

# **Drug & Alcohol Strategy 2015-2020**

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# STATES STRATEGIC PLAN

The Drug & Alcohol Strategy is a delivery programme within the States Strategic Plan. The framework of the States Strategic Plan is shown below at Figure 1.

**Figure 1:**

<b>PURPOSE</b>	To enable the States to decide what they want to achieve over the medium to long-term and how they will manage or influence the use of Island resources to pursue those objectives.			
<b>AIMS</b>	To focus government and public services on protecting and improving quality of life of Islanders, the Island’s economic future, and the Island’s environment, unique cultural identity and rich heritage.			
<b>COMMUNITY OUTCOMES</b>	<b>Fiscal &amp; Economic</b>	We have sustainable long term finances and programmes	We have a balanced, internationally competitive, high value economy	We have a skilled, sustainable and competitive workforce
	<b>Social</b>	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
	<b>Environmental</b>	We adapt to climate change	We manage our carbon footprint and reduce energy consumption	Our countryside, marine and wildlife are protected and preserved

## PROGRAMME SUMMARY OVERVIEW

<b>Programme Name</b>	Drug & Alcohol Strategy
<b>Period covered</b>	2015 - 2020
<b>Programme Authors</b>	Bailiwick Drug & Alcohol Strategy Group
<b>Political sponsors</b>	Home Department
<b>Related strategies</b>	<ul style="list-style-type: none"> <li>▪ Criminal Justice Strategy ( Home)</li> <li>▪ Mental Health &amp; Wellbeing Strategy (Health &amp; Social Services)</li> <li>▪ Domestic Abuse Strategy (Home)</li> <li>▪ Supported Housing Strategy (Housing)</li> <li>▪ Offender Management Strategy (Home)</li> <li>▪ Restorative Justice Strategy (Home)</li> <li>▪ Financial Crime Strategy (Home)</li> <li>▪ Disability &amp; Inclusion Strategy (Health &amp; Social Services)</li> <li>▪ Children &amp; Young People’s Plan (Health &amp; Social Services)</li> <li>▪ Today’s Learners Tomorrows World (Education)</li> </ul>
<b>Review periods</b>	<ul style="list-style-type: none"> <li>▪ Ongoing monitoring of key performance indicators;</li> <li>▪ Annual formal review of objectives and key performance indicators;</li> <li>▪ 5yr review of strategic commitments.</li> </ul>
<b>Relevant other documents that could be accessed when reading this document</b>	<ul style="list-style-type: none"> <li>▪ <i>Resolutions on Billet D’Etat XVIII, 2006: Policy Council - Bailiwick Drug and Alcohol Strategy, p. 2064 – 2180</i></li> <li>▪ <i>Resolutions on Billet D’Etat XXXIII 2009: Policy Council – Interim report on the Bailiwick Drug and Alcohol Strategy.</i></li> <li>▪ Drug &amp; Alcohol Strategy 2015 – 2020 Action Plan</li> <li>▪ Developing the Guernsey Treatment System for substance misusers – Summary of Phase 1 &amp; 2 by Liverpool John Moores University (LJMU)</li> <li>▪ Developing the Guernsey Treatment System for substance misusers: Phase 3 – Substance User Engagement by (LJMU)</li> <li>▪ Developing the Guernsey Treatment System for substance misusers: Phase 3 – Best Practice factsheets by (LJMU)</li> <li>▪ Guernsey’s Young People Drug &amp; Alcohol Service Provision Idea’s for the future – Dr Deborah Judge</li> <li>▪ Minimum Unit Pricing – Issy Norman Ross</li> <li>▪ Introduction of charging Alcohol by Volume (ABV) – consultation information Guernsey Border Agency</li> <li>▪ 114<sup>th</sup> Annual Medical Officer of Health Report – Dr Stephen Bridgman</li> <li>▪ Guernsey Young People’s Survey – Primary, Secondary, Post 16</li> </ul>

# 1. PURPOSE OF THIS DOCUMENT

## 1.1

The purpose of this document is to outline the continued strategy for drug and alcohol services for the Bailiwick of Guernsey for the years 2015-2020.

## 1.2

In this document and its associated Action Plans you can expect to find:

- *The Strategy's Statement of Purpose, its Vision, and the outcomes that we, as individual organisations, collectively aspire to achieve and the strategic commitments that drive us all towards achieving these outcomes;*
- *Identification of where the Drug & Alcohol Strategy sits within the States Strategic Plan;*
- *Identification of areas requiring appropriate attention and action in the period 2015-2020, as based on existing evidence and professional judgement;*
- *Identification of what will be done, by whom and with whom;*
- *Identification of where we wish to be within -
  - *the short-term (a 2yr period);*
  - *the medium term (a five year period);*
  - *the long-term (a 10yr period); and**
- *How we will know we have got there.*

## 2. DEVELOPERS OF THIS DOCUMENT

### 2.1

This document has been produced by the Bailiwick Drug & Alcohol Strategy Group, its sub-groups and key stakeholders. These Groups are, to date, comprised of representation from (in alphabetical order):

- *Education Department*
- *Guernsey Border Agency;*
- *Guernsey Police;*
- *Guernsey Prison;*
- *Guernsey Probation Service;*
- *Home Department;*
- *Housing Department*
- *HSSD*
- *Law Officers' Chambers;*
- *Office of the Children's Convenor;*
- *Public Health*
- *Social Security Department*

These organisations work in conjunction with key partners in other areas including other States of Guernsey departments and corporate strategies such as Health & Social Services' "2020 Vision", and also businesses and third-sector parties where appropriate.

### 2.2

The production of this document, and the contribution of resources to support the Strategy's development and ongoing maintenance, is sponsored by the States of Guernsey Home Department.

### 3. FOREWORD FROM THE BAILIWICK DRUG & ALCOHOL STRATEGY GROUP

3.1 The States of Guernsey has continued to support the development of Bailiwick Drug & Alcohol Strategy since they combined in 2007. It is of essential importance if the wellbeing of Islanders is to be preserved and government objectives to maintain a safe and healthy Bailiwick through coordinated service-delivery are met.

3.2 A drug Strategy was first established in 1999. It was last considered by the States as a stand alone strategy in October 2003. In November 2005, the States agreed a Bailiwick Alcohol Strategy and in November 2006 the States approved a report from the Policy Council proposing that the drug strategy and the alcohol strategy be restructured into a combined Bailiwick Drug & Alcohol Strategy to run from 1007 – 2011 , inclusive. At that time Policy Council through the then Social Policy Group (SPG) took over political responsibility for coordinating the Strategy.

3.3 The November 2006 States Report contained a commitment for the Policy Council to return to the States at the end of 2009 with an interim report on the progress of the 2007-2011 Strategy and to make further recommendations, in particular i) with respect to funding for a further five years, and ii) whether or not to provide RPI increases in some areas.

3.4 Phase 2 of the Helm report in 2009 identified lower estimated net savings over a five year period rather than a three year period and this had profound implications for the development of social policy initiatives short term.

3.5 In the 2009 States Strategic Plan report the Policy Council initially did not recommend any additional money to be made available for the Drug and Alcohol Strategy for the following year resulting in considerations as to where cuts would have to be made if there was no additional funding

3.6 However, during the States debate on the SSP report in 2010, a successful amendment placed (by Deputy Adam on behalf of the Policy Council) agreed that an additional £50,000 should be allocated to the Drug and Alcohol Strategy in future years taking the annual budget for the strategy up to £655,000 at 2009 prices where it has remained since 2011

3.7 It was also agreed in 2009 that the current Strategy would continue to the end of 2014 with a comprehensive internal review to be carried out during 2013 to inform the development of the new Bailiwick Drug & Alcohol Strategy 2015 – 2020. As an operational Strategy the responsibility for the delivery has now transferred to the Home Department as well as the budget and the Chair of the Bailiwick Drug & Alcohol Strategy Group

