

South Gloucestershire Council

Drugs Strategy: 2020 – 2025

“Working together to reduce the harms and risks caused by drugs to individuals, families, communities and businesses in South Gloucestershire.”

Foreword

The misuse of drugs has a negative impact on individuals, families and communities, and is often a symptom of wider personal and societal issues. While the proportion of the population who are affected by drug misuse is relatively small, its impacts are significant and often felt across the wider community. The reasons why people misuse and become dependent on drugs are complex and multi-factorial, and often stem from an individual’s experiences as a child or young person. As a result, tackling drug-related harms within our communities requires many different organisations to work together, across the whole life course. In order to tackle these harms, we must be bold and make brave decisions, provide strong leadership and work effectively in partnership with others. We must communicate well, work together across the system and take collective responsibility whilst allocating sufficient funding to both prevent and treat drug-related harms. This strategy outlines our plans to work in this way to improve the lives of South Gloucestershire residents.

This strategy focuses specifically on drugs; a separate alcohol strategy has also been produced for South Gloucestershire. The two documents are designed to complement one another and where appropriate, they will have shared metrics and outcome measures. For governance purposes, both will sit with the South Gloucestershire Health & Wellbeing Board. There are some joint objectives that cover both strategies; work on these will be aligned and developed together. It should also be noted that this strategy, and the needs assessment that it was developed from, were written during the COVID-19 pandemic. It therefore attempts to incorporate learning from the many challenges and opportunities that have arisen during COVID-19, as well as considering the need for this to function as a five-year strategy that considers the wider context and our response to drug-related harms once the pandemic is over.

Executive Summary

The overarching vision for the South Gloucestershire Joint Health and Wellbeing Strategy is for “all people in South Gloucestershire to have the best start in life, live healthy and happy lives and age well”.

In line with this vision, our strategy aims to reduce the risks and harms associated with drug misuse and will inform our local commissioning intentions. The strategy has been developed by the South Gloucestershire Drugs and Alcohol Programme (DAP) team on behalf of the South Gloucestershire Health and Wellbeing Board and takes a life course approach. It has been developed in consultation with stakeholders from across South Gloucestershire and more widely, including statutory and voluntary service providers, and residents, including those who use our services. It is built on an

understanding that we will need to work in partnership with other local commissioners across Bristol, North Somerset and South Gloucestershire (BNSSG), the BNSSG Clinical Commissioning Group (CCG) and Healthier Together, our Sustainability and Transformation Partnership (STP).

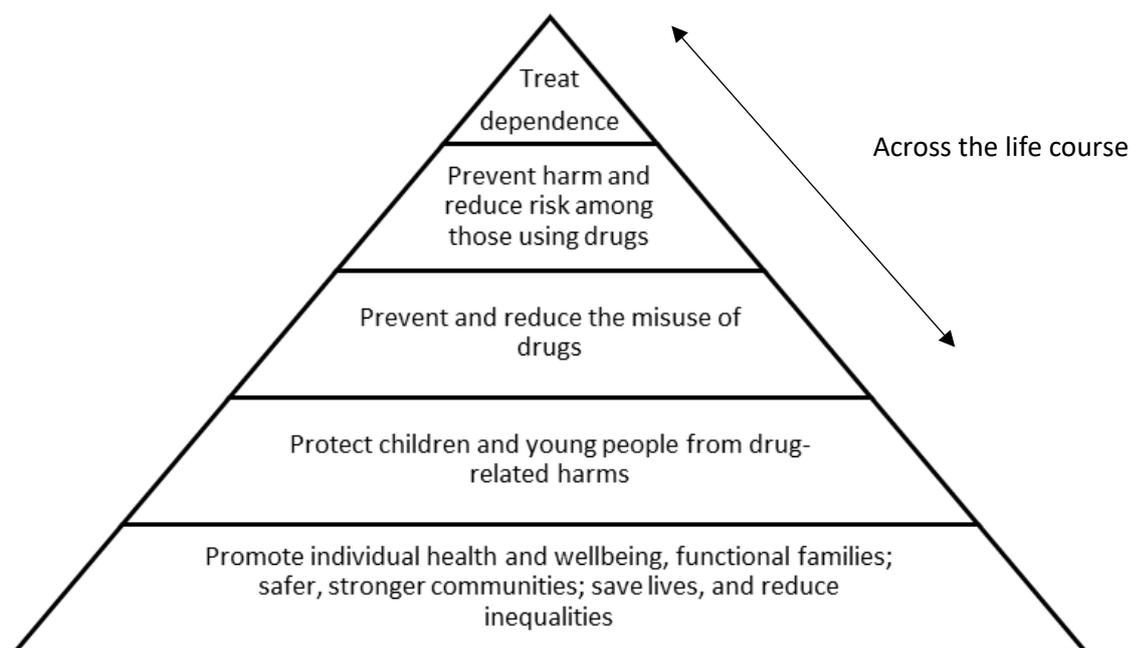
The majority of people in South Gloucestershire have not been directly affected by the misuse of drugs. However, there are a proportion of individuals who use drugs harmfully, as well as those who are physically and emotionally dependent on drugs. We know that there are some groups who are more likely to experience drug-related harms, including those who grew up with parents who misused drugs, people with mental illness and individuals with disabilities. In addition, there are growing concerns about people becoming dependent on prescribed medications, such as opioids used to help manage pain.

