

Reducing Harm from Drugs and Alcohol: Brighton and Hove Drugs and Alcohol Strategy 2024-2030

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October 2024



Brighton & Hove
City Council

Introduction

- The draft strategy 'Reducing Harms from Drugs and Alcohol'
- Background and context to the programme
 - The Combatting Drugs Partnership
 - Priority workstream sub-groups
- How the strategy was developed
- Working with people with lived experience
- Principles and aims of the strategy
 - Reducing supply of drugs
 - Improve quality capacity and outcomes of treatment and recovery services
 - Achieve a generational shift in demand for drugs and alcohol



Background

In 2021 the Government launched a 10-year drugs strategy 'From Harm to Hope'. The strategy commits the Government to reduce crime and save lives by:

- Breaking the drugs supply chain
- Delivering a world class treatment and recovery service and
- Achieving a generational shift in demand for drugs.

Every local area was required to establish a multi-agency forum the Combating Drugs Partnership:

Brighton & Hove multi-agency forum comprises leaders from different organisations across the city who have a role in reducing drug and alcohol related harms.



Combatting Drugs Partnership

Provides oversight and direction to the development and delivery of a strategy and delivery plan for Brighton and Hove to reduce the harms to residents from drugs and alcohol.



Multi-agency Combatting Drugs Partnership

**Supply
to break the drugs
supply chain**

**Treatment
to deliver world class
treatment and
recovery services**

**Demand
to achieve a
generational shift in
demand for drugs**

The three sub-groups have:

- Met quarterly
- Reviewed relevant existing strategies
- Aligned objectives where different strategies reflect similar aims
- Created a collaborative 12-month action plan
- Undertaken a programme of monitoring against these existing plans, objectives and actions.
- Enabled the Partnership to develop a robust understanding of partners' programmes
- Developed the first iteration of the strategy

Scope and principles of the strategy

- The strategy takes us to 2030
- Covers: everyone who lives in, works in, or visits the City
- Includes drugs and, to a more limited scope defined by treatment services, alcohol harms.
- Recognises the complexity of substance use, and risk factors such as untreated mental health conditions, chronic pain, poor physical health, homelessness, or experience of trauma.
- Aims to reduce stigma
- provide a fair service to reduce inequalities
- be guided by the latest evidence, local data and intelligence to make best use of our resources
- work in partnership with people with lived experience of drug and alcohol harms
- work collaboratively across organisations
- Will be monitored: detailed action plans will be led by each priority workstream, and a progress monitoring framework will be reviewed at the Partnership Board meetings.

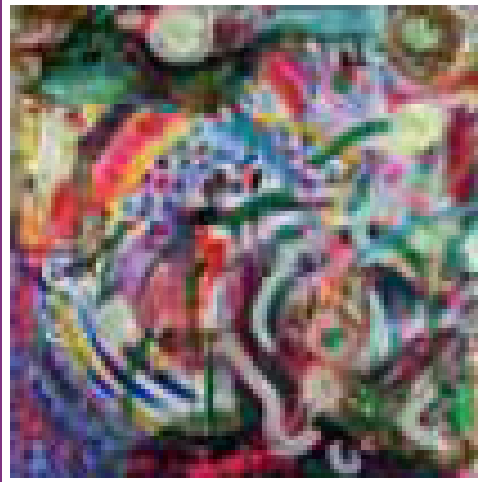
Our Vision

Our vision is to make Brighton and Hove a place where everyone will be safe from the harms caused by drugs and alcohol.

Development process

- The strategy is a collaboration between all partners in the CDP and the CDP provides oversight to the process
- The priority area leads co-developed the first iteration of the strategy and continue to contribute
- Since January 2024, we have been working with people with lived experience of drug and alcohol use to listen to their experiences of drug and alcohol treatment services in Brighton and Hove. This insight has informed the strategy – and will continue to do so
- Since June the draft strategy has been, and continues to be, presented to a range of stakeholder forums
- The design team has produced a public facing draft strategy. This will go out for public consultation in October 2024.
- The CDP Board will receive a final draft of the strategy at its November Board meeting for sign off, prior to the document being presented to the Health and Wellbeing Board and Cabinet, and at relevant partners' organisations' boards.