**Bailiwick Drug & Alcohol Strategy Group  
June 2014**

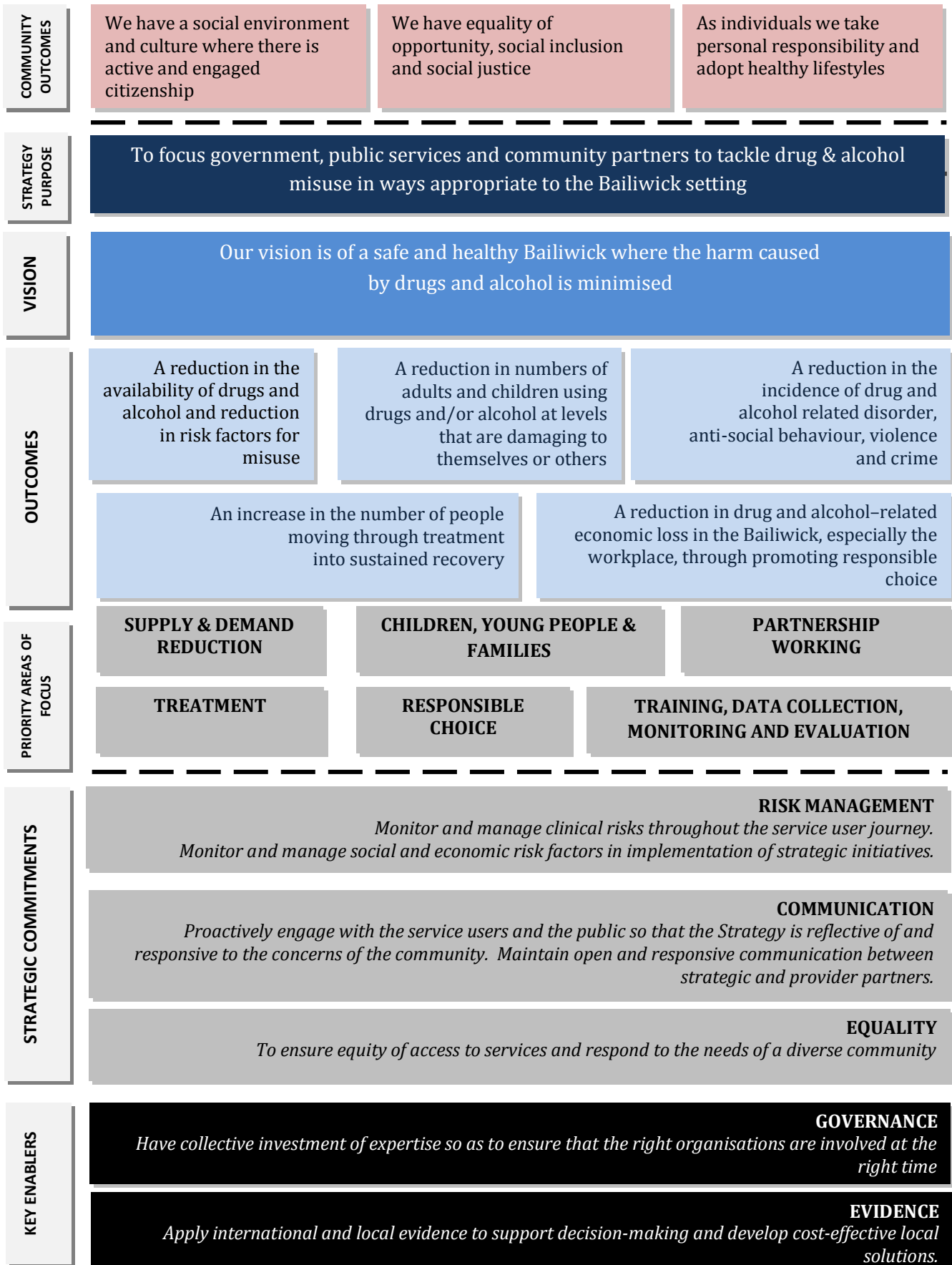


# STRATEGIC FRAMEWORK

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<b>4. STRATEGIC FRAMEWORK OVERVIEW</b>		
<b>4.1</b>	<b>States Strategic Plan</b>	The Bailiwick Drug & Alcohol Strategy is a delivery programme within the States Strategic Plan. Figure 1 on page 2 outlines the States Strategic Plan's purpose and aims, and also the social policy, financial and environmental outcomes that it seeks to achieve. Figure 2 outlines the framework of the Drug & Alcohol Strategy and identifies the social policy outcomes to which it aligns.
<b>4.2</b>	<b>Strategy Purpose</b>	The purpose of the Strategy is "to focus government, public services and community partners to tackle drug & alcohol misuse in ways appropriate to the Bailiwick setting" (see Fig.2).
<b>4.3</b>	<b>Strategy Vision</b>	The Strategy has been built to achieve our vision "of a safe and healthy Bailiwick where the harm caused by drugs and alcohol is minimised"
<b>4.4</b>	<b>Outcomes</b>	Our outcomes are the value that our services contribute to the lives of our Bailiwick or, more simply, the effect that our services have.
<b>4.5</b>	<b>Priority Areas of Focus</b>	Our priority areas of focus are those areas that, on the basis of relevant evidence and professional judgement, we will concentrate our efforts. These areas are broken down into specific objectives as shown in our Action Plans.
<b>4.6</b>	<b>Strategic Commitments</b>	Our strategic commitments drive us towards the delivery of our outcomes. These strategic commitments have been developed on the basis of consultation with professional stakeholders and 3rd sector organisations across a broad range of agencies and departments. See Appendix 1 for a full list of consultees.
<b>4.7</b>	<b>Objectives</b>	Our objectives, or what we are actually going to do, are shown within our action plan which covers the period 2015 - 2020 and encompasses short term objectives (2yrs), and long-term objectives (5yrs), all of which contribute to the achievement of our outcomes. All of our objectives have an "end milestone", or an indication of how we will know the objective has been achieved. For key performance indicators - that is, how we know that what we are doing is effective - see Section 4.8.
<b>4.8</b>	<b>Key Performance Indicators</b>	It is not enough to know where we are going, we need to also define how we will know we have got there. We have put key performance indicators against our outcomes in order to give us broad indications of success in this very complex and fluid area of social policy. Further detail about our key performance indicators is provided on pages 13-24.

**Drug & Alcohol Strategy Framework** **Figure 2**



# **KEY PERFORMANCE INDICATORS**

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## 5. KEY PERFORMANCE INDICATORS

