

**SOMERSET STRATEGIC DRUG AND ALCOHOL  
PARTNERSHIP  
(SSDAP)**

**ANNUAL REPORT 2022-23**



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## 1.0 INTRODUCTION

In December 2021, Government published [From harm to hope: a 10-year drugs plan to cut crime and save lives](#) and to support its implementation central government has allocated additional funding to Upper Tier Or Unitary Local Authorities over a 3-year period 2022/23 to 2024/25.

The national strategy was based on a two-part review undertaken by Professor Dame Carol Black, which set out the evidence of the benefits to society of investment in high-quality drug treatment and recovery and tackling crime associated with drug misuse. Dame Carol recognized that:

‘Successful delivery of the government’s drugs strategy, ‘From harm to hope’, relies on coordinated action across a range of local partners including in enforcement, treatment, recovery, and prevention… local partners in England should work together to reduce drug-related harm.’

In recognition of this need, during 2022 Somerset relaunched its Drug & Alcohol Partnership and has worked together to produce a strategy to tackle the harms associated with both drugs and alcohol. The Strategy has been signed off by Somerset Council Executive and Partner Agencies Executives and is available via this link [Somerset Drug and Alcohol Strategy](#)

This report will provide an update on the delivery of the Somerset Drug & Alcohol Strategy between 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023.



## 2.0 PROGRESS ON DELIVERY OF THE SOMERSET DRUG & ALCOHOL STRATEGY

A Needs assessment was completed to help inform strategy development and identify geographies and particular populations who need to be prioritised, to inform of the risks of substance misuse, intervene early and or to ensure specialist treatment services are reaching those groups. Key findings from the needs assessment are summarised at Annex A

The focus of year one 2022-23 of the drug and alcohol partnership was to build relationships between services and stop people falling through the gaps. A strategy was developed based on identified needs and local priorities, most notably:

1. Reduce hospital admissions for alcohol related conditions.
2. Build pathways to support Alcohol Treatment Requirements (ATR) and Drug Rehabilitation Requirements (DRR) as part of wider community sentencing treatment orders.
3. Improve joint working between specialist drugs and alcohol services and acute NHS services -mental health, hospital, and homeless services.
4. Develop peer support programmes in keeping with a recovery focused treatment model.
5. Engagement with users, carers and families to inform development and implementation.

These needs and challenges were grouped into priorities and groups were established to get the right partners together to achieve strategy aims and objectives. It was however a very challenging winter, with the NHS seeing unprecedented demand, exacerbated by staff illness and strikes across the system. This significantly impacted the system's ability to take on new proactive work and has

necessarily impacted our ability to deliver the stated improvements. See Annex B for Somerset's progress against JCDU milestones.

## 2.1 Prevention, Early Intervention & Harm Reduction

### Prevention

Most of the work targeted to preventing substance misuse, links with national campaigns and then utilises resources to reach people locally through local networks and partners. The main activity this year was linked to the annual '**Dry January**' campaign.

Dry January is an annual opportunity to encourage people to consider how much they drink and motivate conversations with friends and family about alcohol and reset their behaviour. Social Media & Media Engagement:

Content was shared across social media, using a mixture of national assets, the Try Dry app [Try Dry: The Dry January App for Alcohol Change UK - Rareloop](#) and other engaging imagery. Somerset Council produced short video clips, featuring Councillor Adam Dance, Lead Member for Public Health, Equalities and Diversity, as an individual taking part in Dry January. Adam described the challenges and benefits of this challenge and the benefit for his well-being. Across social media channels, 115,810 people were reached with Dry January messages and content. Press releases and content were also placed into Somerset newsletters and mainstream media.

A 'Dry January 2023 Roadshow' was launched to in local communities, to raise awareness of alcohol harms and reach those who are not participating in Dry January but can make changes. Resources were sent to all libraries for displays and libraries were visited to promote lower risk drinking.



