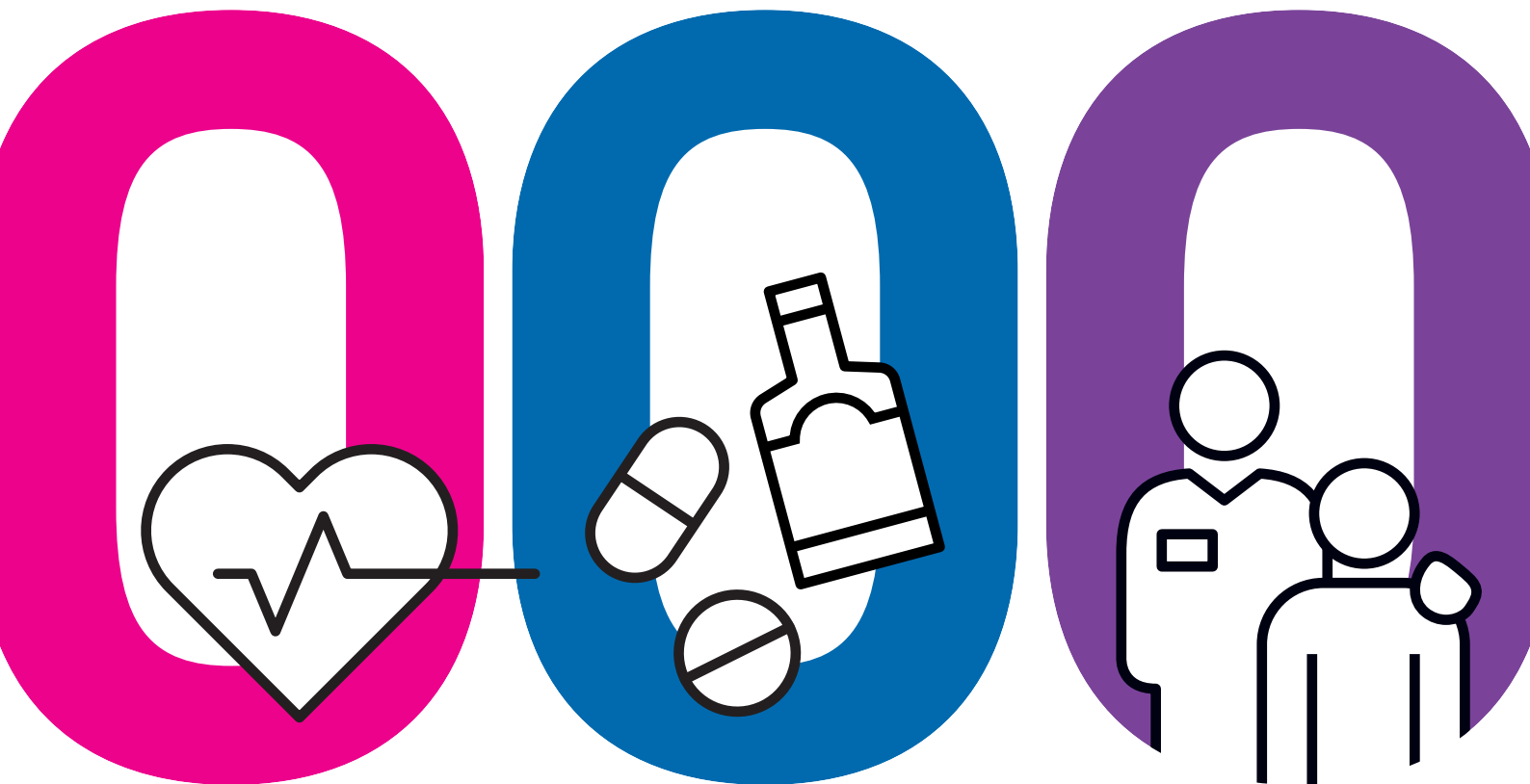


One death is one too many.
One overdose is one too many.
One unsupported person is one too many.

2022-2032

BIRMINGHAM

TRIPLE ZERO DRUG AND ALCOHOL STRATEGY



A BOLDER HEALTHIER BIRMINGHAM



FOREWORD

Drug and alcohol addiction ruins lives for those caught up in active addiction and their family and friends, and for communities affected by crime and disorder. In Birmingham as well as premature deaths, illness and disability caused by addiction, we see childhoods and futures damaged by parental substance use, that could have been prevented with the right support, prevention and intervention.

