

# **Bailiwick Drug and Alcohol Strategy Report 2015 & 2016**

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## Foreword

Welcome to the Bailiwick Drug and Alcohol Strategy (the Strategy) Report for 2015 and 2016. The Strategy seeks to progress the States' vision of *"a safe and healthy Bailiwick where the harm caused by drugs and alcohol is minimised"*.

This report is the first of its kind and will focus on the highlights of the first two years of the Strategy; the challenges as it move forwards, the effectiveness of its services and the value that these provide to the Bailiwick community. The Strategy aims to build on the good work that has already been achieved by the previous Strategy and continue to develop a strong multi-agency approach, with non-States and States organisations working to provide the best possible services tailored to individual and families' needs. There are currently over 25 agencies directly or indirectly involved with the Strategy.

The Strategy was approved by the States of Guernsey in January 2015, and, in addition to the practical experiences from the previous Strategy, it builds upon professional research conducted over recent years including:-

- The Centre for Public Health at Liverpool John Moores University in respect of measures needed to monitor and improve outcomes for the population of Guernsey in relation to substance use and related health services.
- Families Inc. who specialise in adolescent substance misuse and made recommendations in respect of the young people's treatment service.

These reports provided the foundation for the current Strategy and identified the importance of clear performance measures and a strong commissioning process for services. As the Strategy had not undertaken a tendering process previously, it was agreed by the then Home Department and the Bailiwick Drug and Alcohol Strategy Group (BDASG) that as part of the new Strategy, nine new Service Level Agreements (SLA's) and new service specifications would be developed and implemented. These were completed with the assistance of Public Health specialists and key stakeholders from the current service providers and non-statutory organisations.

Much of 2015 was taken up with revising these SLA's and drafting new specifications associated with identified objectives in preparation for 2016 when the entire Strategy was put out to tender in accordance with the States' procurement process.

The tendering process commenced in November 2015 via the States of Guernsey e-tender portal with a closing date for tenders set for May 2016. Interviews were held in June, with the successful providers notified in July 2016. For ease of transition new SLA's will commence on January 1st 2017<sup>1</sup>, with the exception of Drug and Alcohol Education which commenced in September 2016, to coincide with the new academic year.

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<sup>1</sup> At the time of publication, the new SLAs have commenced as stated

These SLA's will underpin service delivery with the aim of establishing fully integrated and comprehensive, recovery-orientated systems in the Bailiwick of Guernsey, ensuring value for money and continuous improvement in recovery outcomes and harm reduction.

In addition, the Strategy Co-ordinator and associated agencies continued to deliver top quality, effective initiatives. Notable highlights in 2015 and 2016 have included:-

- The Misuse of Drugs Advisory Group (MDAG) and the Addictive Prescription Only Drugs Working Group progressed work to address the use of opioid substitutes. The Groups' focus was on the abuse of Fentanyl and where prescribed drugs were being diverted through the illicit market. New policies and procedures have been put in place to combat this and a strengthened "exchange of intelligence" protocol agreed between Law Enforcement and the Chief Pharmacist. Law Enforcement have continued to work closely with French and UK counterparts, doctors and pharmacies to prevent prescribed and illicit drugs from being illegally imported into the Bailiwick
- Drug & Alcohol Education in schools remained a key feature of the Strategy, with the aim of providing students in each school year with a separate drug and alcohol lesson. In the 2014/15 academic year, with the support of the Personal Social Health & Citizenship Advisor, 2,736 students received advice on alcohol use and 2,978 about the risks, effect and consequences of drug misuse. In 2015/16 these figures were 2,510 and 2,535 respectively.
- A "Kick-start a Recovery Culture in the Community Conference" was held in June 2016. This attracted 100 participants including health professionals, GP's, third sector organisations (57), deputies (12), and most importantly service users (31). Keynote speeches from UK experts as well as local professionals and service users were followed by workshops which considered "breaking the addiction cycle". Outcomes of the conference included:-
  - An intensive 5 day Recovery Coach training which took place in November 2016;
  - Establishing and the continued development of a peer based recovery infrastructure across the Island;
  - Establishing a Facebook page with regular daily updates and support for all those liking the page, with 792 members at the end of 2016;
  - Making a bid for the UK Recovery Walk 2018; and
  - Introducing ACT (Assertive Community Treatment) peer recovery.
- 175 workers attended a two day conference in November 2016 the "Hidden Harm". This considered the needs of children and young people living in families or relationships where there was domestic abuse, substance misuse or mental health issues. Feedback from participants indicated it was one of the best conferences they had attended.

**Andrea Nightingale - Drug & Alcohol Strategy Coordinator**

## Introduction

In January 2015, after consideration of a Policy Letter from the Home Department (known from 1<sup>st</sup> May 2016 as Committee *for* Home Affairs) (Article, VI, Billet I of 2015), the States of Guernsey resolved to approve the Bailiwick Drug and Alcohol Strategy 2015-2020 and affirm the States' commitment to minimising the harm caused by drug and alcohol misuse to Bailiwick residents of all ages. In so doing, the States sought to build upon the success of the previous Strategy which ran from 2007 to 2014 enabling the States and its partners to:

- Take a structured and prioritised approach to providing adequate education in respect of the risks of drug and alcohol misuse across the community;
- Respond robustly to emerging trends; and
- Provide support and assistance to those islanders and their families who are impacted by addiction.

The 2015-2020 Strategy identified the following areas of focus:

- Reducing supply and demand;
- Supporting children, young people and families;
- Working in partnership;
- Providing treatment;
- Encouraging responsible choice; and
- Monitoring work streams through training, data collection, monitoring and evaluation.

Within the 2015 Policy Letter, the then Home Department included a commitment that progress within the Strategy would be reported by means of an Annual Report. This is a combined, two year report which was necessary due to the impact of a tender process in relation to service providers which was not concluded until mid-2016. This Report covers the period January 2015 - December 2016.

The 2015 Policy Letter stated that future annual reports would contain information in relation to the Strategy's key performance indicators and outcomes measured against the SLA's. In preparing this report it has become apparent that, in some cases, it is not possible to report meaningfully at this juncture. This is because data is either not available, for example where surveys are completed every 3 or 5 years, or is insufficient to establish a trend. This document acknowledges where this is the case and these will be reported on in future reports as more data becomes available.

