

B&NES Drug and Alcohol Strategy 2022 – 2027

Led by Public Health and Prevention (B&NES Council)
and developed in partnership with organisations and
service users from across Bath and North East Somerset.

Bath & North East
Somerset Council

Improving People's Lives

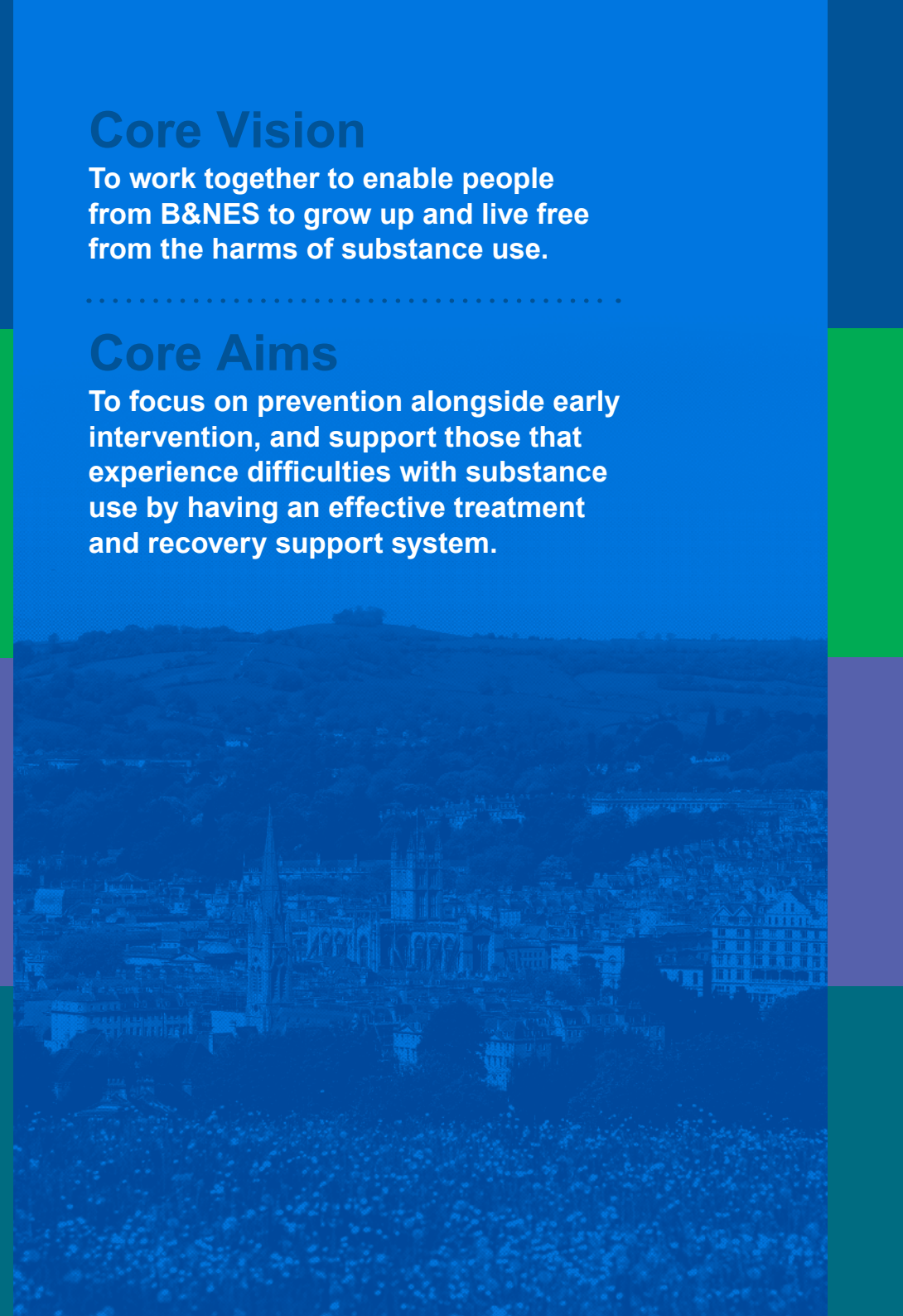
This strategy is for Bath and North East Somerset (B&NES) for 2022-2027. Delivery of the strategy is multi-agency, overseen by the B&NES Drug and Alcohol Partnership, co-chaired by Avon and Somerset Police and Public Health, Bath and North East Somerset Council. This group reports into the Community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

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.



