Drug and Alcohol Strategy for Bristol 2026 - 2030

KEEPING BRISTOL SAFE PARTNERSHIP

AVON & SOMERSET CONSTABULARY

NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board

Horizons

HM Prison & Probation Service

raft

Ara RECOVERY FOR ALL

BRISTOL CITY COUNCIL

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FOREWORD

We are launching this strategy at an exciting time for the city.

In 2024 the Bristol Lived Experience Recovery Organisation (LERO) was formed and this strategy has been co-designed with them and others who are experts through experience of substance use in our city. Their insight has created the vision, principles, and priorities of this Strategy.

Bristol has, over the last 2 years seen increasing numbers of people seeking support for their substance use and at the time of publishing this strategy we have the highest number in treatment in a decade, 4.500 people.

Our new substance use service commenced delivery in April 2025. Turning Point as our lead strategic provider in partnership with seven well established local organisations has brought national and local expertise together. Service users chose the name Horizons as the branding for this new service.

Our Combatting Drugs Partnership, formed in 2022, is well established, has built trust and collaboration to enable us to listen, learn, act, challenge and measure impact.

Like other local authorities Bristol has received additional funding, which has enabled us to invest more in services and approaches to improving outcomes for those experiencing substance use, homelessness and multiple disadvantage recognising they often experience some of the greatest inequalities in the city.

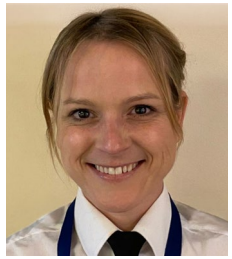
So, as we focus on the next 5 years, we do so with a clear understanding of the harms that alcohol and other drugs continue to cause to individuals, families and communities and what we have collectively agreed as the City's priorities and ambitions to deliver. We commit to placing lived experience at the heart of our approach and tackling inequality, as in doing so we are better able to drive forward our shared ambitions to be a city that brings hope, reduces harm and builds recovery capital.

Christina Gray

Director of Public Health, Bristol and Co-Chair of Combatting Drugs Partnership

Councillor Stephen Williams

Chair Of Health and Wellbeing Board



Superintendant Stephanie McKenna

Co-Chair of Combatting Drugs Partnership

INTRODUCTION

Bristol is a vibrant and diverse city of around 500,000 people.

Its population is younger than average, has over 90 languages spoken and is projected to grow further over the next 5 years. Bristol is a popular place to live and visit, whether that be for work, to study, or to enjoy the thriving night-time economy. Like all large cities in the UK, however, the impacts of deprivation and inequality are acutely felt in some communities.

Bristol has a complex landscape of drug and alcohol use, with impacts of ketamine, spice, and other emerging drugs, and higher than average hospital admissions for alcohol related harm being seen. Bristol also has an ageing cohort of people that have been in opioid treatment for 6 years or more. Bristol has above the England rate of drug related deaths, although comparable to other core cities, and a higher proportion of these deaths are due to chronic conditions.

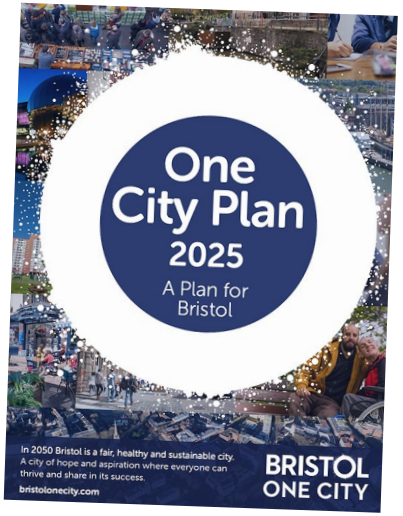
Bristol has for many years been recognised for its expertise and innovation in delivering harm reduction, bringing together research and practice.

Bristol has a well-established and active recovery movement, with a substantial number of mutual aid groups, peer mentors and voluntary and community organisations creating opportunities to strengthen recovery capital. Our local lived experience recovery organisation, Raft, is proactive in advocating, leading and challenging our local work.

This 5-year strategy describes our plans for addressing harms across the life course, covering children, young people and adults. It recognises the need for a whole system approach; bringing partners, wider stakeholders and wider work in the city that will contribute to this strategy.

In delivering this strategy we align with the 2025-2050 One City Plan for Bristol to:

> "make Bristol a fairer, healthier, more sustainable city – where no one is left behind."



WHY HAVE A DRUG AND ALCOHOL STRATEGY

Drug and alcohol use affects many people - not just those who use drugs and alcohol but also their families, loved ones, carers, wider communities, services and businesses in the city.

