Southampton City Council

Tobacco, Alcohol and Drugs Strategy, 2023-2028

Providing help, hope and harm reduction; promoting health and health equality

All information is correct at the time of writing this strategy. Please check the Council website for the latest information.

Foreword from Dr Debbie Chase

Director of Public Health

"The harm associated with smoking, alcohol and drugs to individuals and the knock-on impact to families and communities is well known. Within our City, approximately 34,000 adults smoke, 1,200 children are living with an adult who is dependent on alcohol and 600 children are living with an adult who is dependent on opiates or crack.

There is a strong foundation of work within the City, with a focus on making a difference at the earliest stage. We have much to celebrate. We also want to be bold with our vision and strive to achieve even more together so that Southampton really can become a city where everyone has the best opportunities possible for health and wellbeing.

If there is anything positive we can take from living through the Covid pandemic, it is that we have shown what we can achieve when we work together and the importance of health to our families, communities, workplaces and more. Now is our opportunity to apply all of this to our tobacco, alcohol and drugs work to take it to the next level. I look forward to the next 5 years."

Foreword from Cllr Lorna Fielker

Cabinet Member for Health, Adults and Leisure

"Good health and wellbeing transforms our lives. Sadly, many people still have preventable illnesses and die before time. Harm from tobacco, alcohol and drug use is common. Most people start smoking, drinking or using drugs before they are an adult.

It is challenging but not impossible to change this. This strategy sets out a new way of working by being pioneers and joining these areas of work together. We have also adopted a new health in all policies approach, so that working together across the council we can make sure we have the biggest impact possible.

We have considerable experience to build on and will continue to use the evidence of what works. We will offer help and hope; promote health and reducing health inequalities in all that we do."

Thank you to everyone who has contributed to the development of this strategy, *particularly everyone who shared their own challenges with smoking, alcohol and/or drugs with us.*

Free, confidential help for anyone worried about smoking, alcohol or drug use is available from *Better health (southampton.gov.uk)* ***or by speaking to a health professional.***

Our Strategic Approach

This strategy describes our vision for how we, as a Council, will reduce the harm to people who use tobacco, alcohol and drugs, as well as harm to people around them, and harm across the City of Southampton as a whole. It covers everyone who lives, works in, or visits the city; it covers every person, every community and every place in the city – even the Council itself.

This strategy then describes how we will achieve this by working across the council to deliver 5 strategic programmes of work, one for each council directorate (department). This whole-council approach is necessary to ensure we have as much impact as possible and work efficiently. We also outline how we will monitor the impact of the strategy.

Working together

It makes sense to bring our work on tobacco, alcohol and drugs together. All are important. They are often used at the same time or by the same people. Similar approaches and agencies are involved with working on them too, like drug and alcohol services, health services including mental health services, schools, the police and the wider criminal justice system.

Tobacco, alcohol and drugs are complex challenges. This strategy covers 5-years so that we have time to build on what we are already doing well, establish new ways of working and make a difference. We will not "solve" tobacco, alcohol and drug use in 5 years, but we will be able to make real progress. We are confident that this strategy will stay relevant and that it addresses the core areas of work.

This strategy is a Council strategy. This strategy describes what we will do and re-states our commitment to ongoing partnership and collaboration with stakeholders. We will make the most progress by working together as a whole system. We look forward to continuing to work with organisations and communities across the city.

This strategy is non-judgemental and compassionate, because:

- Use of tobacco, alcohol and/or drugs often starts in childhood or as young adults, before we can fully understand or judge the immediate and long-term risks, and when we may be more influenced by the significant people in our lives and marketing. For example, one of the main risk factors for young people smoking is that they live with an adult who smokes.
- Tobacco, alcohol and drugs can seem like they make us feel better which can be very compelling, particularly when we're stressed, tired, shy or lonely. But biologically, they can make us feel worse through cravings, low mood and/or anxiety. Withdrawal symptoms, including the way they affect our brain, can make it difficult to reduce or stop using them.
- For many people with tobacco, alcohol and drug dependence and higher-risk use, their use is not simply a choice. It is a symptom of other problems, such as mental ill health, abuse, grief, loss and other trauma. These same difficulties can also make it

very difficult to limit, reduce or stop using, without help, and sometimes even with help.

- Many people who smoke or who have alcohol or drug-related issues are ashamed of their use or the associated problems. It can take courage to seek help and any judgement would further put people off. Even if we don't directly work with people with tobacco, alcohol and drug issues, we will be living and working among people with those issues or may have them ourselves. Compassion and self-compassion are effective in improving engagement in services and outcomes.

Nevertheless, this strategy is hopeful. Smoking prevalence, in Southampton, has reduced from 21% in 2012 to 16.8% in 2019,[1] and nationally 70% of smokers want to quit. More than 1,100 people a year already use our alcohol and drug services, with between 350 and 450 successfully completing treatment and many more accessing help and advice to get control and reduce harm. 57% of people who used our Alcohol Brief Intervention Telephone Support Line achieved their goal of abstinence or more controlled drinking in 2021/22.

This strategy unites colleagues across the council and shows them what they can do. It will also show residents, visitors and other stakeholders in the city what we're striving to achieve and the role they can play to help each other to be happy, hopeful and healthy.

Developing and writing this strategy

This strategy describes our direction and the breadth of the work we will do as a Council. It is short, so that it is easy to read. It focuses on the key headlines of what we are aiming for and the main areas of work we will do to achieve it.

