

# SOMERSET DRUG & ALCOHOL STRATEGY

## 2022-2025



Artwork provided by Matt Brown





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## **1.0 CONTEXT**

Somerset is one of the most rural counties in England. Its population density of 1.5 people per hectare is well below the England average of 4.1 per hectare. Somerset generally is better than the national average in terms of overall levels of deprivation. There are 29 areas in the most deprived 20% of neighborhoods (LSOAs) nationally out of 327 in total across Somerset and around 47,000 Somerset residents now live in one of these areas. The highest levels of deprivation are found within the county's larger urban areas. Children in Somerset face greater income deprivation than older people.

The population of Somerset at the time of the 2021 Census was 571,600. The age bands with the highest population are 50-54 and 55-59. There were 84,700 people in their 50s accounting for nearly 15% of the total population. We traditionally see a thinning of the 'pyramid' in the late teens/early 20s due to people either leaving the county to attend University or to work, as there is no University in Somerset. We then tend to see a rise in the population aged 40+ and in the latest 2021 census the rebound appears to be faster with the number of people in the 25-29 and 30-34 age bands rising and more similar to those in the 40s.

## **2.0 NEEDS**

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 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 These estimates are somewhat out of date and should be treated with caution, however they do provide an illustration of possible levels of need.

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 (SDAS). 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 see an individual 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 the 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.

### **3.0 AIMS & OBJECTIVE OF THE NATIONAL 'FROM HARM TO HOPE' STRATEGY**

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 the government has allocated additional funding to Upper Tier 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, Somerset has relaunched its Drug & Alcohol Partnership and has worked together to produce this strategy to tackle the harms associated with both drugs and alcohol.

There are 3 core priorities of the 'From Harm to Hope' strategy:

- break drug supply chains,
- deliver a world-class treatment and recovery system, and
- achieve a shift in the demand for recreational drugs.

With an overarching aim of strengthening local drug and alcohol partnerships and accountability.

## **4.0 LOCAL AIMS & PRIORITIES TO ADDRESS OUR POPULATION'S NEEDS**

The Somerset Drug and Alcohol Partnership was relaunched in March 2022 and discussed priorities for our local strategy, based on local needs, knowledge and the national 'From Harm to Hope' 10-year strategy. From these discussions, and reviewing the data as a partnership, the following areas of focus were identified:

- Admissions to hospital as a result of alcohol use.
- The homeless and rough sleeping community.
- Join up between mental health services and specialist substance misuse treatment services, to ensure that clients with a co-existing substance misuse and mental health problems are supported in a coordinated manner.
- Specialist substance misuse services having a recovery focus.
- Engagement with users, carers and families to inform development and implementation of new work.

After discussion at the Somerset Drug & Alcohol Partnership, these were developed into the following 4 priority areas:

- Prevention, early intervention & harm reduction
- Increase access to specialist drug and alcohol treatment
- Enforcement
- Recovery

These priorities are described in more detail below and Appendix A provides an action plan outlining the finer details of the objectives.

### **4.1 PRIORITY 1 - Prevention, Early Intervention & Harm Reduction**

– lead partner: Somerset Council Public Health

No one becomes dependent on drugs without using them regularly. Society benefits enormously when people can be persuaded not to use drugs in the first place (primary prevention) or to stop occasional drug use before it becomes a problem (early intervention). We understand that drug use is widespread, but dependence is concentrated.

According to the Health Survey for England (2019) there are over 10 million people in England drinking at levels that increase their risk of health harm and of these 595,000 adults potentially need specialist treatment for alcohol dependence. (PHE, Alcohol commissioning support: principles and indicators, 2018).

Alcohol is linked to more than 200 medical conditions, including liver disease and several cancers and mental health issues and its related harm disproportionately affects the poorest in society. It doesn't just affect the user; it can cause harm to others too. It is associated with family and relationship problems and was a factor in 18% of assessments made for children in need by children's social care in England during 2016 to 2017. Alcohol has also been shown to be a significant contributory factor in offences of violence and disorder including domestic abuse.

“Services need to help people to help themselves”

The Somerset Drug & Alcohol Partnership want the residents of Somerset to take informed decisions about their health and well-being and to be informed of the risks and harms of both drugs and alcohol. Too often individuals place themselves in harms way without being informed of the risks, the implications for their health, employability - if they get a criminal conviction -, relationships, housing and finances. The potential harms are wide reaching and targeted early identification of young people at risk, as well as early brief interventions delivered, need to be strengthened to prevent the need for treatment occurring.

**Priority 1** of the strategy aims to focus on the below objectives:

- Inform people of the health harms of drugs and alcohol to **reduce the demand for substances**. This includes establishing how early identification occurs currently and what the offer is for prevention and early intervention for Children & Young People (CYP) who are on the cusp of using substances or in the early stages e.g. national curriculum.
- Ensure that health, social care and wider **professional groups are skilled up to undertake 'brief interventions'** to make every contact count with individuals to identify any harmful behaviour, support that individual to recognize the harm their behaviour is doing to them and their relationships and enable the individual to engage with the right service to support them changing their behaviour.
- If people are misusing substances **minimize the harms of this behaviour, by providing access to harm reduction interventions** such as needle exchange to minimize the infection risks and promoting the use of naloxone among users, friends, family and professionals to reverse or reduce the life-threatening effects of opiate overdose.



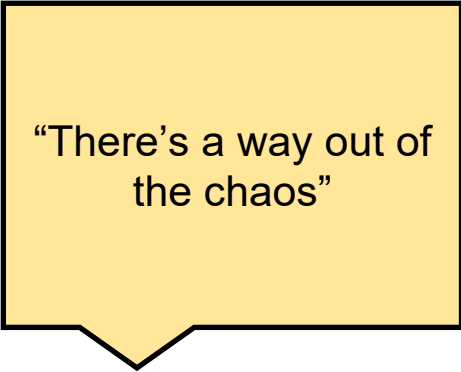


## 4.2 PRIORITY 2 - Increase Access to Specialist Drug & Alcohol Treatment

– co-lead partners: Somerset Drug & Alcohol Services and Somerset Foundation NHS Trust

Treatment services for drug and alcohol misuse require an evidence-based approach, across a wide spectrum of need. Ranging from inpatient detoxification and residential rehabilitation to pharmacological and psychosocial interventions provided in a range of settings, to harm reduction services for those users who cannot stop using but want to be protected from some of the adverse consequences such as blood borne viruses, through to the use of needle exchanges and the provision of naloxone to help prevent deaths from opiate overdose.

A specific challenge is to increase the number of young people in receipt of treatment. There is a recognition that young people with treatment requirements coming into services have increasingly complex needs, often involving poor mental health and self-harm, and sometimes criminal or sexual exploitation. Services need to be trauma-informed, and treatment should be family-based, if necessary, particularly for young people whose parents are themselves dependent on drugs or alcohol.



“There’s a way out of the chaos”

During the development of this strategy there was a recognition that Specialist Treatment, NHS and Criminal Justice services had become more remote from one another; and that this situation had been compounded by the pandemic. There is a willingness across the Partnership to connect services back together and get the pathway of support right for residents across Somerset, wherever they might present: be this in a custody suite; an emergency department; a homeless shelter; a community mental health service or a prison.

**Priority 2** of the strategy aims to focus on the below objectives:

- **Increase the capacity** of the specialist treatment service.
- Develop an **outreach offer** to reach vulnerable groups.
- Develop **joint working** between SDAS, NHS mental health services, primary care and acute hospitals.
- Enhance joint working across criminal justice system to **ensure a therapeutic response** to people who are misusing substances.
- Increase **inpatient detoxification and residential rehabilitation capacity**.
- **Engage with users** to ensure routes of support are understandable and accessible.

### 4.3 PRIORITY 3 – Enforcement

– lead Partner Avon & Somerset Police

Avon & Somerset Constabulary's (ASC) strategic vision in relation to drugs is to:

***'Reduce all illicit and other harmful drug use within Avon and Somerset, protect those who are being exploited and bring to justice those involved in the supply of drugs.'***

A specific feature of drug supply in Somerset is the functioning of 'County Lines.' A specific group of partners will be brought together to devise an approach to stopping these lines and safeguarding adults and children who are involved with and caught up in this criminal activity. This work is yet to be developed.

Understandably, there is a need to balance meeting individual needs around substance misuse issues and that of public protection. This is managed by a group of agencies through the Multi-Agency Risk Assessment Conference (MARAC) and Multi-Agency Public Protection Arrangements (MAPPA) processes. This links in closely with the Probation Service Regional Reoffending Plan and its delivery plan, particularly in regard to Community Sentence Treatment Requirements for those involved with drugs & alcohol as well as the Integrated Offender Management (IOM) programme for cohorts involved in Serious Acquisitive Crime (SAC) and domestic violence.

ASC's Drug Strategy focuses on reducing the supply of and demand for drugs. Priority 3 of the strategy aims to focus on the below objectives:

- ***Develop intelligence*** regards nature and scale of supply and demand for drugs.
- ***Investigate and disrupt*** criminal activity with a focus on risk and harm reduction.
- To ***protect individuals and communities*** from the risk, harm and exploitation associated with drugs.