Our Triple Zero Strategy sets out three ambitions to drive our work forward on drug and alcohol;

- Zero deaths due to drug or alcohol addiction
- Zero overdoses due to drug or alcohol addiction
- Zero people unable to receive support for their addiction when they need it

We know that the strategy is incredibly ambitious and feedback from citizen consultation told us that you thought it was impossible to achieve, but how can we aim for anything less? What number of deaths, overdoses or unsupported people are acceptable? Which lives do not matter? Our answer is none. Aiming for the triple zero ambitions is what the citizens of this City deserve.

Our strategy provides a high-level overview of our direction over the next ten years and what we can do to make change. We will work with other organizations, communities, and people with valuable lived experience to turn this strategy into reality and publish action plans to show how we will get there. We have listened to your consultation feedback and we hope that this strategy shows you clearly, where we want to be.

To get anywhere near to zero needs bravery, transformation and true partnership. No one organization can make the changes we need to effectively support individuals and communities and change lives.

As the largest Local Authority all eyes are on the city. Following the Dame Carol Black Review and the new Government Strategy: From Harm to Hope, drug and alcohol addiction is getting the attention nationally that it has long deserved.

We are entering a period of government investment in the form of new grants, the formation of Local Drug and Alcohol Partnerships, new commissioning and monitoring frameworks and above all new opportunities to improve the lives of those blighted by addiction.

Now is the time for real and lasting change.



**Councillor
Mariam Khan**

Cabinet Member for Health
and Social Care
Chair of Birmingham Health
and Wellbeing Board



**Councillor
John Cotton**

Cabinet Member for Social Justice,
Community Safety and Equalities
Chair of Birmingham Community
Safety Partnership

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1 CONTEXT AND PURPOSE OF THE STRATEGY

Why is a Drug and Alcohol Strategy Important for Birmingham?

Drug and alcohol misuse is a major public health concern and socioeconomic burden responsible for considerable healthcare expenditure in the United Kingdom (UK)¹. The annual estimated cost to the NHS of treating drug misuse is approximately £500m², whilst the healthcare cost of alcohol misuse is estimated to be as much as £3.5bn per year³. The total direct cost to society including treatment and support, crime, and costs to the economy is estimated to be around £21bn for Alcohol⁴ and £20bn for drugs⁵. We must not forget the human cost associated with crime, illness, disability and death. There were 4,561 deaths related to drug poisoning recorded in England and Wales in 2020⁶ and 8,974 deaths from alcohol specific causes.

Given the complexity of drug and alcohol addiction and the increasing need to combat endemic substance misuse in Birmingham and indeed nationally, this strategy sets out our ambitions, vision and priorities for drug and alcohol services and wider community and system level intervention. It provides a framework to guide the planning, commissioning and delivery of services.



Under the HSC Act 2012, local authorities have the duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse and have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.

Scope of the Strategy

This strategy provides our high-level vision, aims and direction for tackling drug and alcohol addiction. Substance use impacts communities and individuals. It affects physical and mental health, relationships, education and career prospects, financial status, housing and criminal involvement, but these can also be what drive people to addiction. This strategy is not the answer to everything but is complementary with other Birmingham level strategies, needs assessments and reports where some of these wider interdependencies are addressed further.

Examples include;

- Birmingham and Solihull Joint Sexual Health Strategy
- Birmingham Domestic Violence Strategy
- Birmingham Homelessness Strategy
- Rough Sleeping Action Plan 2020-23
- DPH Annual Report – Complex Lives Fulfilling Futures
- ICS inequalities strategy
- Mental Health Commissioning Plan

This strategy focuses on drugs and alcohol because we are in the process of recommissioning drug and alcohol treatment services. We recognise that there are individuals and their loved ones suffering the consequences of behavioural addictions such as gambling or gaming. A list of support organisations that you can contact is contained at the rear of this document.

Our strategy is based on the most up to date intelligence we have on drug and alcohol use, underpinned by the Substance Use Needs Assessment (2021), where detailed data and analysis can be found to support this strategy as well as definitions of drugs and alcohol use and policy drivers.