This strategy aspires to:

1. Outline our priorities for preventing and reducing drug-related harms over the next five years, making these clear to all of our residents, people who use our services and our partner organisations.
2. Galvanise the objectives of our partner organisations and vision of our senior leaders across the system to collectively reduce the drug-related harms identified in the South Gloucestershire Drugs Needs Assessment 2020, and to agree individual responsibilities and processes to evaluate progress when developing our action plan.
3. Build on our work and successes to-date by effectively using evidence-based and innovative interventions, data and information that also provide value for money.
4. Lay the foundations to develop a SMART (specific, measurable, agreed, realistic and timely) action plan, supporting the coordinated delivery of the priorities identified in this strategy over the course of the next five years and including clear population outcomes, where appropriate, to measure progress.
5. Outline governance arrangements for the delivery of this strategy and indicate how we will measure success.

Our aim is to build on current work with our partners and engage and work together with them where there are challenges and gaps, as well as maximise opportunities to achieve our shared aims and outcomes. We need to ensure that we balance our resources in order to meet the various different needs identified in our needs assessment: increasing our investment in preventative and early interventions throughout the life-course; renewing our focus on harm reduction in order to minimise the additional health harms experienced by those using drugs; providing treatment services to those who require them, including specialist services for those who have developed dependencies to prescribed opioid medication; and to ensure that joined-up, multiagency support is available to those with complex needs and who are most vulnerable.

Our strategic ambitions in relation to reducing drug-related harms are:



While South Gloucestershire has a relatively small number of people who are dependent on drugs, these are some of our most vulnerable residents. They are at risk of dying prematurely as a result of drug-related harms. We therefore need to continue to invest in good quality, evidence-based treatment to support these individuals to recover. Crucially, we need to ensure that treatment continues to provide wraparound support with issues such as housing, finances and employment as these are essential to creating an environment that facilitates recovery. Our needs assessment identified changing patterns of drug dependency, with particular concerns raised about increasing numbers of people becoming dependent on prescribed opioids. Drug services must adapt in response to these changes, providing specialist treatment that meets the needs of people with prescribed opioid dependencies.

We cannot, however, simply put all of our resource into treatment without a focus on prevention. The financial case for investing in prevention is clear. We also have an ethical duty to stop people from developing serious issues with drugs that can lead to them experiencing poor physical and mental health, as well as numerous other difficulties that impact negatively on them and those around them. Prevention should be thought of in two key ways: firstly, reducing the risks of drug-related harm in those individuals who are already using drugs. This can be achieved through harm reduction initiatives such as needle exchange services, the provision of naloxone kits to reverse overdose, testing and treatment for blood-borne viruses (BBVs) and smoking cessation support for those in treatment. Secondly, we need to understand what may put people at risk of misusing drugs in the first place and intervene and educate as early as possible (to prevent that). This can be achieved by investing in good communications and preventative interventions with partners, so that people can make changes before they develop significant problems that require support from drug services. This preventative work is particularly important as we strive to reduce inequalities in South Gloucestershire. Our needs assessment demonstrates clear links between drug misuse and inequalities, with those living in the more deprived areas of South Gloucestershire also being more likely to experience drug-related harms.

