

Health Scrutiny Committee

25 February 2021



Report of: Director of Public Health

Title: Drug and Alcohol Strategy for Bristol, 2020-24

Ward: All

Officer Presenting Report: Dr Lewis Peake, Public Health Registrar

Recommendation;

For Health Scrutiny to note and provide feedback on the proposed final draft of a new city-wide Drug and Alcohol strategy, which has benefited from an open consultation.

The significant issues in the report are:

Issues relating to drug and alcohol misuse, including drug-related deaths and alcohol-related hospital admissions, continue to be a problem in Bristol.

Bristol City Council is a leading partner in the development of a new city-wide drug and alcohol strategy.

The purpose of the strategy is to align city stakeholders in a common approach to tackling substance misuse issues, through one shared vision, six priority areas, and 20 commitments to inform future action planning.

A draft strategy was made available for public consultation; a final strategy is now presented which reflects the feedback received.



1. Summary

A new, multi-agency drug and alcohol strategy for Bristol started being developed last year, under the auspices of the Keeping Communities Safe Group (of the Keeping Bristol Safe Partnership). The strategy aims to provide an overarching framework for the production of regular action plans. The BCC Public Health team have led on the drafting of the strategy; Avon and Somerset Police, the Office of the Police and Crime Commissioner, and BNSSG CCG are other key partners.

A draft version of the strategy was approved for open consultation, which was held in Dec 20/Jan 21. Precisely 150 complete responses were received, as well as additional feedback from attendees at stakeholder group meetings. Appropriate edits to the strategy have been made, and a final copy is now ready for consideration. The supporting equalities impact assessment has also been updated.

The Keeping Communities Safe Group are to consider this final version at a joint meeting with the Bristol Health and Wellbeing Board in March.

2. Context

2.1 Issues relating to drug and alcohol misuse, including drug-related deaths and alcohol-related hospital admissions, continue to be a problem in Bristol.

- There are an estimated 6,500 alcohol-dependent adults in the city, as well as an estimated 5,000 users of opiates and/or crack cocaine
- Nearly 200 people die a year in Bristol from alcohol related conditions, in addition to an average of over 30 drug-related deaths per year
- There were over 10,500 admissions to hospital in 2018/19 from alcohol-related conditions, and this number is growing

2.2 With the above in mind, Bristol City Council is a leading partner in the development of a new city-wide drug and alcohol strategy. Governance of the strategy falls to the Keeping Bristol Safe Partnership, which delegates this authority to its Keeping Communities Safe group. Avon and Somerset Police, the Office of the Police and Crime Commissioner, and BNSSG CCG join Bristol City Council as co-badges of this strategy.

2.3 The purpose of the strategy is to align city stakeholders in a common approach to tackling substance misuse issues, and seeks to highlight the entire range of impacts that the use of alcohol and other drugs has in Bristol (including with respect to health, the night-time economy, policing, community engagement, culture and stigma).

2.4 Development of the strategy began in late 2019 / early 2020, informed by a substance misuse needs assessment and engagement work with 25 stakeholder organisations across Bristol. The drafting process was affected by the Covid-19 pandemic, but ad-hoc meetings with further stakeholders continued, and a first complete draft was produced in the Autumn of 2020. After input from Scrutiny, and agreement from a joint meeting of the Keeping Communities Safe Group and Bristol's Health and Wellbeing Board, this first draft was made available for public consultation on December 2020 for a period of 6 weeks. This report presents the proposed final draft, shaped by comments received through the public consultation.

2.5 The strategy presents one agreed vision, six priority areas, and 20 'commitments'. This format will act as a high-level strategic framework for the production of regular action plans, to be generated and

owned by stakeholders across the system (including service users). The practicalities of how this will be achieved, for example through the formation of a new city-wide drug and alcohol board, are yet to be decided.

2.6 The vision of the strategy states that:

“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.”

2.7 The resulting six priorities are outlined below:



2.8 Each priority area describes 3 or 4 broad commitments which will act as focus points and agenda setting for future action planning. For example, commitment 1.1: *Use planning and design to create public places and spaces which support healthy behaviours and reduce harms*, which points to actions on healthy environments and choice architecture (such as piloting an intervention that licensed venues have at least one alcohol-free beverage on draught). The full list of commitments can be found within the strategy (Appendix 1).

2.9 The importance of tackling health inequalities through the accessibility and cultural competence of services, and removal of stigma, is a recurring theme throughout the strategy.

2.10 The relationship between poor mental health and alcohol and other drug use is another theme that runs throughout this strategy. Mental health conditions can both lead to, and result from, excess consumption of substances. The so-called ‘dual-diagnosis’ of mental health and substance misuse issues can require more complex interventions and specialist support. With that in mind, the strategic commitments include reference to:

- the importance of prevention and early intervention of poor mental health, especially relevant in light of impacts from the Covid-19 pandemic
- the provision of mental health support for people within drug and alcohol treatment services
- the continuity in access to mental health support during the ‘recovery’ period

3. Policy

This new Drug and Alcohol strategy aligns with commitments made within the Wellbeing section of the corporate strategy (specifically, commitment 1).

The new Drug and Alcohol strategy sets out objectives which seek to address health inequalities relating to substance misuse.

4. Consultation

a) Internal

- a.1. BCC People DMT, EDM and CMB
- a.2. BCC Finance, Legal, HR, IT and PR have been asked to review, as per decision making pathway
- a.3. Closed joint meeting of Health and People Scrutiny in Sept 2020

b) External

- b.1. Avon and Somerset Police, the Office of the Police and Crime Commissioner and BNSSG CCG (all of the supporting co-badges of the strategy)
- b.2. Engagement events / workshops with representatives from 25 local stakeholders
- b.3. 150 responses received through an online public consultation
- b.4. Attendance at meeting of various groups and boards, including Bristol@Night, Bristol City Youth Council, Keeping Children Safe Group, etc.

5. Public Sector Equality Duties

- 5a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:
- i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
 - ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --
 - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
 - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);
 - encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

- iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
 - tackle prejudice; and
 - promote understanding.

5b)

An equalities impact assessment has been produced, with support from the BCC equalities team. This has been informed by data summarised within the Bristol Substance Misuse Needs Assessment 2019, comments received as part of the open consultation process, and an ‘equalities workshop’ held with equalities representatives from some stakeholder organisations.

The full equalities impact assessment is included as an appendix to this report. This assessment outlines where changes to the strategy have been made as a result of the findings.

However, it is important to note that the strategy is a high-level framework for the purposes of supporting action planning. An attempt has not been made to consider the precise equalities impacts of individual actions and interventions that may result from this strategy over the next 5 years.

Appendices:

- A. Drug and Alcohol Strategy 2020-24 v2.0 (post-consultation)
- B. Drug and Alcohol Strategy – EqIA (post-consultation)
- C. Drug and Alcohol Strategy – Open consultation report
- D. Drug and Alcohol Strategy – Response to the consultation report and changes made

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

Background Papers: