



# Drug and Alcohol Strategy for Bristol 2020-2024

Everyone has the right to a healthy life, safe from the harms of alcohol and other drugs



## ACKNOWLEDGEMENTS

**This is a strategy for the city of Bristol. It has been developed and will be delivered in partnership, with oversight from members of the Keeping Communities Safe group (a delivery group of the Keeping Bristol Safe Partnership) and Bristol's Health and Wellbeing Board.**

Representatives from organisations across the city came together to oversee the development of this strategy:

- Avon and Somerset Police
- AWP Mental Health Partnership
- BDP
- BNSSG CCG
- Brisdoc
- Bristol City Council (Community Safety)
- Bristol City Council (Public Health)
- Bristol ROADS Peers
- DHI
- Goldenkey
- Office of the Police and Crime Commissioner
- University Hospitals Bristol
- UoB/UWE Multiagency drugs group

In addition to the above, we are grateful to the following stakeholders who helped to shape this strategy, through attendance at engagement events, workshops, and meetings:

- Addiction Recovery Agency
- Bristol City Centre BID
- Bristol City Council (Communities)
- Bristol City Council (Housing)
- Bristol City Council (Licensing)
- Bristol City Council (Targeted Youth Services)
- Bristol City Council (Youth Offending Team)
- Bristol Students Union
- Bristol@Night
- Hawkspring
- Key 2 Futures
- Live West
- Missing Link
- One 25
- Public Health England South West
- Salvation Army
- South Gloucestershire Council (Public Health)
- St Mungo's
- Street Space
- The Junction
- Transform
- University of Bristol
- University of the West of England
- Youth Moves

## FOREWORD

The impact of drug and alcohol use is felt by all of us in this city, whether directly or indirectly.

**Close to 200 people died in Bristol in 2018 from a condition related to alcohol, and between 2016 and 2018 there were 95 deaths in the city from the use of drugs. This is, of course, just the tip of the iceberg. Drug and alcohol use has an impact on families and communities, as well as being a key contributor to both crime and long-term illness.**

These are not straightforward issues. There is mounting evidence pointing to the harm caused by alcohol, and yet consumption of alcohol is legal and plays an important part in our city's economy, as well as in the social lives of many.

The Covid-19 pandemic has increased the stressors that can lead to increased drinking and drug taking for some, whilst also putting pressure on the night time economy, as our bars, pubs and clubs struggle to survive. We will endeavour to work with the sector, not against it, to build in better practices as our city's venues re-open.

We will also seek to support those we've been able to engage with through the homelessness accommodation scheme, representing some of the most vulnerable people in our city, to use substances more safely or to stop using altogether.

And so, recognising how 2020 has altered the context in which we find ourselves, this strategy lays out how we will achieve our vision of a vibrant, inclusive and compassionate city, where prevention is prioritised, and everyone has the right to a healthy life safe from the harms of alcohol and other drugs.

We remain committed to the principles of prevention and early intervention, and to focusing on hope and recovery.

We will seek to create healthy places, for example through exploring alcohol free zones, and consider whether they have the potential to help redefine the relationship the city has with alcohol.

Where people do continue to use drugs or alcohol, we will use the best available evidence to reduce harm and provide appropriate support, recognising the importance of working with families and wider communities to ensure the services we provide are more than just a sticking plaster.

When events and festivals return to our city, we intend to continue the work we pioneered in 2018, as the first UK city to facilitate on-site drug testing services.

We will strengthen connections with the full diversity of our city as we seek to reduce health inequalities and improve access to services.

Finally, and perhaps most importantly, we will continue to work with partners in health, the criminal justice system, the voluntary sector and business to improve the health of our city for everyone, recognising that these are not problems we can solve in isolation.



**Cllr Asher Craig,  
Deputy Mayor  
for Bristol**

(Communities,  
Equalities  
& Public Health)

# CONTENTS

Our vision	5
Vision	5
Priorities	5
The impacts of alcohol and other drugs	6
The use of alcohol and other drugs in Bristol	7
Treatment and support services in Bristol	8
<b>Priority 1: Support communities and change culture</b>	<b>9</b>
<b>Priority 2: Prevention and early intervention</b>	<b>10</b>
<b>Priority 3: Minimise harm and protect health</b>	<b>11</b>
<b>Priority 4: Treatment and recovery</b>	<b>12</b>
<b>Priority 5: Tackle crime and disorder</b>	<b>13</b>
<b>Priority 6: Adapt to the new normal</b>	<b>14</b>
Delivering this strategy and monitoring the impact	15-16
How this strategy fits with other policies	17
National policies and strategies	17
Bristol's policies and strategies	17
Appendix A: Priorities and commitments	18-19
Bibliography	20-21

## OUR VISION

This strategy's vision was developed through engagement events with a number of stakeholders and interested parties across the city.

It is deliberately aspirational, and aligns with visions set out within the city's other key strategies, such as in the One City Plan.

We have also set out six priority areas to deliver on this vision. These are based on local need and align with the strategic priorities of the national UK Drug Strategy 2017. Priority 1 reflects the ambitions of the One City Plan and Healthier Together to strengthen communities and advocate partnership working at a locality level, and priority 6 seeks to address challenges highlighted by the Covid-19 pandemic.