Drug use among young people is of particular concern, given the risks of drug-related harm and risk of escalation to more significant drug misuse over time. We must ensure that young people receive

high-quality education about the risks of using drugs, with specific interventions targeted towards those at the greatest risk. Adverse Childhood Experiences (ACEs) increase the risk of children and young people misusing drugs in the future. ACEs are experiences that either directly harm a child or affect them through the environment that they live in, and include: growing up in a household where there is drug misuse, mental illness, parental separation or loss, domestic abuse, where someone has been incarcerated, and experiencing physical, emotional or sexual abuse. Preventing ACEs is key to preventing future drug misuse and requires us to work effectively together with whole families.

Related to this is the need to work with partners and other organisations to address the wider determinants of health. We know that if people have secure housing, good job prospects and sufficient money to look after themselves and their families, they are far less likely to have problems with drugs. If we invest in building resilience in our communities and support our partners to improve the lives of our overall population, drug-related harms should be reduced.

Introduction – the local picture

In 2020, we carried out a comprehensive drugs needs assessment to assess the health, wellbeing and social effects of drug use in South Gloucestershire across the life course; to identify gaps in current service provision; and make recommendations for changes to meet people's needs.

Data from the Online Pupil Survey suggests that 9% of young people in South Gloucestershire attending secondary school and post-16 settings have tried an illegal drug. 9% of those who had tried an illegal drug reported using drugs most days. Inequalities related to drug use are evident, with vulnerable groups being more likely to experience problems with drugs. In South Gloucestershire, risks of drug use were notably higher among young people who regularly smoke tobacco, as well as those with parents in the armed forces. Misuse of drugs in young people is associated with school and educational problems, vulnerability to abuse or exploitation and it increases the risk of developing more significant issues with drugs that continue into adulthood. The vast majority – 88% - of young people in drug treatment presented with cannabis as a problematic drug.

The damaging effects of drugs are not limited to the individuals using them. Drug misuse also impacts upon families, communities and wider society. Parental drug misuse has been identified as an ACE, with long-term negative impacts throughout the life course. Drug misuse is also associated with crime, although the relationship between the two is complex and multi-factorial. Nevertheless, it is well documented that a disproportionate number of crimes are committed by a small group of dependent drug users. This is particularly true for acquisitive crime. Across the Avon and Somerset Police Force area, there was an estimated 26% reduction in crime once individuals began drug treatment, suggesting a clear return on investment for the criminal justice system to support individuals to access drug treatment.

Across England and Wales, approximately one-third of adults report having taken drugs at some point in their lifetime, with drug use most commonly occurring among young people aged 16-24. In South Gloucestershire, trends in substance use among people entering drug treatment have been relatively consistent over the past decade. However, there are growing concerns both nationally and locally about people becoming dependent on prescribed opioids used to treat chronic non-cancer pain. 5.6 million adults in England were prescribed an opioid pain medication in 2017/18, equivalent to 13% of the adult population. In March 2018, 36,483 patients across Bristol, North Somerset and South Gloucestershire (BNSSG) received an opioid prescription. Individuals requiring support from

drug services for prescribed opioid dependency are less likely to access traditional substance misuse services and often report barriers to accessing treatment, both of which need to be considered when planning services.

The needs assessment identified an unmet need for mental health support among individuals accessing drug services in South Gloucestershire. The majority of people newly presenting to local drug services were identified as having a mental health need, with the highest need (97%) seen among those using non-opiates and alcohol in combination. However, approximately one-third of service users with a mental health treatment need did not receive any treatment for their mental health. Both professionals and service users reported poor join-up between drug services and mental health services, calling for individuals with a dual diagnosis to be offered a package of concurrent mental health and substance misuse treatment, and for services to be co-commissioned where appropriate.

