

## **Bristol Drugs Project Limited**

(A company limited by guarantee) Report and  
Financial Statements Year Ended 31 March 2021

Company No. 1902326

Charity No. 291714

# **Bristol Drugs Project Limited**

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**For the year ended 31 March 2021**

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## **Bristol Drugs Project Limited**

### **Reference and administrative details**

**For the year ended 31 March 2021**

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**Company number** 01902326

**Charity number** 291714

**Registered office and operational address** 11 Brunswick Square  
Bristol  
BS2 8PE  
Tel: 0117 987 6000

**Trustees** The trustees who served during the year and up to the date of this report were as follows:  
R Amos  
K Barker (appointed 19 May 2020)  
K Curling  
J Davis (resigned 21 September 2020)  
R Kennedy, MB BS, MRCP, MRCGP, DCH (resigned 14 January 2021)  
M Lea, BA Hons, FCA, CTA  
J Long QPM, BA Hons, MA (Chair)  
R Mayall (appointed 19 May 2020)  
R Paine  
J Risk  
I Sherwood (resigned 21 September 2020)  
T Smyth MRCGP FRCS

**Chief executive officer** Maggie Telfer OBE

**Bankers** Unity Trust Bank plc  
Nine Brindleyplace  
4 Oozells Square  
Birmingham  
B1 2HB

Triodos Bank  
Deanery Road  
Bristol  
BS1 5AS

**Solicitors** Gregg Latchams Ltd  
7 Queen Square  
Bristol  
BS1 4JE

**Auditors** Godfrey Wilson Limited  
Chartered accountants and statutory auditors  
5th Floor Mariner House  
62 Prince Street  
Bristol  
BS1 4QD

## **Bristol Drugs Project**

### **Report of the Trustees**

**For the year ended 31 March 2021**

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Reference and administrative information set out on page 1 forms part of this report. The financial statements comply with current statutory requirements, the Memorandum and Articles of Association and the Statement of Recommended Practice - Accounting and Reporting by Charities (effective from January 2019).

### **CHAIR'S REPORT FOR THE YEAR ENDING 31<sup>ST</sup> MARCH 2021**

Reflecting on Bristol Drug Project's experience of the past year inevitably revolves strongly around the Covid-19 pandemic. Public, private and third sectors constantly state how certainty and stability are what they seek in order to plan, operate and thrive. The Covid-19 crisis has instead provided the antithesis of this. Acknowledging the tragedies and problems thrown up by the Coronavirus, it is therefore reassuring to read in this annual report that under the excellent leadership of its CEO, Maggie Telfer, BDP has not only taken account of these challenges but has also risen to them.

As always, there are solutions and opportunities that arise from crises. The agility that BDP has shown in meeting the challenges of the pandemic; its careful financial management; increased digital working; innovation; and the continued massive commitment of its staff and volunteers to BDP's mission, have resulted in another successful year. The resilience amongst staff has been a key factor in this. They have provided services during the pandemic without significant interruption. This has been achieved by remaining open and not merely resorting to just virtual IT-based methods, although these tools have been adopted when needed. This was in spite of an understandable anxiety amongst staff and volunteers about the implications of Coronavirus infection.

By adapting to the new circumstances, services were also developed. For example, BDP made a strong contribution to the well-publicised initiatives to shelter the homeless in hotel accommodation in Bristol. When alcohol detoxification services had to be suspended due to Covid-19, BDP staff stepped up to tackle the risks to people of sudden unmanaged alcohol withdrawal or life-threatening toxification. Through this a significant number of people went on successfully to complete detoxification plans. Medication was delivered by staff to service users having to self-isolate and the 50+ group were supported through Covid-safe home visits. Socially-distanced family visits to young people were also carried out. Work was undertaken with new and returning students at Bristol University through harm reduction drug testing supplied through BDP and Bristol Students Union.

Longer term planned service provision was also strengthened through the extension of our contracts for ROADS and Targeted Youth Support and, importantly for BDP's continued work with young people, New Leaf. As the Bristol Social Impact Bond has concluded, BDP is able to report on a successful involvement and with the intention of perhaps exploring the future potential of similar work.

The accounts for the year ending March 31<sup>st</sup> 2021 show that BDP made provision from reserves of £149,432 to cover reduced income and an initially unknown level of national pay award increase (eventually set at 2.75%). However, various factors actually resulted in a year end surplus. In addition, donations and a further significant bequest enhanced this, so the result is a year-end surplus of £69,883. For 2021-22, the tapered reduction in some of BDP's contractual funding means it has again been decided to transfer from reserves a sum to

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support the financial position during 2021-22. This is anticipated to be in the region of £180k - £200k. It is not the intention to continue to sustain services through reserves but, in the short term, the rationale for doing this remains justified. BDP's planning session in September will consider the longer-term strategy.

There are ongoing challenges as a result of the pandemic of course. Of priority are the health and safety of staff and service users. Also, it is widely reported that demand is likely to escalate for most charities, whilst funding pressures are likely to remain and increase. In a survey undertaken amongst charities in November 2020, 14% stated they were unlikely to be operating after 12 months. Some charitable sectors expected even worse. For example, 45% of overseas development charities don't expect to survive until the end of 2021.

What lies ahead for BDP and how future conditions develop for managing drug and alcohol dependence will clearly be influenced by Government policy. Significantly, Parts 1 and 2 of the Home Office-sponsored independent review of drugs by Dame Carol Black have been completed with Part 1 published and Part 2 expected in Summer 2021. Describing an illicit drugs market worth an estimated annual £9.4 billion, Part 1 of Dame Black's review outlines the role of national agencies. However, it also contains a strong emphasis on local multi-agency service interventions and those specifically directed towards young people, contexts in which BDP services successfully operate. It suggests that the accountabilities of local agencies should revert to a shared model, similar to those that existed before the Health and Social Care Act 2012. It remains to be seen the extent to which the Government will fund and support Dame Carol Black's proposals. It is also unclear as to what the Government's intentions are on alcohol. A risk certainly remains that charities with the relevant skills to deal with these complex problems, will struggle to survive if resources and support diminish.

On our Board of Trustees, the memberships of Kerry Barker and Rod Mayall were confirmed at our 2020 AGM. At the same meeting, Jonathan Davies and Ian Sherwood stood down as trustees. We owe them both a great debt of thanks for their highly valued contributions over the years. The Board hope to confirm a new trustee in David Bradnock at our next AGM. A very fond farewell goes also to Dr. Ros Kennedy who, after a considerable period spent on our Board, stood down in January of this year, typically to move on to another demanding role elsewhere. First mentioned in last year's report, I have the pleasure to report here too the confirmed appointment at our AGM of John Prior as BDP's President. John, as a long-time member and Chair of BDP, has a priceless knowledge of the work of the Charity.

Finally, I wish to thank all our current Trustees for embracing the new context in which we have met and worked during the pandemic. Their unerring support and commitment have never been more valuable and, alongside that of all BDP's staff and volunteers, fill me with great confidence for the year ahead.

John Long QPM, BA Hons, MA

*John Long*

17 August 2021

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### **Report of the Trustees**

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The Board of Trustees present their annual report and financial statements for the year ended 31 March 2021. The Trustees' Report also contains the Directors' report, as required by the Companies Act 2006. This is an important document, which summarises Bristol Drugs Project's activities during 2020/21; highlights key achievements; and identifies challenges and ambitions for 2021/22.

### **OBJECTIVES AND ACTIVITIES**

Bristol Drugs Project's (BDP) charitable purpose is described in the objects within the Charity's Memorandum and Articles of Association as:

- the relief of poverty, sickness and distress among those persons affected by addiction to drugs of any kind or otherwise in need;
- the advancement of training and research; and
- the prevention of drug addiction and provision of treatment and aftercare.

### **Achievements & Performance – Delivering Public Benefit**

This report describes how the charity's activities fulfil the Public Benefit provisions of the Charities Act 2011. In doing this the charity has complied with the duty in section 4 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission. The Board of Trustees is satisfied that BDP has charitable aims that are carried out for public benefit, specifically:

- the benefits to individuals, families and communities (and hence to the public) are clear and in line with BDP's aims;
- the beneficiaries are entirely appropriate to BDP's aims;
- BDP has no unreasonable restrictions on access to our services either by poverty, a requirement to pay fees, geographic restriction or provision of services restricted to certain sections of the public; all services are free at the point of delivery and;
- only beneficiaries benefit from BDP's activities: there is no 'private benefit'.

This report describes BDP's activities transparently, documenting their relevance to our objects as a charity and demonstrating that BDP's activities are effective in achieving the charity's aims. BDP has reviewed any potential negative impact of its activities to satisfy itself that the benefits far outweigh any detriment or harm arising from the charity's activities. For example, BDP takes active steps to minimise any potential harm arising from its Needle and Syringe Programme by placing emphasis on safe disposal of injecting equipment supplied by BDP in order to minimise the risks that can arise from inappropriate disposal.

The public benefit we create can be defined by:

- Who we provide it for
- How we provide for them
- What we provide

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#### **Who We Provide Public Benefit For**

*BDP delivers services to individuals, families and communities affected by drug, alcohol or other addiction, which reduce harm, maximise individuals' potential and promote independence from drugs and alcohol.*

##### **For Adults:**

BDP delivers services to adults through Bristol's Recovery Orientated Alcohol & Drugs Service (ROADS) and other grants and donations. During 2020/21, 2,476 (2019/20 2,932) individual adults whose alcohol or drug use was problematic benefitted from services provided by BDP. A proportion will have accessed more than one service or had more than one period of engagement during the year. The main reason for this reduction in the number of people supported is that significantly fewer people used only our Needle and Syringe Programme than in the previous year. This reduction of 53% began with the first Lockdown and in large part is due to gym closures and consequent reduction in people injecting Image or Performance Enhancing Drugs. The whole picture is not yet clear and is discussed later in this report but appears to reflect a reduction in the number of people injecting drugs or the frequency of injecting.

- 2,197 people started or continued in a structured treatment programme – principally Opioid Substitution Treatment (OST)
- 279 unique individuals engaged with our Harm Reduction and Needle and Syringe Programme. 120 (43%) (2020: 53%) were injecting Image or Performance Enhancing Drugs (IPED) – more commonly known as Steroids. A further 130 people are estimated to have accessed our Needle & Syringe Programme based in pharmacies across the city.

##### **For Children & Young People:**

BDP provides drug and alcohol-focused work with young people as part of Bristol's Targeted Youth Service (TYS) for 11-18 year olds, delivered by Creative Youth Network (CYN). We contribute to delivering the 'September Guarantee' which aims to minimize the number of young people who are not in education, employment or training (NEET).

BDP also continued to support children under 11 years old through our charitably funded M32 Youth Groups, supporting 5-10 and 11-16 year olds respectively.

Referrals to Bristol's Youth Alcohol and Drug Diversion (YADD) programme remained at a similar level to pre-pandemic periods with 48 referrals. The YADD offers an educational and supportive intervention as an alternative to a warning or caution for a first possession offence. Engagement remained high, with 75% of young people referred completing this alternative to a criminal justice 'footprint' and the negative impact this can have for young people's future employment opportunities.

2020 also saw BDP launch 'New Leaf,' offering longer-term support to young people whose cannabis use is problematic and who are at risk of Child Criminal Exploitation.

Across this period, we supported 331 children and young people compared with 536 in

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the previous year. This reduction in young people supported reflects a sharp fall in referrals to TYS, as the pandemic meant many organisations suspended normal business and forced school closures – the latter being major referrers to our Targeted Youth Support team.

### **How We Provide Public Benefit**

10 March 2020 marked our 35th year of providing effective services to people with alcohol or drug problems, designed to reduce harm, maximise individuals' potential and promote independence from drugs and alcohol. Shortly afterwards the pandemic came into sharp focus for everyone with the first Lockdown.

What was crystal clear was that we could not continue the Charity's work by wholesale working from home or videoconferencing. Many people whom BDP supports are not in regular possession of a basic phone let alone are able to join a Zoom or Microsoft Teams meeting. And BDP works with some of the most multiply disadvantaged, and stigmatized, people in our communities who, without access to equipment and money to buy data to access digital support, Covid-19 had potential to hit really hard.

So we continued to provide a continuum of interventions for people experiencing problems with alcohol or drugs, of all ages, at all stages of the complex process of behavioural change. The services we provide are tailored to individual need - not dictated by our workforce's personal beliefs or a 'one size fits all' approach. BDP's role is to support people in building their recovery capital (rewarding relationships, valued activity, adequate housing and income). Supporting not judging; recognising the impact of Adverse Childhood Experiences with trauma-informed approaches; nurturing change with passion and ambition; and enabling people to acquire skills and self-belief, which makes recovery an enduring and rewarding reality.

At one end of the spectrum of change, we deliver services, which are designed to reduce drug-related deaths, for example, our Needle and Syringe Programme, Naloxone supply to reduce fatal overdose, and a Physical Healthcare service to enable skin and soft tissue infections and other healthcare needs to be tackled early to reduce hospitalisation and harm.

At the other end of that spectrum, we deliver services which reconnect individuals with their family, community and life opportunities, as drug or alcohol dependence becomes part of their history rather than something which defines them.

All of the charity's services are free at the point of delivery. They are provided at multiple locations, including 42 GP surgeries, youth and family centres and through extensive outreach to ensure easy access for beneficiaries. Our Mobile Harm Reduction Service vehicle and our premises at Brunswick Court as well as our partner premises are compliant with the building provisions of the Disability Discrimination Act.

Of course Covid-19 prohibited business as usual. We had to deliver some services differently, through outreach and socially-distanced visits rather than a busy Advice Centre, as well as delivering different services, for example, alcohol detoxes using alcohol, about which more later in the report.