### 5.1

It is important that we monitor the strategy on an ongoing basis in order to assess how we are performing against our outcomes. We have therefore put some key performance indicators against our outcomes. We will monitor the results on a quarterly basis and formally review and publish results on an annual basis.

### 5.2

All of our outcomes are interconnected, and we have jointly given consideration as to what our KPIs should be in order to give us the broadest of indications of the success of our efforts to achieve them. As we progress with our new monitoring system there may be times when there is little data to bench mark against and therefore some data will only become meaningful when it has been collected over a number of years. We must also be mindful what the best formula is to consistently provide data that will be of value to us.

### 5.3

The data gathered can give us a broad indication of how successful our efforts are, and help us to make evidence-based decisions on what to do so as to achieve our outcomes and, ultimately, our vision of “ safe and healthy Bailiwick where the harm caused by drugs and alcohol is minimised”

<b>Outcome 1</b>	<b>A reduction in the availability of drugs and alcohol and reduction in risk factors for misuse</b>
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		<b>Data-source</b>	<b>Frequency of measure</b>
KPI 1.1	<b>No significant decrease annually in Bailiwick drug street prices *</b>	GBA	Annual
KPI 1.2	<b>% reduction in the prescribing of drugs of concern (hypnotics , benzodiazepines, all opioids, fentanyl, oxycodone)</b>	Prescribing Officer	Annual
KPI 1.3	<b>% reduction in alcohol consumption per capita</b>	GBA	Annual
KPI 1.4	<b>Number of licensing offences</b>	Police	Annual
KPI 1.5	<b>Successful evidence-based programmes emerge from definition of risk factors (identified through input from service users)</b>	Provider services reports	Annual

**Footnote**

\*Significant in this context is defined as a consistent market price increase per commodity of greater than 20%

**Outcome 2****A reduction of numbers of adults and children using drugs and/or alcohol at levels that are damaging to themselves or others**

		Data-source	Frequency of measure
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	HSSD	Annual
KPI 2.2	The percentage of 14-15 year olds who regularly drink alcohol shows reduction over a ten-year period from a baseline in 2007	Young People's Survey	3 years
KPI 2.3	The percentage of 14-15 year olds who regularly use cannabis shows reduction over a ten-year period from a baseline in 2007	Young People's Survey	3 years
KPI 2.4	The percentage of children on the Child Protection Register with drug or alcohol using parents shows reduction over a ten-year period from a baseline in 2007	HSSD	Annual
KPI 2.5	The percentage of adults self-reporting drinking at increasing and risk levels shows reduction over a ten-year period from a baseline in 2008	Healthy Lifestyle Survey	Three-yearly