## Drug & Alcohol Strategy Framework 2015 - 2020

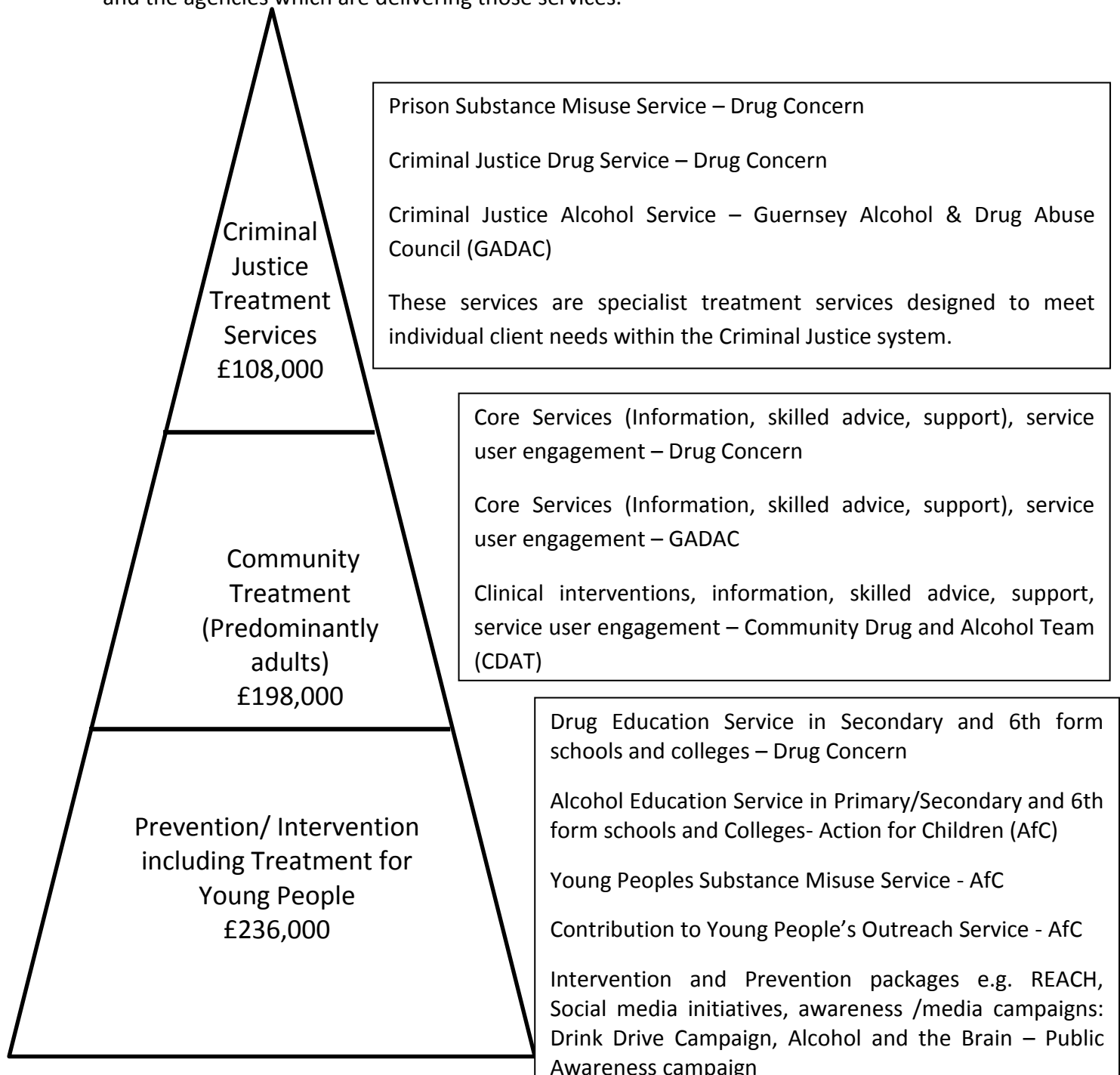
COMMUNITY OUTCOMES	We have a social environment and culture where there is active and engaged citizenship	We have equality of opportunity, social inclusion and social justice	As individuals we take personal responsibility and adopt healthy lifestyles
STRATEGY PURPOSE	To focus government, public services and community partners to tackle drug & alcohol use in ways appropriate to the Bailiwick setting		
VISION	Our vision is of a safe and healthy Bailiwick where the harm caused by drugs and alcohol is minimised		
OUTCOMES	A reduction in the availability of drugs and alcohol and reduction in risk factors for use	A reduction in numbers of adults and children using drugs and/or alcohol at levels that are damaging to themselves or others	A reduction in the incidence of drug and alcohol related disorder, anti-social behaviour, violence and crime
	An increase in the number of people moving through treatment into sustained recovery	A reduction in drug and alcohol-related economic loss in the Bailiwick, especially the workplace, through promoting responsible choice	
PRIORITY AREAS OF FOCUS	SUPPLY & DEMAND REDUCTION	CHILDREN, YOUNG PEOPLE & FAMILIES	PARTNERSHIP WORKING
	TREATMENT	RESPONSIBLE CHOICE	TRAINING, DATA COLLECTION, MONITORING AND EVALUATION
STRATEGIC COMMITMENTS	<b>RISK MANAGEMENT</b> <i>Monitor and manage clinical risks throughout the service user journey.  Monitor and manage social and economic risk factors in implementation of strategic initiatives.</i>		
	<b>COMMUNICATION</b> <i>Proactively engage with service users and the public so that the Strategy is reflective of and responsive to the concerns of the community. Maintain open and responsive communication between strategic and provider partners.</i>		
	<b>EQUALITY</b> <i>To ensure equity of access to services and respond to the needs of a diverse community</i>		
KEY ENABLERS	<b>GOVERNANCE</b> <i>Have collective investment of expertise so as to ensure that the right organisations are involved at the right time</i>		
	<b>EVIDENCE</b> <i>Apply international and local evidence to support decision-making and develop cost-effective local solutions.</i>		

## About the Bailiwick Drug & Alcohol Strategy

Drug and alcohol use has serious consequences for individuals, their friends and family and the wider community. Fundamentally the Strategy ensures a considered, proactive and “local” approach to substance use. It focuses on ensuring that appropriate preventative interventions are in place in order to avoid the commencement and escalation of substance use.

The Strategy has a total budget of £641,000.

This diagram shows the distribution of the funding with regard to particular areas of work and the agencies which are delivering those services.