### Vision

**Bristol aspires to be a vibrant, inclusive and compassionate city, where prevention is prioritised, and everyone has the right to a healthy life safe from the harms of alcohol and other drugs.**

**Individuals and their families - regardless of starting points - are well-informed and empowered to reach their full potential, access treatment if needed, and reduce harm within their community.**



## THE IMPACTS OF ALCOHOL AND OTHER DRUGS

Bristol is a welcoming, multi-cultural, and lively place to work and live.

**Our city's communities are active, supportive, and tolerant, but the use of alcohol and other drugs remains a significant problem. This strategy outlines our approach to tackling this issue, and our commitment to creating the conditions which promote health and reduce stigmatisation around the use of alcohol and other drugs, so that people are aware of the potential harms and feel able to seek help.**

We know that many individuals in Bristol routinely consume alcohol and other drugs in quantities they enjoy, and may perceive to be harmless. However, the potential health impacts from these choices are an issue of public health concern which disproportionately affect the most vulnerable people in our city.

Alcohol is known to cause liver disease, a range of cancers, a variety of cardiovascular diseases, and is damaging to reproductive health. Any amount of alcohol has the potential to cause harm [1]; there is no safe level. Other drugs - including cannabis, cocaine and heroin - are also known to cause significant diseases of the liver, lung and cardiovascular system, as well as mental health issues and outbreaks of blood-borne viruses.

Harms are not just limited to personal health; the impact on families, communities, the economy, and public services is vast. However, alcohol consumption is also a part of the city economy. Pubs and other licensed premises act as employers and community hubs for many of our residents. Partnership working across the city is vital if we are to balance these benefits against increasing evidence of harm.

### Lifelong harms

"...highly stressful, and potentially traumatic, events or situations that occur during pregnancy, childhood and/or adolescence and can have an impact on physical and mental health throughout life" - A definition of Adverse Childhood Experiences [2].

- A child exposed to harmful behaviours, such as violence, abuse or neglect caused by adult drug use, may experience lifelong personal impacts, including through development of their own substance misuse issues. Many adults in substance misuse treatment services report a history of being exposed to these adverse childhood experiences.
- Protecting children from harm by working with parents and families, and adopting a trauma-informed approach when working with adults, will help to break this inter-generational cycle and deliver improved support to individuals, families and communities

# THE USE OF ALCOHOL AND OTHER DRUGS IN BRISTOL

The below data summarises the scale of drug and alcohol issues in Bristol.

These challenges are not unique to us; many other UK cities are seeing similar trends, at a time when Local Authority public health funding has fallen. We must work collaboratively in Bristol, and across the Bristol, North Somerset and South Gloucestershire geography where appropriate, to address this difficult and complex issue.

There are an estimated 6,500 alcohol-dependant adult drinkers in Bristol [3].

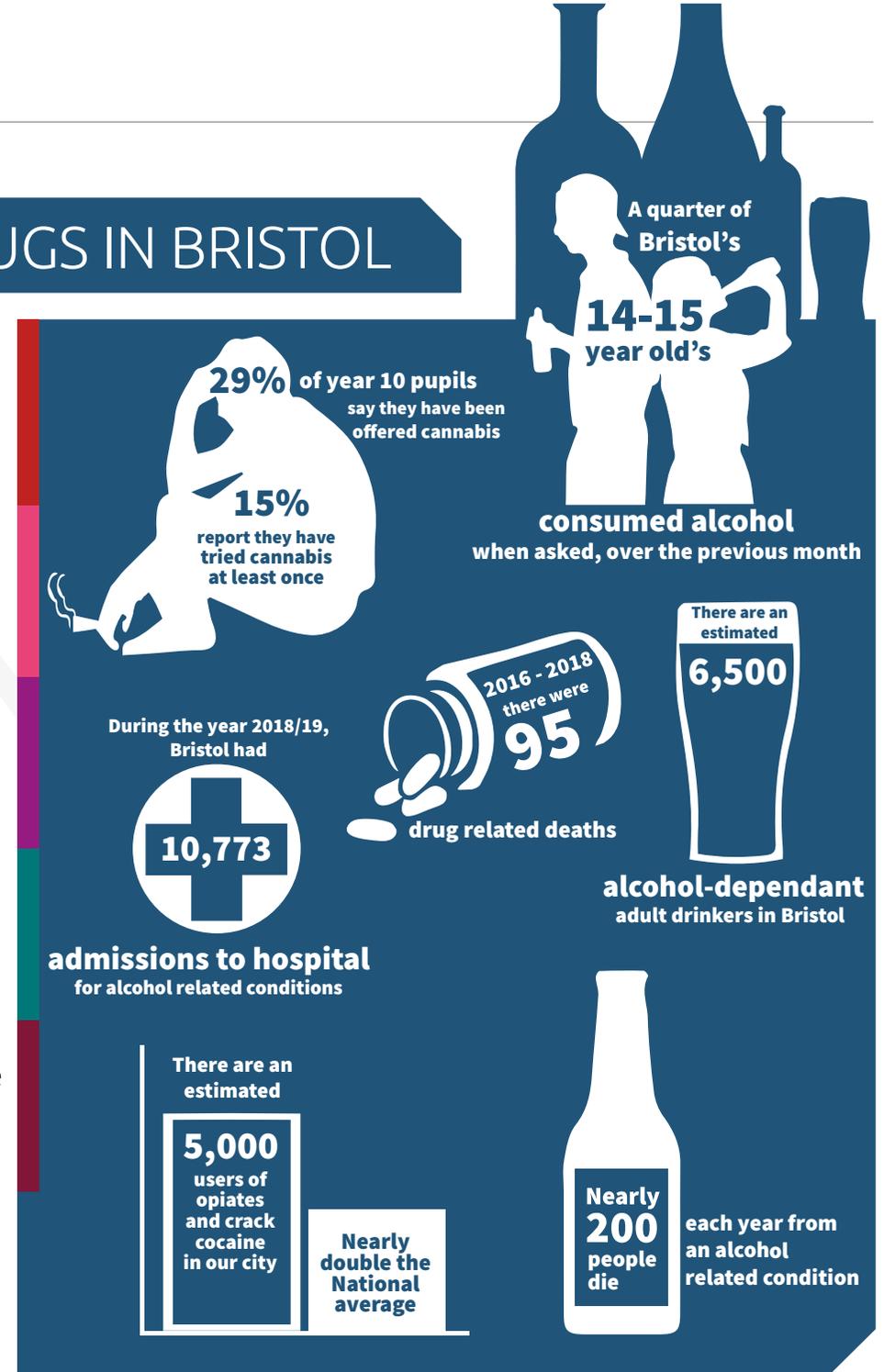
During the year 2018/19, Bristol had 10,773 admissions to hospital for alcohol related conditions, equivalent to a rate of nearly 3,000 admissions per 100,000 people [4]. This was the highest rate in the South West, and higher than the England average of 2,367 admissions per 100,000 people.

