

# The Health Improvement Commission for Guernsey & Alderney LBG

## Bailiwick Drug & Alcohol Strategy 2018 Report

## READER INFORMATION

Title	Drug & Alcohol Strategy 2018 Report
Document purpose and key uses	To summarise the work undertaken during 2018 and chart progress against the strategy KPIs
Date	July 2019
Target audience	Health Improvement Commission Board, Health Improvement Commission Patrons, Director of Public Health, Corporate Management Team, Committee <i>for</i> Health & Social Care, Committee <i>for</i> Home Affairs
Circulation list	Health Improvement Commission Board, Committee <i>for</i> Health & Social Care, Committee <i>for</i> Home Affairs, Corporate Management Team, Health Improvement Commission Senior Management Team, Drug & Alcohol Action Group, Misuse of Drugs Advisory Group
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Reporting frequency	Annual

# Bailiwick Drug & Alcohol Strategy 2018 Report

## Executive Summary

2018 saw the operational delivery of the Bailiwick Drug & Alcohol Strategy (BDAS) transition from Public Health to the Health Improvement Commission for Guernsey and Alderney LBG (The Commission) as part of the Policy and Resources Plan to develop The Partnership of Purpose under the Committee for Health & Social Care. Under a Service Level Agreement, the BDAS Coordinator was seconded full time to the Commission and relocated office and the existing BDAS budget was transferred to the Commission.

The transition to the Commission, whilst working closely with HSC and other States bodies, will allow more operational independence for the BDAS including the development of further prevention and early intervention initiatives facilitated by the ability of the Commission as a charity to raise funds from external sources. This will supplement the majority of the BDAS's funding which is largely committed to treatment services in the criminal justice system, the community and supporting Young People with complex needs involving drugs and alcohol.

The governance of the BDAS has also changed due to its transition to the Commission. The former Bailiwick Drug and Alcohol Strategy Group (BDASG) has been replaced by a BDAS Technical Team. The Technical Team is chaired by Public Health and provides credible, transparent and up-to-date advice to the Commission's Board, Senior Management Team (SMT) and Action Teams in respect of the planning, delivery and evaluation of the Bailiwick Drug & Alcohol Strategy.

The Technical Team's membership includes the following; Primary Care Education, Law Enforcement, Tobacco Control Strategy, 3<sup>rd</sup> Sector and the Public Health, Community Drug and Alcohol Team, Health Intelligence, Service user based in the Community, the Health Improvement Commission CEO and the BDAS Coordinator. Experts within their own field can be co-opted for input on a specific programme or project and the membership will be reviewed annually.

During 2018 and progressing into 2019 the Technical Team has been providing technical advice to support the Joint Strategic Needs Assessment for the development of a Combined Substance Misuse Strategy, which will include Drugs, Alcohol and Tobacco. Further information will be included in 2019's annual report.

The community services provided by CDAT, In-Dependence (formerly Drug Concern) and GAAS continue to provide an important range of treatment options for individuals with drug and/or alcohol dependence. Progress has been made in some services with regards to developing outcomes monitoring and with transition to the Commission, this report attempts to draw in more depth on available local data.

The British Irish Council has continued to be a valuable resource to the BDAS sharing their knowledge and experience including topics such as Minimum Unit Pricing, New Psychoactive Substances, Performance and Outcome Measurement and medically supervised drug consumption centres.

Working with four local “experts by lived experience” and the Community Drug & Alcohol Team (CDAT) the BDAS continued important work on building a local Recovery Community. The Recovery Fayre held in Shiloh Community Church in June 2018 was attended by 90 people and was very well received.

A comprehensive independent research report was commissioned by the BDAS on Opiate Substitute Treatment to investigate:

- Phasing out of Dihydrocodeine and replacing it with a robustly supervised Methadone program;
- Potential review of Branded Buprenorphine prescribing
- The Development of a self-sustaining Recovery culture to allow patients to move on, through detoxification, into living opioid free lives
- Improvements in the use of the Secondary services and Primary care services.

The report’s recommendations were agreed by the Clinical Management Team and this workstream has now moved to the Community Drug & Alcohol Team for implementation.

The BDAS Training Programme was delivered after consulting with operational staff from drug and alcohol services, mental health, children services and domestic abuse workers ensuring that it was responsive to local trends. The BDAS always takes a multi-agency approach as it is imperative that all health professionals both directly and indirectly working with drug and alcohol issues should have effective, current and relevant training.

## Introduction

The BDAS (2015 – 2020) was agreed by the States of Deliberation in 2015. The 2015-2020 Strategy (Figure 1) 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.

This report provides an update on initiatives and workstreams within the areas of focus (Figure 1). Progress towards the Key Performance Indicators are in Appendix 1.

