BILLET D'ÉTAT

I
2015

WEDNESDAY, 28th JANUARY, 2015

LEGISLATIVE BUSINESS

1. Projet de Loi entitled The Income Tax (Guernsey) (Amendment) Law, 2015, p. 1
2. The Income Tax (Guernsey) (Approval of Agreement with Macao) Ordinance, 2015, p. 2
3. The Air Navigation (Bailiwick of Guernsey) (Environmental Standards) Ordinance, 2015, p. 2

ORDINANCES LAID BEFORE THE STATES

The Income Tax (Guernsey) (Miscellaneous Amendments) Ordinance, 2014, p. 3
The Companies (Guernsey) Law, 2008 (Amendment) Ordinance, 2014, p. 3

STATUTORY INSTRUMENTS LAID BEFORE THE STATES

The Health Service (Benefit) (Limited List) (Pharmaceutical Benefit) (Amendment) (No. 6) Regulations, 2014, p. 4
The Milk (Retail Prices) (Guernsey) Order, 2014, p. 4
The Wastewater Charges (Guernsey) (Amendment) Regulations, 2014, p. 5
The Water Charges (Amendment) (No. 2) Regulations, 2014, p. 5
The Health Service (Medical Appliances) (Amendment) Regulations, 2014, p. 5
The Social Insurance (Benefits) (Amendment) Regulations, 2014, p. 6
The Companies (Audit Exemption) (Amendment) Regulations, 2014, p. 6
The Insurance Business (Bailiwick of Guernsey) (Amendment) Regulations, 2014, p. 6

ALL OTHER PARLIAMENTARY BUSINESS

4. Scrutiny Committee – Election of a New Member, p. 7
5. Policy Council – Appointment of Ordinary Members of the Guernsey Financial Services Commission, p. 8
6. Home Department – Bailiwick Drug and Alcohol Strategy 2015-2020, p. 12
7. Commerce and Employment Department – Maritime Labour Convention Legislation Extension to Sark, p. 130
8. Social Security Department – Resignation of Non-Voting Member of the Social Security Department, p. 134
9. Home Department – Independent Monitoring Panel: Appointment of Members, p. 137

APPENDIX

1. Policy Council – Annual Independent Fiscal Review for 2014, p. 143

Printed by Colour Monster printshop under contract to Betley Whitehorne Image

Price £5.00

BILLET D'ÉTAT

TO
THE MEMBERS OF THE STATES
OF THE ISLAND OF GUERNSEY

I hereby give notice that a Meeting of the States of Deliberation will be held at **THE ROYAL COURT HOUSE,** on **WEDNESDAY,** the **28th JANUARY, 2015** at **9.30 a.m.,** to consider the items contained in this Billet d'État which have been submitted for debate.

R. J. COLLAS
Bailiff and Presiding Officer

The Royal Court House
Guernsey

19th December 2014

PROJET DE LOI

entitled

THE INCOME TAX (GUERNSEY) (AMENDMENT) LAW, 2015

The States are asked to decide:-

I.- Whether they are of the opinion:-

1. To approve the draft Projet de Loi entitled "The Income Tax (Guernsey) (Amendment) Law, 2015 ", and to authorise the Bailiff to present a most humble petition to Her Majesty in Council praying for Her Royal Sanction thereto.

2. Considering it expedient in the public interest so to do, to declare that the said Projet de Loi shall have effect from the 26th September, 2013, under and subject to the provisions of the Taxes and Duties (Provisional Effect) (Guernsey) Law, 1992, and in accordance with the provisions of clause 3 of the said Projet de Loi, as if it were a Law sanctioned by Her Majesty in Council and registered on the records of the Island of Guernsey.

EXPLANATORY MEMORANDUM

Following the repeal of the deemed distribution provisions of the Income Tax (Guernsey) Law, 1975 ("the 1975 Law") at the beginning of 2013, tax capped individuals could limit their liability to pay income tax by "rolling-forward" the profits of any investment company. This is because an investment company was previously subject to deemed distributions on all of its income and is not treated as carrying on a business and so is not covered by the existing anti-avoidance provisions relating to rolled-forward business profits.

This Law amends section 39D of the 1975 Law by extending the anti-avoidance provisions that prevent the rolling forward of profits in a company, in order to take advantage of the tax cap, to all sources of income with retrospective effect from the date of the Minister's Statement on 26th September, 2013.

The Law shall have effect from the 26th September 2013 immediately on the date upon which the States of Deliberation resolve to approve it, under and subject to the provisions of the Taxes and Duties (Provisional Effect) (Guernsey) Law, 1992.

THE INCOME TAX (GUERNSEY) (APPROVAL OF AGREEMENT WITH MACAO) ORDINANCE, 2015

The States are asked to decide:-

II.- Whether they are of the opinion to approve the draft Ordinance entitled "The Income Tax (Guernsey) (Approval of Agreement with Macao) Ordinance, 2015", and direct that the same shall have effect as an Ordinance of the States.

EXPLANATORY MEMORANDUM

This Ordinance specifies the agreement between the States of Guernsey and the Government of the Macao Special Administrative Region of the People's Republic of China signed on the 3rd September, 2014 and made for the purposes of the Income Tax (Guernsey) Law, 1975. The agreement provides for the obtaining and exchanging of information in relation to tax.

THE AIR NAVIGATION (BAILIWICK OF GUERNSEY) (ENVIRONMENTAL STANDARDS) ORDINANCE, 2015

The States are asked to decide:-

III.- Whether they are of the opinion to approve the draft Ordinance entitled "The Air Navigation (Bailiwick of Guernsey) (Environmental Standards) Ordinance, 2015", and direct that the same shall have effect as an Ordinance of the States.

EXPLANATORY MEMORANDUM

This Ordinance gives effect to Annex 16 (Environmental Protection) of the Chicago Convention. The Annex specifies certain standards for aircraft noise certification and aircraft emissions certification (dealing with fuel venting and emissions of smoke, unburned hydrocarbons, carbon monoxide and oxides of nitrogen) which are given effect in the Bailiwick by this Ordinance.

In particular, this Ordinance: requires all aircraft registered in Guernsey and all aircraft taking-off and landing in the Bailiwick to have a valid noise certificate and emissions certification in accordance with Annex 16; defines the circumstances under which the relevant certification can be issued and its period of validity and the exception from the requirement for certification; requires information relating to the noise certificate to be included in the flight manual and carried on the aircraft; permits exemptions to be issued by the Director of Civil Aviation; sets out the relevant offences and penalties and provides for the provisions to have extra-territorial effect so that the Ordinance applies in respect of Guernsey registered aircraft wherever they might be.

ORDINANCES LAID BEFORE THE STATES

THE INCOME TAX (GUERNSEY) (MISCELLANEOUS AMENDMENTS) ORDINANCE, 2014

In pursuance of the provisions of the proviso to Article 66 (3) of the Reform (Guernsey) Law, 1948, as amended, "The Income Tax (Guernsey) (Miscellaneous Amendments) Ordinance, 2014" made by the Legislation Select Committee on the 24th November, 2014, is laid before the States.

EXPLANATORY MEMORANDUM

This Ordinance amends -

(1) the Income Tax (Guernsey) Law, 1975 by introducing an exemption for the first £50 (or £100 for a married couple where each party receives the interest) of the total interest receivable by individuals from bank or other savings accounts,

(2) the Income Tax (Exempt Bodies) (Guernsey) Ordinance, 1989 by increasing the annual fee for exempt companies from £600 to £1,200, and

(3) the Income Tax (Tax Relief on Interest Payments) (Guernsey) Ordinance, 2007 by reducing the cap on the amount of tax relief on interest paid in respect of a principal private residence from £25,000 to £15,000 for an individual borrower (or from £50,000 to £30,000 for a married couple where each party is the borrower).

The Ordinance was made by the Legislation Select Committee in exercise of its powers under Article 66(3) of the Reform (Guernsey) Law, 1948, and came into force on the 1st January, 2015. Under the proviso to Article 66(3) of the Reform (Guernsey) Law, 1948, the States of Deliberation have the power to annul the Ordinance.

THE COMPANIES (GUERNSEY) LAW, 2008 (AMENDMENT) ORDINANCE, 2014

In pursuance of the provisions of the proviso to Article 66 (3) of the Reform (Guernsey) Law, 1948, as amended, "The Companies (Guernsey) Law, 2008 (Amendment) Ordinance, 2014" made by the Legislation Select Committee on the 24th November, 2014, is laid before the States.

EXPLANATORY MEMORANDUM

This Ordinance amends the Companies (Guernsey) Law, 2008 to allow companies that have been dissolved and removed from the register of companies to be restored to the register by order of the court. It also amends the Law to provide for slightly wider

circumstances in which the Registrar of Companies has discretion to restore a struck off company to the register where there is no court order. Finally, it clarifies the position with regard to the property of a dissolved company, providing that all property and rights shall become bona vacantia vested in the Crown unless Her Majesty's Receiver General directs otherwise.

The Ordinance was made by the Legislation Select Committee in exercise of its powers under Article 66(3) of the Reform (Guernsey) Law, 1948, and came into force on the 24th November, 2014. Under the proviso to Article 66(3) of the Reform (Guernsey) Law, 1948, the States of Deliberation have the power to annul the Ordinance.

STATUTORY INSTRUMENTS LAID BEFORE THE STATES

The States of Deliberation have the power to annul any of the Statutory Instruments detailed below.

THE HEALTH SERVICE (BENEFIT) (LIMITED LIST) (PHARMACEUTICAL BENEFIT) (AMENDMENT) (NO. 6) REGULATIONS, 2014

In pursuance of Section 35 of the Health Service (Benefit) (Guernsey) Law, 1990, "The Health Service (Benefit) (Limited List) (Pharmaceutical Benefit) (Amendment No. 6) Regulations, 2014", made by the Social Security Department on 28th October 2014, are laid before the States.

EXPLANATORY NOTE

These Regulations add to the limited list of drugs and medicines available as pharmaceutical benefit which may be ordered to be supplied by medical prescriptions issued by medical practitioners. These Regulations came into operation on 28th October 2014.

THE MILK (RETAIL PRICES) (GUERNSEY) ORDER, 2014

In pursuance of Section 8 (1) of the Milk (Control)(Guernsey) Ordinance, 1958, "The Milk (Retail Prices) (Guernsey) Order, 2014", made by the Commerce and Employment Department on 2rd September, 2014, is laid before the States.

EXPLANATORY NOTE

This Order changes the retail price to be charged for milk sold in litres and half litres and comes into force on 5th October 2014. The revised prices are: for full cream, low fat milk and skimmed milk 112 pence per litre; for full cream, low fat milk and skimmed milk 64 pence per half litre and for organic milk 82 pence per half litre.

THE WASTEWATER CHARGES (GUERNSEY) (AMENDMENT) REGULATIONS, 2014

In pursuance of Section 5 of the Fees, Charges and Penalties (Guernsey) Law, 2007, "The Wastewater Charges (Guernsey) (Amendment) Regulations, 2014", made by the Public Services Department on 21st November 2014, are laid before the States.

EXPLANATORY NOTE

These Regulations prescribe new wastewater charges and rates applying under the Wastewater Charges (Guernsey) Law, 2009.

These Regulations will come into force on the 1st of January, 2015.

THE WATER CHARGES (AMENDMENT) (No 2.) REGULATIONS, 2014

In pursuance of Section 5 of the Fees, Charges and Penalties (Guernsey) Law, 2007, "The Water Charges (Amendment) (No. 2) Regulations, 2014", made by the Public Services Department on 21st November 2014, are laid before the States.