<b>Outcome 3</b>	<b>A reduction in the incidence of drug and alcohol related disorder, anti-social behaviour, violence and crime</b>
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		Data-source	Frequency of measure
KPI 3.1	<b>The number of drug related offences shows reduction over a ten-year period from a baseline in 2010</b>	Police	Annual
KPI 3.2	<b>The percentage of alcohol related offences as a proportion of all offences shows reduction over a ten-year period from a baseline in 2010</b>	Police	Annual
KPI 3.3	<b>The number of people entering prison with substance dependence issues previously not known to community treatment reduces over a five year period from a baseline in 2015</b>	Prison	Annual
KPI 3.4	<b>The percentage of children referred to the Youth Justice service who have drug/alcohol issues reduces over a five year period from a baseline in 2015</b>	Youth Justice	Annual
KPI 3.5	<b>The percentage of people who consider alcohol and drugs as a major cause of crime decreases over six years from a baseline in 2013</b>	Crime & Justice Survey	Bi Annual
KPI 3.6	<b>The number of drink-driving offences reduces over a ten year period from a baseline in 2010</b>	Crime & Justice Survey/Police	Annual



<b>Outcome 4</b>	<b>An increase in the number of people moving through treatment into sustained recovery</b>
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		<b>Data-source</b>	<b>Frequency of measure</b>
KPI 4.1	<b>Number of new entrants to structured treatment</b>	Single Treatment Service	Annual
KPI 4.2	<b>The percentage of clients exiting structured treatment with successful completion stands at 60% or more</b>	Single Treatment Service	Annual
KPI 4.3	<b>Number of people commencing community supervised consumption</b>	Single Treatment Service	Annual
KPI 4.4	<b>Number of Service Users contributing to treatment development</b>	Single Treatment Service	Annual
KPI 4.5	<b>Number of people accessing recovery community programmes</b>	Single Treatment Service	Annual

<b>Outcome 5</b>	<b>A reduction in drug and alcohol - related economic loss in the Bailiwick, especially the work place, through promoting responsible choice</b>
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		<b>Data-source</b>	<b>Frequency of measure</b>
<b>KPI 5.1</b>	<b>Number of social security benefits claims related to drug and alcohol misuse</b>	Social Security	Annual
<b>KPI 5.2</b>	<b>Reduction in the number of people unemployed due to drug or alcohol issues</b>	Social Security	Annual
<b>KPI 5.3</b>	<b>Number of population-based and targeted campaigns delivered</b>	Drug & Alcohol Strategy	Annual
<b>KPI 5.4</b>	<b>The percentage of adults self-reporting drinking at increasing and risk levels shows reduction over a ten-year period from a baseline in 2008</b>	Healthy Lifestyle Survey	Three-yearly
<b>KPI 5.4</b>	<b>Increase in the numbers of Identification and Brief Advice interventions delivered in many settings</b>	Various	Annual