Figure 1: Drug & Alcohol Strategy Framework 2015 - 2020

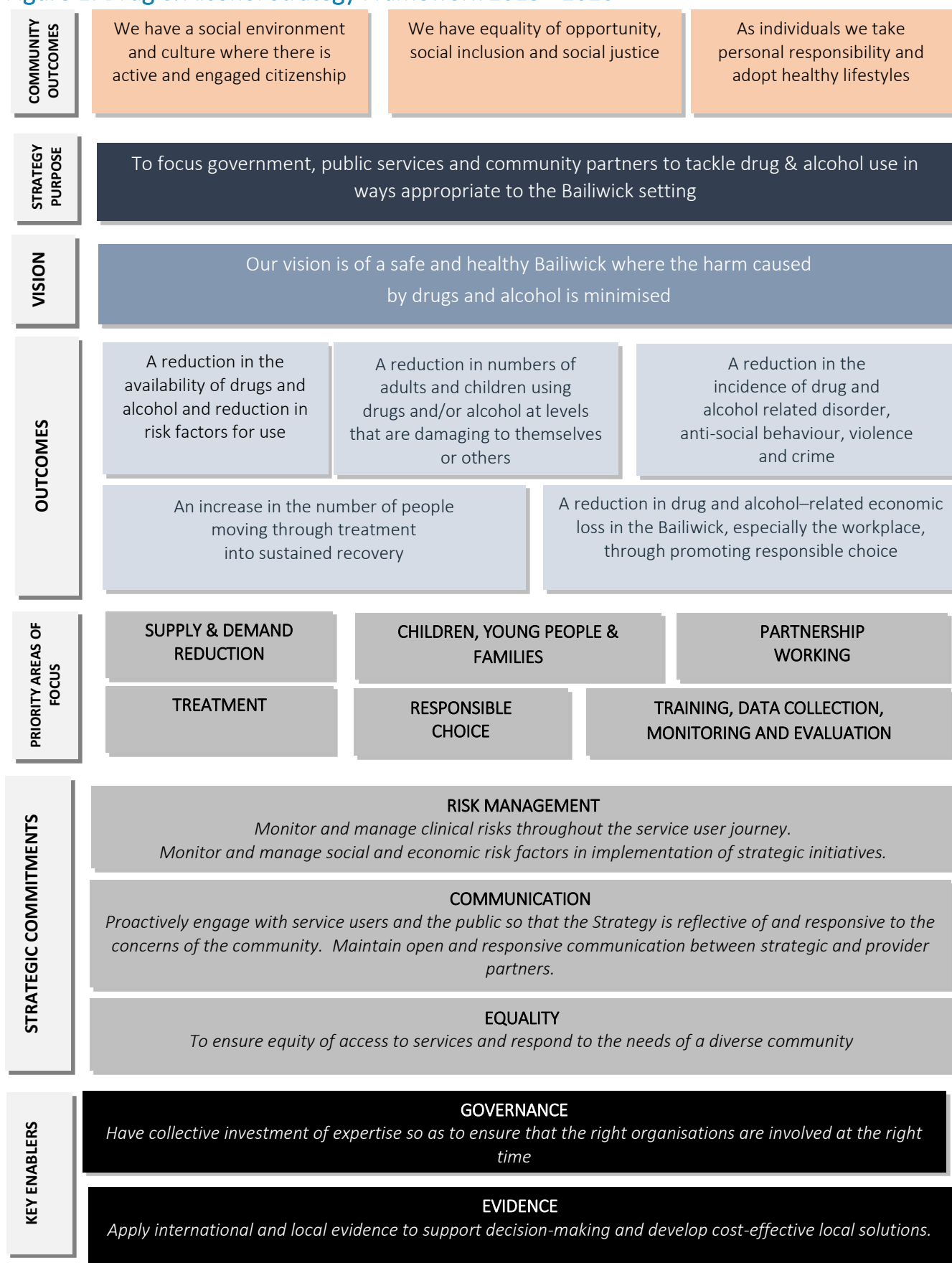


Figure 2: Distribution of Funding and Service Providers

<p>Criminal Justice Treatment Services £121,000</p>	<p>Prison/Community Substance Misuse Service – In-dependence</p> <p>Criminal Justice Substance Misuse Service – In-dependence</p> <p>These services are specialist treatment services designed to meet individual client needs within the Criminal Justice system.</p> <p>* in May 2019 Drug Concern changed the name of their organisation to In-dependence</p>
<p>Community Treatment (Predominantly adults) £222,000</p>	<p>Core Services (Information, skilled advice, support), service user engagement – In-dependence</p> <p>Core Services (Information, skilled advice, support), service user engagement – GAAS</p> <p>Clinical interventions, information, skilled advice, support, service user engagement – Community Drug and Alcohol Team (CDAT)</p> <p>Promotion of a recovery community – All agencies</p>
<p>Treatment/Education Services for Young People and prevention/awareness packages £211,000</p>	<p>Drug &amp; Alcohol Education Service in Junior, Secondary and 6th form schools and colleges – Action for Children (AfC)</p> <p>Young People’s Substance Misuse Service - AfC</p> <p>Contribution to Young People’s Outreach Service - AfC</p> <p>Intervention and Prevention packages e.g. REACH, Social media initiatives, awareness /media campaigns: Drink Drive Campaign, Alcohol and the Brain – Public Awareness campaign</p>

## Reducing Supply and Demand

The BDAS has continued to support a reduction in the supply of, and demand for drugs. The Addictive Prescription Only Drugs Group continues to support the BDAS in areas such as the reduction in opiate prescribing, the diversion of prescribed drugs and the use of opioids substitutes. The shared care model within the Community is still under consideration and the “returns policy” for Fentanyl continues to work well (See KPI 1:2 for data).

The BDAS continues to work closely with 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 20 seizures of Class A drugs in comparison to 26 in 2017 with a value of £7,770.85 (£113,930 in 2017). The Bailiwick Drug & Alcohol Strategy Action Group met quarterly with an average of 11 agencies represented each meeting. In accordance with information sharing protocols members were able to gain and share information and intelligence.

The BDAS has continued to have a proactive and positive relationship with the local media, coordinated through the Misuse of Drugs Advisory Group, with the support of the Committee *for* Health & Social Care and the Committee *for* Home Affairs. This allowed the communication of information in respect of the risks and effects associated with particular substances, especially in relation to Spice, which has had a substantial negative impact in the UK and other New Psychoactive Substances (NPS).

## Supporting children, young people and families

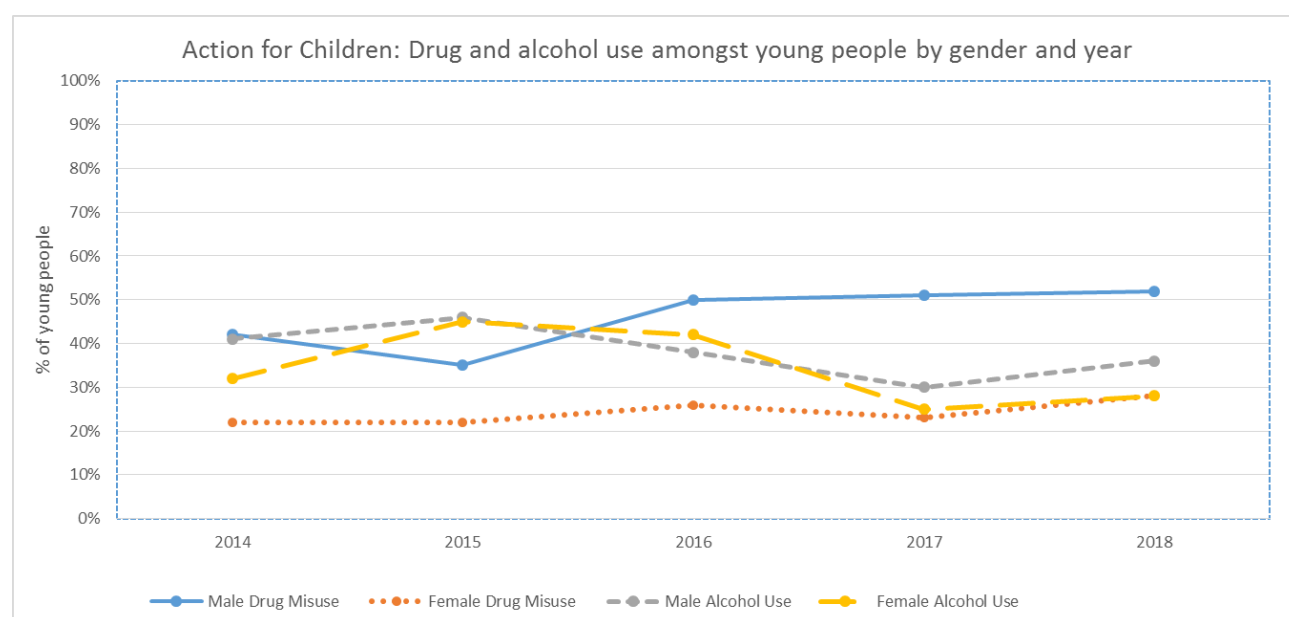
### Action for Children (AfC)

AfC provide the Young Peoples’ Substance Misuse Service (YPSMS) which is for young people under the age of 25, with a primary focus on those post 16 years and the more vulnerable groups dealing with any issues around drug/and or alcohol use or misuse. They will take any referrals from the local health professionals and families who have young people in need of a targeted intervention as well as making referrals to structured treatment providers where appropriate.

In 2018, 209 young people accessed the service. 101 (48%) reported drug and/or alcohol issues, and this was more prevalent in males, 60 (59%) than females 41 (41%). Referrals to AfC were from Criminal Justice Services, MASH, Looked After Children’s Services, and Family/Self.

Figure 1. shows drug and alcohol usage rates amongst AfC service users by gender since 2014. Amongst young people reporting substance use on service entry, female drug use has remained relatively constant over time (22-28%) although the 2018 figure of 28% is the highest since 2014. Amongst males, after a rise to 50% in 2016, drug use has remained relatively stable. Alcohol usage rates declined since 2015 and have remained stable at approximately 30% in 2018.

**Figure1.**



*Note: Base N is the number of young people reporting drug and/or alcohol issues on entering the service.*

The table below shows the number of males and females reporting drug and alcohol misuse on entering the Action for Children service.