This strategy is innovative for bringing together tobacco, alcohol and drugs and taking a whole-council approach. This will help us take every opportunity to reduce harm and improve health, wellbeing and the city as a whole.

This strategy has been developed by the Public Health and Policy teams of Southampton City Council. We have engaged colleagues across the council and stakeholders across the city. Many contributors to this strategy have shared their personal experience of tobacco, alcohol and drugs too.

Our strategy is based on the evidence of what works, from research or local experience. It is all legal. We believe this strategy will help us build on all the hard work to date across the council to make an even bigger difference. Southampton City Council has committed to having a tobacco strategy, under the Local Government Declaration on Tobacco Control. Local councils also have a legal duty to have an alcohol and drugs strategy.

This strategy does not reflect everything that is happening in the city related to tobacco, alcohol and drug-related harm. The Safe City Partnership, for example, leads on community safety including reducing violent crime related to Tobacco, Alcohol and Drugs. The new Reducing Drug Harm Partnership, set up to oversee the implementation of the 2021 National Drug Strategy, brings together key leaders including Police, Probation, Public Health, Primary Care, University Hospital Southampton, Mental Health Services and Southampton City

[1] 2020 data was collected in a different way and so is not recommended for comparison with previous years.

Council. The Children and Young People's Strategy and the Southampton City Council Corporate Plan 2022-2030 both focus on ensuring all children have the best start in life. Safeguarding Boards review and protect the needs of children, young people and adults from serious neglect or abuse. The new Domestic Abuse and Violence Against Women and Girls Strategy highlights how alcohol and drugs affect domestic abuse. Schools teach children and young people knowledge and skills to help them resist any pressure to experiment with substances. This work -and much more- complements the work of the Health and Wellbeing Board and this strategy.

The pace and scale of the implementation of this strategy will depend on resources available. For example, Southampton has been awarded additional funding to improve the capacity and quality of drug treatment services as part of the new national Drug Strategy, published December 2021. The funding is for 3 years, from 2022/23 to 2024/25, subject to annual approval by HM Treasury.

Setting the Scene

We have a strong foundation and consensus to build on, including previous alcohol and drugs strategies, a drug-related litter scrutiny inquiry and cabinet action plan, and the Director of Public Health annual report of 2018 which focussed on drug-related harm. The Safe City Strategy and Violence Reduction Unit have a focus on reducing alcohol and drug-related harm too.

We already support, commission and fund an extensive range of free and confidential prevention, support and treatment services across the city and run seasonal public campaigns. As well as mainstream provision, examples of local innovation to date include:

- Maternity services help pregnant women to stop smoking as part of routine care, and this has now been extended to the Family Nurse Partnership who provide extra support for pregnant women aged 24 years and under
- Primary Care Networks (of GP practices) develop and deliver specialist stop smoking support in local communities
- A telephone helpline providing support for people concerned about their drinking
- A specialist team that reaches, supports and treats people who use alcohol and/or drugs and are homeless, live in hostels or have similar complex needs.
- University Hospital Southampton NHS Trust has a dedicated Alcohol Care Team. Additionally, medicines management technicians discuss alcohol consumption with all patients when they are admitted to hospital, to ensure they receive safe care and further help if required.
- Testing for Hepatitis C in pharmacies, as part of Southampton University-led research to eliminate Hepatitis C in the city by 2025. People who inject drugs are at greater risk of getting hepatitis C, a virus that can be fatal.
- An outreach service to identify and support women selling sex on street, to help to keep them safer including drug and alcohol support.

This work will be continued under this strategy, as resources allow and assuming ongoing review continues to show it is effective.

Nevertheless, there is still high unmet need in the city and too many children, young people and adults are harmed by tobacco, alcohol and drugs. This harm includes illness, violence, abuse and exploitation, trauma and more.

Approximate estimates for Southampton:

- Approximately 34,000 local people smoke. Nationally, 1/2 of people who smoke die from smoking-related illnesses, on average 10 years earlier than non-smokers but increasing to 15-20 years for people with severe mental illness
- 299 pregnant women a year have not been able to stop smoking by the time of delivery, despite usually wanting to
- Pregnant women living in the most deprived areas of Southampton are 4 times more likely to smoke than pregnant women living in the most affluent areas

- Approximately 41,807 local people (20.6% of residents over 18) drink at increasing risk levels, consuming over 14 units of alcohol a week, a level considered as high risk. Conversely, 14.9% of adults in Southampton never drink alcohol. Alcohol is a leading cause of liver disease, cancer, obesity and mental ill health
- One of the highest rates of alcohol-related hospital admissions in the country
- An estimated 5355 people who live in Southampton are alcohol dependent
- 1,200 children live with an alcohol-dependent adult
- 1,200 local people use illicit opiates (heroin) or crack cocaine
- 2,268 alcohol-related crimes a year, 71% violent.
- 1,242 drug-related crimes a year
- 600 children live with an adult dependent on illicit opiates
- 66,000 adults are affected by the drug or alcohol use of someone they know
- For children and young people under 18, alcohol use is 5 times higher for those living in the most deprived areas of Southampton compared to the most affluent areas of Southampton. Drug use is 8 times higher.

More data and information, including the annual Safe City Assessment on crime and safety are available from Southampton Data Observatory

Tobacco, alcohol and drugs can affect nearly every aspect of council work – from litter to community safety, from licensing to our parks. Tobacco, alcohol and drugs are common, preventable reasons why people need health and social care services. These are all potentially preventable financial costs for the council and wider system, or at least opportunities to use the same funding for better outcomes.