This strategy isn't a detailed action plan, nor a list of performance measures and targets. As we progress through the strategy period detailed action plans will be developed to support our ambitions and themes.


2 THE CURRENT LANDSCAPE

For detailed data and evidence on substance use and service provision, please refer to the 2021 Substance Use Needs Assessment.

The Local Evidence Base

13,443  dependent drinkers in Birmingham

OVER 7,000  adults admitted to hospital due to alcohol

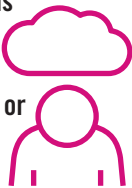
20% of all adults with alcohol dependence are parents 


Deaths related to drug misuse have increased by **211.4%**

280 admissions for all types of substance use among young people aged 15-24 

384 deaths due to conditions which have been wholly caused by alcohol consumption 

370 deaths where alcohol was an underlying cause 

2,015 admissions where there is a primary or secondary diagnosis of drug related mental and behavioural disorders 

10,525 problem drug users of opiate and/or crack cocaine (OCU) in Birmingham 

Current Service Provision

In 2020, Birmingham City Council invested £14.8m in drug and alcohol treatment and support for all ages funded by the public health grant. A single system with a matrix of partnership providers has been commissioned to deliver these services. GP and pharmacy primary care, as well as the third sector, are part of the provider matrix. There is a range of services provided through this partnership including specific service elements focused on mental health, prison release, employment, criminal justice, blood-borne viruses, domestic abuse, acute sector, child protection and homelessness.

Birmingham City Council commissions two service providers to support substance misuse services in the city: Aquarius (Young People) and Change Grow Live (Adults).

Numbers in Treatment

1,470 
individuals (18+) in treatment
at specialist alcohol misuse services in 2020/21

11,830 
dependent drinkers NOT in
treatment which represents unmet need

 **5,742** individuals (aged 18+) were in treatment at specialist drug misuse services in 2020/21

4,797 were Crack and/or Opiate users
5,728 Crack and/or Opiate users NOT in treatment

Key Findings from the Substance Use Needs Assessment

- Capturing true prevalence of drug and alcohol misuse in the population is challenging and is likely to be much higher than is currently captured.
- Evidence around the impact of the pandemic on substance use is still emerging and the longer-term impact on health and service demand is yet to be realised, however it is an important consideration in planning for future service and resource planning.
- There are many inequalities that predispose marginalised groups to substance misuse. Therefore, there is a need to acknowledge intersectionality in the context of substance misuse to better understand diverse and complex treatment needs.
- Social return on investment is very high in terms of monetary value and reduction in crime.
- For every £1 spent on drug and alcohol treatment services in Birmingham, there was an estimated social return on investment of £5.60 for individuals in treatment and £27.10 for individuals in long term recovery following treatment. The gross benefit per person was £9,640 (in treatment) and £46,761 for long-term gross benefit per person.
- Substance misuse treatment is estimated to have prevented about 149,000 (a reduction of 29%) crimes committed by drug users and about 2,700 (a reduction of 45%) crimes by alcohol users.





The Dame Carol Black Review

In 2019, Professor Dame Carol Black was appointed to undertake an independent review of drugs^{7 8}. This was to inform the government's approach to tackling harm caused by drugs. The review examined the challenges posed by drug supply and demand in a £10 billion a year market, with 3 million users, serious violence, harm and exploitation. It also highlighted the declining quality and capacity of drug treatment services, with disproportionate premature death and entrenched drug use associated with deprivation.

The second part of the review⁹ commissioned by the Department for Health and Social Care, focuses on prevention, treatment and recovery. The report's aim is to make sure that vulnerable people with substance misuse problems get the support they need. It makes a series of 32 recommendations for Government, Local Government and other organisations around key themes:

- Radical reform of leadership, funding and commissioning
- Rebuilding services
- Increased focus on primary prevention and early intervention
- Improvements to research and how science informs policy, commissioning and practice

The review has major implication for future responsibilities and service delivery. We are keeping track of national and regional responses to the recommendations to ensure that local plans and responses are updated at the earliest opportunity including this strategy.

3 OUR VISION

We want Birmingham to be a city where drugs and alcohol addiction do not cause preventable deaths and damage lives through overdose and crime.

We want Birmingham to be a city where young people grow up without addiction and where adults who are living with addiction to substances can access treatment and support and regain control of their lives.