	2014	2015	2016	2017	2018
	N (%)	N (%)	N (%)	N (%)	N (%)
<b>Male Drug Misuse</b>	44 (22)	59 (21)	66 (27)	63 (28)	52 (25)
<b>Female Drug Misuse</b>	21 (11)	25 (9)	29 (12)	24 (11)	30 (14)
<b>Male Alcohol Use</b>	43 (22)	78 (28)	51 (21)	37 (16)	31 (15)
<b>Female Alcohol Use</b>	30 (15)	51 (18)	46 (19)	26 (12)	30 (14)

*Note: Percentages based on the total number of young people entering the Action For Children service per year.*

46 Outcome Stars were completed by young people, 20 young people used the Drug & Alcohol Screening and/or the AUDIT (alcohol) tool. 29 (29%) young people received intensive interventions (complex caseload) and 16 (16%) received clinical treatment from specialist agencies. 53 (25%) Young Parents were supported within AfC and of those 30% had drug and/or alcohol issues. 9 adults were also engaged with the Service who were supporting substance misusing young people.

### Quality outcomes

Outcome	2018	Target
Exiting the complex care service with agreed exits	74 (75%)	84 (85%)
Reducing their substance use	58 (59%)	59 (60%)
Harm reduction: Behaviour change / reduced risk status from treatment start to treatment exit*	71 (72%)	84 (85%)
Individuals with noted substance misuse issues no longer reporting a housing problem at exit	87 (88%)	No Target set



\* (e.g. unsafe drug use, offending, self-harm, sexual exploitation and unsafe sex)

The Table below shows the quality outcomes for AfC with a baseline figure from 2018. These will be compared year on year in future annual reports.

What we will do	How will we do this	Outcome	2018 baseline figures
Build strong therapeutic relationships with the young people	Using the 'Keeping Myself Safe' toolkit, Teentalk resources (see appendices), DANOS and NICE and QUADS guidance	% year-on-year reduction of unplanned treatment exits from service from the current baseline	6 (6%) unplanned exits
100% of young people have a high quality assessment of needs	Using and reviewing Audit PC and the Drug and Alcohol Strategy Screening tool, AfC assessment tool or Treatment Outcomes Profile for over 16s (see appendix; safeguarding audits	100% of young people receive appropriate treatment interventions, including onward referral within 5 working days if required (mental health, sexual health, social care, Housing)  80% of young people screened show a reduction in use/safer use by treatment exit	100%  50%
100% of young people have SMART Care Plan	Use the Outcomes Star, measure progress bi-monthly through E-aspire database; file audits	62% of young people engaging in the treatment service will improve at least one area of need within first 3 months  60% of young people improve in at least two areas of need within 6 months	52%  60%
100% of young people are offered weekly/bi-weekly psychosocial key working sessions	Brief interventions, Motivational Interviewing, TeenTalk, AfC toolkits	80% of young people are actively engaged in service ( <i>identify periphery clients</i> )	83%
100% of Young people with high risk scores are offered twice weekly key working sessions	Offer a bespoke intensive treatment package	70% of high-risk young people reduce their risk score by treatment exit (Complex case list)	72%

### Young Parents' Programme (YPP)

Action for Children began a pilot of the YPP programme in 2017. This is an intervention designed by AfC which can be delivered locally. The aim was to pilot an accessible and supportive pre- & post-natal qualification to vulnerable young parents who were AfC service users. The pilot involved 8 parents (62% of those invited) and underwent its first quality assessment by the training provider.

The evaluation noted that the confidence of parents raised and there were improvements and confidence in parenting skills. There was also evidence of increased awareness of unhealthy relationships and a transition to healthy relationships. New personal and professional networks have been formed by the participants including sign posting to other agencies. Three children were no longer on the child protection register. AfC are now ready to promote the service further. The licence that AfC hold to deliver this training also gives access to a range of other learning opportunities including employability modules, well-being and mental health modules and life skills which will be explored again in 2019.

### Drug & Alcohol Education Service

The BDAS part funds the PSHCE (Personal, Social Health and Citizenship Education) Advisor who reports annually to the BDAS Coordinator and submits an annual report to the Education Department. The Drug & Alcohol Education service is delivered by AfC within the PSHE curriculum. 2,650 (3,120 in 2017) students were reached in 2018, (721 primary and 1,929 secondary). The reduction in numbers is due an amendment to the Alcohol Education delivery which now delivers “Let’s talk about Alcohol” an alcohol prevention education programme comprising 4 lessons in Year 8 (12 – 13yrs) and 2 follow up lessons in Year 9 (rather than 1 lesson to each year group). This was first delivered in 2017 – 18 school year and the evaluation will be reported in 2019.

A total of 2877 (1237 in 2017) students received drug education, (406 primary, 2,471 secondary). Each secondary school year group has one lesson a year from Year 7 (11 – 12yrs) to Year 11 (15 – 16yrs) covering factual, up-to-date information which is relevant to the needs of the students living in the local community.

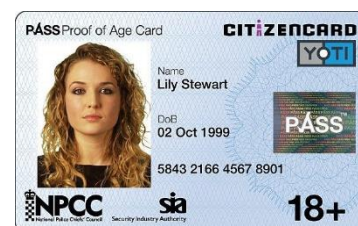
AfC delivered an additional 25 sessions at the College of Further Education and supported the BDAS Coordinator in delivering drug and alcohol awareness training to professional organisations such as Law Enforcement and School Nurses.

Evaluation of the school-based service provision by young people (N = 96 Year 5 pupils & N = 57 Year 9 students) was undertaken. In primary school, 80% of children *“like outside agencies coming into the school to deliver the PSHE”* and 86% correctly answered a multiple-choice questionnaire about alcohol. In 2 of the 3 schools involved, AfC’s alcohol and drugs lessons were cited as the subjects where they had learnt the most. In secondary school, when asked to give two consequences of smoking cannabis 56% answered 2 correctly and 33% gave one correct answer, only 11% did not provide a correct answer. Students felt that alcohol was the subject in which they learnt most followed by the drugs lesson.

### YotiCitizencard

This is a voluntary initiative between Education, the BDAS and Citizencard UK. Each student in Year 12 is offered a free 18 + proof of age card which is recognised nationally with over 4 million distributed in the UK. There are now over 2,500 in Guernsey, with 320 being issued in 2018.

This is the only identity card that is accepted by the local public houses, nightclubs and licensed premises. Since 2018 Citizencard has joined up with YOTI (Your Own True Identity) which is an app that allows young people to use their mobile phone to prove their age and identity to businesses and verify the details of people online.



### Alderney Provision for Young People

AfC provide drug and alcohol education in St. Anne’s School delivering lessons to all students usually over a 2-day period. Dependent on need they will visit Alderney to assist the Youth Commission in specific programmes.

The Youth Commission, via the resident part-time Youth Worker, provide advice and support for those young people dealing with issues around drug/alcohol use but will signpost to AfC if a targeted intervention is needed. In 2018, the Alderney Youth Worker conducted a survey to provide an audit

of need in regard to the use of drugs and/or alcohol amongst young people of Alderney. This will provide the evidence for a multi-agency approach to supporting the Young People of Alderney in 2019 and is reported below

## **Youth Commission**

In November 2018, in partnership with the Youth Commission and part-funded by the BDAS, the Youth Worker in Alderney surveyed students within St Anne's School to explore their relationship with drugs and alcohol, as well as their emotional health and wellbeing. 39 (75% of students) completed the survey (67% female) with ages ranging from 11 to 17 years.

85% of young people said they had tried alcohol (67% stating occasional, 8% stating regular use). Cider, Beer and Vodka were most popular. 79% of young people reported that some or all of their friends drank alcohol. 33% of students knew family members who misused alcohol and 8% reported that their family was significantly affected by the use of alcohol. With regards to drugs, 30% students reported having used cannabis, magic mushrooms or ecstasy. 80% of these reported occasional use.

Young people reported a range of family-based risk factors such as alcohol misuse, known drug use and no supportive adult and personal risk factors including criminal activity, low self-esteem, unhappiness, self-harm and anxiety.

The Youth Commission in conjunction with the BDAS aim to undertake further work to understand the needs of young people in Alderney. This will be reported on in the 2019 Annual Report.

