AGENDA ITEM NO. 9

BRISTOL CITY COUNCIL

Overview and Scrutiny Management Board

11th July 2013

Report of: **Safer Bristol**

Title: **Drugs Policy Impact – Update Report**

Ward: **Citywide**

Officer Presenting Report: Peter Anderson, Crime and Substance Misuse Services, Service Manager, Safer Bristol

Barbara Coleman, Service Manager, Public Health Commissioning and Performance, Public Health Team

Contact Telephone Number: Peter Anderson – 0117 9142228

Barbara Coleman – 0117 9222935

RECOMMENDATION

1. That members note and consider the report.
2. That members understand the new treatment system and agree to advocate and promote the new system / services from November 2013.

Summary

This report updates OSMB on progress made further to the initial Drugs Inquiry Day held in April 2012 and the subsequent reports presented to this Board in July 2012 and March 2013.

The significant issues in the report are:

n/a

Policy

1. This report is an update and does not impact on Council Policy.

Consultation

2. N/A

Context

Background

3. The original inquiry was initiated by OSMB in response to a proposal by the then Executive Member for Care and Health. It focused on national drug policy in the local context and the costs of the current criminalisation of drug possession. It took place within the local context of the shift from harm reduction based strategy to a recovery-focussed strategy.

4. The day event was well attended by elected members, a wide spectrum of local agencies including Council teams, Primary Care Trust, Police, criminal justice agencies, voluntary and community service providers and academics. As the inquiry was exploratory in nature and aimed to initiate public debate and sharing views, there was no expectation that it would result in recommendations.

5. OSMB was presented with an updated report in March 2013 in relation to the identified opportunities and challenges (Appendix 3 of the original report). However, OSMB requested the following should be actioned and included within an update report later in 2013:

- Brighton should be approached (due to their recent drugs inquiry review) and outcomes summarised in the report.
- The possibility of ‘injecting rooms as a managed environment for drug users be considered within the current parameters of the law

Independent Drugs Commission - Brighton

6. In the spring of 2012, the 'Safe in the City Partnership' responded to a local MPs request to set up an independent drugs commission to look at the current state of drug problems in the city. The aim was to bring a fresh look at the city’s response to the problems associated with drug markets and drug use and to suggest ways in which the local agencies could be more successful in reducing the drug related problems in Brighton.

7. The Commission focussed on four key challenges:

1. Are the current strategies to prevent drug related deaths sufficient to achieve a significant reduction in the coming years?
2. Are the policing, prosecution and sentencing strategies currently pursued, effective in reducing drug related harm?
3. Are we doing enough to protect young people and to make informed decisions around drug use and involvement in drug markets?
4. To what extent does the treatment system meet the treatment and recovery needs of the citizens of Brighton?

8. Brighton has agreed a series of recommendations against each challenge. Appendix A provides a Bristol response to each recommendation.

9. One of the main drivers for Brighton's inquiry was the very high level of drug related deaths (DRDs). In 2009, there were 50 DRDs. In comparison, Bristol had 22 DRDs in 2009-10, 24 DRDs in 2010-11 and 17 in 2011-12. Bristol has excellent relationships with coroners and police to receive timely information when a DRD occurs. There is a robust governance framework in place which includes mechanisms to review DRDs and to hold services to account. There is a multi-agency DRD group that investigates (via a case conference model), capturing lessons learnt and disseminating lessons to all providers and change contractual arrangements if required.

10. Part of Bristol's low levels of DRDs can be attributed to the way in which Bristol's treatment system responds to local need and because it is readily accessible and available and treatment starts very quickly.

11. The recommendations within Brighton's report are focussed around the unique needs of Brighton and its population. They are not applicable to the situation in Bristol which is tangibly different to the problems and challenges faced by Brighton. Public Health England has informed Safer Bristol that at this time there are no plans in Brighton to act on the recommendation locally.

Injecting / Consumption Rooms

12. Consumption rooms are a controversial harm reduction response for which the evidence is limited in terms of efficacy. They are worth considering if several factors exist:

- Very high DRDs (Bristol does not)
- Very high rates of problematic street use of heroin by injectors (Bristol does not)
- Very high rates of Blood Bourne Virus (BBV) infection rates which

includes HIV (Bristol does not).