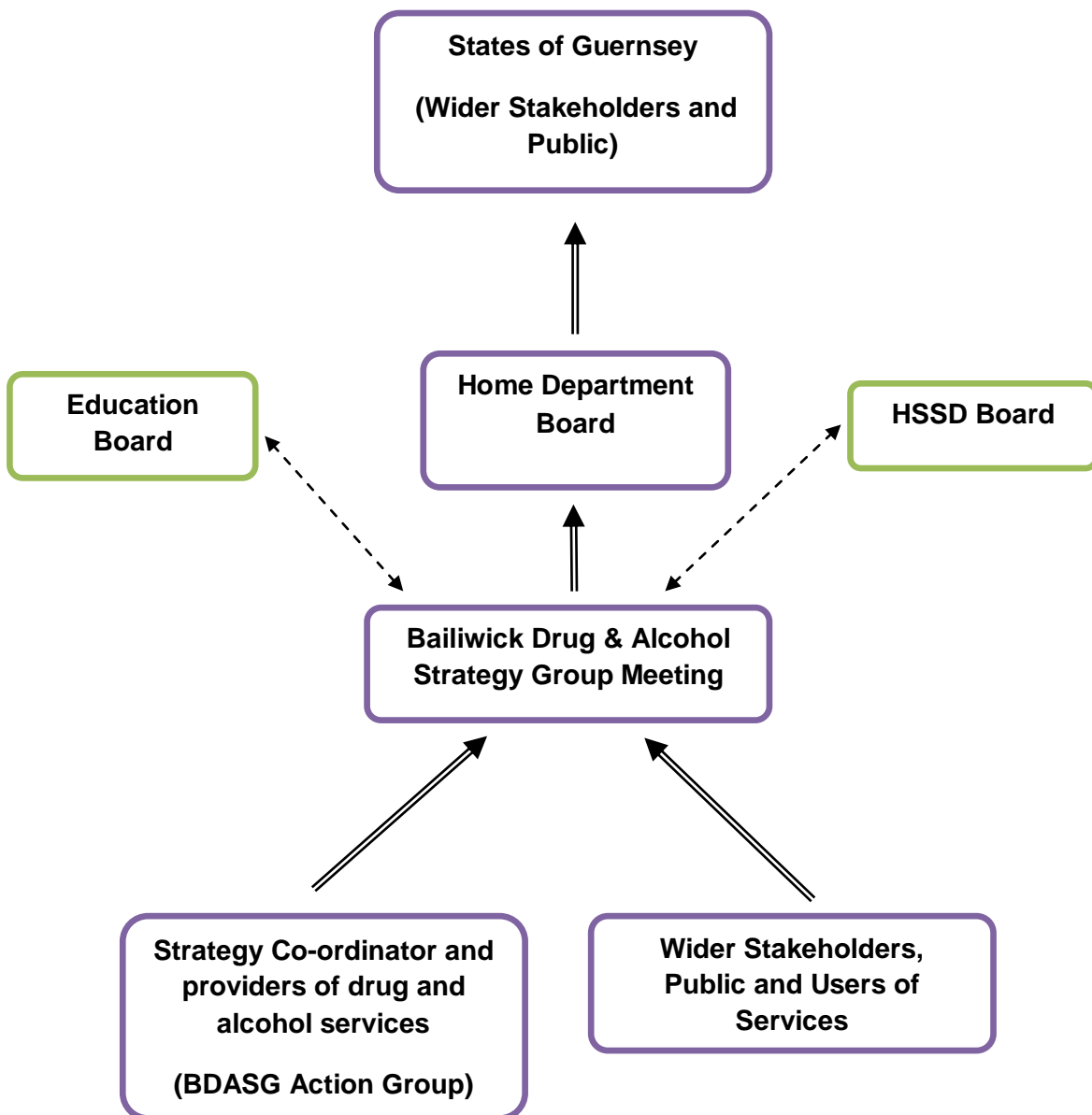
# GOVERNANCE

## 6. GOVERNANCE

6.1

Figure 3 shows the governance of the Strategy with  $\Rightarrow$  showing the lines of accountability and the  $\leftarrow\text{---}\rightarrow$  showing the lines of liaison with other States departments

Figure 3



## 7. WORKING GROUP STRUCTURE

7.1

The working group structure below shows the Bailiwick Drug & Alcohol Strategy Group sitting under the “umbrella” of Home, Health and Education Departments who are key to the delivery of the Drug & Alcohol Strategy. Beneath the main Bailiwick Drug & Alcohol Strategy Group a number of sub-forums operate to support the Strategy’s development. An overview of these working groups is provided at Figure 4, and each is comprised of membership from relevant organisations