The negative effects of tobacco, alcohol and drugs affect everyone, but the people most affected by the harm tend to be people living in poverty or who are otherwise marginalised. Nationally, half of the difference in life expectancy between wealthier and poorer communities is attributable to smoking.

Tobacco, Alcohol and Drugs – A Vision for 2028

The **five Hs** of our vision frame what we want to achieve in Southampton by 2028, ensuring that **Southampton is a city of:**

Help for people concerned for themselves or others, with information and services that are easy to access, timely, safe and effective. All health and care and wider services will discuss tobacco, alcohol and drugs as part of routine care and provide help and support. Services will have a "no wrong door" approach and help people to get the support they need. Services will work well together. They will provide support and treatments based on evidence and innovation.

Harm reduction. Help will be available to people whether they want to be safer while using tobacco, alcohol and drugs; reduce their use; stop using or stay free from use. Harm reduction includes making sure that people who inject drugs have sterile, safe equipment.

Hope, with visible communities of people celebrating their progress through treatment and recovery and living healthier, happier lives. This will reduce stigma and isolation and inspire others. It is also part of changing our broader culture to be more sensitive to tobacco, alcohol and drug-related harm.

Health promotion and prevention. Prevention is better than cure. We will help our residents understand the risks of tobacco, alcohol and drugs. We aim to give every child the best start in life, including supporting families with tobacco, alcohol and drug use in the family and protecting people from harm caused by others. We will take every opportunity to make sure the places where we live, learn, work and relax keep us safe and well. This means promoting ways of life that are free from smoking, higher-risk levels of alcohol, or drugs.

Health equality. Everyone needs the opportunity to be free from the harms of tobacco, drugs and alcohol. We will focus most on supporting people who are more likely to use tobacco, alcohol or drugs or who face barriers to reducing harm to themselves or others. Our services will be sensitive to and celebrate the rich diversity of our communities and meet any additional needs that people have, such as sensory or mobility needs. Our work will be informed by people with lived experience of tobacco, alcohol and drug-related harm.

This is based on the evidence of what works to reduce harm and reflects local consensus. Behavioural science shows us that people need to have the capability, opportunity and motivation to change, and that services and interventions need to be easy, attractive, socially acceptable and timely. Working as a whole system and collaborating with local people is key.

We want to be at the leading edge of local authority work on tobacco, alcohol and drugs. Our work will continue to be based on evidence and, where there is a gap in the research evidence, we will innovate and evaluate our work. We will use national guidance, statistics, people's experiences and research to inform our work. As a minimum, we will compare

ourselves to Local Authorities with similar city populations, such as Bristol, Plymouth and Portsmouth[2].

[2] More information is in the Indicator section.

Our strategy to achieve this vision

We will make the biggest difference in reducing the harm from tobacco, alcohol and drugs, if we continue to recognise them as complex issues, making sure our work has breadth and depth and is embedded in all we do. This means our work will be across:

- All ages, sensitive to different life stages
- All places, settings and communities
- The whole Council, with leadership by each directorate
- All types of tobacco, alcohol and illicit drugs, including shisha, cannabis, illicit use of prescription drugs and more
- Topics, as they link to tobacco, alcohol and drugs, including education, community safety, social care, housing and much more
- Services and pathways, organisations and professions.

This strategy uses 'proportionate universalism'. This means that everyone benefits, according to their need. There is a strong focus on people with the greatest needs who require the most support, as well as a secondary focus on the large numbers of people with less intensive needs so that we reduce health inequalities and improve health at scale.

Groups experiencing the greatest harm from tobacco, alcohol and drugs include people living in poverty, people in marginalised groups, people with severe mental illness and people who are homeless or living in other difficult situations. People in these circumstances are also more likely to be coping with past or current trauma and face barriers to changing their substance use or less personal support to do so.

Tobacco and drug use by people who might think they are not harming others, still harms people with less power or resources and drives crime. The World Health Organisation highlights the global impacts of tobacco. There are 1.2m deaths across the world from second-hand smoke a year. Children are sold tobacco and used to produce it, and tobacco farming and production brings its own health risks. Illicit tobacco can involve serious organised crime and tobacco companies. Counterfeit tobacco is unsafe for the people producing and using it. Tobacco that is sold without paying tax reduces money available for public services. Drug-related harm affecting others includes people-trafficking, “county lines” where drug dealers coerce children, young people and vulnerable adults to transport drugs around the country, “cuckooing” where drug dealers deal drugs from the homes of vulnerable adults and exploit them, and violence, trauma, danger and dependence throughout the production and trade of drugs.

The diversity of our population and workforce is key. Our work will be person-centred and promote dignity. Everyone has their own relationship with tobacco, alcohol and drugs, their own values and circumstances, so a personalised approach is vital.

Strategic programmes: 5 for 5.

We will deliver our Vision through 5 strategic programmes, each running for the 5 years of this strategy. There is one strategic programme for each relevant council directorate and

another corporate programme for internal, cross-cutting work, such as human resources. The programmes are:

1. Wellbeing (Children and Learning)
2. Wellbeing (Health and Adult Social Care)
3. Place
4. Communities, Culture and Homes
5. Corporate

The programmes follow, showing key priorities subject to resources. Together they will deliver the 5 "Hs" of our vision: help, harm reduction, hope, health promotion and health equality. Each directorate will drive their programme, link it with their broader work and collaborate with partners and stakeholders. The programmes will develop over time and may include any other work that will deliver our vision as new needs, opportunities or research evidence arises.