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#### **Our People**

Services were delivered by 69.3 full-time equivalent staff. Our volunteer support was hit hard by Covid-19 with our volunteer contingent falling from 67 in 2019/20 to 45 in this period as older volunteers shielded, some left Bristol to be with families and many of the services they supported were not safe to deliver in the volume or manner possible during the first and subsequent Lockdowns in order to maintain social distancing. Despite the unavoidable curtailment of volunteer involvement, there were two highlights: 2020 saw us achieve renewal of our Investing in Volunteers quality standard – now held continuously since 2008; and 2021 saw us complete our first mainly virtual volunteer recruitment and training programme.

Our planned seventh Trainee Programme was an early casualty of the pandemic. This offers a new route into work for people who have a recent history of problematic drug or alcohol use and face major barriers to employment e.g. a significant criminal record. During 2020 three of our four Year Six Trainees secured employment, demonstrating the value of this role in offering people who are a long way from the labour market a route to joining it. We are particularly pleased that we have secured resources to recruit a further five Trainees in 2021.

Throughout 2020/21, we continued to be supported to improve access to all of Bristol's communities through our contract with Stand Against Racist Incidents (SARI). SARI's role has been particularly important in supporting our Diverse Communities Link Worker role, who joined us only weeks before Lockdown, and brokering access to people and communities, whom we seek to support more effectively in relation to alcohol or drug issues. SARI also delivered Unconscious Bias training to our staff and volunteers which one described as clearly achieving our purpose as, "very thought-provoking and challenging."

#### **Partnerships**

During the year, BDP maintained our partnership working with Bristol City Council's Public Health Team, our ROADS partners, Developing Health & Independence (DHI) and Avon & Wiltshire Mental Health Partnership Trust (AWP), Public Health England (PHE), 42 of Bristol's GP Practices, Bristol City Council's Children's Services, the Youth Offending Team and Safer Options Teams, Bristol Secondary Schools, homelessness pathway housing providers and a wide range of other voluntary and community sector providers to ensure delivery of effective services.

Drug and alcohol services have been impacted by a protracted period of austerity, with almost 25% reduction in funding, commencing in 2014. Partnerships can often suffer during periods of austerity as organisations retreat to core business and have limited appetite to share resources or develop new ways of working. We continue to work with others to develop relationships that really do produce more than the sum of their parts, sustaining mature ones and initiating new ones. This year saw partnership working with those running the hotels housing people who were homeless during Everyone In flourish. We delivered OST medications, tended wounds, carried out Blood Borne Virus (BBV) testing along with Terence Higgins Trust and provided alcohol detoxes using alcohol in the absence of medically managed alternatives. In the first weeks of Lockdown we also identified and filled a gap, securing donations to design and deliver Activity Packs to support people used to being out and about to self-isolate.

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Our partnership working to develop more effective responses to People With Inject Drugs (PWID) with skin and soft tissue infections continued, working with Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSGCCG) and partners to introduce universal supply of chlorhexidine wipes in all Needle and Syringe Programme packs as a measure to reduce MRSA bacteraemia among our service user population.

This was year three of a number of our partnerships including: Creative Youth Network, with BDP delivering the drug and alcohol-focused activity within Bristol's Targeted Youth Service. And BrisDoc Healthcare providing nursing resource within BDP's Physical Healthcare service and delivering the rapid prescribing service for people who are homeless or discharged from hospital and not registered with a GP.

Our mature ROADS partnership with AWP continues and includes sub-contracted delivery of Bristol's rapid prescribing service for people on release from prison and the Complex Prescribing service within ROADS.

2020/21 marked the final year of delivering Social Impact Bristol Limited (SIB) with partners St Mungo's and Second Step. Our three charities established SIB to deliver Bristol's Rough Sleeping Social Impact Bond. Funded by central government through 100% 'payment by results' with tariffs for achieving proscribed outcomes and an overall aim of supporting people with multiple and complex needs who have a long history of sleeping rough in Bristol to make and sustain a move into independent living. As the project reached its end in March 2021 it had retained contact with 86% of the 125 people it started working with and of those 107, 91 (85%) were no longer rough sleeping.

Our partnership with Bournemouth Symphony Orchestra who supported the emergence of Bristol's Recovery Orchestra continued and although paused for many months experimented with a virtual world and is now back in real time.

BDP continues to work closely at both strategic and operational levels with Bristol's Golden Key programme, funded by The National Lottery Community Fund. Golden Key works to improve the lives of people with multiple and complex needs – who form a significant proportion of our service users.

The 9th annual event to celebrate the lives of loved ones lost to drugs or alcohol, organised by Bristol Bereavement Through Addiction, of which BDP is a member, was a particularly poignant loss to the pandemic. However the support group at BDP, for people who have lost a loved one to a drug or alcohol-related death met virtually throughout the year, offering monthly, facilitated opportunities for people to seek and receive support from each other and attracting people from a wider geographical area.

### **Profile & Influence**

Our Communications & Digital Engagement role has continued to help us to communicate the impact of what we do most effectively through print, digital and social media. Core activities to communicate our impact include the following:

- An expanded social media presence during Lockdowns – with some particularly stunning

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material produced by our Youth Team to introduce themselves to young people they had not yet met.

- A new user-friendly website, which went live right at the end of this year. Clearly still developing but easier to update; enabling people to book our events and send us requests; it incorporates 'Browsealoud', which enables the viewer to translate content into multiple languages, easy read format or sound, so increasing its accessibility to a diverse population. It also supports 'Live Chat' which is a service we will get up and running during 2021.

Our **strong research partnerships** continued during the year:

We co-facilitated the Living Under COVID-19 and Injecting Drugs in Bristol (LUCID-B) research project, connecting researchers from the NIHR Health Protection Research Unit (HPRU), the University of Bristol with People Who Inject Drugs to understand the challenges they faced during the pandemic. LUCID-B results were analysed as they came in and both informed the evolution of our services and gave us feedback about how important the changes we made were, including:

- Home delivery and street outreach provision of safer injecting equipment and advice was appreciated and helped reduce reuse of needles.
- Telephone contact with people using methadone/ buprenorphine was valued.
- Isolation/loneliness was a problem that led some to increased using/drinking.

We remain partners in the REACT study with the University of Bristol's School of Social and Community Medicine and other partners Public Health & Public Health England. This aims to trial Brief Incentivised Motivational Intervention (BIMI) to reduce skin and soft tissue Infections among People Who Inject Drugs, in a range of organisations. Hampered by the pandemic, trialling the intervention with its bespoke materials will go live in early 2021/22.

### The Public Benefit We Provide

#### For adults, our activities included:

For April 2020 – March 2021, continuing to provide our central **Advice Centre** where people can be triaged and referred for a ROADS assessment; linked with other support services; and find a safe non-judgmental space with respite from often very harsh day-to-day lives where being homeless is a growing feature. The pandemic necessarily meant changes: with 'doorstep' conversations; a shift to street outreach and home visiting and much lower footfall. Our telephone **Helpline** has continued and was especially busy during the first weeks of Lockdown when people were not clear how ROADS and TYS services were running, or were simply worried – about medicine, food, isolation.

**Harm reduction initiatives** including: **Needle and Syringe Programmes** delivered within our Advice Centre and at 27 pharmacies; a mobile harm reduction service; early morning outreach to street drinkers; two Wet Clinics each week supporting people drinking dependently, most of them rough sleeping or vulnerably housed; outreach into local homelessness pathway providers and non-commissioned supported housing. 1,006 people

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were supported through these outreach initiatives, including through 724 socially-distanced home visits.

Our weekly **women only session with child care** on site was paused as we supported women on a 1-1 basis through socially distanced home/outdoor visits and returned as a smaller, pre-booked group when Lockdown ended.

Our **50+ Group** providing older people the opportunity to give and get support from their older peers was replaced with socially-distanced home visits, with small outdoor picnics and small groups returning as restrictions permitted. Our 50+ Group has been one of our real success stories during this year – with the number of people supported swelling from under 20 to more than 60 people. Our older service users, many with physical ill health, have been some of those who have been most isolated during the pandemic and 50+ has indeed been a lifeline for many.

48 people were supported through our established group **Prism – supporting people identifying as LGBTQ+**, initially as it went online during the first Lockdown, then returning as small, invitation only, groups from autumn 2020.

Our previous year's profile providing harm reduction interventions around **non opiate drugs and alcohol at clubs within the night time economy and at key festivals** - Love Saves the Day, Pride, Carnival and Tokyo World, disappeared overnight and at the year-end it is not clear whether events will reappear in 2021. As the night time calendar cleared we **launched a new service, The Drop, our party drugs engagement** service. We headed up a fantastic campaign – 'All about Drugs' with Bristol Students Union and the University of Bristol, which gained national praise for this ground-breaking work. 'All about Drugs' is all about reducing harm, offering a drop-in service for students to talk with our staff about their relationship with drugs, including alcohol, and access to a free reagent testing kit which gives basic information about substances to help inform harm reduction choices.

Our **Opioid Substitution Treatment**: one of the largest programmes in the UK, delivered in partnership with **over 90% of Bristol GPs at 42 GP Practices**. This makes it a genuine **place-based service – offering easy access in the heart of communities right across Bristol**. Of course Covid-19 changed the nature of our contact fundamentally. Medication dispensing regimes at pharmacies were risk-assessed and relaxed and OST medication delivered to people's homes where they were shielding or self-isolating. Contact moved from predominantly face-to-face to telephone appointments: initially needed as GP Practices restricted face-to face contact and later as Practices needed space for the Covid vaccine roll-out. When around 60% of our communication is thought to be non-verbal there is clearly a downside to telephone appointments: it is difficult to really see whether someone is well or coping. However despite a protracted period of predominantly telephone contact we have retained people in treatment and 1,819 people were engaged in OST at 31 March 2021.

Our relatively new development within GP Practices **aiming to expand community alcohol detox support** to people who would be reluctant to contact an alcohol treatment service but can safely detox at their own label and stigma-free GP Practice, came to an abrupt halt as Primary Care responded to the pandemic. Specialist community and in-patient options for alcohol detox were also paused. As Lockdown became a reality opportunities to raise money for alcohol evaporated. People who were homeless or vulnerably housed and drinking 50 or

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more units a day where withdrawal may require emergency health intervention were at risk. As many moved into hotels as part of 'Everyone In' we worked with our seconded worker in

Bristol's Street Intervention Team to offer alcohol to stabilise their drinking – euphemistically known as 'Essential Services'. Initially an intervention to prevent life-threatening withdrawal symptoms it became much more. With individual trauma-informed support the outcomes were impressive. 12 of 13 people detoxed completely: 8 of these completing with a brief Chlodiazepoxide prescription from clinical leads, two went on to an inpatient detox and two reduced slowly without medication. Shared nationally via publication in our field, April 2021's Drink and Drug News their Editorial described our initiative: "The outreach team in Bristol are well enough tuned to harm reduction to know that their life-saving actions during Lockdown have opened up many opportunities. It's a brave idea and the tangible results of their initiative speak for themselves".

Our **Link Worker roles – creating identity-based pathways into treatment** are designed to support other organisations to identify people who could benefit from drug or alcohol treatment who are not currently being referred to or engaging with this. They deliver brief interventions and support engagement with treatment; as well as ensuring that services and communities have contemporary information about Bristol's services and substances. The reach of these roles was constrained as the activity of organisations we were linked with was disrupted by the pandemic, with an inevitable focus on their core work.

With our **Diverse Communities Link Worker** we had made much progress in 2019/20 in linking with **Black Asian and Minority Ethnic Communities** with productive workshops with Muslim communities about alcohol, including an education session in a mosque, and had begun to develop a volunteer Community Champion role - envisaged as a bridge between individuals needing treatment services and BDP and other ROADS services. Our second Diverse Communities Link Worker came into post just weeks before the first Lockdown and the pandemic made it difficult to build connections with communities facing barriers to seeking help, including cultural competence of services and beliefs and community norms which prohibit alcohol or drug use. Making a fresh start in 2021 is a priority.

**For People with mental ill health or learning disability** our Link Worker roles continued to support people identified by Callington Road hospital to prepare people to engage with alcohol or drug treatment at the point they returned to the community but hospital inreach was impossible for a large part of the year.

During the first Lockdown, our Link Worker with **Families in Focus (now Strengthening Families)** continued to support individuals they were engaged with, but new referrals were few as Strengthening Families teams worked remotely and referrals across the city to Early Help all but dried up. As services came back, home visits resumed and referrals began to be made again, this role resumed its vital link between early intervention to support families and ROADS services.

Our Link Worker role with Veterans, building a bridge between a veteran community, who would not countenance referrals to a drug and alcohol treatment service which they view as stigmatising, was impacted significantly by the pandemic. Our **Veterans Independence from Problematic Substances (VIPs)** moved a small group online. However, maintaining our relationships with Veteran organisations and seeking new referrals became challenging as they focused on their core activities.

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And last but not least, **our Creative Communities** – Recovery Choir Rising Voices, drama group Stepladder and Recovery Orchestra all suffered during the pandemic with real barriers to meeting. Some have met virtually while others are paused until all restrictions are lifted.

### **Benefits for individuals**

**2,476 individual adults** benefited from BDP's services during 2020/21. Many engaged with more than one service and some people had more than one episode of treatment during the year. Of these 2,476 people:

- 2,197 adults benefited from BDP's structured treatment services during the year.
- 279 individuals used our Needle and Syringe Programme only. 50% of people accessing needle and syringes accessed this through 27 pharmacies but cannot be identified as individuals from the data pharmacies recorded during this period.
- 98.8% were 25 years of age or older (2020: 97.6%) with 12.3% (2020: 9.4%) of people aged 55 or older. The proportion aged under 25 years was higher for individuals injecting IPEDs (more widely known as Steroids) at 6%.

Our profile of an ageing demographic is an increasingly prominent feature of drug and alcohol treatment populations across the UK, as well as in Bristol, and continues to inform our development of targeted services for older people, including a sharper focus on their physical health needs – arguably more pressing than their drug or alcohol issues.