Approximately three-quarters of adults in structured drug treatment services in South Gloucestershire were in treatment for opiate use. Nevertheless, estimates from Public Health England (PHE) indicate that nationally there is a high unmet need for treatment among individuals using opiates and crack cocaine. The estimate in South Gloucestershire is that 69% of people requiring specialist treatment for crack cocaine were not currently in treatment. This figure was 59% for those using opiates and crack cocaine in combination, and 40% among those using opiates alone.

Our needs assessment identified a need for a further emphasis on harm reduction, taking place alongside structured treatment interventions. Injecting drug use increases the risk of transmission of blood-borne viruses (BBVs) such as HIV and hepatitis C. While testing rates within drug services in South Gloucestershire are high, these data only reflect testing for people who are accessing drug services; more focus needs to be given to providing testing and treatment support to at-risk individuals who are not accessing services. Similarly, many service users consent to being vaccinated against hepatitis B, but the attrition rate to actual vaccination is poor: 68% (n = 97) of eligible adults in drug treatment consented to hepatitis B vaccination in 2018/19, but fewer than five of these individuals went on to either start or complete the vaccination course. Naloxone is also available to any person at risk of opiate overdose and for family members and friends of those at risk, without requiring a prescription. Just 5% of opiate users in treatment were issued with take-home naloxone and overdose training in 2018/19, although naloxone uptake has substantially increased during the COVID-19 pandemic.

Our needs assessment was written during the COVID-19 pandemic, which has drastically altered daily life. Drug services have been rapidly reconfigured during the pandemic, with the system having to work quickly and collaboratively with partners to be as adaptable as possible. Our engagement with service users identified that while some service users have struggled with the lack of face-to-face contact, others have valued more regular telephone contact and have found that changes such as the relaxation of prescribing regimens have made them feel more trusted and given them more autonomy and freedom in their recovery path. The pandemic has provided an opportunity to consider how we might offer drug services differently in the future, and the needs assessment highlighted that a combination of face-to-face, online and telephone appointments may be beneficial for service users even when COVID-19 restrictions are no longer in place. However, the consequences of the pandemic, and the necessary restrictions in order to curb the spread of the disease, will be far-reaching and felt for decades to come. It is therefore important to acknowledge that needs may change as a result of the current or any future situation, in ways that our needs assessment may not have been able to predict or capture.

Key themes from the needs assessment

As part of our needs assessment, we undertook a stakeholder engagement exercise. This included engagement with those who use our services, as well as professionals who work on drug-related issues across a variety of organisations. We asked people what we were doing well to tackle drug-related harms in South Gloucestershire, the problems, gaps and challenges in addressing these harms, and what we should be prioritising in our drugs strategy. We also asked both groups about their experiences of and perspectives on drug services both before and during COVID-19, in order to capture lessons learned and consider ways in which we may wish to deliver services differently in future.

Encouragingly, the key themes that were highlighted through our engagement activities reflected the findings from evidence, data and good practice that were identified in the needs assessment. These themes have been used to create the aims for our strategy.

The themes identified to be addressed were:

