Combined Substance Use Strategy for Guernsey and Alderney 2021 - 2026

Drugs, Alcohol and Tobacco

A Health-Led Approach
Preventing and Reducing Harm
Building Recovery

Partnership of Purpose

States of Guernsey
Public Health Services

Contents

Foreword

The term 'substance use' refers to the use of drugs or alcohol and includes substances such as cigarettes, controlled drugs, prescription drugs, inhalants and solvents. A substance use problem occurs when using alcohol or other drugs causes harm to a person's physical and mental health and wellbeing. Linked to this is the damage and suffering within the family setting and the long-term consequences to the health and wellbeing of children who may be living in a chaotic and traumatic environment.

On 9th November 2017, the Committee for Health & Social Care (CfHSC) published *A Partnership of Purpose: Transforming Bailiwick Health and Care*.[1] This programme of transformation provides strategic direction for the future provision of Health and Care Services in Guernsey and Alderney. Central to this is a focus on prevention, early intervention and user-centred care.

The transfer of responsibility for the Bailiwick Drug and Alcohol Strategy from the Committee for Home Affairs to the CfHSC in 2017 reflects a growing acceptance that reducing drug supply alone is not sufficient to tackle illicit drug use, and that an effective response also requires measures to reduce demand, such as prevention, treatment and rehabilitation. This emphasises the need for a balanced approach to tackling the harms caused by drugs, supporting people through treatment and recovery and restricting

1 Committee for Health & Social Care (2017). A Partnership of Purpose: Transforming Bailiwick Health and Care. [online] The States of Deliberation of the Island of Guernsey. Available at: https://www.gov.gg/CHttpHandler.ashx?id=110820&p=0

the supply of drugs. The same principles are applicable to tobacco control and alcohol use.

In 2018, the CfHSC decided that Guernsey and Alderney would have a Combined Substance Use Strategy to include drugs, alcohol and tobacco reflecting the ability of these substances to cause a dependence syndrome. The Tenth Revision of the International Classification of Diseases and Health Problems (ICD-10) defines dependence syndrome as:

"a cluster of physiological, behavioural, and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviours that once had greater value. A central descriptive characteristic of the dependence syndrome is the desire (often strong, sometimes overpowering) to take the psychoactive drugs (which may or not have been medically prescribed), alcohol, or tobacco."[2]

Harmful alcohol use in Guernsey and Alderney is far more common than that of drugs and tobacco. We have a culture which normalises regular alcohol consumption with many people who have risky drinking behaviours not recognising this as a cause for concern. There is a spectrum of alcohol use from chronic heavy drinkers, to adults drinking at home at harmful or hazardous levels. Also important is the alcohol-related disorder on our streets, more often the result of binge drinking amongst younger people. Excessive alcohol consumption is a major cause of serious liver disease, which is often fatal as well as a major contributing factor to the risk of dementia and acquired brain injury, cancer of the breast, mouth, gullet, stomach, liver, pancreas, colon and rectum.[3]

The use of drugs, both legal and illegal, and other psychoactive substances, such as solvents, can also damage health in a variety of ways. Untoward consequences include fatal overdoses, addiction, mental health problems, and the transmission of bloodborne viral infections. In Guernsey and Alderney the majority of Hepatitis C infections have been transmitted between injecting drug users with a resultant impact on the health of our population. Of greatest concern in relation to drugs is that of prescription diversion. Guernsey's drug environment is considered unique. Stakeholders expressed the view that the limited ports of entry into Guernsey and Alderney, together with vigilant border controls, have made sourcing traditional recreational drugs difficult. Views were expressed that the above, together with the absence of the local availability of methadone and the wide use of dihydrocodeine as opiate substitution therapy has led to the diversion and illicit supply of medicines.

The smoking prevalence in the adult population in Guernsey and Alderney is estimated to be 13%, a figure that is lower than in Jersey and England (15% and 14.9% respectively).[4,5] However, it is important to note that 16% of deaths in the over 35s locally are smoking-related, indicating that this is still a significant public health concern for Guernsey and Alderney.[6]

As part of this Combined Substance Use Strategy, efforts need to be targeted toward individuals and groups who are most at risk. However, there must also be continued efforts to ensure that there are appropriate environments for health and wellbeing, enabling people to make healthy choices. Where harmful substance use does occur, there needs to be high quality, trauma-informed services that help people improve and recover their health, as well as continuing to tackle the availability of illegal drugs, including the illegal use of prescription medicines. This is particularly the case as, for illegal substance use, a criminal record may impact on general wellbeing due to difficulty in finding subsequent employment and housing. The Strategy defines goals for the next five years in relation to substance use. Ownership of the implementation of the Strategy will rest with the different operational and political Committees that comprise the States of Guernsey and Alderney, primary and secondary care services and the voluntary and private sectors. This is a whole islands issue and requires a whole system response in line with the principles of the Partnership of Purpose.[7]

The impact of the COVID-19 pandemic has focussed the need to consider health and wellbeing across the islands of the Bailiwick and this Substance Use Strategy will be a key contributor in helping us emerge from the pandemic healthier and stronger. During lockdown the consumption of alcohol and smoking increased amongst some islanders and there needs to be a focus on substance use in the Bailiwick's post-Covid-19 recovery. We are very grateful to our key partner, the Health Improvement Commission, as well as to all the stakeholders from primary and secondary care, the community and voluntary sector, Bailiwick Law Enforcement and, most importantly, to individuals and their families, who gave of their time so generously to help develop the evidence base for this Combined Substance Use Strategy.