The consequences of drug and alcohol use for people and society are wide ranging and can be long lasting. Social inequalities and social exclusion create a less fair society where some people die younger and live more years of their lives in poor health.

Addressing the harms from drugs and alcohol use is a complex issue and requires a public health approach; understanding the root causes, the risks and protective factors, delivering population level evidence-based interventions and evaluating impact. We know that often harmful drug and alcohol use is found alongside risk factors such as untreated mental health conditions, chronic pain, poor physical health, experience of care in childhood, neurodiversity, homelessness, and trauma. Such factors may be both the drivers and consequences of drug and alcohol use. They require a whole system approach to reduce harms from, change perceptions of, and address the availability of drugs in the city.

There is also clear evidence of the connections between crime and drugs. Over a third of the prison population in 2021 were being held for a drug related offence, majority relating to their use rather than supply. Alcohol is a feature in between 25-50% of all domestic abuse incidents. Criminal exploitation of children, often targeting those with vulnerabilities to transport drugs and money is a growing national concern.

In delivering this strategy we have opportunity to address inequalities, protect those most vulnerable and take coordinated action against those who seek to cause harm.

National Policy Context

In December 2021, the Government published a 10-year drugs plan *From Harm to Hope*.

It set out 3 priorities:

- **Break drug supply chains**, so that law enforcement agencies can target and prevent the drug-related causes of crime effectively, reducing the associated violence and exploitation of people and reducing supply of drugs.
- **Deliver a world-class treatment and recovery system** which provides those experiencing, or at risk of experiencing, drug and alcohol issues the treatment and support they need to achieve long-term recovery; including support to achieve more stable life outcomes for those experiencing multiple disadvantages
- **Achieve a generational shift in the demand for drugs** by building an evidence base, encouraging adults to change their behaviours and preventing young people from starting to take drugs.

The 10 year plan was informed by Professor Dame Carol Black's Independent Review of Drugs, which highlighted the scale of the illicit drugs market (estimated at £10 billion annually), and its direct links with violence and exploitation, homelessness, and the additional pressure placed on children's social care. It emphasised the need for better integrated services to support individuals and families with substance use issues and that stable housing and employment, along with effective mental health and trauma services were needed to support long term recovery.

The From Harm to Hope Strategy did not include focus on alcohol and there has not been a national strategy for alcohol for over a decade. Alcohol is very much a part of our culture, and we use it to both socialise and celebrate significant milestones in life. Alcohol however remains the biggest risk factor for death, ill health and disability among 15-49-year-olds in the UK and the fifth biggest risk factor across all age groups. Since Covid-19 restrictions were lifted in 2021 the levels of home drinking compared to drinking outside of the home have remained higher and this has been particularly driven by those who drink the most. Alcohol specific deaths rose sharply post 2020 and deprived communities facing the greatest burden.

The 10-year plan recognised that local government and partners are best placed to establish local priorities and work collaboratively to address these challenges quickly and effectively. New investment was provided to support local partners to deliver results and reduce drug-related harm.

Each Local Authority was required to establish a Combatting Drugs Partnership (CDPs) and in 2022 the National Combating Drugs Outcomes Framework was published. This provided a single set of metrics to measure national and local progress and help CDP delivery partners structure and scrutinise their work. Importantly it also added metrics to measure alcohol risk and impact of local work.

The strategy and framework made clear that all relevant partners, including local authorities, the NHS, police, probation and prisons, should contribute to, and are jointly accountable for, all outcomes and elements of the strategy.

It is important to acknowledge that there are several interconnected strategies and frameworks that have been published to support our work to improve outcomes for those experiencing drug and alcohol harms.

The National Plan to End Homelessness (Dec 2025) includes investment in homelessness and rough sleeping services, a focus on ensuring prison leavers and those leaving hospital are not released to the street.

The NHS 10 year forward plan published in July 2025 is prioritising 3 shifts

- from hospital to community; delivering neighbourhood health services in accessible spaces,
- sickness to prevention; including new standards for alcohol labelling and supporting growth in no and low alcohol markets
- analogue to digital; enabling better access to healthcare advice and freeing up capacity to improve physical access to care for those with the most complex needs all have level – prevention and inequalities focus etc.

Local Context

The below data summarises the scale of drug and alcohol issues in Bristol.