There are an estimated 5,000 users of opiates and crack cocaine in our city [5]. This is equal to a rate almost double the national average.

Deaths from alcohol and other drugs in Bristol are increasing. Nearly 200 people in Bristol die each year from an alcohol related condition [6]; over the three-year period covering 2016 and 2018, there were 95 drug related deaths [7].

A quarter of Bristol's 14-15 year old's consumed alcohol, when asked, over the previous month [8]. The rate of under-18's being admitted to hospital because of alcohol in Bristol has been above the national average since 2017 [9].

29% of year 10 pupils say they have been offered cannabis, and 15% report trying cannabis at least once [8].



## TREATMENT AND SUPPORT SERVICES IN BRISTOL

More than 3000 adults received treatment for substance misuse issues in 2018/19 through our commissioned drug and alcohol services<sup>[10]</sup>

**Bristol ROADS (recovery orientated alcohol and drug service) is commissioned by Bristol City Council, and offers a single point of contact for a range of medical and psychological treatment and support options, delivered through a consortium of specialist organisations. There is also a targeted provision for individuals from underserved populations with complex needs.**

Over 40 GP practices from across the city work in collaboration with ROADS to provide local access to opiate substitution therapy, and support for alcohol dependent patients. Registered Bristol pharmacies dispense these substitution therapies, and provide supervision of administration where required.

For young people in Bristol, information and support on the use of alcohol and other drugs is provided by one of the ROADS' specialist providers, delivered jointly with Bristol's Creative Youth Network (which is part of the Council's Targeted Youth Support).

In addition to the commissioned services, a range of voluntary and community sector organisations provide additional physical, emotional or social support to individuals affected by alcohol and other drugs. Examples of these organisations include Addiction Recovery Agency, Hawkspring, Key 2 Futures, Live West, One 25, Salvation Army, St Mungo's Homeless Charity, The Junction Project, and Youth Moves; as well as a range of organisations supporting 12-step recovery approaches.

## Priority 1: Support communities and change culture

**The first priority of this strategy is to create the conditions which will support healthy behaviours and reduce harms, through a focus on the planning and design of public spaces; the fostering of cohesive, inclusive and resilient communities; and on the provision of services locally available to all.**

### Place-based

To see true improvement in the health of our population, we must address at a city-level the societal drivers of drug and alcohol use. Interventions targeting places rather than individuals, for example a requirement that all licensed premises offer at least one alcohol-free drink on draught, could alter or 'nudge' individuals towards healthier behaviours [11] [12]. Alcohol-free spaces - streets, or parks where alcohol is prohibited - is a further intervention which should form the basis of a city-wide conversation on drinking that would help to redefine the city's relationship to alcohol, and instead promote a culture of safety and family-focused entertainment.

### Communities

Through this strategy's life cycle, we will work to understand and be responsive to the self-identified needs, concerns and aspirations of our diverse communities with respect to drugs and alcohol. Stigma, which can prevent individuals from seeking the help they need, or impact on how much someone in treatment engages with the support offered, is a vital issue to understand and tackle through this future work. The Communities team within Bristol City Council, and our networks of community and voluntary organisations, will be key partners in exploring, and responding to these needs through co-design methods.

