

JSNA Health and Wellbeing Profile 2024/25

Substance Use

Summary points

- There are an estimated 5,435 opiate and/or crack users in Bristol
- 4.7% of opiate drug users left drug treatment successfully and did not re-present to treatment within 6 months (Apr 23 – Mar 24, NDTMS)

Substance use causes serious harm to individuals, families and communities¹. The proportion of Bristol residents using drugs is relatively small but the impact is extensive.

The links between substance use and crime are well established. Drug use also has health implications such as the blood borne viruses, drug related deaths, long term health conditions and a negative impact on mental health. Treatment helps to reduce the strain on local health and criminal justice services plus improves the wellbeing of individuals and communities.

It is also important to recognise the longer term consequences. The children of drug-using parents are at an increased risk of abuse or neglect and have a higher likelihood of developing substance use problems themselves. Parental drug use was cited as a risk factor in a third of all serious case reviews.

Bristol opiate & crack prevalence

Bristol has an estimated 5,435 opiate and/or crack users². Whilst the proportion of Bristol residents using drugs is relatively small the impact can be extensive. Bristol has the second largest estimated rate of opiate and/or crack users (per 1,000 population) of the English core cities³ and the largest proportion of very high complexity clients which makes them more likely to be in treatment for longer and need specific support.

In line with national trends, the number of new clients with opiate issues is gradually reducing; however with an ageing population of opiate users in treatment, this presents different challenges.

Clients in treatment⁴

Clients in treatment are the number of people in contact with specialist substance use services, and who access treatment for either problematic drug use, alcohol use or both. During 2023/24 there were 2,360 clients in treatment for opiate use, 500 for alcohol use, 515 for non-opiate and alcohol use and 285 for non-opiate use only.

A significant proportion of people who develop dependency on drugs and/or alcohol are known to have experienced trauma, often in early childhood. Furthermore, many people who as adults use drugs and alcohol, come from socially deprived communities. Given these facts, BCC and strategic partners take a trauma-informed view when developing services which support people

¹ For Children and Young People, see [JSNA section: "Lifestyle behaviours of Young People"](#)

² [Opiate & crack cocaine use: prevalence estimates \(last updated 2023\)](#)

³ [Core Cities](#): Birmingham, Bristol, Leeds, Liverpool, Manchester, Newcastle, Nottingham, Sheffield.

⁴ Data for clients in treatment and completion rates is sourced from the [National Drug Treatment Monitoring System](#)

who use substances. Over the last 3 years there have been a number of initiatives to develop a trauma-informed approach, and to address the specific needs of individuals experiencing multiple disadvantage.

The use of alcohol and other drugs is a significant factor in violence, sexual violence, intimidation, and anti-social behaviour. It is estimated that 45% of all acquisitive crime in England is related to heroin and crack cocaine use⁵. The tackling of drug related serious organised crime, including the exploitation of minors in the distribution of drugs, is a local and national priority.

A significant proportion of people in treatment will have experience of the criminal justice system, have experienced homelessness. Many will have been out of work for sustained periods, often in part due to substance using. Isolation and loneliness are often co-occurring with serious substance dependency, with some people in treatment being isolated from community and lacking strong social networks.

Drug use is stigmatized and can result in people becoming ostracized from family and friends. Given this, services must respond not just with individualised approaches but part of a comprehensive treatment approach will include connecting service users with community assets, and building opportunities for connection and friendships.

Age and sex: In the 18-29 age group there is a significant reduction in the number of opiate users compared to fourteen years ago (Figure 1), which reflects the decline in the numbers of people in this age group presenting to treatment. There has been a sharp increase in the number of people in treatment for non-opiate and alcohol use in 2024 compared with the previous year – females represent 38% of 18-29 year olds in this category in treatment and males represent 62%.