*Figure 1; Dry January Display in Yeovil Library January 2023*

Response from library visitors was varied, but we were able to have constructive discussions about the purpose of Dry January and CMO Guidelines<sup>1</sup> and brief advice was given to 40 library visitors.

### Early Intervention

A programme of Identification and Brief Advice (IBA) was designed in house by Somerset Council, using a behavioural Science approach. This training has been launched and is accessible to staff across the partnership within Somerset. 75 staff, in various social prescribing or health coaching roles, have received specific training on IBA facilitated by Somerset Council staff.

### **Measure of Success – 75 staff trained across the health and care system in Identification & Brief Advice**

### Harm Reduction – Secondary Prevention

**Naloxone Distribution & Training** - Somerset Drug & Alcohol Service have undertaken training and distributed supplies of Naloxone, a drug that reverses the effects of an opiate overdose. Naloxone is proven to save lives from opiate overdose. Somerset is the first area within the Avon & Somerset constabulary force area for police officers to be trained to carry and use nasal Naloxone.

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<sup>1</sup> [Alcohol consumption: advice on low risk drinking - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/alcohol-consumption-advice-on-low-risk-drinking)



**Measure of Success: As of December 2022, 88% of opiate users who are being supported by SDAS have been issued with Naloxone – this is in comparison with a national average of 47%**



Somerset Council & Somerset Drug & Alcohol Service ensure a **Needle Exchange** is in place through pharmacies across Somerset (Annex C). Since the pandemic there has been a reduction in uptake of clean needles through the needle exchanges, this might be linked to pharmacy capacity. The partnership is currently exploring different ways of reaching the most vulnerable individuals with safe injecting equipment to minimise their risk of contracting blood borne viruses and bacterial infections.

**Measure of Success – 300 people are accessing needle exchange services on a regular basis.**

**Deaths** from substance misuse remain concerning, both nationally and locally there is an increasing trend. Somerset age standardised rate of drug misuse deaths are 6.4/100,000, which is statistically significantly higher than the England age standardised rate of 5.1/100,000. It is hoped that the work to increase acceptability of Naloxone use, will change this. But the key intervention is to get opiate users into treatment and reduce use of opiates.

## 2.2 [Increase Access to Specialist Drug & Alcohol Treatment](#)

A key aim of the Harm to Hope national strategy, mirrored in Somerset, is to increase the workforce within specialist drug and alcohol services, to ensure manageable caseloads and increase access to high quality treatment services. The national ambition is to increase the number of adults in treatment by 20% and the number of children in treatment by 50%

Somerset Drug & Alcohol Service (SDAS) are rated 'Good' by the Care Quality Commission, and they perform in the top quartile nationally for the percentage of opiate users successfully completing treatment without re-presentation within 6 months.

The Supplementary Substance Misuse Treatment & Recovery Grant has enabled the recruitment of 19 additional workers, many of which have been recruited into outreach roles, working within or alongside services where clients present in crisis e.g. outreach workers within Accident & Emergency departments of hospitals and as part of the multi-disciplinary teams who support homeless and rough sleeping individuals.

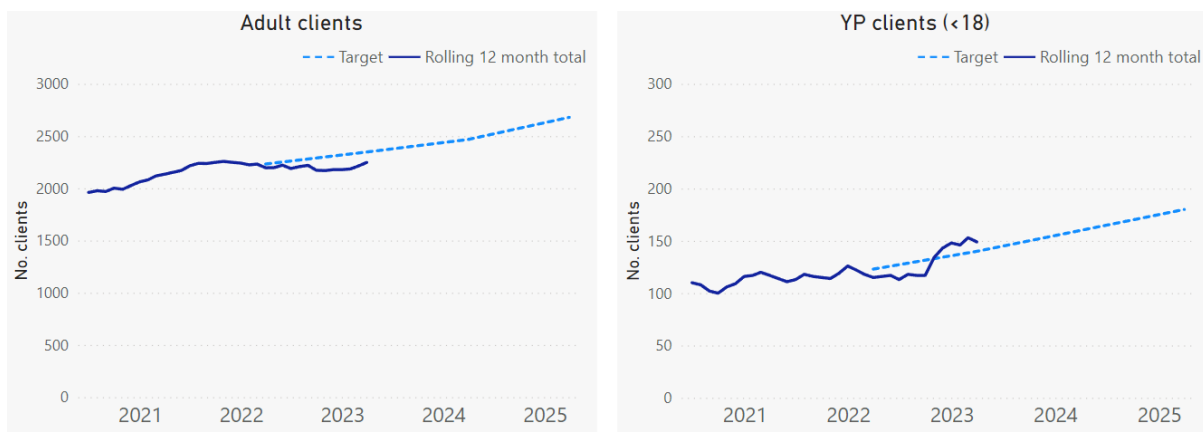
There were delays in receiving this grant money. In some cases, it was possible to extend positions established under the Universal Drug Treatment grant e.g. the