Prevalence

In 2024- 25 Bristol estimated that there were

5148 opiate and/ or crack users of which about 47% were in treatment

7406 alcohol dependent drinkers of which about **33%** were in treatment

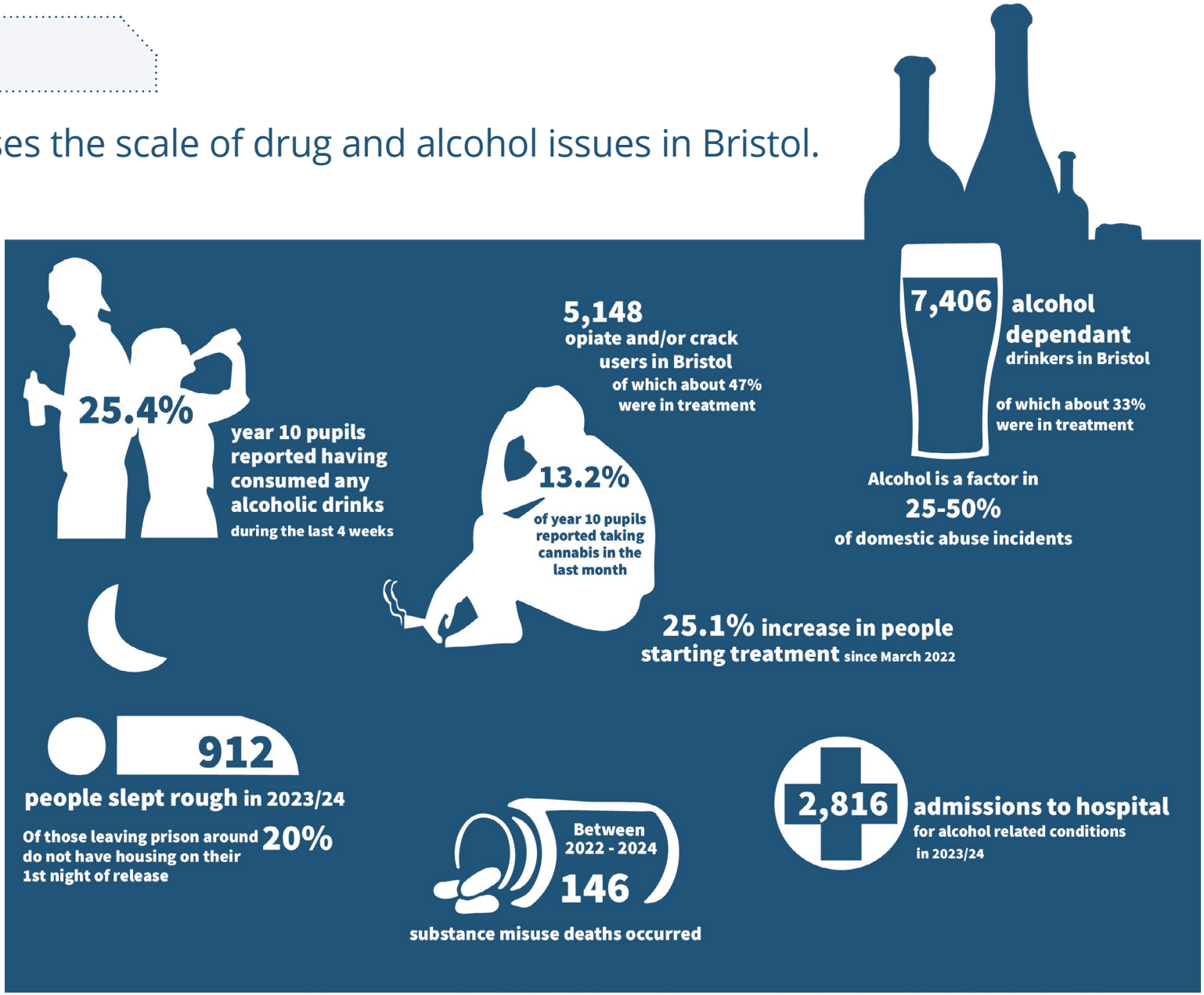
Local surveys reported that

13.3% of respondents were at higher risk of alcohol related health problems (Bristol Quality of life survey respondents)

13.2% of year 10 pupils reported taking cannabis in the last month and **25.4%** reported having consumed any alcoholic drinks during the last 4 weeks (Bristol Pupil Survey)

In 2023/24 - **912** people slept rough, a **28%** increase from previous year.

