy links to a live action plan for delivering on these commitments.

Priorities

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

Preventing illicit drug use and the development of harmful drinking patterns saves lives and benefits individuals, families and communities. Prevention of substance use and the harms that result from it is everyone's business. Drinking under the age of 15 is associated with a 50% increase in risk of alcohol dependency in adulthood[40], and parental substance use is an Adverse Childhood Experience with many negative impacts for children including risk of substance use later in life. Drug and alcohol education is a key part of national guidance on health education[41]. Children need to grow up with an understanding of the impact of recreational drug use for themselves and their future families.

Where there is identified risk, or parental substance use, we must engage with individuals, families and communities before behaviours and addictions develop or become entrenched, and offer meaningful alternatives. Work on a Whole Family approach in B&NES around parental substance use currently includes supporting parents who are in substance use treatment to access early help services and identifying more children and young people through data sharing and providing support early. The chaos people may experience through trauma and substance use is not always conducive to accessing substance treatment programmes, and our treatment services have responded to this need through

successfully piloting a more flexible approach to drugs treatment for families. We are moving towards the "no wrong door" approach that national guidance advocates, whereby people may access support through any service. Yet there is still work to be done. This also links into work to support families with parental substance use where the children are in care, another priority group.

What did our service users and partners say?

Everyone stressed the importance of prevention and early intervention – particularly for children and young people, and in families with parental substance use. Education and training are key, both for our population in how we educate people to make informed choices, and for people working across B&NES. For businesses in B&NES too, recreational drug use is a concern, especially around the night time economy and our young adult and student population. The police in Avon and Somerset are supporting the prevention agenda, operating in partnership to reduce crime and protect vulnerable communities.

The complexity of our early help system that needs to work together to enable effective early intervention is summarised below:

