

Brighton & Hove City Council

Cabinet

Agenda Item 11

Subject: Drugs and Alcohol Strategy 2024-2030

Date of meeting: Thursday, 26 June 2025

Report of: Cabinet Member for Adult Social Care, Public Health and Service Transformation

Lead Officer: Name: Corporate Director for Families, Children and Wellbeing

Contact Officer: Name: Caroline Vass

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Ward(s) affected: (All Wards);

Key Decision: Yes

Reason(s) Key: Is significant in terms of its effects on communities living or working in an area comprising two or more electoral divisions (wards).

For general release

1. Purpose of the report and policy context

- 1.1 This paper presents Reducing Harms from Drugs and Alcohol, the Brighton & Hove Drugs and Alcohol Strategy 2024-2030.
- 1.2 Brighton & Hove residents experience significant harms associated with drugs and alcohol. Drug and alcohol use can increase inequalities in health outcomes; reduce the number of years we spend in good health; exacerbate poor mental health; and negatively impact on all areas of life including relationships with family and friends, employment and housing.
- 1.3 The global availability and threat from drugs is higher than ever before and impacts on our communities, with the exploitation of children and vulnerable people by organised crime gangs.
- 1.4 This paper summarises the Reducing Harms from Drugs and Alcohol Strategy and sets out how this will enable the council and partners to deliver the Council Plan to create a better Brighton & Hove for all, specifically through Outcome 2 and Outcome 3 to achieve a fair and inclusive city for all, and a healthy city where everyone can thrive, respectively.
- 1.5 The Council Plan Outcomes 2 and 3 are delivered through the strategy which reflects the aims to ensure that we fight discrimination, embrace diversity and reduce inequalities. The Drug and Alcohol Strategy specifically identifies the risk factors associated with drug and alcohol harms and aims

to address the barriers that some people experience in accessing treatment services. We will continue to work with our partners and services to continue to reduce the harms experienced from drug and alcohol use. Outcome 2 also commits the Council to developing a Combatting Drugs Partnership to support a multi-agency collaborative approach to addressing harms from drugs and alcohol, including accessible treatment and recovery services, community safety and managing anti-social behaviour. This Partnership has been established and has oversight of the strategy and the workstreams identified in it. The specified workstreams expressly address our aims and objectives to ensure a city where people feel safe, included and welcome.

- 1.6 The strategy was developed by the multi-agency Combating Drugs Partnership board and informed by a needs assessment, consultation and discussion with service users, and a wider public consultation. The strategy was also presented in draft form at People Overview and Scrutiny Committee, the recommendations of which have also been included in the Strategy.

2. Recommendations

- 2.1 Cabinet approves 'Reducing Harms from Drugs and Alcohol' a Drugs and Alcohol Strategy 2024-2030 (Cabinet paper appendix)
- 2.2 Cabinet supports the approach that the Brighton & Hove Council Strategy is best delivered in partnership with the multi-agency Combatting Drugs Partnership Board, and that this Board retains oversight to the effective implementation and monitoring of the strategic aims and action planning to deliver the strategy aims.

3. Context and background information

- 3.1 The global availability of drugs is at a record high, and Brighton & Hove experiences considerable harms from drugs and alcohol, including high rates of drug deaths.
- 3.2 In Brighton & Hove we have:
 - The 7th highest age standardized rates of drug misuse deaths in England
 - An estimated 3030 people using opiates and /or crack cocaine, significantly higher than in the rest of the South East
 - More than double the England average rate of alcohol specific mortality rates
 - 10% of secondary school pupils admitting to getting drunk at least once or twice a month
 - 20% of 14-16 year olds report trying cannabis
 - 991 police recorded drug offences
 - Approx 1500 drug litter incidents managed by the Council
- 3.3 The strategy acknowledges and reflects the multiple and complex risk factors associated with harmful drug and alcohol use, and which can be both

causes of drug and alcohol use or exacerbated by drug or alcohol use. Of particular note in Brighton & Hove is:

- Housing insecurity and homelessness: the cost of housing and access to housing, leads to housing insecurity, a risk factor for drug and alcohol use, exacerbated by harmful drug and alcohol use leading to antisocial or offending behaviours, which impacts on communities and housing options.
- The number of residents experiencing multiple compound need, that is experiencing 3 or more of drug or alcohol use, poor mental health, poor physical health, domestic abuse, offending behaviours, and homelessness.
- Co-occurring drug and alcohol use with unmet need around poor mental health