Deputy Al Brouard
President of the Committee for Health & Social Care

2 ICD.WHO.int. (2016). ICD-10 Version: 2016. [online] Available at: https://icd.who.int/browse10/2016/en# [Accessed 2 Jan. 2020].

3 https://gov.wales/sites/default/files/publications/2019-02/the-substance-misuse-strategy-for-wales-2008-2018.pdf {Cited 3 January 2020]

4 States of Guernsey Public Health Services. Guernsey and Alderney Wellbeing Survey [2018.]

5 Smoking Prevalence [online] https://opendata.gov.je/dataset/health-behaviours/resource/8f48e871-a86e-4df7-bb49-38b0c8bef877 [accessed 14th November 2019

6 Health Profile for Guernsey and Alderney 2013 – 2015

7 Committee for Health & Social Care (2017). A Partnership of Purpose: Transforming Health and Care. Billet d'État XXIV. The States of Deliberation of the Island of Guernsey Billet d'État XXIV

Overview

Period Covered

2021 - 2026, with a possible two-year extension to 2028

Programme Authors

Public Health Services and the Health Improvement Commission, on behalf of the Substance Use Steering Group

Political Sponsors

Committee *for* Health & Social Care

Review Periods

Annual Review of Key Performance Indicators

Fire year review of strategic commitments

The Journey So Far

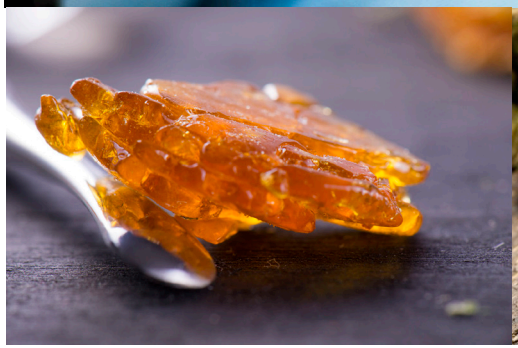
The first Drug Strategy[8] was led by the Committee for Home Affairs (previously the Home Department) and was accepted by the States of Deliberation in 1999. The first Alcohol Strategy was introduced in 2005. Recognising the similarities between drug and alcohol use, a Combined Drug and Alcohol Strategy was introduced in 2007. Combined Drug and Alcohol strategies continued periodically under the Committee for Home Affairs until 2017 when the responsibility was transferred to the CfHSC, recognising further that the use of drugs and alcohol are health issues and, therefore, more appropriately led by health services. In 2018, the operational delivery of the Drug and Alcohol Strategy was transferred to The Health Improvement Commission, with the strategic direction remaining under the direction of Public Health Services within the CfHSC.

The Guernsey and Alderney Tobacco Control Strategy 2016 – 2020 was agreed by the States of Deliberation in 2015. This followed on from the Tobacco Control Strategy 2009 – 2013. Responsibility for the implementation of this strategy rests with the CfHSC.

In 2018 the CfHSC decided that Guernsey and Alderney should have a Combined Substance Use Strategy to include, drugs, alcohol and tobacco, reflecting the fact that all three substances can cause a dependence syndrome. The Tenth Revision of the International Classification of Diseases and Health Problems (ICD-10) defines dependence syndrome as:

Figure 1: Drug, Alcohol and Tobacco Strategies: Implementation since 1999.

"a cluster of physiological, behavioural, and cognitive phenomena in which the use of a substance or a class of substances takes on a much higher priority for a given individual than other behaviours that once had greater value. A central descriptive characteristic of the dependence syndrome is the desire (often strong, sometimes overpowering) to take the psychoactive drugs (which may or not have been medically prescribed), alcohol, or tobacco."[9]



8 Bailiwick Drug Strategy (2000). Billet d'État X 2000. States of Guernsey

9 https://icd.who.int/browse10/2016/en#

2016 - 2020
Tobacco Control Strategy. Led by Health and Social Services Department (Committee *for* Health & Social Care)

2017
Responsibility for the Drug and Alcohol Strategy transferred to the Committee *for* Health & Social Care

2018
Operational delivery of the Drug and Alcohol Strategy transferred to the Health Improvement Commission

2018
Decision by C*f*HSC to move to a Combined Substance Use strategy to include drugs, alcohol and tobacco

Strategic Framework

1. Strategic Alignment

The Strategy was developed against the context of the then Future Guernsey Plan including different priority areas, one of which was the 'Future Model of Care.'[10] This incorporated three interlinked policy priorities that were being led by the Committee for Health & Social Care (CfHSC). These were entitled the 'Partnership of Purpose', 'Health & Wellbeing', and 'Regulation of Health & Care'. It fully supports The Partnership of Purpose: Transforming Bailiwick Health and Care, an innovative programme of transformation providing a strategic direction for the future provision of Health and Care Services in Guernsey and Alderney.[11]

The strategic context has changed considerably since the project commenced given the COVID-19 pandemic and the Strategy has been highlighted as a potential recovery action under the recently published Government Workplan. This is important as we progress through the COVID-19 pandemic and beyond. Initial political engagement has shown strong consensus for recovery actions post-pandemic that:

- support the economy,
- improve living standards;
- support the protection of Guernsey's natural environment; and
- address the more pressing social impacts of the pandemic centred on health and well-being.

