

Draft Tobacco, Alcohol and Drugs Strategy 2023 - 2028



Contents

Forwards	3
Our strategic approach	5 - 7
Setting the scene	8 - 10
Tobacco, Alcohol and Drugs: A vision for 2028	11 - 12
Our strategy to achieve this vision	14 - 16
Programme 1: Wellbeing: Children & Learning	17 - 19
Programme 2: Wellbeing: Health and Adult Social Care	21 - 23
Programme 3: Place	25 - 26
Programme 4: Communities, culture and homes	27 - 28
Programme 5: Corporate	30 - 31
Implementing and monitoring the strategy	32 - 36
Further information and glossary	38
Endorsements	39

Foreword

TBC

From Dr Debbie Chase, Director of Public Health.

To be written after the public consultation has concluded.

TBC

From a Cabinet Member for Health and Adult Social Care.

To be completed after public consultation, by the Cabinet Member at the time of publication.

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](#) 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 harms to people around them, and harms across the City of Southampton as a whole.

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 (and present) 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 stop using them.

Image to go here - TBC

- 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 17% in 2019, and nationally 70% of smokers want to quit. More than 1,100 people a year already use our alcohol and drugs 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 called, and engaged with, our Alcohol Brief Intervention 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.

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

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. The Children and Young People's Strategy focusses 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 Domestic Abuse (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 this implementation of this strategy will depend on resources available. At the time of writing (May 2022), we have the opportunity to receive national funding for 2022 - 2025 to implement the National Drugs Strategy. A Plan will go to Full Council in June 2022.

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, 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 is being extended to the Family Nurse Partnership who provide extra support for pregnant women under 20 (or 20 years old in some cases)
- Primary Care Networks, of GP practices, develop and deliver specialist stop smoking support in local communities
- Specialist support to stop smoking provided as part of an NHS England pilot of targeted lung health checks for people who smoke or used to smoke
- A telephone helpline providing support for people concerned about their drinking
- A specialist team who 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.

Infographic TBC (full-page) - **Approximate estimates for Southampton**

Data to represent:

- Approximately 34,000 local people smoke
- Nationally, 1/2 of people who smoke die from smoking-related illness, on average 10 years earlier than non-smokers but increasing to 15-20 years for people with severe mental illness
- 229 pregnant women a year have not been able to stop smoking by the time of delivery
- Pregnant women living deprived areas are 4 times more likely to smoke
- 35,000 local people drink at increasing risk levels, consuming more than 14 units per week
- 16% of adults in Southampton never drink alcohol
- Alcohol is a leading cause of liver disease, cancer, obesity and mental ill health
- Highest rate of alcohol-related hospital admissions in the country
- 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.

Image to go here - TBC

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 innovate.

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.

Image to go here - TBC

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. 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 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 workforces 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.

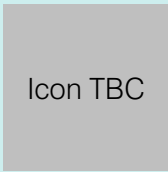
Strategic programmes: 5 for 5.

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:



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.

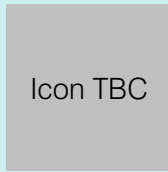
Example areas of focus



Icon TBC

Children and families

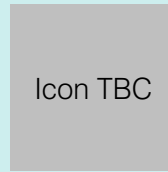
Supporting families affected now and preventing the next generation from developing harmful use and making sure children's views shape our work.



Icon TBC

Accessible services

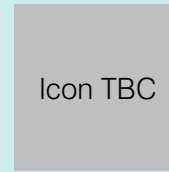
Ensuring people get help quickly and easily.



Icon TBC

Visible recovery communities

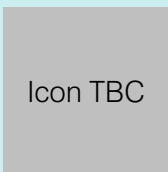
This enables people to support each other and celebrate either being tobacco, alcohol and drug free or being more in control of their use. We don't yet have peer support Southampton.



Icon TBC

Mental health conditions

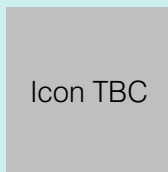
People with mental health conditions tend to have a high use of tobacco, alcohol and drugs and vice versa. Its hard to get mental health treatment and they are vulnerable to exploitation and suicide.



Icon TBC

Our workforces

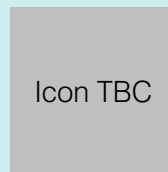
Providing training and supporting their wellbeing.