Overall 26% (2020:24%) of the people BDP supported during this year were female: 15% of these women (2020:11%) were only accessing BDP's Needle and Syringe programme and 28%: (2020: 28%) engaged in structured treatment. The percentage increase of women using Needle and Syringe Programme needs to be seen in the context of a significant decrease in people engaged with this, notably people using Image and Performance Enhancing drugs, few of whom are women.

Overall, more than 8% were from Black, Asian or Minority Ethnic (BAME) groups and just under 4% from other White European communities. For people using only the Needle and Syringe Programme the proportions were 8% BAME and 6% other White European communities.

For 4.5% of people English was not their first language (2020:4.5%). 30 community languages in addition to English were spoken (2020:32) and BDP continued to invest in translation and interpreter support particularly for people engaged by our Diverse Communities Link Worker. Browsealoud remains a feature of our website enabling translation of content into multiple languages which can be read or spoken enabling this to be as accessible as possible to people whose first language is not English, as well as to people whose hearing or sight is an issue for them.

5% of people identified as Lesbian Gay Bisexual Transgender or Questioning; this is the same as the proportion in the previous year.

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12% of people described themselves as having a disability.

69% of those who disclosed their religion reported having 'no religion' (2020: 70%). Religions included Baha'i, Buddhist, Christian, Hindu, Jain, Jewish, Muslim, Pagan, and Sikh.

Heroin remains the most widely used main drug (87% of all those in treatment); however poly drug use, with heroin and crack cocaine used in combination, remains the most common pattern of usage, with 53% of people using heroin also using crack cocaine. This combined use of heroin and crack cocaine remains a particular feature of Bristol's treatment population, with Bristol having the highest estimated prevalence of crack cocaine use per 1,000 population aged 16-64, of any area in England.

37% of these 2,476 individuals are parents with just under 14% living with children.

Just under 17% were in regular employment, with 29% unemployed; while 50% were long term sick or disabled with the remainder in education, caring for children, engaged in voluntary work or retired. 4% were not working and not receiving benefits and will include people without recourse to public funds.

People living in all areas of Bristol benefitted from BDP's services with the largest populations living in these eight Wards, in order: Lawrence Hill; Hartcliffe & Withywood; Central; Filwood; Ashley; and then Southmead, Easton and Avonmouth & Lawrence Weston. A further seven Wards had more than 60 people who used BDP's services during 2020/21.

55% of people were living in secure housing (in a social housing tenancy, with family or owner-occupiers). 13% were living in rented private sector accommodation. 13% were living in accommodation in one of Bristol's homeless pathways and 19% were homeless or vulnerably housed. Clearly during this period many people benefitted from accommodation provided by the city for the duration of the pandemic under the 'Everyone In' initiative: unlike many other areas Bristol offered this throughout both Lockdowns offering many people a real opportunity to gain a level of stability in their lives not achieved previously, often for many years.

#### **For children and young people, our activities included:**

In partnership with Creative Youth Network, delivering specialist services as part of Bristol's Targeted Youth Service with targeted interventions, normally of up to 12 weeks duration with children and young people aged 11-19 years (up to 24 with learning difficulty or disability). During the pandemic longer-term support has been offered to retain contact and sustain progress made by young people as fewer organisations, especially schools, 'had eyes' on young people which, in normal times, identify young people in difficulty who would benefit from support.

Our two 'M32' Youth Groups – one for 5 to 10 year olds, the other for 11 to 16's were unable to run as usual during the first Lockdown. We supported individual young people and their families through virtual means, where families had digital access, and with real time socially-distanced home visits to the many who did not. Groups resumed in autumn 2020 in a venue enabling social distancing and young people and their families really welcomed the ability to meet again. 22 young people were supported during this period.

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Continuing to deliver Bristol's Youth Alcohol & Drug Diversion (YADD) project. YADD offers under 18's found in first possession of a substance controlled under the Misuse of Drugs Act the opportunity to elect to have a personal, confidential education session with a BDP Youth Worker as an alternative to receiving a warning or caution. Referrals are received each week from Avon & Somerset Constabulary, most for possession of Cannabis, but a

small number for possession of Ketamine and MDMA. 48 young people were referred during the year – a similar number as in 2019/20. During the pandemic this intervention has been delivered by videoconference and the percentage of young people engaging has risen from 73% to 75%. This is a small but vital element of our work with young people, which prevents them from acquiring a criminal justice sanction which could have life-long impact.

We also welcomed a new arrival, just two weeks ahead of the first Lockdown, in the form of our New Leaf Project, which provided individual support to 37 young people and workshops to 18 during this period. All the young people have entrenched cannabis use and Child Criminal Exploitation involvement. We are grateful to the CHK Foundation who have invested their resources in this new intervention in Bristol, enabling us to provide longer-term support for this particularly vulnerable population of children and young people whose cannabis use draws them into the fringes of drug market supply and the associated risks.

295 children and young people received support for their own, or the impact of a parent or carer's, alcohol and other drug use.

Of these, 218 were supported through Targeted Youth Support; all received individual work, as workshops were not possible in this period in light of the Covid-19 pandemic. Though the total of young people supported was reduced by half from last year, the reduction in work with individuals was only reduced by 18% due to deftly developing virtual means of contact when there was no alternative.

- 39% identified as female (2020: 36%) and 61% male.
- 16% defined themselves as from Black Asian and Minority Ethnic communities; this is lower than the 24% from the previous year but reach encompassed Dual Heritage, South Asian, Somali, Black African, Black Caribbean, Black British, Eastern European and reflected the diversity of Bristol's youth.
- 2% identified themselves as having a disability, these with predominately assessments of ADHD.
- Cannabis remained the dominant substance used; others noted their first substances of use as alcohol, vaping, benzodiazepines, ketamine, MDMA, solvents, and nitrous oxide.
- There were safeguarding concerns for 21% of young people and 12% with identified Child Criminal Exploitation (CCE) risks; this is lower than the previous year (2020: 28% and 20% respectively) but indicative of the difficulties in identifying such concerns, as they were more hidden during Covid-19 Lockdowns and restrictions.

## **ACHIEVEMENTS AND PERFORMANCE**

### **Demonstrating Effectiveness – Individuals & Communities**

94.5% of people engaged in treatment with BDP were retained in, or completed, treatment during 2020/21 – a very similar proportion as the previous year.

BDP uses an outcome monitoring tool – the Treatment Outcome Profile (TOP) – which is in use across all treatment services in England, to demonstrate the impact of alcohol and drug treatment services. Public Health England estimate a benefit cost ratio for drug treatment of 4:1 i.e. every £1 spent on drug treatment saves £4 on crime and health care costs; for alcohol the ratio is 3:1, a saving of £3 for every £1 spent.

### **Demonstrating Effectiveness – Individuals, Families & Communities**

Treatment Outcome Profile (TOP) data showed BDP performance, at 65%, exceeding the top end of the expected performance range for cessation of opiate (mostly heroin) use at 6 month review for people starting a new episode of treatment (2020:41%) . The expected range for comparator providers' was 44 – 57%. For cessation of crack cocaine use BDP achieved 59% (2020:38%) [comparator providers' range 38 – 54%]. This is the third successive year of improvement on these measures and the leap in performance during this period, in the context of Covid-19, is particularly impressive. Also noteworthy is cessation of injecting at 6 month review, with 77% of people achieving this [comparator providers' range 58 – 82%].

However, success isn't just about quantity, and in addition to this increase in the number of people benefitting from drug or alcohol treatment services with a successful outcome, it is **feedback from individuals and our partners which really demonstrates the quality and impact of the services BDP delivers.**

#### **Adults told us:**

**Jan was one of 12 people supported by BDP to complete an alcohol detox using alcohol.** He had been alcohol dependent for more than 20 years. Reflecting on his detox and subsequent 6 months abstinence he told us: "I tried detox many times on my own, like Sisyphus, rolling the stone up the mountain. I was so sick at (the) hotel, staff helped me drink to stop me dying. Everyone was looking out for me and helping me control my drinking, everyone so friendly, like brothers, now I'm happy, I feel my power back. I still have good and bad thoughts in my head. I go (to) Polish AA, I have a room in (a) friendly house, I have my papers. I am alive"

**Tom, told us about the benefits of our home delivery of needles and syringes.** "Never, in my 20+ years of injecting, have I used a new pin every time. The grey bags didn't last five minutes and exchanges weren't convenient enough. Until now. Since I've been getting deliveries, I never run out and my injection sites are taking much less abuse. I always use a new pin and usually get my hit first time because of this. I'm so grateful for this home delivery service, it has made a real difference".

**Gerry describing the role our dedicated LGBTQ+ service** played, especially during the pandemic. "Prism has supported me throughout my recovery journey. I had 3 months drug

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free this year and then relapsed and it's been a horrible year. Prism has been a safe space where I feel accepted and understood. It's been more beneficial than I can express and I thank BDP so much for keeping it going when other services were dead. They're amazing."

#### **Children and Young People we support told us:**

**Jo, talking about Mum's alcohol use:** "The 7 C's had been really interesting and useful, learning that I cannot fix or help Mum, and it is also not my responsibility, but I can make positive choices for me."

**Pete coming to our M32 Youth Group for 5-10 year olds:** "Coming to group helps me clear my mind and it helps me, knowing that I am not the only going through this"

**A parent of a child who regularly attends our M32 Youth Group for 11- 16 year olds** texting after the death of their grandparent. "Thank you so much for your support with J and thank you for being there for all of the kids that come to group – you all make such a difference"

**A 14 year old young person completing their last session with New Leaf.** "I've changed my opinion on it, I think weed is a bit s\*\*t now. I feel like I need to find something new and exciting to replace the cannabis in my life."

**Feedback from other organisations and partners also illustrates the value and effectiveness of our services and also our role in supporting other organisations to work effectively with people with drug and alcohol problems:**

"I would like to personally say thanks to BDP running nurse led clinics as this resulted in a patient being sent here in a critical condition, ending in ITU intubated (life support). This patient survived Necrotising fasciitis (Flesh eating bug) and this could have easily been missed in our vulnerable patient group and he was close to death. The patient is very grateful to BDP"  
**Specialist Nurse Drug and Alcohol Team**

"Just a quickie to say I had to access some notes on Theseus (case management system for people in treatment) for someone who is being discussed at MARAC. In my opinion the notes were exemplary. My conversation with the Shared Care Worker reinforced my view as they demonstrated their skilled safeguarding" **Commissioner**

"The BDP open day was brilliant, really well organised and very informative. Great to learn about the other fantastic areas of work within BDP and very moving at times. One of the choir said he'd come up with his own acronym which described his experience at BDP as 'Brilliant Dynamic People' and I couldn't agree more." **Visitor at BDP's Open Day marking 34<sup>th</sup> year.**

#### **Educating and enthusing the professionals of the future**

The pandemic meant that we couldn't welcome paramedic and pharmacy students into our service this year. However we found a new way to offer experience to **Bath's School of Pharmacy** "A huge thank you to you and your team for making such a fantastic film to replace

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in-person student visits to BDP this year. The film gives an excellent overview of the work of BDP and helps students understand how pharmacists can deliver harm reduction services from community pharmacies. The NSP transaction is exemplar and a strong testament to the expertise and competence of your team. We know you have all been facing new ways of working and novel approaches to protecting and supporting the most vulnerable and are therefore exceptionally grateful that you found time to make this excellent resource for us."

### **Demonstrating Effectiveness: Reducing Drug-Related Deaths**

#### ***Reducing Overdose***

Despite being an area with one of the highest prevalence of opiate and crack cocaine users per 1,000 population in England, the combination of extensive needle and syringe supply, opioid substitution treatment and training in the use of Naloxone (which reverses opioid overdose) has meant that Bristol has had a rate of drug-related deaths which has been much lower than many other areas. Sadly, the rise in deaths from 2016/17 continued in 2019/20, with 69 drug related deaths and we are likely to see this for 2020/21, when all coroner information is available. Many people who have died have been known to many staff at BDP for many years and the impact of deaths continues to be keenly felt by many.

Our commitment to supplying Naloxone remains very high with 1,024 doses (2020: 909) supplied to individuals in this period. Of these, 74, just over 7%, were replacement doses where it was reported that they had been used to 'save a life'. Clearly not all overdoses would have been fatal; but some of these 74 would have been.

This remains impressive evidence of BDP's effectiveness in reducing drug related deaths through accidental overdose, giving more people opportunity to benefit from support and move on to life beyond treatment.

### **Reducing Transmission of Blood Borne Viruses**

BBV dry blood spot testing, usually all our staff's business, became very difficult during the first Lockdown as face to face contact reduced dramatically. Consequently from autumn 2020 we renewed our efforts to ensure testing is offered every 12 months. Joint working with Terence Higgins Trust and our BBV Nurse lead enabled dry blood spot testing to be offered within the hotels accommodating people who were homeless as part of the 'Everyone In' initiative. This enabled us to trial self-testing, which was a great success. We have continued to offer proactive testing for Hepatitis B, Hepatitis C and HIV, increasing the level of BBV testing by 30% this year despite Covid-19 restrictions. As BBV testing has virtually ceased in many areas of the country this is a fantastic example of how we have not only sustained but have increased the number of people benefitting from BDP's services.

### **Increasing Needle and Syringe supply**

Coverage is a calculation aimed at assessing what percentage of People Who Inject Drugs (PWID) have access to a sterile needle and syringe for every injection, thereby removing the risk of BBV transmission through sharing. After growing coverage of needle and syringe supply to PWID from 60% in 2017/18 to 81% at March 2020 the pandemic has had a dramatic effect on demand for needles and syringes and their supply. We have sought to

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understand this through seeking service user views and two key factors appear to be at play. First, the closure of gyms and consequent marked reduction in people injecting Image and Performance Enhancing Drugs; and second, a reported reduction in the number of people injecting or a reduction in the frequency of injecting – clearly both very positive developments. This is a picture being seen nationally and is a priority for us to ensure our understanding reflects what has/is happening and to be vigilant to any change.