## Distribution of Strategy Budget

Agency		Pillar	Budget
<b>Drug Concern</b>	Drug Education Work	Young People & Families /Demand reduction	£18,000
	Core Services	Treatment	£62,000
	Criminal Justice Drug Service (CJDS including drug testing)	CJ, Treatment	£52,000
	Prison Substance Misuse Service	CJ, Treatment	£36,000
<b>TOTAL</b>			<b>£168,000</b>

<b>GADAC</b>	Core Services	Treatment	£63,000
	Criminal Justice Alcohol Service (CJAS)	CJ, Treatment	£20,000
<b>TOTAL</b>			<b>£83,000</b>

<b>Action for Children</b>	Alcohol Education /Outreach Work	Young people & families	£30,000
	Drug/Alcohol Project Work	Young people & families/Demand reduction /Safe drinking	£38,000
	Substance Misuse Service for Young People	Young people & families	£127,000
<b>TOTAL</b>			<b>£195,000</b>

<b>Education PSHE Coordinator</b>	Part funding of post	£8,000
<b>CDAT</b>	Contribution to the Delivery of Drug and Alcohol Services	£73,000
<b>Demand Reduction</b>	Community Awareness Campaigns /Anti Drink, Drive Campaign, Conferences	£15,000
<b>Coordination and Monitoring</b>	Coordination of the Strategy, provision of training and development, facilitation of local conferences, travel and accommodation and Street Bus maintenance.	£99,000

## Added Value Provided by Charitable Organisations

It is essential to acknowledge the contribution from charitable organisations to the success of the Strategy. These organisations deliver the majority of the drug and alcohol services via



SLA's. The "Compact on partnership working between the States of Guernsey and the Island's voluntary and charitable sector" acknowledges the States' commitment to working constructively with voluntary and charitable sector organisations and recognises that the best outcomes for Islanders may not result from services provided exclusively by the States. In the case of substance misuse, service users may feel more comfortable accessing community delivered services, as opposed to the possible stigma associated with statutory services. The Strategy has a strong background of working in partnership with the third sector.

It is acknowledged that this approach offers much value to the BDAS. In addition to the clear benefits that the third sector provides in terms of understanding and responding to the needs of services users, this model of service delivery can be more efficient and effective.

It is estimated that in 2016 the three main contracted agencies all contributed in different ways:

Drug Concern - £118,000.

GADAC - £37,024

AfC - £63,468

The estimated "added value" provided by these organisations takes into account the benefit from charitable donations that ordinarily support these third sector organisations, voluntary staff hours and savings in associated costs such as pensions.

## Supply & Demand Reduction

The Strategy seeks to support a reduction in the supply of, and demand for drugs through a combination of robust responses to substance related offending and proactive informative awareness campaigns.

### Key initiatives within 2015 and 2016 have included:

- **Continued work through the Addictive Prescription Only Drugs Group**, where particular consideration was paid to the use of opioid substitutes and the diversion of prescribed drugs.
- **The continued development of a “returns policy” for Fentanyl** being implemented throughout the Island during 2016.
- **The continued proactive stance of Law Enforcement** in targeting drug syndicates, resulting in successful prosecutions, along with the conviction of principal dealers and the confiscation of financial assets. Law Enforcement has reported that there were 31 Royal Court convictions in 2015 and 30 in 2016
- In 2015 there were 85 individuals who were convicted of 119 drug related offences; the figures for 2016 were 84 and 117 respectively.
- **The continued close work between agencies** in accordance with information sharing protocols to gain and share intelligence. This includes an exchange of intelligence protocol which has been developed between Law Enforcement and the Chief Pharmacist.
- **The responsive use of the Police social media** to quickly notify the Community of particular substances of concern.
- **A proactive and positive relationship with the local media**, coordinated through the Misuse of Drugs Advisory Group with the support of the Committee *for* Home Affairs and the Committee *for* Health & Social Care (known until 30th April 2016 as Health & Social Services Department). This allowed the communication of information in respect of the risks and effects associated with particular substances, especially in relation to New Psychoactive Substances (NPS).

## Key Performance Indicators

### KPI 1.1 - No significant<sup>2</sup> decrease annually in Bailiwick drug street prices

Prices have typically remained static throughout 2015 and 2016 with the exception of cannabis which increased in price during the final quarter of 2015 and remained at this level throughout 2016.

### KPI 1.2 - % reduction in the prescribing of drugs of concern (hypnotics, benzodiazepines, all opioids including fentanyl and oxycodone)

Figures provided by the Committee for Employment and Social Security (known until 30th April 2016 as Social Security Department) have indicated a significant reduction in the prescribing of drugs of concern (with the exception of oxycodone) during the final quarters of 2011 to 2015. 2016 shows a positive downward trend from 2015 for hypnotics and anxiolytics and all opioids.

(The 2015 % difference is based on the period 2011- 2015. The 2016 % is based on the 2015 – 2016 difference)

Drug Class	Prescription dispensed Oct -Dec 2011	Prescription dispensed Q/4 2015	Prescriptions dispensed Q/4 2016
Hypnotics and anxiolytics	7050	5864 (-17%)	5365 (-8.5%)
All opioids	4124	4254 (+3%)	3878 (-8.8%)
All Fentanyl	677	502 (-26%)	519 (+3.3%)
Fentanyl “100 microgram” patches <sup>3</sup>	67	24 (-65%)	41 (+70%)
Oxycodone	203	256 (+24%)	250 (-2.3%)

### KPI 1.3-% - Reduction in alcohol consumption per capita

*A revised method of excise collection was adopted in 2016 based on Alcohol By Volume for spirits, in line with other jurisdictions. This gives a more accurate figure and the formula will continue for the duration of the Strategy.*

In 2015, based on import excise duty charges, a figure of 10.8 litres alcohol per capita for the Bailiwick was calculated.

The figure for 2016 was calculated at 10.6 litres of alcohol per capita.

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<sup>2</sup> significant; market price change per commodity of greater than 20%      Prices have typically remained static throughout 2015 and 2016 with the exception of cannabis which increased in price during the final quarter of 2015 and remained at this level throughout 2016.

<sup>3</sup> These patches are used in exceptional circumstances to treat terminally ill patients

As a consequence of this methodology change it is not appropriate to compare the figures for 2015 and 2016.

KPI 1.4 - Number of licensing offences resulting in convictions

No liquor licencing offences have resulted in convictions in either 2015 or 2016.

KPI 1.5 - A successful evidence-based programme emerging from definitions of risk factors identified through input from service users

*Custodial Programmes*

Two substance misuse programmes were delivered in the Prison in 2015 and one programme in 2016 (as a result of decreasing numbers in the prison population).

*Community Programmes*

Uptake of after-care support in the Community following release from Prison increased to 17 persons in 2015 compared to 10 people in 2014. This figure reduced to 6 in 2016 attributed to the declining Prison population.

CDAT delivered three, eight week, "Connect 4 Recovery" programmes over the two years. 19 individuals commenced the three programmes with 16 completing the programme. Feedback received was positive with comments such as the course had a "relaxed/informal and non-judgemental atmosphere", "Give it a chance and you will give your recovery a better chance!"

"REACH" is a new peer support programme which was established as a result of service user feedback. This highlighted a need for support for those who are not using substances but whose lives are significantly impacted by someone else's use. This programme is held over five weekdays for two hours each evening. Three programmes were delivered in 2015/16 to a total of 14 participants. Pre- and post-programme questionnaires were completed. Of the 14 participants 64% (9) reported to be feeling less isolated, 71% (10) felt more able to improve their quality of life and 71% (10) reported to feel more supported.