EXPLANATORY NOTE

These Regulations prescribe the charges which will be made for the supply of water for 2015. These Regulations come into force on 1st January, 2015

THE HEALTH SERVICE (MEDICAL APPLIANCES) (AMENDMENT) REGULATIONS, 2014

In pursuance of Section 35 of the Health Service Insurance (Guernsey) Law, 1990, "The Health Service (Medical Appliances) (Amendment) Regulations, 2014" made by the Social Security Department on 25th November 2014, are laid before the States.

EXPLANATORY NOTE

These Regulations further amend the Health Service (Medical Appliances) Regulations, 1990, as amended, by increasing the charges payable to authorised appliance suppliers in Guernsey and Alderney by persons supplied with Part I, II or III medical appliances, who are not exempt from such charges. The increased charges amount to £3.40 for each appliance. These Regulations come into force on 1st January, 2015.

THE SOCIAL INSURANCE (BENEFITS) (AMENDMENT) REGULATIONS, 2014

In pursuance of Section 117 of the Social Insurance (Guernsey) Law, 1978, "The Social Insurance (Benefits) (Amendment) Regulations, 2014" made by the Social Security Department on 25th November 2014, are laid before the States.

EXPLANATORY NOTE

These Regulations amend the schedules to the Social Insurance (Benefits) Regulations, 2003 and prescribe the reduced rates of benefit payable from 5th January 2015 to claimants who do not satisfy the conditions for entitlement to payment of the maximum rate of benefit. These Regulations come into operation on 5th January 2015.

THE COMPANIES (AUDIT EXEMPTION) (AMENDMENT) REGULATIONS, 2014

In pursuance of Section 537 of the Companies (Guernsey) Law, 2008, "The Companies (Audit Exemption) (Amendment) Regulations, 2014", made by the Commerce and Employment Department on 4th November 2014, are laid before the States.

EXPLANATORY NOTE

These regulations amend the Companies (Audit Exemption) Regulations, 2008 by prescribing another category of company which is deemed to be a "small company" for the purposes of the regulations and which may therefore, irrespective of the size of the company, pass a resolution under section 256 of the Companies Law exempting the company from the requirement under section 255 to have its accounts audited.

The prescribed companies are those which are licensed insurers within the meaning of the Insurance Business (Bailiwick of Guernsey) Law, 2002 in respect of which the Commission has agreed to the preparation of their accounts in a form other than that specified by section 35 of that Law.

These regulations came into operation on the 7th November, 2014.

THE INSURANCE BUSINESS (BAILIWICK OF GUERNSEY) (AMENDMENT) REGULATIONS, 2014

In pursuance of Section 86 of The Insurance Business (Bailiwick of Guernsey) Law, 2002, "The Insurance Business (Bailiwick of Guernsey) (Amendment) Regulations,

2014", made by the Guernsey Financial Service Commission on 7th November 2014, are laid before the States.

EXPLANATORY NOTE

These Regulations amend Schedule 3 to the Insurance Business (Bailiwick of Guernsey) Law, 2002, which deals with requirements as to the audit of accounts and auditor's reports, by modifying what the report of an auditor made pursuant to section 36 of that Law is required to state in the case of companies which are licensed insurers in respect of which the Commission has agreed to the preparation of their accounts in a form other than that specified by section 35 of that Law. These regulations come into force on the 7th November, 2014.

SCRUTINY COMMITTEE

NEW MEMBER

The States are asked:-

IV.- To elect a sitting Member of the States as a member of the Scrutiny Committee to complete the unexpired portion of the term of office of Deputy S. J. Ogier, who has been elected to the office of Minister of the Public Services Department, namely to serve until May 2016 in accordance with Rule 7 of the Constitution and Operation of States Departments and Committees.

POLICY COUNCIL

APPOINTMENT OF ORDINARY MEMBERS OF THE GUERNSEY FINANCIAL SERVICES COMMISSION

1. Executive Summary

1.1 This report proposes the reappointment of Lord Flight, Mr. Robert Moore and Advocate Simon Howitt as ordinary members of the Guernsey Financial Services Commission for a three year term with effect from 2nd February, 2015.

2. Report

Lord Flight

2.1 Howard Emerson Flight (Lord Flight, of Worcester) has been a Commissioner since 14th December 2005.

2.2 From 1986 to 1999 Lord Flight was joint managing director of Guinness Flight Global Asset Management Limited and in 1999 became joint chairman of Investec Asset Management Limited; this latter role was held until 2003. He was director of Panmure Gordon & Co. Plc from 2002 to 2012 and Chairman of Arden Partners plc from 2010 to 2012.

2.3 Lord Flight is currently Chairman of Flight and Partners, director of Investec Asset Management Limited and Investec Asset Management Holdings Pty Ltd, Chairman of Downing Structured Opportunities VCT 1 PLC, Director of Metrobank plc, Chairman of Aurora Investment Trust plc, director of Edge Performance VCT plc and Chairman of EIS Association. He holds various consultancy positions, is a member of the Advisory Board of Guinness Renewable Energy EIS Fund and a trustee of Investec asset Management Pension Scheme.

2.4 Lord Flight has also had a significant political career and remains very involved in political matters to do with economics and financial affairs. He was Shadow Economic Secretary to the Treasury from 1999 to 2001, Shadow Paymaster General from 2001 to 2002 and Shadow Chief Secretary to the Treasury from 2002 to 2004. During the period 2000 to 2004 he was Conservative Treasury Spokesman on Financial Regulation. Since 2008 Lord Flight has been a member of the Council of the Centre for Policy Studies and, from 2010, a working Conservative peer. He has also been a member of the House of Lords EU Economics and Financial Affairs Committee since 2011.

2.5 Lord Flight has now served close to nine years as a Commissioner. This would normally be the maximum period the Policy Council would expect any person

to hold office as a Commissioner. There has been particular consideration by the Fiscal and Economic Policy Group and the Policy Council of this matter. Lord Flight has extensive experience in financial services and knowledge of regulatory matters. In addition, he has insight into British government thinking, the EU and wider international matters of importance to the Bailiwick. The Commission has advised the Policy Council that these have been and remain of considerable benefit, particularly at a time when the Bailiwick continues to face external challenges to its financial services industry.

2.6 The Policy Council has concluded that Lord Flight's knowledge and experience, his long and close links with the Bailiwick and his ongoing contributions to the work of the Commission and the wider interests of the Bailiwick justify his reappointment for a fourth term as Commissioner.

Robert Moore

2.7 Mr. Robert Stead Moore was first appointed as a Commissioner on 2nd February 2012. He is a senior finance professional with significant experience in international banking and wealth management.

2.8 Since 1997 Mr. Moore has been managing director of Butterfield Bank (Guernsey) Limited, with responsibility for all Butterfield Group operations in Guernsey. This includes private banking, investment management and fiduciary services. In July 2011 he became Executive Vice President & Head of Group Trust, Butterfield Group; in this role he has responsibility for all aspects of Butterfield Group's trust business.

2.9 As well as possessing an understanding of regulatory matters, Mr. Moore provides the Commission with an objective insight into matters of interest and concern from the Guernsey finance industry's perspective.

Advocate Simon Howitt

2.10 Advocate Simon William Francis Howitt was first appointed to the Commission on 3rd June 2013 to serve the unexpired portion of a vacancy which occurred at that time.

2.11 He became an Advocate in 1988 and a partner of Le Pelley & Tostevin in 1991. This firm merged with another in 2000; the combined firm subsequently changed its name to Babbe, with Advocate Howitt continuing to remain as partner. He came to specialise in company/commercial, financial services and property law, and now specialises in trust law in particular (principally providing advice to fiduciary service providers). Advocate Howitt's experience includes that of being secretary and providing advice to the Financial Services Tribunal; this tribunal (which heard its last case in 2007) was a shadow tribunal established by the Commission to review in advance decisions it proposed to

make in connection with regulatory matters at a time when the statutory right of appeal was limited to questions of law.

2.12 The Commission has advised the Policy Council that Advocate Howitt's legal experience and advice have been of considerable benefit to the Commission when dealing with a range of complex matters.

3. Conclusion

3.1 The Policy Council is pleased to re-nominate each of Lord Flight, Mr. Robert Moore and Advocate Simon Howitt for another term as an ordinary member of the Commission when their current terms of office expire.

4. Principles of Good Governance

4.1 The Policy Council believes that the proposals in this report comply with the relevant principles of good governance as defined by the United Kingdom Independent Commission on Good Governance in Public Services (Billet d'État IV of 2011).

5. Recommendations

5.1 The Policy Council recommends the States:

(a) To reappoint Howard Emerson Flight (Lord Flight, of Worcester) as an ordinary member of the Guernsey Financial Services Commission for a three year term with effect from 2nd February, 2015.

(b) To reappoint Mr. Robert Stead Moore as an ordinary member of the Guernsey Financial Services Commission for a three year term with effect from 2nd February, 2015.

(c) To reappoint Advocate Simon William Francis Howitt as an ordinary member of the Guernsey Financial Services Commission for a three year term with effect from 2nd February, 2015.

J P Le Tocq
Chief Minister

1st December 2014

A H Langlois
Deputy Chief Minister

Y. Burford	P. L Gillson	D. B. Jones
P. A. Luxon	M. G. O'Hara	S. J. Ogier
R. W. Sillars	G. A. St Pier	K. A. Stewart

(N.B. As there are no resource implications in this report, the Treasury and Resources Department has no comments to make.)

The States are asked to decide:-

V.- Whether, after consideration of the Report dated 1st December, 2014, of the Policy Council, they are of the opinion:-

1. To reappoint Howard Emerson Flight (Lord Flight, of Worcester) as an ordinary member of the Guernsey Financial Services Commission for a three year term with effect from 2nd February, 2015.

2. To reappoint Mr. Robert Stead Moore as an ordinary member of the Guernsey Financial Services Commission for a three year term with effect from 2nd February, 2015.

3. To reappoint Advocate Simon William Francis Howitt as an ordinary member of the Guernsey Financial Services Commission for a three year term with effect from 2nd February, 2015.

HOME DEPARTMENT

BAILIWICK DRUG AND ALCOHOL STRATEGY 2015-2020

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

27th October 2014

Dear Sir

1. EXECUTIVE SUMMARY

1.1 In 2007, the States of Guernsey adopted a five-year Drug and Alcohol Strategy, ("the Strategy") with the vision of minimising the harm caused by drug and alcohol misuse to Bailiwick residents of all ages. The Strategy has enabled the States, and its core partners in the third sector, to:-

- take a structured and prioritised approach to providing adequate education in respect of the risks of drug and alcohol misuse across the community,
- respond robustly to emerging trends, and
- provide support and assistance to those islanders, and their families, troubled by addiction.

Such co-ordinated service delivery aligned to a centralised strategy is of vital importance in order to preserve the wellbeing of Islanders and to meet the States' government objectives to maintain a safe and healthy Bailiwick.

1.2 This report proposes the continuation of the Strategy for the period 2015-2020, setting out key priorities for this time. It has been formulated by the Bailiwick Drug and Alcohol Strategy Group with the operational Action Group in conjunction with key partnership agencies and two separate public consultations on the subject matter.