Icon TBC

Full range of substances

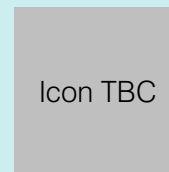
Ensuring our work focusses as much on tobacco, alcohol and drugs like cannabis, amphetamines and ketamine, as well as crack and opiates.



Icon TBC

Housing and employment

Joining up our work and ensuring people have the circumstances to survive and thrive.



Icon TBC

Collaboration 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).

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 five year focus

- Prevent children and young people from starting using tobacco, 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, alcohol and drug-free, without alienating those who find that difficult
- Help children and young people who use tobacco, 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.
- 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

Our key projects and priorities

Tobacco

- Continue to incorporate support to stop smoking in maternity services and other health and care services for pregnancy and early years, including health visitors
- As possible, pilot e-cigarette scheme and consider incentives pilot for pregnant women and a campaign for people who provide childcare (grandparents/significant others)

Alcohol and Drugs

- 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
- 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

Other key projects and priorities across Tobacco, Alcohol and Drugs as a group

- 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
 - Work with others to support a wide range of leisure activities in the city for children and young people, as prevention and diversion
 - Promote accessible, reputable information for children, young people, families and the workforces supporting them, about tobacco, alcohol and drugs and where to get help
 - Increase the number of young people receiving early intervention support and treatment, sensitive to different needs related to gender, sexuality, disability, race, culture and ethnicity and more
 - 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
 - Link with wider prevention and resilience work as part of the Children and Young People's Strategy
-

Programme 2

Wellbeing: Health & 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 35,000 adults drink at increasing risk levels
- More than 5,000 people are estimated to have alcohol dependence
- Just over 1,000 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 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 of someone they know, and have an increased risk of mental ill health, relationship difficulties, financial strain, isolation, stigma and domestic abuse.

Our five year focus

- 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 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 services to improve treatment and support for people with co-occurring conditions

Our key projects and priorities

Tobacco

- 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
- Promote personalised care (“tailored quit”) and the use of e-cigarettes as a way of stopping smoking, in line with regional and national guidance
- Support the NHS to implement the NHS Long Term Plan commitment to offer tobacco dependency treatment for inpatients
- Run campaigns to encourage people to stop smoking

Alcohol

- 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
- Understand high rate of attendances/ admissions to UHS
- Run a campaign to improve awareness of alcohol harm and promote non-drinking and lower risk drinking
- Review how the health and care system can increase the identification of people at risk of alcohol-related harm

Drugs

- Consider business case for 5-year local pilot of diamorphine treatment for people with treatment-resistant heroin use, in line with current national guidance
- Develop business case and, if advantageous, secure funding for drug care team at UHS
- Review harm reduction services to increase the number of people who use them. This may include incentives, in line with national guidance
- Review population-level needs of people who use prescription drugs illicitly and/or non-opiate drugs
- Continue response system with Hampshire and Isle of Wight to assess and respond to intelligence of increased risk from illicit supply

Alcohol and Drugs

- 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

Other key projects and priorities across Tobacco, Alcohol and Drugs as a group

- 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
- Ensure there is accessible information about tobacco, alcohol and drug use and support, supplementing national information as applicable and including easy read materials
- 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
- 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. This will include links to the Making Every Contact Count training programme, run by Health Education England.
- 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, sexuality, disability, race, culture and ethnicity or other personal characteristics
- 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

Icon TBC

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, 16% 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 five year focus

- 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

Our key projects and priorities

Tobacco

- Encourage smoke-free public places frequented by children, young people and families including parks, school gates and other places
- Support the public sector and wider employers to be smokefree sites and organisations

Alcohol

- Review opportunities for alcohol-free public places including places frequented by children
- Identify ways to welcome new business to the late-night economy that do not serve alcohol and are attractive to a range of ages

Drugs

- Keep the need and feasibility of sharps bins under intermittent review

Alcohol and Drugs

- Use the Local Plan and associated policies to design-out spaces that enable anti-social behaviour or crime
- Support the work of the Employment Support Team, and others, who support people with long term unemployment into work

Other key projects and priorities across Tobacco, Alcohol and Drugs as a group

- 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
 - Support the public sector and wider employers with example Human Resources policies
-

Icon TBC

Programme 4 Communities, Culture and Homes

The communities we live in makes 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 five year focus