13. Whilst attractive to the press, consumption rooms are expensive to staff and this investment would be taken from other area of delivery, for which there is a far stronger weight of evidence. Incidentally, there are no plans in Brighton to act on this recommendation of their commission locally.

14. Consumption rooms would require Home Office consent. If allowed, Safer Bristol would have concerns about community perception, response and client safety. In Bristol there are effective harm reduction programmes including needle exchange, safer injecting and overdose prevention. These initiatives are often peer-led e.g. overdose prevention – training programme for service users delivered once a month.

15. Appendix B provides an overview of performance in relation to reducing the harm caused by substance misuse against core cities and within Bristol's 'Complexity Cluster'.

16. In addition, the soon to be commissioned (November 2013) new substance misuse treatment system in Bristol has a strong 'engagement' element which will enable access to the most vulnerable people in accessible locations to help facilitate easier access to treatment.

17. Prior to re-design of treatment services a comprehensive consultation was held with providers, practitioners, service users and residents and there were no indications of any need or want, for injecting rooms.

Bristol's Recovery Orientated Substance Misuse Treatment System

18. Since 2003, Safer Bristol has commissioned many substance misuse services to meet the needs of service users. The treatment system performs healthily but as well as the goal for systemic improvement there are two drivers for re-commissioning services:

- The European procurement regulations that many public services are regularly 'put out' for competitive tender (treatment services in Bristol last 'put out' in 2003-04);

- Government push for areas to provide a recovery-orientated treatment system with a more explicit focus on achieving successful, substance-free outcomes for service users.

19. The new model will provide clients with a clear journey through the system via 'clusters of services', namely, 'engagement', 'change', 'completion'. There will be a 'support' and 'housing' cluster available

also, throughout a client's journey. The annual costs of the new model will be approx. £10 million.

20. The new model fits into harm reduction and provides a non-judgemental approach to service delivery. Appendix C provides further detail on the new model.

21. Elected members have an important role with regard to understanding and promoting the new service model. It is important that residents are made aware of services available and how they can be accessed, especially as over 3,000 adults are in structured treatment. Safer Bristol can provide training /briefing sessions if required.

Position of Public Health England (formerly National Treatment Agency, NTA)

22. Bristol's treatment system is highly regarded, providing excellent value for money. For every £1 spent, the city saves £4.82.

23. The recommendations made in the Brighton report are not applicable to the situation in Bristol which is tangibly different.

24. Interestingly, a delegation of Brighton commissioners, strategic leads and service providers visited Bristol in May 2012 to see how the approach used in Bristol might translate and inform how services are configured and commissioned in Brighton. The learning from this visit contributed to Brighton making significant changes to their treatment system to improve the recovery outcomes it produces.

25. The outcomes from Brighton's treatment system have improved very significantly in part as a consequence of the learning from their visit from Bristol

26. Public Health England (PHE) supports the approach taken in Bristol to tackle substance misuse through treatment. The new model retains the accessibility to the system, whilst focussing on improving the rates of recovery from addiction to drugs and alcohol. PHE would be very concerned if Bristol were to depart from an evidenced-based approach to the commissioning of substance misuse services.

Moving forward

27. This briefing and report to be presented at OSMB will address the outstanding actions from previous reports, except for the proposal stated in July 2012 to contact the Secretary of State to ascertain the scope for the city to take local control of drug policy issues. However, due to the

evidence presented here and the lack of evidence relating to injecting rooms and the fact that Bristol already has a flexible local approach to the policing of drugs including the management of offenders (arrest referral treatment options), this proposal could be followed up if required.

28. In addition, Safer Bristol and Public Health are in the process of setting up a Health Integration Team (HIT) for substance misuse which includes academics from the local universities, local NHS Trusts, Council and other relevant partners. This HIT will have a remit to look at evidenced-based approaches and new ways of working. As per the new working programme, new innovative ways of working in this respect could be explored.

Proposal

29. That members consider this follow up report as agreed.

Other Options Considered

No other options were considered as OSMB required as update further to the paper presented in March 2013.

Risk Assessment

N/A

Equalities Impact Assessment (EqIA)

No EqIA was produced for this update report. However, a full EqIA was produced as part of the re-commissioning process.