### **Safeguarding**

Unlike many areas of the country, including other areas of Avon & Somerset Police Area, Bristol has not seen the level of expansion of 'County Lines' – where out of area dealers set up phone-based supplies, often involving 'cuckooing' – occupying a vulnerable adult's accommodation to supply from and often involving coercion or escalating violence. However, existing dealing networks use similar methods and a number of vulnerable service users have been 'cuckooed' during the year. We have continued to have regular conversations with people about the risks of 'cuckooing' reinforced by our materials developed with service users, "Do you feel trapped in your own home?"; and a message, "Short Term Fix – Long Term Trap" as a prompt for conversations and giving a clear message that BDP has and can help work with others to safeguard vulnerable people.

We have continued to be an active player in Bristol's approach to supporting young people at risk of, or experiencing, Child Criminal Exploitation and Child Sexual Exploitation. Contributing to local Safer Options meetings to co-ordinate involvement to support children and young people, and extending local support through our New Leaf project working with young people whose entrenched cannabis use increase their vulnerability.

### **Challenging Prejudices**

This underpins all that BDP does, both in our day-to-day work with one of the most marginalised groups in our society where health inequalities are stark, and in our relationships with other organisations.

We take all opportunities to get involved in training current and future workforces to raise the needs of people with drug and alcohol problems and to highlight the impact of the prejudices they face, with examples for student pharmacists described earlier.

Our monthly 'Behind the Scenes' session continued in a virtual fashion. This enabled people from a wide range of organisations to come and 'look under the bonnet' of areas of our work – including health and harm reduction, opioid substitution treatment, our work with children and families and our night time economy reach in clubs and festivals.

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## **FINANCIAL REVIEW**

The net financial result for the year shows a surplus of funds for the year of £69,883. This compares with a surplus of £81,340 in the previous year. This surplus has been achieved by increasing income by £133,445 against budget projections and by reduced expenditure directly related to the impact of Covid-19 on service delivery. The increased income included new funding streams, e.g. our New Leaf project. However, the main sources of increased income were a second legacy receipt of £35,000 from John Michael Dobson, otherwise known as Charles John Dobson, for which we are most appreciative and a receipt of £49,780 from Bristol SIB. The accumulated funds at the year-end totalled £3,896,873 (2020: £3,826,990) Restricted funds are £150,790 (2020: £78,813) and unrestricted funds were £3,746,083 (2020: £3,748,177).

### **Principal Funding Sources**

Income received in 2020/21 was £3,706,466 - 1% less than the income in 2019/20 of £3,745,133. The higher income in 2019/20 was in large part attributable to a large legacy payment.

Of the full year's income, £983,600 (2020: £977,754) was paid to partners for sub-contracted service delivery including £17,813 (2020: £35,506) to community pharmacies for delivery of Needle and Syringe Programmes and £965,787 (2020: £942,248) to other sub-contractors AWP and BrisDoc Health Care.

Statutory funding constituted £3,464,860 of the total income received in 2020/21, with 6.5% (2020: 6.5%) of income from charitable organisations, bank interest, general donations, Gift Aid, legacy, training and consultancy fees.

The Board of Trustees would like to express its thanks to all the organisations that have provided funding; in particular Bristol City Council, which remains the charity's largest funder; to Quartet who supported new activity responding to the pandemic during the first Lockdown, the Youngwood Trust who supported our Veterans' activity, the CHK foundation with their grant for our New Leaf project, the Arts Council, Leonard Laity Trust and Merchant Venturers who supported our Creative Communities and John Michael Dobson, otherwise known as Charles John Dobson whose estate made a further legacy payment of £35,000 for BDP's work.

### **Investment Policy**

Most of the charity's funds are committed in the short-term, so there are few funds available for long-term investment. The Board of Trustees' policy is to place any surplus funds, including unrestricted funds brought forward, on short-term bank deposit. This policy is prudent in the context of continuing market uncertainty and the Covid-19 pandemic but has been reviewed regularly throughout 2020/21 to ensure its effectiveness in meeting the needs of BDP's beneficiaries and to fulfil the 'duty of care' of Board members. The Board of Trustees has spread its deposits between Unity Trust Bank, Triodos Bank and Cambridge & Counties Bank and will undertake a review of its investment options, with external professional financial advice, during 2021/22 to ensure the most effective stewardship of BDP's resources.

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#### **Reserves Policy**

As part of the annual planning and budget-setting cycle the Board of Trustees review and approve the level of readily available reserves appropriate to the scale, complexity and risk profile of BDP. The Finance and General Purposes Committee keep this under review. The provision made for lease dilapidation commitments was reviewed this year and increased to £166,000.

Board of Trustees' policy is to retain accumulated unrestricted funds in order to provide continuity of service in the event of: late payment of funds; where contract payments are made in arrears; unexpected contingency; to enable BDP to compete in competitive procurement processes against much larger market 'players'; and to sustain priority activities in line with the charity's objectives. The Board of Trustees have identified the need to retain unrestricted reserves necessary for 26 weeks operating costs, a budgeted figure of £1,394,227 for the financial year 2021/22. We can clearly demonstrate that we retain sufficient resources to deliver services with confidence and to manage any negative impact on government spending as a result of the Covid-19 pandemic.

#### **PRINCIPAL RISKS AND UNCERTAINTIES**

The Board of Trustees considers and approves a risk map and management plan each year, which identifies the risks to which BDP may be exposed. The methodology used to assess risk was refined this year with risks evaluated against 5 measures of likelihood of occurrence and 5 measures of impact. Mitigation measures are reviewed and a post evaluation score agreed with retained risks categorized as Red, Amber or Green. This risk register is reviewed regularly to ensure that: risk levels are appropriate; that new risks are identified; and that a management plan is in place to minimise and mitigate BDP's exposure to those risks.

The Board of Trustees considers exceptional risks routinely at its meetings when it receives reports of emerging or unforeseen risks.

The main risks to the charity, which would constrain its ability to deliver services to people with alcohol and drug problems on the scale in which they are required, are:

#### **Loss of funding**

BDP mitigates this risk by providing high quality and effective services which are valued by commissioners, attractive to prospective commissioners, and credible and effective for people with alcohol or drug problems and people in those communities which are impacted by these. New funding is difficult to secure as Public Sector funding continues to decrease but BDP continues to seek to diversify its funding base to increase resilience, while recognising that securing income on the scale required to deliver reliable services to vulnerable adults and children from sources other than the Public Sector is not realistic. The charity's main funding derives from ROADS and Targeted Youth Services, which were both recommissioned from 2018 with reduced funding envelopes of around 24% and 33% respectively. ROADS is a fixed value contract and TYS has a tapered reduction. Anticipating this, BDP's prudent planning ensured that the charity has sufficient reserves to mitigate the impact of fixed

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income and inevitably rising costs, to ensure a secure foundation for future development and growth.

### **Disaster & Business Continuity**

An Emergency Response Planning Document: Business Continuity sets out BDP's response to disaster situations. BDP reviewed this policy this year to take account of Covid-19 and put in place risk planning procedures to ensure BDP has been able to operate safely within Government guidance. The views of staff are actively sought in regular Covid-19 risk assessments, initially taking place weekly, then moving to a monthly cycle or when there was any significant change to guidance. All BDP spaces have been assessed for maximum occupancy to ensure social distancing, sanitising regimes are in place and visual materials developed to augment national Covid-19 messaging and changed regularly to avoid these becoming 'wallpaper' and overlooked.

Insurance cover is reviewed annually to ensure it is sufficient to cover all potential risks to the charity and a review of the insurance market took place in 2020 ahead of June 2021 insurance renewal, to ensure cover is both sufficient for BDP's risks and provides value for money.

### **Reputational Damage**

Policies, procedures, audit, complaints procedures and open communication mitigate risk of commissioners, current and potential service users and other organisations losing confidence in the organisation. BDP is held in high regard by service users, commissioners and other organisations as evidenced throughout this report.

### **PLANS FOR FUTURE PERIODS**

Our process of reviewing and refocusing BDP's strategic direction and priorities to ensure that the charity can continue to flourish and to set new challenges. Our plans for increasing penetration into, and outcomes for, a greater proportion of Bristol's estimated populations of heroin and crack cocaine users and primary alcohol users than currently achieved was paused as developing and delivering a response to Covid-19 became everyone's priority.

As we all learn to live with this coronavirus we need to understand and monitor the changes it has brought. We need to keep innovations that have had positive impact for people. This includes the benefits experienced by many engaged in Opioid Substitution Treatment from reduced pharmacy supervision of medication: reducing the frequency of pharmacy visits reduces travel time and cost and has helped people break connections with others that aren't helpful to their change plans. Crucially it reduces the stigmatising practice of consuming your medication in a pharmacy, often at restricted times. No other patient is expected to do this so why is this the expected norm for people dependent on heroin? Of course supervision of medication can be helpful to individuals e.g. preventing vulnerable individuals being bullied for their medication, protecting children in a household or reducing risk for people with multiple and complex needs, but we should never return to the default position of expected daily supervision of medication. To avoid a drift to this default position, changes will be required to the Clinical Guidelines – widely known as the 'Orange Book' and we will contribute our voice to the need for those changes.

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We will also be vigilant to the harm that some adults and children will have experienced during Lockdowns, including deteriorating mental health, domestic abuse, child neglect, abuse or exploitation and the generational impact that lost schooling and work opportunities may have for young people and young adults.

Covid-19 has already shone a spotlight on health inequalities. Supporting people who experience profound health inequality, dying prematurely through the direct or indirect impact of alcohol or drug use, compounded for some by homelessness, mental ill health, absence of work opportunities and income will continue to be at the heart of all we do. This following year will be the one we planned for 2020/21 where we use our skills, learning, passion and partnerships to make a bigger difference to more people's lives.

### **Workforce**

We will continue to grow our skilled and passionate workforce, ensuring that in a Covid-19 impacted world and a likely future renewed climate of austerity, that their knowledge of related issues – benefits, housing, money and debt management is 'good enough' to support people effectively. These issues are everybody's business. As face-to-face contacts become the norm for most people we support we will re-launch our real-time internal training programme, refreshing people's core skills which may need polishing after a period of predominantly telephone contact in services like Shared Care.

We were unable to recruit our seventh 'batch' of trainees during 2020/21. Working in the context of Covid-19 simply wouldn't have enabled us to provide the learning opportunities this role demands. With new funding we will recruit five new trainees – people with a recent personal history of problematic drug or alcohol use who face significant barriers to employment – usually a challenging criminal record. We will ensure that these trainees are equipped by BDP to follow in the footsteps of others. They will develop 'on the job' experience and skills and gain a Level Three qualification in a new partnership with Weston College which equips them to apply for work in this field or related housing or social care and increases lived experience within BDPs and others' workforces.

### **Children and Young People**

Covid-19 and the prolonged absence from normal education can only increase the number of young people who struggle in education. We are particularly looking forward to plans in Bristol to reduce drug or alcohol-related exclusions coming to fruition in 2021. These will involve a mandatory referral to BDP prior to any decision to exclude a young person from a school. We know that young people excluded from often not one but multiple schools are at elevated risk of involvement in Child Criminal and Child Sexual Exploitation and welcome this development to mitigate the long term, often life-time, damage which school exclusion can bring.

We also look forward to the roll-out of drug and alcohol education as part of the new Personal Social Health Education (PSHE) required as part of the curriculum and will play an active role in supporting this in what may continue to be a difficult environment for schools during 2021.

We are committed to sustaining and, if need demands it, increasing our charitably funded

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M32 Youth Groups for children and young people whose parents have a drug or alcohol problem. We are also keen to ensure better resources for support for young people transitioning from Primary to Secondary school and welcome the inclusion of this Year Group in the Year Four extension of our Targeted Youth Support contract.

### Treatment and Support

Many of our ambitions for 2021/22 are the same as last and previous periods. This is not because of any failure of our plans but the reality that we are working with one of the most complex and 'wicked' problems of our age, where drug markets continue to diversify and thrive; where people's route to change is made more difficult by lack of housing and work opportunity; where people's support networks shrink with ageing; where their health deteriorates; and where stigma is alive and well. At the heart of change for many people using opiates also lie Adverse Childhood Experiences for which opiates in particular provide a learned coping mechanism embedded over many years. Improving our ability to support people who have experienced trauma, supporting them to develop alternative less harmful coping mechanisms will continue to underpin our activities. New psychologist involvement funded through the new ADDER programme will bring new skills to support our Shared Care team in particular to help people they support to locate those less harmful coping mechanisms and move out of treatment into a new period of their lives.

***Increasing successful treatment completions and growing the proportion of Bristol's estimated alcohol and drug dependent populations who are engaged in treatment*** are key objectives for every year and are even more important during 2021/22

The most recent estimate of the population of people dependent on opiates in Bristol is 4,130 people. The number of people whose primary drug was an opiate, who benefitted from our services in 2020/21 decreased by 6.2% compared with 2019/20. This may be another impact of Covid-19 as, particularly during the first Lockdown, people self-isolating, combined with restricted access to GPs, made initiating treatment more complicated. Many people also moved into hotels as part of 'Everyone In' with Opioid Substitution Treatment (OST) initiated by the Homeless Health Service for many who would otherwise have done this via their GP. Although this 'penetration' of 53% into our estimated population compares well with a national picture, and if looked at over a number of years, is higher, we seek to be more ambitious in uniting opiate users with the benefits of treatment, specifically OST. However, simply to provide accessible services, easy to access through 42 GP surgeries, with short waiting times is not enough to engage and retain another 'segment' of opiate users: put simply, if people don't come, they don't come and it is time to do something differently.