## **Providing treatment**

### **Guernsey Alcohol Advisory Service (GAAS)**

During 2018 GAAS saw 80 clients, a 33% increase on 2017. 37 (49%) clients chose abstinence as the intervention/therapeutic process and 38 (51%) clients chose controlled/reduced alcohol consumption. 5 were returning clients who wanted continued support with maintaining abstinence in the community and 1 had relapsed and wished to re-engage, with abstinence as the desired outcome. The majority (77%) of service users are male and between 30 – 50 years old.

Whilst all clients accessed the service for support for alcohol use as their main drug of choice 2018 data suggests that the GAAS caseload may be becoming more complex. For example, 51% were misusing prescription drugs (an increase on 2017 25%) and 29% of clients were using illegal drugs as well as alcohol in comparison to 5 (8%) clients in 2017.

The majority of clients were seen on a weekly basis for approximately one hour, although this can increase especially if they have recently ceased drinking. The average number of client sessions is 11 (range = 2 to 49) over an average 3-4-month intervention period. The caseload is usually between 18 and 21 clients in any given week. GAAS also provides support to significant others as part of a therapeutic process with existing clients or as a concerned individual. Six were supported in 2018.

37 clients presented with abstinence as their eventual goal. 47% exited the service abstinent, 17% reduced their alcohol consumption and 7 disengaged. 10 remained in treatment and continued into

2019. 38 clients presented wanting to control or reduce their alcohol consumption. 76% exited with a reduced drinking outcome and plan, 8% disengaged and 16% remain in treatment.

### **In-dependence (formerly Drug Concern)**

In-dependence's aim is to help people whose lives are affected by drug or alcohol use providing a confidential, non-judgemental service. They work with individuals and families; those who are using and those who are affected by someone's drug or alcohol use.

### **Support Services (community)**

Support services are specifically designed to help people who are struggling to change behaviour. The focus is on problem identification and management, motivational work in relation to reduction of drug/alcohol use and specific relapse prevention techniques for those who have already made changes to substance use. In 2018, 25 Community Clients were seen; 64% of Clients were male. 18% became abstinent and 13% reduced their usage. Nearly all achieved some measure of beneficial change, through increased motivation (13%), reduction in risk (13%), improved coping skills (18%), or at least a greater awareness of their problem (26%). There was no change in 3 (10%) of the clients

### **Criminal Justice Substance Service.**

The Criminal Justice Substance Service (CJSS) is a partnership between In-dependence and the Probation Service to provide treatment for people (clients) who are referred by a Probation Officer or an Order from the Court Proceedings and for whom drug or alcohol use is considered as a contributing factor in their offending behaviour. The service aims to reduce their contact with the criminal justice system, criminal activity and their problematic substance use.

There were 37 (25% decrease from 2017) referrals to the CJSS with 16 (12) orders granted in 2018. 14 (18) were not granted by the Courts and 3 (4) were not suitable after assessment. 14 (18) were on the caseload at the end of Dec 2018. The Court Orders were for varying periods of time (months to years). 8 completed their order; 1 from 2016, 5 from 2017 and 2 from 2018.

In-dependence undertook an evaluation of service users' experiences of attending, to improve service provision. Service users felt the service generally met their needs. The evaluation highlighted that with the support of CJSS they had been able to make changes to their use of substances or felt that



the service was an important factor in being able to maintain their current lifestyles. Key factors were getting group support, developing self-esteem, being mindful of actions, and goal setting (See below).  
Overview of Criminal Justice Substance Service qualitative evaluation findings

### **Prison Substance Misuse Service**

There were 44 new entrants into the Prison Substance Misuse Service which focuses on drug and alcohol misuse and acts as a conduit to the community-based services upon release.

Inside Out is an evidence-based group recovery programme which considers the importance of motivation, how cravings and triggers to substance use can be better managed; how thoughts, feelings and behaviours can be modified to reduce the chance of relapsing into substance misuse and how living a balanced life is key for maintaining change. Six groups were delivered throughout 2018 and 25 prisoners completed the programme.

Outcomes were measured using a pre and post questionnaire, with self-scoring from a scale of 0-10. The questions focused on readiness to change, improvement in knowledge of triggers for using, and confidence in not relapsing. 88% of prisoners experienced change in one or more areas.

In addition to inside out, general support was offered to prisoners who were detoxing and unable to engage in any structured work. Individual recovery work was also provided for clients who wanted to refresh their recovery skills prior to release or who were unable to participate in group programmes.

### **Needle Exchange - Independence**

The needle exchange service is delivered specifically as a harm reduction measure. Its introduction was a response to concerns that a growing number of users were injecting drugs, often with used or shared injecting equipment, potentially increasing the risk of transmission of blood borne viruses.

The needle exchange provides a space for users to collect clean injecting equipment and to talk about any related concerns or problems. In return they receive safer injecting advice and more general support and signposting to relevant services. The number of injecting drug users remains stable, although there is an increasing number of people reporting to be using performance enhancing substances.

Similar to previous years, the majority of clients are male and aged >30. 2018 saw an increase in the needle return rate (94%), from 89% in both 2016 and 2017.

### **Community Drug & Alcohol Team**

The Community Drug & Alcohol Team (CDAT) is part of mental health services and provides clients in Guernsey and Alderney with clinical interventions which cannot be provided in Primary Care or by other treatment agencies. It is the only treatment service on the island which offers substitute prescribing, although GPs working in private practice may also prescribe substitute opioids. CDAT also provide adult clinical and therapeutic treatment service provision to Alderney. Clients will either travel to Guernsey or will receive support via phone, Skype etc. dependent on need.

The number of people entering CDAT remains consistent (102 in 2018, 101 in 2017), the majority (67%) are male. The majority of new clients in 2018 used alcohol only, followed by opiate use.

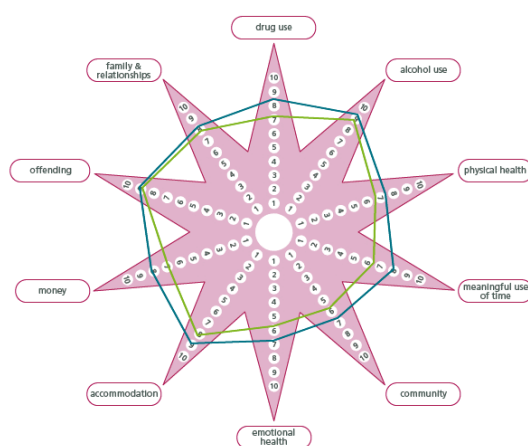
### Substance use by gender in CDAT 2018

	Female N (%)	Male N (%)
Opiate user	8 (26%)	27 (38%)
Non-Opiate user	0 (0%)	1 (1%)
Non-Opiate/other with Alcohol	3 (10%)	7 (10%)
Alcohol only	20 (64%)	36 (51%)
Total	31 (100%)	71 (100%)

"My life has been transformed since going on suboxone and not taking any codeine for nearly 3 months (worker) and (worker) have been amazing. The support I get from (worker) is so helpful I am able to be honest and open with them. Thank you to the whole team."

'I have so much respect for (worker) in the way she deals with things and the way she has helped me and also my children I can honestly say hand on heart that if it wasn't for (worker) I for one wouldn't be here and neither would my children cause I'd have gone a long time ago so they wouldn't have been born but with the support of (worker) through the years of bad times and good I am where I am today and I will always be grateful for all she has done.'

CDAT use the Drug & Alcohol Outcome Star which is a tool for supporting and measuring change when working with clients. It focusses on ten core areas that have been found to be critical in Service user feedback from clients (as shown above) having used the various interventions within the service has been very positive enabling them to progress towards and maintain a life free from drug misuse and problem drinking. Whilst analysing average scores from outcome stars may decrease the variation seen at individual level, they do show improvements in all scales.