Legal and Resource Implications

N/A

Appendices:

Appendix A **-** Bristol's approach / response to the recommendations contained within Brighton's Independent Drugs Commission

Appendix B - Overview of Bristol's performance in relation to reducing the harm caused by substance misuse

Appendix C - Recovery Model – Adult Substance Misuse Treatment Services

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985
Background Papers:

None

APPENDIX A

Bristol's approach / response to the recommendations contained within Brighton's Independent Drugs Commission

Challenge 1. Are the current strategies to prevent drug related deaths sufficient to achieve a significant reduction in the coming years?

Recommendation	Bristol Approach
That the DAAT and Public Health strengthen the mechanisms for regular auditing, analysis and reporting of Coroners and Serious incident and Vulnerable Adult reports which provide information on the factors leading to drug related deaths, accidental overdoses and suicides. The mechanisms to include annual audits and enquiries and to take account of 'lessons learnt' findings. Ensure that all information informs the further development of protective and preventative factors.	Excellent links exist with coroners and police to receive information about drug related deaths (DRD). An effective governance framework in place which includes mechanism to review drug related deaths and hold services to account. Safer Bristol's DRD Group co-ordinates the investigation (similar procedure to a case conference). Dissemination of lessons learnt to all providers and change contracts as required.
That the criminal justice agencies, together with the Director of Public Health, take action to reduce the use, diversion and dealing of prescription drugs, in particular: • A more proactive and robust enforcement response to the diversion of and dealing in prescription only and Class C drugs (including Benzodiazepines and methadone – Methadone is a Class A drug).	The Police lead a multi-agency 'Supply Group'. Intelligence gathering from service users, providers and police feed into this group. Safer Bristol funds a Drugs Co-ordinator post to work with the Coroners' office, be an effective link with providers and work with the local Police's drug team Operation Beacon on tackling local supply and street dealing. In the past year years.

	Operation Beacon has been responsible for the seizure of £12m worth of drugs, seriously disrupting a number of organised crime networks an, raided 922 cannabis factories and closed 29 crack houses.
The dissemination of clear guidelines, information and advice to G.Ps, drug treatment services and drug users about the risks of overdose and death following the use of alcohol, benzodiazepines and opiates in combination and the heightened risk for users with physical health and respiratory problems. Responses to the receipt of guidelines, information and advice should be monitored by the Harm Reduction Domain Group.	Effective protocols in place, agreed by Safer Bristol's Shared Care Monitoring Group (chaired by Public Health). Information and advice provided for all service users.
The Health and Wellbeing Board and Safe in the City Partnership should convene a working group led by the local authority, NHS and Police, to explore and make recommendations about the feasibility of establishing a form of consumption room as part of the range of drug treatment services in the city.	Law does not permit 'injecting rooms' for illegal drugs. Partners have indicated that if legislation changed, there would be energy to review our approach. If allowed, Safer Bristol would have concerns about community perception and response. Currently, in Bristol there are harm reduction programmes including needle exchange, safer injecting and overdose prevention. These initiatives are often peer-led e.g. overdose prevention (training programme for service users – once a month)

Commissioners and service providers should look at ways of expanding the capacity of the positively evaluated Injectable Opioid Treatment Programme in order to reduce the number of chronic opiate users at particular risk of drug related death. There should be a cost benefit analysis, including consideration of the most economical procurement of injectable opiods. Representation may need to be made to the appropriate national departments about the high cost of Diamorphine in this respect.	Safer Bristol has 'injectable opiod treatment programmes, however very small in number due to their very high costs
The Health and Wellbeing Board should investigate the value of rolling out a programme of overdose response/first aid training for drug users, and the professionals who work with them.	See response to Point 3
Commissioners and service providers to ensure that continuity of engagement of prisoners at particular risk of overdose, pre and post release is effective in reducing drug related deaths. Particular account to be taken of research findings which highlight the increased risk during the first two weeks after release.	Safer Bristol jointly commissions with Public Health the integrated drug treatment system in Bristol Prison. Services include gate pick up, pre-release recovery planning and community drug treatment services 'in-reach' in the prison. The workforce includes joint working with the Police and Criminal Justice Intervention Workers (drug treatment workers). Bristol Prison is an active member of the national 'Man Alive' research project. This project focuses on reducing drug related deaths following prison release. Bristol Prison has the highest uptake of this programme.