Working with people with lived experience



If we can engage people with the development of services then we all better understand the constraints and decisions behind the service development and prioritisation

Communities and residents and people who have used drugs and/or alcohol, people in treatment and in recovery.

Experience

The accumulation of knowledge or skill resulting from direct participation.



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Reducing harm from drugs & alcohol

Drugs & Alcohol Strategy
2024-2030

Shared Outcome 10: People



What we know about drugs & alcohol related harm in Brighton and Hove

About Brighton & Hove

Brighton and Hove is a unique and diverse city.



26%

of residents are from a **Black or Racially Minoritised (BRM)** group - higher than the Southeast average of 21%.



More than 1 in 10: **10.6%**

of residents identify as **gay, lesbian, bisexual or as another minority sexual identity** - compared to 7% in England.



One in 5 residents are born outside of the UK - which is significantly higher than in the Southeast.



We have higher rates of people who identify as **trans or gender diverse (TGD)** (1% compared to 0.5% in England).

REDUCING HARM FROM DRUGS & ALCOHOL

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Priority 2: Improve the quality, capacity and outcomes of our drug and alcohol treatment and recovery services.

Priority 2 aims to improve service capacity and capability to support people with a substance use need into treatment and recovery. This priority is co-led by the adult drug and alcohol treatment service (GGL) and the Council's Public Health Team and comprises representation from the children and young people's drug and alcohol treatment service (RUCO), and the NHS, including primary care.

Children and young people with drug and alcohol treatment and recovery needs have benefited from substantial additional supplementary funding grants between 2022 and 2025. In 2024/25 this amounted to approximately £6.4m. This funding will cease until March 31st 2026. Currently, it is unclear what additional funding streams may come into place from April 2026. Current service capacity and capability has been significantly increased with these grants.

Why this is important

Improving the capacity of drug and alcohol treatment services is essential to address historic inequalities which has led to reduced capacity in the drug and alcohol treatment services. Addressing this will help to improve the skills mix and capability in the service, to meet the increasing complexity of caseload. The supplementary funding has started to address this historic inequalities and outcomes are beginning to improve.

Further enhancing services will continue to address these gaps, improving public health, safety, and productivity, and ultimately foster stronger, more resilient communities.

We want for:

- Increase numbers of people in treatment
- Expand the capacity of the treatment services
- Increase the capability and skills mix of professionals
- Improve integration between services to provide pathways into treatment for people with co-occurring needs.

What we will do

2.1 Increase access to structured treatment for people with a drug or alcohol treatment need

- Recruit to additional posts in the drug and alcohol treatment service enabling more people to access the service, and increase caseload for key workers.
- Expand the flexibility of a seven-day-a-week drug and alcohol service.
- Improve access and waiting times to community and inpatient care, including mental and voice team structured treatment options.
- Increase access to specialist (problem solving) opioid substitution treatment.

2.2 Improve the capability of services to support clients with multiple needs

- Recruit to specialist posts to ensure provision of targeted support and skills for complex case management.
- Improve and increase the knowledge, skills and confidence of the workforce to ensure a practical trauma informed approach.
- Improve the skills and ability of the workforce and develop treatment interventions to address co-occurring neurodiversity.
- Improve the knowledge and skills of frontline criminal justice workers to make referrals and increase referrals into treatment.
- Improve the knowledge, skills and confidence of the workforce to support pathways into treatment for people with co-occurring needs.

2.3 Improve access to, and experience of, services for adults and children and young people, especially from under-served cohorts

- Focus on under-served cohorts, for example LGBTQ+, women, young carers, people with neurodiversity and people from Black and ethnic minority backgrounds.
- Ensure an integrative approach between service providers to improve the transition for young people into adult services, especially for high priority groups such as care leavers.
- Improve the referral pathway between youth offending services into RUCO/Treatment services.
- Expand outreach services to ensure accessible support, promote early intervention, and improve recovery outcomes.
- Use harm reduction techniques to connect people with an unmet substance use need to structured treatment, including LGBTQ+ young people.
- Ensure an integrative approach between partner agencies to support those treated in the criminal justice system to ensure access to specialist services provision in custodial settings and engagement in treatment for those leaving custodial settings, including youth justice settings.