**Figure 2.** Average progress on Star scales for CDAT services users Jan-Dec 2018 (Green line = first measure, blue line = second measure).

### Opiate Substitute Treatment (OST)

In Guernsey the local drug scene is complex and associated with significant risk. This is in part due to the effectiveness of the controls on importation, meaning that supplies of classic drugs of recreational abuse – cannabis, amphetamines ecstasy and cocaine - are erratic or non-existent. The local drug using population will be attracted to prescribed medication, which will generally be sourced legitimately, but then diverted. The most commonly diverted/abused medication are opiates and benzodiazepines.

Over the last 5 years, statutory and non-statutory drug services have worked with colleagues in Primary Care, aiming to reduce the prescription of these drugs (in particular Fentanyl), with reasonable success. However, a large number of individuals have developed addiction to prescribed medication, primarily opiates.

In May 2018 the BDAS commissioned an external, independent review of Guernsey's options for opiate substitution which was carried out by Jan Melichar from the Community Addiction Unit, Cardiff and Vale UHB, NHS Wales. The report reviewed use of OST in other countries and the advantages and risks, the role of OST in substance misuse recovery, the need for accompanying support and clinical systems for different forms of OST and the comparison between OST available in Guernsey (Suboxone/Dihydrocodeine) and those not used, including the risks and benefits. Local conditions were also considered (drug scene; service arrangements; resourcing).

The reports proposed changes to the OST programme were agreed by the Clinical Management Team and the HSC Committee were asked to note the update on the recommendations which was submitted for information.

Implementation of the recommendations is under the leadership of the Community Drug and Alcohol Team during 2019/20:

- More supervised consumption of OST products reducing the risk of diversion
- Brings local OST prescribing practice in line with the evidence base, which will involve the introduction of alternative substitutes and gradual withdrawal of Dihydrocodeine as an OST.
- Safer prescribing patterns and continued control by CDAT and prison medical staff along with the FMO in the first phase.
- Primary Care may become involved once the scheme is established for stable patients. This will not be considered in the first 12 months of the introduction of methadone (or alternative substitutes) to OST.
- Engage the Community pharmacies to participate in this programme.
- It is proposed that within 6 months of the introduction of alternative substitutes, the prescribing of Dihydrocodeine for OST will cease to be supported.

## **Recovery Fayre 2018**

Since 2016 Guernsey has achieved much within the Recovery Community but there is still a lot to do to continue to grow and thrive. Demonstrating the BDAS success in involving service users, the Recovery Fayre was co-developed with services users who then took ownership and drove the idea of a Fayre to celebrate their success, raise awareness of local services and support and take the next steps together.

100 people attended the Shiloh Community Church with the theme of the day and the bulk of the organisation and delivery being driven by the Recovery Community of Guernsey. Mental health and other addiction services were included.



Three speakers from the UK and five members of the Community in recovery told their stories to both motivate those who wanted to make a change in their lives and their relatives, friends and carers.

The afternoon workshops (e.g., Mindfulness, Decider Skills and Confidence Coaching) were born out of stakeholder engagement. The Fayre received good media coverage and it is intended that this kind of event may be repeated again in 2020.



## Encouraging responsible choice

### Drink Drive Campaign



2018 was the last year of the 3 year partnership with TPA. The Summer Campaign focused on a play on words using cocktails as the theme and reminding the Community that being over the limit if drinking alcohol whilst driving may result in a custodial sentence. The Christmas campaign was led by Law Enforcement, using the Police Facebook page to post pictures of officers performing spot checks and notifying the Community when an individual had been caught. 581 people (692 in 2017) were breathalysed with 89, 15% (76, 11%) being convicted of an offence.





## **The Collective – Year 9 drama production**

For the first time in 2018, 600 students across the island from all secondary schools and colleges attended a drama performance 'The Collective' by local theatre company Tinwhistle Productions (In previous years a UK company had been used).

Set in the year 3018 students were invited into the world of The Collective where they debated the reintroduction of alcohol into society. Exploring Historic Memories from 2018 and guided by the performers, learners engaged in an interactive show where they ultimately had the final say. Students relived scenarios that demonstrated the risks surrounding alcohol misuse such as sexting, drink driving, non-consensual sexual intercourse, binge drinking and "normalised alcohol misuse".

The aims of this production was to stimulate conversations around societal norms as well as challenge perceptions. Students were able to articulate their own thoughts and attitudes towards drinking and it provided opportunities to self-reflect on their attitudes around alcohol. This production also provided teaching staff an insight into other issues that may need additional support in PSHE sessions such as sexual health, domestic abuse as well as clearly identifying attitudes around the risks of drinking.

## **Summer Shows**

The Late Night Bus initiative for the West and North shows have been running for the last 3 years with a £1 fare to all individuals. It has become part of the Summer Drink Drive Campaign and encourages people to leave their car and get home safely if they are under the influence and aims to reduce alcohol related anti-social behaviour. The total passengers carried at the West Show were 816 (862 in 2017). The North Show reported lower passenger numbers (167) than in 2017 (340). Following a debrief meeting the Committees from both Shows have committed to promoting the service utilising social media.

## **Training, data collection, monitoring and evaluation**

### **Monitoring system for Drug & Alcohol Services**

Due to ongoing difficulties with IT systems and the transfer of DAISY 1 to DAISY 2 (a data system used by Probation) managed by the Committee for Home Affairs, a monitoring system for the Single Treatment System could not be designed to accommodate the Strategy's needs as it became too focussed on criminal justice.

Work was undertaken in 2018 to find a system that was fit for purpose and could potentially be rolled out to all agencies outside the States System. Working with In-dependence, CORE Net was identified. CORE Net is used throughout Public Health England and is an outcomes management system for psychological therapies. It allows services to track patients from the time they enter the treatment system to the time they disengage with the service on a number of common, validated metrics.

It is anticipated that all community drug and alcohol services will be advised via the future Service Level Agreements to employ CORE Net as this will have significant positive implications for the quality

and consistency and equality of evidence with which to monitor service performance. The system will also help the services demonstrate impact and also to improve their services.

### **Training/Workforce development**

Three training programmes were offered to all drug & alcohol services as well as mental health and other charitable organisations that are associated with our targeted services.

In partnership with AfC, a four-day foundation course was offered in Solution Focussed Practice by the organisation BRIEF in January. It was also the foundation for the Signs of Safety approach to safeguarding children. 28 participants from 11 different agencies attended. The BDAS intends to fund further training in 2019 to enable individuals to become certified in this practice.

In September, 8 drug and alcohol workers attended the NADA Acudetox Training Workshop to enable them to practice Auricular Acupuncture within their workplace. This therapy is used to help clients address their problems, help reduce withdrawal symptoms and cravings, help clients remain in treatment and reduce criminal behaviour.

In November a 2-day beginner's course in Motivational Interviewing was offered, followed by a 2-day advanced course for those who had already attended the beginners' or wanted a refresher. 32 people attended the training and evaluated it positively, averaging 8/10 for overall content and fulfilling learning objectives.

### **Working in Partnership**

As is evident from the report, partnership working between the public sector, third sector, private sector and community is central to the delivery of the BDAS and a significant area of success. Beyond local partnership, the BDAS continues to collaborate closely with the British and Irish Council and national experts on elements of the Strategy.

#### **British Irish Council**

The BDAS Coordinator attended two meetings during 2018 (London & Edinburgh). Policy approaches to Cannabis was kept on the Work Plan in order to monitor and update on the impacts of the change in legislation across the Member Administrations.

Two new topics of focus for the group are; 'Financial mechanisms to reduce the consumption of alcohol' and 'The Health Outcomes from the effectiveness of Addiction Services and Harm Reduction'. After scoping papers were produced, one of these topics will be discussed in 2019 and developed for the BIC Ministerial in that year.

