



Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

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| Title: | Reducing Harms from Drugs and Alcohol, a drugs and alcohol strategy 2024-2030 |
| Date of Meeting: | 22 July 2025 |
| Report of: | Caroline Vass, Director of Public Health |
| Contact: | Fran Piccoletti, Drugs and Alcohol programme manager |
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| Wards Affected: | All wards |
| FOR GENERAL RELEASE | |
| Executive Summary | |
| <p>This paper presents 'Reducing Harms from Drugs and Alcohol, the Brighton & Hove Drugs and Alcohol Strategy 2024-2030'. Appendix 1</p> <p>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.</p> <p>The Drugs and Alcohol Strategy sets out how we will work in partnership to reduce the harms to our residents from drugs and alcohol by:</p> <ul style="list-style-type: none"> • Reducing the supply of drugs to our city and reducing drug and alcohol related crime • Delivering a world class treatment and recovery service | |



- Delivering a generational shift in demand for drugs and alcohol.

The strategy development was led by the multi-agency Combating Drugs Partnership board and will be delivered by multiple agencies working in partnership.

Glossary of Terms

CDP – Combating Drugs Partnership

1. Decisions, recommendations and any options

- 1.1 That the Board notes the ‘Reducing Harms from Drugs and Alcohol’ a Drugs and Alcohol Strategy 2024-2030’ (appendix 1)
- 1.2 That the Health and Wellbeing Board supports the approach that the Strategy is best delivered in partnership with the multi-agency Combating 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.

2. Relevant information

- 2.1 Brighton & Hove residents experience significant harms associated with drugs and alcohol including high rates of drug deaths. 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.
- 2.2 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.
- 2.3 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
- 2.4 The strategy acknowledges and reflects the multiple and complex risk factors associated with harmful drug and alcohol use, 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

2.5 Combatting Drugs Partnership

2.6 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.

2.7 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.

2.8 The Strategy development was led by the CDP and the priorities and the associated objectives are delivered by three workstreams.

2.9 Strategy Development

2.10 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)

2.11 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)

2.12 This work was invaluable to the development of our understanding of the harms we are aiming to address and commitment to engaging with people with experience. 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 approach

helps to mitigate some findings in the Equalities Impact Assessment such as understanding better the experience of communities with complex intersections of disadvantage.

2.13 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.

2.14 Following significant engagement with a range of groups, and committees such as People Overview and Scrutiny Committee, 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 aspects relating to community safety.

2.15 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

2.16 The development of the strategy also had minimal input and engagement from children and young people and this is a focus area going forwards.

2.17 The Strategy

2.18 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.

2.19 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.

2.20 Our three strategic priorities aim to deliver the strategy vision as follows:

2.21 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.

2.22 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 people 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.

2.23 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.

2.24 The Strategy priorities and the associated objectives are delivered by three workstreams. Each workstream has developed and agreed the objectives to meet the strategy aims with associated action plans that sit under 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.

2.25 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.

2.26 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.

2.27 BHCC Cabinet has supported 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.

2.28 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.

2.29 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.

3. Important considerations and implications

Legal:

- 3.1 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

Lawyer consulted: Sandra O'Brien

Date: 22/05/25

Finance:

- 3.2 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

- 3.3 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

Finance Officer consulted: David Ellis

Date: 05/06/25

Equalities:

- 3.4 A formal Equalities Impact Assessment has been completed and approved by the Equalities Team. 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.
- 3.5 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
- 3.6 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
- 3.7 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.
- 3.8 The development of the strategy also had minimal input and engagement from children and young people and this is a focus area going forwards
- 3.9 The EIA is summarised in the appendices of the strategy.

Sustainability:

- 3.10 None identified

Health, social care, children's services and public health:

- 3.11 The Director of Public Health is the Senior Responsible Officer and Chair of the CDP and Public Health led and supported the development of the strategy

Supporting documents and information

Appendix1: Reducing Harms From Drug and Alcohol A Strategy for 2024-2030



Drug and alcohol
strategy 2024 - 2030.