So a priority for 2021/22 is understanding the barriers people see in accessing treatment and developing messaging and images to 'sell treatment' to people who don't find it attractive.

Other priorities include:

**Improving health and wellbeing:** as referenced earlier in this report, a significant proportion of our service users have undiagnosed or untreated health conditions – with respiratory illnesses featuring frequently. Opiates in particular suppress pain or symptoms associated with many health conditions and BDP has a key role to play in improving people's health including providing BBV and other testing, Hepatitis B vaccination, smoking cessation and supporting

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pathways into primary and secondary care. Our enhanced nursing time, sub-contracted from BrisDoc Healthcare, will enable us to improve significantly access to physical health care, including wound care 'there and then' for our vulnerable population.

**Reducing drug-related deaths:** compromised respiratory functioning is a key vulnerability for drug overdose and death. New resources through the ADDER programme in Bristol will enable us to run pop up spirometry clinics to diagnose respiratory ill health, notably COPD and deliver smoking reduction/cessation support. The ADDER programme will also enable us to develop a better pathway to support renal health for our population. Resources through the ADDER programme will also enable us to pilot nasal naloxone – extending supply to new groups e.g. prison-leavers and improving the proportion of people who have naloxone who carry it.

**Enabling increased access to detoxification from alcohol within an individual's GP Practice** Attempting this with pilot sites has not achieved increased take up on the scale we need it, so negotiating a smoother treatment pathway across all GP Practices is our next step.

**Increasing contact with people using non-opiate drugs and alcohol in the night time economy.** As the NTE returns to our lives we will continue to polish our digital harm reduction activity so that, as we learn to live in a world with this coronavirus, we continue to support people to reduce avoidable risk and harm linked with using non-opiates and alcohol. This will include deepening our partnership with the University of Bristol and Bristol Students Union to support the return of students in a year when, as restrictions finally end, the appetite for both experimenting and celebrating is likely to soar with consequent risks from alcohol or drug use if not informed by harm reduction. We will develop new materials to support further roll-out of 'The Drop' to disseminate harm reduction measures both within student populations and across the NTE.

#### **Improving access to Hepatitis C treatments**

BDP will continue to use the World Health Organisation (WHO) commitment to eliminating Hepatitis C to underpin our harm reduction work as we commit to increasing further, coverage of our Needle & Syringe Programme through a wider range of routes, including home delivery; increasing the number of Bristol's estimated population of People Who Inject Drugs engaged with Opioid Substitution Treatment; and increasing the number of people who start and successfully complete Hepatitis C treatment.

#### **Reducing Stigma**

Stigma remains the highest barrier to accessing treatment and recovery for many of our service users. For people from some BAME communities that stigma can seem unsurmountable. We will continue to work alongside communities through our Diverse Communities Link Worker role, developing our Community Champion role to offer a bridge between people who need treatment and BDP's and wider ROADS' services.

For our older population many have chronic health conditions, which are often more pressing than their drug or alcohol treatment needs but which are under-diagnosed and treated. Working with others to see our service users as older people with health needs first and alcohol or drug dependent second remains a priority for us.

#### **Drug Control and Drug Market Changes**

During the first Lockdown the resilience of our drug markets was clearly demonstrated as

## **Bristol Drugs Project**

### **Report of the Trustees**

**For the year ended 31 March 2021**

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delivery methods changed to reduce risk of infection and detection in quiet streets. Purity of heroin and crack cocaine remained relatively stable until July 2020 when people reported lower quality, confirmed by subsequent forensic analysis. Purity of both heroin and crack cocaine halved and is only rising very slowly at the year end. Synthetic cannabinoids, known generically as Spice, and real and counterfeit benzodiazepines both mainstream and novel versions, filled the purity gap. Diazepam and long-acting novel benzodiazepines like flualprazolam were very available and offered a cheap route to oblivion.

Cocaine powder purity remained high throughout and Ketamine made a resurgence among young adults. We will renew our links with our Regional Urology Team to collaborate to mitigate urinary tract damage from Ketamine.

We will keep our radar finely attuned to shifts in drug markets and outbreaks of, especially heroin in the UK, which historically have been aligned with periods of increased austerity, and disrupted education, which we may face following the pandemic.

### **Research**

We remain committed to developing and using the evidence of what works and research partnerships offer us a great opportunity to grow that evidence. We are a collaborator with the University of Bristol's School of Social Medicine REACT project testing the feasibility of delivery of Brief Incentivised Motivational Interventions by a variety of organisations to reduce skin and soft tissue infections and MRSA bacteraemia among People Who Inject Drugs (PWID). There are a number of research collaborations pending, including piloting use of crack pipes as a harm reduction measure, evaluating the impact of universal supply of chlorhexidine wipes through Needle and Syringe Programmes to reduce MRSA, MSSA and other skin and soft tissue infections, and potential research projects offering testing of Synthetic Cannabinoid Receptor Agonists (generically known as Spice) and testing of Image and Performance Enhancing Drugs.

### **Policy, Strategy Legislation**

#### **Housing & Homelessness**

We will support local efforts to rehouse and support people who were rough sleeping as they move on from hotels they were accommodated in at the beginning of the first Lockdown.

#### **National & Local Drug Strategy**

Nationally we await the publication of Dame Black's Part 2 report and will use its findings to support the case for significant investment in drug treatment in the next Comprehensive Spending Review.

We will support the return to Bristol of Drug Safety Checking when the Loop acquire their Home Office licence.

We will also continue to articulate evidence for the piloting of Drug Consumption Rooms (DCRs) – much more accurately described as Safer Injecting Spaces. It is only rational and more importantly, compassionate, that while we support Drug Safety Checking which reduces harm primarily for young adults, likely to be in work or education we also support the opportunity for an older population, with complex needs, who experience significant health

## **Bristol Drugs Project**

### **Report of the Trustees**

**For the year ended 31 March 2021**

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inequalities, which Covid-19 has brought into sharper relief, to reduce the harms they too experience. We are pleased that DCRs are clearly identified in Bristol's recently launched Alcohol & Other Drugs Strategy as something Bristol would want to support, should legislation permit.

**In conclusion:** We will continue to remain vigilant to drug-market, policy, strategy and legislative changes that will impact people with alcohol and drug problems, their families and their communities. We will ensure that our workforce is flexible, knowledgeable about areas previously seen as 'specialist', like housing and benefits and able to advocate to reduce the harmful impact of system changes and the health inequalities which our service users experience.

We will also secure a more solid basis for our activities which are additional to those formally commissioned – but which add real value to people and communities. These include our Youth Groups and our Creative Communities offer of drama, choir and orchestra, which add a precious dimension to BDP's work. We will also sustain and grow our work with populations facing specific barriers to finding help – including LGBTQ+ people, people with a learning disability, Older People and Black, Asian and Minority Ethnic.

Our biggest challenge and priority for the forthcoming year remains to seek and create new ways of connecting with people who are experiencing problems with their own or another's alcohol or drug use, both those who fall in and out of treatment and those who see treatment as 'not for them'. Covid-19 constrained our reach into Bristol's estimated opiate and crack cocaine population plateaued this year. We commit to reaching more of that population in 2021/22 and recognize that this requires listening closely to what people want and then delivering with care and creativity.

## **STRUCTURE, GOVERNANCE AND MANAGEMENT**

### **Governing Document**

Bristol Drugs Project is a charitable company limited by guarantee, incorporated on 3 April 1985 and registered as a charity on 14 May 1985.

The company was established under a Memorandum of Association that established the objects and powers of the charitable company, and is governed under its Articles of Association. The Directors have commenced a review of the Memorandum and Articles of Association to ensure that, as well as being compliant with the Charities Act 2011 and Companies Act 2006 they are relevant to current patterns of drug and alcohol use and contemporary policy. A key outcome sought is to bring them up-to-date with current, modern terminology. The Directors aim to conclude this review during 2021/22, subject to any delay arising from Charity Commission timescales.

In the event of the company being wound up members are required to contribute an amount not exceeding £1 each.

## **Bristol Drugs Project**

### **Report of the Trustees**

**For the year ended 31 March 2021**

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#### **Board of Trustees (Directors)**

The Directors of the company are also charity trustees for the purpose of charity law and under the company's Memorandum and Articles of Association are known as members of the Board of Trustees.

The Board of Trustees can have a minimum of 4 and a maximum of 15 members. The Board are very active, meeting approximately every 6 weeks, and are responsible for the strategic direction and policy of the charity and for ensuring that its finances, systems and procedures are 'fit for purpose' as set out in its Governance Framework. In addition, to adherence to the 'Nolan Principles' – the seven principles of public life – Board members bring a wide range of business and professional skills to their role. The involvement of former service users as trustees is particularly important, ensuring the needs of beneficiaries of the charity are at the core of BDP policy and strategy.

At the year-end, the Board of Trustees had 9 members from a variety of backgrounds relevant to the charity and its management.

The Board of Trustees delegates operational management of the charity to a Chief Executive, who in turn delegates responsibility for specific areas of service delivery, performance, and staff and volunteer management to senior managers.

#### **Recruitment and Appointment and Changes to Board of Trustees**

The charity operates a competency-based recruitment process, recruiting new Board members as required. Prospective Board members are interviewed by the Chair and Chief Executive and invited to observe a Board meeting(s). The Board of Trustees then decides whether to invite a new member to join them and to stand for election at the next AGM.

The Memorandum and Articles require a third of the membership of the Board to retire annually, although they may stand for re-election at the next Annual General Meeting.

Each trustee may normally serve for three terms of office, although any trustee may be asked to continue beyond this where the Board wishes to retain an individual's specific skills for an additional term for the benefit of the charity. BDP seeks to achieve a balance between longer-serving trustees who use their 'collective memory' to provide continuity to BDP's work and newly recruited trustees who strengthen skills and bring fresh perspective to the charity. David Bradnock, who retired in 2020 from a police liaison role with Bristol City Council Public Health team joined the Board in March 2021 and will stand for election at the next AGM.

#### **Board of Trustees Induction and Training**

All applicants for the Board of Trustees receive a Recruitment Pack, refreshed with feedback from the trustees recruited most recently, which gives a role description, detailed information about the charity's history, services and staff as well as their obligations as Board members. All are given the Charity Commission's guide 'The Essential Trustee' together with a copy of BDP's Memorandum and Articles of Association and the latest financial statements. As new Trustees, Kerry Barker and Rod Mayall reviewed the Recruitment Pack and it was updated with their feedback. New members are encouraged to shadow services

## **Bristol Drugs Project**

### **Report of the Trustees**

**For the year ended 31 March 2021**

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delivered by BDP, and to attend the charity's annual service planning and review day and in-house training; this enables them to gain an in-depth understanding of the charity's main activities to inform their decision-making. As with many other aspects of life, Covid-19 has meant that shadowing services has not been possible for BDP's new Trustees and we will create opportunities for this as soon as restrictions permit.

Alternate Board meetings are preceded by an additional hour-long session, which focuses on a particular aspect of service delivery or relevant changes at national or local policy level. This enables trustees to review regularly key issues affecting the future direction of the charity and to ensure that due weight is given to key changes in government policy, structures or changes in patterns of alcohol or drug use. During this year, many of these additional hours have been used to invite staff, in a wide range of roles, to give an overview of their role and how it has changed during the pandemic. This has helped to connect staff (particularly people recruited during the pandemic) with Trustees and to give the Board insight into the day-to-day impact of Covid-19 on BDP's activities.

### **Board of Trustees' Sub Committees**

Members are encouraged to become members of either the Finance and General Purposes or the Quality and Clinical Governance Committees.

The Charity's Finance and General Purposes Committee, has delegated authority from the Board of Trustees and meets normally every six weeks to review financial performance, recommend any actions necessary to control financial risk, ensure service delivery within budget and agree significant capital expenditure. Members are Mike Lea, John Long, Kathy Curling, Kerry Barker and Rod Mayall. Quality and Clinical Governance Committee is chaired by Dr. Tom Smyth, a retired GP, with members Rozzy Amos, Robin Paine and Jennifer Risk. This committee has delegated authority from the Board to ensure adequate and appropriate governance structures, processes and controls are in place throughout BDP to promote safe, high quality care; achieve continuous improvement of care; and to ensure the effective and efficient use of resources through evidence-based practice and research.

### **Senior Leadership Team**

This comprises the Chief Executive, three Service Managers, and our Policy & Quality Lead. They are responsible for delivering BDP's Strategic Plan. Operational decisions are made by the Senior Leadership Team structure at fortnightly meetings. The Senior Leadership Team is considered to be the key management personnel of the charity. Regular Senior Management Team meetings, which include Team Leaders, have been established in the context of Covid-19 and sustained as monthly meetings.

The remuneration of all BDP employees, including key management personnel is determined by BDP's bespoke pay structure. This sets out five pay scales with lower and upper limits, each linked to different roles within the organisation, including Service Managers and the CEO. The charity periodically reviews its pay structure to ensure that remuneration for roles is broadly in line with that offered by other organisations delivering similar activities, most recently completed in February 2021.

## **Bristol Drugs Project**

### **Report of the Trustees**

**For the year ended 31 March 2021**

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#### **Related Parties**

Board of Trustees and Senior Staff declare potential conflicts of interest to BDP annually, or when their circumstances change. Conflicts of interest relevant to the business of meetings are asked for by the Chair and declared as a standard agenda item at all trustee meetings.

Michael Lea, Trustee, is also a Trustee of Creative Youth Network with whom BDP have a sub-contract and receive funds to deliver the Targeted Youth Service.

Maggie Telfer, CEO, is a Director of Social Impact Bristol, established to deliver Bristol's Social Impact Bond for people with an experience of entrenched rough sleeping.