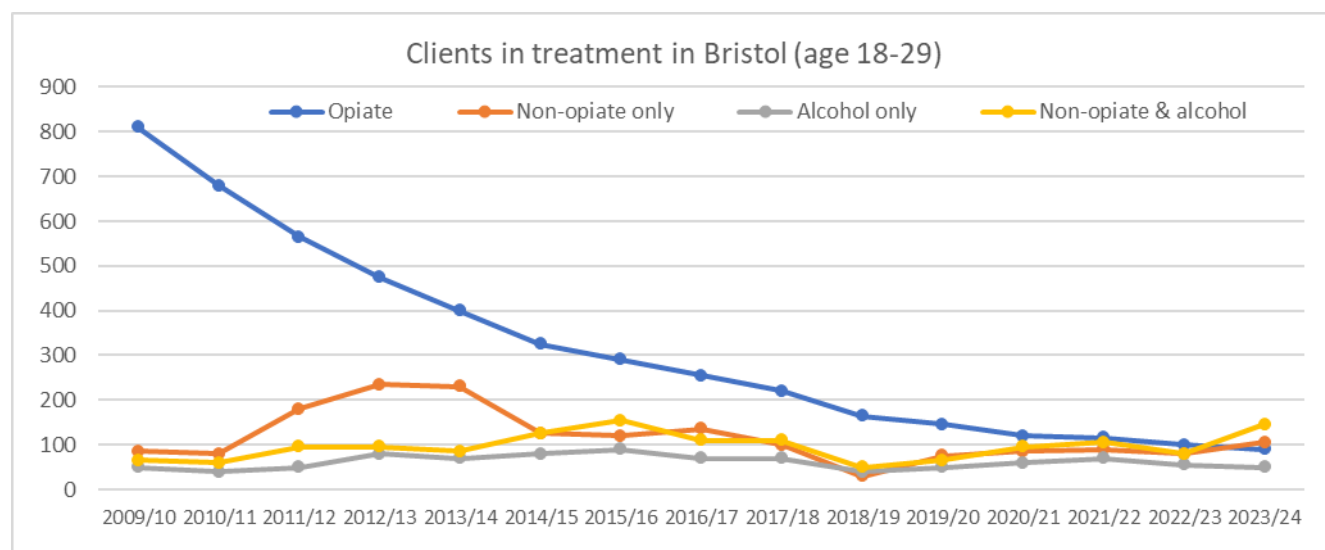


Figure 1: Number of clients in treatment age 18-29. Source: National Drug Treatment Monitoring System, January 2025

⁵ From harm to hope: a 10-year drugs plan to cut crime and save lives (publishing.service.gov.uk)

In contrast to the younger age group the number of clients in treatment for opiate use in the over 50 years age group has seen a significant increase in the last 14 years, which may reflect the ageing population of opiate users (Figure 2). 78% of adults in this category are male and 22% are female.

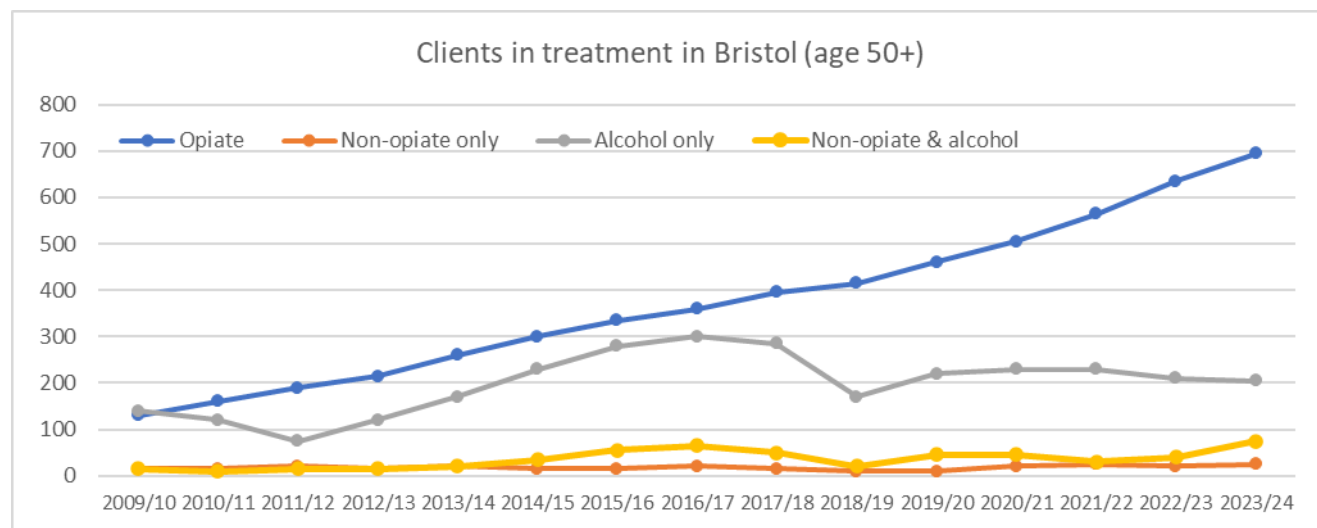


Figure 2: Number of clients in treatment age 50+. Source: National Drug Treatment Monitoring System, Jan 2025