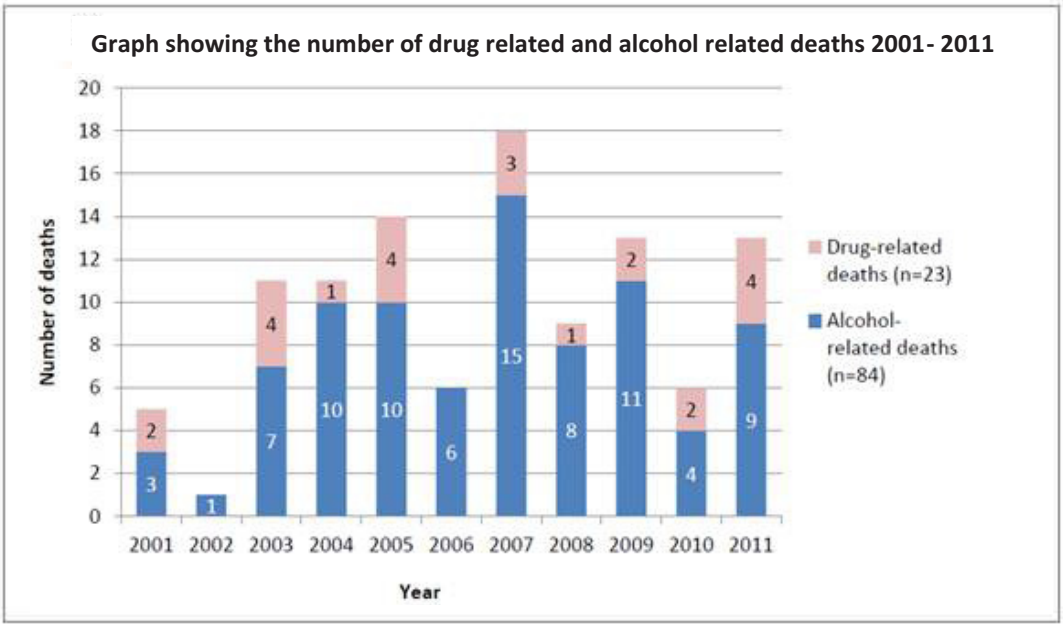
1.3 The 2015-2020 Strategy aims to build upon the successes of the previous Strategy, focusing the efforts of government, public services and community partners to tackle drug and alcohol misuse in ways appropriate to the Bailiwick setting, through the following areas of focus:-

- Reducing supply and demand;
- Supporting children, young people and families;
- Working in partnership;
- Providing treatment;
- Encouraging responsible choice;
- Monitoring workstreams through Training, Data collection, Monitoring and Evaluation.

2. CONTEXT

2.1 Drug and alcohol misuse has serious consequences, for individuals, their friends and family and the wider community. The Department firmly believes that, despite the successes of the current Strategy, there will always remain a continued need for co-ordinated drug and alcohol services within the Islands under the umbrella of a Drug and Alcohol Strategy in order to maintain current progress and further reduce substance misuse.

2.2 Between 2001 and 2011, there were 23 drug related deaths caused by overdose in Guernsey and Alderney (five of these deaths (22%) were intentional) and 84 alcohol related deaths, caused either by alcohol overdose or the contribution of alcohol to liver and other disease[1].



The main causes of alcohol-related deaths are detailed in the table below:

Description	Number of cases	%
Alcoholic liver disease	45	54
Fibrosis and cirrhosis of liver (excl. biliary cirrhosis)	17	20
Accidental poisoning by and exposure to alcohol	16	19
Mental and behavioural disorders due to use of alcohol	3	4
Degeneration of nervous system due to alcohol	1	1
Alcoholic cardiomyopathy	1	1
Chronic hepatitis, not elsewhere classified	1	1

2.3 There is, of course, a potential inter-relation between drug and alcohol related deaths which cannot be discerned from the data above and this will be further examined under the new Strategy.

[1] 114th Medical Officer of Health Annual Report

2.4 107 individuals dying within the course of ten years as a result of drug and alcohol misuse clearly demonstrates the potentially fatal consequences that substance misuse can have, and its impact on the wider community. It is well evidenced that an addicted drug user or alcoholic is more likely to die early and is more likely to suffer ill-health in later years.

2.5 In addition to the personal consequences of drug and alcohol misuse, there are the wider costs to the community. According to the Institute of Alcohol Studies, the Government Alcohol Strategy claims alcohol-related harm is now estimated to cost England £21 billion annually. Whilst Guernsey has not had resources available in recent years to calculate the local costs, adoption of the UK figures to Guernsey on a per capita basis (acknowledging the risks associated with such a crude calculation) identifies that the costs to the health as a result of Drug and Alcohol misuse could be in the region of £3.5 million per annum, alcohol related crime in the region of £11 million and lost productivity due to alcohol at about £7.3 million.

2.6 It is recognised that the above figures are simply extrapolated from the UK and therefore the actual figures locally may vary significantly. However, the figures above do illustrate the overarching costs of drug and alcohol misuse and the importance of investing in preventative measures. A project report in 2011 in respect of the impact of alcohol at the Accident and Emergency of the Princess Elizabeth Hospital estimated that the subsequent alcohol related hospital admissions could amount to £1.45 million over the course of a year. Studies from the UK have concluded that every £1 spent on drug treatment leads to £2.50 in savings for society as a whole[2] and that for every £1 spent on alcohol treatment, the public sector saves £5[3]. The financial benefits of investing in specialist young people's services have been illustrated as even greater with the Frontier Economics' February 2011 report on the subject concluding that for every £1 spent on young people's treatment services[4], there is a return of up to almost £2 over a two-year period, and up to £8 over the long term.

2.7 In 2008, 36% of all respondents to the Guernsey Healthy Lifestyles survey reported drinking alcohol on two or three days a week, and 20% drank alcohol almost every day. Within the comparable 2013 data, 30.1% of respondents reported drinking 2-3 times a week, with 23.6% reporting drinking 4 or more times.

---

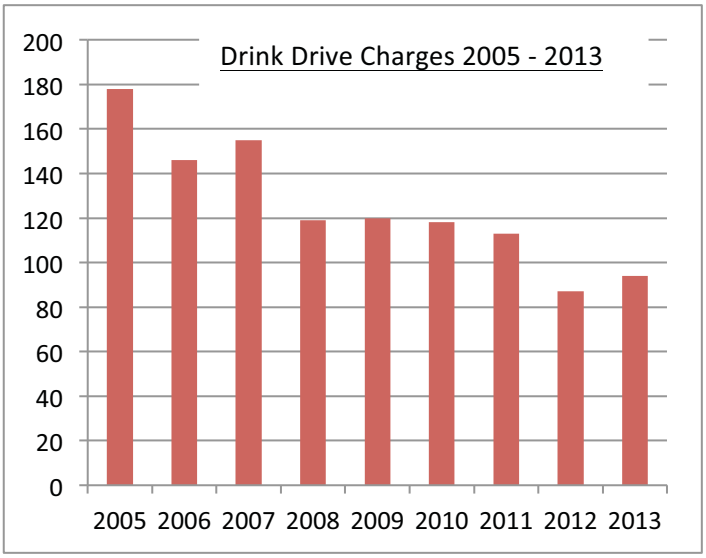
[2] Donmall M, Jones A, Davies L & Barnard M (2009) *Summary of key findings from the Drug Treatment Outcomes Research Study (DTORS)*. London: Home Office

[3] UKATT Research Team (2005) Cost-effectiveness of treatment for alcohol problems: Findings of the randomised UK alcohol treatment trial (UKATT). *British Medical Journal*, 331:544

3. DRUG AND ALCOHOL STRATEGY 2007-2014

3.1 In developing the proposed new Strategy, the Department has been mindful of the need to adequately assess the existing Strategy in order to build upon this for the future. The Department believes that the Strategy has since its inception been fundamental in raising awareness within the community of the risks associated with drug and alcohol misuse and advising the public of the health harms and support available. It has only been through the co-ordinated service delivery under the Strategy that the States and its partnership agencies have been able to ensure that the community has access to professional and structured advice and treatment appropriate to the needs of the individual. A detailed review of the Strategy is appended to this Report as Appendix 1, however some of the Strategy's many highlights to date include:-

- Positive partnership working across the public and third sector enabling co-ordinated service delivery to clients both in Guernsey and Alderney;
- The benefits of investing in preventative and awareness initiatives in order to achieve longer term social and financial benefits have been best demonstrated through the successes of the annual Drink Drive campaigns of the Strategy. Since the specific collation of drink drive data in 2005 the number of individuals charged with drink driving, and accordingly the burden on the criminal justice system has decreased by 47%. Not only is this a positive step forward in terms of road safety, it represents a significant financial saving for the States more generally.



	Total
2005	178
2006	146
2007	155
2008	119
2009	120
2010	118
2011	113
2012	87
2013	96

- The Strategy's ability to expediently adapt and change to evolving trends within the community, ensuring that services remain appropriate and relevant and information is successfully communicated to the general public. This was most particularly noted through the introduction locally in 2009 of emerging drugs of concern (commonly known as legal highs) which significantly changed the drug scene locally, with many unknown and untested substances being marketed locally with particular visual appeal and promotion for young people. It was through the multiagency approach that

Guernsey was able to proactively target and restrict the importation of the most harmful substances, protecting the public and leading the way nationally in responding to this new threat, demonstrating Guernsey's ability to react effectively and swiftly to emerging drugs of concern. As a direct result of Guernsey's proactive stance, and ability to evidence the harm of these substances, the popularity of such drugs has decreased significantly in the last two years;

- The formation of the local Misuse of Drug Advisory Group, containing representatives from across the States, who meet quarterly to consider emerging trends and consider any legislative amendments needed on new or emerging risks. Additionally, representation on the UK's Advisory Council for the Misuse of Drugs enables the Island to share information and best practice, whilst keeping up-to-date with the ever growing list of banned substances;
- The continued proactive targeting of criminal syndicates, resulting in successful prosecutions and the disruption of many drug syndicates, along with the conviction of principal dealers and confiscation of financial assets. The table below outlines the drug related convictions in both the Royal Court and Magistrate Courts, originating from Guernsey Border Agency investigations:-

Table 1: Court Conviction Figures

	2007	2008	2009	2010	2011	2012	2013
Royal Court Convictions	29	8	17	13	22	30	16
Magistrate Convictions	25	33	18	30	23	18	10
Total	54	41	35	43	45	48	26