Example areas of focus

The programmes are comprehensive and will result in a step-change in local experience and outcomes. Some elements are particularly important if we are to make a real difference because we have high unmet need, either compared to other areas, compared to the evidence or as highlighted by local stakeholders. They are:

- ***Children and families*** – supporting families affected now and preventing the next generation from developing harmful use and making sure children's views shape our work. This will also support our ambition to be a Child Friendly City and uphold the principles of the UN Charter of the Rights of Children.
- ***Accessible services*** – ensuring people get help quickly and easily
- ***Visible recovery communities*** – this means people celebrating either being tobacco, alcohol and drug-free or being more in control of their use. This boosts self-esteem and enables people to support each other. It will inspire others to get help and reduce the stigma many people feel and prevents them from seeking help. We do not yet have the peer support in Southampton that some cities have.
- ***Mental health conditions and services*** – people with mental ill health tend to have much higher use of tobacco, alcohol and drugs and vice versa. People with both conditions can find it hard to get mental health treatment, may struggle to engage with treatment and support for use of drugs and alcohol, and are also vulnerable to exploitation and at higher risk of suicide.
- ***Our workforces*** – providing training and supporting their wellbeing.
- ***Full range of substances*** - ensuring our work focusses on tobacco, alcohol and drugs like cannabis, amphetamines and ketamine, as well as on crack and opiates.
- ***Housing and employment*** – joining up our work and ensuring people have the circumstances to survive and thrive.
- ***Collaboration, evidence and innovation*** – we will collaborate with our networks to implement what has been shown to work and, where the evidence is less clear, to innovate, evaluate and share our work.

Programme 1 - Wellbeing: Children & Learning

We are ambitious in our programme to support children and young people, to promote good health and wellbeing, and to protect them from the harms of tobacco, alcohol and drugs (whether from their own use, or from significant others around them). We have an aspiration beyond this strategy to become a UNICEF Accredited Child Friendly City.

Many young people underestimate the addictiveness of tobacco and the immediate risks of alcohol and cannabis intoxication including being vulnerable to danger from others such as sexual assault, or from falls and road traffic injuries, as well as long-term harm to development and mental health from continued use.

- Children and young people living with adults/siblings who smoke are 3x more likely to become smokers than those in non-smoking households. Most smokers first start smoking before they are 18.
- It is estimated that around 8,500 young people aged 16-24 took an illicit drug last year and, of those, just under 100 young people used opiates and/or crack cocaine.

Parents and carers with drug or alcohol dependence may struggle to recognise and meet their children's needs.

- 1,200 children, in Southampton, live with an alcohol-dependent adult
- 600 children, in Southampton, live with an adult dependent on illicit opiates

Our key focus in this area over the next 5 years is to:

- Prevent children and young people from starting using tobacco and e-cigarettes, alcohol under-age or at higher risk levels or drugs. This includes:
    - Increasing the proportion of children who grow up in families where no-one smokes, drinks alcohol above the guidance for lower risk, or uses drugs. This is delivered through this programme and through the other programmes in this strategy.
    - Preventing childhood adverse experiences, like poverty, untreated mental ill health, domestic abuse in the family, and ensuring all children have a good relationship with a trusted adult.
    - Enabling children and young people to feel confident in themselves, to be emotionally literate and to support them with skills and knowledge so they can be safe.
    - Promoting a positive child and youth culture of being tobacco (and e-cigarette), alcohol and drug-free, without alienating those who find that difficult
- Help children and young people who use tobacco (and e-cigarettes), alcohol and/or drugs to stop and stay substance free, or to be as safe as possible.
- Protect children and young people from adult, sibling or peer use.
- Protect children from exploitation related to tobacco, alcohol and drugs
- Contribute to ensuring Southampton is a Child-Friendly City.

This tobacco, alcohol and drugs work overlaps with the broader Children and Young People's Strategy, which is underpinned by strategic plans for:

- Prevention and Early Intervention
- Youth Justice
- Corporate Parenting
- Education
- Emotional Wellbeing and Mental Health
- Participation

<table>
<tr><th colspan="3">Our Key Projects and Priorities</th></tr>
<tr><th>Tobacco</th><th colspan="2">Alcohol</th><th>Drugs</th></tr>
<tr><td colspan="2">1. Continue to incorporate support to stop smoking in maternity services and other health and care services for pregnancy and early years, including health visitors.
2. A possible, pilot e-cigarette scheme and consider incentives pilot for pregnant women and a campaign for people who provide childcare (grandparents/significant others).</td><td colspan="2">3. Improve family pathways, interventions and support where children, young people or adults who have children have substance use issues or disorders. This includes improving identification of children, adults and families in need; exploring specialist alcohol and drugs workers in Children's teams; and ensuring smooth transition to adult services.
4. Link with wider work to provide prevention and early intervention to children, families and young people, particularly those at higher risk of developing alcohol and/or drug issues.</td></tr>
<tr><td colspan="4">5. Review and strengthen prevention and early intervention work in 0-25 education settings, such as early years, schools, colleges and universities. This includes delivering prevention as educators, employers, and as important local organisations.
6. Work with others to support a wide range of leisure activities in the city for children and young people, as prevention and diversion.
7. Promote accessible, reputable information for children, young people, families and the workforces supporting them, about tobacco, alcohol and drugs and where to get help.
8. Increase the number of young people receiving early intervention support and treatment, sensitive to different needs related to gender, sex, sexuality, disability including learning disabilities, neurodiversity, race, culture and ethnicity and more.
9. Review and strengthen support for children who are looked after, their carers, care leavers to at least 25 years old and people in the Phoenix service, which helps people at risk of having children taken into care.
10. Link with wider prevention and resilience work as part of the Children and Young People's Strategy</td></tr>
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Programme 2 - Wellbeing: Health and Adult Social Care