Our Triple Zero Ambitions

We have three ambitions for our City:

- Zero deaths due to drug or alcohol addiction
- Zero overdoses due to drug or alcohol addiction
- Zero people unable to receive support for their addiction when they need it

We know they are very ambitious, and many would argue impossible to achieve. However, they are not targets, they represent what we should be aiming for. Aiming for anything less would be a disservice to our citizens and individuals, family and friends affected by addiction.

Put simply one death is one too many, one overdose is one too many and one person unable to received support when they need it.... is one too many.

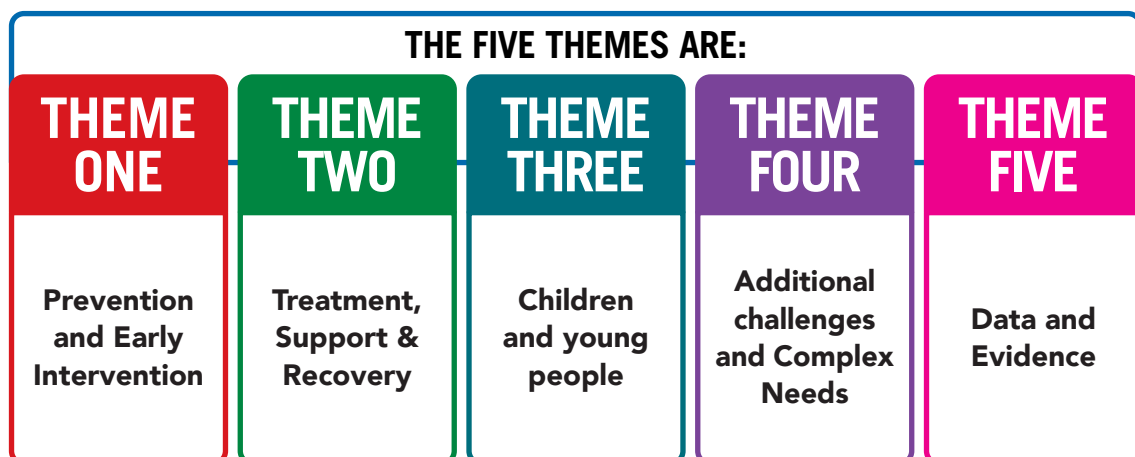
Key Aims and Objectives

These three ambitions are underpinned by a series of aims and objectives:

- Reduce access to, and the affordability of, illegal drugs in Birmingham
- Reduce the proportion of young people being exposed to, and trying illegal drugs
- Reduce the number of harmful and hazardous drinkers
- Increase the proportion of people with drug and alcohol addiction in treatment
- Explore new models of treatment, care and support to minimise the risk of overdose and death
- Improve access to Naloxone and other interventions that can improve outcomes of overdose
- Improve access to employment support for people accessing treatment and support for drug and alcohol addiction
- Improve access to healthcare services for people accessing treatment support for drug and alcohol addiction
- Work in partnership with citizens, businesses, and organisations across the city towards our vision

Realising Our Vision

To work towards our vision, we will focus on delivery through five themed workstreams that will work together to create a safer, healthier city.

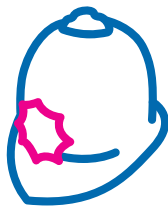


Through the five themes there are five principles which weave across all the themes:



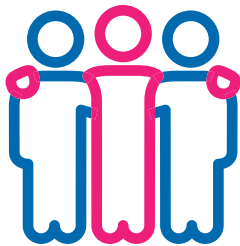
Citizen First

We will put the citizen at the heart of our approach, working with citizens across the city to deliver our vision.



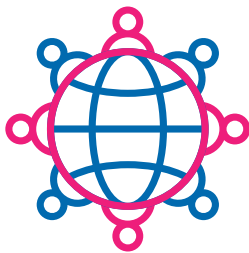
Regulation & Enforcement

We want to support businesses to be sustainable and make the most of the everyday contact between regulation and enforcement authorities to enable working towards a city in which people enjoy alcohol responsibly and without it causing harm.



Diversity & Inclusion

We know that there are significantly different relationships with drugs and alcohol in different cultures, communities and marginalised and vulnerable groups across the city and as we progress this work, we want to work with them to find solutions and approaches that work.