- a) **Prevention** of drug-related harms, including education for young people and families about the risks that can result from the misuse of drugs. This includes targeted education for those who are identified as being most at-risk, including young people who smoke regularly, who have parents in the armed forces and those not in education. Further focus should also be given to improving the transition between services for children and young people, and adult drug services.
- b) **Early intervention and support** to protect against the development of ACEs among those at particular risk. Preventing ACEs and mitigating their long-term impacts is key to preventing future drug misuse. This requires us to work effectively together with whole families, using a trauma-informed approach to provide advice, resources, support and interventions.
- c) **Reduce inequalities** associated with drug-related harms. This should include developing a better understanding of the experiences of Black, Asian and minority ethnic groups, people with disabilities and members of the LGBTQ+ community, in order to ensure that drug services are accessible to all.
- d) **Harm reduction initiatives** in order to prevent and reduce the risk of people who use drugs experiencing drug-related harms. These should include outreach interventions for at-risk individuals who are not currently accessing drug services, as well as smoking cessation support for those in treatment.
- e) **A holistic approach to treatment and recovery from dependence on both illicit and prescribed drugs**, including the provision of wraparound support with issues such as housing, finances, employment and wellbeing in order to create an optimal environment for achieving and maintaining recovery. This should include learning from the changes made to drug services during COVID-19, combining online, telephone and face-to-face support.
- f) **Partnership working and collaboration with other relevant work streams, including joint commissioning** to ensure that all agencies take responsibility for helping to reduce drug-related harm and take action to ensure that they are doing everything they can to support this strategy. This is particularly important for creating seamless pathways between drug services and mental health services, as well as with the criminal justice system.
- g) **Data and feedback** so that accurate facts, statistics and evaluation of interventions can be shared within the guidelines of the General Data Protection Regulations (GDPR) between our organisational partners to enable service improvements and coordinated working to achieve shared objectives.

- h) **Pressure on resources** which underpins our ability to do all of the above; there is a need to maximise funding and ensure we are working efficiently to achieve best value for money.

Aims and delivery

The themes set out above have helped us to develop our aims for the strategy.

We aim to:

- Protect children and young people, adults, families and communities from experiencing drug-related harms throughout their life course. There will be a particular focus on reducing inequalities and targeting groups at higher risk of harm such as people from Black, Asian and minority ethnic groups, those identifying as LGBTQ+, people with disabilities, people experiencing socioeconomic deprivations and individuals with complex needs such as homelessness and/or a co-existing mental illness.
- Protect against the development of ACEs among those at particular risk, as well as preventing harms and reducing risk among individuals who use drugs.
- Identify people who are dependent on both illicit and prescribed drugs or developing issues with the misuse of drugs as soon as possible and motivate them to engage with high-quality, accessible, effective, and equitable treatment services to promote and celebrate recovery, and to reduce the stigma associated with asking for support.
- Provide innovative solutions for those who are most vulnerable and who have a variety of complex needs.

The misuse of drugs is both a symptom and a cause of wider issues. We must also acknowledge that the longer-term impacts of COVID-19 are still unknown; however, we recognise that these will have an impact on the delivery of this strategy over the next five years. The above aims will be underpinned by a holistic approach to health and wellbeing, which considers the impact of wider determinants of health such as income, housing, education, employment and working conditions and family life, as well as personal histories and experiences and which also incorporates learning from the COVID-19 crisis. We will continue to work with our colleagues in Public Health, the wider Council, elected members and other organisations to support our colleagues, to advocate for those who both access and do not access our services, and to address the wider determinants of health and wellbeing.

We will create an action plan, covering the following areas of work:

- 1. Protect children and young people (0-25) from drug-related harms.**
 - Prevent the misuse of drugs among young people through **education, campaigns and enforcement**
 - Reduce dependency and the risk of drug-related harms among those already using drugs by providing **specialist services** for children and young people
 - Improve the **transition** between specialist services for children and young people and adult drug services.
 - Work in **partnership** with other services for children and young people, such as CAMHS.
- 2. Protect against the development of ACEs among those at particular risk.**
 - Reduce the numbers of people locally who are misusing drugs using **early interventions**, throughout the life course.
- 3. Prevent and reduce the risk of people who use drugs experiencing drug-related harms.**
 - Reduce **hospital admissions** caused by drugs, particularly for females.