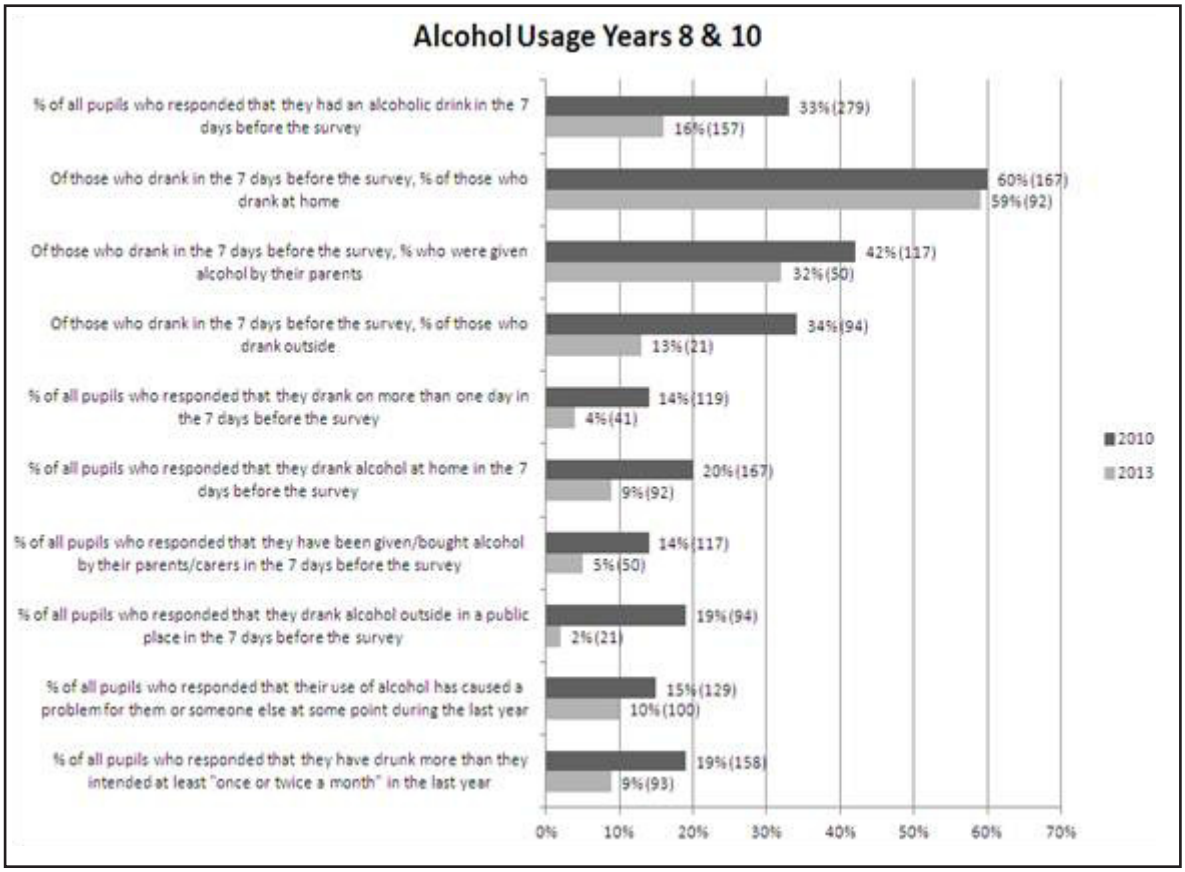
Conviction data alone offers limited information in respect of the level of drugs available locally, although it does demonstrate the proactive stance of Law Enforcement agencies continues to take. However it is pleasing to note the intelligence throughout the Strategy has generally indicated that the availability of drugs locally remains limited and the street price of illegal drugs in Guernsey has remained high throughout the Strategy, indicating that availability is limited.

- A general downward trend in relation to the number of incidents assessed as alcohol related to the extent the individual arrested by Guernsey Police was readily identifiable as being under the influence of alcohol.

Table 2: Alcohol Related Incidents

	2007	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
Alcohol Related Incidents	969	853	848	930	1018	709	623

- Developing the support available to those entering the criminal justice System due to drug or alcohol related crime. The Criminal Justice Drug Service (CJDS), a partnership between Drug Concern and the Guernsey Probation Service, has been in operation since 2004 and is a well-established and successful part of the Strategy, providing the courts, prison, and Parole Review Committee with the facilities necessary to enable them to impose treatment as a condition of supervision. The Criminal Justice Alcohol Service was introduced as a pilot following the success of the CJDS. Throughout its initial trial, it was evident that the need exceeded the 20 hours a week post which the budget provided and charitable funds were sought to extend the post for three years. It had been intended that following the three years the Strategy would be able to fund the now fulltime post in its entirety, however budgets were prohibitive and a further charitable and private partnership arrangement was arranged. The funding expires at the end of 2014 and it is essential for the Strategy to find the extra funding if the service is to continue in a full-time capacity;
- The benefits of providing a drug and alcohol education programme to young people. The Guernsey Young People's Survey 2010 showed that overall alcohol consumption for all age groups was lower than that identified in the 2007 survey. These figures reduced further by the 2013 survey, with only 16% (27%, 2010) of males and 10% (16%, 2010) females in Year 8 having had an alcoholic drink in the last seven days with an even greater reduction in the Year 10 figures, with males falling to 28% (47% 2010) and females falling 19% (48%, 2010). The reported incidence of young people's drug use remains lower than in England, and the number of young people who report knowing someone who uses drugs is also lower;



- Ensuring that support services are more widely available, in particular developing outreach services to target those young people potentially at risk who may not access or engage with the traditional support services. Initiatives such as the Streetsports Programme which offers targeted sports provision for young people in specific identified areas combined with social and emotional support from trained support workers. Consideration has also been paid to the best mechanism to undertake outreach work within Alderney, noting the particular requirements of a small community. Representatives from a range of local agencies have travelled to Alderney on various occasions to work in conjunction with the resident Alderney Youth Worker.
- The Strategy has particularly focused on the familial impact of substance misuse, promoting initiatives such as Moving Parents and Children Together (MPACT). Despite a general increase both nationally and locally in respect of the number of children involved in child protection, there has been a general downward trend in the percentage of the children on the child protection register who have been identified as having parents who misuse either drugs or alcohol.

Table 3: Child Protection Register

	2008	2009	2010	2011	2012	2013
Total of children on Child Protection Register	58	63	87	79	95	111
Total number as result of parental drink or drugs misuse	48	44	53	50	58	72
% of cases on Child Protection Register as a result of parental substance misuse	83	70	61	63	61	65

4. DRUG AND ALCOHOL STRATEGY 2015-2020

4.1 The vision of the new Strategy is for a safer and healthier Bailiwick, where the harms caused by drugs and alcohol are minimised. The Strategy aims to achieve this vision by coordinating and focusing government, public services and community partners' efforts to tackle drug and alcohol misuse in ways appropriate to the Bailiwick setting.

4.2 The Strategy, which is appended as Appendix 2, has been formulated by the Bailiwick Drug and Alcohol Action Group ("the Group"), a working group containing representation from across the States of Guernsey and the voluntary sectors. Such partnership working has been fundamental to the Strategy and its success since its inception and will continue into the future. In preparing the Strategy, the Group has been mindful of the need to build upon the existing Strategy and to learn lessons of where improvement and development is needed. Additionally public consultation in both July 2013 and August 2014 has been

fundamental in ensuring that the public's views are incorporated into the Strategy.

4.3 The Strategy is fully aligned to the States Strategic Plan, and aims to improve the quality of life of islanders and encouraging individuals to take personal responsibility and adopt healthy lifestyles. The Strategy has been designed to achieve the following strategic outcomes:-

- A reduction in the availability of drugs and alcohol and reduction in risk factors for misuse;
- A reduction in numbers of adults and children using drugs and/or alcohol at levels that are damaging to themselves or others;
- A reduction in the incidence of drug and alcohol related disorder, anti-social behaviour, violence and crime;
- An increase in the number of people moving through treatment into sustained recovery;
- A reduction in drug and alcohol-related economic loss in the Bailiwick, especially the workplace, through promoting responsible choice.

4.4 The Strategy will aim to achieve these objectives through six priority areas of focus: Supply and Demand Reduction, Children, Young People and Families, Partnership Working, Treatment, Responsible Choice, Training, Data Collection, Monitoring and Evaluation. Under each priority area, the Group has established core objectives, primary activities of focus and a mechanism for measuring progress. The details of the Strategy's intended workstreams over the period 2015-2020 are included as Appendix 3. Every workstream under this list will require further development and consultation in order to ensure that an evidence based decision can be made. Additionally, as the Strategy must respond to evolving trends and developments, it is not possible at this stage to predict whether other priorities may emerge throughout during the course of the Strategy.

4.5 The key areas which the Strategy will look to progress under the six priority areas of focus are as detailed below:

Supply and Demand Reduction

Building upon the successes of Law Enforcement to deter the importation and supply of illegal drugs, the Strategy will look to review and assess the current legislation in respect of drug related offending to ensure that it remains suitably appropriate and robust. Additionally, the Strategy will explore alternative ways of responding to drug related offending as well as alcohol related offending. The Strategy, mindful of the growing local trend where prescription drugs are misused, either in isolation or in conjunction with illegal drugs, will also consider the steps which can be taken locally to deter against their misuse, including the continued development of a multiagency approach including local GPs. The Strategy will continue to promote a range of awareness campaigns, designed to ensure that Islanders are aware of the risks and harms of substance

abuse. In particular, the Strategy will look to develop a social media presence in order to ensure the message best reaches its intended audience.

The Strategy will continue to look to evolving good practice in other jurisdictions in respect of reducing the availability of cheap and heavily discounted alcohol and irresponsible promotions. The Strategy will continue to actively work with the licensed trade locally, providing advice and assistance in respect of the responsible discharge of their licence.

Children, Young People and Families

The positive results of the Young People Surveys in recent years have clearly demonstrated the success of the Strategy's education programme and this will continue under the new Strategy, along with the greater promotion of outreach services. The Strategy is increasing its emphasis on prevention and early intervention to divert young people away from drug and alcohol misuse, thereby reducing the need for clinical intervention.

The Strategy, recognising the detrimental effects that parental substance misuse has on children and families, will implement family focused initiatives and seek to improve the referral process from statutory services to community programmes. In particular, the Strategy hopes to promote access to family focused services at an earlier stage in order to divert families towards targeted help and support before escalation of the situation.

Partnership Working

Since its inception, the Strategy has developed strong working relationships with partners in the third sector, most particularly those working with individuals with substance misuse issues and this will continue to develop into the new Strategy. The Strategy also looks forward to enhancing its relationships with charities where alcohol and drugs are not their primary areas of focus but where substance misuse may be a contributory factor for a proportion of their clients. The Strategy will also seek to obtain feedback from service users in order to ensure that provision best meets the need of the individual and remains fit for purpose. Particular emphasis will be placed on the development of risk assessed integrated pathways for prisoners, providing proactive specialist support to retain recovery.