#### **Fundraising Policy**

BDP did not employ professional fundraisers or commercial participators during this or previous periods and therefore the provisions of the Charity (Protection and Social Investment) Act 2016 do not apply to the charity's activities.

#### **BOARD OF TRUSTEES' RESPONSIBILITIES**

The Board of Trustees is responsible for preparing the annual report and the financial statements in accordance with applicable law and regulations.

Company law requires the Board of Trustees to prepare financial statements for each financial year. Under that law, the Board of Trustees has elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice. Under company law the Board of Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the company and of the profit or loss of the company for that period.

In preparing these financial statements, the Board of Trustees is required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and accounting estimates that are reasonable and prudent;
- state whether United Kingdom Generally Accepted Accounting Practice has been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The Board of Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the company's transactions and disclose with reasonable accuracy at any time the financial position of the company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

## **Bristol Drugs Project**

### **Report of the Trustees**

**For the year ended 31 March 2021**

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#### **Board of Trustees**

Members of the Board of Trustees, who are Directors for the purpose of company law and trustees for the purpose of charity law, who served during the year and up to the date of this report are set out on page one.

#### **Auditors**

All the current Board of Trustees members have taken all the steps that they ought to have taken to make themselves aware of any information needed by the company's auditors for the purposes of their audit and to establish that the auditors are aware of that information. The Board of Trustees are not aware of any relevant audit information of which the auditors are unaware.

This report, including the Trustees' Report, was approved by the Board of Trustees on 17 August 2021 and signed on its behalf by:



John Long, Chair, QPM, BA Hons, MA  
11 Brunswick Square  
Bristol  
BS2 8PE

## **Independent auditors' report**

### **To the members of**

#### **Bristol Drugs Project Limited**

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#### **Opinion**

We have audited the financial statements of Bristol Drugs Project Limited (the 'charity') for the year ended 31 March 2021 which comprise the statement of financial activities, balance sheet, statement of cash flows and the related notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102: The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2021 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

#### **Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### **Conclusions relating to going concern**

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

#### **Other information**

The trustees are responsible for the other information. The other information comprises the information included in the annual report other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

## **Independent auditors' report**

### **To the members of**

#### **Bristol Drugs Project Limited**

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In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

#### **Opinion on other matters prescribed by the Companies Act 2006**

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the trustees' report (incorporating the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the trustees' report (incorporating the directors' report) have been prepared in accordance with applicable legal requirements.

#### **Matters on which we are required to report by exception**

In the light of the knowledge and understanding of the charity and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' report. We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us;
- the financial statements are not in agreement with the accounting records and returns;
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not obtained all the information and explanations necessary for the purposes of our audit.

#### **Responsibilities of the trustees**

As explained more fully in the trustees' responsibilities statement set out in the trustees' report, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

## **Independent auditors' report**

### **To the members of**

#### **Bristol Drugs Project Limited**

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#### **Our responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The procedures we carried out and the extent to which they are capable of detecting irregularities, including fraud, are detailed below:

(1) We obtained an understanding of the legal and regulatory framework that the charity operates in, and assessed the risk of non-compliance with applicable laws and regulations. Throughout the audit, we remained alert to possible indications of non-compliance.

(2) We reviewed the charity's policies and procedures in relation to:

- Identifying, evaluating and complying with laws and regulations, and whether they were aware of any instances of non-compliance;
- Detecting and responding to the risk of fraud, and whether they were aware of any actual, suspected or alleged fraud; and
- Designing and implementing internal controls to mitigate the risk of non-compliance with laws and regulations, including fraud.

(3) We inspected the minutes of trustee meetings.

(4) We enquired about any non-routine communication with regulators and reviewed any reports made to them.

(5) We reviewed the financial statement disclosures and assessed their compliance with applicable laws and regulations.

(6) We performed analytical procedures to identify any unusual or unexpected transactions or balances that may indicate a risk of material fraud or error.

(7) We assessed the risk of fraud through management override of controls and carried out procedures to address this risk. Our procedures included:

- Testing the appropriateness of journal entries;
- Assessing judgements and accounting estimates for potential bias;
- Reviewing related party transactions; and
- Testing transactions that are unusual or outside the normal course of business.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. Irregularities that arise due to fraud can be even harder to detect than those that arise from error as they may involve deliberate concealment or collusion.

## **Independent auditors' report**

### **To the members of**

#### **Bristol Drugs Project Limited**

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A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

#### **Use of our report**

This report is made solely to the charity's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charity's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity's members as a body, for our audit work, for this report, or for the opinions we have formed.

*Alison Godfrey*

Date: 17 August 2021

**Alison Godfrey FCA**  
**(Senior Statutory Auditor)**

For and on behalf of:

**GODFREY WILSON LIMITED**

Chartered accountants and statutory auditors

5th Floor Mariner House

62 Prince Street

Bristol

BS1 4QD

**Bristol Drugs Project Limited**

**Statement of financial activities** *(incorporating an income and expenditure account)*

**For the year ended 31 March 2021**

	Note	Unrestricted £	Restricted £	<b>2021 Total £</b>	2020 Total £
<b>Income from:</b>					
Donations and legacies		98,744	16,492	<b>115,236</b>	176,714
Charitable activities	4	226,431	3,348,473	<b>3,574,904</b>	3,542,821
Other trading activities		461	-	<b>461</b>	6,838
Investments		15,865	-	<b>15,865</b>	18,760
<b>Total income</b>		<u>341,501</u>	<u>3,364,965</u>	<u><b>3,706,466</b></u>	<u>3,745,133</u>
<b>Expenditure on:</b>					
Charitable activities: provision of services		<u>(342,580)</u>	<u>(3,294,003)</u>	<u><b>(3,636,583)</b></u>	<u>(3,663,793)</u>
<b>Total expenditure</b>	7	<u>(342,580)</u>	<u>(3,294,003)</u>	<u><b>(3,636,583)</b></u>	<u>(3,663,793)</u>
<b>Net income / (expenditure)</b>		(1,079)	70,962	<b>69,883</b>	81,340
Transfers between funds		<u>(1,015)</u>	<u>1,015</u>	<u>-</u>	<u>-</u>
<b>Net movement in funds</b>	5	(2,094)	71,977	<b>69,883</b>	81,340
<b>Reconciliation of funds:</b>					
Total funds brought forward		<u>3,748,177</u>	<u>78,813</u>	<u><b>3,826,990</b></u>	<u>3,745,650</u>
<b>Total funds carried forward</b>		<u><u>3,746,083</u></u>	<u><u>150,790</u></u>	<u><u><b>3,896,873</b></u></u>	<u><u>3,826,990</u></u>

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in note 15 to the accounts.

# Bristol Drugs Project Limited

## Balance sheet

For the year ended 31 March 2021

	Note	£	2021 £	2020 £
<b>Fixed assets</b>				
Tangible assets	8		<b>27,104</b>	43,456
Investments	9		<b>16,000</b>	16,000
			<b>43,104</b>	59,456
<b>Current assets</b>				
Debtors	10	<b>317,441</b>		56,416
Current asset investments		<b>2,602,323</b>		2,551,534
Cash at bank and in hand		<b>1,395,238</b>		1,639,136
		<b>4,315,002</b>		4,247,086
<b>Liabilities</b>				
Creditors: amounts falling due within 1 year	11	<b>(295,233)</b>		(365,136)
<b>Net current assets</b>			<b>4,019,769</b>	3,881,950
<b>Total assets less current liabilities</b>			<b>4,062,873</b>	3,941,406
Provisions for liabilities	12		<b>(166,000)</b>	(114,416)
<b>Net assets</b>	14		<b>3,896,873</b>	3,826,990
<b>Funds</b>	15			
Restricted funds			<b>150,790</b>	78,813
Unrestricted funds:				
Designated funds			<b>(856)</b>	2,493
General funds			<b>3,746,939</b>	3,745,684
<b>Total charity funds</b>			<b>3,896,873</b>	3,826,990

These accounts have been prepared in accordance with the special provisions applicable to companies subject to the small companies' regime.

Approved by the trustees on 17 August 2021 and signed on their behalf by

*John Long*

J Long - Director and Chair

*K. Curling*

K Curling - Director

# Bristol Drugs Project Limited

## Statement of cash flows

For the year ended 31 March 2021

	2021 £	2020 £
<b>Cash flows from operating activities:</b>		
Net movement in funds:	69,883	81,340
<i>Adjustments for:</i>		
Interest received	(15,865)	(18,760)
Depreciation	16,352	16,352
(Increase) / decrease in debtors	(261,025)	8,433
Decrease in creditors	(69,903)	(306,113)
Increase in provisions	51,584	-
<b>Net cash used in operating activities</b>	<b>(208,974)</b>	<b>(218,748)</b>
<b>Cash flows from investing activities:</b>		
Payments to acquire tangible fixed assets	-	(29,838)
Interest received	15,865	18,760
<b>Net cash provided by / (used in) investing activities</b>	<b>15,865</b>	<b>(11,078)</b>
<b>Decrease in cash and cash equivalents in the year</b>	<b>(193,109)</b>	<b>(229,826)</b>
Cash and cash equivalents at the beginning of the year	4,190,670	4,420,496
<b>Cash and cash equivalents at the end of the year</b>	<b>3,997,561</b>	<b>4,190,670</b>
<b>Analysed as:</b>		
Cash at bank and in hand	1,395,238	1,639,136
Current asset investments	2,602,323	2,551,534
	<b>3,997,561</b>	<b>4,190,670</b>

### Analysis of changes in net debt

The charity has not provided an analysis of changes in net debt as it does not have any long term financing arrangements.

## **Bristol Drugs Project Limited**

### **Notes to the financial statements**

#### **For the year ended 31 March 2021**

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##### **1. Company status**

The company is a registered charity and a company limited by guarantee without share capital, incorporated in England and Wales. The guarantors are the council members to the extent of £1 each.

The address of the registered office is 11 Brunswick Square, Bristol, BS2 8PE.

##### **2. Accounting policies**

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

###### **a) Statement of compliance**

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) – (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006. There are no material departures from the SORP and FRS 102.

The charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value, unless otherwise stated in the relevant accounting policy note. The accounts are presented in sterling which is also the functional currency of the charity.

###### **b) Going concern basis of accounting**

The accounts have been prepared on the assumption that the charity is able to continue as a going concern, which the trustees consider appropriate. The charity holds unrestricted, general reserves of £3,746,939 and a cash balance of £3,997,561. There are no material uncertainties about the charity's ability to continue as a going concern.

###### **c) Income**

Incoming resources represent the amount derived from contracts, grants and donations receivable during the year. All income is credited to revenue when the charity is entitled to the income, any performance conditions have been met, it is probable that the income will be received and the amount can be measured reliably.

Many of the charity's funding streams, whilst having certain conditions attached which must be met to fulfil the charity's obligations, are actually contracts for service. Thus by providing the service for the year, the obligation attached to the contract is released with any residual deficit or benefit on the contract value being at the risk of or for the benefit of the charity. Income received in advance of provision of services under contracts is deferred until criteria for income recognition are met.

## **Bristol Drugs Project Limited**

### **Notes to the financial statements**

**For the year ended 31 March 2021**

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#### **2. Accounting policies (continued)**

##### **c) Income (continued)**

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

##### **d) Expenditure**

Expenditure is included in the financial statements on an accruals basis. Expenditure is charged directly to the provision of services wherever possible.

Governance costs are those incurred in connection with compliance with constitutional and statutory requirements.

##### **e) Allocation of support and governance costs**

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Governance costs are the costs associated with the governance arrangements of the charity, including the costs of complying with constitutional and statutory requirements and any costs associated with the strategic management of the charity's activities. All costs are allocated between the expenditure categories of the statement of financial activities on a basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly, together with fair allocation of management and support costs on an employee basis.

##### **f) Funds**

Unrestricted general funds are available for use at the discretion of the board of trustees in furtherance of the general objectives of the charity.

Restricted funds are funds which have been given for a specific purpose by the donor or statutory body or by the purpose of the appeal in which the funds are raised. Expenditure which meets these criteria is charged to the fund, together with fair allocation of management and support costs on an employee basis.

Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose.

##### **g) Tangible fixed assets**

Depreciation of fixed assets is calculated to write off their cost less any residual value over their estimated useful lives as follows:

Motor vehicles, fixtures, fittings and office equipment are depreciated on a straight line basis over 5 years.

Assets are capitalised where the cost exceeds £5,000. A full year's depreciation is charged in the year of acquisition.

## **Bristol Drugs Project Limited**

### **Notes to the financial statements**

**For the year ended 31 March 2021**

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#### **2. Accounting policies (continued)**

##### **h) Investments**

Investments in associated companies are held at cost, less provision for any impairment.

##### **i) Debtors**

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

##### **j) Current asset investments**

Current asset investments consist of cash held on deposit in interest bearing accounts. Such investments are measured at their fair value.

##### **k) Cash at bank and in hand**

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

##### **l) Creditors**

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

##### **m) Leases and hire purchase contracts**

Rentals paid under operating leases are charged to the statement of financial activities as they fall due.

##### **n) Pensions**

The charity operates a defined contribution pension scheme, and the pension charge represents the amounts payable by the charity to the fund in respect of the year. The assets of the scheme are held separately from those of the charity in an independently administered fund. The pension cost charge represents contributions payable by the charity to the fund and amounted to £35,988 (2020: £35,310). Contributions totalling £8,678 (2020: £6,792) were payable to the fund at the balance sheet date and are included in creditors.

##### **o) Provisions**

A provision is recognised in the balance sheet when the charity has a present legal or constructive obligation as a result of a past event, that can be reliably measured and it is probable that an outflow of economic benefits will be required to settle the obligation. Provisions are recognised at the best estimate of the amount required to settle the obligation at the reporting date.