Challenge 2. Are the policing, prosecution and sentencing strategies currently pursued effective in reducing drug related harm?

Recommendation	Bristol Situation
Sussex Police and the Community Safety Partnership should establish a standing intelligence and information sharing structure that collates real time information from multiple sources on local drug markets and emerging trends.	See reference above to Supply Group and Operation Beacon
That the Community Safety Partnership create mechanisms for the information and analysis that comes out of this process to be used rapidly to inform tactical, strategic and operational planning decisions by the police, prevention and treatment services.	Information sharing agreements in place. Intelligence products are produce to inform neighbourhood responses and to effectively engage and work with the community. Good examples include: 1. Filwood, Safer Bristol and Police working with community groups to apply pressure for engaging people into treatment. 2. Street drinking in Stokes Croft and the provision of wet centres. 3. Street level approach to drug supply in Easton (Stapleton Road), 31 arrests and charges over past month. 4. ‘Opening up’ of Brigstocke Road, St. Pauls in response to community concerns of drug dealing

The effective principles of Operation Reduction (enforcement combined with diversion and treatment) should be extended beyond the focus on opiates and crack cocaine to include the wider range of drugs being used by adults and young people	Criminal Justice Intervention Team (CJIT) work to a wider brief than just opiates and crack cocaine, including non-opiates e.g. alcohol, legal highs (NPS – New Psycho -active substances – spice) CJIT work closely with the Police's Operation Beacon Team, attending the execution of warrants and engaging the most vulnerable and fast tracking them into treatment.
The Surrey and Sussex Probation Trust should report to the Community Safety Partnership on the extent to which the new Liaison and Diversion and Health Hub arrangements are being targeted effectively, and achieve high retention and recovery rates. This should include advice on how peer support can be expanded and how to establish a comprehensive diversion strategy for the city.	Safer Bristol commissions, AWPT to provide criminal justice intervention team, which is co-located and closely with IMPACT. In April 2014, the Police are opening three new custody / detention centres. There is joint work led by the Office of the Police and Crime Commissioner (OPCC) commissioning drug intervention services in the centres. Safer Bristol works closely with the regional offender health commissioning team regarding links between health, mental health and substance misuse services.
That while the diversion strategy will work within legal frameworks already available under the Misuse of Drugs Act and utilize new Sentencing Council Guidelines, where this framework inhibits the effective implementation of the diversion strategy, then the national authorities should be made aware of the constraints.	The references made to the diversion strategy are bespoke to Brighton

Sussex Partnership Foundation NHS Trust should provide information to all partners, drug users and the public about the service capacity, processes and pathways available for those with dual diagnosis (mental health and substance misuse). The Director of Public Health should review this information and respond appropriately.	Joint working exists between mental health and substance misuse commissioners to develop the pathway for dual diagnosis. This includes 'assertive engagement service' – for clients with complex needs

Challenge 3. Are we doing enough to protect young people and to enable them to make informed decisions around their own drug use and involvement in drugs markets?

Drugs information and education should be embedded within the Health and Wellbeing agenda, and in particular should make use of the information arising from the 'real-time' information sharing mechanism referred to in the previous section.	Substance misuse is an integral part of Bristol's Health and Well Being Strategy. Information and advice for all is available via leaflets in GP surgeries through to internet resources – this includes a treatment directory. Bristol Youth Links commissions the Early Intervention Service. This includes training, advice and support for young people. The new Single Assessment Framework will improve the early identification and prevention for young people involved in substance misuse.

Commissioners and service providers should respond to the need to invest in the strengthening of protective factors, in particular enabling young people to undertake activities that are alternatives to the problematic use of alcohol and drugs and reduce their sense of being marginalized. Affordable public transport was one plea expressed by young people.	In addition, Safer Bristol invests in 'hidden harm' services that work with children whose parents use drug and alcohol problematically. CYPS are also commissioned to provide a targeted service for young people within the carers system who have concerns regarding drug and alcohol. There is a targeted multi-agency young people's drug and alcohol service 'Open Doors' that provides services at an early stage of drug and alcohol misuse so as to prevent progression to long term addiction. and work with CYPS commissioning the Bristol Youth Links services which includes early intervention services working with young people who are affected by drug and alcohol misuse. This includes young people experimenting with drugs and alcohol and those whose parents / siblings have drug and /or alcohol problems.