Of those leaving prison around **20%** do not have housing on their 1st night of release



Treatment

Since March 2022 we have seen an **25.1% increase** in adults in treatment

Majority of those who enter treatment have self-referred of been referred via health services

Most leave treatment within 12 months but nearly **20%** have been in treatment for over 6 years

In 24/25 **30%** of adults who left treatment had successfully completed

In 24/25 **87%** of children who left treatment had successfully completed

74% of those in treatment also have a mental health treatment need

Under **40%** of those who are released from Prison with a treatment need continue in treatment in community. This has improved over last 3 years but remains below 60% England average

Impacts of substance use

2,816 admissions to hospital primarily due to alcohol in financial year 2023/24

Alcohol is a factor in **25-50%** of domestic abuse incidents

Between 2022 and 2024 - **146** substance misuse deaths occurred – Bristol has similar rates of substance misuse deaths to other core cities

Between 2021 and 2023 **181** deaths caused specifically by alcohol - above the England average

WHAT ARE WE GOING TO DO?

Vision: Bristol aspires to be an inclusive recovery city working together with individuals, families and communities to reduce drug and alcohol harms, promote education and understanding, and provide compassionate, inclusive services.

Our Vision and Principles

Our Guiding Principles

The Bristol Drug and Alcohol Strategy is underpinned by a set of core principles that shape every aspect of our approach. These principles reflect our commitment to building a compassionate, inclusive, and effective system of support for individuals, families, and communities affected by substance use:

Trauma-Informed Practice

We recognise the profound impact trauma can have on individuals and communities. Our services and interventions are designed to be sensitive to trauma, promoting safety and empowerment.

Challenging Stigma

We actively work to dismantle stigma associated with substance use. Through education, advocacy, and inclusive language, we aim to broaden understanding and reduce discrimination.

Lived Experience at the Centre

The voices of people with lived experience are at the centre of our strategy. We value the opinions of those in the lived experience community to ensure relevance, authenticity, and impact.

Accessibility and Flexibility

We are committed to ensuring that services are easy to access and responsive to individual needs. Flexibility in delivery models allows us to meet people where they are.

Evidence-Informed Decision Making

Our actions are guided by robust data, research, and local intelligence. We continuously evaluate and adapt our approach to ensure it remains effective and responsive to emerging trends.

Equality, Diversity and Inclusion

We value and celebrate Bristol's diversity. Our strategy promotes equity in access, outcomes, and opportunities, ensuring that no one is left behind.

Collaborative Inclusive Recovery City Approach

Bristol proudly aims to be an Inclusive Recovery City. We work collaboratively across sectors, organisations, and communities to build a culture of recovery, resilience, and hope.

Priorities and Ambitions

We have identified 6 priorities of focus for the coming 5 years with associated ambitions.

Photo courtesy of Raft - Bristol's lived experience recovery organisation

1

Priority 1: Prevent and reduce harms

Bristol adapts to emerging challenges, trends and opportunities in communities

Why is this important?

Substance use causes significant harm to individuals, families, and our communities. Our latest Quality of Life survey (2024) reported that 35% of residents in Bristol feel drug use is a problem and in our most deprived areas, this rises to as high as 79%. There is also clear evidence that the impact of substance harms is more acutely felt in our most deprived communities due to chronic alcohol related ill health, drug and alcohol deaths. Stigma, trauma and exclusion add further to the harms.

We want to keep people safe and prevent deaths. Many people do not realise that they are drinking alcohol at a level that is harmful to their health and maybe unaware that alcohol harms include liver disease, brain damage and a range of cancers. Other substances including cannabis, cocaine and heroin are known to cause significant diseases of the liver, lungs and cardiovascular system, as well as mental health issues whilst frequent Ketamine use can lead to severe bladder problems and kidney damage. Substance use can also increase risk of infectious diseases such as blood borne viruses and bacterial infections.

What makes a difference?

Information campaigns and education programmes to increase awareness of the harms caused by alcohol and drugs and ways to decrease the risk of harm.

Psychosocial support to address trauma which may be driving the use of substances at a level which is causing harm.

Identifying alcohol harm early through screening in primary care, followed by brief advice, or treatment as appropriate.

The use of legislation and regulatory powers, such as local licencing and planning, to reduce substance use related harms.

Harm reduction services, which include needle exchange programmes, the provision of naloxone as well as testing and vaccination for blood borne viruses.

Our ambition is to

- Use data and intelligence to identify need and adapt our services, approaches and resources to improve outcomes
- Be responsive to any emerging drug threats and prevent drug related deaths in our city
- Work with transport, licensing and planning teams to design and create public places and safer communities which support healthy behaviours and reduce harms
- Work with local partners, including trusted community organisations, and Avon and Somerset Police, to reduce the impact of drug and alcohol harms on communities and prevent further exposure to harms
- Use our regulatory powers as a local authority on licensing and planning to address the negative impacts of drugs and alcohol on neighbourhoods
- Increase awareness of drug and alcohol harms through education, information and campaigns, including working with the city-wide harm-reduction network for universities and further education.