criminal justice team. The majority of the workers recruited using SSMTRG took up new posts as of September 2022 and so the impact of this outreach model of care has not yet been fully achieved.

The Medical Director of Yeovil and Taunton Hospitals hosted a workshop to bring together services that support individuals who misuse substances and work through how NHS services under her leadership can work more effectively with Specialist Drug & Alcohol Services. The staff across the teams represented were highly motivated and creative in ensuring services work better for users, the next meeting of services will include reflections from previous SDAS clients as to how services can work better for clients.

**Measures of Success - The graphs below illustrate progress against the national targets, which must be achieved if Somerset is to receive the full amount of year 3 (2024-25) funding, which the Joint Combatting Drugs Unit have now advised will be awarded against performance.**



*Figure 2: Numbers of People In Somerset in Structured Treatment Provided by SDAS, 2021-2025, for both Adults and Children. Plotted Against the National Target Using Baseline Year 2021-2022.*

Work has also commenced to ensure that individuals who are ill and misusing substances, but are in contact with the criminal justice system, either through the A&S Constabulary or Probation Service, are prescribed an 'alcohol or drug treatment requirement' as part of their order rather than being criminalised.

## Measures of Success:

The numbers of Alcohol Treatment Requirements (ATRs) and Drug Rehabilitation Requirements (DRRs) issued by Somerset courts increased significantly in year one (2022/23). Across the year there were a total of 33 treatment orders for alcohol, and 17 for drugs. Previously the number of treatment orders issued in Somerset were very low, with a total of 5 issued in the previous year (2021/22).