There should be a coherent continuity of care between generic young peoples' services and the specialist drug services, with service delivery reflecting emotional, as well as chronological, age within the context of a person centred approach and which also responds to the wider needs of the family where they impact on the wellbeing of the young person. This approach should include the promotion of a range of social media and electronic technology for accessing information and advice, together with an emphasis on attracting young people from minority groups and those in transition to adult services.	Safer Bristol commissions a specialist drug treatment service within local CAMHS (Child and Adolescent Mental Health Service). There is a transitional worker and a dedicated post within the adult drug treatment service to ensure a smooth transition into adult services which in turn minimises the risk of drop out.

Challenge 4. To what extent does the treatment system meet the treatment and recovery needs of the citizens of Brighton and Hove?

Public Health should identify and recognise the diversity of people in the city who require access to drug information, advice and treatment services and for whom the current service offers are not sufficiently attractive.	In conjunction with service users, partners and providers, a new Recovery Orientated Integrated System for substance misuse has been created. The key outcome is focused and fosters the development of city-wide recovery culture in line with national Public Health Outcomes. The commissioning process received local, regional and national interest. New service to commence in November 2013

Public Health as the lead for the re-tendering of services during 2013 - 2014, should ensure that the service specifications used in that process enable the following developments: • New ways of providing information and advice about risks and access to services are put in place which meet the needs of the diverse and hard to reach population; arrangements may include facilities for on line assessment and advice, provision within mainstream GP and other generic service settings • That professional and academic bodies in the city include within their educational curriculum, some training which will enable the medical, health, social care and teaching workforce in the city to identify and skilfully respond to the needs of the city's population who are at risk of and/or are using drugs • The development of a city wide recovery culture is promoted and embedded throughout the treatment system, and related settings. To facilitate this process, specific support is given to services and groups who are developing structures for those in recovery to provide mutual support to each other, and also social, housing and employment opportunities. • The re-orientation of the treatment system to meet the needs of the 18-25 age groups, and other under-represented and minority groups • That services are responsive to the changing patterns of drug use, with the flexibility to respond to new intelligence written into service contracts.	Public Health are an integral partner in the current re-commissioning process, both in expertise, experience, clinical governance and funding. Information and advice is provided across a variety of mediums, including Twitter. Safer Bristol has explored new technology with regard to accessing treatment. These include the use of SMS Messaging for clients re: their appointments as well as treatment workers using mobile devices – to reduce the reliance on paper. Both of these projects are currently being evaluated. Safer Bristol invests in workforce development and works closely with providers to skill up and provide training. Workforce standards align with those stated through the 'Skills Consortium for substance misuse'. Service users are key to delivery services that meet the needs of the clients and that promote a recovery culture. Service users have been involved at every stage of the re-commissioning process including the 'evaluation' stage.

The access needs of individuals with a dual diagnosis should be urgently addressed, supported by the availability of well trained and person-centred staff able to provide combined mental health and substance misuse assessments.	See section above relating to dual diagnosis.
The current forums for service user and carer consultation will significantly assist implementing the recommendations in this section. However, a review of the support needs for forum members should be undertaken, particularly to address and avoid the over-reliance on specific individuals, and putting in place arrangements which draw on wider support networks such as Recovery Champions and Peer Mentors.	As aligned above service users are valued by Safer Bristol. The Service User Co-ordinator leads this work and ensures UFO (User Feedback Organisation) fulfils the needs of the clients and commissioners. There is a Steering Group, a BME Group, a LGBT group, a Women's Group and a prison pick up service. Safer Bristol facilitates a peer mentoring programme across the city ran by mentors as recovery champions. This programme has been successfully rolled out across the city. Principles of peer-led work are being explored by the Police and Probation with regard to offender management.

APPENDIX B

The following information has been compiled to provide an overview of Bristol's performance in relation to reducing the harm caused by substance misuse.