Quality and Quantity

Birmingham is a large city with a diverse population and it is important that we find ways to support citizens across the whole city without sacrificing quality of services and interventions.



Learning & Listening

We also know we need to listen and be humble in our approach, learning from research and practice-based evidence and from our citizens. We will be open and honest in our conversations about the challenges as well as the opportunities and successes.

Our Partners in Delivery



4 THEMES

THEME ONE: PREVENTION AND EARLY INTERVENTION

Why is this Important?

Health harming behaviours such as the use of drugs and alcohol can be easier to tackle before they become part of life for individuals and communities. By preventing or making harmful choices more difficult, or educating people to make better choices, we can change the path towards addiction.

Prevention requires action on multiple levels across the city to reduce the supply of drugs and saturation of alcohol and raising awareness through education of all people of all ages.

Early intervention is about providing support to prevent addiction forming and providing alternative ways of managing the stress and pressures that are pushing people towards misuse.

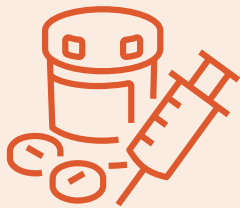
What can we do?



Challenge the saturation of low-cost alcohol sales.



Education and awareness raising, especially with communities most at risk.



Exploring opportunities to tackle sales of steroids and nitrous oxide in the city.



Targeted social marketing and awareness work with communities at highest risk.



Work with key settings such as workplaces, schools and universities to support organisational approaches to reducing drug and alcohol misuse.



Medicine monitoring and support in healthcare settings to tackle prescription and over the counter medicine misuse.



Promoting access to peer support and self-care early interventions including support for family and friends.



Increasing training and awareness among professionals working with communities most at risk.



Work with community and performance gyms to raise awareness of steroid abuse risks and impacts.



Continue to strengthen the collaboration between homelessness, mental health and substance misuse services.

THEME TWO: TREATMENT SUPPORT AND RECOVERY

Why is this Important?

The right treatment and support very can lead to huge improvements in mental and physical health for people living with addiction such as heart and liver health, serious mental illness such as psychosis and prevention of premature death. Programmes such as needle exchange can reduce transmission of blood-borne viruses and use of Naloxone can reduce fatalities from accidental overdose.

Treatment aims to help people to manage their addiction, ideally with the ambition to achieve a life free of drugs or alcohol misuse, or where this is not possible to achieve a level of maintenance which enables them to actively participate in society. We know that there are far more people with problematic use of alcohol and other drugs than those receiving treatment. We need to ensure that effective treatment is available to those who need it, providing them with support to improve health and reduce individual and societal harm. We also need to ensure that support is also available for friends and family who affected. Interventions must be provided in a way that is sensitive to culture, vulnerability and wider complex needs such as homelessness, domestic abuse and mental health.

What can we do?



Continue to support drug and alcohol treatment services in line with national commissioning guidelines and national provided funding resources.



Continue to review the models of care provided against the emerging pattern of usage.



Employment support for people accessing drug or alcohol treatment services and work with employers to encourage provision of job opportunities.



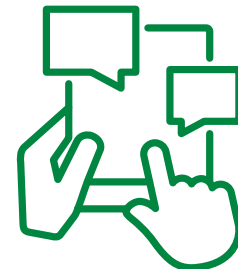
Increase connectivity between commissioned professional treatment services and community based mutual aid groups such as Alcoholics Anonymous, Cocaine Anonymous and Narcotics Anonymous.



Explore innovative models of risk minimisation such as heroin assisted treatment, safer injecting facilities and widespread use of Naloxone.



Improve awareness and knowledge of substance misuse and service availability in frontline (non-substance misuse) services by providing specialist training to staff.



Increase the number of people engaging with support through clearer promotion of where and how to find help.



Destigmatise seeking support by utilising the voices of people with lived experience.



Embed service user voice in treatment planning, evaluation and service design/boration between homelessness, mental health and substance misuse services.

THEME THREE: CHILDREN AND YOUNG PEOPLE

Why is this Important?

Birmingham has a larger proportion of children and young people than the UK average and if we are going to address drug and alcohol misuse fully, we must explicitly consider how to work with them to change the city and their future.