2.4 Enhance the harm reduction provision for people at pre-tending harm from alcohol and drug use

- Increase access to evidence-based harm reduction interventions, such as needle exchange.
- Expand multi-site harm reduction interventions, using best available evidence and learning from other areas.

Service activity

• 111 under 18-year-olds received specialist drug and alcohol treatment in the year 2023/24 compared to 66 in 2022/23.

• 2,776 acute were in structured treatment, including 1,068 acute in treatment for opiates, as at February 2024.

• As of January 2024, Change Grow Live (CGL) have a rate of 63% continued care for people who have been released from prisons against a national average of approximately 48%.

How we engaged with communities and partners and what we found out

How we engaged with people with lived experience of drug or alcohol harm and what we found out

2.4 Enhance the harm reduction provision for people experiencing harm from alcohol and drug use

- Increase access to evidence-based harm reduction interventions, such as needle exchange.
- Explore innovative harm reduction interventions, using best available evidence and learning from other areas.



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Priority 1: Disrupt the local drug supply chains, reduce the availability of alcohol, and tackle/disrupt drug and alcohol related crime

We want to:

- reduce drug and alcohol related crimes
- protect vulnerable children and adults
- work closely with our communities
- support people convicted of drug or alcohol related crimes into treatment and recovery

What we will do:

1. Disrupt the flow of drugs into the city
- 1.2 Prevent children, young people and adults from becoming involved with organised crime groups
- 1.3 Safeguard children and young people and adults who are being exploited
- 1.4 Work towards a thriving night-time economy free from drug and alcohol related violence
- 1.5 Increase support and communications to communities experiencing drug-related and alcohol-related crime and anti-social behaviour
- 1.6 Improve pathways between the criminal justice system and treatment services

Priority 2: Improve the quality, capacity and outcomes of our drug & alcohol treatment and recovery services.

We want to:

- Increase numbers of people in treatment
- Expand the capacity of the treatment service
- Increase the capability and skill mix of professionals
- Improve integration between services to provide pathways into treatment for people with co-occurring needs

What we will do

- 2.1 Increase access to structured treatment for people with a drug or alcohol treatment need
- 2.2 Improve the capability of services to support clients with multiple needs
- 2.3 Improve access to, and experience of, services for children, young people and adults, especially from under-served cohorts
- 2.4 Enhance the harm reduction provision for people experiencing harm from alcohol and drugs
- 2.5 Develop an integrated response for people with co-occurring substance use and other needs
- 2.6 Develop a better understanding of higher risk drugs and emerging drug trends in the community to manage the associated harms

Priority 3: Achieve a generational shift in demand for drugs and alcohol

We want to:

- stop children and young people starting to use drugs and alcohol
- address the risk factors associated with drug and alcohol use, such as mental health conditions, insecure housing, homelessness, poverty, domestic violence and abuse, or the impact of trauma

What we will do

- 3.1 Challenge the normalisation of all drugs and alcohol use in children, young people and adults, including cannabis, and alcohol consumption, and raise awareness of the detrimental impact of use.
- 3.2 Promote Healthy lifestyles in children and young people and families
- 3.3 Improve awareness of and access into the range of services to support children and young people

Governance/engagement timeline

Month	Actions
June	Councillor briefing and CDP members and sub-group members review draft D&A strategy discussion at relevant forums: Community Safety Partnership, Safeguarding Adults Board, Safeguarding Children Board, Multiple Compound Need Steering Group, Family Help Partnership, Mental Health Oversight Board, Brighton and Hove Health and Care Partnership, Drug related harm meeting (Police led)
July	Share draft with members of forums above and wider stakeholders CDP Board sign off draft
August	Councillor briefings pre public consultation
Sept / Oct	Public consultation PWLE workshops and council wide workshop
October	Public consultation cont. People O&S
November	CDP sign off final version
December	Councillor briefings
January	Strategy presented at Cabinet for sign off



Thank you and questions

Governance (BHCC) – as stated / Health and wellbeing Board

- *annual update to HWB?*

Consultation – comprehensive, and includes PWLE, we tried for greater input from BRM groups, and have this as a focus going forwards.

- *any other thoughts?*

- *Anything that we have missed that should be included?*