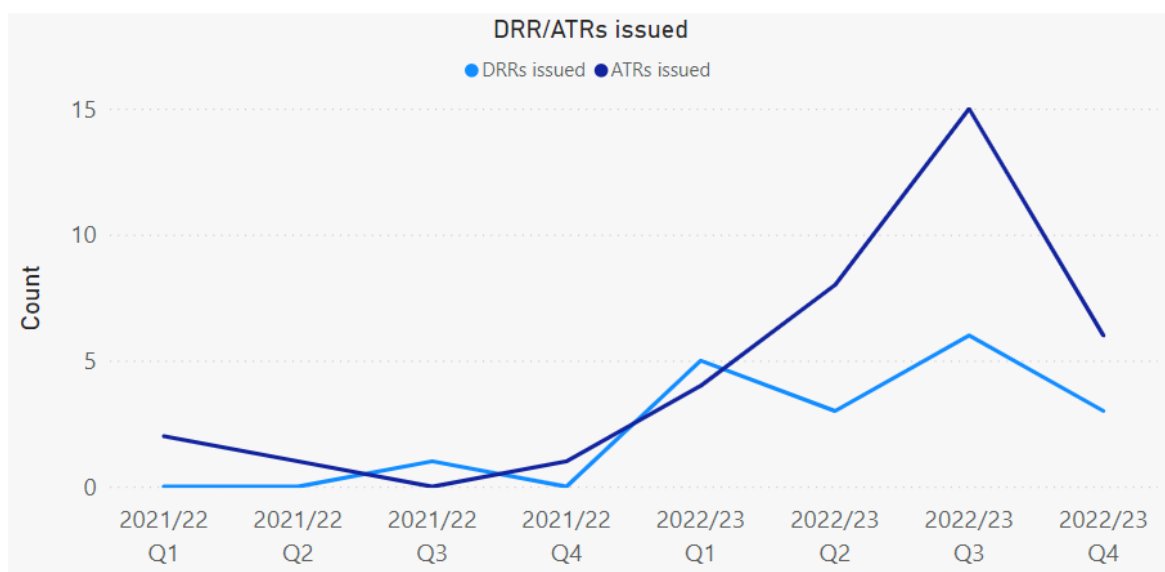


Figure 3: Numbers of Drug Rehabilitation Requirements and Alcohol Treatment Requirements issued by courts in Somerset. Data from HM Prison and Probation Service.

**Inpatient detox** - In 2022/23 Somerset joined the SW Northern Consortium for Inpatient Detox (IPD) using the grant allocation to Somerset as part of this process. This has enabled our locally commissioned provider to expand the use of IPD for those who are more complex. The end of year consortium report indicated this enabled 14 Somerset individuals to access IPD through this arrangement, in addition to those undertaking IPD through the core services budget. The value of the consortium is that there are dedicated bed spaces that are purchased to support detoxification and although this will continue into 2023/24, increased costs and client

complexity result in reduced number of bed weeks that can be afforded for the same value grant.

### 2.3 Enforcement

A specific feature of drug supply in Somerset is the 'County Lines' model of drug dealing. Police tactics include:

- Identifying cuckooed addresses
- Conducting welfare visits on individuals know to have been cuckooed or likely to be vulnerable to it in future.
- Gathering intelligence from drug users and vulnerable people
- Identifying county line dealers and children exploited to deal drugs.
- Sharing intelligence with urban police forces to aid enforcement against the main dealers.
- Making referrals to partner agencies about exploited children or adults at risk where appropriate and working with health and social services to safeguarding them.
- Enforcement activity such as search warrants or stop and search activity aimed at seizing drugs, weapons, phones, cash and paraphernalia to disrupt and detect drug dealing activity and where possible prosecute offenders.

At any given time, there is usually a 'line' or two in each of our main towns of Taunton, Bridgwater and Yeovil and these sometimes extend to dealing in smaller towns like Frome or Glastonbury or other lines may also operate in these places. As noted above, the Police have a range of disruption techniques which can make a link between an arrest, seizure or search and a 'line.' Some Police activities are difficult to attribute to a specific line and it is also worth noting that even when a line is significantly disrupted or completely dismantled, (perhaps where main dealers are arrested, drugs and phones seized and offenders prosecuted), the same network may regroup with another phone line in the same town, or another group could begin operating in the void left behind.

Somerset recognises that with when considering its approach to County Lines, the issue sits across a number of partnership priorities and service delivery areas. A

specific group of partners came together to devise an approach to stopping these lines and to safeguard adults and children who are involved with this criminal activity, as well as considering how to maximise the opportunities to disrupt county lines activity. It was agreed that a 'position statement' would be devised that clearly maps out the Partnership activity in the County, that will be accessible on the Somerset Council website. This statement is in progress and will support the County Lines strategy, compiled by the Community Safety Partnership, who will retain the overall lead on this area of work.

## 2.4 [Recovery](#)

Dear Albert is a commissioned service which is peer led and delivers 'You Do the MAFs (Mutual Aid Facilitation) virtual programmes in Somerset. You Do the MAFs is a programme providing a pathway into mutual aid, delivered by those in long term recovery who actively engage in mutual aid themselves. It delivers introductory study of mutual aid approaches and is run virtually as two-hour sessions over six weeks, with homework which is to try out one of the mutual aid options running in Somerset.

The programme introduces people to the wider mutual aid provision in the area such as SMART recovery, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA): all of which are available in the area.