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.

National picture

“From Harm to Hope: A 10-year Drugs Plan to Cut Crimes and Save Lives” was published by the Central Government in December 2021, setting out three core priorities:

- Break drug supply chain.
- Deliver a world-class treatment and recovery system.
- Achieve a shift in the demand for recreational drugs.

The national Alcohol Strategy also commits to combine nation-wide interventions and policies with locally developed approaches to reduce harmful drinking and the impact on the population.

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). Drug use across all age groups has trended upwards up to 2020. Drug use is 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. Patterns of alcohol use amongst our population continue to change over time, many people who are at high risk of developing health conditions attributed to their alcohol intake are now drinking more than they did before.

Substance use in B&NES

- In 2018-2020, **42 people died from drug use**. The rate of drug related deaths has **increased** to 8.5 per 100,000, higher than the national average of 7.6 per 100,000 deaths (2018/2020). The B&NES Drug Related Death 2020 Review revealed that in a third of deaths, people had **experienced mental health issues**.



In 2020/21, **1,020 admissions** to hospital occurred for **people who live in B&NES** due to alcohol-related conditions.

- The number of **young people being hospitalised due to substance** related use has also **increased in B&NES**. The number of hospital admissions in **15-24-year-olds due to drugs and alcohol is higher** than the national average.
- From 2018/19 to 2020/21, **55 admissions occurred for females under 18** (rate of 105 per 100,000). This is the **highest rate in the South West** and three times the national average (36 per 100,000).



1,121

adults accessed commissioned **drug and alcohol services** in 2020/2021.



160

young people were engaged in commissioned **drug and alcohol services** in 2019/2020.

Substance use in B&NES continued.

- Between 2017/18 and 2020/21, the number of **adults in treatment for alcohol only** and for **non-opiates has increased**. The number of **adults in treatment for opiates only** has **reduced slightly**.
- **Cannabis (88%)** was reportedly the **most used substance for young people in 2019/20**, followed by alcohol, ecstasy, and nicotine.

- **Services are seeing increasing complexity in adults in treatment, and more people with complex lives are affected by substance use:**



7 in 10 adults reported a **mental health treatment need**.

1 in 5 adults reported a **housing issue**.



- In 2021/22, of the households assessed as owed a duty by the council for homelessness, **31 had a drug dependency need** and **20 had an alcohol dependency need**.

- Only **36%** of people released from prison to B&NES with an identified substance use treatment need **went into structured treatment**.

- **Treatment services are also seeing an increase in complexity of young people in treatment. It is a local priority to focus on children and young people with vulnerabilities that increase their risk of direct or indirect harm from substance use, as our early help services see more families seeking support.**



6,166

children and young people live in households with **domestic abuse**, a parent with a **severe mental health problem** or a parent with **substance use**.



1,688

children live in a household with **problematic parental substance use**.

- In 2020/21, **25% of young people** in substance use treatment were **involved in antisocial behaviour**, **23%** were **affected by others' substance use** and **20%** had **experienced self-harm**.

Priority 1.

Reduce demand for substances in the B&NES population

Our commitments to achieve this:

- 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

Our commitments to achieve this:

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



Our commitments to achieve this:

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

Our commitments to achieve this:

- 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 using substances 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 we have got there?

This strategy will be used alongside an action plan 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 Partnership 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 above.

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.