We'll 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 and/or rehabilitation

Our key projects and priorities

Tobacco

- Work with the Fire Service on fire prevention
- Use Trading Standards powers and approaches to identify and reduce illicit tobacco, underage sales and non-compliant e-cigarettes, as applicable

Alcohol

- 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
- Use and enforce the licensing policy
- Review opportunities for diversion from criminal justice into treatment

Drugs

- Review opportunities for diversion from criminal justice into treatment
- Link prevention and treatment pathways with police and criminal justice system enforcement

Other key projects and priorities across Tobacco, Alcohol and Drugs as a group

- 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
- Support community champions to be able to share information and influence tobacco, alcohol and drug-related harm
- 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
- Scope strategic approach to licensed events including harm minimisation

Icon TBC

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 five year focus

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

Our key projects and priorities

Tobacco

- Continue to abide by and promote the Local Government Declaration on Tobacco Control, including embedding in all contracts and influencing pension investment
- Support NHS commitment to be Smokefree
- Support wider stakeholders to be smokefree and influence pension investments by leading by example if possible

Alcohol

- Maintain advertising guidance to not advertise alcohol
- Promote a positive cultural norm of healthier ways of connecting, socialising and relaxing, including in internal communications and in the workplace

Alcohol and Drugs

- Review guidance for officers completing Equality Impact Assessments so that the needs of people with alcohol and/or drug dependency are included as appropriate

Other key projects and priorities across Tobacco, Alcohol and Drugs as a group

- Use a "health in all contracts" approach - optimise use of Social Value Act during procurement and incorporate into standard contracts

- Strengthen workforce wellbeing within the Council, including policies, training for managers, promoting services to staff and role of commissioned services, e.g. occupational health
- Support Elected Members to be health promoting in their roles
- Support wider stakeholders to be health promoting settings
- Apply learning from the “Health in all policies” approach of this strategy to other issues

Implementing and monitoring the strategy

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. 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, including by monitoring headline data indicators from the Office of Health Improvement and Disparities, the National Drug Treatment Monitoring System and other reliable sources of national data, as well as narrative reports from directorates.

The overview group will report to the Health and Wellbeing Board at least annually. 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

Image to go here - TBC

- 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 a 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 provisional list of monitoring data for this strategy follows:

Data indicators

Process measures
(In addition to progress reports from Directorates)

Tobacco

- Maintain or increase people making a quit attempt through commissioned services

Alcohol

- Increase people in treatment
- Reduce alcohol-related hospital admissions

Drugs

- Increase people in treatment
 - Reduce drug-related hospital admissions
-

Output measures

Tobacco

- Increase quits through commissioned services
- Reduce % pregnant women who are smokers at time of delivery*
- Reduce smoking prevalence in adults*
- Reduce smoking prevalence age 15-only occasional national reports

Alcohol

- Increase successful treatment completion
- Reduce unmet need as reported by NDTMS
- Reduce mortality rate for people aged under 75 years old from liver disease considered preventable*
- Reduce alcohol deaths (specific and related)
- Reduce prevalence of higher risk drinking (14 units or more pw)
- Prevalence of alcohol use disorders
- Alcohol-related crime

Drugs

- Increase successful treatment completion (opiate/non-opiate)
- Reduce unmet need as reported by NDTMS

* Indicators marked with an asterisk are also indicators of the [Health and Wellbeing Strategy](#).

- Contain drug-related deaths and reduce if possible
- Increase reporting of non-fatal overdoses and reduce incidents (locally generated)
- Maintain low blood-borne virus rates
- Reduce prevalence of drug use disorders
- Reduce drug-related crime

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:

Health and wellbeing strategy indicators

Tobacco

Contributes to:

- Under 75 years mortality rate from cardiovascular disease
- Under 75 years mortality rate from respiratory disease

Alcohol

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

Drugs

Contributes to:

- Looked after children rate

- Percentage of people aged 16 - 64 years in employment
- HIV late diagnosis
- Depression recorded prevalence
- Suicide rate

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% 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.

Further information

TBC

We can add more information in here post-consultation such as website links, information on the consultation process and response numbers etc., where to follow progress, key contact details and partner delivery details etc.

Glossary

TBC

To follow in future version.

Endorsements

TBC

From partners and stakeholders.

This last page will have quotes from others, like at the start of a book.