- There are an estimated 4777 opiate and/or crack users in Bristol. In terms of the rate of drug use per 1,000 population Bristol shows a similar level of use as is seen in other Core Cities:

Prevalence of Drug Use in Core Cities: Rate Per 1000 of the Population

DAT Area	Rate Per 1,000 of the Population		
	Opiate and crack users	Opiate users	Crack users
Birmingham	14.26	12.73	9.7
Bristol	**15.39**	**13.87**	**12.39**
Doncaster	14.28	12.7	5.26
Leeds	10.1	8.82	6.04
Leicester	12.08	10.93	5.37
Liverpool	17.1	15.42	13.2
Manchester	13.7	12.24	11.4
Nottingham	11.99	10.65	10.83
Sheffield	10.84	9.49	7.53
Stoke-on-Trent	14.29	13.32	6.67
South West	8.24	7.36	4.43
England	8.93	7.7	5.37

- Our drug treatment system has a good track record for engaging with opiate and/or crack users (OCUs). 72.5% of the estimated number of OCUs in Bristol were engaged with structured treatment[1] system during 2011/12 (3468 actual users out of 4777 estimated users).

- A key performance measure is the number of people successfully leaving treatment having overcome dependency. Quarter 4 data (March 2013) shows that Bristol is performing well for opiate users. As a proportion of all clients in treatment 8.8% successfully completed treatment which is within the top quartile range when compared against cities with a similar profile of substance misuse.

- Reducing the number of opiate users re-entering treatment within 6 months following successful completion remains a priority. Quarter 4 data shows 21.3% of opiate users who successfully completed treatment represented within 6 months. This is a key area of focus in Bristol's Recovery Orientated Substance Misuse Treatment System.

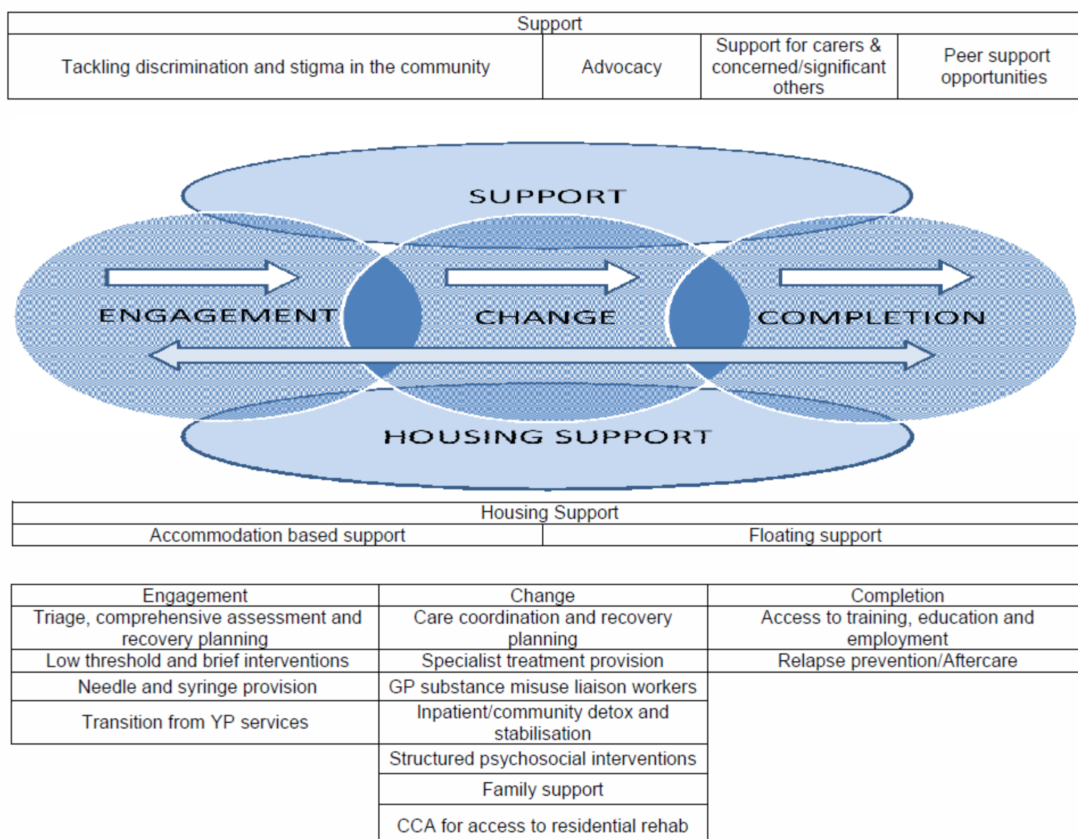
- Bristol is performing well in regards to Hepatitis B vaccinations and is above the national average for the following 2 measures:
  - % eligible new presentations year to date who accepted HBV vaccinations: Bristol: 59% National Average: 47%
  - % eligible clients in treatment previously or currently injecting who received a HCV test: Bristol: 92% National Average: 72.5%
- To review injecting behaviour a snap shot of clients in treatment was taken on 31st October 2012. The review found that 35% (1,066/3,008) had previously injected, 28.8% (867/3,008) had ever shared injecting equipment and 5% (150/3,008) had shared within the previous 4 weeks.