## Children, Young People and Families

The Strategy aims to reduce the number of adults and children using drugs and/or alcohol at levels which are damaging to themselves or others.

### Key initiatives have included:

- **The part funding of the Education Department's PSHCE (Personal, Social Health and Citizenship Education) Advisor** who reports annually to the Strategy Coordinator and submits an annual report to the Committee for Education, Sport & Culture (known until 30th April 2016 as the Education Department). In 2015 and 2016 the PSHCE Advisor supported the delivery of the following initiatives:
  - The delivery of lessons by drug and alcohol education workers in both junior schools and secondary schools and colleges. In the 2014/15 academic year 2,736 students received advice on alcohol use and 2,978 about the risks, effect and consequences of drug misuse. In 2015/16 these figures were 2,510 and 2,535 respectively.
  - In both 2015 and 2016, the "Last Orders" drama performance delivered by the Solomon Theatre Company during the last week of term before Christmas reached 600 students in Year 9. This has been a regular feature for the past five years as part of the prevention/intervention programme for young people and is established as part of the PSHCE curriculum.
  - Performing Arts drama students have been supported in developing and performing a play on the subject of "alcohol". The 2015 group performed on six occasions to an audience of Year 7 students in the secondary schools.
  - The evaluation of these programmes concluded that peer education delivered in this way was beneficial, with students indicating increased engagement on the subject when delivered by their peers.
- **The Young People's Outreach Service is a multi-agency group with representatives from the Sports Commission, Youth Commission, AfC, the Hub, Youth Justice and Police.** The Outreach Service approach is to engage with young people on their territory and on their terms and acknowledges that some are more reluctant to access structured services.
  - Under the auspices of the Outreach Service the Youth Commission and Sports Commission seek to engage with young people by facilitating structured activity such as street hockey, football or dodgeball. The Street Bus is used to attend regular meeting points and as well as being involved in purposeful, structured activity participants have the opportunity to build positive relationships and engage confidentially with Youth Workers on any matter that concerns them. The Service reported over 200 different young people attended the service in 2015 and 180 in 2016.
  - The Street Bus was used 111 times by the Youth Commission during 2015 and 63 times in 2016. The reduction in 2016 was due to lack of staff resources over a six month period.
  - Youth Zones were set up on Liberation Day and at the North and West Shows offering a variety of activities during peak times of the day and evening. Using a multi-agency approach the Outreach Team engaged with young people for a variety

of reasons mostly concerning the use of alcohol and potential risky and anti-social behaviour, providing practical support and guidance.

- In 2015 the Youth Zone made contact with 238 young people on Liberation Day and 231 young people at the North and West Shows. In 2016 it made contact with; 322 young people on Liberation Day; 251 at the North Show and 260 at the South Show.
- **Young People's Substance Misuse Service** is delivered by AfC. The Service is for young people under 25 years old, with a primary focus on those between 11-18 years old and more vulnerable groups. The specialist co-ordinator works with high risk young people, facilitating interventions and connecting with the family and local networks.

The table below shows the work undertaken in 2015 and 2016

	2015	2016
<b>Young People experiencing issues with alcohol and/or drugs</b>	137	124
<b>Male</b>	84	75
<b>Female</b>	53	49
<b>Number identified as having complex needs</b>	13	13

- **Show Buses** In 2016, as part of a new multi-agency initiative, the West and North Shows were serviced with late night buses. There had been cause for concern over the last couple of years in respect of a significant number of young people not knowing how they were going to get home at the end of the evening, leaving them potentially vulnerable and increasing the risk of anti-social behaviour.  
Using social media as well as local radio and the Guernsey Press there was a positive response with 550 people of all ages travelling home using the buses from the West Show and 225 from the North Show. Guernsey Police described it as a "huge success", not just for young people but with many people of all ages leaving their vehicles in the show car parks and utilising the bus service provided.

## Key Performance Indicators

The Young People's Survey is completed in all secondary school by year 8 and 10 students every three years and is used as a resource for some of the KPI's that follow. The Survey was last completed in 2016.

### KPI 2.1 - A reduction in the age standardised rate of premature mortality from liver disease per 100,000 population from a baseline of 9.0 in 2010-2012

There has been a methodology change between reporting years, which means that the age standardised rate (ASR) values quoted in the KPI (9.0) are not comparable for 2013 – 15.

The amended KPI which will replace KPI 2.1 is as follows: "A reduction in the age standardised rate of premature mortality from liver disease per 100,000 population from a baseline of 11.4 in 2013-2015."

If the old methodology had been used the ASR would have reduced from 9.0 to 8.5 per 100,000 in 2013-15.

KPI 2.2 - A reduction over a ten year period in the percentage of 14-15 year olds who regularly drink alcohol from a baseline in 2007.

The survey is carried out every 3 years. The question used was “Have you had an alcoholic drink in the last 7 days?”

	2007	2010	2013	2016
Yr 10 14/15 years old Students who responded (valid responses)	482	420	457	473
Percentage of positive answer	52% (251)	47% (197)	23.5% (107)	29.5% (140)

KPI 2.3 - A reduction over a ten year period in the percentage of 14-15 year olds who use cannabis from a baseline in 2007.

The survey is carried out every 3 years. The question used – “Have you used cannabis in the last month?”

	2007	2010	2013	2016
Yr. 10's 14/15yrs who responded	482	447	457	473
Percentage of positive answer	6.5% (31)	3% (13)	2% (9)	6% (28)

In preparing to respond to KPI 2.2 and 2.3 it became evident that “regular” use was subjective.

The Schools Health Education Unit (SHEU) advised that it is satisfied that the questions used in the Youth Survey “Have you had an alcoholic drink in the last 7 days?” and “Have you used cannabis in the last month?” accurately reflect consumption trends in young people although it is recognised it does not necessarily reflect who drinks or uses cannabis regularly.

The example is given that some students may drink only once a year on their birthday -- so they say they drank in the last seven days but won't again for a long while -- but next week it will be someone else's birthday - so the % may be very similar in each week - and is therefore accurate. Whilst it may be interesting to ask both questions (last week/how often) the latter is less accurate as individuals’ opinion of “regular” will differ.

KPI 2.4 - A reduction over a ten year period in the percentage of children on the Child Protection Register with drug or alcohol using parents from a baseline in 2007

Numbers of children on the Child Protection Register with drug or alcohol using parents

Parental factors	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
<b>Total No. on register</b>	<b>56</b>	<b>58</b>	<b>63</b>	<b>87</b>	<b>79</b>	<b>95</b>	<b>111</b>	<b>136</b>	<b>112</b>	<b>66</b>
Problem drink/drugs	44	48	44	53	50	58	72	82	67	41
<b>% with problem drink/drugs</b>	<b>79%</b>	<b>83%</b>	<b>70%</b>	<b>61%</b>	<b>63%</b>	<b>61%</b>	<b>64%</b>	<b>60%</b>	<b>60%</b>	<b>62%</b>

This KPI has shown a decrease since the baseline in 2007 from 79% in 2007(44) to 62% in 2016 (41).