### Locally available services

Local healthcare is increasingly being designed, commissioned and delivered through three localities in Bristol (Inner City and East; North and West; and South). At this geographical level, services are more accessible, and can better reflect the needs of the local population. Proposals from Healthier Together are looking to strengthen this approach, through consideration of 'locality hubs'.

Our existing drugs and alcohol services benefit from 3 referral units for engagement and assessment, which map to the above locality areas. ROADS works in collaboration with 42 GP practices and multiple pharmacies across Bristol, to provide treatment access in the heart of our communities. We intend to increase the range of support and treatment options delivered locally, and develop pathways that integrate with the proposed Healthier Together locality hubs.

### We will

- **1.1** Use planning and design to create public places and spaces which support healthy behaviours and reduce harms.
- **1.2** Tackle inequalities and stigma by anchoring support within our communities, and prioritising prevention interventions which utilises place-based approaches.
- **1.3** Streamline our services and ensure collaboration across ROADS, the voluntary sector, specialist care providers, and the NHS, to make support more accessible, efficient, joined-up, and localized.

## Priority 2: Prevention and early intervention

**Behaviours with the potential to cause harm, such as the use of alcohol and other drugs, are easier to address where those behaviours haven't become routine for an individual, or 'normal' within a community. Preventing those choices in the first place, by working with teenagers, schools, and at-risk communities, must be a key priority.**

What's more, early engagement with individuals exhibiting such behaviours is vital to halt a potential lifetime of alcohol and drug use that will impact on health. For young people in Bristol, we must provide the right supportive and educational environment which limits the harmful use of substances.

This means universal access to educational interventions that inform and empower teenagers to make healthy life choices, as well as additional, accessible support for those who may be at increased risk of alcohol and drug use (such as those who have been exposed to Adverse Childhood Experiences, or had involvement with youth offending) which is delivered in a non-stigmatising way.

New national guidance on health education in schools comes into effect in September 2020 [13]. This new curriculum reinforces the importance of drug and alcohol education, including the relevance to mental health and criminal exploitation. The recently revised Bristol Healthy Schools Award Scheme will be promoted amongst schools as a way to demonstrate their achievements in supporting substance misuse awareness and prevention.

Colleges and Universities remain a key stakeholder in spreading awareness of drug and alcohol issues. University campuses are just one place in our city where prevention interventions must be targeted. The Bristol Universities already host a multi-agency drugs group, which we will continue to support through our new city-wide drug and alcohol board.

The early identification of individuals engaging in the misuse of alcohol and other drugs, and the provision of brief advice, is known to be important to the improvement of health outcomes. We will do more to reinforce these skills in our healthcare workforce, and build capacity in our communities and voluntary organisations to identify those at risk and ensure appropriate signposting to support.

The earlier diagnosis of physical manifestations of alcohol misuse, in the community, is vital to reduce the burden of hospital admissions secondary to drinking.

### We will

- **2.1** Reduce the appeal, affordability and availability of alcohol and other drugs within communities in Bristol, and detect health impacts from these behaviours earlier.
- **2.2** Educate children, their parents, and young adults on the risks from the use of alcohol and other drugs, such as cannabis; support them to make healthy choices; and increase awareness that any level of alcohol consumption is potentially harmful.
- **2.3** Strengthen skills and understanding amongst health workers on the concepts of 'adverse childhood experiences', 'trauma informed practice', and 'identification & brief advice'.

## Priority 3: Minimise harm and protect health

**Identifying people with established use of alcohol and other drugs, and providing them with support to change their behaviours and mitigate against the known health risks, is crucial to lower the burden of ill health and reduce inequalities in Bristol.**

For alcohol, optimising heart health, mental health, and diet, can all reduce the consequences of drinking. For other drugs, such as opiates taken intravenously, there are multiple measures that should be taken to lower the chance of associated harms; rates of blood-borne viruses can be reduced by needle exchange programmes, and the potentially fatal effects of accidental overdose can be targeted through widespread use of Naloxone.

Bristol has committed to giving due consideration to additional harm reduction measures, such as safe injecting rooms (drug consumption rooms). These installations, not currently legal in the UK, are used in a number of countries with the aim of limiting risky injecting practices and deaths from overdose. As a system, we will be led by the best available evidence on issues such as these, and within the

current legal framework will take assertive action to advocate for measures that will protect our population.

Everyone engaged in the harmful use of alcohol or other drugs has their own story; each person is in a different place in their journey, and desired outcomes are individual and unique. A harm reduction approach must accommodate this diversity of experience, and protect not only the person themselves, but their families and communities.

We have an opportunity to better utilise data from across the system - consumption, licensing, police, community safety and healthcare services - to better understand where resources should be focused to best minimise harm and protect health.

Alcohol and drug related deaths have been increasing year-on-year in Bristol [6] [7]. This strategy sets out our commitment to reverse this trend. We will consider our current local mechanisms of learning from individual drug-related deaths, and look to re-commission new expertise to identify what lessons can be taken from any death in an individual with complex needs.