The development of this strategy has taken into account the wider political direction of the Government Workplan during, and as we move out of, the COVID-19 pandemic.[12] Investing in the prevention and treatment of substance use can contribute significantly to the social, economic, public health and healthcare costs of harmful substance use.

The transfer of responsibility for the Bailiwick Drug and Alcohol Strategy to the CfHSC reflects a growing acceptance that reducing drug supply alone is not sufficient to tackle the drug problem. An effective response also requires measures to reduce demand, such as prevention, treatment and rehabilitation. This emphasises the need for a balanced approach to tackling the harms caused by drugs, supporting people through treatment and recovery and restricting the supply of drugs, but also considering harms relating not only to the individual but also to the community through criminal acts. The same principles are applicable to alcohol.

2. Strategic Vision

The Strategy has been built to achieve the vision of the Substance Use Steering Group which is to achieve:

10 https://gov.gg/futureguernsey Cited 14th January 2020

11 Committee for Health & Social Care (2017). A Partnership of Purpose: Transforming Health and Care. Billet d'État XXIV. The States of Deliberation of the Island of Guernsey Billet d'État XXIV.

12 https://gov.gg/CHttpHandler.ashx?id=136246&p=0

"A safe and healthier Guernsey and Alderney where the harms caused by tobacco, drugs and alcohol are minimised and islanders are empowered to improve their health and wellbeing."

3. Strategic Values

The values of this new strategy are as follows and align with some of the key aims of the Partnership of Purpose. These include:

- a compassionate approach focused on harm reduction which recognises substance use as a health issue;
- respect for the right of the individual with client-centred care;
- equity and fair access to high quality services and support regardless of who someone is or where they live;
- a partnership approach recognising the value of public, private and third sector organisations;
- an evidence-informed approach to support effective policies and activities;
- to support islanders living in the Bailiwick as we progress through the COVID-19 pandemic and beyond; and,
- a focus on quality, measuring and monitoring the impact on health outcomes and client experience.

Context

The Strategy has compiled evidence from two main sources

- The Joint Strategic Needs Assessment (JSNA) for Substance Use
- Health and Justice Review

These have informed the development of this Combined Substance Use Strategy which defines our goals in relation to substance use for the next five years. Medicinal cannabis has been excluded as this is utilised for medical conditions, and therefore needs to be considered as part of clinical practice. The Strategy has no influence over this area of work.

1. JSNA for Substance Use for Guernsey and Alderney, 2020

As part of the Partnership of Purpose, the CfHSC instructed Public Health Services to conduct a suite of Joint Strategic Needs Assessments (JSNA) to provide them with regular updates on the population's health and care needs. The first JSNA focused on the needs of the over 50s living in Guernsey and Alderney; the second examined health and care needs in relation to substance use. This includes drug, alcohol and tobacco use and provides the evidence to inform this strategy.

Specifically, the JSNA for Substance Use considered:

- the impact of the wider determinants of health and wellbeing on substance misuse (drugs, alcohol and tobacco);
- what we know;
- who is at risk and why;
- the current service provision and activity; and
- areas for future strategic focus.

The key considerations identified by the JSNA were a need to focus on:

- evidence and data;
- outcomes and performance;
- education and prevention;
- policy, legislation and enforcement;
- treatment and rehabilitation; and
- collaborative working.

The full JSNA can be found in Appendix A.

2. Health and Justice Review

As part of the development of this Strategy, a report was commissioned by the CfHSC, through Public Health Services, to review the international evidence base on health-orientated approaches to the possession of small amounts of drugs for personal use. The report examines the interaction between health and criminal justice systems with respect to drug use, and how alternative approaches to possession offences could be used to promote the health and wellbeing, and safety, of people who use drugs, and of the wider community. An excerpt of the summary of the report is included below. The full report, and references, are available in Appendix B. In summary:

- Alternative and non-punitive approaches to drug possession offences are compatible with international drug control conventions, and contemporary international drug policy norms.
- There are a number of well-described models that have been delivered internationally, and as more countries are adopting these approaches there are good opportunities for learning. Some policy actions may require legal change, but others, such as some types of diversionary approach, can be delivered under existing legislation. Some offences can be retained, or new offences created for drug-related behaviours that fall out of scope of policy focus.