Actual numbers however, have increased at times during the ten year period due to an increase in the number of children on the Register.

In 2016 as a single factor 'Problem drink/drugs' was only indicated for six children. The remaining 35 incidents related to drink/drugs combined with other parental risk factors, especially mental health issues and domestic abuse with 25 parents having all three.

The fact that drug and alcohol use remains high as a parental risk factor for children on the Register may be an indication that training in these risks has been effective and the right children are being identified by professionals. This is, however, difficult to assess with any certainty.

KPI 2.5 -A reduction over a ten year period in the percentage of adults self-reporting drinking at increasing and high risk levels from a baseline in 2008

The Guernsey Healthy Lifestyle Survey provides the data in relation to this KPI and is completed every 5 years. Therefore, there is no relevant data available specific to 2015/16. Comparisons will be made in 2018.

In 2008 a total of 735 questionnaires were completed out of a random distribution of 1500 (49%). In 2013 a total of 1,197 questionnaires were completed from a random distribution of 2,500 (49%).

The results of the Survey indicate a very slight decrease in the proportion of people drinking at least twice with 56.4% and 56.0% in 2008 and 2013 respectively.

The proportion of females reported as drinking at least twice a week increased from 48.7% in 2008 to 51.2% in 2013. There was a reduction in the reported number for males with 68.0% in 2008 compared to 64.1% in 2013.

In 2013 the AUDIT (Alcohol Use Disorders Identification Test) tool was introduced to the Guernsey Healthy Lifestyle Survey. AUDIT was developed by the World Health Organization as a screening tool to support the identification of harmful and hazardous alcohol



consumption patterns in health settings. It consists of ten questions measuring frequency and quantity of alcohol consumption and problems related with alcohol use. Answers for each question are scored and then totalled to provide an overall score that indicates an individual's risk of harm from alcohol use.

62.6% of all adults were categorized as lower risk drinkers

24.5% as increasing risk,

2.1% as higher risk

1.0% as possible dependence

This will be continued as the benchmark for further survey data in 2018 and beyond.

## Partnership Working

Within this Pillar, the Strategy is working towards a reduction in the incidences of drug and alcohol related disorder, anti-social behaviour, violence and crime in the Community.

### Key Initiatives have included:-

- **Data sharing protocols** and information sharing policies with local treatment agencies and Liverpool John Moores University were established as part of the Joint Strategic Needs Assessment in 2014. These ensure service users receive the best possible support that meets their individual needs.
- **Liaison between the Misuse of Drugs Advisory Group (MDAG) and their UK counterparts, the Advisory Council for Misuse of Drugs.** This ensures that New Psychoactive Substances (NPS) drug alerts are circulated, where appropriate, to alert the community. The MDAG is respected nationally as being experts in NPS. MDAG has successfully used local Statutory Import and Export Controls since their introduction in 2009/10 to manage the importation of these potentially dangerous drugs.
- **Liaison with the UK via the British Irish Council.** In 2015 two Senior Officials' Meetings of the Misuse of Substances Work Sector were held, the first in Ireland and the second in Guernsey. Deputies were invited to the Guernsey meeting to hear a presentation on the International Comparator's Study and the local battle against so-called "legal highs".  
Two meetings were held in 2016. In London presentations were delivered on the UK Drug Strategy 2016 and their Modern Crime Prevention Strategy: Alcohol as a Key Driver of Crime. Discussions were held in regard to the 2016 Psychoactive Substances Act and a presentation was delivered on "A Review for 10 years of the Licensing Act". In Jersey a meeting covered topics around their preventive initiatives 'Prison-Me-No- Way' and 'The Alcohol Pathway'.
- **BDAS Action Group.** Fifteen agencies attend quarterly meetings in order to share information, identify current trends in regard to alcohol and drugs and review best practice. This allows managers and operational staff to distribute information through their respective agencies, update strategy development and have input into the yearly training programme.
- **Links between drug and alcohol use and domestic abuse** are common. While substance use does not necessarily cause domestic abuse, it can act as a disinhibitor meaning that the abuse could become more severe. Many victims of abuse also self-medicate in order to cope with the domestic abuse they are experiencing.  
Of the 601 incidents of domestic abuse reported to the Police in 2015, 267 (44%) found that the perpetrator had been using drugs and/or alcohol. Based on Police Reports the number of reported incidents involving the perpetrator's use of alcohol or drugs has fallen year on year between 2011, where it was recorded at 357 incidents (51%), to 2015, when it was 216 incidents (36%).

There were a total of 819 incidents of domestic abuse that the Police attended in 2016. 189 perpetrators had been using drink/drugs (based on officer's perceptions) at police call outs to domestic abuse incidents, which equates to 23% of all call outs where the perpetrator had been using alcohol. This was a drop of 13% on the previous year.

139 victims had been using drink/drugs (based on officer's perceptions) at police call outs to domestic abuse incidents. This equated to 17% of all victims at police call outs.

- **Distribution of the Controlled Drugs Cross Border Group minutes.** This allows Guernsey to keep abreast of any new initiatives or developments that occur. In addition, the Strategy Coordinator links in with the UK Home Office, allowing a two way information sharing process and access to the European Drug Strategy, the United Nations Commission on Narcotic Drugs and the United Nations International Drugs Forum.

### Key Performance Indicators

KPI 3.1 - A reduction over a ten year period in the number of drug related convictions from a baseline in 2010

Number of drug related convictions from 2010

Year	2010	2011	2012	2013	2014	2015	2016
Convictions	118	105	119	113	117	119	117

It is recognised that these figures are limited and do not reflect the severity of the conviction or any changes to how convictions are pursued.

KPI 3.2 - A reduction over a ten year period in the percentage of alcohol related offences from a baseline in 2010

	2010	2011	2012	2013	2014	2015	2016
Total Number of Custody Records	2,049	1,971	1,717	1,509	1,464	1,443	1,132
Alcohol Related Incidents <sup>4</sup>	930	1,018	709	623	655	675	435
Percentage of records	45%	51%	41%	41%	44%	46%	38%

<sup>4</sup> to the extent that the individual arrested was readily identifiable as being under the influence of alcohol

KPI 3.3 - A reduction over a five year period in the number of people entering prison with substance dependence issues not previously known to community from a baseline in 2015.  
 KP3.3 will be revised to provide a baseline from 2017.

The data to address this KPI was not able to be collected in 2015 and 2016 to establish a baseline or to compare. Provision has been made for collection from 2017.