### We will

- **3.1** Reduce the number of deaths in Bristol which are associated with the use of alcohol or other drugs.
- **3.2** Improve the use and availability of data and public health intelligence in a number of areas, including ROADS performance, and to inform alcohol licensing decisions.
- **3.3** Strengthen existing initiatives that mitigate against the risk from injecting drug use, and consider the evidence base behind new harm reduction measures such as drug consumption rooms.
- **3.4** Address the wider health implications that arise from the use of alcohol and other drugs - such as chronic liver disease, bacterial infections, and impacts on cardiovascular and respiratory health - so as to reduce hospital admissions.

## Priority 4: Treatment and recovery

**The use of alcohol and other drugs has been a prevailing challenge for large cities throughout the UK for many years. During this time, local systems have considered whether the priority of services should be on minimising harm and retaining individuals in treatment, or on successful treatment 'completion' and 'recovery'.**

This strategy reaffirms Bristol's commitment to hope, aspiration and recovery for all. We will support service users in treatment for the period required, without arbitrary limits, recognising that true 'recovery' relies on holistic support in areas such as housing, employment, mental health, and adult education.

The existing national performance metrics for drug and alcohol services often do not demonstrate the full positive impact of a service, and do not capture the perception of stigma through a treatment journey; we will consider how this important information can be better gathered.

We will ensure that those new to treatment can aspire to health, and that they (and their families) can meet and be supported by people with lived experience. For people that do 'complete' treatment, opportunities for ongoing support to maintain their recovery (for example through skill development in the peer mentor scheme) will be strengthened during this strategy's life cycle.

The concept of 'relapse' will not be stigmatising within our system, and planned for. Relapse will be seen as part of the cycle of personal recovery.

The existing treatment and support options for individuals who use alcohol and other drugs in Bristol are broad, ranging from less formal peer-led group support, to intensive rehabilitation within a residential facility. All of these interventions must be provided in a way that is sensitive to issues of culture, accessibility, and wider (often complex) needs. Services offered in Bristol will continue to be shaped by those with lived experience, and reflect the needs of both those new to the service, and those within the ageing cohort of opiate users.

Consideration will continue to be paid to interventions where evidence is developing, such as Heroin Assisted Treatment rooms.

The aspiration for the next 5 years is to see an increase in the number of people being identified and engaging with treatment, which is provided in the communities where it is needed most. Greater visibility of support options, and the positive experiences of service users, will help to de-stigmatise services and promote engagement.

### We will

- **4.1** Increase the number of people in Bristol engaging with support for their drug and alcohol behaviours who are retained in treatment, and who leave the ROADS service with a successful treatment outcome.
- **4.2** Provide holistic, person-centred treatment and support that addresses any needs in relation to housing, unemployment, child safeguarding, mental health etc.
- **4.3** Increase the proportion of service users who remain in 'recovery' by providing opportunities for ongoing personal development, such as through strengthening of the peer-mentor scheme.

## Priority 5: Tackle crime and disorder

**This strategy emphasizes Bristol's commitment to view the low-level personal use of illicit substances as a social - rather than criminal justice - issue, while at the same time taking a relentless and systematic approach to the reduction of alcohol and drug related criminal activity.**

The use of alcohol and other drugs is a significant factor in violence, sexual violence, intimidation, and anti-social behaviour. It is estimated that 45% of all acquisitive crime in England is related to heroine and crack cocaine use [14]. The tackling of drug related serious organised crime, including the exploitation of minors in the distribution of drugs, is a local and national priority.

Through Bristol's Safer Options Team, young people identified as being at risk of substance-related crime are provided with support that diverts them away from criminal activity. Additionally, our city's Youth Offending Team engages with individuals after their first arrest for crimes such as drug possession. The future of these vital services must be secured, and specialist drug and alcohol support to this service will be strengthened.

Similarly, for adults a number of schemes currently exist aimed at first time offenders for drug possession (drug education programme) and drug dealing (the Call-in programme, delivered by Goldenkey), as well as for repeat offenders of drug-related crimes (Integrated Offender Management). The future of all of these schemes will depend on their ongoing evaluation, and identification of funding throughout the years covered by this strategy.

Currently in Bristol, any individual found to be in possession of a drug for personal use is offered attendance on a drug education programme as an alternative to conviction, provided they have not attended it before. This is a non-sanction disposal option that avoids criminalising a person found in possession of drugs for personal use. This reinforces our consideration of low-level personal drug use as a health issue, and ensures individuals receive professional support for substance misuse.

The use of alcohol and drug treatment orders, and closer integration between the ROADS treatment service and Integrated Offender Management, are both areas with the potential to deliver an enhanced offer of specialist substance misuse support.

### We will

- **5.1** Reduce the negative consequences to local communities that result from the use of alcohol and other drugs, such as anti-social behaviour and sexual violence.
- **5.2** Strengthen initiatives that underline the criminal justice system response to substance misuse as a health issue, and ensure that all perpetrators of crime secondary to drug or alcohol use are referred to treatment services.
- **5.3** Adopt a multi-agency approach to target interventions that reduce: the cohort of repeat offenders of less serious drug and alcohol related crimes, and the exploitation of children and vulnerable people in serious organised crime.