- 3.4 In 2022, Brighton & Hove established a multi-agency partnership board, the Combatting Drugs Partnership (CDP), to take a collaborative and whole systems approach to addressing the harms from drug and alcohol use.
- 3.5 The CDP comprises leaders from different organisations across the city who have a key role in tackling drug and alcohol related harms. This includes representatives from the Council, including elected members, Police, Probation service, NHS, treatment and recovery services, treatment providers, mental health providers, community and voluntary sector, and people with lived experience.
- 3.6 The strategy sets out the vision for changing the culture around drug use and reducing harms from drugs and alcohol in the city. Although there is a focus on both drugs and alcohol, it is not a comprehensive alcohol strategy. Alcohol is included where there is alignment with drug harms in the management of these harms: in community safety, treatment and recovery services, and the cultural approach to alcohol and drug use in Brighton & Hove. The strategy does not review alcohol licensing policy as this is undertaken within a separate workstream.
- 3.7 The strategy leads with the vision to make Brighton & Hove a place where everyone will be safe from the harms caused by drugs and alcohol.
- 3.8 Our three strategic priorities aim to deliver the strategy vision as follows:
- 3.9 Priority one – to disrupt the local drugs and alcohol supply chain, reduce the availability of drugs and tackle and disrupt drug and alcohol related crime.
- To work collaboratively across the community safety teams, police and communities to disrupt local drug supply chains and alcohol and drug related crime to create safe and thriving communities. The overarching objectives which inform the workstream one action planning are:
 - Disrupt the flow of drugs into the city
 - Prevent children and young [people from becoming involved with organized crime groups
 - Safeguard children, young people and adults who are being exploited

- Work towards a thriving nighttime economy free from drug and alcohol related violence
- Increase support and communications to communities experiencing drug and alcohol related crime and antisocial behaviour
- Improve pathways between the criminal justice system and treatment services.

3.10 Priority two – to deliver a world class treatment and recovery service

- To enhance both the quality and the capacity of our drug and alcohol treatment and recovery service, to provide person-centred support to everyone who needs it, focusing on those at higher risk. The overarching objectives which inform the workstream two action planning are:
 - Increase access to structured treatment for people with drug or alcohol treatment needs
 - Improve the capability of services to support clients with multiple needs
 - Improve access to and the experience of services for adults and children and young people, especially from under-served cohorts
 - Enhance the harm reduction provision for people using drugs and alcohol
 - Develop an integrated response for people with co-occurring substance use with other needs, including poor mental health, housing issues, neurodiversity, etc.
 - Develop a better understanding of emerging drug trends and higher risk drugs.

3.11 Priority three – to achieve a generational shift in demand for drugs and alcohol

- We will challenge the normalisation of drug and alcohol use, and address the causes of harmful drug and alcohol use, for example untreated mental health conditions, housing issues or homelessness, domestic abuse or the impact of trauma. The overarching objectives which inform the workstream three action planning are:
 - Challenge the normalisation of all drug and alcohol use in children and young people and adults, and raise awareness of the detrimental impact of use
 - Promote healthy lifestyles in children and young people and families
 - Improve awareness of and access into a range of services to support children and young people eg: mental health pathways.

3.12 The Strategy was developed by the CDP and the priorities and their objectives are delivered by three workstreams. Each workstream has developed and agreed a number of objectives with associated action plans to deliver on each objective. Since the establishment of the CDP the workstreams have monitored actions for a full year and this has provided a benchmark of activity to take this work forwards, in line with the strategic aims.

- 3.13 The strategy and action plans are supported by analytical input to develop a monitoring process to enable the CDP to review progress according to clear expectations of outcomes.
- 3.14 The CDP comprises representatives from multiple boards and achieves full reach across the system to ensure that all partners are fully engaged in the programme of work
- 3.15 In approving the strategy Cabinet will support the next phase in the programme to reduce harms from drugs and alcohol in Brighton & Hove, and the delivery of the three priority areas, with the CDP to provide oversight to this work.

4. Analysis and consideration of alternative options

- 4.1 This programme of work is part of the prescribed responsibility of the public health function in Brighton & Hove. Some of these elements would be delivered regardless of the structure proposed in the strategy, however the strategy ensures a whole system approach, which is required to manage the complexity of the issues reflected here.

5. Community engagement and consultation

- 5.1 The first step to developing the strategy was to undertake a needs assessment and to review the strategies of all partners to identify those objectives aligned to the three priority areas for action. (Strategy appendix 4)
- 5.2 Elected members sit on the Partnership Board and although lead members have changed over the past two years, there has always been significant interest and engagement, including wider discussion at People Overview and Scrutiny Committee (POSC) which received the report in 2024. The strategy has been shared widely and an all-Councillor briefing is planned. The Health and Wellbeing Board will also receive the Strategy in July.
- 5.3 At the start of the strategy development, the CDP undertook a series of engagement and consultation sessions with people currently accessing services, or who had previously accessed services, to hear views and these are reflected in the strategy. (Strategy appendix 3)
- 5.4 This work was invaluable to the development of our understanding and commitment to engaging with people with experience of the harms we are aiming to address. We have subsequently formalized this engagement using supplementary funding to commission Common Ambition to support a programme of engagement, to ensure that we can continue to benefit from people's experiences and that they can benefit from our support. This also supports those areas identified in the Equalities Impact Assessment such as understanding better the experience of communities with complex intersections of disadvantage.