- Reduce transmission of BBVs and skin and soft tissue infections among people who inject drugs through the provision of **needle exchange**, **vaccination** and **testing** services.
 - Reduce the number of overdoses among people who use opiates through the provision of **naloxone kits** and **overdose training**.
 - Reduce smoking-related mortality and morbidity among people who use our services by increasing **smoking cessation** provision during drug treatment.
- 4. Promote safer and stronger communities**
- Reduce drug-related crime including acquisitive crime and domestic violence and abuse through closer working and data sharing with police colleagues.
- 5. Reduce inequalities associated with drug-related harms**
- Offer **equitable**, **available** and **accessible** interventions universally but proportionally, targeted at groups that are at increased risk of drug-related harms. These groups include those experiencing socioeconomic deprivations, those with ACEs, LGBTQ+ communities, care leavers, those from Black, Asian and minority ethnic communities, vulnerable adults and adults with learning and other disabilities.
 - Ensure those who might be **isolated** due to physical or mental disability and drug use are able to access support.
- 6. Provide treatment and recovery from dependence on both illicit and prescribed drugs, whilst promoting health and wellbeing and providing support for family members**
- Increase the numbers of those who **misuse drugs** or are **dependent** on drugs accessing advice, support, treatment and stable recovery;
 - Work to **overcome barriers** to accessing these services and build capacity in treatment services;
 - Support those accessing drug treatment with their identified needs for a **holistic approach** to improved wellbeing;
 - Continue supporting **family members** of those who misuse or are dependent on drugs;
 - **Include** people with **lived experience** in developing services, and ensure there is visible recovery for those in treatment;
 - **Shape** and **develop innovative treatment** services which **embed** the lessons learnt during the COVID-19 pandemic.
- 7. Strengthen and clarify pathways through services, particularly in relation to those with dual diagnoses.**
- Review, enhance and further develop **joined-up** pathways, particularly between:
 - i. Children and young people’s drug services and adult drug services
 - ii. Early intervention, social services, mental health and treatment services
 - iii. Criminal justice, treatment services and other community support services
 - iv. Hospital and community services
- 8. Work in partnership with relevant organisations, networks, collaboratives and workstreams:**
- Through **strategic leadership** and implementation of **integrated care systems**, scope opportunities for joint commissioning and/or pooled budgets for campaigns, early interventions and services. Maximising opportunities for the **joint commissioning of services for people with complex needs**, particularly poor mental health, should be a priority.

- Provide **training** for other departments and colleagues, including those within the Council and our partner organisations.
- Link with the aims and performance measures stated in **other relevant South Gloucestershire strategies and plans**, including: the new Council Plan; Joint Health and Wellbeing Strategy; Safer and Stronger South Gloucestershire Plan; Early Help Strategy for Children, Young People and Families; Adult Mental Health and Emotional Wellbeing Strategy; the Domestic Violence and Abuse Strategy and the NHS Long-Term Plan.

9. Communicate data and information

- Develop a **communications and community engagement and insights plan**, designed to sit alongside the alcohol communications plan, which sets out our approach to communicating with communities about drug-related harms.
- Obtain **data** and **information** (including feedback and the evaluation of interventions) that is currently not known to the partners involved in developing the needs assessment.
- Develop a **strategic communication system** to share data and information to mitigate the wider harms that drugs may cause to families and communities.
- Ensure clarity of the **roles and responsibilities** of individual partners in agreeing and achieving the identified outcomes and in developing processes for evaluating progress.

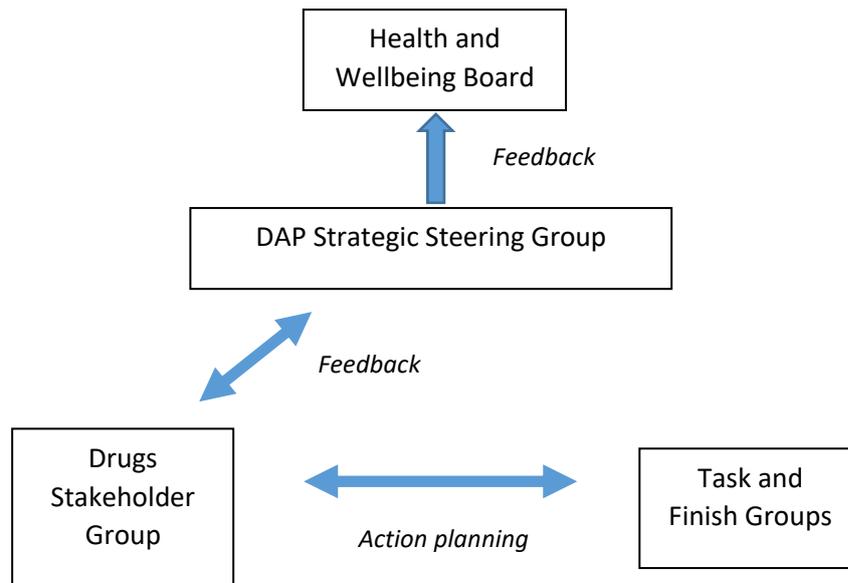
10. Use our resources effectively and transparently