Drug and alcohol misuse impacts on children and young people in many ways, either because they are themselves using alcohol or drugs, or their parents or other family members are, or because they are pawns in organised crime or victims of crime. The impact of drugs and alcohol on children and young people can last a lifetime.

Young people receiving interventions for substance misuse have a range of vulnerabilities that require specialist support and intervention. Those in treatment often say they:

- are/were victims of domestic violence
- have contracted a sexually transmitted infection
- have experienced sexual exploitation and are more likely to:
- are not in education, employment or training and
- are in contact with the youth justice systems

Over two thirds of these Children and Young People accessing service have more than one complexity or vulnerability.

Dependent parental alcohol and drug use has an adverse impact on children, particularly regarding their physical health, psychosocial wellbeing and personal alcohol and drug use.

There is increasing evidence that adverse childhood experiences (ACEs) such as living in a household with problem alcohol use can contribute to long term harms. If a child experiences four or more risk factors during childhood they have a substantially higher risk of developing health-harming behaviours, such as smoking, heavy drinking and cannabis use.

What can we do?



Address youth gang violence and crime and particularly tackle organised crime's use of children and young people in drug trafficking.



Integrate drug and alcohol prevention and early intervention into other services concerned with reducing risky behaviours in children and young people such as sexual health or truancy.



Support schools to deliver high quality evidence-based education on personal resilience in all educational settings including schools, and universities.



Promote access for young people to accurate information about drugs to allow them to make informed choices.



Increased screening and referral of young people at risk of substance misuse through mainstream services working with higher risk groups.



Ensure that drug and alcohol treatment services have strong relationships with social care and safeguarding support to ensure children and young people in families where there is substance misuse are safe and protected.



Ensure that support for children and young people is closely joined up to support for adults so that young people get the support they need as they get older and transition between services.



Specific work with the Birmingham Children's Trust to strengthen links and support for families where a parent or family member is misusing alcohol or drugs.



Specific work with Birmingham United Maternity Partnership (BUMP) to ensure interconnected pathways of care and support for mothers with addiction issues.

THEME FOUR: ADDITIONAL CHALLENGES AND COMPLEX NEEDS

Why is this Important?

Many individuals who are struggling with addiction face additional challenges, these include those who are homeless or have insecure housing, people living with mental health issues or people experiencing violence, coercion, abuse or involved in the criminal justice system or sex work.

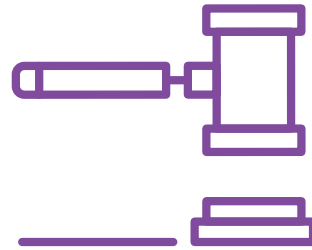
There is often a vicious cycle of using substances to cope difficult and complex lives and motivation to stop using substances can be low when survival is more important than seeking support and recovery. Many are at high risk of social exclusion and multiple health problems as well as substance misuse. Substance use can often lead to homelessness when addiction disrupt relationships with family and friends or causes job loss. But in many situations, substance abuse is a result of homelessness rather than a cause.

The co-occurrence of a substance use disorder and a mental health disorder is known as dual diagnosis and it is often under-diagnosed, underestimated and poorly treated throughout the world. Dual diagnosis is a serious and prevalent problem, particularly within homelessness which presents its own multitude of barriers when accessing services including mental health support.

What can we do?



Additional targeted training and awareness to support engagement and referral for people accessing mental health or housing services.



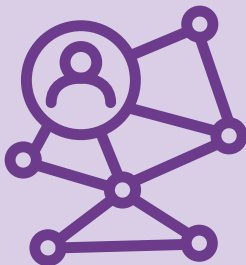
Specific work with the criminal justice health system to address drug and alcohol issues within custody and through probation and youth justice services.



Include substance use in future inclusion health (inequalities team) needs assessments and deep dives to highlight inequalities and intersectionality in vulnerable groups. For example: sex workers, mental health. This will lead to increased understanding and awareness of the challenges faced by these vulnerable groups.



Conduct a deep dive focusing on mental health in relation to substance abuse (dual diagnosis).



Create/enhance pathways between substance misuse services and other services such as the secondary mental health services, CJS and primary care.



Data sharing to prevent duplication and more efficient progression through concurrent treatment services.



Promote client recovery through holistic treatment services that address wider determinants of health concerns (e.g. employment, housing).