- Although there is no definitive evidence that adopting alternative approaches to drug possession offences lead to a reduction in drug use and related harms, this is also true of existing punitive responses. There is, however, emerging evidence from a number of countries that alternative approaches can reduce criminal justice costs and increase the number of referrals to support services for those individuals who need it. These approaches are supported by the public and professionals (including the police) when clearly explained and when stakeholders are involved in the policy process. Importantly, introduction of alternative approaches does not appear to increase drug use by 'giving the message' that drug use is 'acceptable'.
- Decision makers should identify, and prioritise those outcomes they would expect from the introduction of alternative approaches to drug possession offences.
- Public consultation on any proposed policy change should seek to identify public understanding of the determinant and consequences of drug use, attitudes towards people who use drugs (and those who need support), and current responses to drug use in Guernsey and Alderney. A clear description of the policy proposal should be provided, accompanied by likely advantages and disadvantages. Consultation should also acknowledge the values that underpin the policy proposal, as these may be different to the attitudes and perceptions that the public hold towards people who use drugs, and therefore their preferences for responses to drug possession offences.
- In parallel, consultation with those professional groups currently delivering drug strategy actions should be undertaken. Introduction of alternative approaches to drug possession may pose challenges to professional cultures, and beliefs about the 'best' way of responding to drug use.
- If decision makers decide to introduce new approaches to possession offences, then evaluation and monitoring should be an integral part of policy development and delivery. This would require some changes to the current data infrastructure, which has resource implications. Policy change in 'controversial' areas that includes a commitment to evaluate and review progress, is likely to draw stakeholder support."

Priority Areas of Focus

Table 1: Priority Areas of Focus for the Substance Use Strategy 2021 -2026

For Services	For Government
• Improved data collection and data sharing. • Prevention and early intervention integrated into services. • Clear referral and integrated care pathways. • Services to be person-centred and trauma-informed. • Services to be evidence-informed. • Promotion of a culture of recovery. • Services to target groups where smoking is most prevalent. • Services to be to be equitable across the whole population, focusing particularly on those with harmful drug, alcohol and tobacco use. • A focus on partnership working. • Increased knowledge on the interaction of Adverse Childhood Experiences and substance use.	• To ensure government policy considers the wider determinants of health, via a programme of Health in All Policies to be rolled out across the States of Guernsey. • Consideration of the regulation of alcohol pricing through promotion bans and the introduction of Minimum Unit Pricing. • Consideration of the interaction of the Health and Justice System in relation to the possession of small amounts of drugs for personal use. • Legislation to ban smoking in vehicles. • Consideration of the approach to the sale of alcohol and tobacco on States of Guernsey property. • The regulation of e-cigarettes. • Continue to prioritise awareness and education alongside other interventions and policies.

For the Community

- Improved awareness of the association of alcohol with domestic abuse and other crime.
- Improved signposting to, and understanding of, services for people with drug and alcohol problems.
- Improved understanding of low risk alcohol guidelines and signs of alcohol dependence.
- Continued awareness-raising and education on the risks and harms of drugs, alcohol and tobacco for all young people.
- Increased knowledge on the interaction of Adverse Childhood Experiences and substance use.
- Improved understanding of the wider determinants of health and their influence on health and wellbeing.

Strategic Outcomes

Outcomes of the strategy have been organized into three pillars as outlined below.

Table 2: Key Performance Indicators and Strategic Outcomes

Key Performance Indicators	Outcomes of the Strategy
Promote and protect health and wellbeing	• An increased focus on prevention • A greater emphasis on meeting the needs of children and families of problem drug and alcohol users to break the intergenerational cycle of harm • A recognition that treatment services are rooted in our local communities and need to engage with those communities to ensure that services meet the needs of local residents
Minimise the harm caused by substance use and promote recovery and rehabilitation	• A greater focus on long term quality of life for drug and alcohol users, supporting them not only to overcome substance use problems but to be fully re-integrated into the community; living in stable accommodation and fulfilling their employment, training and education goals • A focus on delivering positive outcomes which impact not only on the individuals' substance use but their overall health and well-being. • Improved care pathways enabling individuals to get the right treatment model at the time they need it and want it.
Evidence-based treaties, legislation, policy and actions	• To create an environment, through legislation, policies and actions for people to thrive and be supported to live healthier lives. • A public health justice approach • The development of comprehensive evidence-informed legislation and policies

Key Performance Indicators

The following key performance indicators (KPIs) will allow the strategy to be monitored annually. Success in these KPIs will contribute to achieving the strategic outcomes detailed above. KPIs have been split into three categories

1. Promote and protect health and wellbeing;
2. Minimise the harm caused by substance use and promote recovery and rehabilitation; and
3. Evidence - based treaties, legislation, policy and actions.

Note that due to existing gaps in data, some KPIs are to establish baseline results. Once these have been established, KPIs will be amended to be more specific.

1. Promote and Protect Health and Wellbeing

This strategy focuses on promoting and protecting the health and wellbeing of all islanders, with the following outcomes:

- an increased focus on prevention;
- a greater emphasis on meeting the needs of children and families of people with problematic alcohol and/ or drug use; and
- a recognition that treatment services are rooted in our local communities and need to engage with those communities to ensure that services meet the needs of local residents.

Reducing alcohol, tobacco and illegal drug use forms part of our goal to achieve a healthier and happier Bailiwick. Working with and engaging and empowering families, schools and communities is an effective way to promote health and wellbeing across our population.

Effective prevention involves integrated holistic policies and actions, delivering education and awareness programmes, together with other measures to build the life skills that are needed to enable people to make positive behaviours and choices. Preventing or delaying substance use among younger islanders will support children and young people achieve better physical, mental and social health.

Prevention is a collaborative effort requiring working across States of Guernsey Committee areas, the private sector, as well as the community and voluntary sector.