Whilst this doesn't give us an indication of substance dependence Prison data shows individuals accessing prescribed drug medication in the community prior to custody  
 Of the 151 admissions in 2016, the following data from 129 has been extracted. This may have been prescribed in police custody, by CDAT (or UK equivalent) or the prisoner's GP.

Urinalysis tests	Negative	Positive	Prescribed
129	57	72	28

21% (28) of new receptions (tested on arrival) had received prescribed medication.  
 55% (72) tested positive for at least one substance in addition to prescribed medication.

KPI 3.4 - A reduction over a five year period in the percentage of children referred to the Youth Justice Service who have misused drug/alcohol from a baseline in 2015

The data to address this KPI was not able to be collected in 2015 to establish a baseline or to compare.

In 2016, Youth Justice had 124 referrals of which 40 related to and received an intervention in relation to the misuse of drugs and/or alcohol. A further 12 referrals were submitted to AfC for a more specialist drug or alcohol intervention.

KPI 3.5 - A reduction over a six year period in the percentage of people who consider alcohol and drugs as a major cause of crime from a baseline in 2013

785 people completed the relevant questions in the Crime and Justice survey in 2015. The top three perceived causes of crime in the Bailiwick were alcohol use, lack of discipline from parents and drug use. These three factors were unchanged from those received in response to the 2013.

However the figures showed a decline in public perception that alcohol and drugs are a major cause of crime from 54.5% (500) in 2013 to 49.3% (387) in 2015 and a marginal decline in respect of the public perception of alcohol use as a cause of crime from 66.9% in 2013(614) to 66.6% in 2015.(522)

KPI 3.6 - A reduction over a ten year period in the number of drink-driving offences a baseline in 2010

Year	2010	2011	2012	2013	2014	2015	2016
Individuals Convicted	123	116	91	97	68	96	65
Breathalysed	763	935	746	797	763	950	851

The increase in numbers breathalysed and the reduction in convictions is suggestive of the positive impact of drink drive awareness campaigns and alcohol awareness education.

## Providing Treatment

This Pillar seeks to increase the amount of people moving through treatment into sustained recovery.

### Key initiatives have been:

- **The creation of a new Single Treatment Service.** The CDAT, the GADAC and Drug Concern have agreed a new information sharing policy to:-
  - Ensure the client receives the best service,
  - Reduce the barriers to care,
  - Provide an element of peer support,
  - Reduce inefficiencies and duplication across BDAS funded agencies, and
  - Facilitate robust data collection (numbers into treatment, for which substances, and through which agencies).
- **As part of the Single Treatment System, a computerised data collection and monitoring system is under development.** This will not only collect quantitative data but also a core data set that has been developed with the support of John Moores Liverpool University. This will allow Guernsey data to be benchmarked nationally and internationally and for meaningful and relevant comparisons to be made. Further KPI's associated with the Treatment System will be established once this system has been put in place.
- **CDAT and the development of supervised consumption of substitute medication in the Community.** The diversion of prescribed medication is defined as, "the taking of prescription drugs other than in the manner or for reasons or time period prescribed, or by a person for whom the drug was not prescribed". This is an increasing concern both locally and nationally. In 2015 CDAT began working collaboratively with four local pharmacies on an initiative which would ensure that prescribed drugs were being appropriately administered and not misused.
- The focus locally had been on the drugs Suboxone and Subutex. Both drugs work to eradicate opiates' influence on the brain and allow opiate addicted users to stop taking illegal drugs such as Diamorphine (Heroin). These prescribed drugs are themselves potentially addictive. There were 78 clients using Suboxone as an opiate substitute in treatment at end of 2016, this compared to 77 in 2015.

Prior to community supervised consumption, nurses at CDAT had the capacity to administer medication to a maximum of 12 service users per day. This initiative has increased the number to 29 service users. By the end of 2015 fifty two individuals had been seen as part of the Supervised Consumption Service.

The benefits as a result of the introduction of this service have been:

- Increased support to service users through quicker assessment, reduced waits, therapeutic interventions and group work;

- A reduction in number of new young persons referred to the Service after being introduced to Suboxone from the black market and subsequently becoming dependent.
- Improved compliance with treatment programmes and the stability of some service users.
- 

On the above evidence, it was decided to continue the initiative in 2016 with a total of six local pharmacies participating. This resulted in 32 new individuals having their Suboxone/Subutex medication supervised in the Community.

- **Drug Concern offering therapeutic interventions to those who misuse drugs and alcohol.**

Drug Concern worked with 177 clients in 2016, a decrease from the 2015 figure of 200. This figure includes clients coming from prison and the Community. This is a trend reflected in the reduction of clients receiving custodial sentences.

	2015	2016
Total Drug Concern Clients	200	177
Clients serving custodial sentences	124	104
Clients in the community	76	73
Clients seeking support with alcohol	No data	74 (42%)
Clients seeking support with cannabis	No data	44 (25%)
Clients seeking support with opiates	No data	34 (19%)
Clients seeking support for other drugs	No data	25 (14%)

The needle exchange service is specifically a harm reduction measure (to reduce the negative consequences associated with drug use and to protect against blood borne diseases) facilitated by Drug Concern. A total of 83 individuals used the needle exchange during 2016, an increase of 23 compared to 2015. It is to be noted that this increase is not attributed to opiate users but to a significant increase in the number of people using performance enhancing substances.

**The Criminal Justice Drug Service (CJDS)** introduced twelve years ago, is a partnership between Drug Concern and the Probation Service. The primary purpose is to provide the Courts and the Parole Review Committee with the facilities necessary to enable them to impose treatment as a condition of supervision. There were 22 referrals to the Service in 2016 compared to 32 in 2015.

**Arrest referral** is a partnership between Drug Concern and the Guernsey Police with the aim of raising awareness of services available to drug-using offenders at the point of arrest. Involvement in the scheme is voluntary and not an alternative to prosecution. Referrals to this service continue to reduce with only three referrals for 2016 (compared to 11 in 2015). As with the previous year, the majority of referrals to the service were drug rather than alcohol related. This downward trend may be attributed to the number of referrals from custody.

- **GADAC (Guernsey Alcohol and Drug Advisory Council) offering predominantly therapeutic interventions for those misusing alcohol.** During 2015 GADAC changed their name to the Guernsey Alcohol Advisory Service (“GAAS”).

