

# People Scrutiny Commission

28<sup>th</sup> November 2019



**Report of:** Public Health and Community Safety – Safer City Team

**Title:** Development of the Substance Misuse Strategy

**Ward:** All

**Officer Presenting Report:** Thara Raj

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## **Recommendation:**

For People Scrutiny to review and feedback on the progress of the Substance Misuse health needs assessment and strategy work and to offer advice on the citywide approach to preventing and reducing alcohol and drug use harm and related deaths.

- **The significant issues in the report are:**
  
- **In Bristol people are experiencing health harms through the use of substances including illegal substances and alcohol.**
- **A process of early engagement has begun to develop a multiagency substance misuse strategy in Bristol and workshops to develop the strategy will be held throughout the process.**
- **A Formal Consultation will take place in February 2020 and discussion with the scrutiny panel would be valued in relation to ways this could be run.**
- **Equalities issues are pertinent to this area of work and are being considered at each stage of the process.**

## 1. Summary

**This report seeks to share with the scrutiny committee the journey we are undertaking in order to develop a multiagency substance misuse (drug and alcohol) strategy in Bristol and to seek their comments and input. The report is deliberately short as we are the start of the journey and wish to seek initial feedback on the stages.**

## 2. Context

### **Why this is important for Bristol**

Preventing harmful alcohol and drug use in Bristol is key to keeping Bristol safe and tackling inequalities and the risky behaviours and adverse outcomes such as mental health, offending or risky sexual behavior.

It is important that children, young people and adults have access to accurate, relevant information about health harm and access to treatment services but we need a more preventative stance and this requires a multiagency approach.

In Bristol people are experiencing health harms through the use of substances including illegal substances and alcohol.

### **What the data is telling us**

- An estimated 15.66 per thousand of the population in Bristol (which equates to around 4943 individuals) use opiates or crack cocaine in Bristol based on the 2016-17 population.<sup>1</sup>
- Between 5,000 and 9,000 adults (aged 16+) in Bristol were estimated to be dependent on alcohol in 2014.<sup>2</sup>
- Far more children and young people are using alcohol than using other substances, according to the recent Pupil Voice survey. In responses to the 2018 survey, pupils in year 10 (14-15 year olds) were three and half times more likely to report they had consumed alcohol in the last month than consumed illegal drugs. Of year 10 pupils surveyed, approximately 450 said they had used an illegal drug in the last month whereas approximately 1600 said they had consumed alcohol in the last month.<sup>3</sup>
- The percentage of those individuals successfully completing treatment for opiates and not representing (relapsing) within six months is falling.<sup>4</sup>

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<sup>1</sup> Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use, 2016/17: Sweep 13 report 2 <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>

<sup>2</sup> Based on modelled estimates using percentage of adults with alcohol dependence from the Adult Psychiatric Morbidity Survey 2014 <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-survey-survey-of-mental-health-and-wellbeing-england-2014>

<sup>3</sup> Bristol Pupil Voice Survey 2018

<sup>4</sup> Case management system Bristol City Council 2019

- The Bristol rate of hospital admission episodes for alcohol related conditions (narrow) is higher than that for England and has been consistently so for the last ten years for which we have data.<sup>5</sup>
- Comparable data for the period 2015-2017 showed that there were 13.2 per 1000 deaths from alcohol specific mortality in this time period and 6.7 per 1000 deaths from drug misuse.<sup>6</sup>

### **Stages in the development of the strategy**

- Reviewed and analysed routinely collected data, published evidence and policies and draft produced (completed between August and October 2019)
- People Scrutiny – present
- Early engagement to develop a shared vision and priorities – workshops week beginning 2<sup>nd</sup> December 2019
- Steering group established to take forward the vision – currently seeking nominations from key organisations and communities – by end of December 2020
- Engagement workshops including suggested scrutiny workshop for elected members – January 2020
- Draft document for consultation (avoiding the pre-election period) – February 2020
- Strategy published (allowing sign off through various organisations’ decision making processes) - June 2020

### **Governance and scrutiny**

The development of the strategy will sit under the Keeping Bristol Safe Partnership (KBSP) as part of the work of the Keeping Communities Safe business delivery group, which sits under KBSP.

We aim to keep Scrutiny updated on the development of the strategy.

### **Review**

Developing a substance misuse strategy is complex as it needs to deliver on the One City Plan and to dovetail and compliment and other local strategies as well as be in line with national strategies. Once developed it will need to be reviewed and refreshed so that it keeps up to date with the latest challenges facing Bristol so it will be an iterative process. At present we have not set a timescale for the strategy, for example, we have not said it is a strategy for 2020 to 2025. We will discuss the timeframe as part of the early engagement and steering group and we would value input from scrutiny.

### **3. Policy**

The policy context in which the substance misuse strategy will sit includes the following:

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<sup>5</sup> Calculations by Public Health England, Risk Factors Intelligence (RFI) team using data from NHS Digital Hospital Episode Statistics (HES) and Office for National Statistics (ONS):

<https://fingertips.phe.org.uk>

<sup>6</sup> Office for National Statistics: <https://fingertips.phe.org.uk>

**Bristol's One City Plan (2019)** takes a city approach to community issues and opportunities and partners from across the city's business, charitable, academic and public sectors all contribute to the plan which aims to make Bristol fair, healthy and sustainable with reduced inequality.

Specifically 'Health & Wellbeing' is one of the six priority themes for the city. The One City Plan states:

- By 2020, Bristol will be on its way to becoming an Adverse Childhood Experience (ACE) Aware city with 20% of the workforce trained in trauma informed practice.
- By 2023, the Bristol health and care system will be using a population health management approach.

Wellbeing is one of the key commitments for the outline in **Bristol City Council's Corporate Strategy (2018)** which includes 'embedding health in all policies to improve physical & mental health and wellbeing, reducing inequalities and the demand for acute services'.

Bristol aims to be an ACE Aware City (BCC, 2019) and indirect harm noted for children are parental; binge drinking; heroin/crack use; and cannabis use. Drugs and alcohol are both included as Adverse Childhood Experiences (ACE) s as well as the risk of using drugs and alcohol in adulthood being increased by ACEs.

Bristol's Health and Wellbeing Strategy (2013) contains a priority to reduce alcohol misuse by:

- Reducing alcohol-related admissions to hospitals
- Reducing death or 'mortality' from liver disease

#### **4. Consultation**

##### **a) Internal**

Workshops with internal stakeholders will be conducted to inform the strategy.

##### **b) External**

Workshops and meetings with stakeholders to inform the strategy.  
Public consultation via online portal

#### **5. Public Sector Equality Duties**

The draft substance misuse needs assessment has reviewed data across all nine of the characteristics in the equality act 2010 where this is available and includes a section on equality groups in the commentary.

These will be taken into account when developing the strategy along with deprivation.

**Appendices**

None

**Acknowledgements**

Kate Cooke for her contribution to this report.

**LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

**Background Papers:**

None