

Brighton & Hove City Council

People Overview and Scrutiny Committee

Council

Agenda Item 15

Subject: Reducing Harms from Drugs and Alcohol: Brighton & Hove City Council's Drugs and Alcohol Strategy

Date of meeting: 9 October 2024

Report of: Steve Hook, Interim Corporate Director, Housing, Care and Wellbeing

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Ward(s) affected: All

For general release

1. Purpose of the report and policy context

1.1 This report provides an update to the People Overview and Scrutiny Committee on the progress of Brighton & Hove City Council's Drugs and Alcohol Strategy (the Strategy), which is attached at Appendix 1.

1.2 The report invites the Committee to provide comments and feedback on the draft Strategy as part of the ongoing consultation process.

2. Recommendations

2.1 That the People Overview and Scrutiny Committee note the content of this report

3. Context and background information

3.1 In late 2021, the Council established the CDP in response to the Government's 10-year strategy '*From Harm to Hope: A 10-year drugs plan to cut crime and save lives*'. The national strategy was formulated following Dame Carol Black's independent review of drugs (link here: [Review of drugs: phase one report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/101444/Review_of_drugs_phase_one_report_-_GOV.UK_(www.gov.uk).pdf)).

3.2 The national strategy commits to reducing crime and saving lives by:

- breaking the drugs supply chain;
- delivering a world class treatment and recovery service; and
- achieving a generational shift in demand for drugs.

3.3 The purpose of the Council's CDP is to provide oversight and direction to the development and delivery of a strategy and delivery plan for the Council to reduce the harms to residents from drugs and alcohol. It provides a single

platform to address shared challenges and to promote collaboration and learning.

- 3.4 The multi-agency forum includes leaders from various organisations across the City who have a role in reducing drug and alcohol related harms including the Council, Sussex Police, probation services, treatment and recovery providers, community groups and people with lived experience (PWLE).
- 3.5 Reflecting the structure of the national strategy, the Council has adopted three priority workstreams, each overseen by sub-groups. These sub-groups are co-chaired by a local authority lead and an external partner and they are responsible for driving forward actions in their respective areas.
- 3.6 The CDP oversees and receives reports from these sub-groups which lead the development and delivery of actions in line with the national strategy's priorities.
- 3.7 The sub-groups have reviewed relevant existing strategies to better inform the 12 month action planning process. By synthesising objectives where different strategies overlap they have created a more coherent approach ensuring consistency and alignment across work programmes of various partners. This process has also established a baseline against for next steps.
- 3.8 The sub-groups' work over the past 18 months, combined with input from PWLE of drug and alcohol related harms, has been pivotal in shaping the Council's draft Strategy.
- 3.9 It is this draft Strategy and the process of its development that is brought to the People Overview and Scrutiny Committee for awareness, information and feedback as part of the consultation process.

Scope of the Strategy

- 3.10 The Strategy is relevant to all individuals living, working or visiting the City and addresses the harms caused by both drugs and to a more limited extent alcohol, as defined by treatment services.
- 3.11 Addressing drugs and alcohol related harms is a complex issue, often intertwined with risk factors such as untreated mental health conditions, chronic pain, physical health issues, homelessness or trauma. These factors can both drive and result from drug and alcohol use. Tackling this challenge requires a multi-agency approach to reduce harms, reshape perceptions and limit the availability of drugs in the City. The Strategy outlines this approach.
- 3.12 The Strategy has a longer-term vision to 2030 but will be regularly reviewed to ensure it continues to meet the needs of our population and reflects any national changes or funding availability.
- 3.13 Detailed action plans will sit underneath each of the three priority workstreams and a progress monitoring framework will be developed and reviewed at the CDP board meetings.

Development process

- 3.14 The Strategy is a collaboration between all CDP partners and the CDP provides oversight to the process.
- 3.15 The leads for each of the three priority areas have played an active role in shaping the Strategy. They have co-developed the initial draft and continue to provide input as the Strategy evolves.
- 3.16 Since January 2024, Council officers have been working with PWLE of drug and alcohol use to listen to their experiences of drug and alcohol treatment services in the City. Council officers have heard from approximately 50 people from a wide range of backgrounds. This insight has been captured in the Strategy. A cross-cutting principle and enabler noted in the Strategy is to continue to work with PWLE to implement the Strategy.
- 3.17 Since June 2024, the draft Strategy has been and continues to be presented to a range of stakeholder forums for information and feedback including:
- Community Safety Partnership;
 - Safeguarding Adult Board;
 - Safeguarding Children Board;
 - Multiple Compound Need Steering Group;
 - Mental Health Oversight Board;
 - Drug Related Harm Group;
 - Criminal Justice Board; and
 - Brighton and Hove Health and Care Partnership Board.
- 3.18 Council officers will also be liaising further with PWLE to refine and develop the Strategy.
- 3.19 The Council's design team has produced a public facing draft Strategy which will be launched for public consultation in October 2024.
- 3.20 A final version of the Strategy will be presented to the CDP Board at its November 2024 meeting for approval. Following this it will be submitted to the Health and Wellbeing Board and Cabinet and at relevant CDP partners' boards.