Treatment completion rates

In 2023/24, Bristol had approximately 2,360 clients in treatment for opiate use, 500 for alcohol use, 515 for Alcohol and Non Opiate and 285 for Non Opiate. The percentage of opiate drug users that left drug treatment successfully and did not re-present to treatment within 6 months has been falling in recent years and by 2022/23 was down to 4.1%, before increasing slightly in 2023/24 to 4.7%, below the national average (5.2%) - Figure 3. Compared to the English core cities Bristol had the fourth highest success rate, Leeds had the highest at 7.7% and Sheffield had the lowest at 3.25%.

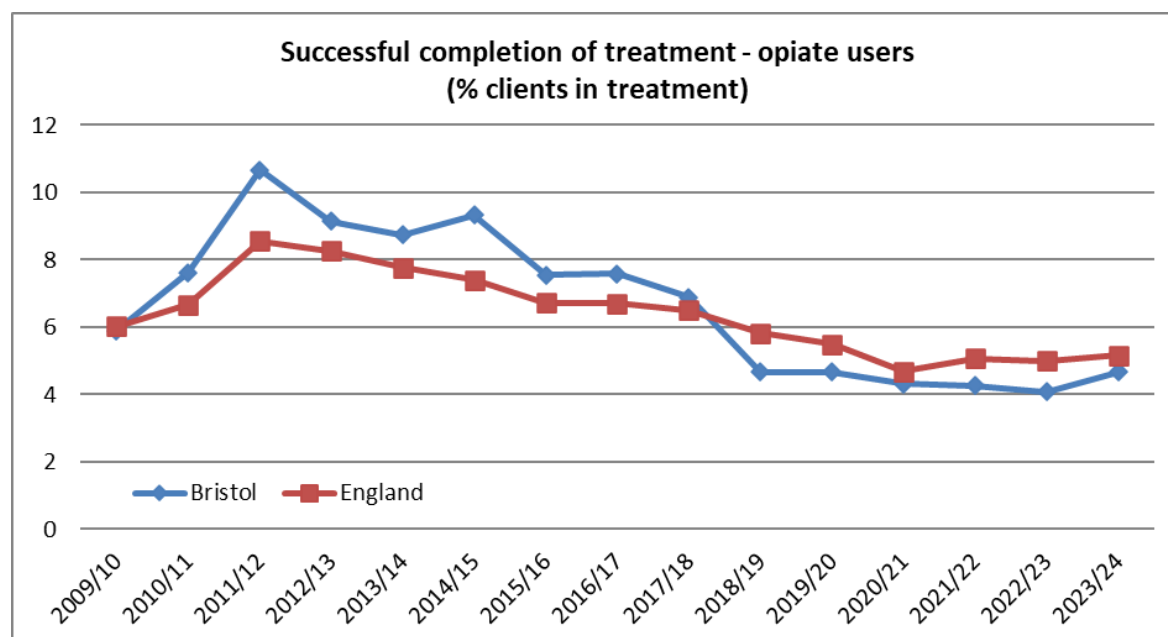


Figure 3: Treatment success rates – opiate; Source National Drug Treatment Monitoring System, January 2025

The success rate for non-opiate users (who left drug treatment successfully and did not re-present to treatment within 6 months) was 27.0%, lower than the national average (29.3%) – Figure 4. Bristol ranked the second lowest when compared to the other core cities, Sheffield has the lowest successful completion rate at 16.5% and Liverpool the highest (38.7%).