## Priority 6: Adapt to the new normal

**The Covid-19 pandemic has highlighted the importance of drug and alcohol services which are resilient and reactive to emerging needs. Intermittent lockdown precautions will challenge the workforce and volunteers; the mental health impacts of the pandemic may manifest as increasing use of alcohol and other drugs; and the night-time economy, looking to bounce back from months of lost earnings, may increasingly depend on alcohol sales.**

National data suggests that 1 in 5 people consumed alcohol during lockdown as a way to manage stress or anxiety, and more than 1 in 4 people increased their alcohol intake since the start of the pandemic [15].

This priority area demonstrates our commitment to learn lessons from the Covid-19 pandemic with respect to our treatment system, and ensure responsiveness for future times of challenge.

Importantly, the pandemic has highlighted a need to strengthen engagement with, and support for, individuals with complex needs. As the likely exacerbation of health inequalities resulting from this pandemic emerge, this strategy's annual action plans will outline how our underserved and at-risk populations will be prioritised and inequalities addressed.

The housing of all of Bristol's street homeless during the Covid-19 pandemic, enabled us to better address the health needs of this vulnerable group of people. The city's newly re-established Homeless Health Forum will contribute to ongoing work to support this population, including in relation to substance misuse.

At a time when the night-time economy - impacted greatly by lockdown precautions - looks to adapt and reinvigorate, we must think about how public health considerations can be given a focus; for example, the promotion of low-alcohol and alcohol-free drink options, especially relevant in this time of social distancing. Support can be made available to businesses in this sector, including education for staff on the misuse of alcohol and other drugs (including emerging substances such as 'party drugs'), as well as its relationship to sexual violence.

In numerous ways, Covid-19 will have ongoing impacts on drug and alcohol use, and therefore on services. Although not written to address these issues, this strategy will need to adapt to this 'new normal'.

### We will

- **6.1** Support the re-ignition and re-design of the night-time economy, and other social events such as festivals, through consideration of alcohol-free spaces and other public health principles.
- **6.2** Re-define, and strengthen resilience in, the multi-agency city-wide approach to addressing harmful use of alcohol and other drugs amongst at-risk groups and those with complex needs, such as the homeless.
- **6.3** Consider new approaches to commissioning of services to mitigate against the impact of funding challenges.
- **6.4** Strengthen support for emotional and mental health conditions in Bristol, reflecting the impacts of the Covid-19 pandemic on unemployment, social isolation etc., and the effects on drug and alcohol behaviours.

## DELIVERING THIS STRATEGY AND MONITORING THE IMPACT

As Bristol's One City Plan makes clear, public, private and third sector organisations all have a role to play in improving the health and wellbeing of Bristol residents.

### **This strategy sets out our city-wide vision for drug and alcohol services, and the priorities we will be focusing on.**

The strategy will be supported by annual action plans that will underpin the delivery of the priority areas and associated commitments (Appendix A).

Oversight of the strategy will be provided jointly by the multiagency Keeping Communities Safe Delivery Group (of the Keeping Bristol Safe Partnership), and by the Bristol Health and Wellbeing Board. Bristol City Council, Bristol North Somerset and South Gloucestershire Clinical Commissioning Group, and Avon and Somerset Police are all statutory members of these partnerships.

A new city-wide drug and alcohol board, reporting to the Keeping Communities Safe Delivery Group, will be responsible for ensuring the delivery of the strategy action plan.

A local outcomes framework will be developed to monitor the impact of this strategy, which draws on the range of existing national and local outcomes measures and service-level metrics (as outlined in the table). In addition, the experience of people in treatment, their families, and the public will be essential to understand the effectiveness of the strategy and ensure the continuous improvement of services.

## National and local outcome measures and service metrics which will be considered for the monitoring of this strategy:

### Public Health Outcomes Framework (PHOF):

A nationally defined set of metrics for the monitoring of public health. The following have relevance to drug and alcohol services:

- C19a - Successful completion of drug treatment (opiate users)
- C19b - Successful completion of drug treatment (non-opiate users)
- C19c - Successful completion of alcohol treatment
- C19d - Deaths from drug misuse
- C20 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison
- C21 - Admission episodes for alcohol-related conditions (Narrow)

### Bristol's Health and Wellbeing Board Strategy:

The H+WB board strategy highlights the following metrics:

- Number of dependent drinkers
- Number of opiate/crack users
- Number of drug related deaths per year
- Number of alcohol related hospital admissions

### National Drug Treatment Monitoring System:

Drug and alcohol services report data on all individuals they are providing treatment to. This data produces numerous metrics to allow for local comparisons and trend monitoring.

### ROADS Key Performance Indicators:

The three main commissioned providers of ROADS services have agreed a core list of key performance indicators which reflect the service area they deliver on.

### Targeted Youth Support Performance Indicators:

As for ROADS, the Early Years Intervention Service has performance metrics for services delivered to under-18's through its targeted youth support.