This includes:

- **Targeted prevention**
  - » Measures to address Adverse Childhood Experiences.
  - » Evidence that needs are tackled early with joined up working.

- **Universal prevention**
  - » Education within schools to give children and young people the knowledge, understanding and skills to deal with substance use. This programme of education should be high quality and deliver the desired outcome of fewer people starting smoking, delaying the onset of drinking alcohol or developing drug or problem alcohol use.
  - » Measures to tackle inequalities relating to drug, alcohol and tobacco use.

Facilitating access to brief interventions (opportunistic conversations with service users by trained advisors) with regard to drug, alcohol or tobacco use can have a positive effect on the health and wellbeing of individuals, communities and populations. This should be linked to a programme of Making Every Contact Count (MECC) to support staff working in relevant settings, to undertake brief interventions and to record, collect and monitor data to enable evaluation of outcomes

Table 3: Key Performance Indicators (KPIs). Promote and protect health and wellbeing

Theme	Key Performance Indicator		Data Source	Responsibility
Measurement and evidence	1.1	To establish baselines[13*] for secondary school years 8,10 and 11 for: (i) Smoking prevalence (ii) E-cigarette use (iii) Alcohol consumption (iv) Drug use	Young People's Survey	Committee *for* ES&C Public Health Services
	1.2	To establish baseline[13*] results for pupil-reported smoking among parents/carers of children in school years 6, 8, 10 and 11	Young People's Survey	Committee *for* ES&C Public Health Services
	1.3	Establish a baseline for awareness of the association of alcohol with domestic abuse and other crime	Wellbeing Survey	Public Health Services, Committee *for* Home Affairs
	1.4	To introduce a measurement, setting a baseline, for alcohol-related hospital admissions	Public Health Services	Hospital Services Public Health Services
	1.5	To introduce a measurement of alcohol-related incident cancers in Guernsey and Alderney	Public Health Services	Hospital Services Public Health Services

13* Historical data exists from the Young Peoples Survey. The KPI asks for baselines to be established as the constitution of questions may be changed through the life of the strategy.

Services and Intervention	1.6	Evidence of delivery of a planned, developmental PSHE programme of learning across KS1 – KS5 which includes drug, alcohol and tobacco education and which is given appropriate time and status within the curriculum	Health Improvement Commission Public Health Services	Health Improvement Commission Committee *for* ES&C
	1.7	Evidence of access to training for Very Brief Advice and MECC	Public Health Services	Public Health Services
Outcomes	1.8	Reduction in the number of children referred to the Children's Convenor for issues which involve drugs and/ or alcohol[14]	Office of the Children's Convenor	Health Improvement Commission Justice Services Public Health Services C*f*ESC / C*f*HA
	1.9	To achieve a reduction in average rates of alcohol consumption in adults (over 16s)	Wellbeing Survey	Public Health Services Health Improvement Commission
	1.10	To reduce the proportion of adults (over 16s) who exceed low risk drinking guidelines	Wellbeing Survey	Public Health Services Health Improvement Commission

Outcomes	1.11	To achieve a reduction in the rate of alcohol-related mortality in Guernsey and Alderney	Public Health Services	Public Health Services Health Improvement Commission
	1.12	Levels of cigarette importation show a reducing trend	Guernsey Border Agency	Public Health Services Health Improvement Commission
	1.13	Prevalence of adult smoking reduces to less than 10% by 2028	Wellbeing Survey	Public Health Services Health Improvement Commission
	1.14	Reduction in the prevalence of smoking in pregnant women, measured at both maternity booking and delivery	Maternity Services	Public Health Services Maternity Services
	1.15	Deliver the Drugs in Sport Education Programme	Committee *for* Education, Sport & Culture	Guernsey Sports Commission Committee *for* Education, Sport & Culture

14 Office of the Children's Convenor will begin data collection on this measure by the end of 2021.

2. Minimise the harm caused by substance use and promote recovery and rehabilitation

To minimise harm and promote recovery and rehabilitation there will be:

- A greater focus on long term quality of life for drug and alcohol users, supporting them not only to overcome substance use problems, but to be fully re-integrated into the community; living in stable accommodation and fulfilling their employment ambitions and training and education goals.
- A focus on delivering positive outcomes which impact not only on the individual's substance use but their overall health and well-being.
- Improved care pathways enabling individuals to get the right treatment model at the time they need it and want it.

Problematic substance use can cause substantial harm to the person concerned. Timely access to the appropriate services that are relevant to a particular individual are crucial to promote recovery and minimise harms. Timely access to health and care services, providing a range of options, is integral to achieving better outcomes.

People with problematic drug and alcohol use should have access to treatment and recovery which aims to support them to achieve their recovery (Figure 2). It is essential that services adopt a trauma-informed approach for people accessing treatment and recovery services as many may have used alcohol and/or drugs as a means of coping with traumatic experiences. For Stop Smoking Services (Quitline) it is crucial to target groups where smoking prevalence is the highest.