- Identify the proportion of funding within commissioners' overall budgets that is to be spent on reducing drug harm and make decisions on how to allocate drug funding between prevention and early interventions and treatment.

Governance

We will identify appropriate membership of a newly formed Drugs Stakeholder Group from the people who took part in and supported the needs assessment and strategy development. The first task for the group will be to review the recommendations in the needs assessment and the aims from the strategy and categorise these actions into what we are already doing, short-term goals that we can implement quickly and our more medium- and long-term ambitions within an action plan or plans. We envisage that task and finish groups will then be set up to achieve specific areas of work. These will feed into the existing DAP Strategic Steering Group (SSG) that oversees the programme area. Ultimately the Health and Wellbeing Board will provide oversight and the DAP will be accountable to the Board for delivery of the strategy and its action plan.

There are some joint objectives that cover both the drug and alcohol strategies; work on these will be aligned and developed together, where appropriate.



Funding and value for money

The aims set out in our strategy have to be considered within the context of limited funding and the Council's need to provide savings and ensure value in all areas of its work.

There is clear evidence for both the effectiveness and cost-effectiveness of drug treatment and prevention, with direct financial savings for health services, social care services, emergency services and the criminal justice system. An effective drug system should therefore include all levels of prevention and treatment: from primary prevention, targeted secondary prevention, and effective community and inpatient services for those who are dependent on drugs.

We will be guided by the following principles in funding decisions:

- We will work with partners to put in place preventative measures whilst not disinvesting in treatment. We need to ensure that adequate funding is made available for preventative work, but we recognise the demands on treatment in specialist drug services are unlikely to reduce for some time.
- We will ensure that we are working as efficiently as possible and that all stakeholders are encouraged to have a keen awareness of new funding opportunities as they become available.
- We will create opportunities for co-commissioning to reduce costs and increase efficiency, exploring opportunities to collaborate with Bristol, North Somerset and South Gloucestershire (BNSSG), Clinical Commissioning Group (CCG), mental health and criminal justice colleagues.
- We recognise that not all effective preventative interventions require a substantial direct financial outlay. For example, good quality school-based education programmes are low-cost and reliably demonstrate improved outcomes related to reduced drug use and related harms, with associated cost-savings.

The aims included in this strategy, such as strengthening partnerships and pathways, together with placing a greater emphasis on prevention, will help us to achieve our goals in a challenging funding environment.

Measuring our success

The aims from our strategy contribute to the Health and Wellbeing Board's overarching vision for the South Gloucestershire population, which is for *"all people in South Gloucestershire to have the best start in life, live healthy and happy lives and age well."*

The **outcomes** of our ambitions are to create an environment where:

- Children and young people are able to grow up without being harmed by drugs, either through misusing drugs themselves or as a result of the misuse of drugs by their parents or other caregivers.
- People who do use drugs do so in a way that minimises harm to themselves and others.
- Health and social inequalities are reduced and ultimately eliminated, with people in groups at higher risk of harm(s) from drugs or who are likely to be more vulnerable to drug-related harms being prioritised for targeted interventions.
- People who are using, misusing or dependent on both illicit and prescribed drugs access appropriate advice and support that promotes and sustains their recovery and takes a holistic approach to their wellbeing.
- Families and partners of people whose drug use impacts adversely upon them will be appropriately supported.
- Communities are safe from drug-related crime and disorder.
- We support our residents, partner organisations and communities to address the wider determinants of health and encourage healthier, more productive and safer lifestyles.