APPENDIX C

Recovery Model – Adult Substance Misuse Treatment Services

The model that we are implementing is driven from various national and local strategic priorities. This structure has drawn on the feedback we have gained from stakeholders in both the pre-consultation and formal consultation stage. All clusters will contribute to the outcomes set out in the outcomes framework.

In the new model, clients new to the treatment system or those re-presenting for treatment will be expected to enter via the engagement cluster and move through change to completion and into community based support networks. During and throughout a client's treatment journey, they will receive ongoing integrated assistance from both the support and housing support clusters if required. When the new model is operationally embedded, those clients already in treatment will have their needs reassessed and goals revisited to better align their care with the new services.



Support			
Tackling discrimination and stigma in the community	Advocacy	Support for carers & concerned/significant others	Peer support opportunities

Housing Support	
Accommodation based support	Floating support

Engagement	Change	Completion
Triage, comprehensive assessment and recovery planning	Care coordination and recovery planning	Access to training, education and employment
Low threshold and brief interventions	Specialist treatment provision	Relapse prevention/Aftercare
Needle and syringe provision	GP substance misuse liaison workers	
Transition from YP services	Inpatient/community detox and stabilisation	
	Structured psychosocial interventions	
	Family support	
	CCA for access to residential rehab	

The Bristol recovery system will comprise of five integrated clusters:

1) Engagement: During the ‘engagement’ phase clients will begin to get help with their substance misuse. At this stage of a client’s journey they will have access to a triage, comprehensive assessment and recovery planning service. This will enable them to access appropriate recovery-focused treatment and support.

   We envisage key components of this cluster to be:

   - Triage, comprehensive assessment and recovery planning.
   - Low threshold and brief interventions.
   - Needle and syringe provision.
   - Harm reduction and healthcare interventions.
   - Transition from YP services.

2) Change: During the ‘change’ phase of a client’s journey they will have access to a fully integrated treatment service enabling clients to stabilise and reduce their drug/alcohol use, facilitate recovery and promote health and wellbeing.

   We envisage key components of this cluster to be:

   - Care coordination and recovery planning.
   - Specialist treatment provision.
   - GP substance misuse liaison workers.
   - Inpatient/community detox and stabilisation.
   - Structured psychosocial interventions.
   - Family support.
   - CCA for access to residential rehab.*

**There will be a residential rehab framework for approved providers that will be procured separately.*

3) Completion: The ‘completion’ phase of a client’s journey will deliver interventions to enable people to become drug or alcohol free and recover. This will include promoting and supporting reintegration to other services such as training and employment. As recovery involves areas of work that treatment services are not able to provide directly this will involve a high level of partnership working with agencies that can provide these services.

   We envisage key components of this cluster to be:

   - Access to training, education and employment.
   - Relapse prevention/Aftercare.

4) Support: These services will enhance and develop the support that is offered to clients through the engagement, change and completion clusters in order to help aid their recovery.

   We envisage key components of this cluster to be:

   - Tackling discrimination and stigma in the community.
   - Advocacy.
   - Support for carers and concerned/significant others.
   - Peer support opportunities.

5) Housing Support: Clients will be able to access housing, via Bristol City Council’s Housing Support Register, during any stage of moving through the recovery model.

   We envisage key components of this cluster to be:

   - Accommodation based support.
   - Floating support.