Presentations were also included in the meetings delivered by experts from the local area. London topics covered; Information sharing to Tackle Violence, Drugs Report Illicit Drug Reactions, Serious Violence Strategy including discussions round County Lines. Edinburgh's presentation highlighted the work of the Dundee Drugs Commission. The Commission invited evidence, undertook research such as an online survey in Drug Deaths, and focussed on other key areas such as mental health, leadership and governance along with treatment and support. The other presentation was on the early findings of Minimum Unit Pricing in Scotland. The collective view at this time was that it was too early to make

significant conclusions but the Compliance Report is due in September 2019 with the final report in 2023.

## **Conclusion**

During 2018 a more unified approach to substance misuse locally has been supported by the transfer of responsibility for the BDAS to the Committee *for* Health & Social Care (and the transference of the operational delivery of the BDAS to the Health Improvement Commission) reflecting a growing acceptance that reducing drug supply alone is not sufficient to tackle the drug problem, and that a public health approach, which embraces prevention, treatment and rehabilitation is needed. A similar approach is needed for alcohol harm reduction.

Partnership working across a diverse range of stakeholders remains a significant strength of the BDAS operational delivery including close working relationships with service providers, charities, education and States Committees. The BDAS remains flexible to operational challenges and opportunities and alongside business-as-usual for core services, particular highlights of 2018 include the successful transition to the Health Improvement Commission, completion of the OST review, a stronger focus on needs of young people in Alderney, improved outcomes monitoring for In-dependence, and the support for the Recovery Community.

The siting of the Bailiwick Drug and Alcohol Strategy and the Tobacco Control Strategy within HSC raised the question as to whether these two strategies could be unified into a single Substance Misuse Strategy. HSC considered these matters on the 13<sup>th</sup> June 2018 and concluded that they would wish to pursue the option of a Joint Strategic Needs Assessment to support the development of a Combined Substance Misuse Strategy. They also directed that this should include a review of the medicinal use of cannabis, together with a review of the interaction of the Health and Justice Systems in relation to the possession of small amounts of drugs for personal use. These projects are being led by Public Health with the support of the BDAS Coordinator and the Commission's key stakeholders and commenced in the latter months of the 2018.

In presenting the 2018 Report, the BDAS Coordinator and the Health Improvement Commission would like to thank the Committee *for* Health and Social Care for the support they have given as lead Committee.

Andrea Nightingale  
Drug & Alcohol Strategy Coordinator  
July 2019

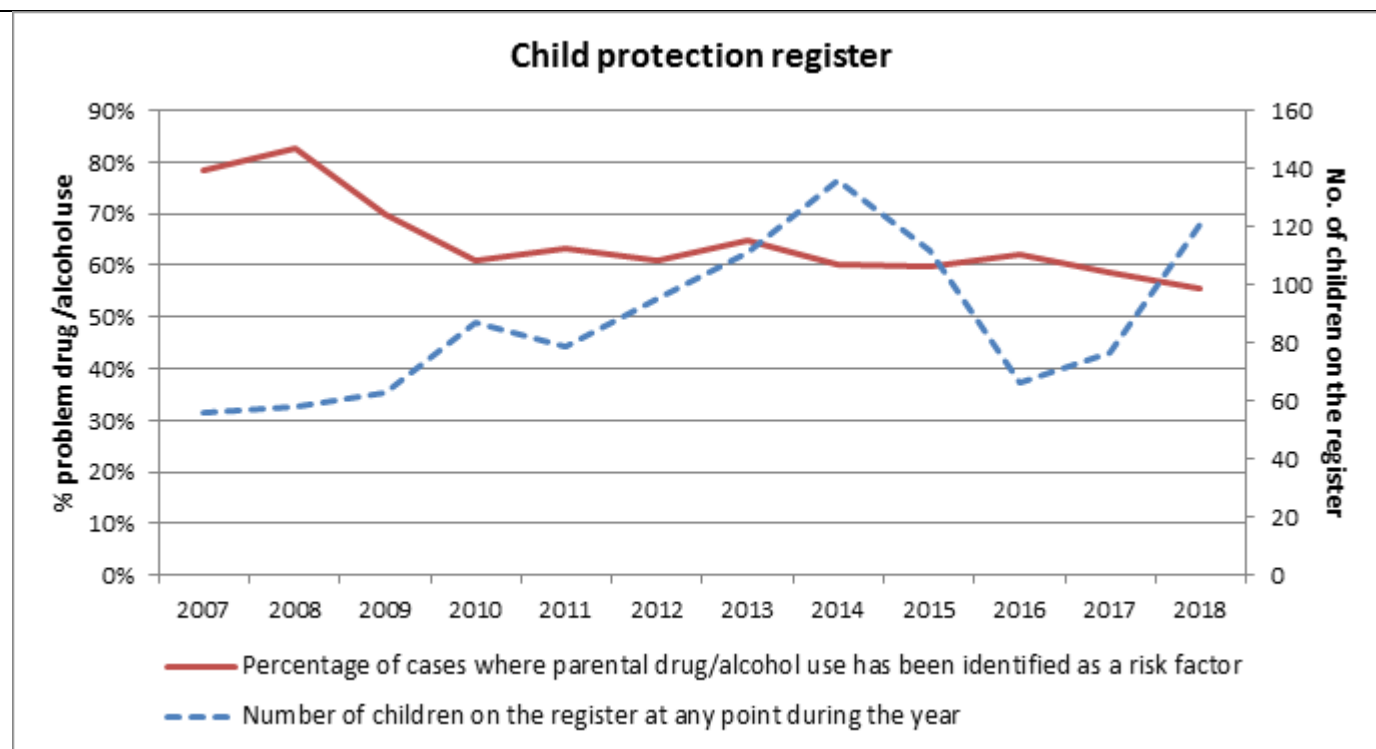
Appendix 1 – Progress against the Bailiwick Drug & Alcohol Strategy KPIs

KPI		Progress					
<b>Outcome 1 – Supply and Demand Reduction</b> 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.							
1.1	No significant* decrease annually in Bailiwick drug street prices <i>*significant; market price change per commodity of greater than 20%</i>	There has been no significant change in drug street prices for the Bailiwick of Guernsey during 2018. Prices across commodities have remained stable as evidenced through investigations and intelligence collected by Law Enforcement locally during the past year.					
1.2	% reduction in the prescribing of drugs of concern (hypnotics, benzodiazepines, all opioids including fentanyl and oxycodone)	<b>Drug Class</b>	<b>Prescriptions dispensed Q/E-Dec 2011</b>	<b>Prescriptions dispensed Q/E Dec 2015</b>	<b>Prescriptions Dispensed Q/E Dec 2016</b>	<b>Prescriptions dispensed Q/E Dec 2017</b>	<b>Prescriptions dispensed Q/E Dec2018</b>
		Hypnotics and anxiolytics	7050	5864	5365	5675	4971
		All opioids	4124	4254	3878	3743	3345
		All Fentanyl	677	502	519	485	409
		Fentanyl “100microgram” patches	67	24	41	35	31
		Oxycodone	203	256	250	232	191