Throughout the next five years, we need to demonstrate that our actions are achieving the aims outlined in this strategy. Measures will be discussed and agreed with the partner organisations responsible for delivering these outcomes, as well as with people who use our services. These measures will comprise intermediate, five-year and longer-term indicators of success. They will consider the processes needed to deliver our objectives, such as new interventions offered and numbers of clients in treatment receiving concurrent support from community mental health services; impacts such as reduced crime and hospital admissions; and outcomes such as improved educational attainment in our schools. As the Health and Wellbeing Board outcomes framework develops, we will ensure these are updated and are in alignment with one another. We will also ensure that these are aligned with relevant outcomes in other strategies, where possible.

Examples of measures which could be included in the plan are shown in the table below:

Table 1: A sample of suggested measures to be discussed with our stakeholders.

Objectives	Measures
Protect children and young people from drug-related harms.	Numbers of year 8 and year 10 children using drugs as measured by the <i>South Gloucestershire Online Pupil Survey</i> .
Protect against the development of ACEs among those at particular risk.	<p>Number of early help assessments where drug misuse is a primary concern.</p> <p>Number of referrals and re-referrals to social care where drug misuse is a primary concern.</p> <p>Number of Looked After Children, Children Subject to a Child Protection Plan and Children in Need where drug misuse is a primary concern.</p> <p>Number of fixed-term and permanent exclusions.</p>
Prevent and reduce the risk of people who use drugs experiencing drug-related harms.	<p>Number of drug-related hospital emergency department attendances and admissions.</p> <p>Number of drug-related deaths.</p> <p>Number of people accessing needle exchange, both amongst people who use our services and those not currently accessing services.</p> <p>Number of people receiving naloxone kits and overdose training.</p> <p>Number of people who use our services completing vaccination against hepatitis B.</p> <p>Number of people accessing testing and treatment for BBVs, both amongst people who use our services and those not currently accessing services.</p> <p>Number of people who use our services who stopped smoking during their time in treatment.</p>
Promote safer and stronger communities.	<p>Reported incidents of domestic and sexual violence.</p> <p>Reported incidents of acquisitive crime.</p>
Reduce inequalities associated with drug-related harms.	<p>Narrowing of the gap in drug-related hospital admissions between people living in the fifth most and fifth least deprived areas in South Gloucestershire.</p> <p>Numbers of people in treatment receiving concurrent support from community mental health services.</p> <p>Proportion of LGBTQ+ individuals accessing drug treatment relative to estimates of drug misuse in this community.</p> <p>Feedback from adult social care services working with people who have disabilities relating to their ability to access specialist support if necessary.</p> <p>Evaluation of targeted campaigns.</p> <p>Better links reported between drug services and our Black, Asian and minority ethnic communities, together with progress made in reducing stigma.</p>

Provide treatment and recovery from dependence on both illicit and prescribed drugs, whilst promoting health and wellbeing and providing support for family members.	New presentations accessing drug treatment services, numbers in treatment and successful completions. Numbers of drug clients in treatment also stopping smoking. Evaluation of the Families Also Matter (FAM) service.
Strengthen and clarify pathways through services, particularly in relation to those with dual diagnoses.	A partnership agreement developed by the South Gloucestershire Drug Stakeholder Group, and achievement of milestones for the South Gloucestershire Drug Action Plan including the development of a strategic communications plan. Aligning with related strategies, for example the BNSSG CCG Mental Health Strategy. Aligning with the South Gloucestershire alcohol strategy and action plan
Work in partnership and link with other relevant organisations, networks, collaboratives and work streams.	
Communicate data and information.	
Use our resources effectively and transparently	Annual budget reports detailing our spending on drug prevention, early intervention and treatment interventions. Conducting return on investment calculations.

The strategy will be available on the Council website and will be shared widely with partners through our Health and Wellbeing Board and Safer and Stronger Community Partnership, the voluntary sector and our providers.

The final strategy will therefore incorporate amendments and additions based on the feedback received from stakeholders. A report outlining this feedback will be published, together with the completed strategy and an updated Equalities Impact Assessment and Analysis, on the Council's consultation webpage.