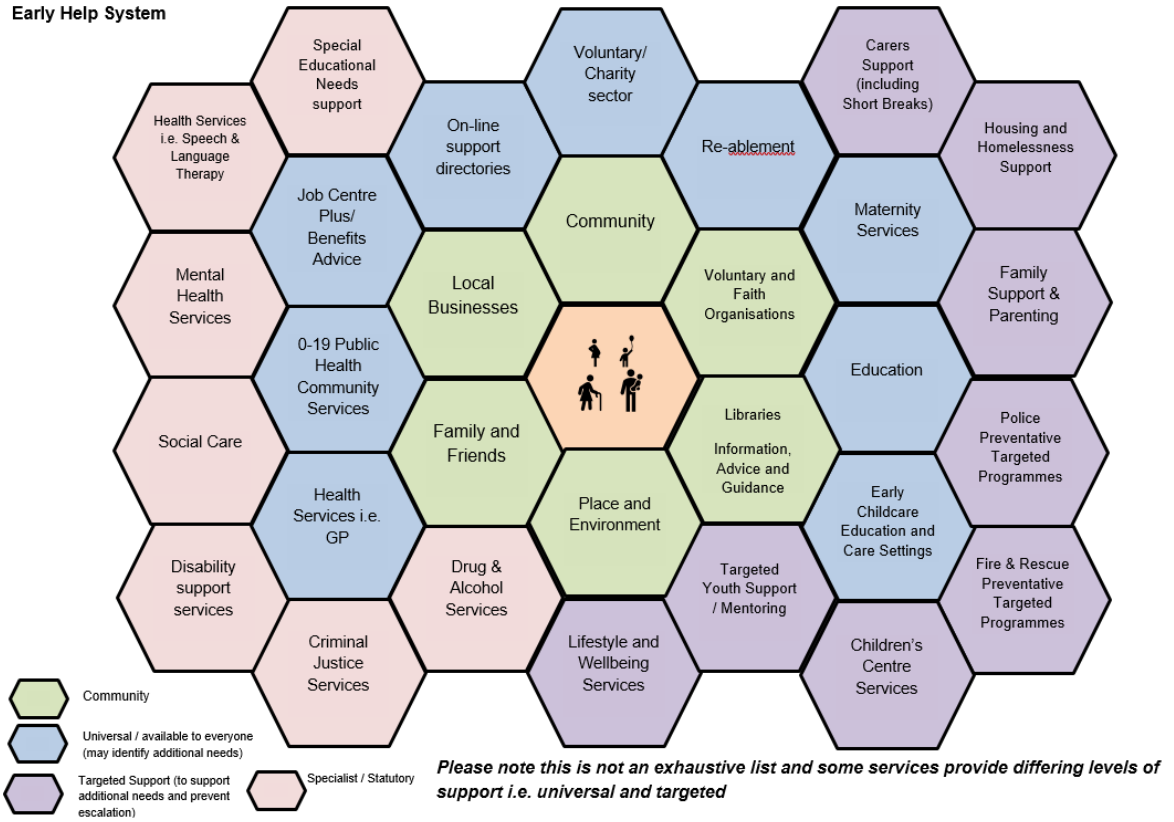

Figure 5. Early Help System in B&NES. Diagram taken from B&NES Early Help and Intervention Strategy 2021-2025

Wider population measures also have potential benefit for B&NES. Most people who consume substances are not in contact with our treatment services, and this is particularly true for alcohol. National policies such as Minimum Unit Pricing (in place in Scotland currently) aim to prevent harmful drinking in the most at-risk groups, and if introduced in England would have potential impact across our population. Other evidence-based national policy initiatives that support reducing substance use across our population include the NHS Long Term Plan for our healthcare system, with specific action on alcohol through Alcohol Care Teams and the delivery of brief advice as part of the Preventing Ill-health CQUIN in hospital settings[42]. Identification and Brief Advice (IBA) is part of a wider approach to alcohol that can be applied in any setting. This includes in our substance use treatment services where it is to be used alongside liver fibroscanning from this year for people who might not otherwise have recognised that alcohol was an issue for them. Prevention and early intervention is everyone's business, and this particularly applies to alcohol as a legal substance that carries health risks with even low exposure regularly. Work across multiple sectors in B&NES is needed if we are to see trends such as rising hospital admissions for alcohol reverse.

Within prevention and early intervention is the need to consider evolving patterns of drug use, such as Puff Bars (disposable vapes) in younger age groups. It also means sharing information between services, so that for example police can communicate changes in the supply chain to the treatment services as they happen.

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. We will take every opportunity in our services to engage and support people to reduce harmful alcohol and illegal drug use, prioritising early identification and referral into substance treatment services**
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 development or reviews**
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, 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**

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

There is a national target to increase total treatment places by 20% by 2025. This includes an ambition for 50% more young people to receive specialist substance use interventions and guidance that at least 2% of clients should start a residential rehabilitation placement[9]. Assessment by the National Drug and Treatment Monitoring Service estimates that in B&NES, as is the case nationally, we have high numbers of people who would benefit from treatment for all substance groups. People access our treatment services through multiple routes, and there is room for development and innovation. Test on Arrest is launching in our area in 2022, and evidence shows it can positively impact on engagement with drug treatment services and strengthen care pathways[43].

Accessing treatment gives people with problematic substance use the best chance of recovery, meaning there is hope and ambition for every person who enters treatment to recover and live a life independent of services. It also has wider benefits including supporting them to reduce their use of harmful substances and the associated risks this might expose them to. Recovery-oriented systems of care integrate recovery and harm reduction approaches so that they are not mutually exclusive. They require a co-ordinated network of community-based services, support groups and activities that are person-centred and build on strengths and resilience of individuals, families and communities. There are many pathways to recovery and our system offers choice by providing a range of services and support that are tailored to individual needs. For people to benefit from treatment we need to review accessibility, engagement and experience alongside targets for numbers entering treatment.

What did our service users and partners say?