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Priority 2: Address inequalities

Remove the barriers and create health equity

Why is this important?

People from marginalised and underrepresented groups including LGBTQ+ individuals, those from global majority communities, people with disabilities and neurodiversity, and those experiencing homelessness or involved in the criminal justice system face disproportionate barriers to accessing support, treatment and recovery services.

People who use drugs are often part of multiple minority groups, compounding the effect of their identities on their experiences and increasing the likelihood that they will experience oppression in systems.

Research suggests that whilst interventions often focus on prevention and treatment of drug overdoses more excess deaths in those using opioids are caused by long term physical health problems such as cardiovascular disease, cancers and respiratory disease. Poor physical health relates to the direct effects of drugs, lifestyle factors such as tobacco smoking and poor diet, and social exclusion such as homelessness and imprisonment. This becomes increasingly important as the cohort of people using opioids is getting older. Access to physical health care services is therefore vital.

Dame Carol Black's Independent review of drugs identified that too often people are excluded from mental health services until they resolve their drug problem while also being excluded from substance use services until their mental health problems have been addressed. In England 74% of people starting treatment between 2024 and 2025 had a mental health treatment need.

The 2025 National Plan to End Homelessness made clear that drug and alcohol dependency puts individuals at risk of repeat homelessness.

What makes a difference?

Skilled culturally competent workforces with focussed in-reach to diverse and underserved communities and structural barriers to treatment removed. Support for digital inclusion.

My Team Around Me – a multiagency, relational and trauma informed approach to support those experiencing multiple disadvantage.

Open access to physical health care, drop-in sessions, trauma informed services that meet the needs of those experiencing multiple disadvantage.

Specialist Co-occurring Mental Health and Substance Use services are helpful but increasingly there is a recognition that there needs to be a greater understanding of mental health within substance use services and vice versa. There are examples where co-location of staff has been used to achieve this.

Specialist housing support for those using substances, including provision for older adults who may have age related health and care needs in addition to substance use.

Our ambition is to

- Improve accessibility and engagement in substance use treatment across underserved communities, including culturally diverse groups and those with limited digital access
- Improve access to healthcare; primary, secondary and mental health, for those with substance use needs recognising the multiple disadvantage, complex health needs and inequitable access impact
- Help people get and keep a home.

3

Priority 3: Children & Young People

Children and young people in Bristol are protected from drug and alcohol harms and able to thrive

Why is this important?

Early exposure to substances can have long-term impacts on health, education, and life outcomes. Substance use can increase vulnerability to exploitation, abuse, and criminal involvement.

We asked children and young people in Bristol to tell us what was important when supporting them around substance use in our city. Embarrassment, fear of judgment and anxiety were some of the key themes that prevent young people from accessing services or asking for help. They told us that they were hesitant to reach out for support because of fear of losing friends, not being understood by adults, and fear of repercussions (e.g. parents, exclusion from school), and thinking their use of substances wasn't problematic.

Those who work in education told us of increased visibility of substance use among students, particularly in Years 8 to 10. Vaping, cannabis, and ketamine were the most mentioned substances. Colleges reported a rise in the misuse of prescribed medication, particularly ADHD treatments used by students to manage anxiety while awaiting mental health support or to improve focus during exams. Both schools and colleges expressed concern about the ease of access to drugs locally and online, as well as the growing normalisation of vaping and substance use among student populations.

We are aware our young people aged 16–25 face heightened risks of drug related harm and exploitation as they transition from childhood into adulthood. This cohort often falls into a safeguarding gap, where child protection frameworks no longer apply, and adult services may not be developmentally appropriate or easily accessible.

Parents' dependent alcohol and drug use can negatively impact on children's physical and emotional wellbeing, their development and their safety. The impacts on children include:

- physical maltreatment and neglect
- poor physical and mental health
- development of health harming behaviours in later life, for example using alcohol and drugs and at an early age, which predicts more entrenched future use
- poor school attendance due to inappropriate caring responsibilities
- low educational attainment
- involvement in anti-social or criminal behaviour

What makes a difference?

We have listened to feedback from our consultation, including professionals working in education and further education settings, our LERO and local communities. They tell us more age-appropriate education and awareness of drugs and alcohol is needed in schools, colleges and youth settings. Whilst equipping parents, carers and professionals to help them identify and respond to early signs of substance use and signpost our children and families into appropriate support services.