		<p>Data is (as always) for Primary Care Practices in Guernsey.</p> <p><i>There was a reduction in the prescribing of hypnotics and anxiolytics by Primary Care Practices. A significant proportion of this is due to the reduction in the use of melatonin. This agent is less harmful to the community than Benzos and “Z” drugs, but it has been a very expensive option for islanders with insomnia. The cost saving, mainly attributable to a reduction in the use of unlicensed Melatonin specials, is about £8,000 per month in drug costs. The significant reduction in the prescribing of all opioids, all Fentanyl, highest strength Fentanyl patches and all Oxycodone follows a trend seen in the last three to four years. This (i.e. the long-term trend) is likely to have been due to a long-standing culture of engagement and collaboration between Primary and Secondary Care. Balancing the wants and needs of the individual and the community and costs is not always easy.”</i></p>										
1.3	Reduction in alcohol consumption per capita	<table><tr><th>2014</th><th>2015</th><th>2016</th><th>2017</th><th>2018</th></tr><tr><td>10.86</td><td>10.83</td><td>10.64</td><td>10.67</td><td>10.62</td></tr></table> <p>The figure for 2017 has been restated due to a revision in the number of short term licences which were granted in 2017.”</p>	2014	2015	2016	2017	2018	10.86	10.83	10.64	10.67	10.62
2014	2015	2016	2017	2018								
10.86	10.83	10.64	10.67	10.62								
1.4	Number of licensing offences resulting in convictions	There have not been any licensing offences that resulted in convictions in 2018 and no offences have been recorded since the beginning of the 2015 – 2020 Strategy										

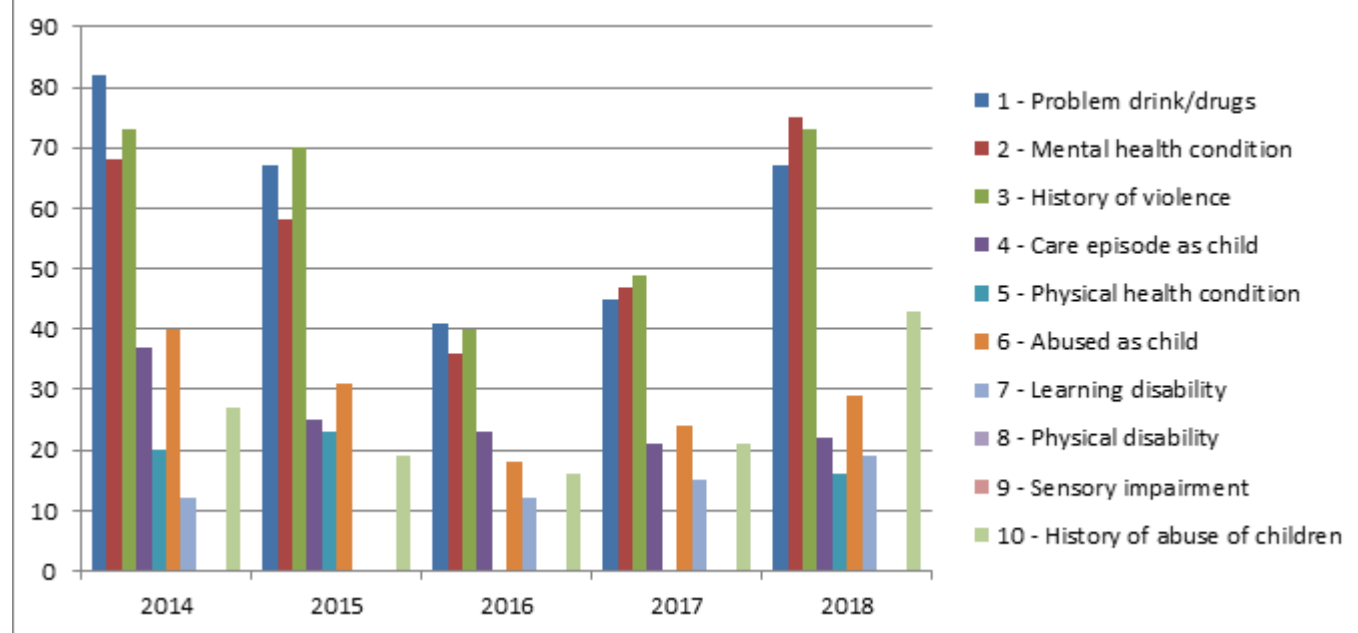
1.5	A successful evidence-based programme emerging from definitions of risk factors identified through input from service users	<p><b>Custodial Services</b> Six groups were delivered throughout 2018, a total of 25 prisoners completed the programme.</p> <p>3 SMART groups (Self-Management and Recovery Training) are held weekly and prisoners can access the groups when they feel they need the support</p> <p><b>Community Programmes</b> Adult friends and family members of drug/alcohol users were given one – to –one support Weekly “Drop In” sessions for service users</p>
KPI		Progress
<p><i>Outcome 2 – Children, Young People and Families</i> 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.</p>		
2.1	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 – 15	This data is not collected annually. It will be reported on in 2020
2.2	<p>A reduction over a ten year period in the percentage of 14-15 year olds who regularly drink alcohol from a baseline in 2007.</p> <p>The survey is carried out every 3 years</p>	The Young People’s Survey will be carried out in 2019 and will be reported on in 2020

2.3	<p>A reduction over a ten year period in the percentage of 14-15 year olds who use cannabis from a baseline in 2007.</p> <p>The survey is carried out every 3 years</p>	The Young People’s Survey will be carried out in 2019 and will be reported on in 2020																																																				
2.4	<p>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</p>	<table><tr><th>Parental factors</th><th>2007</th><th>2008</th><th>2009</th><th>2010</th><th>2011</th><th>2012</th><th>2013</th><th>2014</th><th>2015</th><th>2016</th><th>2017</th><th>2018</th></tr><tr><td>Total No. on register</td><td>56</td><td>58</td><td>63</td><td>87</td><td>79</td><td>95</td><td>111</td><td>136</td><td>112</td><td>66</td><td>77</td><td>121</td></tr><tr><td>Problem drink/drugs</td><td>44</td><td>48</td><td>44</td><td>53</td><td>50</td><td>58</td><td>72</td><td>82</td><td>67</td><td>41</td><td>45</td><td>67</td></tr><tr><td>% with problem drink/drugs</td><td>79%</td><td>83%</td><td>70%</td><td>61%</td><td>63%</td><td>61%</td><td>64%</td><td>60%</td><td>60%</td><td>62%</td><td>58%</td><td>55%</td></tr></table> <p>Absolute numbers of children on the register at any point during the year in 2018 increased to 121 from 77 in 2017 and the number of cases where drug and/or alcohol use was identified as a parental risk factor also increased from 45 to 67. However, as a percentage of overall registration figures this represents a decrease and follows a generally downward trend since 2007.</p>	Parental factors	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total No. on register	56	58	63	87	79	95	111	136	112	66	77	121	Problem drink/drugs	44	48	44	53	50	58	72	82	67	41	45	67	% with problem drink/drugs	79%	83%	70%	61%	63%	61%	64%	60%	60%	62%	58%	55%
Parental factors	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018																																										
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Where parental use of drink or drugs is identified as an issue, it is normally in combination with other parental risk factors such as mental health issues or known history of violence. Parental drink or drug use was identified as a single risk factor in two of the 67 cases.





The figure above illustrates that parental use of drink or drugs remains one of the most regularly identified risk factors in child protection assessments, although it has fallen over the last five years in relation to the other most commonly cited risk factors: parental mental health condition and known history of violence. 2018 saw an increase in the prevalence of problem drink/drugs use in this group (>65%) relative to previous two years (40-50%). Data gathered in the future will help determine whether this is a cohort effect or an increase that is maintained.

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	Data collection for the Seventh Guernsey and Alderney Lifestyle Survey will be conducted in 2018/19 and will be reported on in 2019

KPI		Progress									
<b>Outcome 3 - Partnership Working</b> 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.											
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	2017	2018
		Convictions	118	105	119	113	117	119	117	217	156
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	2017	2018
		Total Number of Custody Records	2049	1971	1717	1509	1464	1443	1132	1397	1354
		Alcohol Related Incidents*	930	1018	709	623	655	675	435	490	533
		Percentage of Records	45%	51%	41%	41%	44%	46%	38%	35%	39%
		*to the extent that the individual arrested was readily identifiable as being under the influence									
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.	In 2018 there were 165 admissions (140 in 2017)  Of the 165 admissions, 50, 30% (2017: 45, 32%) were prescribed OST (suboxone & DHC) and / or Benzodiazapines by either CDAT, GP or Police prior to reception. These were all positive when drug tested.									