SDAS continue to recruit and train peer mentors and Naloxone Champions within the service and we have quarterly induction dates throughout the year for people to engage in the training to become a peer mentor.

Within the Drug and Alcohol Strategy, we are seeking to maximise opportunities to seek service user voices to shape delivery and have started direct project work around one of the key objectives aimed at developing joint working between SDAS, NHS mental health services, primary care and acute hospitals.

**Measure of Success: In the 2021-2022 financial year, 50 service users engaged in the You Do the MAFs programme and a total of 7 programmes were delivered. There are currently 15 active peer mentors within the commissioned service.**

### 3.0 UPDATE ON RESOURCING FOR YEAR TWO OF THE THREE YEAR GRANT

Somerset has had endorsement of its submission for year 2 funding (2023-24) which will total £880,280, this is allocated against a OHID menu of interventions and again largely focuses on boosting capacity within the Specialist Treatment Service and providing more outreach workers who will reach into universal services e.g Hospitals, where potential users may present, the workers will try and engage them with specialist services, at this contact.

### 4.0 RECOMMENDATIONS FOR FOCUS AREAS MOVING FORWARDS

The Partnership recognise that many of the initiatives started in year 1, need time to embed and strengthen, such as ATR / DTR and continuity of care from prison. Year 2 will focus mainly on embedding these initiatives, alongside:

- Increasing numbers of workers, particularly within the NHS, trained in IBA for alcohol
- Reducing drug and alcohol related deaths
- Developing partnership responses to County lines activity.
- Recovery – building a network of services to support recovery and delivering a combination of peer and professional led recovery interventions.
- Embedding housing support into streams within the Partnership work and continuing to develop the outreach offer to those sleeping rough.

- Embedding user voice and influence into the Partnership aims and objectives.

## 5.0 CONCLUSION

SSDAP is now an established network of multi-agency representatives who have shown a commitment to the visions of the Somerset Drug and Alcohol Strategy. Partners are working collaboratively to share the responsibility and accountability for creating a safer and healthier community, built around the national strategy and two of the three domains of breaking supply chains and delivering a world-class treatment service. Individual partners and the partnership as a whole, do not believe that current funding arrangements being released on an annual basis, enables us to adequately address the third domain outlined in the national strategy around 'achieving a generational shift in the demand for drugs,' alongside the other challenging ambitions that are being tackled.

The Partnership has reached all of the JCDU milestones noted in Annex B and has a clear trajectory relating to the locally identified priorities and objectives. It is pleasing to report that SSDAP are making positive progress regarding the implementation of the local project plan and that this will support the delivery of the national Harm to Hope strategy. SSDAP are fully aware of the challenges in this ambitious strategy and have identified key areas and recommendations for Somerset (noted above) moving into year 2/3, a key theme of which will be engaging with and learning from our peer supporters who will inform strategy implementation and service development across the partnership.

We need to stop just pulling people out of the river. Some of us need to go upstream and find out why they are falling in.

(Desmond Tutu)



**Somerset**  
Council

## Annex A: Key Findings from Needs Assessment

Nationally drug deaths are at an all-time high and drug misuse fuels many costly social problems, including homelessness and rising demands on children's social care. The drugs market is driving many of the nation's crimes: half of all homicides and half of acquisitive crimes are linked to drugs. People with serious drug misuse issues occupy one in 3 prison places.

The most recent modelled estimates from 2016/17 suggest that there are nearly 2,500 users of opiates or crack cocaine in Somerset. Based on the numbers of individuals who have received support from Somerset Drug and Alcohol Service (SDAS) it is calculated that over half of these opiate and crack cocaine users have an unmet treatment need. These estimates are somewhat out of date and should be treated with caution, however they do provide an illustration of possible levels of need in Somerset.