	2015	2016
Total GADAC/GAAS Clients	92	78
Male Clients	66	48
Female Clients	26	30
Over the age of 40	56	54
Main substance	92	78
Where prescription drugs were also a problem	23	12
Where illegal drugs were also a problem	15	12

In 2016 clients were asked to provide feedback on the service, whilst only 12 individuals chose to participate their response was positive, all indicated that working with GAAS had been a positive experience and influenced that their attitudes to alcohol use

**The Criminal Justice Alcohol Service** was introduced in 2009 and mirrors the drug service but is managed by GAAS and has the same partnership agreement with the Probation Service. At the end of 2015, there were 25 individuals engaged with the service with 21 clients attending regular appointments, 2 service users attending voluntarily following their order expiring and 2 were being assessed at the time of data collection. In 2016, in addition to those clients already working with the Service there were a further 23 individuals engaged with the Services following an assessment of their needs.

A new sentencing disposal became available to the Courts in 2015 which provides the Court with the power to attach an “abstinence” condition to a Supervision Order. This may be tested during the course of supervision by the use of random breath tests, for some clients this is seen as a positive step on their road to recovery. In 2015 four such conditions were attached to supervision orders, none were awarded in 2016.

## Key Performance Indicators

### KPI 4.1 - An increase in the number of new entrants to structured treatment

- In 2015<sup>5</sup> the Single Treatment Service:
- engaged with 455 clients;
- 274 listed alcohol as their main substance of abuse;
- 107 indicated issues with polydrug use.

In 2016 the Single Treatment Service:

- engaged with 435 clients;

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<sup>5</sup> 2015 refers to the data collected for the period 15.12.14 to 31.12.15.



- 191 listed alcohol as their main substance of abuse;
- 95 indicated issues with polydrug use.

KPI 4.2 - The percentage of service users exiting structured treatment with successful completion to stand at 60% or more

Data will be available after the implementation of the new monitoring system

KPI 4.3 An increase in the number of people commencing community pharmacy supervised consumption of opioid substitute therapy

In 2015 four pharmacies took part with 52 service users being supervised in the community during the year.

Two new pharmacies joined in 2016 and 32 new individuals started for a minimum of three months. A total of 78 service users being supervised in the community during the course of this year.

KPI 4.4 An increase in the number of Service Users contributing to treatment development from a baseline in 2015

Approximately 16 service users in 2015 and 16 have contributed in developing initiatives like the SMART/Connect 4 Recovery/Peer Recovery Group as well as REACH and the Drop In sessions

Service user surveys have been incorporated in the new service level agreements to be completed annually to assist with service development.

An example of this- A 'Drop In' was developed after the SMART/Connect 4 Recovery Group service users requested that there was some kind of follow up to the course for ongoing support

In July 2016 (after the Kick Start Recovery Conference) the "Drop In!" spiked with 15 service users attending settling to 9 – 12 services attending regularly.

KPI 4.5 An increase in the number of people accessing recovery community programmes from a baseline in 2015

80 individuals in 2015 and 83 individuals in 2016 were accessing recovery community programmes such as Life Fit, Back to Work programmes or volunteering at Caritas Cafe, GSPCA etc.

## Encouraging Responsible Choice

The Strategy aims to reduce alcohol and drug related economic loss in the workplace.

### Key initiatives have included:

- **Collaboration with the Health Promotion Unit** to provide displays and awareness campaigns. The annual Healthy Hearts Day at Beau Sejour is a prominent event and includes drug and alcohol awareness activities and non-alcoholic cocktails. (see KPI 5.4)
- **The provision of the Streetbus**, manned by the local youth agencies in association with the Community Police. Bottles of water have been distributed during the evenings at events throughout the year including Liberation Day, North and West Shows and the Town Carnival.
- **Close collaboration with Education and the Director of Public Health** to encourage alcohol free sports events. The Rugby Club organised an Under 18's fun day as an alcohol free event. This kind of initiative needs to be developed at other sports events and further encouragement is required to invite school parent/teacher associations to organise alcohol free events especially when children are in attendance.
- **Representation at the Prison Health Fair** where the Streetbus was manned and drug and alcohol quizzes were organised to encourage prisoners to engage with support workers.
- **The Drink Drive Campaign** still continues to deliver the key message of refraining from drinking alcohol when in charge of any vehicle. 950 people were breathalysed in 2015, a significant increase on the 2014 figures of 763. This may be a contributing factor in the rise of the number of individuals convicted compared to 2014: 68 in 2014 compared to 96 in 2015. Another suggestion from the Guernsey Police is that people are more aware of the risks and notifying them of potential drivers on the road under the influence of alcohol. In 2016, a new three year campaign started 'Drink Driving – Tears Lives Apart'. The campaign targeted 30 – 50yr old men who made up a large proportion of those convicted in previous years. 851 people were breathalysed with 65 people committing the offence.
- **Preparation for Dry January** commenced in December 2016. This included several media releases and a presence at late night shopping events, where "mocktails" were given away and individuals encouraged to sign up for the month and to donate to a drug or alcohol charity or their own favourite charity. This will be an annual initiative which will hopefully build as the community become more aware of the benefits of low level drinking or abstinence.

## Key Performance Indicators

### KPI 5.1 Reduction in the number of short term sickness benefit claims related to drug and alcohol use over the life of the Strategy (5 years)

This data extract is a snapshot of one day at the end of each respective year and reflects reference to an alcohol or drug misuse diagnosis on the medical certificate.

Short term benefit	Number of people	%
2015	7 out of 415	1.69%
2016	5 out of 386	1.29%

### KPI 5.2 Reduction in the number of long term sickness benefit claims related to drug and alcohol use over the life of the Strategy (5 years)

As with KPI 5.1 this data represents a snapshot.

Long term benefit	Number of people	%
2015	30 out of 856	1.50%
2016	30 out of 851	3.53%

### KPI 5.3 - A reduction over a five year period of the number of unemployed people in treatment for drug and alcohol issues from a baseline in 2014

An audit was completed with Community Drug & Alcohol Team service users in 2013- of the 89 who were receiving treatment for opioid use 4% (4) were already employed rising to 40% (36) being employed by the end of the year.

No data was collected by HSSD during 2015/16. Measures have been put in place to ensure this data is collected from 2017.

### KPI 5.4 Number of population-based and targeted campaigns delivered

#### **2015 HSSD and BDAS joint initiatives**

4 initiatives were delivered:

- The Health Promotion Unit – alcohol awareness,
- The Healthy Hearts Day at Beau Sejour,
- The Outreach Team/Streetbus – awareness initiatives run each quarter with young people.
- The Director of Public Health encouraging alcohol free sports events.

#### **2016 HSSD and BDAS joint initiatives**

6 initiatives were delivered:

- Alcohol and the Brain - awareness campaign targeting teenagers,
- Don't be a Pour Parent – awareness campaign highlighting there is no safe level of alcohol consumption for young people and teenagers,
- Dry January – awareness campaign highlighting the benefits of a healthy lifestyle including an alcohol free January,
- Health Promotion Unit display in the ante natal clinic promoting an “alcohol free childhood” with a focus on pregnancy and alcohol,

- Provision of the Night buses for the West and North Shows

KPI 5.5 Increase in the numbers of Identification and Brief Advice interventions delivered in many settings

A “Brief Intervention” may be defined as a one off engagement with an individual or a group to discuss or impart information in relation to alcohol or drug misuse. Such information is difficult to quantify with any accuracy. Consideration is being given as to how this data may be collected from the Single Treatment Service Monitoring System once it commences.