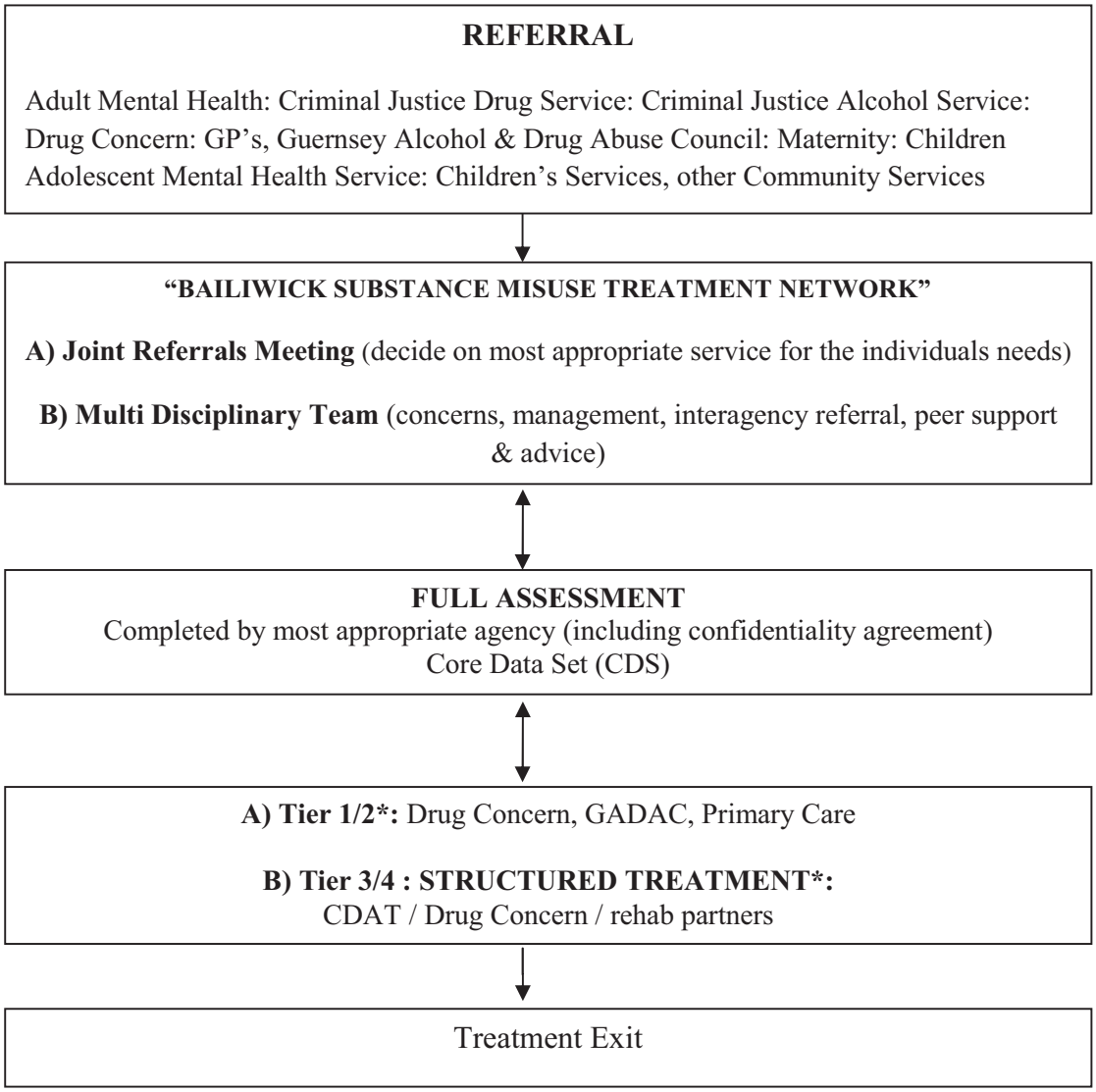
The Strategy has, through its proactive response to emerging drugs of concern (new psychoactive substances - NPS), demonstrated the benefits of liaison with inter-island and national networks. The British Irish Council's drug workstream has been established for many years, and has in part informed and strengthened local approaches. The development of an alcohol workstream in 2013, following concern across the jurisdictions in respect of the harm caused by alcohol misuse, will further enable the Strategy to forge and strengthen link on this important social policy area.

The Strategy will also seek to maintain and develop its relationship with other States' strategies, such as the Criminal Justice Strategy, the Domestic Abuse Strategy and the Tobacco Control Strategy.

Treatment

The Strategy will seek to further develop treatment services locally, with the aim of increasing the number of people moving through treatment into sustained recovery. Fundamental to achieving this aim will be the remodelling of the current treatment programme into an integrated treatment network with a single point of access and agreed information sharing and confidentiality protocols.

One priority for the Strategy will be the development, and implementation, of a model of shared care between treatment providers and GPs. This will improve the treatment package available for clients, and should greater enable access to services.



***National Treatment Agency Tiers (upon which the local structure is based)**

Tier 1: information and advice, screening and referral to specialist drug treatment services, provided by non - drug specialists (e.g. primary care).

Tier 2: information and advice by specialist drug services, triage assessment, referral to structured drug treatment, brief psychosocial interventions, harm reduction services (such as needle exchange) and aftercare.

Tier 3: community - based drug assessment and structured treatment (including community prescribing, psychosocial interventions, and day programmes).

Tier 4: residential treatment such as inpatient units and voluntary sector rehabs.

Responsible Choice

The Strategy will seek to build upon previous awareness campaigns locally in respect of the risks of alcohol consumption and the consequences of problem alcohol use. Particular campaigns may focus on areas such as parental responsibility, the effects of alcohol on the brain in particular in respect of young people and the economic loss within the workplace due to excessive alcohol.

The Strategy will also seek to establish the wider use of opportunistic Identification and Brief Advice, whereby practitioners may, through the use of a recognised tool, swiftly assess an individual's drinking habits, with the aim, where appropriate, to motivate them to reduce their alcohol consumption. It is hoped that this service will be greater developed across primary, acute and community care settings and potentially in the workplace.

Training, Data Collection, Monitoring and Evaluation

A key priority of the 2015-2020 Strategy is to ensure that the data collected locally across service providers is not only used for key performance indicators, assessing the success of the Strategy locally, but is used more widely for benchmarking both nationally and internationally. This benchmarking will allow the Strategy to measure its performance against those of other jurisdictions, enabling Guernsey to, on a world stage, contribute to and learn from evolving good practice and developments.

The greater use of key performance indicators and outcome measures under the new Strategy will allow further monitoring and assessment of the Strategy's Service Level Agreements, ensuring that the Island receives value for money and positive outcomes are achieved. A list of the Strategy's intended key performance indicators can be found within Appendix 2. The Strategy will continue to provide a rolling programme of training to ensure that all relevant staff across States Departments and partner organisations are trained as appropriate to the highest standard and kept up to date with current best practice and issues.

4.6 Progress within the Strategy will be reported by way of an Annual Report which will be published in future years as an Appendix to the Billet d'État. The Annual Report will also include information on the Strategy's key performance indicators and outcome measures against the Service Level Agreements.

5. CONSULTATION

5.1 In preparing the 2015-2020 Strategy, the Department has undertaken two separate consultations; an initial scoping exercise with stakeholders including the public in July 2013 and a second consultation, also open to the public, in August 2014 on the resultant draft strategy. The Department recognises the

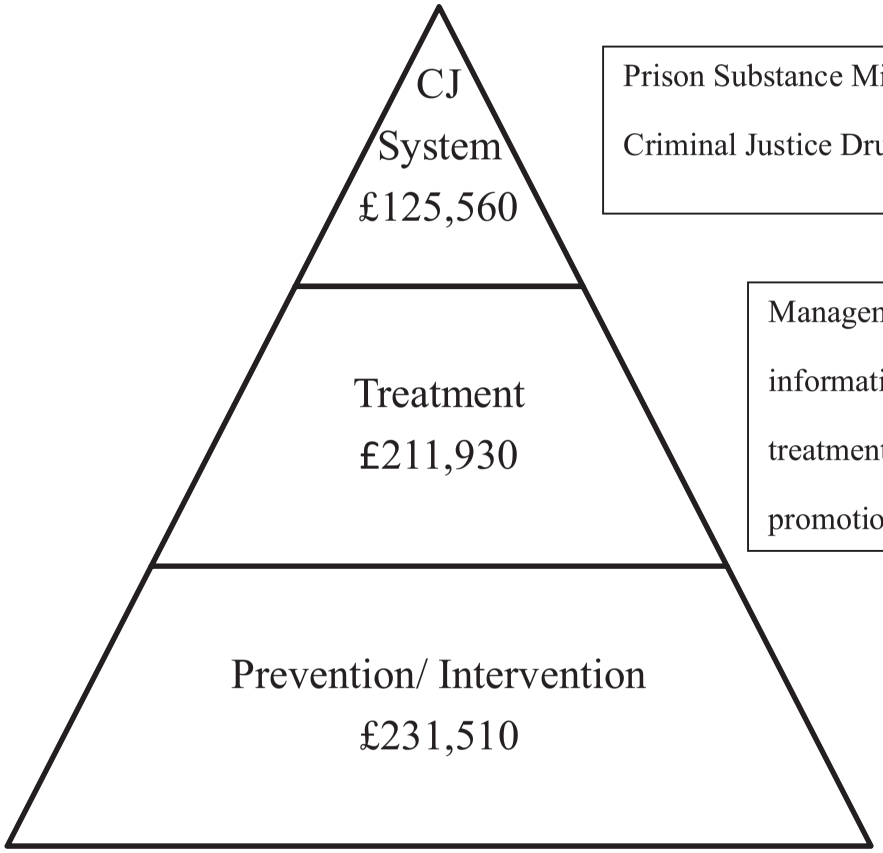
importance of engaging with individuals and organisations across the Island in preparing a multi-agency social policy of this kind and is pleased that the resultant Strategy has received the support of its many stakeholders.

5.2 Through its consultation, the Strategy has received twenty responses from a range of organisations and individuals, including Deputies, licensees, GPs and charities. All respondents were generally supportive of the Strategy, and the comments and suggestions raised during the initial scoping exercise (when the Strategy received the vast majority of responses) were carefully considered and incorporated into the resultant draft strategy as appropriate.

5.3 Letters of support following the second consultation period from the Education Department, Health and Social Services Department, Social Security Department and the Medical Officer of Health are appended at Appendix 4.

6. **FUNDING**

6.1 The Strategy's current authorised budget is £656,480 which is currently divided as follows:-



Prison Substance Misuse Service

Criminal Justice Drug and Alcohol Service

Management of 3rd sector agencies,

information, skilled advice, support, counselling,

treatment in the community, service user engagement,

promotion of a recovery community

Drug & Alcohol Education Service in Primary/Secondary and 6th form schools,

Young Peoples Outreach & Engagement Team,

Intervention and Prevention packages; Social media initiatives, awareness /media campaigns

Established Staff Post £57,000
Monitoring workstreams through training data collection, monitoring and evaluation: £30, 000

6.2 Mindful of the constraints and financial pressures being placed on budgets across the States, the Strategy Group has been conscious in designing the new Strategy that it is unlikely that additional funding will be made available to fund new service developments, at least in the early years of the new Strategy. These financial constraints have been a primary consideration in the drafting of the Action Plan.

6.3 Accordingly, the Department is not requesting additional funding for service developments at this time and will seek, where possible to develop and improve service delivery through the reprioritisation of existing resources. The Department recognises that budgetary constraints are the greatest limitation in respect of the Strategy's further development over the next five years, and will consider what steps can be taken as a Department to ensure that adequate funding is prioritised for this work stream.

7. CONCLUSION

7.1 Drug and alcohol misuse can have a devastating effect on the lives of individuals and their families. A co-ordinated multi agency approach to tackle substance misuse within the community is fundamental to working towards the Department's vision of a safe and healthy Bailiwick where the harm caused by drugs and alcohol is minimised.

7.2 The meaningful and positive contribution which the Strategy makes to the Island, and the need for it to continue into the future, has been clearly evidenced through the Strategy's successes over the last few years. Without this co-ordinated approach to service delivery, it is likely that the work of both States' Departments and the third sector in this area would, at best, become fragmented and disjointed leading to duplication in some areas and gaps in others, or at worst disappear, leaving Islanders with little or no support.

7.3 Fundamentally, the Strategy enables a considered and proactive approach to substance misuse to be taken locally, focussing on ensuring that appropriate preventative interventions are in place in order to avoid the commencement and escalation of substance misuse. Such efforts not only benefit individuals along with their friends and families, but also saves money. Studies commissioned by the Strategy in respect of new initiatives locally have included focus on the longer term and wider cost benefits of developing service provision. Initiatives such as supervised opioid substitute therapy enable individuals to gain or maintain employment rather than receive financial support through the benefits system. Current statistics demonstrate that the rate of employment among people who are dependent on opiates increases significantly once they start opiod substitute therapy, from only 4% before treatment starts to around 40% of clients in employment during treatment. Such initiatives, which will be enhanced under the new Strategy through greater provision within the community, not only result in overall financial savings for the States but importantly enables the client to become independent and develop a more stable lifestyle.