Figure 2: Eight-point plan for treatment and recovery

1	People access treatment and support particularly those most at risk
2	People engage in effective high quality treatment and recovery services
3	People with lived and living experience are involved in service design, development and delivery
4	People access interventions to reduce harm
5	A person-centred approach is developed
6	The recovery community achieves its potential
7	A trauma-informed approach is developed
8	An intelligence led approach future-proofs delivery

Table 4: Key Performance Indicators (KPIs)
Minimise harm caused by substance use and promote recovery and rehabilitation

Theme	Key Performance Indicator		Data Source	Responsibility
Services and interventions	2.1	Evidence of establishment of processes (for example Making Every Contact Count (MECC)) for those who would not usually access traditional substance use services, particularly in relation to substance use.	Primary Care Health Improvement Commission Public Health Services Commissioned Services Police, Prison and Probation Services, Guernsey Border Agency	Public Health Services
	2.2	Evidence of support for at risk young people (up to age 25) with drug and/or alcohol issues	Commissioned Service	Commissioned Service
	2.3	Prior to release, 90% of prisoners who were smokers on reception to the prison are given an appointment with Quitline for continued community support on release To determine the improvement in the Peak Expiratory Flow Rate (PEFR) for prisoners by measuring PEFR at medical reception and subsequent discharge	Commissioned Service Guernsey Prison Service	Commissioned Service Prison
	2.4	Evidence of treatment/interventions for people who are within the Prison Service	Commissioned Services	Commissioned Services

Outcomes	2.5	Evidence of treatment / interventions for people who have come to the attention of the criminal justice system	Commissioned Service	Commissioned Service
	2.6	Joint protocols between Mental Health and Drug and Alcohol Services for individuals with a dual diagnosis in place	Secondary Care Mental Health Services Community Drug and Alcohol Team	Community Drug and Alcohol Team Mental Health Services Primary Care The Medical Specialist Group Commissioned Services
	2.7	Increase in availability of community supervised consumption of Opioid Substitution Treatment (OST)	Community Drug and Alcohol Team	Community Drug and Alcohol Team
	2.8	Improve the type of OST available	Community Drug and Alcohol Team	Community Drug and Alcohol Team
	2.9	Availability of a Hepatitis C treatment programme to work towards the elimination of Hepatitis C from Guernsey and Alderney in line with the recommendation of the World Health Organisation	Public Health Services (the Orchard Centre)	Public Health Services
	2.10	% of successful quits in people accessing stop smoking services and the number of people who access the service	Public health Services (Quitline)	Public Health Services

Outcomes	2.11	% of successful quits in women attending the bespoke Quitline maternity service	Maternity Services Quitline	Maternity Services Public Health Services (Quitline)
	2.12	% of drug and alcohol users entering treatment within one month of assessment[15]	Drug and Alcohol Services	Drug and Alcohol Services
	2.13	% of successful exits[16] from drug treatment in a given year	Drug and Alcohol Services	Commissioned Service Community Drug and Alcohol Team
	2.14	Needle exchange return rate of 80%	Commissioned Service	Commissioned Service
	2.15	80% of individuals accessing the needle exchange given harm reduction advice and advised of access to screening for bloodborne viruses (HIV, Hepatitis B and C)	Commissioned Service	Commissioned Service
	2.16	100% of those known to be at high risk of bloodborne viruses to be referred for testing	Primary Care Community Drug and Alcohol Team Commissioned Services Orchard Centre	Commissioned Service Primary Care Secondary Care

15 This will exclude assessments that occur in the Prison Service as treatment may begin after one month due to custody planning.

16 Successful exit is defined as "Number of [substance] users that left structured treatment successfully (free of [substance] dependence) who do not then re-present to treatment within 6 months as a percentage of the total number of [substance] users in structured treatment." https://fingertips.phe.org.uk/search/successful%20exit#page/6/gid/1/pat/6/par/E12000004/ati/102/are/E06000015/iid/90245/age/168/sex/4

3. Evidenced-based international treaties, legislation, policy and actions

The outcomes are to:

- To create an environment, through legislation, policies and actions for people to thrive and be supported to live healthier lives.
- a public health justice approach;
- the development of comprehensive evidence informed legislation and policies

Creating an environment for health and wellbeing through effective policy, legislation and compliance with international treaties was identified as a need through the JSNA for Substance Use for Guernsey and Alderney 2020. For alcohol use, possible options include strengthening the restrictions on alcohol availability by raising prices through excise taxes and pricing policies. The JSNA identified price raising policies as a key action to reduce alcohol related harm because evidence shows that as alcohol becomes more affordable, harm increases. This should include a consideration to raise alcohol duty in line with tobacco increases.

While it is recognised that excise duties can go some way to discourage excessive consumption and change consumption, it is acknowledged that it can be somewhat of a blunt instrument when compared to more targeted fiscal policies such as Minimum Unit Pricing (MUP). MUP, as the name suggests, sets a minimum price below which a unit of alcohol cannot be sold. Evidence shows that, internationally, as alcohol has become more affordable, alcohol-related harms have increased. A MUP policy is specifically targeted at addressing the cheapest alcohols, which are affordable options for some of the heaviest drinkers. It was implemented in Scotland at 50 pence per unit in May 2018 and came into force in Wales in March 2020.[17] Preliminary studies into MUP impact in Scotland have shown a decrease in the volume of pure alcohol sold in the off-trade by 3.6% in the first 12 months since its implementation. Sales of cider fell by the greatest amount (-18.6%), followed by spirits (-3.8%) and wine (-3.0%).[18]

Other areas of consideration include to advance and enforce drink-driving counter measures and consider reducing the permissible blood alcohol concentration level for driving to 50mg of alcohol per 100ml of blood to bring Guernsey in line with many other European countries. Due to prioritistaion requirements, this is unlikely to be progressed in this political term.