Everyone agrees that joint working across services makes the most of opportunities to engage people around substance use. There are positive examples of work across B&NES, including within schools and the Royal United Hospital to support children and young people to engage with Project 28. As another example, within our criminal justice system there are multiple points for intervention and engagement, including Test on Arrest, Out of Court Disposal, Conditional Cautions and on release from prison or custody.

To delivery effective treatment our treatment services need capacity to meet demand, and work force challenges within substance use treatment services are recognised nationally and locally.[1] Accessibility of services is key to service users, who value an individual approach that supports their recovery journey as well as recognising their wider needs. Transitioning between services is also important, including the input needed for young people moving into adult services.

We can only deliver a "world-class treatment and recovery service"[20] if we have the staff and expertise to do so. In B&NES, as is the case nationally[44], we have struggled in recent years around recruitment and retention in substance use treatment services. A strategic approach to staffing is needed locally and nationally.

To achieve this priority, we commit to:

a) **Increase the number of people in treatment for substance use, including residential rehabilitation. We will make treatment more accessible by improving referrals and engaging with underrepresented populations, using unstructured interventions to build trust and engagement where needed.**
b) **Develop our substance use treatment and recovery services, continually reviewing our approach to build in best practice and respond to local data, so we can support more people to recovery and achieving their treatment goals. This includes reviewing treatment capacity for adults and young people, and our treatment service workforce development and capacity to increase numbers and adapt to local need**
c) **Support transition between settings and support or treatment services for individuals with substance use, with a focus on continuity of care for secure settings and mental health/dual diagnosis provision.**
d) **Build engagement with communities and underserved groups adversely affected by substance use and/or the COVID-19 pandemic, and ensure services are accessible to all, using an Assertive Outreach approach where needed**
e) **Support more people with substance use through to completion of treatment, achieving recovery and/or their treatment goals. This will include looking forward to long term recovery and integration into the community**

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

Reducing drug-related deaths is a local and national priority. In B&NES, 8.5 per 100,000 deaths are drug-related. This is higher than the national average of 7.6 per 100,000 deaths(2018/2020). Prevention of drug-related deaths requires action at every level, from education in schools to early identification of substance use, to supporting people through treatment, and providing naloxone to people who are at risk of overdose. Nationally hospital admissions due to alcoholic liver disease are 60% higher than 10 years ago, and alcohol causes over 60 other medical conditions, ranging from cancer to dementia[45,46]. Changing these trends is also a national and a local priority. Deaths due to drugs are the most extreme example of the harms caused by substance use. Looking more broadly, substance use causes harm to the individual, to families and to communities, as well as our wider B&NES economy.

What did our service users and partners say?

Supporting young people and adults to reduce harms around substance use helps them to engage with services and can be part of their recovery journey, as well as protecting their health. Looking after your health when you're using substances can be challenging, but positives like a good relationship with your GP can be really helpful. The group of people with substance use have poor health outcomes for a range of reasons, and we need to do more to support them, including prevention around lifestyle factors like smoking. There are wider harms from substance use across our communities, and benefits like reduced crime from supporting people.

Harm reduction is relevant for young people and adults. For example, young people value support around their sexual health, whereas adults might have a different focus like needle exchange and naloxone for life saving protection from opiate overdose.

A high quality harm reduction service includes options for naloxone provision, blood borne virus testing, diagnosis and vaccination, needle exchange programmes, sexual and other physical health support. It should be available to everyone in accessible locations. These services target people and groups most at risk of harm (including people at increased risk of drug-related death). There are continually innovations and developments in this area, including the use of community fibroscanning which will be implemented in B&NES this year. We will continue to review national developments for consideration locally.