7.4 Providing substance misusers with access to free confidential advice, support and counselling within the community enables individuals who may not feel ready or comfortable to approach a statutory organisation is one of the strengths of the Strategy. As the Strategy moves towards the greater promotion of peer support to enable clients to move towards a sustained recovery and ideally abstinence, the requirement for even greater co-ordination and partnership working will become more pronounced.

7.5 The proposed 2015-2020 Strategy seeks to build upon the successes of the Strategy's current work streams, further reducing the availability of drugs and alcohol, encouraging responsible choices and ensuring that treatment options are available, promoting sustained recovery.

8. RECOMMENDATIONS

The Home Department recommends the States to:

1) Approve the Bailiwick Drug and Alcohol Strategy 2015-2020 and affirm the States' commitment to minimising the harm caused by drug and alcohol misuse to Bailiwick residents of all ages.

Yours faithfully

P L Gillson
Minister

F W Quin, Deputy Minister
M K Le Clerc
M M Lowe
A M Wilkie
A L Ozanne, Non-voting Member

APPENDIX 1

Review of the Drug & Alcohol Strategy

2010- 2014

October 2014

CONTENTS

1. INTRODUCTION

1.1 In 2006 the States approved proposals from the Policy Council to restructure the existing drug and alcohol strategies into a combined Bailiwick Drug and Alcohol Strategy ("the Strategy") designed to run between 2007-2011 inclusive (Billet d'État XVIII 2006). The primary aim of the Strategy was "to minimise the harm caused by drug and alcohol misuse by Bailiwick residents of all ages."

1.2 At this time, the States resolved to affirm the commitment of the States of Guernsey to tackling the issue of drug misuse and to the changing attitude towards alcohol by the continuing promotion of a cohesive, multi-agency approach through the adoption of six pillars designed to:

1) reduce the demands for drugs and alcohol;
2) provide initiatives for young people and families;
3) provide a range of treatment services appropriate for drug and alcohol users;
4) reduce the supply of illegal drugs and support law enforcement initiatives in respect of drugs and alcohol;
5) promote safe and sensible drinking;
6) ensure meaningful coordination and monitoring.

1.3 The States approved a total of 47 proposals and recommendations of the Strategy as contained with section 9 of the Report. This Review provides an update in respect of these proposals and the Strategy's other key initiatives across the period January 2010 - July 2014. The Strategy has otherwise previously provided an update on progress in December 2009 (Billet d'État XXXIII).

1.4 This report reviews the Strategy from January 2010 - July 2014 and so follows the review undertaken in December 2009 (Billet d'État XXXIII) which covered the period 2007 – 2009. Several reports have been commissioned over the last four years to enable the Strategy to evaluate what is working well, how it could be developed and, importantly, a gap analysis to ensure that the Strategy is meeting the needs of the community in relation to drug and alcohol issues. The findings of these reports has been used to inform the development of the new Strategy for the period 2015 -2020.

DRUG & ALCOHOL STRATEGY PARTNERS

2. DRUG & ALCOHOL STRATEGY PARTNERS

2.1 The Strategy is necessarily multi-agency and cross-departmental and brings together a diverse range of agencies both from within the States and from the third sector. Figure 1 sets out the Strategy's governance structure and also provides an indication of the agencies associated with each Strategy Pillar. Further information about key governance groups is provided at 2.2 – 2.3, whilst an overview of the agencies in receipt of the greatest proportion of the Strategy's budget of £655,000 is provided at 2.4 – 2.7.

2.2 **Bailiwick Drug and Alcohol Strategy Group (BDASG)**: This strategic group brings together expertise from across the States and, in particular, representatives from the Home, Health and Social Services, and Education Departments which are key partners in delivering the Strategy. Additional support is drawn in as appropriate from other agencies and States Departments. The BDASG is supported by a number of working groups, such as the Service-User Input Working Group and the Treatment Service Working Group, to progress particular strategic commitments.

2.3 **Drug and Alcohol Strategy Action Group (DASAG):** This multi-agency operational group is comprised of membership from across the States and also the 3rd sector. Meetings are held quarterly, providing opportunity for practitioners within this field to share changing trends and discuss common concerns.

2.4 **Action for Children (2014: £191k):** This charitable service for disadvantaged young people (aged 16-21yrs) provides information and advice for those experiencing substance misuse problems and make referrals to structured treatment providers where appropriate. The service also runs activities and programmes and works together with other agencies to address young people's needs in relation to housing, education, training and employment, criminal justice and health and wellbeing. A Youth Alcohol Worker, funded by the BDASG, delivers alcohol education to all secondary schools and colleges within the Bailiwick and offers a comprehensive outreach service in partnership with community organisations including Guernsey Sports Commission, Guernsey Arts Commission and Drug Concern. The worker engages with young people in their own setting and makes referrals to specialist services where necessary, often accompanying these hard-to-reach young people to allow them access to the best possible service to meet their needs.

2.5 **Drug Concern (2014: £165k)**: This charity provides advice and information, psychosocial interventions and alternative therapy for people experiencing substance misuse problems. It also offers support for family members and friends affected by others' substance misuse. Drug Concern delivers Guernsey's only Needle and Syringe Exchange Service (provided under a Service Level Agreement), which offers harm reduction advice and referral for Hepatitis B vaccination, in addition to distributing needles, syringes and sharps bins. A Criminal Justice Drug Service (CJDS) worker delivers treatment to offenders sentenced to community orders which include a treatment requirement.

2.6 **Guernsey Alcohol and Drug Abuse Council (GADAC) (2014: £81k):** This charity provides advice, information, psychosocial interventions and also residential rehabilitation for individuals whose primary substance of misuse is alcohol, or for family and friends of problematic drinkers. A Criminal Justice Alcohol Service

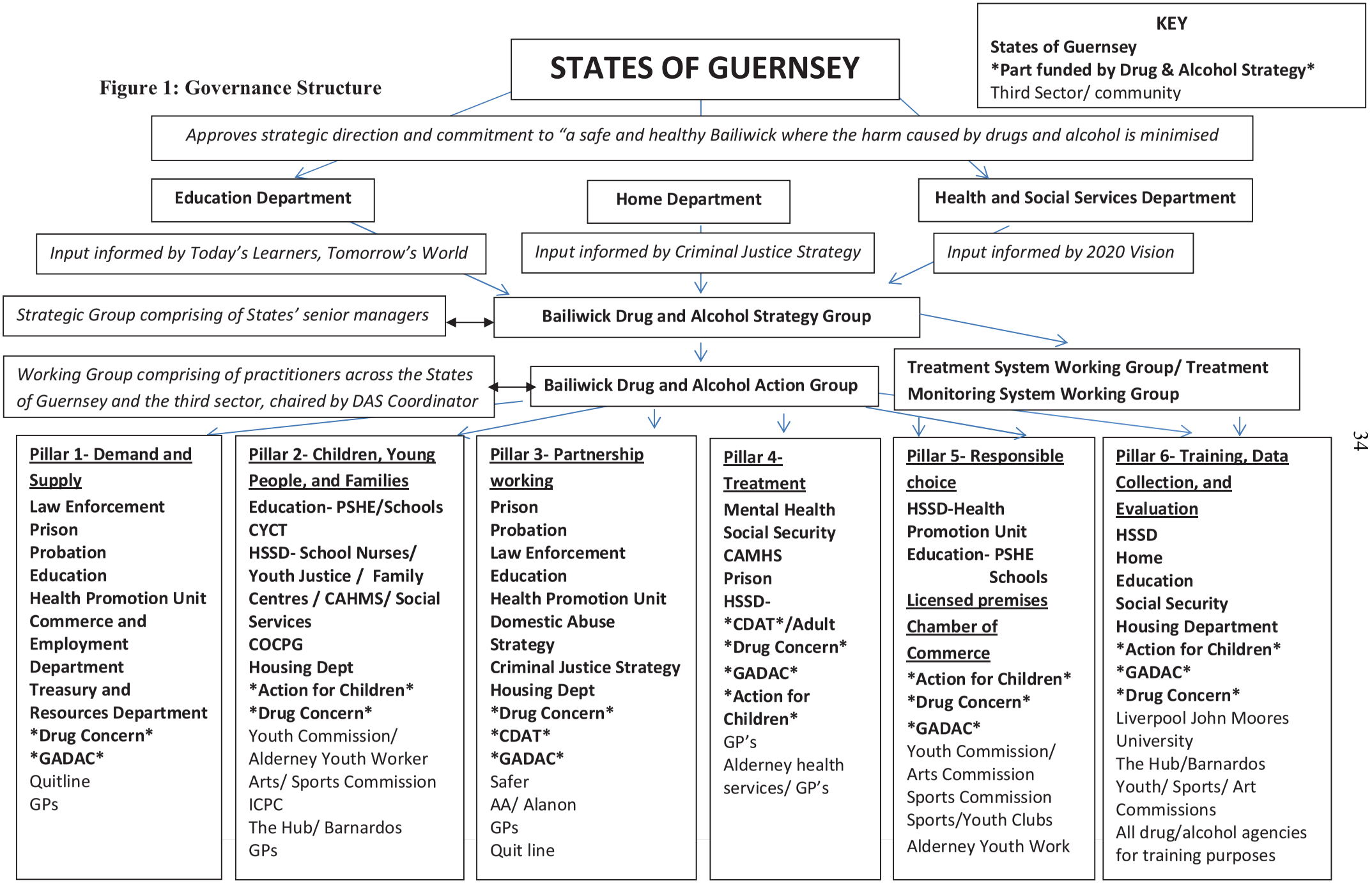
(CJAS) worker post was originally a part-time post funded by the BDASG. It has secured extra funding from private and charitable organisations to secure the post for three years on a full-time basis. This extra funding finishes at the end of 2014. GADAC's provision of residential rehabilitation is not funded by the BDASG.

2.7 A total of £108k is provided to the Health & Social Services Department to support the following areas:

Community Drug and Alcohol Team ("CDAT": £61k). This specialist service is part of the mental health services and is based at the Castel Hospital. CDAT provides a service for those who require clinical intervention 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 delivers psychosocial interventions (e.g. motivational interviewing, solution-focused therapies, relapse prevention), community detoxification and acupuncture, and provides access to inpatient detoxification in Castel Hospital, off-island rehabilitation, and HSSD's mental health day programme.

Young People's Substance Misuse Treatment Service (£47k). In 2009 the HSSD commissioned an evaluation of the local requirement for a young person's drug and alcohol treatment service. The review concluded that "*Overall, the evidence established from the quantitative data would indicate there is a need to develop a specialist treatment service for young people with drug and alcohol problems."* After a lengthy UK recruitment process due to the lack of specialism locally, the Young People's Treatment Service was launched. However, over the next 3 years the data collection showed that the numbers of young people under the age of 18 needing a Tier 3 (specialist service) was relatively low. An opportunity became available to review this service in 2014. Details can be found in the Treatment Section of this review together with the consequent changes to this service.

Figure 1: Governance Structure



(1) DEMAND REDUCTION

This pillar focuses on reducing the demand for, and the acceptability of, drugs whilst increasing knowledge and offering alternatives to drug-use. With respect to alcohol, the aim is to encourage those who drink to do so safely within established safe limits.