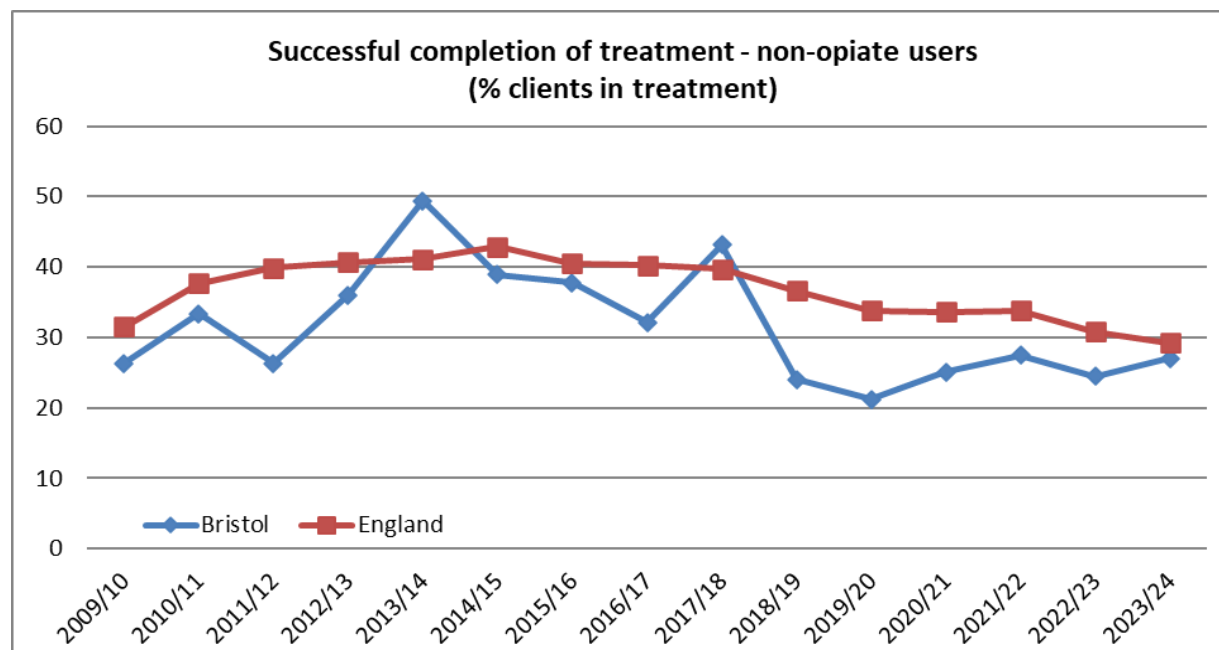


Figure 4: Treatment completion rates – non-opiate users; Source National Drug Treatment Monitoring System, January 2025

Drug Related Deaths

Bristol deaths from drugs use per 100,000 remains significantly higher than the national rate. For the period 2021-23, there were 9.7 per 100,000 deaths from drug use in Bristol, compared to 5.5 per 100,000 nationally (Figure 5). Bristol has the fourth highest rate of drug related deaths of all the English Core Cities which ranges from 13.1 in Liverpool to 7.4 in Nottingham.