## Training, Data Collection, Monitoring & Evaluation

The Strategy has a comprehensive training programme which is devised in consultation with operational staff. The programme aims to be responsive to local trends. Where possible it is extended to mental health and domestic abuse support workers.

### Key initiatives have included:

#### 2015

- **15 locally based Doctors** completed the Royal College of General Practitioners (RCGP) Certificate in the Management of Alcohol Problems in Primary Care. This initiative was jointly funded by GP's and the Strategy.
- **Local Training** was provided by AfC for all workers involved with Young People's Outreach Services. This covered information to share with young people, ways of initiating or steering conversations, the use of self-disclosure and appropriate follow up action.
- **Part funding** was provided for a Substance Use Worker to complete an Open College Diploma Certificate in Post-Traumatic Stress Disorder which they passed with Distinction. An AfC Worker was part funded to complete Year 1 of the Post-Graduate Certificate in Child Focussed Systemic Practice with the Institute of Family Therapy.
- **An introduction to Mindfulness** was organised and delivered to 15 drug and alcohol workers to ascertain whether this would be beneficial to pursue as a programme of training. It was decided, due to workers commitments at that time not to pursue it any further

#### 2016

- **Motivational Interviewing** techniques are designed to assist the workers to support clients by helping them to make decisions which are right for them. Training was provided to 23 drug and alcohol workers in respect of this counselling approach.
- **A one day training course** was provided for 22 operational staff giving them the most up-to-date information on the effects, risks and what is being done locally in respect of New Psychoactive Substances.
- **"Outcome Star"** is a unique suite of tools for supporting and measuring change when working with people including those with drug and/or alcohol issues. A series of one day training sessions were held in 2015 and 2016. A total of 79 support workers from a variety of agencies attended six workshops during 2016.
- **15 volunteer service users and four members of staff** attended a Recovery Coach Training Course. The aim of this 5 day intensive programme is to establish a peer based recovery infrastructure across the Island.

## Priorities for 2017

The following have been identified as priorities for 2017:

- **Single Treatment Service monitoring system.** The Single Treatment Monitoring System is to be in place by the end of 2017 and will incorporate the necessary information sharing policies and procedures. This will provide the BDAS with comprehensive local data with measurable outcomes and a Core Data Set to be sent to John Moores University in order to benchmark Guernsey against data collected nationally and internationally.
- **Improvement of outcomes for teenage parents with drug and alcohol issues and their children.** There is a gap in provision for vulnerable young parents who currently access support from AfC, many of whom are in supported accommodation and some of which have drug and/or alcohol issues. Many parents do not feel able to access traditional mainstream antenatal and parenting. This service will help to equip young parents with practical knowledge and experience in an environment where they feel comfortable and are able to learn. The ultimate goal being improved outcomes for the children and the young parents. A pilot parenting programme is planned for early 2017.
- **A Peer Support Programme and the development of a Recovery Community.** This initiative will see the development of evidence based programmes of peer support and peer mentoring, including support groups for those in recovery in the Community, as well as supporting and offering the same level of training for those in the Prison. Activity and treatment programmes for service users in recovery will run alongside these initiatives. This aims to improve peer support, model positive recovery and grow a recovery community in the Bailiwick. For prisoners, this will lower the risk of re-offending and overdose post custodial release.
- **Recovery Walk.** Further work will commence for Guernsey (possibly in partnership with Jersey) to put in a bid to host the UK Recovery Walk 2018. This is to raise awareness for substance use disorders and recovery from addiction and to celebrate the achievements of individuals in recovery, acknowledging the work of prevention, treatment, and recovery service providers.
- **Use of Dihydrocodeine (DHC).** DHC is an alternative opiate substitute used in Guernsey. 58 people in 2015 and 60 in 2016 were prescribed DHC as part of their opiate substitution recovery program. This has been identified as a popular drug of choice on the illicit market, as supervised consumption is currently not available there is potential risk of diversion. With the success of the supervised consumption of Suboxone in the Community it is considered that a similar programme could be adopted for DHC. A review will be undertaken (within the time and resource constraints of the Strategy) to increase coverage of supervised medication consumption generally.

## Conclusion

During the latter part of 2016 the Committee *for* Home Affairs met with the Committee *for* Health & Social Care to discuss areas of mutual interest, this included the future operation of the Bailiwick Drug and Alcohol Strategy. Whilst cross-committee working has been central to the Strategy since its inception and will continue to be so into the future, it was agreed that at an operational level the Strategy was closely tied to public health. Accordingly, both Committees agreed that there was merit in transferring the Strategy to the Committee *for* Health & Social Care and have approached the Policy and Resources Committee outlining this proposal.

Strong foundations have been laid for the Strategy's continued development during this term, including:-

- The continued growth of a positive relationship with Primary Care which is integral to tackling the misuse of prescription as well as illicit drugs;
- Positive foundation for establishing Recovery in the Community. Whilst this in is in its early stages of development, the Strategy will continue to encourage shared care arrangements and offer peer support to those who want to progress to a drug/alcohol free lifestyle;
- The continued audit and development of the newly formed Single Treatment Service. The early signs are extremely positive with all referrals being made between agencies based on what will best meet the needs of the individual. It is, however, vital that the monitoring system is progressed to support the provision of evidence based treatment.

2015 and 2016 have been positive years for the Bailiwick Drug and Alcohol Strategy, which started with the unanimous approval of the new Strategy by the Assembly in January 2015.

A multi-agency approach and cross Committee support are fundamental to the BDAG's continuous development. Relationships with the third sector are of equal importance to the continued success of the Strategy and must be nurtured and encouraged. There is evidence that clearly shows a multi-agency approach is the best way forward, both for the organisations and the service users whose needs are best met through an integrated approach.

The Strategy will continue a multi-agency approach with both States and non-States organisations and will seek to develop evidence based services and initiatives in areas of need.

The tender process concluded with all nine service level agreements being awarded in July 2016. These are to commence in January 2017 with the exception of AfC. AfC is now the sole provider for the Drug & Alcohol Education Service and began their new service in September 2016, the beginning of the academic year. All services will be reported in detail in the 2017 Annual Report.

A review will be conducted in 2017 to evaluate the tender process and all agencies will be invited to provide feedback on their experience and any impact it had on the delivery of service.

The Strategy will continue to fulfil this vital role, gathering the necessary evidence and co-ordinating work across the Bailiwick so as to inform future service delivery.