7.2

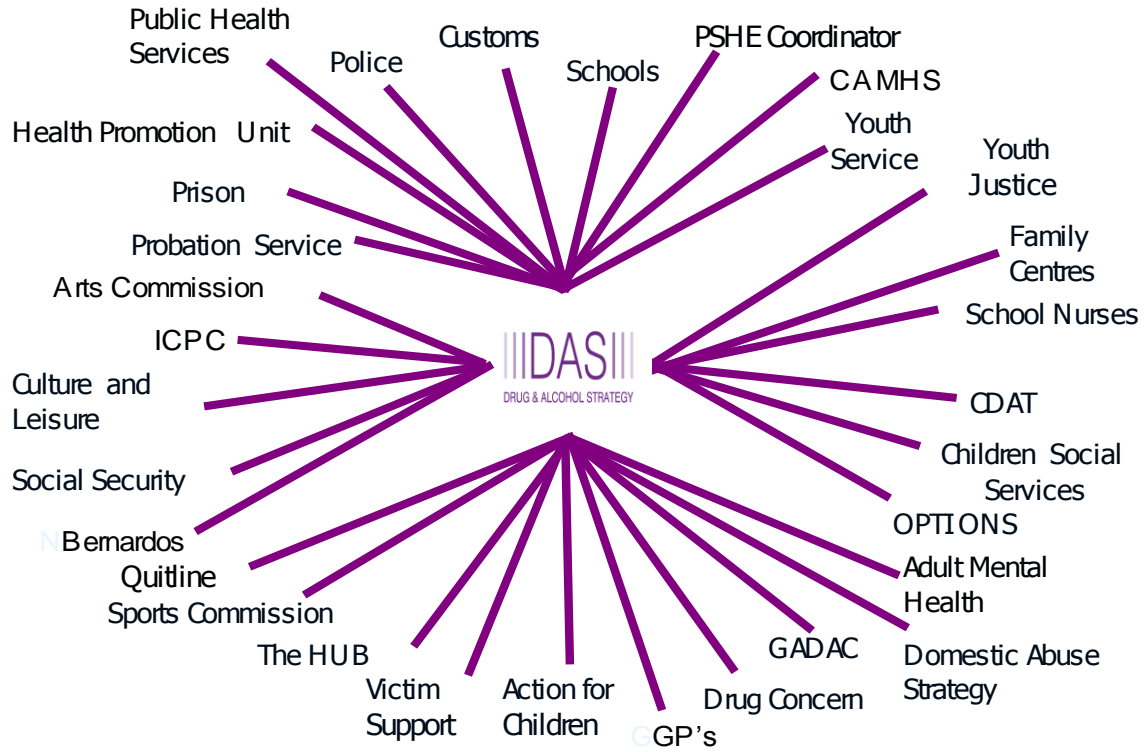
The purpose of each working group is to represent particular strategic commitments – Risk Management, Communication and Equality as well as specific projects that will need to be implemented during the life of the Strategy. Some of these may be time-limited groups, and other groups may be added to progress additional work streams under the strategy. The BSASG will ensure a joined up approach by updating the Criminal Justice Strategy, Education Dept and HSSD on areas of development as and when necessary

**Figure 4**



Figure 5 shows the agencies and organisations which are associated with the Strategy and who meet quarterly as part of the Bailiwick Drug & Alcohol Strategy Action Group. This Group will be providing data towards the outcome measures and the key performance indicators.

**Figure 5**



**8.****STRATEGY TIME-FRAMES & REVIEW PERIODS****8.1**

The Strategy runs on a 5-year rolling programme. What this means is that every year we will review and refresh our Action Plan so that it always looks 5yrs into the future. By reviewing the strategy in this way we can be sure that we are routinely assessing our objectives and making sure that they remain both valid and responsive to the needs of our community.

**8.2**

Our Action Plan is made up of a series of objectives that will be achieved across the short and long-term.

**Short-term**

Short-term objectives are those that will be achieved within a 2yr period.

**Medium-term**

Medium – term objectives are those that will be achieved with a 5yr period

**Long-term**

Long-term objectives are those that will be achieved within a 10yr period

# **APPENDIX I: LIST OF CONSULTEES**

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The following service areas have had input into the development of the strategic commitments and areas of focus at a Workshop held in February 2014.

Adult Mental Health Services

Action for Children

Community Drug & Alcohol Team

Criminal Justice Strategy

CAMHS

Drug Concern

Education Department

Family Partnership/Assessment & Intervention Team

GADAC (Guernsey Alcohol and Drug Abuse Council)

GP's and Primary Care Committee

Guernsey Border Agency

Guernsey Police

Guernsey Prison

Guernsey Probation Service

Home Department

Housing Department

Law Officers' of the Crown

Office of the Children's Convenor

Policy Council, States of Guernsey

Public Health

Services for Children & Young People

Social Security Department

Sports Commission

Youth Commission

Youth Justice