##### **p) Financial instruments**

The charity only has financial assets and financial liabilities that qualify as basic financial instruments, being trade and other debtors and creditors. Basic financial instruments are initially recognised at transaction value, and are subsequently recognised at their settlement value. Any losses arising from impairment ('doubtful debts') are recognised in the statement of financial activities. The amount of impairment loss recognised in the year is £nil (2020: £nil).

## Bristol Drugs Project Limited

### Notes to the financial statements

For the year ended 31 March 2021

#### 2. Accounting policies (continued)

##### q) Critical accounting judgements and key

In the application of the charity's accounting policies, which are described above, the board of trustees is required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

The following are the critical judgements and estimates that the trustees have made in the process of applying the charity's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Provisions for lease dilapidations are recognised when a reliable estimate of the outflow of future economic benefit which will be required to settle any future obligation can be made. Further detail is provided in note 12.

Key management personnel are considered to be the board of trustees and the senior management team. As trustees, the board of trustees is not remunerated. The remuneration of key management personnel is disclosed in note 6.

#### 3. Prior period comparatives: statement of financial activities

	Unrestricted funds £	Restricted funds £	2020 Total £
<b>Income from:</b>			
Donations and legacies	136,834	39,880	<b>176,714</b>
Charitable activities	236,113	3,306,708	<b>3,542,821</b>
Other trading activities	1,418	5,420	<b>6,838</b>
Investments	18,760	-	<b>18,760</b>
<b>Total income</b>	<b>393,125</b>	<b>3,352,008</b>	<b>3,745,133</b>
<b>Expenditure on:</b>			
Charitable activities	(373,210)	(3,290,583)	<b>(3,663,793)</b>
<b>Total expenditure</b>	<b>(373,210)</b>	<b>(3,290,583)</b>	<b>(3,663,793)</b>
<b>Net expenditure</b>	<b>19,915</b>	<b>61,425</b>	<b>81,340</b>
Transfers between funds	(2,861)	2,861	-
<b>Net movement in funds</b>	<b>17,054</b>	<b>64,286</b>	<b>81,340</b>

## Bristol Drugs Project Limited

### Notes to the financial statements

For the year ended 31 March 2021

#### 4. Income from charitable activities

	Unrestricted funds £	Restricted funds £	2021 Total £
Bridge View Medical	7,750	-	7,750
Bristol City Council (ROADS)	-	3,282,199	3,282,199
Bristol City Council (Social Impact Bond)	29,548	-	29,548
Bristol City Council (YADD)	1,913	-	1,913
CHK Foundation	-	30,000	30,000
Creative Communities	-	9,105	9,105
Creative Youth Network	143,451	-	143,451
Gilead Sciences (Terrence Higgins Trust)	-	16,432	16,432
Second Step	36,817	-	36,817
Youth Groups	-	3,600	3,600
Other charitable income less than £5,001	6,952	7,137	14,089
<b>Total income from charitable activities</b>	<b>226,431</b>	<b>3,348,473</b>	<b>3,574,904</b>

Prior period comparative	Unrestricted funds £	Restricted funds £	2020 Total £
ABF The Soldiers	-	15,000	15,000
Bridge View Medical	7,750	-	7,750
Bristol City Council (ROADS)	-	3,239,536	3,239,536
Bristol City Council (Social Impact Bond)	35,860	-	35,860
Bristol City Council (YADD)	3,724	-	3,724
CHK Foundation	-	30,000	30,000
Creative Communities	300	20,176	20,476
Creative Youth Network	150,938	-	150,938
Gilead Sciences	-	(8,000)	(8,000)
Second Step	37,541	-	37,541
Youth Groups	-	9,996	9,996
<b>Total income from charitable activities</b>	<b>236,113</b>	<b>3,306,708</b>	<b>3,542,821</b>

#### Government grants

During the year the charitable company received government grants, defined as funding from Arts Council England and Lottery Community Fund to fund charitable activities. The total value of such grants in the period ending 31 March 2021 was £634 (2020: £15,292). There are no unfulfilled conditions or contingencies attaching to these grants.

## Bristol Drugs Project Limited

### Notes to the financial statements

#### For the year ended 31 March 2021

##### 5. Net movement in funds

Net movement in funds are stated after charging:

	2021 £	2020 £
Depreciation of tangible fixed assets	16,352	16,352
Auditors' remuneration:	8,400	8,346
Trustees' remuneration	Nil	Nil
Trustees' reimbursed expenses	Nil	239
Trustees' indemnity insurance	628	426
Operating lease payments:		
▪ Rent	94,045	91,121
▪ Equipment	6,039	5,940

In the prior year, one trustee was reimbursed for travel expenses.

##### 6. Salaries

Staff costs were as follows:

	2021 £	2020 £
Gross salaries	1,845,815	1,810,962
Employers national insurance	158,880	147,655
Pensions	35,988	35,310
	<u>2,040,683</u>	<u>1,993,927</u>

One employee earned a salary in the range of £60,000 - £70,000 per annum (2020: one).

	2021	2020
Average number of employees (full time equivalent)	<u>69</u>	<u>72</u>
Average number of employees (headcount)	<u>79</u>	<u>82</u>

The total remuneration of key management personnel amounted to £227,475 (2020: £223,932)

**Bristol Drugs Project Limited****Notes to the financial statements****For the year ended 31 March 2021****7. Expenditure on charitable activities**

	Charitable activities £	Support and governance costs £	2021 Total £
<b>Staff Costs</b>			
External Supervision	7,458	-	<b>7,458</b>
Legal and Professional	-	1,290	<b>1,290</b>
Recruitment	363	-	<b>363</b>
Salaries, Employer's NI and Pensions	1,980,311	60,372	<b>2,040,683</b>
Staff Benefits and Childcare Vouchers	5,428	-	<b>5,428</b>
Training and Development	6,341	-	<b>6,341</b>
Travel and Subsistence	11,393	-	<b>11,393</b>
	<u>2,011,294</u>	<u>61,662</u>	<u><b>2,072,956</b></u>
<b>Direct Service Costs</b>			
Breaking Free/SARI	19,320	-	<b>19,320</b>
Client Service Access and Translation	2,552	-	<b>2,552</b>
Client Workshop	7,145	-	<b>7,145</b>
Contingency Management and Client Research	7,262	-	<b>7,262</b>
Health Care Intervention	30,579	-	<b>30,579</b>
Mentoring and Youth Groups	4,198	-	<b>4,198</b>
Needle and Syringe Programme	156,003	-	<b>156,003</b>
Volunteer Expenses	1,567	-	<b>1,567</b>
	<u>228,626</u>	<u>-</u>	<u><b>228,626</b></u>
<b>Partner Payments</b>			
Payments to Joint Providers	<u>965,787</u>	<u>-</u>	<u><b>965,787</b></u>
	<u>965,787</u>	<u>-</u>	<u><b>965,787</b></u>
<b>Premises Costs</b>			
Premises Costs	<u>156,723</u>	<u>-</u>	<u><b>156,723</b></u>
	<u>156,723</u>	<u>-</u>	<u><b>156,723</b></u>

**Bristol Drugs Project Limited**

**Notes to the financial statements**

**For the year ended 31 March 2021**

**7. Expenditure on charitable activities (continued)**

	Charitable activities £	Support and governance costs £	2021 Total £
<b>Other Costs</b>			
Audit Fees	-	8,400	<b>8,400</b>
Bank Charges	720	-	<b>720</b>
Depreciation	16,352	-	<b>16,352</b>
Equipment Hire	6,039	-	<b>6,039</b>
Health, Safety and Welfare	7,847	-	<b>7,847</b>
Insurance	15,080	628	<b>15,708</b>
IT Costs and Support	22,571	-	<b>22,571</b>
Marketing and Events	14,426	-	<b>14,426</b>
Non Capital Equipment	7,372	-	<b>7,372</b>
Other	9,754	226	<b>9,980</b>
Printing, Postage and Stationery	13,201	-	<b>13,201</b>
Professional Fees and Consultancy	22,756	-	<b>22,756</b>
Provision for Liabilities	51,584	-	<b>51,584</b>
Subscriptions	501	-	<b>501</b>
Telephone Charges	15,034	-	<b>15,034</b>
	<u>203,237</u>	<u>9,254</u>	<u><b>212,491</b></u>
<b>Sub-total</b>	3,565,667	70,916	<b>3,636,583</b>
Allocation of support and governance costs	<u>70,916</u>	<u>(70,916)</u>	<u>-</u>
<b>Total expenditure</b>	<u><u>3,636,583</u></u>	<u><u>-</u></u>	<u><u><b>3,636,583</b></u></u>

Total governance costs were £10,544 (2020: £11,861).

**Bristol Drugs Project Limited**

**Notes to the financial statements**

**For the year ended 31 March 2021**

**7. Expenditure on charitable activities (continued)**

**Prior year comparative**

	Charitable activities £	Support and governance costs £	2020 Total £
<b>Staff Costs</b>			
External Supervision	5,952	-	<b>5,952</b>
Legal and Professional	-	2,850	<b>2,850</b>
Recruitment	1,370	-	<b>1,370</b>
Salaries, Employer's NI and Pensions	1,951,100	42,827	<b>1,993,927</b>
Staff Benefits and Childcare Vouchers	11,534	-	<b>11,534</b>
Temporary Staff	22,482	-	<b>22,482</b>
Training and Development	15,950	-	<b>15,950</b>
Travel and Subsistence	29,016	-	<b>29,016</b>
	<u>2,037,404</u>	<u>45,677</u>	<u><b>2,083,081</b></u>
<b>Direct Service Costs</b>			
Breaking Free/SARI	20,940	-	<b>20,940</b>
Client Service Access and Translation	12,008	-	<b>12,008</b>
Client Workshop	23,432	-	<b>23,432</b>
Contingency Management and Client Research	3,413	-	<b>3,413</b>
Health Care Intervention	27,921	-	<b>27,921</b>
Mentoring and Youth Groups	6,420	-	<b>6,420</b>
Needle and Syringe Programme	223,032	-	<b>223,032</b>
Volunteer Expenses	6,308	-	<b>6,308</b>
	<u>323,474</u>	<u>-</u>	<u><b>323,474</b></u>
<b>Partner Payments</b>			
Payments to Joint Providers	<u>942,248</u>	<u>-</u>	<u><b>942,248</b></u>
	<u>942,248</u>	<u>-</u>	<u><b>942,248</b></u>
<b>Premises Costs</b>			
Premises Costs	<u>158,431</u>	<u>-</u>	<u><b>158,431</b></u>
	<u>158,431</u>	<u>-</u>	<u><b>158,431</b></u>

**Bristol Drugs Project Limited****Notes to the financial statements****For the year ended 31 March 2021**

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**7. Expenditure on charitable activities (continued)**

	Charitable activities £	Support and governance costs £	2020 Total £
<b>Other Costs</b>			
Audit Fees	-	8,346	<b>8,346</b>
Bank Charges	713	-	<b>713</b>
Depreciation	16,352	-	<b>16,352</b>
Equipment Hire	5,940	-	<b>5,940</b>
Health, Safety and Welfare	9,680	-	<b>9,680</b>
Insurance	16,339	426	<b>16,765</b>
IT Costs and Support	24,649	-	<b>24,649</b>
Marketing and Events	14,785	-	<b>14,785</b>
Non Capital Equipment	5,465	-	<b>5,465</b>
Other	1,030	239	<b>1,269</b>
Printing, Postage and Stationery	12,905	-	<b>12,905</b>
Professional Fees and Consultancy	19,847	-	<b>19,847</b>
Subscriptions	2,483	-	<b>2,483</b>
Telephone Charges	17,360	-	<b>17,360</b>
	<u>147,548</u>	<u>9,011</u>	<u><b>156,559</b></u>
<b>Sub-total</b>	3,609,105	54,688	<b>3,663,793</b>
Allocation of support and governance costs	<u>54,688</u>	<u>(54,688)</u>	<u>-</u>
<b>Total expenditure</b>	<u><u>3,663,793</u></u>	<u><u>-</u></u>	<u><u><b>3,663,793</b></u></u>

# Bristol Drugs Project Limited

## Notes to the financial statements

For the year ended 31 March 2021

### 8. Tangible fixed assets

	Motor vehicles £	Fixtures, fittings and computer equipment £	Total 2021 £
<b>Cost</b>			
At 1 April 2020 and at 31 March 2021	63,832	293,907	357,739
<b>Depreciation</b>			
At 1 April 2020	61,865	252,418	314,283
Charge for the year	1,967	14,385	16,352
At 31 March 2021	63,832	266,803	330,635
<b>Net book value</b>			
<b>At 31 March 2021</b>	-	27,104	27,104
At 31 March 2020	1,967	41,489	43,456

### 9. Investments

	2021 £	2020 £
Investments in associates	16,000	16,000

#### Details of undertakings

Details of the investments in which the group holds 20% or more of the nominal value of any class of share capital are as follows:

Undertaking	Country of incorporation	Holding	Proportion of voting rights and shares held 2021	2020
Social Impact Bristol Limited	England and Wales	Ordinary Shares	33%	33%

The principal activity of Social Impact Bristol Limited is to work with some of Bristol's most entrenched rough sleepers. The address of its registered office is 5th Floor, 3 Thomas More Square, London, E1W 1YW.

Social Impact Bristol Limited's contract with Bristol City Council ended on 31 March 2021 and the company ceased trading on that date. The Directors have commenced proceedings to wind up the company, which is expected to be completed by 31 December 2021, at which point any remaining funds will be distributed to investors.