## HOW THIS STRATEGY FITS WITH OTHER POLICIES

### National policies and strategies

HM Government's recent UK Drug Strategy (2017) has the **overall aim to reduce illicit and other harmful drug use, and increase the rate of individuals recovering from their dependence**. This aim is delivered through measures focused on the priorities of: Reducing Demand, Restricting Supply, Building Recovery, and Global Action. There is considerable scope to act locally on these priorities, and this ambition is reflected in this strategy.

HM Government's latest UK Alcohol Strategy (2012) is less up to date, but has a number of objectives which are important at a local level, such as a reduction in alcohol-related deaths, and a reduction in the numbers of 11-15 year olds drinking alcohol. It also calls for a change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others. This Bristol strategy pushes this ambition for people to be aware of the risk from harm from any level of alcohol use.

### Bristol's policies and strategies

Bristol's **Health and Wellbeing Strategy 2020-2025** identifies substance use as a priority area; this drug and alcohol strategy is included in its forward plan. Partnership working, both through the One City approach and Healthier Together, is highlighted as a vital means to 'grow positive health', 'prevent disease occurring', 'protect from harms to health', and 'reduce inequalities in health'. Key indicators that the Health and Wellbeing Board are prioritising for the city include, amongst others, the number of dependent drinkers, and the number of drug related deaths; all of these indicators are reflected within this strategy.

**Healthier Together** is the local health and care system partnership, which includes Bristol City Council. Key partners in Healthier Together, such as our local Clinical Commissioning Group, and our acute hospitals, have been involved in the development of this strategy. The Strategy contributes to Healthier Together's ambitions to provide more care within communities, in a joined up way.

Bristol's **One City** approach is an ambitious, long term vision to align the work of public, private, and third sector partners in Bristol towards improvements in six priority themes; of which health and wellbeing is one. The One City Plan sets out three decades of milestones which build towards the objective that, by 2050, everyone in Bristol will have the opportunity to live a life in which they are mentally and physically healthy. Many of these milestones and targets rely on addressing harms from alcohol and other drugs, such as those focusing on adverse childhood experiences, reducing crime, anti-social behaviour, and creating safe communities.

## Appendix A: Priorities and commitments

This drug and alcohol strategy will act as a framework for the development of annual action plans which address the priority areas identified. Three key actions will be targeted for each priority area, per year.

### Support communities and change culture

- **1.1** Use planning and design to create public places and spaces which support healthy behaviours and reduce harms.
- **1.2** Tackle inequalities and stigma by anchoring support within our communities, and prioritising prevention interventions which utilises place-based approaches.
- **1.3** Streamline our services and ensure collaboration across ROADS, the voluntary sector, specialist care providers, and the NHS, to make support more accessible, efficient, joined-up, and localized.

### Prevention and early intervention

- **2.1** Reduce the appeal, affordability and availability of alcohol and other drugs within communities in Bristol, and detect health impacts from these behaviours earlier.
- **2.2** Educate children, their parents, and young adults on the risks from the use of alcohol and other drugs, such as cannabis; support them to make healthy choices; and increase awareness that any level of alcohol consumption is potentially harmful.
- **2.3** Strengthen skills and understanding amongst health workers on the concepts of 'adverse childhood experiences', 'trauma informed practice', and 'identification & brief advice'.

### Minimise harm and protect health

- **3.1** Reduce the number of deaths in Bristol which are associated with the use of alcohol or other drugs.
- **3.2** Improve the use and availability of data and public health intelligence in a number of areas, including ROADS performance, and to inform alcohol licensing decisions.
- **3.3** Strengthen existing initiatives that mitigate against the risk from injecting drug use, and consider the evidence base behind new harm reduction measures such as drug consumption rooms.
- **3.4** Address the wider health implications that arise from the use of alcohol and other drugs - such as chronic liver disease, bacterial infections, and impacts on cardiovascular and respiratory health - so as to reduce hospital admissions.

## Treatment and recovery

- **4.1** Increase the number of people in Bristol engaging with support for their drug and alcohol behaviours who are retained in treatment, and who leave the ROADS service with a successful treatment outcome.
- **4.2** Provide holistic, person-centred treatment and support that addresses any needs in relation to housing, unemployment, child safeguarding, mental health etc.
- **4.3** Increase the proportion of service users who remain in 'recovery' by providing opportunities for ongoing personal development, such as through strengthening of the peer-mentor scheme.

## Tackle crime and disorder

- **5.1** Reduce the negative consequences to local communities that result from the use of alcohol and other drugs, such as anti-social behaviour and sexual violence.
- **5.2** Strengthen initiatives that underline the criminal justice system response to substance misuse as a health issue, and ensure that all perpetrators of crime secondary to drug or alcohol use are referred to treatment services.
- **5.3** Adopt a multi-agency approach to target interventions that reduce: the cohort of repeat offenders of less serious drug and alcohol related crimes, and the exploitation of children and vulnerable people in serious organised crime.