We are committed to supporting all adults to access services to help them contain, reduce, or stop their substance use. Critical to this is ensuring that support is provided quickly, and that we operate a 'No Wrong Door' approach, so that no matter which service somebody approaches, they get the help they need. We will also have strong, supportive messages to promote health and prevent illness. In Southampton:

- Each year 10,200 (30%) of smokers make a serious attempt to quit, with approximately 1,700 (5%) quitting successfully.
- Approximately 41807 adults drink at increasing risk levels
- More than 5,000 people are estimated to have alcohol dependence
- 675 adults with alcohol dependence live with children
- 1,200 people use illicit heroin or crack cocaine

Many people use more than one substance or have more than one need. For example, approximately 44% of adults starting treatment for alcohol use disorders also smoke. Nationally, more than half of people who have a substance use disorder will also experience a co-occurring mental health disorder, like anxiety, depression, bipolar disorder and schizophrenia. People with co-occurring substance use and mental ill health conditions are at higher risk of dying early, including by suicide.

An estimated one in three people in the UK are negatively affected by the use of drugs and alcohol by someone they know, and have an increased risk of mental ill health, relationship difficulties, financial strain, isolation, stigma and domestic abuse.

Our key focus in this area over the next 5 years is to:

- Identify more people with higher-risk use
- Strengthen services which help people with tobacco, alcohol and/or drug use, to stop or reduce their use or at least be safer while using. Support healthcare services to embed identification, very brief advice and brief interventions in routine care. Increase the number of people in specialist alcohol and drug services.
- Support people who achieve recovery to stay tobacco, alcohol and/or drug free, and to be visible if they wish to inspire others and reduce stigma
- Ensure help is in place to support those affected by someone else's use of drugs or alcohol
- Work with mental health and substance use disorder services to improve access to treatment and support for people with co-occurring conditions
- Support council-wide work to address underlying issues related to the use of tobacco, alcohol and drugs, including work to improve population mental health and wellbeing.

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<tr><th>Tobacco</th><th>Alcohol</th><th>Drugs</th></tr>
<tr><td rowspan="2">1. Support provision for underserved groups who experience high rates of smoking harm, including pregnant women, people with severe mental illness, people who are homeless, and people who have alcohol, drug or mental health conditions.
2. Promote personalised care (“tailored quit”) and the use of e-cigarettes as a way of stopping smoking, in line with regional and national guidance.
3. Support the NHS to implement the NHS Long Term Plan commitment to offer tobacco dependency treatment for inpatients.
4. Run campaigns to encourage people to stop smoking, including the role of e-cigarettes.</td><td>5. Review support for underserved groups, including people who are older, people from Black and Ethnic Minorities, and people with long term conditions or disabilities including mental health needs, learning disabilities and neurodiversity.
6. Understand high rate of attendances/ admissions to UHS
7. Run a campaign to improve awareness of alcohol harm and promote non-drinking and lower-risk drinking
8. Review how the health and care system can increase the identification of people at risk of alcohol-related harm.</td><td>9. Consider business case for 5-year local pilot of diamorphine treatment for people with treatment-resistant heroin use, in line with current national guidance.
10. Develop business case and, if advantageous, secure funding for drug care team at UHS
11. Review harm reduction services to increase the number of people who use them. This may include incentives, in line with national guidance.
12. Review population-level needs of people who use prescription drugs illicitly and/or non-opiate drugs.
13. Continue response system with Hampshire and Isle of Wight to assess and respond to intelligence of increased risk from illicit supply</td></tr>
<tr><td colspan="2">14. Use the National Drugs Strategy funding (2022-2025) to increase the number of people in treatment, including people with both drug and alcohol use disorders, and to implement this strategy where possible within the conditions of the funding.</td></tr>
<tr><td colspan="3">15. Strengthen pathways with the criminal justice system, mental health system, adult social care, domestic abuse, the system for care leavers and support for veterans. Link with the Suicide Prevention Strategy.
16. Ensure there is accessible information about tobacco, alcohol and drug use and support, supplementing national information as applicable and including easy read materials.
17. Strengthen the work and influence of people with lived experience, including service user, carer and recovery communities, engagement and co-production. This will be important for people with alcohol and drug-dependence. It is also important for people who have complex needs and have stopped smoking, e.g. people with severe mental illness.
18. Review the needs of the local health and care workforce, both their own health, wellbeing and safety in relation to tobacco, alcohol and drugs; and also workforce planning and training so that we have the workforce needed to deliver support and treatment.
19. Maintain a programme of needs assessments and reviews to ensure our work remains rooted in local evidence, including audits of drug-related deaths and non-fatal overdoses, and scoping any gaps in knowledge about the needs of local people which are related to gender, sex, sexuality, disability, neurodiversity, race, culture and ethnicity or other personal characteristics.</td></tr>
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Our Key Projects and Priorities		
Tobacco	**Alcohol**	**Drugs**
20. **Advocate** for evidence-based tobacco, alcohol and drugs practice and policy regionally and nationally, for example there is strong international evidence for overdose prevention facilities.		