**Bristol Drugs Project Limited****Notes to the financial statements****For the year ended 31 March 2021****10. Debtors**

	2021 £	2020 £
<b>Amounts falling due within 1 year</b>		
Trade debtors	278,364	27,686
Prepayments	29,088	27,424
Other debtors	8,689	6
	<u>316,141</u>	<u>55,116</u>
<b>Amounts falling due after more than 1 year</b>		
Rent and deposits	<u>1,300</u>	<u>1,300</u>
	<u><u>317,441</u></u>	<u><u>56,416</u></u>

**11. Creditors**

	2021 £	2020 £
<b>Amounts falling due within 1 year</b>		
Trade creditors	159,553	248,252
Accruals	30,265	43,160
Other taxation and social security	49,333	35,539
Deferred income (see below)	47,237	31,896
Other creditors	8,845	6,289
	<u>295,233</u>	<u>365,136</u>

The movement in deferred income was as follows:

	2021 £	2020 £
Balance at beginning of year	31,896	-
Released during the year	(31,896)	-
Deferred during the year	<u>47,237</u>	<u>31,896</u>
Balance at end of year	<u><u>47,237</u></u>	<u><u>31,896</u></u>

Deferred income relates to income received in advance of delivery of services.

# Bristol Drugs Project Limited

## Notes to the financial statements

### For the year ended 31 March 2021

#### 12. Provision for liabilities

	2021 £	2020 £
Provision for lease dilapidation	<u>166,000</u>	<u>114,416</u>

Included within the leases for the charity's rented premises are dilapidation clauses. The trustees consider they are able to quantify the expected cost of the lease dilapidations, and have consequently included a provision of £166,000 (2020: £114,416) in the accounts. The amount recognised as an expense during the year was £51,584 (2020: £nil).

#### 13. Guarantees and other financial commitments

The charity had operating leases at the year end with total future minimum lease payments as follows:

	2021 £	2020 £
Amount falling due:		
Within 1 year	66,286	49,051
Within 1 - 5 years	<u>128,625</u>	<u>1,380</u>
	<u>194,911</u>	<u>50,431</u>

#### 14. Analysis of net assets between funds

	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Tangible fixed assets	27,104	-	27,104
Investments	16,000	-	16,000
Current assets	3,979,586	335,416	4,315,002
Current liabilities	(110,607)	(184,626)	(295,233)
Provisions	<u>(166,000)</u>	<u>-</u>	<u>(166,000)</u>
<b>Total net assets at 31 March 2021</b>	<u>3,746,083</u>	<u>150,790</u>	<u>3,896,873</u>

	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £
<b>Prior year comparative</b>			
Tangible fixed assets	43,456	-	43,456
Investments	16,000	-	16,000
Current assets	3,875,008	372,078	4,247,086
Current liabilities	(71,871)	(293,265)	(365,136)
Provisions	<u>(114,416)</u>	<u>-</u>	<u>(114,416)</u>
<b>Total net assets at 31 March 2020</b>	<u>3,748,177</u>	<u>78,813</u>	<u>3,826,990</u>

# Bristol Drugs Project Limited

## Notes to the financial statements

For the year ended 31 March 2021

### 15. Movement in funds

	At 1 April 2020 £	Income £	Expenditure £	Transfers between funds £	At 31 March 2021 £
<b>Restricted funds</b>					
50+ Transformation Grant	3,751	1,403	(6,185)	1,031	-
Children's Youth Group (M32)	10,713	13,801	(12,090)	-	12,424
Creative Communities	919	9,105	(10,008)	(16)	-
New Leaf	27,711	30,000	(17,096)	-	40,615
RBL Capacity Building Grant	3,686	-	(3,686)	-	-
ROADS APPS/SMART	683	257,520	(257,797)	-	406
ROADS Complex Needs	-	636,304	(636,304)	-	-
ROADS Early Engagement & Intervention	(9,164)	1,003,108	(945,137)	-	48,807
ROADS Street Intervention Service	213	35,000	(33,169)	-	2,044
ROADS Substance Misuse Liaison	301	1,372,474	(1,355,568)	-	17,207
Veterans	40,000	6,250	(16,963)	-	29,287
<b>Total restricted funds</b>	<u>78,813</u>	<u>3,364,965</u>	<u>(3,294,003)</u>	<u>1,015</u>	<u>150,790</u>
<b>Unrestricted funds</b>					
<i>Designated funds:</i>					
Covid 19 designated funds	-	8,202	(8,012)	(190)	-
Entrenched Rough Sleepers	1,354	79,328	(30,967)	(49,715)	-
Golden Key Service Coordinator	324	36,817	(37,997)	-	(856)
Special Allocation Service	-	7,750	(7,750)	-	-
Targeted Youth Service	-	143,451	(166,923)	23,472	-
Youth Alcohol Drug Diversion	815	1,913	(2,728)	-	-
<i>Total designated funds</i>	<u>2,493</u>	<u>277,461</u>	<u>(254,377)</u>	<u>(26,433)</u>	<u>(856)</u>
General funds	<u>3,745,684</u>	<u>64,040</u>	<u>(88,203)</u>	<u>25,418</u>	<u>3,746,939</u>
<b>Total unrestricted funds</b>	<u>3,748,177</u>	<u>341,501</u>	<u>(342,580)</u>	<u>(1,015)</u>	<u>3,746,083</u>
<b>Total funds</b>	<u><u>3,826,990</u></u>	<u><u>3,706,466</u></u>	<u><u>(3,636,583)</u></u>	<u><u>-</u></u>	<u><u>3,896,873</u></u>

#### Purposes of restricted funds:

##### 50 + Transformation Grant

Funding made available by Quartet Community Foundation, St Monica's Trust and Bristol Older People's Forum to support BDP's 50+ Group to become self-sustaining.

##### Children's Youth Group (M32)

Funding from Nisbet Trust, Avon and Somerset Police Trust and a range of donations enable us to continue running our Youth Groups for children and young people whose mum, dad or sibling's alcohol or drug use is problematic.

## **Bristol Drugs Project Limited**

### **Notes to the financial statements**

**For the year ended 31 March 2021**

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#### **15. Movement in funds (continued)**

##### **Creative Communities**

Small grants and donations from a large number of trusts and people supported our Rising Voices Recovery Choir; our Stepladder drama group; our Recovery Orchestra, and the newest addition of a Recovery Arts group.

##### **New Leaf**

CHK Foundation extended funding for a further year in March 2021 to continue support for a Youth Worker role working with young people using cannabis use and at risk of Child Criminal Exploitation. CHK Foundation provided a further grant in March 2021 to continue support for a Youth Worker role working with young people using cannabis use and at risk of Child Criminal Exploitation for the period of 12 months ending February 2022.

##### **RBL Capacity Building Grant (Royal British Legion)**

Creating a Veteran Support Worker to improve access to treatment for Veterans with alcohol or drug issues.

##### **Recovery Orientated Alcohol & Drugs Service (ROADS):**

- **APPS/SMART** - After Prison Prescribing Service (APPS) provides rapid prescribing for people released from prison. CHART, delivered by partner BrisDoc HealthCare Services provides a rapid prescribing service for people who are homeless or discharged from hospital.
- **Complex Needs** - Delivery of a Consultant Psychiatrist-led range of pharmacological and psychological support to people with most complex needs, who are alcohol or drug dependent, sub-contracted to Avon and Wiltshire Partnership Mental Health Trust.
- **Early Engagement & Intervention** delivering harm reduction services including needle and syringe programme, outreach, and work with non opiate users delivered by BDP and BBV interventions led by a nurse sub-contracted from Avon and Wiltshire Partnership Mental Health Trust (AWP) and a physical healthcare service delivered by a nurse sub-contracted from BrisDoc HealthCare Services. Operating within government restrictions for Covid19, a number of the activities and groups which our Early Engagement Intervention team deliver had to be cancelled or run at a reduced capacity: consequently costs allocated to these activities remained unspent. During the year the charity received £23,188 from other funders to provide for specific projects within the Early Engagement Intervention Service. Previously funding had been from Bristol City Council only.
- **Street Intervention Service** - Funded from March 2020 for 12 months, this is a new role within Bristol City Council's Street Intervention Service (SIS). The SIS's priority is to reduce Antisocial Behaviour through a combination of support and enforcement activity. At the year end we are anticipating a further 12 months funding, not yet confirmed. Operating within government restrictions for Covid19, face to face contact with service users was reduced significantly during the year with telephone appointments provided instead. Consequently staff travel and other costs associated with this service remained unspent.
- **Substance Misuse Liaison** delivering Opioid Substitution Treatment with GPs, community detox and alcohol detoxification.

##### **Veterans**

Armed Forces Covenant and a donation from the Youngwood Trust enabling continuation of the Veteran Support Worker role from May 2020. The charity received £31,250 as a donation and gift aid and the project commenced at the end of February 2021.

**15. Movement in funds (continued)**

**Purposes of designated funds:**

**Covid 19 designated funds** BDP received a number of small grants and a donation to provide additional support to service users during the pandemic. These include: designing and providing Activity Packs for people who were homeless who were housed in hotels as part of 'Everyone In' to support self-isolation; additional support for our older service users; and supporting people to detox from alcohol during a period when this was not available via the usual NHS provision.

**Entrenched Rough Sleepers** is a special purpose vehicle set up by St. Mungo's, Second Step and BDP to deliver Bristol's Social Impact Bond (SIB) to tackle entrenched rough sleeping. The funding by SIB to BDP is to meet the cost of a seconded staff member. This project ended within the year. During the year the charity received a distribution of profits from its associate, SIB. The donation £49,780 was transferred from Designated Funds to General Funds at project end February 2021, less the overspend.

**Golden Key** funding is part of the Big Lottery's 'Fulfilling Lives' investment in Bristol to improve services and outcomes for people with complex needs who are experiencing at least three of the following: alcohol or drug misuse, homelessness, mental ill health, offending. The lead agency is Second Step and BDP is one of a number of local organisations employing and seconding a Service Co-ordinator post to the Golden Key team.

**Special Allocation Service (formerly known as Tackling Violence Service):** BDP is providing support to people with drug and alcohol dependence who are engaged with this primary health care service.

**Targeted Youth Service:** BDP delivers an element of this new service, sub-contracted by Creative Youth Network, focused on young people's alcohol and drug use, aged 11-19 years. The trustees have agreed to use General Funds for the shortfall of funding towards the performance of Targeted Youth Service.

**Youth Alcohol Drug Diversion (formerly Youth Drugs Education)** offers young people under 18 years arrested for first time possession of a substance controlled under the Misuse of Drugs Act, the opportunity to engage with a structured individual intervention with BDP as an alternative to a criminal justice disposal.

**Bristol Drugs Project Limited**

**Notes to the financial statements**

**For the year ended 31 March 2021**

**15. Movement in funds (continued)**

**Prior period comparative**

	At 1 April 2019 £	Income £	Expenditure £	Transfers between funds £	At 31 March 2020 £
<b>Restricted funds</b>					
50+ Transformation Grant	11,825	440	(8,514)	-	<b>3,751</b>
Children's Youth Group (M32)	-	23,876	(13,163)	-	<b>10,713</b>
Creative Communities	-	20,176	(19,307)	50	<b>919</b>
New Leaf	-	30,000	(2,289)	-	<b>27,711</b>
RBL Capacity Building Grant	24,354	-	(23,479)	2,811	<b>3,686</b>
ROADS APPS/SMART	-	257,520	(256,837)	-	<b>683</b>
ROADS Complex Needs	-	621,968	(621,968)	-	<b>-</b>
ROADS Early Engagement & ROADS Street Intervention Service	(11,096)	981,485	(979,553)	-	<b>(9,164)</b>
ROADS Substance Misuse Liaison	-	2,254	(2,041)	-	<b>213</b>
Veterans	(10,556)	1,372,474	(1,361,617)	-	<b>301</b>
	-	41,815	(1,815)	-	<b>40,000</b>
<b>Total restricted funds</b>	<b>14,527</b>	<b>3,352,008</b>	<b>(3,290,583)</b>	<b>2,861</b>	<b>78,813</b>
<b>Unrestricted funds</b>					
<i>Designated funds:</i>					
Bristol Youth Links	189,343	-	-	(189,343)	<b>-</b>
Entrenched Rough Sleepers	(2,768)	35,860	(31,738)	-	<b>1,354</b>
Golden Key Service Coordinator	253	37,541	(37,470)	-	<b>324</b>
Special Allocation Service	-	7,750	(7,750)	-	<b>-</b>
Targeted Youth Service	(11,332)	150,937	(173,776)	34,171	<b>-</b>
Youth Drugs Education	13	3,724	(2,922)	-	<b>815</b>
<i>Total designated funds</i>	<b>175,509</b>	<b>235,812</b>	<b>(253,656)</b>	<b>(155,172)</b>	<b>2,493</b>
General funds	<b>3,555,614</b>	<b>157,313</b>	<b>(119,554)</b>	<b>152,311</b>	<b>3,745,684</b>
<b>Total unrestricted funds</b>	<b>3,731,123</b>	<b>393,125</b>	<b>(373,210)</b>	<b>(2,861)</b>	<b>3,748,177</b>
<b>Total funds</b>	<b>3,745,650</b>	<b>3,745,133</b>	<b>(3,663,793)</b>	<b>-</b>	<b>3,826,990</b>

## **Bristol Drugs Project Limited**

### **Notes to the financial statements**

**For the year ended 31 March 2021**

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#### **16. Called up share capital**

There is no share capital as the company is limited by guarantee. In the event of the charity being wound up the liability in respect of the guarantee is limited to £1 per member of the charity as stated in the Memorandum and Articles of Association.

#### **17. Related party transactions**

During the year, the charity made the following related party transactions:

Social Impact Bristol Limited (an investment of the charity) – during the year, the charity received income of £29,548 (2020: £35,860) and a gift aid donation of £49,780 (2020: £nil) from Social Impact Bristol Limited. At the balance sheet date, the amount due from Social Impact Bristol Limited was £nil (2020: £nil). BDP's CEO, Maggie Telfer, is a Director of Social Impact Bristol Limited.

Michael Lea, Trustee, is also a Trustee of Creative Youth Network with whom BDP have a sub-contract and receive funds to deliver the Targeted Youth Service.