Enforcing bans or comprehensive restrictions on advertising, sponsorship and promotion of alcohol and tobacco form part of creating an environment where it is easier to make healthy choices. In comparison with tobacco, there are few bans on the advertising, sponsorship and promotion of alcohol. Multi-buys and special offers are available in retail outlets in Guernsey and Alderney. For tobacco

17 BMJ 2019;366:l5274 http://dx.doi.org/10.1136/bmj.l5274

18 http://www.healthscotland.scot/media/2953/c-users-kims-desktop-mup-sales-based-consumption-plain-english-briefing.pdf

- neither Guernsey nor Alderney has legislation enacted to protect children from second-hand smoke inside private vehicles so this should be given serious consideration to bring policy in line with current recommendations. The evidence of damage to children's health from exposure to second-hand smoke is clear and extensive. The Government's independent Scientific Committee on Tobacco and Health reported that smoking in the presence of children is a cause of a variety of adverse health effects. There is no 'safe' level of exposure to second-hand smoke and in confined areas such as cars and other motor vehicles, it is known to be hazardous to health and especially for children's health.[19]

It has also been noted that work will need to be continued for Guernsey to remain compliant with the UNESCO International Convention Against Doping in Sport. It remains important to discourage use of substances for image and performance enhancement, particularly as those who use these substances tend not to identify as drug users.

Increases in the price of tobacco products have helped to reduce the smoking prevalence in Guernsey and Alderney from over 30% in 1988 to 13% in 2018. A year-on-year increase in the tax (RPI plus 5%) applied to tobacco is now embedded in Government policy and should be continued.

The World Health Organization's Framework Convention for Tobacco Control (FCTC) is the first world health treaty that addresses both the supply and demand of tobacco. The objectives of the framework are to improve public health outcomes related to the tobacco epidemic, but it also addresses the social, economic and environmental impact of tobacco. Guernsey is a signatory to this Convention and this will ensure that we continue to drive forwards improvements in our tobacco policies.

Electronic cigarettes, also known as vapourisers, vapes or electronic nicotine delivery systems (ENDS), are battery-powered devices that deliver nicotine by heating a solution of nicotine, flavouring, additives and propylene glycol and/or vegetable glycerine (glycerol). There is no tobacco in e-cigarettes. As these products contain nicotine and are sometimes used as a smoking cessation aid, regulation of e-cigarettes is included in this strategic framework. As this is an evolving area, the strategy and local policy and regulation needs to maintain pace to protect public health.

E-cigarettes are not regulated in Guernsey and Alderney and so, similarly to the US, we cannot be confident that we will not be affected by street products, as in the US. Local regulation would provide us with some assurance.

There should be a public and professional consultation on new approaches to possession offences for individuals found to be in possession of small amounts of drugs for personal use.

19 https://www.cieh.org/media/1260/Implementation-of-smoke-free-legislation-in-england.pdf

Table 5: Key Performance Indicators (KPIs)
Evidenced based international treaties, legislation, policies and actions

Theme	Key Performance Indicator		Data Source	Responsibility
Measurement and evidence	3.1	Evidence of annual reporting from all commissioned services against KPIs	Commissioning Service	Commissioned Services
	3.2	An options appraisal for the implementation of Minimum Unit Pricing for alcohol	Public Health Services Health Improvement Commission	Public Health Service Health Improvement Commission
	3.3	Annual submission of a report on Guernsey's compliance with the Framework Convertion for Tobacco Control	Public Health Services	Public Health Services
	3.4	Review of legislation and policies required for harm reduction in the Needle Exchange	Public Health Services	Public Health Services

Services and interventions	3.5	Price increase for tobacco year on year (RPI plus 5%)	Policy and Resources	Policy and Resources
	3.6	Legislation to ban multi-buys of alcohol	Public Health Services Health Improvement Commission	Committee *for* Health & Social Care Committee *for* Home Affairs
	3.7	Legislation to ban alcohol sponsorship at local sporting events	Public Health Services Health Improvement Commission	Committee *for* Health & Social Care Committee *for* Home Affairs
	3.8	Introduction of standardised packaging for tobacco	Public Health Services	Committee *for* Health & Social Care
	3.9	Regulation of e-cigarettes	Public Health Services	Committee *for* Health & Social Care
	3.10	Legislation to protect children in cars from the effects of second-hand smoke	Public Health Services	Committee *for* Health & Social Care
	3.11	Ensure compliance with the UNESCO Convention against Doping in Sport	Guernsey Sports Commission	Guernsey Sports Commission Committee *for* Education, Sport & Culture

Delivering the strategy and supporting partner agencies

This sets out the arrangements for supporting, monitoring and delivering the Strategy across Guernsey and Alderney. This includes supporting partner agencies to deliver the Strategy.