- 5.5 In addition, work with community forums on drug harms and the community impacts also fed into the strategy development and understanding of where community responses and partnerships could be strengthened
- 5.6 Following the significant engagement with a range of groups, a further public consultation was held in early 2025, using the Council Your Voice platform, in which we received 64 responses. Most responses reflected the strategy content, which is unsurprising since the final draft had already been consulted widely on. However, given the feedback, the strategy was further strengthened to reflect the impact of neurodivergence and care experience as risk factors for drug and alcohol harms, and also community safety aspects.
- 5.7 There was limited engagement with people with lived experience from Black or Racially Minority (BRM) groups. Sessions were set up with the aim of consulting with specific cohorts, however there was very little uptake. The CDP is committed to exploring better ways to consult and engage with all groups, and specifically BRM cohorts.
- 5.8 The development of the strategy also had minimal input and engagement from children and young people and this is a focus area going forwards.
- 5.9 It should be noted that the artwork in the drugs and alcohol strategy was provided by the art group of Cascade Creative Recovery, a lived experience recovery group, that supports people on their recovery journey.

6. Financial implications

- 6.1 The Combatting Drugs Partnership and the services delivered are via multiple agencies and partners. In addition to other partners' funding arrangements, the Public Health team funding comprises a core grant element and additional supplementary drug and alcohol treatment funding from The Department of Health and Social Care (DHSC). The supplementary element is predicated on retaining the core grant budget for the drug and alcohol programme.
- 6.2 The total funding available for this programme in 2025/26 is £10.480m of which £5.821m is allocated from the core Public Health Grant and £4.659m from external sources including DHSC, NHS, and other partners.

Name of finance officer consulted: Dave Ellis Date consulted (05/06/25):

7. Legal implications

- 7.1 The Health and Social Care Act 2012, associated Regulations and Government Guidance provide for the local authority to have strategies in place to prevent and reduce drug and alcohol related harm, commission relevant services and engage in multi-agency working.

Name of lawyer consulted: Sandra O'Brien Date consulted (22/05/25):

8. Risk implications

- 8.1 This is a complex programme of work, and requires significant commitment from multiple partners. The current financial landscape for all partners may impact on the ability to deliver wholly the aims and objectives.

9. Equalities implications

- 9.1 A full EIA has been completed, and is attached as an appendix to the cabinet paper. In summary the EIA identifies the impacts of drug and alcohol harms on multiple cohorts who may experience inequalities of outcomes, or vulnerability, and particularly considers complexity associated with intersectional vulnerabilities.
- 9.2 The EIA notes that the Strategy has well considered many cohorts' inequalities and noted their risk factors, and mitigations required, and the EIA has additionally informed actions and recommendations to further mitigate any disproportionate impacts.
- 9.3 There is particular acknowledgement that vulnerabilities in experience of drug and alcohol harms or access to services are linked to: age, disability – including poor mental health and neurodiversity, our diverse population, trans peoples' experience, sexuality, parents, carers, being care experienced, domestic or sexual abuse survivors, and homelessness. It is also noted that there is increased complexity of experience when considering intersectionality.
- 9.4 The strategy and EIA noted that there was limited engagement with people with lived experience from Black or Racially Minority groups. Sessions were set up with the aim of consulting with specific cohorts, however there was very little uptake. The CDP is committed to exploring better ways to consult and engage with all groups, and specifically BRM cohorts.
- 9.5 The development of the strategy also had minimal input and engagement from children and young people and this is a focus area going forwards.

10. Sustainability implications

- 10.1 None identified

11. Health and Wellbeing Implications:

- 11.1 Health and wellbeing implications, social value, and reducing inequalities have informed the development of the strategy, including the principles to reduce stigma, be guided by best practice and the evidence base, and target resource to need.

Other Implications

12. Procurement implications

12.1 Not applicable

13. Crime & disorder implications:

13.1 Community safety, addressing anti-social behaviour, and reducing the harms from drugs and alcohol crime are integral to the strategy. The Combatting Drugs Partnership Board includes representation from the Police, PCC, and Community Safety.

14. Conclusion

14.1 Cabinet is asked to approve 'Reducing Harms from Drugs and Alcohol' a Drugs and Alcohol Strategy 2024-2030 (Cabinet paper appendix 1). This will support the ongoing work by partners to address harms experienced by residents and communities.

Supporting Documentation

1. Appendices

1. 'Reducing Harms from Drugs and Alcohol' strategy including appendices
2. Equalities Impact Assessment