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 new near-miss overdose learning system and embedding our learning system for 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, and creation of a B&NES non-fatal overdose notification system and drug alert system**
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 related conditions. This includes proactively addressing the health impacts for an ageing treatment population including respiratory disease, cognitive impairment and Blood Borne Viruses**
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**

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

In B&NES, substance use services are experiencing an increase in the complexity of young people and adults. Complexity is also recognised in the national drugs strategy 2021. As shown in Figure 4, factors that are associated with poorer health outcomes often overlap. Substance use may be more prevalent in some of these groups, who can be more difficult to engage with for many reasons. Complexity can mean co-occurrence of mental health, personality disorders, physical health or wider social vulnerabilities, including housing, domestic violence and experience of the criminal justice system. In B&NES the number of people in substance use treatment services identified as economically inactive or unemployed is rising. Employment or voluntary work can be part of a person's recovery, and a holistic approach. We also need to recognise the complexity and vulnerabilities in some children and young people's lives that can predispose them to substance use and other adverse outcomes. This reinforces the importance of a holistic treatment offer, an integrated and whole family approach.

What did our service users and partners say?

People want to be treated as a whole person, and we need to be taking a whole family approach. Engagement with treatment and recovery from substance use is really hard if there are other factors in your life like homelessness or poor mental health, and we need to support people around all their needs. All our services work hard to support people. The priority areas identified for further work are housing, criminal justice and mental health. We can build on the joint working that is already happening across B&NES, with an emphasis on sharing information, learning and strengthening pathways so people don't fall between the cracks. People value personal development and our peer support pathways can be part of that.

The following are national and local priority areas within complexity:

(i) Mental health

Poor mental health and substance use often coincide (dual diagnosis). Long term recovery needs effective treatment of both, alongside supporting social vulnerabilities. There are examples of good partnership work between our mental health services and substance use treatment services. For instance, the sharing of information and teaching in regular forums between Project 28 (children and young people within Developing Health and Independence) and Child and Adolescent Mental Health Services. There is further work in both adults and children's services to strengthen our dual diagnosis approach in B&NES including developing a strategy within our Mental Health Trust, expanding dual diagnosis capacity within our treatment service, and work on referral pathways to deliver an integrated approach.

(ii) Criminal Justice System

Nationally there's an ambition for a treatment place for every offender with an addiction. People are vulnerable when they are released from prison[47]. There are multiple prisons which release people into B&NES. Our substance use treatment services deliver inreach into prisons. One of our largest prisons is HMP Bristol, which is currently developing a drugs strategy, and there is regional work aiming to improve pathways and partnership working to identify substance use in offenders and support people being released to access services. Our probation services work using an Integrated Offender Management multi-agency approach, with benefits for people on probation affected by substance use as well the potential to reduce re-offending rates. Engaging people within probation who use substances and supporting them into treatment remains a local focus. As referenced above there are also other initiatives within B&NES to identify people with substance use and support them into treatment.

(iii) Housing

Nationally there are additional resources planned for people with experience, or at risk of, rough sleeping and substance use. Locally, we currently offer supported housing for people with substance use through Julian House. We also provide specialist housing support for ex-offenders, people with mental health issues, young people and young parents through our various housing providers including Julian House, Curo, YMCA, Brighter Places, DHI, St Mungo's and Home Group. Within this system sits Housing First – an evidence-based initiative[48] where people are housed with minimal barriers, alongside supporting other needs like serious mental illness or substance use. During the pandemic, Everyone In provided emergency accommodation to protect people in B&NEs rough sleeping. Homelessness is a risk for anyone, but it's also a far greater risk for some population groups including those who use substances[49]. A person's housing situation cannot be separated from their health, financial, social and mental wellbeing. Building on our approach to

support needs around housing alongside substance use will help more people get back on their feet.

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 secondary care, specialist mental health services and primary care**
b) **Build capacity and expertise in our treatment 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 interventions for COPD, cognitive impairment and liver disease**

How will we know when we've got there?

This strategy sits alongside a live action plan which will be used to implement the strategy with actions allocated and agreed across our partners. Implementation will be overseen by the Bath and North East Somerset Drug and Alcohol Strategic Steering Group with supporting governance as described. Outcomes for monitoring the strategy and action plan will be informed by national guidance (awaited 2022), with locally agreed indicators informed by the priorities and data detailed above.

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