	KP3.3 will be revised to provide a baseline from 2017.	Of the 165 admissions, 106, 64% (2017: 95, 68%) prisoners were positive on admission to one or more of the 8 substances (drug) tested and/or alcohol when tested via an alcometer.  59, 36% (45, 32%) individuals had a negative drug urinalysis screen to substances tested on admission.																																																	
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	<table><tr><td>Year</td><td>2016</td><td>2017</td><td>2018</td></tr><tr><td>Referrals</td><td>124</td><td>136</td><td>148</td></tr><tr><td>Number of young people with drug/alcohol misuse</td><td>40</td><td>35</td><td>40</td></tr><tr><td>% of referrals</td><td>32%</td><td>25.7%</td><td>27%</td></tr></table> <p>Of 148 referrals, 27% young people referred in 2018 for offending behaviour were known to have been influenced by drugs or alcohol. This is an increase from last year with an increase in cannabis offences but also an increase in offences involving girls under the influence of alcohol. Individuals have only been counted once even if they have offended multiple times.</p>										Year	2016	2017	2018	Referrals	124	136	148	Number of young people with drug/alcohol misuse	40	35	40	% of referrals	32%	25.7%	27%																								
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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	The Crime & Justice Survey has been completed in 2018. The Data will be available to report in 2019																																																	
3.6	A reduction over a ten year period in the number of drink-driving offences a baseline in 2010	<table><tr><td>Year</td><td>2010</td><td>2011</td><td>2012</td><td>2013</td><td>2014</td><td>2015</td><td>2016</td><td>2017</td><td>2018</td></tr><tr><td>Individuals Convicted</td><td>123</td><td>116</td><td>91</td><td>97</td><td>68</td><td>96</td><td>65</td><td>76</td><td>89</td></tr><tr><td>Breathalysed</td><td>763</td><td>935</td><td>746</td><td>797</td><td>763</td><td>950</td><td>851</td><td>692</td><td>581</td></tr><tr><td>% convicted</td><td>16%</td><td>12%</td><td>12%</td><td>12%</td><td>9%</td><td>10%</td><td>8%</td><td>11%</td><td>15%</td></tr></table>										Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	Individuals Convicted	123	116	91	97	68	96	65	76	89	Breathalysed	763	935	746	797	763	950	851	692	581	% convicted	16%	12%	12%	12%	9%	10%	8%	11%	15%
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KPI		Progress												
<i>Outcome 4 – Providing Treatment</i> This Pillar seeks to increase the amount of people moving through treatment into sustained recovery.														
4.1	An increase in the number of new entrants to structured treatment	Those who entered structured treatment during 2018 are as follows GAAS – 78 (2017 – 67) In-dependence, Community – 25 (2017 – 25) CDAT – 54 (2017 – 57) In-dependence, CJSS – 38 (2017 – 65. The service included alcohol use for the first time and became the Criminal Justice Substance Service) In-dependence, Prison – 44 (2017 – 75)												
4.2	The percentage of service users exiting structured treatment with successful completion to stand at 60% or more	In-dependence Community – 48% In-dependence Criminal Justice Substance Service 59% CDAT – 99% GAAS – 57%												
4.3	An increase in the number of people commencing community pharmacy supervised consumption of opioid substitute therapy	Suboxone is the only drug able to be consumed under supervision in the Community 5 pharmacies take part in the Community project <table><tr><th>Date</th><th>No. prescribed Suboxone</th><th>Suboxone supervised daily in pharmacies</th><th>No. prescribed dihydrocodeine</th></tr><tr><td>Jan 2018 (2017)</td><td>78 (86)</td><td>10 (16)</td><td>75 (63)</td></tr><tr><td>Dec 2018 (2017)</td><td>67 (78)</td><td>No data (10)</td><td>91 (75)</td></tr></table>	Date	No. prescribed Suboxone	Suboxone supervised daily in pharmacies	No. prescribed dihydrocodeine	Jan 2018 (2017)	78 (86)	10 (16)	75 (63)	Dec 2018 (2017)	67 (78)	No data (10)	91 (75)
Date	No. prescribed Suboxone	Suboxone supervised daily in pharmacies	No. prescribed dihydrocodeine											
Jan 2018 (2017)	78 (86)	10 (16)	75 (63)											
Dec 2018 (2017)	67 (78)	No data (10)	91 (75)											
4.4	An increase in the number of Service Users contributing to treatment development	Feedback via service user surveys on average 12 surveys per agency are being used as a valuable resource for service development, all agencies now completing as part of their SLA’s  SMART recovery groups are being run in the Community by ex-service users and no numerical data on attendance is collected.												

	KPI	Progress															
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)	<table border="1"> <thead> <tr> <th>Short term benefit</th><th>Number of people</th><th>%</th></tr> </thead> <tbody> <tr> <td>2015</td><td>7 out of 415</td><td>1.69%</td></tr> <tr> <td>2016</td><td>5 out of 386</td><td>1.29%</td></tr> <tr> <td>2017</td><td>6 out of 397</td><td>1.51%</td></tr> <tr> <td>2018</td><td>2 out of 423</td><td>0.47%</td></tr> </tbody> </table> <p>Please note above data</p> <ul style="list-style-type: none"> <li>• data are only as reliable as provided on the medical certificate and manually input</li> <li>• If a person has comorbidity of conditions, information stats only extract one of the listed diagnosis</li> <li>• Some of the other diagnosis listed (such as mental health disorders, anxiety etc.) may be related to drug or alcohol misuse but not recorded as such</li> </ul>	Short term benefit	Number of people	%	2015	7 out of 415	1.69%	2016	5 out of 386	1.29%	2017	6 out of 397	1.51%	2018	2 out of 423	0.47%
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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)	<table border="1"> <thead> <tr> <th>Long term benefit</th><th>Number of people</th><th>%</th></tr> </thead> <tbody> <tr> <td>2015</td><td>30 out of 856</td><td>1.50%</td></tr> <tr> <td>2016</td><td>30 out of 851</td><td>3.53%</td></tr> <tr> <td>2017</td><td>27 out of 854</td><td>3.16%</td></tr> <tr> <td>2018</td><td>24 out of 872</td><td>2.80%</td></tr> </tbody> </table> <p>Please note above data</p> <ul style="list-style-type: none"> <li>• data is only as reliable as provided on the medical certificate and manually input</li> <li>• If a person has comorbidity of conditions, information stats only extract one of the listed diagnosis</li> <li>• Some of the other diagnosis listed (such as mental health disorders, anxiety etc.) may be related to drug or alcohol misuse but not recorded as such</li> </ul>	Long term benefit	Number of people	%	2015	30 out of 856	1.50%	2016	30 out of 851	3.53%	2017	27 out of 854	3.16%	2018	24 out of 872	2.80%
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2018	24 out of 872	2.80%															
5.3	A reduction over a five year period of the number of unemployed people in treatment for drug and	Data was not collected in 2018 by Community Drug and Alcohol Team in relation to this KPI.															

	alcohol issues from a baseline in 2014	
5.4	Number of population-based and targeted campaigns delivered	Dry January – to reduce or abstain from alcohol for the month of January Provision of night buses for the West and North Shows Drink Drive Campaigns (Summer and Winter)
5.5	Increase in the numbers of Identification and Brief Advice interventions delivered in many settings	The Single Treatment Service Monitoring System has not been implemented and therefore data for this KPI has not been collected.