Early and better advice and support (early help) for families experiencing challenges with substance use can play an important role in preventing trauma and improving outcomes.

Our ambition is to

- Ensure children and young people understand the potential harms of drugs and alcohol and how to be online safely
- Support children and young people's self-confidence, emotional resilience, and mental wellbeing to increase their potential to make informed decisions around substance use
- Ensure children and young people are supported to access services for their drug and/or alcohol use as early as possible
- Provide support to children and young people with substance-using parents/ carers to reduce further harms and where needed safeguard them
- Ensure there are safe places and trusted people in every neighbourhood for young people to discuss their concerns around substance use and receive support
- Recognise key groups or periods in a young person's life where risk is greater – Adverse Childhood experiences, transition to adulthood and target work to meet these needs
- Protect children and young people from drug and alcohol-related criminal exploitation.

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Priority 4: Treatment and support

Bristol's treatment services are high quality and effective.

Why is this important?

The treatment and support preferences of individuals should be respected and the goals that are meaningful and important to them fully considered, and individuals should be involved in decision-making and supported to actively manage their own health and wellbeing.

People under the care of drug and alcohol treatment and recovery services have commonly experienced significant trauma and have high rates of multiple co-occurring mental and physical health conditions.

Living in a university city means that we have opportunities to be innovative and work with our universities to pilot and evaluate new services striving to make Bristol's services as effective as possible.

What makes a difference?

Effective drug and alcohol treatment includes a combination of psychological, pharmaceutical and mutual aid approaches. It is important to provide a wide range of options for support to meet the varied individual needs of people providing support in a way that is sensitive to people's culture and background and recognises the individual, social and structural barriers that may be experienced.

Therapeutic, trauma aware interventions beyond standard drug/alcohol counselling are needed to address the co-occurring mental health and substance use needs.

It is important to have a highly trained and motivated workforce offering a full range of evidence-based interventions. It is also important that that workforce is well supported.

Commissioning continuity avoids the churn that can disrupt relationships between those providing services and those seeking treatment.

Our ambition is to

- Provide a wide and varied number of treatment options that are responsive to need
- Ensure treatment is accessible and inclusive to all communities, with effective pathways and outreach provision
- Support families and carers of people in treatment and recovery services in their own right
- Build a professional and highly skilled workforce, that represents our local population, including those with lived experience
- Build better understanding across services and organisations on how substance use and mental health can present and how services can better respond and meet their needs
- Be a learning city; working together with academia, providers and wider partners to ensure evidence is robust, informs our decision making and can add value to this sector whilst embracing innovation and creativity.

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Priority 5: Criminal Justice

Recognise and address the health and social inequalities, that can lead to crime and disorder and criminal justice involvement

Why is this important?

People who are dependent on drugs and alcohol, many of whom experience co existing mental ill health, are particularly vulnerable to exploitation and often become victims of crime. We hear consistently that young people can be drawn into exploitative situations such as county lines, and that adults who use drugs or alcohol may be at risk of having their homes taken over by others involved in drug supply, known as cuckooing. Approaches that criminalise individuals with dependency issues further erode trust in services and make it harder for people to seek help.

The impacts of substance use are visible across the city. Rough sleeping, begging, street drinking, public drug use, discarded injecting equipment, and street sex work are prominent in some areas. Much of the crime within our communities is linked to funding drug and alcohol dependence, creating a 'revolving door' effect within the criminal justice system and contributing to organised criminal activity. Feedback from people with lived experience and professionals highlights the urgent need for better support for those leaving prison or the secure estate to reduce relapse and reoffending.

Bristol is a vibrant, multicultural city with a rich history, creative energy, diverse neighbourhoods, and a thriving night time economy. Protecting this environment is vital ensuring that everyone can live, work, and socialise safely – and that communities are shielded from the harms associated with drugs and alcohol through a balanced approach of enforcement, prevention and recovery.

What makes a difference?

Delivering interventions that address the underlying issues that may lead to offending behaviour such as mental ill-health and historical trauma . This requires moving beyond punitive responses toward integrated, trauma informed approaches, including routine enquiry and strong cross sector referral pathways between substance use, domestic abuse, and wider safeguarding services.

A whole system approach–built on effective partnership between the local authority, police, prisons, probation, health services, and the voluntary and community sector – is essential to divert people proactively into high engagement, evidence-based alternatives that tackle the root causes of substance use and associated offending. Strengthening these pathways is particularly important to ensure that people in the criminal justice system with drug and alcohol needs receive timely, appropriate support, ultimately contributing to a safer Bristol where people can live, work, and socialise confidently.