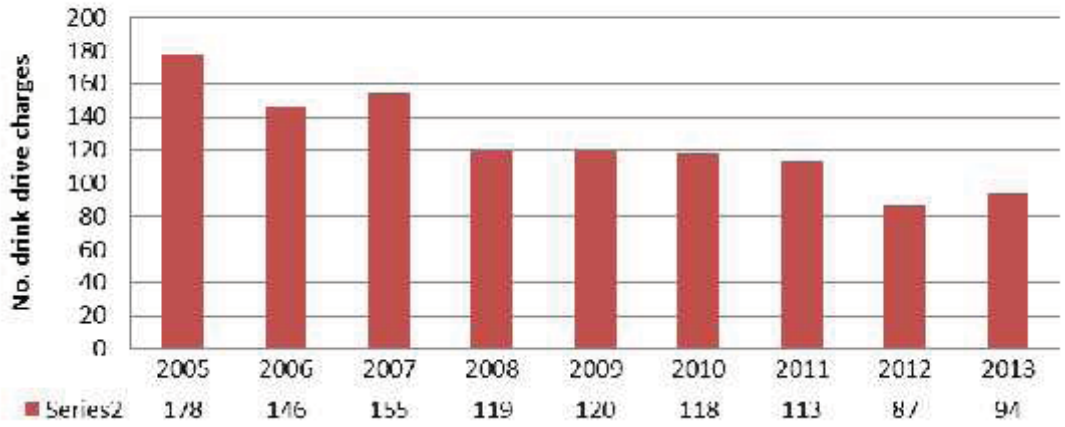
3.1 <u>Recommendation</u>: It is recommended that public awareness raising campaigns be undertaken about the risks of drugs and alcohol.

3.1.1 Since its inception, the Strategy has been committed to raising public awareness in relation to the risks associated with drugs and alcohol and, since 2008, has coordinated both a summer and winter campaign in conjunction with Guernsey Police to promote awareness of the dangers of drink-driving. The promotional activities have been designed to both discourage drink driving by individual themselves, but also to raise the community's awareness more generally as to the dangers of drink driving, thereby encouraging a collective responsibility within familial and peer groups. Activities as part of these campaigns have included radio and television advertisements, the display of awareness material at points of sale in local supermarkets, the display of awareness material on the back windows of buses and police cars, and also distribution of awareness posters and beer mats in licensed premises. Whilst there has been strong media coverage of these campaigns, the Strategy has also sought to make use of social media platforms to ensure that the message has greater reach into the local community. Guernsey Police has also set up a Facebook group - "*Don't Drink and Drive Guernsey"* - as a means to circulate key information through a social network.

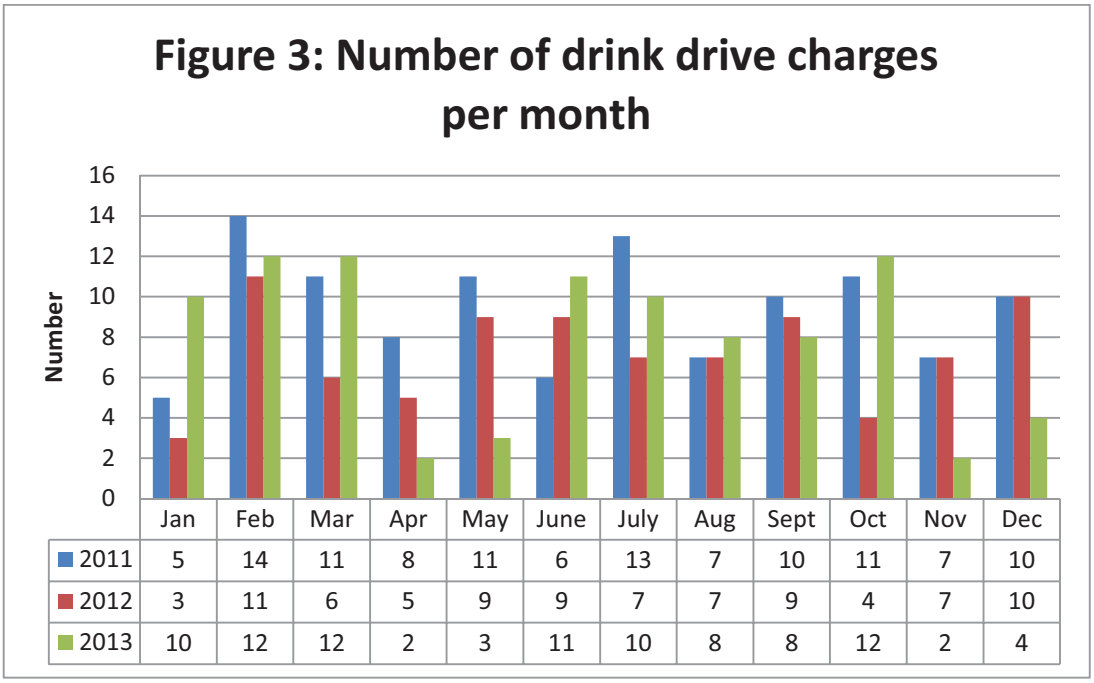
3.1.2 The Strategy's most recent high-profile campaign, "Don't be a Loser", ran from 2011 - 2014 and, across this 3-year period, promoted awareness of the long-term impact that a decision to drink and drive could have, both in terms of the loss of a driving license and the possible consequences in relation to the individual's employment or family. This campaign was sponsored by Lagan, with Hamilton Brooke, a local marketing company, providing their expertise for free.

3.1.3 It is encouraging to acknowledge that data collected across the years that the Strategy has been actively promoting awareness of the risks of drugs and alcohol reflects a general downward trend in respect of the number of those charged with drink driving offences (Figure 2). Whilst there has been a marginal increase in the number charged across 2012 and 2013 (7 cases), the figures reflect a total decrease of 50% between 2005 and 2012.

<u>Figure 2: Drink Drive Charges 2005 - 2013</u>



3.1.4 Figure 3 shows the number of individuals charged with drink driving per calendar month between 2011 - 2013. Analysis of peaks in this data, along with available information on demographics, is used to inform how best to target informational Drink Drive campaigns.



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2011	5	14	11	8	11	6	13	7	10	11	7	10
2012	3	11	6	5	9	9	7	7	9	4	7	10
2013	10	12	12	2	3	11	10	8	8	12	2	4

3.1.5 Table 1 shows the number of individuals charged during the Summer and Christmas Drink Drive Campaigns. For interest, Table 1 also reflects the proportion of those who would be classified by subsequent relevant legislation as high risk drink drivers and to whom alternative interventions will be made available once the legislation is implemented.

Table 1

Year	Drivers charged (August)	Drivers charged (Dec)	High risk Drink drivers	
			August	December
2007	24	15	9	5
2008	17	12	5	4
2009	11	7	4	2
2010	11	13	2	4
2011	7	10	3	5
2012	7	10	3	5
2013	8	4	2	2

3.1.6 The Strategy has also promoted a number of drug awareness campaigns during its lifespan, such as "Cannabis ain't cool", "Drugs & Alcohol don't mix", "Just the one...", and "Alternative Highs". Through these campaigns the Strategy offered various activities, such as abseiling, coasteering and surfing, to all age-groups as "alternative highs" in order to demonstrate alternative means of obtaining an adrenaline rush.

3.1.7 The Strategy also works in partnership with key agencies such as the Health & Social Services Department, Primary Care and Law Enforcement agencies to proactively release information to the media to provide information to the public in relation to the evolving drugs scene, in particular trends in relation to "Emerging Drugs of Concern" ("EDOCS"). Since 2009, 17 such media releases have been released.

3.2 <u>Recommendation</u>: It is recommended that support continues for the production of Massive magazine – two issues per year, for the next two years, during which time external funding from the private sector will be sought for the magazine to continue.

3.2.1 Six magazines were produced and distributed freely to all schools between 2007 and 2009, covering a range of young people's issues, with articles supplied by the Youth Forum, various schools and the College of FE. It was not possible to secure private sponsorship to continue this initiative in what was a difficult climate for advertising companies and, mindful of the identified requirement for additional funding to support and develop the Young People's Treatment Service, the majority of the Strategy's funding in this area was transferred to support this area.

3.3 <u>Recommendation</u>: It is recommended to provide funding to continue and develop the Customs and Crimestoppers phone lines

3.3.1 This was a 3-year initiative funded by the Strategy to promote and develop the use of the freephone numbers. These proved to be an invaluable asset, providing an easily accessible means by which members of the public could pass information to Customs anonymously and without the fear of being compromised by those whom they are reporting on. Calls included intelligence relating to the importation, distribution and supply of controlled drugs, revenue evasion and illegal immigration issues locally. The Crimestoppers Freephone was far more generic but all calls were monitored and some provided useful information for the Guernsey Police to progress their enquiries. Both freephone lines continue to operate to support Guernsey Police and Guernsey Border Agency operations, however strategy funding has been re-prioritised to the Young People's Treatment Service in 2010 as it was found from a 2009 review that this area required development.

3.4 <u>Recommendation:</u> It is recommended to continue with the funding for the courier media campaign

3.4.1 The courier media campaign targeted the home counties of non-local couriers that had been prosecuted within the Bailiwick in order to serve as a deterrent to potential drugs

couriers. Innovations in the modus operandi of criminal syndicates, however, have impacted on the effectiveness of this campaign and, from 2010 strategy funding was re-prioritised to the Young People's Treatment Service as it was found from a 2009 review that this area required development.

3.5 <u>Recommendation</u>: It is recommended to increase the numbers of employers with effective alcohol workplace policies.

3.5.1 This is an area requiring further progression and will be explored in the new Strategy with the assistance of both the Health Promotion Unit and the Guernsey Alcohol and Drug Abuse Council ("GADAC"), both of which have the professional expertise available to support this area of work with local employers. In 2011/12 a review of the States of Guernsey's own policies and procedures in relation to the above found there to be a lack of consistency across Departments in relation to structure and application of existing policies. It is anticipated that a new Drug & Alcohol Policy for all States Departments will be approved before or by 2015 following consideration of a draft formulated and circulated by the Strategy in 2013.

3.6 <u>Recommendation:</u> It is recommended to continue with Drugs and Alcohol Awareness Week on an annual basis.

3.6.1 Since 2010, the Strategy Action Group has selected and promoted a different theme over the course of a week on a recurring annual basis. These awareness weeks have benefited from coverage by the local media and have focused on the following:

- **"Bin The Binge"** – Students from the College of Further Education delivered a road show to their peers with activities, graphic posters, and quizzes to highlight the dangers of binge drinking and the possible consequences to health along with the risky behaviour that may happen whilst under the influence. Support workers from young people's agencies would visit the secondary schools and engage the students with activities around the same subject;

- **"Just the One..." –** A drama production by young people was delivered in schools and a public performance was held at Beau Sejour where The Bar Wizards (finalists in Britain's Got Talent) entertained and produced non-alcoholic cocktails for all. All drug and alcohol agencies associated with the Strategy produced information displays to be viewed in the Concourse during the interval which allowed the parents and public access to expert advice or information on drugs or alcohol;

- **"Why let drink decide"** – Over the course of a month, agency workers and the Police manned the Streetbus and visited every supermarket chain for a day distributing information leaflets to the public on Alcohol and the Law and playing various games to highlight the amount of units in different alcoholic drinks and the effects they can have;

- **"How much is too much?" –** A number of awareness evenings were organised and offered to all schools, focusing on the message to parents about young people's drinking habits, and also to educate parents on the amount of units in each alcoholic drink. This work is continuing.