Programme 3 - Place

The places where we live our lives play a key role in any successful tobacco, alcohol and drug strategy. This programme of work will address that, with evidence-based ways to make Southampton as smoke and drug- free as possible and so that alcohol-related harm is minimised. We will work to ensure our city is a safe and rewarding place to be for everyone. For example, it is estimated that 14.2% of local adults do not ever drink, so ensuring our leisure and night-time economy reflects this is important. There are links to being a Child-Friendly City (Programme 1 of this strategy) too.

Our key focus in this area over the next 5 years is to:

- Have more public places that are free from tobacco, alcohol or drug use, particularly those that children and young people are exposed to
- Support employers to promote health and reduce harm from tobacco, alcohol and drugs
- Increase employment and skills for people with alcohol and/or drug-use disorders
- Use planning and urban design to design health-promoting public and domestic spaces that also design out crime and fear of crime
- Reduce tobacco, alcohol and drug litter through reduced use and safer disposal.

<table>
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<tr><td rowspan="2">1. Encourage smoke-free public places frequented by children, young people and families including parks, school gates and other places
2. Support the public sector and wider employers to be smokefree sites and organisations</td><td>3. Review opportunities for alcohol-free public places including places frequented by children.
4. Identify ways to welcome new business to the late-night economy that do not serve alcohol and are attractive to a range of ages</td><td>5. Keep the need and feasibility of sharps bins under intermittent review</td></tr>
<tr><td colspan="2">6. Use the Local Plan and associated policies to design-out spaces that enable anti-social behaviour or crime.
7. Support the work of the Employment Support Team, and others, who support people with long term unemployment into work</td></tr>
<tr><td colspan="3">8. Work with local retail, leisure sector and others to make it easy for people to enjoy themselves in places free of tobacco, alcohol and drugs.
9. Support the public sector and wider employers with example Human Resources policies</td></tr>
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Programme 4 – Communities, Culture and Homes

The communities we live in make a big difference to our health and wellbeing. Some communities have more tobacco, alcohol and drug-related harm than others. People who are homeless are particularly vulnerable to harm from tobacco, alcohol and drugs, including harm from other people using substances or exploitation.

- Southampton residents living in the most deprived areas are 3.4 times more likely to be admitted to hospital because of alcohol.
- Drug and alcohol-related crime is clustered in the city centre and deprived areas
- Tobacco, alcohol and drugs exacerbate poverty, diverting household income from other priorities.

Our key focus in this area over the next five years is to work with local partners such as the Safe City Partnership, Hampshire Constabulary and the Voluntary Sector to:

- Reduce illicit or illegal supply of tobacco, alcohol and drugs
- Keep people safe from harm (Safe City Strategy Priority 1)
- Make the most of opportunities to strengthen communities and housing in a health-promoting way

This will involve elements of:

- Community relations, autonomy and reporting
- Regulation and enforcement – licensing and trading standards, including protecting children and young people from underage sales
- Engagement with businesses, the voluntary sector and others
- Diversion from criminal justice into treatment &/or rehabilitation

<table>
<tr><th colspan="3">Our Key Projects and Priorities</th></tr>
<tr><th>Tobacco</th><th>Alcohol</th><th>Drugs</th></tr>
<tr><td>1. Work with the Fire Service on fire prevention
2. Use Trading Standards powers and approaches to identify and reduce illicit tobacco, underage sales and non-compliant e-cigarettes, as applicable.</td><td>3. Encourage a night-time economy that has a wide range of offers, including alcohol-free beverages in licensed premises and alcohol-free places more widely.
4. Use and enforce the licensing policy.
5. Review opportunities for diversion from criminal justice into treatment</td><td>6. Review opportunities for diversion from criminal justice into treatment
7. Link prevention and treatment pathways with police and criminal justice system enforcement</td></tr>
<tr><td colspan="3">8. Support the Violence Reduction Unit (VRU) and the Safe City Partnership’s work to improve community safety, informed by their “Problem Profile”, the Safe City Assessment and resident surveys.</td></tr>
</table>

Our Key Projects and Priorities		
Tobacco	**Alcohol**	**Drugs**
9. Support **community champions** to be able to share information and influence tobacco, alcohol and drug-related harm 10. Support housing staff with **training** and optimise **housing policies** to support residents to live in smokefree accommodation, engage in alcohol and/or drug treatment and sustain recovery. 11. Scope strategic approach to licensed **events** including harm minimisation		

Programme 5 – Corporate

Ensuring a 'Health in all Policies' approach not just for our Council workforce, but for the workforces of those we contract and commission to provide services in the city, is another key strand of this strategy. We are committed to demonstrating and modelling a responsible approach to tobacco, alcohol and drugs, and will be proactive in working with other organisations to encourage similar 'Health in all Policies' approaches across the city too.