THEME FIVE: DATA AND EVIDENCE

Why is this Important?

Through the work to deliver this strategy we aim to increase the understanding of the picture of drug and alcohol misuse and addiction in the city and strengthen the evidence base for what works and to understand our population. More representative data is needed to understand the behaviours associated with and the prevalence of substance misuse and we must learn from existing evidence and best practice.

What can we do?



Develop a more detailed local data set of indicators to track progress and impact.



Explore potential for economic indicators and metrics to look at impact of low-cost alcohol.



Research into steroids, nitrous oxide, club drug and NPA to better understand patterns of use and supply chains.



Research to better understand the cultural context of alcohol and substance misuse and the inequalities within the city.



Development of routine data collection in education settings (young people) to gather information on early substance use, which could improve the effectiveness of preventative programmes.



More research in and engagement with hard-to-reach communities.



Targeted research on prevalence of drugs for which the prevalence is not well established (e.g. opiates, crack cocaine, GBL, cannabis and crystal meth).



Undertake robust research on effectiveness of treatment interventions.



Develop a working group between relevant bodies (e.g. commissioners, subject experts, service professionals, service users) to develop an action plan for the routine collection of specific data.

5 GOVERNANCE

Monitoring Progress

A Triple Zero Action Plan will be developed to implement delivery of the Strategy.

A Birmingham Combatting drugs and alcohol partnership group (BCDAP) will be established – which is a multi-agency partnership chaired by an Independent Chair. The BCDAP will monitor progress towards the Strategy ambitions and progress against the Triple Zero Action Plan. The Birmingham City Council Public Health Division will facilitate the action plan, commissioning of treatment services, monitoring of delivery, and report into the BCDAP.

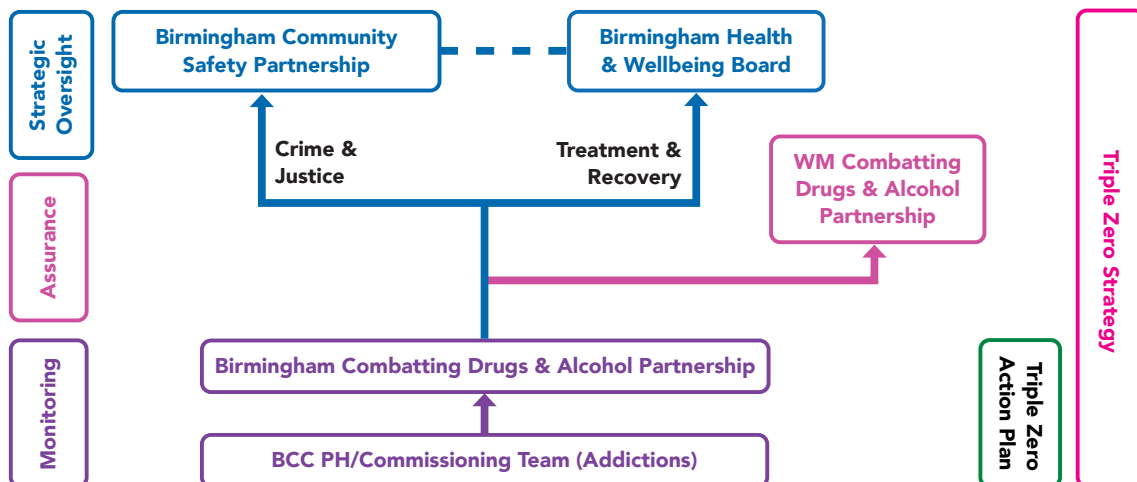
Strategic oversight

Birmingham Health and Wellbeing Board (HWB) and Birmingham Community Safety Partnership (CSP) will be jointly responsible for, and committed to, ensuring that Birmingham’s vision for substance use (alcohol and drugs) is delivered.

Strategic assurance

The Birmingham Combatting Drugs and Alcohol Partnership, with its Independent Chair will provide assurance (through the respective governance structures of the partnership members) on the implementation of the TZ Action Plan to the West Midlands Combatting Drug and Alcohol Partnership (Chaired by WM Police and Crime Commissioner).

The Birmingham partnership will bring together relevant local statutory and voluntary and community sector organisations with a role or interest in the implementation of the Triple Zero Strategy.



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