Principles

- 3.21 The principles underpinning the Strategy are to:
- reduce stigma;
 - provide a fair service to reduce inequalities. Target resource according to need and inclusion;
 - be guided by the latest evidence, local data and intelligence to make best use of our resources;
 - work in partnership with PWLE of drug and alcohol harms; and
 - work collaboratively across organisations to support people and communities as effectively as possible.

3.22 As outlined earlier, the Strategy sets out the three priority workstreams and defines the objectives to deliver each workstream, with associated actions. Each priority workstream will develop a detailed action plan that will sit under these higher-level objectives.

3.23 The three priority workstreams and their aims are:

Supply – to break the drugs supply chain:

Aim: To address the supply of the most harmful drugs, attacking all stages of the supply chain, reducing the associated violence and exploitation, protecting prisons from being academies of crime and strengthening community confidence;

Treatment – to deliver world class treatment and recovery services:

Aim: to rebuild drug treatment and recovery services, including for young people and offenders; and

Demand – to achieve a generational shift in demand for drugs:

Aim: to reduce the demand for drugs and alcohol in the next generation. There are two approaches to reducing the demand for drugs:

- Treat the causes of substance use, for example untreated poor mental health, homelessness, or the impact of trauma experience; and
- Challenge the normalisation and cultural environment with regards to drug use.

3.24 The Council's strong foundation for this Strategy is built on existing partnerships, good collaboration across partners and a shared commitment to reducing drug and alcohol related harms for the City's residents.

3.25 The CDP provides the leadership for the programme, bringing together professionals from the Council and multiple agencies including the NHS, service providers and the criminal justice system and PWLE of drugs and alcohol related harms.

3.26 The Strategy represents a City-wide collaborative approach to reducing drugs and alcohol related harms with feedback and contributions welcomed from stakeholders across the City.

4. Analysis and consideration of alternative options

4.1 Not relevant to this report for information.

5. Community engagement and consultation

5.1 The draft Strategy was developed by the multi-agency CDP and the priority working groups mentioned earlier in this report. Prior to drafting the Strategy, the Council's public health team worked with PWLE of drug and alcohol harms to hear what is important to them and to ensure a range of voices informed the development of the Strategy. Council officers continue to work with PWLE

in refining the Strategy and in its implementation. An equality impact assessment, attached at Appendix 2, has been undertaken to inform the development of the Strategy and will be used in the implementation of the recommendations and actions.

- 5.2 Previous iterations of the draft Strategy have been consulted on extensively with stakeholders and partners and this final draft is planned for wider public consultation during October and November 2024.

6. Conclusion

- 6.1 The Committee is asked to note and comment on the draft Strategy, as part of the consultation process.
- 6.2 Council officers can provide this Committee with briefing updates at key stages if required.

7. Financial implications – to be completed

- 7.1 There are no financial implications for the strategy external to the standard funding of services across the combatting drugs partnership. However, the extent of the delivery of the strategy depends on the level of core and supplementary funding allocated via central government over the life of the strategy.

Name of finance officer consulted: Jamiu Ibraheem Date consulted
01/10/24

8. Legal implications – to be completed

- 8.1 There are no legal implications arising directly from this report which is for noting.

Name of lawyer consulted: Manjinder Nagra Date consulted (30/09/24):

9. Equalities implications

- 9.1 An equalities impact assessment has been completed and informed the development of the Strategy .

10. Sustainability implications

- 10.1 The Strategy does not pose a significant sustainability impact. It will be published online and there will be a small number of printed copies for people who do not have digital access.

11. Other Implications

Social Value and procurement implications

11.1 This is not a procurement consideration.

Crime & disorder implications:

11.2 The CDP includes representation from a range of agencies including the Council's Community Safety Team, the police, Police & Crime Commissioner and probation services and these partners were involved in and are committed to the Strategy.

Public health implications:

11.3 The Strategy will inform and describe the objectives and recommendations for action for the multiagency combatting drugs partnership, which takes a three-pronged approach to reducing drugs and alcohol related harms across the city. The Strategy guides the direction of the Council in improving public health and wellbeing and reducing inequalities associated with drugs and alcohol use across the city.

11.4 The Corporate Director of Public Health is the Senior Responsible Officer of the CDP Board which has oversight of the Strategy.

Supporting Documentation

1. Appendices

1. Appendix 1 – DRAFT 'Reducing Harms from Drugs and Alcohol: Brighton & Hove Drug and Alcohol Strategy'
2. Appendix 2 – Equalities Impact Assessment
3. Appendix 3 – Presentation to People Overview and Scrutiny Committee.

2. Background documents

1. 2022 Drugs and alcohol needs assessment