Our key focus in this area over the next 5 years will revolve around the following core areas:

- Health in all contracts and commissioning
- Workforce wellbeing – support and HR policies
- Advertising guidance
- Relationship to industry including staff pensions

<table>
<tr><th colspan="3">Our Key Projects and Priorities</th></tr>
<tr><th>Tobacco</th><th>Alcohol</th><th>Drugs</th></tr>
<tr><td rowspan="2">1. Continue to abide by and promote the Local Government Declaration on Tobacco Control, including embedding in all contracts and influencing pension investment if possible
2. Support NHS commitment to be Smokefree
3. Support wider stakeholders to be smokefree and influence pension investments by leading by example if possible.</td><td>4. Maintain advertising guidance to not advertise alcohol
5. Promote a positive cultural norm of healthier ways of connecting, socialising and relaxing, including in internal communications and the workplace.</td><td></td></tr>
<tr><td colspan="2">6. Review guidance for officers completing Equality Impact Assessments so that the needs of people with alcohol and/or drug dependency are included as appropriate.</td></tr>
<tr><td colspan="3">7. Use a "health in all contracts" approach - optimise use of the Social Value Act in relation to tobacco, alcohol and drugs, during procurement and incorporate it into standard contracts
8. Strengthen workforce wellbeing within the Council, including policies, training for managers, promoting services to staff and role of commissioned services, e.g. occupational health
9. Support Elected Members to be health-promoting in their roles
10. Support wider stakeholders to be health-promoting settings.
11. Apply learning from the "Health in all policies" approach of this strategy to other issues</td></tr>
</table>

Implementing and monitoring the strategy

Next steps

Officers will embed the Vision, approach and principles of this strategy in the Council's work. We will incorporate it into existing work and structures wherever possible. Progress will be reviewed annually and reported to the Health and Wellbeing Board. We will also share our learning and experience with stakeholders and nationally whenever possible.

Each directorate and team across the council will develop the work that applies to them in more detail, supported by Public Health if required. They will join it up with other work they are doing, for maximum efficiency and impact, and scale and pace it in line with the funding and other resources available. With 5 programmes and more than 50 priority projects and developments, it is not practical to detail all the objectives and plans here. The details of the work will change over time, as new research evidence is published, if the law changes or if more funding is available. If directorate structures change during the lifespan of this strategy, the strategy will still stand and the plans and reporting underneath this strategy will simply be updated to reflect Director portfolios. This strategy will provide an overview throughout, providing a common goal that we will all work towards.

Governance and monitoring for this strategy

This strategy sits under the Council's "Health and Wellbeing Strategy" and will be overseen by the Health and Wellbeing Board. It overlaps with many other council and national strategies and boards too, such as the Safe City Strategy and Partnership, which leads on community safety and crime.

A new Tobacco, Alcohol and Drugs overview group will monitor the overall impact of this strategy, primarily through the Key Performance Indicators and narrative reports from directorates. They will also consider headline data indicators from the Office of Health Improvement and Disparities, the National Drug Treatment Monitoring System and other reliable sources of intelligence.

The overview group will report to the Health and Wellbeing Board at least annually, in collaboration with directorates. Directorates will monitor the progress of their programmes. Commissioners and service managers will manage the performance of services. The Safe City Partnership will continue to monitor and lead related work on community safety. This currently includes an annual survey which asks residents about their experiences and views on drug and alcohol-related crime.

The overview group will be a small programme management group, rather than duplicate the large partnership forums which already exist in many forms. The group will work through these forums. As a Council we will work with local people to shape and deliver our work through:

- Elected members
- Community engagement forums, as part of the work of each directorate

- Services user and carers engagement and the co-production of interventions and services, by commissioned services in particular
- Collaboration with wider stakeholders, run by or representing local people
- Staff with lived experience
- The publication of council papers and other public communications.

We will:

- Focus on monitoring outcomes with some activity and output measures too.
- Compare our progress over time and against other comparable local authorities.
- Be careful that we do not allow what we monitor to have unintended consequences, for example, in working to reduce emergency hospital attendances we do not want to dissuade people from seeking or receiving help. We instead want to make sure that people receive care in a planned way, for their benefit, wherever possible.
- Consider repeating an Equality Impact Assessment half-way through the strategy, or sooner if indicated.

We are aiming for improvement on all measures and to be at least as good as local authorities who have city populations like ours. The National Drugs Strategy was published in 2021 and further guidance is due on how the performance of local authorities will be measured. We will incorporate the requirements into this local strategy.

Our Key Performance Indicators for this strategy follows:

Key Performance Indicators

Measures	**Indicators** [3] Indicators marked *are also indicators of the Health and Wellbeing Strategy.		
	Tobacco	**Alcohol**	**Drugs**
Process measures (in addition to progress reports from Directorates)	1. Maintain or increase people making a quit attempt through commissioned services	2. Increase people in treatment 3. Reduce alcohol-related hospital admissions	4. Increase people in treatment 5. Reduce drug-related hospital admissions
Output measures	6. Increase quits through commissioned services	7. Increase successful treatment completion 8. Reduce unmet need as reported by NDTMS	9. Increase successful treatment completion (opiate/non-opiate) 10. Reduce unmet need as reported by NDTMS

[3] 'Data included in this section was correct as of 2022, further data will be released as it becomes available.

Outcome measures	11. Reduce % pregnant women who are smokers at time of delivery* 12. Reduce smoking prevalence in adults*	13. Reduce mortality rate for people aged under 75 years old from liver disease considered preventable* 14. Reduce alcohol deaths (specific and related) 15. Reduce prevalence of higher risk drinking (14 units or more pw) 16. Prevalence of alcohol use disorders 17. Alcohol-related crime	18. Contain drug-related deaths and reduce if possible 19. Increase reporting of non-fatal overdoses and reduce incidents (locally generated) 20. Maintain low blood-borne virus rates 21. Reduce prevalence of drug use disorders. 22. Reduce drug-related crime

A "dashboard" report of these indicators will be produced annually, including at the start of the strategy going live. There is sporadic national data on smoking prevalence for 15 year olds, last available for 2014/15 by local authority and for 2018 for England. We will add this in as a KPI if official reporting resumes.