Our ambition is to

- Prioritise the protection of vulnerable adults from drug and alcohol-related exploitation
- To reduce drug-related harm, disrupt criminal supply networks, and support individuals and communities through a balanced approach of enforcement, prevention, and recovery
- Reduce the numbers of people experiencing the 'revolving door of the criminal justice system' through proactive work to increase engagement in alternative options
- Address drug and alcohol-related violence against women and girls
- Reduce the risk of substance use harm for those being released from prison.

6

Priority 6: Recovery

Promote, build and invest in sustainable recovery across Bristol

Why is this important?

In Bristol we recognise that recovery is a journey that begins when people first access treatment services. Focusing on quality of life and person-centred goals removes the dichotomy often felt in the terms harm reduction and recovery.

Meaningful social connections and activities are important to people. Spaces such as cafes, music groups, sports and mutual aid meetings make a difference. People in recovery told us, it is there they can connect with others who have shared experiences and feel seen, heard and understood. We also heard that it is important to meet people where they are at in that present time and recognise that recovery is self- defined and services cannot offer a one size fits all approach.

We recognise the importance of supporting people from diverse communities to develop culturally appropriate recovery initiatives.

Those with lived experience were clear that recovery is a deeply personal journey. For some this may be abstinence, whilst for others it may be using substances in a less harmful way, without negative outcomes. Participants described recovery as a transformation, which includes reclaiming identity, making sense of the past and looking to the future in a more positive and productive way. To do this, participants spoke of the importance of diversionary and purposeful activities, maintaining a positive state of emotional, mental and physical wellbeing and learning new skills to develop positive relationships and achieve personal goals.

What makes a difference?

Recognising that recovery means different things to different people.

Lived Experience Recovery Organisations such as Raft in Bristol are key to creating a social movement for recovery. It is important that they are embedded in their local communities where they can demonstrate recovery, as well as having a social impact.

The provision of a range of support and activities to facilitate recovery which may be lived experience led, peer to peer and accommodation or community based.

Arts, music and sports activities all contribute to building recovery capital.

Our ambition is to

- Secure sustainability of our Lived Experience Recovery Organisation as a social movement for recovery in Bristol so that it reaches all neighbourhoods and communities, including our diverse communities and underpins our work as a city
- Identify and address barriers to learning and work, working with system partners to ensure improved access and support
- Continue to raise awareness of the importance of mutual aid groups including SMART recovery and fellowships
- Involve people with lived experience in training the health and wider workforce to support a compassionate approach
- Develop after care offer for those leaving treatment
- Develop city-wide public awareness campaigns to challenge stigma and shift narratives from criminality to health and recovery. Showcasing the life experience and success of people in our city as a route to humanise dependence and recovery.