1. Performance Management Framework

A Substance Use Technical Team (the Technical Team), consisting of representatives of Public Health Services, the Health Improvement Commission, Primary and Secondary Care, offender management and the community and voluntary sector will be responsible for developing, monitoring and evaluating the implementation plan for this strategy.

The Technical Team will be responsible for a performance management framework encompassing:

- data collection from the commissioned services;
- performance indicators; and
- a research and evaluation programme.

Progress against each key performance indicator will be evaluated on an annual basis and the results reported to the Health Improvement Commission Board and the Committee for Health & Social Care.

2. Governance Framework for Performance Management

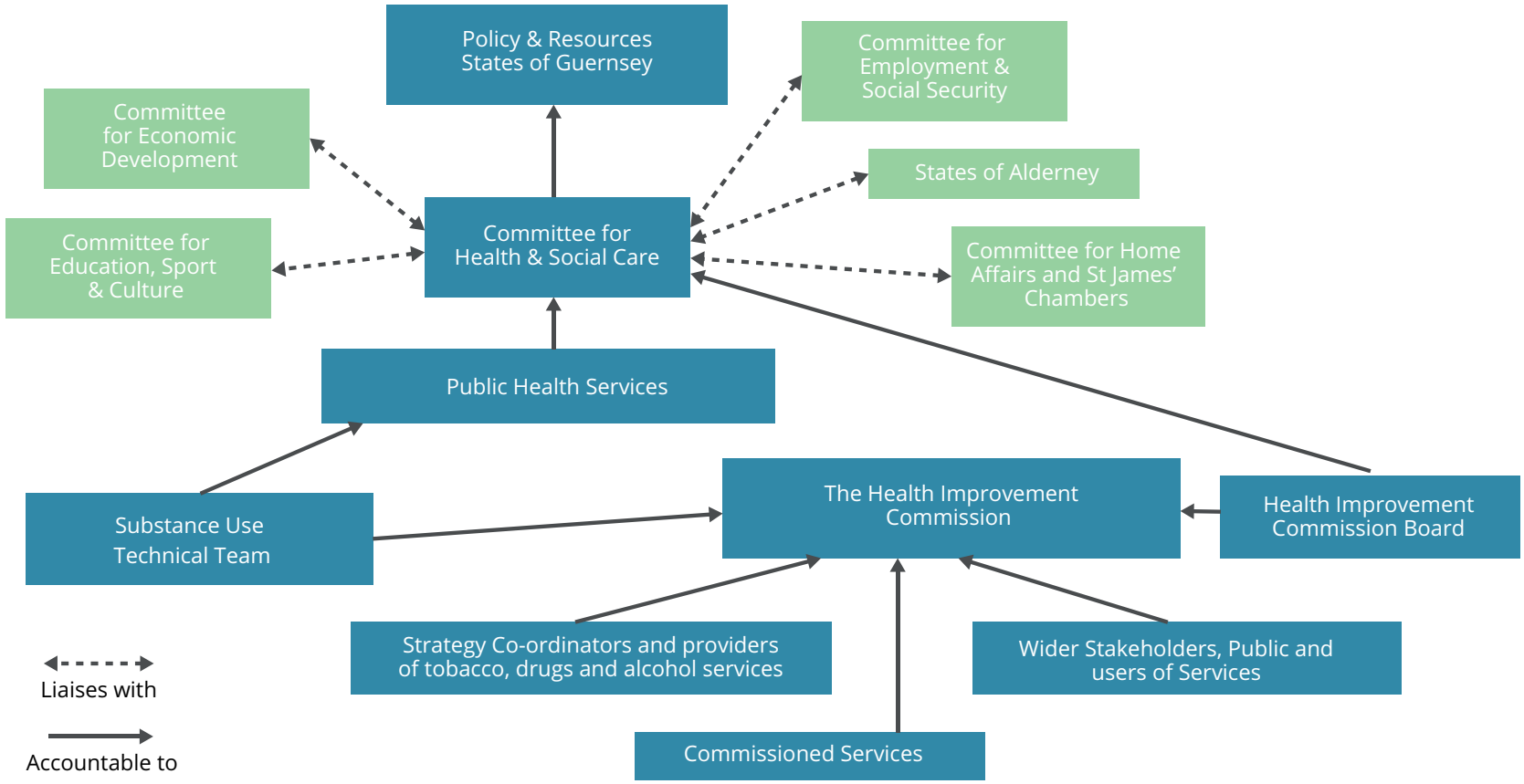
The governance arrangements for the Combined Substance Use Strategy are outlined in Figure 3.

3. Service Planning and Commissioning

Central to commissioning and service planning is the development of services based upon integrated care pathways. These should encompass the whole range of services that individuals need in order to sustain treatment gains. This requires intelligent service planning and development that is informed by prevalence and treatment data; information on outcomes; cost information and best practice guidance. This needs to embrace shared goals of improved integration of services, partnership working and shared learning.

Specifications for commissioned services will be developed in partnership between the Health Improvement Commission and Public Health Services and will then be subject to appropriate procurement processes. The Health Improvement Commission currently receives funding from the States of Guernsey and will be responsible for the direct commissioning in consultation with Public Health Services.

Figure 3: Governance arrangements for the Combined Substance Use Strategy



Partnership of Purpose

States of Guernsey
Public Health Services