Commissioners and service managers have detailed targets in contracts for individual services. Each directorate is welcome to set their own targets too, if helpful. We are not setting overarching targets in this broader strategy. It would be clumsy to set numbers now to aim for. We are instead aiming for as much progress as we can make and to ensure we perform as well or better than similar authorities.

Health and Wellbeing Strategy indicators

This work of this strategy will contribute to a wider range of Health and Wellbeing Strategy indicators too:

Tobacco	Alcohol	Drugs
Contributes to: • Under 75 years mortality rate from cardiovascular disease • Under 75 years mortality rate from respiratory disease	Contributes to: • Injuries due to falls in people aged 65 years and over • Percentage of people aged 16-64 years in employment • Depression recorded prevalence • Suicide rate	Contributes to: • Looked after children rate • Percentage of people aged 16-64 years in employment • HIV late diagnosis • Depression recorded prevalence • Suicide rate

Tobacco	Alcohol	Drugs
All contribute to:		
• Life expectancy at birth • Life expectancy at 65 years • Healthy Life Expectancy at birth • Mortality rate from causes considered preventable • Excess winter deaths index		

Comparator areas

Southampton is in the 4th most deprived decile of Local Authorities nationally. The other areas are Brent, Bristol, Calderdale, County Durham, Coventry, Darlington, Derby, Enfield, Lewisham, Luton, Plymouth, Southwark, Stockton-on-Tees and Wigan.

This grouping is based on the Indices of Multiple Deprivation, which groups areas with similar levels of poverty or wealth. The most recent groupings were done in 2019. All the Local Authorities across the country were ranked by deprivation. This list was then split into 10 equal-sized categories, known as "deciles". The top group are the 10% of Local Authorities with the most affluent populations in the country. This includes Hampshire. The population of Portsmouth are in the 3rd most deprived decile, slightly more deprived than Southampton. The population of the Isle of Wight are in the 5th most deprived decile, slightly more affluent than Southampton.

Crime data uses comparisons which are slightly different. Bristol, Derby, Luton and Plymouth are also comparators, but the others are then not in the IMD group: Cardiff, Eastbourne, Gloucester, Hounslow, Leeds, Newcastle upon Tyne, Portsmouth, Plymouth, Reading and Slough.

Engagement and consultation work

Engagement with key stakeholders within the Council: During the co-production stage for this strategy, we worked with selected internal stakeholders to produce the outline strategy. We worked with all directorate areas, but particularly with adults' and children's social care and education colleagues, and housing and homelessness services, who often work closely with people with Substance Use Disorders (SUDs). In addition to this, during the public consultation process we conducted a focus group with over 60 frontline Adult Social Care and safeguarding workers to discuss elements of the strategy and to gain further input and feedback from key frontline staff. We also had individual meetings with all Health and Wellbeing Board members, who will be responsible for monitoring and overseeing implementation of the strategy, and with political representatives.

Engagement with service users (current and former) and those with lived experience: In the formation of this strategy, we actively worked with people with lived experience of these issues to ensure that their views, and those of past and present service users, were listened to and reflected within the strategy as much as possible. We worked closely with service providers including CGL and No Limits, and attended a recovery artwork exhibition event from one of our city service providers to meet staff and service users. Some of the artwork displayed at the event will be intentionally featured within the final strategy design to reflect the people our services help within the city, and in particular to reflect the 'Hope' strand of our '5 H's', a reminder that positive change is possible.

Engagement with other groups and partner organisations: We also engaged widely with community organisations working in Southampton, as well as family support groups such as Parent Support Link. Health and commissioning colleagues within and outside Southampton City Council were also actively consulted and engaged with (including GPs and primary care, and University Hospital Southampton), as well as specialist experts at Southampton University. We also circulated our public consultation widely across health and safeguarding networks, as well as the voluntary and community sector.

Public Consultation: As part of this strategy process, we conducted a 12-week full public consultation, which ran from 13th June to 4th September 2022. In total, we received 263 responses during this consultation process (259 to the online consultation questions, and a further 4 responses via either email or letter). We have carefully compiled and examined all feedback, which has been used to inform revisions and updates to the final strategy version. The biggest priorities highlighted by respondents were mental health and early education/interventions, and this has been used to inform further development in our strategic priorities going forward.

Our strategy data: The local data used to inform, develop and produce this final strategy has mostly been sourced from the Southampton City Council Data Observatory, which uses reputable national and local sources, as well as from other teams working within and alongside SCC. This includes (but is not limited to) service providers, the voluntary sector, safeguarding partners, as well as from needs assessments and other reviews undertaken as part of the strategy development process. National and regional figures, as well as local breakdowns compiled by national and regional organisations have been obtained from sources including the Department for Health and Social Care (DHSC), the Office for Health Inequalities and Disparities (OHID), the National Drug Treatment Monitoring System (NDTMS) and Hampshire and Isle of Wight Integrated Care Board (ICB).

Thank you to everybody who participated both at co-production stage and during the consultation process. All input and feedback was gratefully received and carefully considered in the development of the final version of this new Tobacco, Alcohol and Drugs Strategy 2023-2028.

Further information

If you would like any further information on this strategy and our work to reduce the harms of tobacco, alcohol and drugs within the city, please email publichealth@southampton.gov.uk