GOVERNANCE AND REPORTING ARRANGEMENTS

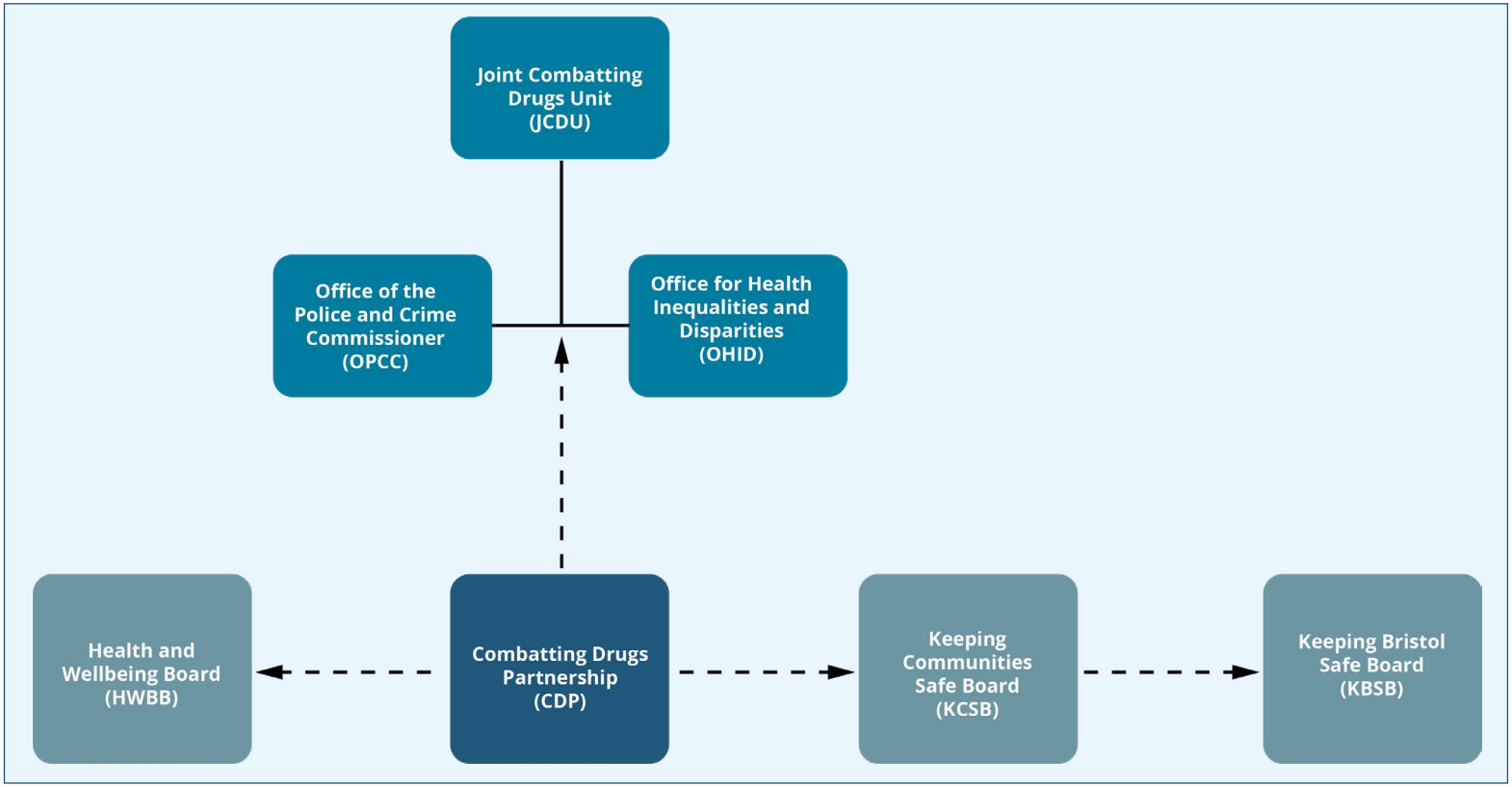
Governance arrangements for delivery of the strategy

The Bristol Combatting Drugs Partnership (CDP) includes representatives from the local authority, health, police, education, housing, voluntary and community sector and our local lived experience organisation, Raft.

The CDP is responsible for delivering this strategy, monitoring progress against the ambitions and agreeing an annual delivery plan. It will also provide reports to the Keeping Communities Safe Board (KCSB), and Health and Wellbeing Board (HWBB) each year. The CDP will continue to monitor impact against Office for Health Inequalities and Disparities (OHID) nationally set measures.

The CDP also reports into the National Joint Combatting Drugs Unit (JCDU), the Office for Health Inequalities and Disparities (OHID) and Office of the Police and Crime Commissioner (OPCC). Their focus is on and performance and effectiveness, providing support and challenge to local authority areas.

It also provides reports into the keeping communities safe board, a sub group of the Keeping Bristol Safe Board (KBSB).



ACKNOWLEDGEMENTS

Thankyou...

- To those with lived expertise, who have the greatest knowledge of what is needed to meet the needs of those affected by drugs and alcohol, and coproduced this strategy
- To those who took the time to respond to the public consultation, which showed clear support for the vision, priorities and ambitions for the city for the next 5 years but also led to us strengthening focus in some areas
- To the strategic partners who have committed to work together to deliver this strategy
- To the team who worked to produce the document

Final words

- With thanks to Delroy Decordova who gave permission to share this extract from his poem which he read at the Bristol Creative Communities concert in December 2025 and which reflects on his lived experience.

I Rise

I rise like the start of a suns shift making way for the moons rest. As white foam settles from a rolling waves crest...

...I rise to my feet after kneeling in humble prayer, giving all the glory to the God of my understanding.

I rise from the depths of addiction, where few make it through and the wings of fallen angels lay tattered on the ground as they lurk around darkened corridors decorated with souls of the lost.

I fell, I kept falling, like a stone cast out to an unforgiving sea I came to find that stone was me. The light faded, the pressure began to mount and the air became thin as darkness engulfed all that was around me.

And as I sank into the abyss, the thought of rescue, of one last lifeline began to recede. Hope was bleak as I laid meek, where was the promise to inherit the earth.

Then just as darkness peaked blowing it's beckoning horn. I arose to the song of a new dawn as she reached out her hand into that sea and somehow found me, and I reached back.

There is where my ascension begins.

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