### 4.4 PRIORITY 4 – Recovery

– lead Partner: Somerset Council coordinating responses with all other Partners currently and will confirm lead agency in due course.

Recovery is about much more than the control of problem substances and requires a gradual accumulation of positive benefits. The complications caused by drug dependence mean that substance misuse is associated with overwhelming negativity and stigma, which the population and services need to understand, to ensure a consistently therapeutic approach to individuals. Interactions with any services may

trigger a change in an individual's recovery journey and so recovery goes far beyond the specialist drug and alcohol treatment services, into wider health, criminal justice, housing, employment and community services and into the very communities in which we live.

There are a range of existing recovery activities: Somerset Council commissions a peer led organisation Dear Albert to promote user links with mutual aid; regionally the Probation Service is developing an approach to supporting dependency and recovery; the Department for Work & Pensions (DWP) are in the process of securing an organisation to deliver a commissioned programme aimed at recruiting peer mentors with lived experience to have a regular presence in Job Centre's; and SDAS has a programme to recruit, train, deploy and support peer mentors involvement in service delivery and initiatives,

The UK Drug Policy Commission Recovery Consensus Group Statement (2008) concluded that the process of recovery from problematic substance use is characterised by voluntarily sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society.

"How long do we support the journey"

Recovery is a process, not a single event, and takes time to achieve and effort to maintain. Dame Carol Black states that '...addiction is a chronic illness and so we should approach its management, just like other chronic health conditions'. This requires long term follow up, through a coordinated network of support.

Somerset has a thriving community of mutual aid such as AA (Alcoholics Anonymous), NA (Narcotics Anonymous), SMART recovery etc. and there has been an initiative already introduced providing mutual aid for those who are on their recovery journey as part of being in treatment with the specialist service. However, there is a need to build this community network to enable signposting, appropriate to the level of support required by an individual to assist their and their family's recovery. This community network needs to embrace employment and housing as well as the specific use of substances.

"Connection is the source code to recovery"

Priority 4 of the strategy aims to focus on the below objectives:

- **Build peer support** into local pathways.
- **Build networks of support** for substance misuse across Somerset.
- **Listen to users** and their families around support needed across the system to promote recovery.

## 5.0 GOVERNANCE

Somerset partners agreed that the Somerset Drug & Alcohol Partnership would be relaunched in March 2022 and it is responsible for overseeing the delivery of the Somerset Drug & Alcohol Strategy. They will meet at least quarterly, but task and finish groups will be established to ensure work is progressed. Members of the board include a range of multi professionals: Police, Probation, Department for Work & Pensions (DWP), Public Health, NHS, Somerset Drug & Alcohol Service (SDAS) as well as the Lead Executive Member for Public Health and Equalities and Diversity. The membership of the board will grow and the aspiration is for peer mentors and/or volunteers from SDAS to represent themselves too.

The Drug & Alcohol Partnership will maintain close links with the Community Safety Partnership and ensure regular reporting through the police representative on both

This partnership reports to the Somerset Health Protection Board which is formally a delivery board of the Somerset Integrated Care System. It is important to note that there are a number of initiatives/programmes/projects that link in closely with the work of the Somerset Drug & Alcohol Partnership and the objectives within this strategy. Some aspects of these will inevitably overlap with the strategy and consideration will be given as to how and if it is relevant and necessary for representatives of these platforms to join the membership of the Partnership to avoid duplication.

## 6.0 CONCLUSION

The Somerset Drug & Alcohol strategy highlights four key priority areas and outlines the objectives and actions to be taken to address each of these.

It seeks to ensure and be accountable for Somerset residents affected by drugs and/or alcohol being effectively supported either through:

- **Prevention Early Intervention and Harm Reduction:** information, advice and guidance to address prevention, early intervention and harm reduction in attempts to reduce the number of people drugs and alcohol affects and avoid the need for them to receive treatment.
- **Increasing access to specialist drug and alcohol treatment:** direct treatment support and increased capacity within the specialist workforce designed to support those who have problematic or dependent use of drugs and/or alcohol.
- **Enforcement:** focusing on building further intelligence in regard to drug supply and demand whilst also disrupting criminal activity in order to keep all Somerset residents safe from harm.

- **Recovery:** dedication to long-term therapeutically informed recovery programmes for those who have completed their treatment to prevent them from relapse.

Across all priority areas of the strategy there is an overarching focus on ensuring user and family/carer voices are heard through engagement and co-production opportunities. The Somerset Drug & Alcohol Partnership board members are committed to this 3-year strategy and have a passion to drive it forwards for the benefit of all Somerset residents.

“Everyone is an individual who deserves respect & understanding”