## Adapt to the new normal

- **6.1** Support the re-ignition and re-design of the night-time economy, and other social events such as festivals, through consideration of alcohol-free spaces and other public health principles
- **6.2** Re-define, and strengthen resilience in, the multi-agency city-wide approach to addressing harmful use of alcohol and other drugs amongst at-risk groups and those with complex needs, such as the homeless.
- **6.3** Consider new approaches to commissioning of services to mitigate against the impact of funding challenges.
- **6.4** Strengthen support for emotional and mental health conditions in Bristol, reflecting the impacts of the Covid-19 pandemic on unemployment, social isolation etc., and the effects on drug and alcohol behaviours.

## BIBLIOGRAPHY

- 
- [1] Department of Health, "UK Chief Medical Officers' Alcohol Guidelines Review," 2016.
- 
- [2] Keeping Bristol Safe Partnership, "Adverse Childhood Experiences and Trauma Informed Practice in Bristol," [Online]. Available: <https://bristolsafeguarding.org/policies-and-guidance/adverse-childhood-experiences-and-trauma-informed-practice-in-bristol/>. [Accessed September 2020].
- 
- [3] Public Health England, "Alcohol dependence prevalence in England," 1 March 2017. [Online]. Available: <https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england>. [Accessed 16 September 2020].
- 
- [4] Public Health England, "Admission episodes for alcohol-related conditions (Broad)," 2018. [Online]. Available: <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/3/gid/1938132984/pat/6/par/E12000009/ati/102/are/E06000023/iid/91409/age/1/sex/4/cid/4/page-options/car-do-0>. [Accessed 16 September 2020].
- 
- [5] Public Health England, "Opiate and crack cocaine use: prevalence estimates by local area," 1 September 2017. [Online]. Available: <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>. [Accessed 16 September 2020].
- 
- [6] Public Health England, "Alcohol-related mortality," 2018. [Online]. Available: [https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938132984/pat/6/par/E12000009/ati/102/are/E06000023/iid/91382/age/1/sex/4/cid/4/page-options/ovw-do-0\\_car-do-0](https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938132984/pat/6/par/E12000009/ati/102/are/E06000023/iid/91382/age/1/sex/4/cid/4/page-options/ovw-do-0_car-do-0). [Accessed 16 September 2020].
- 
- [7] Public Health England, "Deaths from drug misuse," 2018. [Online]. Available: [https://fingertips.phe.org.uk/search/drug#page/3/gid/1/pat/6/par/E12000009/ati/202/are/E06000023/iid/92432/age/1/sex/4/cid/4/tbm/1/page-options/ovw-do-0\\_car-do-0](https://fingertips.phe.org.uk/search/drug#page/3/gid/1/pat/6/par/E12000009/ati/202/are/E06000023/iid/92432/age/1/sex/4/cid/4/tbm/1/page-options/ovw-do-0_car-do-0). [Accessed 16 September 2020].
- 
- [8] Bristol City Council, "The Bristol Pupil Voice Report," Bristol City Council, 2019.
- 
- [9] Public Health England, "Admission episodes for alcohol-related conditions (Narrow)," 2018. [Online]. Available: [https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938132984/pat/6/par/E12000009/ati/102/are/E06000023/iid/92904/age/173/sex/4/cid/4/page-options/ovw-do-0\\_car-do-0](https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938132984/pat/6/par/E12000009/ati/102/are/E06000023/iid/92904/age/173/sex/4/cid/4/page-options/ovw-do-0_car-do-0). [Accessed 16 September 2020].
- 
- [10] NDTMS, "Clients in treatment - Bristol - All in treatment," [Online]. Available: <https://www.ndtms.net/ViewIt/Adult>. [Accessed 16 September 2020].
- 
- [11] A. Blackwell, K. De-loyde, G. Hollands and M. Munafò, "The impact on selection of non-alcoholic vs alcoholic drink availability: an online experiment," BMC Public Health, 2020.
-

- 
- [12] G. Hollands, P. Carter, S. Anwer and T. Marteau, "Altering the availability or proximity of food, alcohol, and tobacco products to change their selection and consumption," Cochrane Database of Systematic Reviews , no. 9, 2019.
- 
- [13] Department for Education, "Changes to personal, social, health and economic (PSHE) and relationships and sex education (RSE)," 2019. [Online]. Available: <https://www.gov.uk/government/publications/changes-to-personal-social-health-and-economic-pshe-and-relationships-and-sex-education-rse>. [Accessed September 2020].
- 
- [14] Home Office, "Modern Crime Prevention Strategy," Gov.uk, 2016.
- 
- [15] Alcohol Change UK, "Research: drinking in the UK during lockdown and beyond," July 2020. [Online]. Available: <https://alcoholchange.org.uk/blog/2020/drinking-in-the-uk-during-lockdown-and-beyond>. [Accessed 16 September 2020].
- 
- [16] UKDPC, "Attitudes to Drug Dependence," 2010.
- 
- [17] Alcoholchange.org.uk, "Research: drinking in the UK during lockdown and beyond," July 2020. [Online]. Available: <https://alcoholchange.org.uk/blog/2020/drinking-in-the-uk-during-lockdown-and-beyond>. [Accessed September 2020].
-