Recent years have seen drug deaths in Somerset at record levels, mirroring national trends. The latest annual figures (for 2021) show 51 deaths from drug poisoning in Somerset, of which 41 were attributed to drug misuse. The rate of increase, both locally and nationally, appears to be accelerating. Significant harm reduction work over the last year has been undertaken within Somerset to distribute and promote naloxone to reverse the effects of overdoses. The number of SDAS clients reporting having been administered naloxone has increased significantly and is higher than the figure for those in treatment services nationally.

Modelled estimates from 2018/19 suggest that there are 5,202 possible alcohol dependent adults in Somerset, with around 80% of these not accessing support through Somerset Drug and Alcohol Service. These figures suggest there are over 4,000 adults in Somerset who might have an unmet treatment need for alcohol dependency. Again, these estimates are now out of date, but national trends suggest that numbers of dependent drinkers will likely have increased over recent years due



to the pandemic and successive lockdowns, so the figure may be higher still. Problematic alcohol consumption often occurs alongside other substance misuse issues; nearly half of those receiving support from SDAS for problematic drinking are also receiving treatment for issues with another substance.

Within Somerset there are notably high numbers of alcohol-related hospital admissions amongst those aged under 40. Amongst this age group admissions rates for females in Somerset are particularly high, at almost 70% higher than the equivalent national figure. Rates of admissions for intentional self-poisonings involving alcohol are similarly high in Somerset, with the rate amongst females again being around 68% higher than that for males, and 85% higher than the national comparison for females.

Housing issues are a common theme amongst those with either a drug or alcohol problem. The relationship between the two is complex and can work in both directions; problematic drinking and drug use may lead an individual to homelessness, but equally issues around housing may lead an individual to use substances to deal with those issues. Of those who present to SDAS with problematic drinking, nearly 1 in 10 are experiencing homelessness (either rough sleeping, staying in a night shelter, or 'sofa surfing'). This is a significant number, but for those presenting to SDAS with drug problems the number is much higher, at around 1 in 5. Successful treatment for these individuals does not depend on reducing drug or alcohol usage in isolation, but on addressing the wider needs of these individuals, including sustainable housing.

Over a 3-year period, 32% of those assessed in Somerset by the Probation Service were identified as having a drug misuse need which contributed to their offending, with cannabis being the most cited substance, followed by crack cocaine and heroin. Similarly, 31% were assessed as having an alcohol misuse need which contributed to their offending. Whilst some of these individuals are given an Alcohol Treatment Requirement (ATR) or Drug Rehabilitation Requirement (DRR) as part of their

sentencing, this needs to grow over future years as an alternative to custodial sentences.

Access to services is a particular challenge to service users in Somerset, due to the rurality and absence of a reliable public transport system. Whilst Somerset is served by three SDAS treatment hubs - in Taunton, Yeovil, and Street – the focus needs to be on expanding services delivered via outreach workers outside of these bases, and as part of multi-disciplinary teams.

## Annex B: Somersets progress against Joint Combating Drugs Unit (JDCU) milestones

The key milestones outlined in the JDCU guidance are noted below:



Somerset has made good progress to date, in line with the timetable of expectations set out by the JDCU. Alison Bell is the nominated local senior responsible owner (SRO) and a Partnership Manager has been appointed. The Partnership is now established and brings together different organisations who represent and deliver the drug strategy goals. All activity to reduce drug harm in the area is co-ordinated through the Partnership and a clear terms of reference (TOR) has been developed. The Partnership has met six times to date, with an agreement to convene quarterly now that the Partnership has been established. Somerset is working alongside other local Partnership structures to ensure a fully collaborative approach and has also met with CDP representatives from other areas to collaborate regarding best practice.

A joint needs assessment has been completed within directed timescales, reviewing local substance use data and evidence. This has informed the local strategy which is structured into key priority areas identified from the Needs Assessment. It has clear objectives and associated actions, which reflects a whole system plan for the delivery of the three main strategic ambitions in the drug strategy. The plan is reviewed at Partnership meetings, with clear actions for partners and progress is monitored by the Partnership Manager.

## Annex C: Needle exchange locations in Somerset