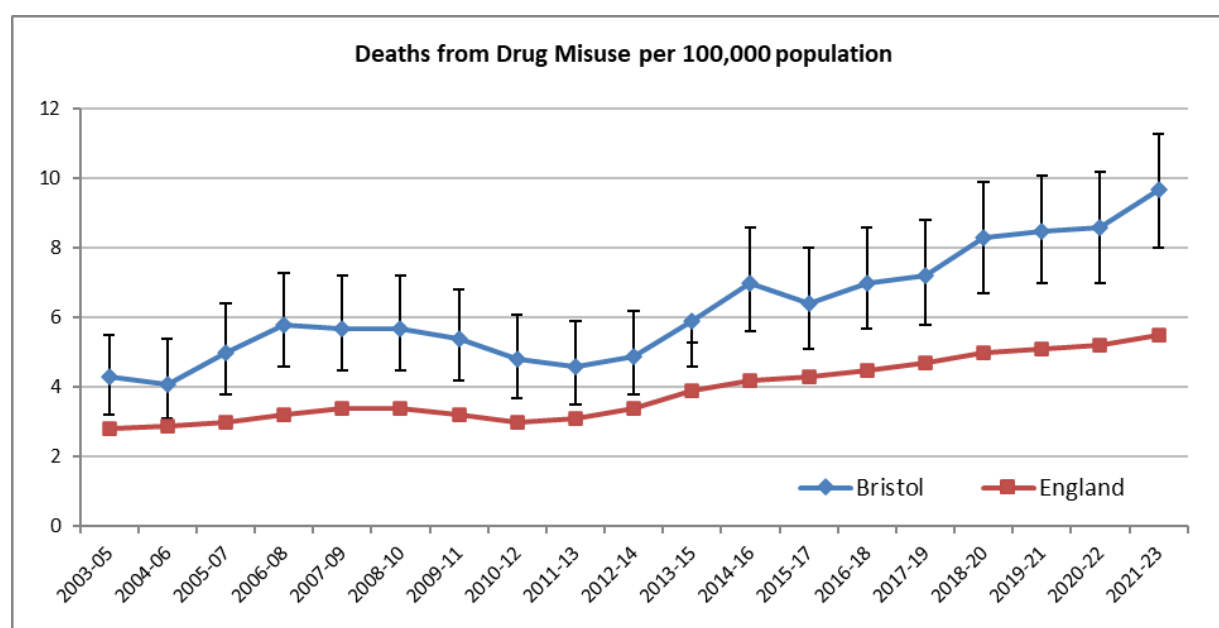


Figure 5: Deaths from drug use per 100,000, via [ONS](https://www.ons.gov.uk), January 2025

Of those who are in contact with substance use treatment, Bristol has a local drug related death rate significantly below national average at 1.15%, (England 1.3% in 2023/24) despite having a prevalence rate of problem drug use twice the national average. We have also established reporting pathways for drug related deaths, non-fatal overdoses, and drug alerts to enable swift multiagency prevention and mitigation activity.

Equalities data:

Death from drug use is significantly higher in males than females in Bristol. In 2021-23, 14.5 males died of drug use per 100,000 population compared to 4.8 females per 100,000. This compares to 8.0 males and 3.1 females per 100,000 population nationally.

We also know that Bristol has a mixed ethnic population including Polish, Somalian, Afro Caribbean communities and that there are differences in substance use within ethnic groups. Diverse communities link workers offer accessible services to these groups, although we know that there is still work to do in Bristol to ensure parity of access to minority groups in treatment.

Current Provision in Bristol

The delivery of treatment services in Bristol is commissioned by Bristol City Council, and the design of the program has been guided by our local drug strategy³ and informed by the national drug strategy (From Harm to Hope)⁴. Drug treatment services in Bristol were commissioned in 2018 as part of a single joined up service known as Bristol Recovery Orientated Alcohol and Drugs Service (Bristol ROADS). Bristol ROADS will be recommissioned in 2025.

ROADS is a partnership between:

- BDP (Bristol Drugs Project)
- DHI (Developing Health and Independence)
- Avon and Wiltshire Mental Health Partnership NHS Trust

ROADS provides: general drug and alcohol use advice, advice on detoxing, residential rehabilitation or getting an opioid substitute prescription, information about how you can reduce the harm substances can cause, a needle exchange, nursing support, including wound care, naloxone supply and blood-borne virus support.

BCC spends around £6.8 million per year on the ROADS treatment service. Substance use services are primarily funded through the Public Health grant. In recent years, the UK government has increased the level of investment available to local authorities for substance use treatment services. Bristol has secured additional funding from the Supplemental Substance Misuse Treatment and Recovery grant, which enables us to implement a wide array of interventions in alignment with our local drug strategy. Additionally Bristol received £855,500 for 2022-23 through the Rough Sleepers Drug and Alcohol Treatment Grant (a funding stream aimed at supporting people who have a treatment need and are at risk of rough sleeping).

Bristol is one of the local authorities in the UK who are part of the national Independent Placement Support pilot. IPS involves intensive, personalised support, a rapid job search followed, for those who secure employment, by in-work support made available to both the

employee and the employer. IPS was developed with people affected by severe and enduring mental ill health, a sector where it has solid evidence for being more effective than more conventional forms of employment support.

There remains a high level of need for people who have co-occurring substance use and mental health issues, and although there are a number of services who work in this space in Bristol, there remains a level of need outside of what can be currently supported. This is a longstanding gap in many treatment services, and must be a focus of future policy, and service design.

Further data / links / consultations:

- [National Drug Treatment Monitoring System](#)
- [Deaths related to drug poisoning by local authority, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)
- Public Health Outcome Framework: [Deaths from drugs use](#)
- [Bristol Local Drug Strategy](#)
- [From Harm to Hope: 10 year national drug strategy](#)
- [Combating Drug Partnership – Joint Strategic Needs Assessment – June 2023](#)

Date updated: January 2025

Next update due: January 2026