3.6.2 **Road shows:** Drug and Alcohol Support Workers have used the Streetbus to deliver a number of public roadshows in order to supply information on units of alcohol, the effects of drugs and drinking to excess and the impact on health. These roadshows have been targeted to particular areas based on information made available to the Strategy Action Group from the local community. Unit postcards were also produced and sent out to all licensed premises with the request that these be distributed to every individual purchasing alcohol with their shopping during awareness week. Postcards were also left at points of sale for individuals to pick up if they so wished. The Streetbus, manned by youth workers from all Action Group agencies, has also visited all of the summer shows and Seafront Sundays with the units awareness message.

3.6.3 In developing Awareness weeks, attention is given to emerging local trends in order to ensure that the campaigns are proactively targeted and current. One of the most important developments in recent years is the increased prevalence of EDOCs and a key success of the Strategy has been the coordination of multi-agency efforts to deal effectively with these substances and to thereby reduce the potential ongoing health harms and adverse consequences that could have otherwise affected the local community.

3.6.4 The availability of so-called "legal highs" for sale in local shops and also online from late 2008/early 2009 was at that time acknowledged by the Strategy Action Group as a cause for concern, not least because the name incorrectly promoted the assumption that the substances were legal because they were safe to consume. With visually attractive packaging, these "legal highs" were marketed to encourage experimentation and appeal to as broad an audience as possible. In the absence of a list of ingredients attached to the substances, the Action Group's concern was that it became a lottery as to how any individual would react to the substance once it had been taken and, should an adverse reaction occur, it was very difficult to administer effective treatments when the ingredients were unknown. An early decision was therefore made for the Bailiwick to refer to all "legal highs" as "Emerging Drugs of Concern", thereby promoting the message to the local community that there were concerns about the effects of taking them.

3.6.5 An educational campaign, incorporating media releases and a leaflet specific to EDOCS, was launched to promote public awareness of the dangers presented by the available substances, pills and powders. The Action Group monitored the availability of these substances at a local level and, acknowledging their increasing prevalence through local shops in particular, introduced legislation banning the importation/exportation of a 'medicinal product' for commercial purpose. This was achieved through the addition of the category 'medicinal products' onto the schedules of goods controlled under the Import and Export of Goods (Control) (Guernsey) Law, 1946 and its subsequent Orders. The ban came into force on 7th April 2009 and prohibits all commercial imports/exports of 'medicinal products' unless a licence has been issued. In practical terms, this means that shops can no longer import stock. Amendments to The Medicines (Human and Veterinary) (Bailiwick of Guernsey) Law, 2008 have also been implemented meaning further restrictions on the sale/supply of medicinal products.

3.6.6 Analysis of trends across 2009 demonstrated increasing popularity of postal importations of the legal-high powders. Mephedrone, an unusual product used as

party drug simulating cocaine or amphetamine use but also taken intravenously, in particular was found to lead to some serious side effects. Mephedrone was adopted by a local opiate user group as their "drug of choice" and was increasingly referred to as "the new heroin". During this time the amounts being imported were either small or at best semi-commercial (over 200 grams of Mephedrone at 100% purity was being imported on a weekly basis). It was acknowledged that Guernsey was being referred to as the legal high capital of the world and the prevalence of EDOCS all but eradicated the presence of controlled drugs at a local level.

3.6.7 In March/April 2010, and as a result of information provided by key local stakeholders identifying the impact of EDOCs, the Home Department in conjunction with HSSD successfully introduced an importation/exportation ban on what these Departments believed to be the most harmful substances being regularly imported. Further bans followed throughout 2010.

3.6.8 During 2010 the UK's Advisory Council for the Misuse of Drugs ("the ACMD") decided to classify all of the substances on Guernsey's list as controlled drugs. Guernsey was invited to input into regular meetings with the ACMD and share agencies' knowledge of EDOCs and their associated harm. It was Guernsey's participation and experience in respect of the impact Mephedrone had on a small jurisdiction which helped to sway the ACMD's decision to make it a controlled drug.

3.6.9 In the last two years the popularity has decreased as the most potent (or harmful) substances have been controlled. However, Guernsey is still actively monitoring for new trends and any new substance reported to be causing harm is considered and can be banned on import/export as a holding decision whilst the ACMD consider the harm implications and determine whether it should be controlled. Guernsey will usually mirror any UK changes with controlled drugs – the exception being when they lowered the classification of cannabis.

3.6.10 More recently the UK has introduced legislation allowing the temporary ban of new psychoactive substances. This means it is an offence to import or supply (like a controlled drug) but not to possess personal amounts. The ban is for 12 months and during this period the ACMD must determine the harm and whether it should be controlled or not. Guernsey has not introduced this locally as the import ban seems to have proven itself as effective for the Islands. In 2014, a new piece of legislation has been implemented which stops personal use importations of legal highs.

3.6.11 The Guernsey Border Agency continues to contribute knowledge and expertise to quarterly ACMD meetings to help shape efforts to tackle this matter, also ensuring that the community remains sighted on new or emerging risks.

(2) YOUNG PEOPLE & FAMILIES

This pillar focuses on minimising experimentation and the diverse effects of drugs & alcohol on young people. In particular, the aims are to prevent experimentation developing into problem-use and to help young people at risk of problem-use to make positive choices about their lives.

4.1 **<u>Recommendation</u>: It is recommended to amalgamate the current young people's drug & alcohol related projects into a multi-agency Service, providing a range of support and advice services including education and street work, for young people vulnerable to drug and alcohol misuse.**

4.1.2 In 2009, relevant agencies, including Drug Concern, Action for Children (formerly National Children's Homes), HSSD and the Youth Commission (formerly known as the Youth Service) amalgamated all existing work and continued to develop this area. The Service worked closely with all outside agencies associated with young people forming a Young People's Drug and Alcohol Group which was coordinated initially by the Social Policy Coordinator and then the Drug & Alcohol Strategy Coordinator. This section sets out the highlights of the multi-agency service:

4.1.3 **Drug & Alcohol Education in Schools:** Whilst this was one of the success stories for the Strategy, the BDASG is not complacent and will continue to actively develop and revise this area. The Drug & Alcohol Education Programme delivered by Drug Concern and Action for Children respectively covered all secondary schools from Years 7-11 in both Guernsey and Alderney, together with the Sixth Form Centres and the College of Further Education. The Programme addresses the issues and choices relating to substance misuse and its associated risks and potential consequences. Workers offered at least 1 session per Year-Group from Year 5 upwards and promoted the benefits of an alcohol-free childhood as the safest and healthiest option. Concise, factual and up-to-date information as to the local trends was provided. These lessons complemented the existing programme of Personal, Social & Health Education ("PSHE") that is delivered across all schools. It is encouraging that a survey of those attending PSHE lessons confirmed that students recalled the information provided and many cited the Alcohol Education workers as the most memorable.

4.1.4 In 2008 the Strategy commissioned a review to ascertain whether Drug & Alcohol Education was being delivered and targeted at the right age group. Stakeholders consulted included Family Centres, schools, Youth Justice, Action for Children and, crucially, 14-15yr-olds who provided detailed insight into when social decisions start to be made in respect of experimentation with alcohol. This review found that it was appropriate to commence drug education from Year 7 (11-12yrs) onwards. It also found that basic alcohol information for young people was most effectively delivered in a structured environment (i.e. as a lesson) and that choices about alcohol experimentation could be made as early as 9yrs of age, in which case Year 5 was the preferred year-group for targeted lesson delivery.

4.1.5 All primary schools were invited to include alcohol education as part of their curriculum, with an average of 36 lessons delivered per year to Year 5 and 6 pupils. Table 2 identifies the number of students in secondary education (including the Colleges) attending both Drug Education Sessions and Alcohol Education Sessions across 2010 – 2013.

Table 2	2011	2012	2013
Drug Education Sessions : students attended	2,953	3,143	3,520
Alcohol Education Sessions :students attended	3,180	3,323	3,468

4.1.6 Since 2009 there has been the need for a particular focus on Emerging Drugs of Concern (previously known as "legal highs") as they encouraged a culture of experimentation among young people, who were not aware of the harms associated with their use. Local leaflets were published and information sessions provided for both parents and teachers.

4.1.7 Encouraging feedback was received in the Healthy Schools Report, which focused in part on drug using behaviour. The report reflected a 4% reduction in drug use among teenagers, over a three year period (2010 – 2013). The Strategy believes that the drug education programme was a valuable contributor to this positive outcome.

4.1.8 Further encouraging results were borne out by the Young People's survey 2013 (further detail provided at 4.1.9 – 4.1.14). Approximately 1400 pupils in Years 6, 8, and 10 answered 70 questions online about their behaviour, views and attitudes.

4.1.9 Over the past twenty years the Education Department and the Health and Social Services Department have worked with the School's Health Education Unit (SHEU) in Exeter to develop a profile of young people in Guernsey. The unit are leaders in gathering evidence about the behaviour, views and attitudes of young people.

4.1.10 These surveys have provided an important evidence base that has been used for a variety of purposes, including:

- To monitor trends amongst young people especially to measure developments over time.
- To benchmark the findings against other communities.
- To inform practice - the survey has been especially significant in shaping health-related activities such as the Drug and Alcohol Strategy

4.1.11 Figures 4 -7 benchmark Guernsey against SHEU over the last 20 years evidencing responses to the key questions of "Have you had an alcoholic drink in the last 7 days?" and "Have you ever been offered cannabis?"

Figure 4 Have you had an alcoholic drink in the last 7 days?

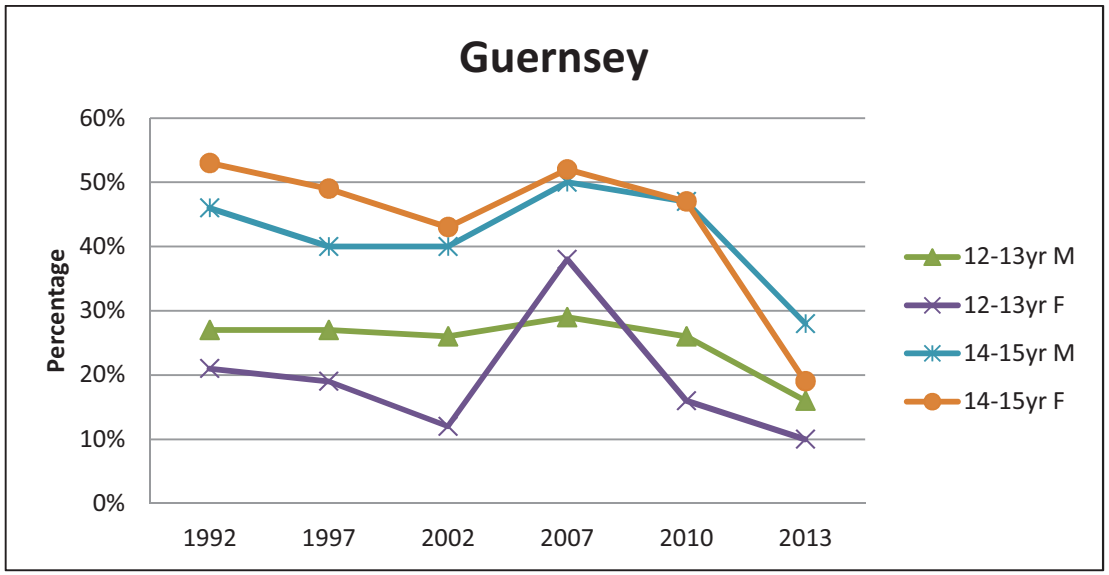


Figure 5 **Have you had an alcoholic drink in the last 7 days?**

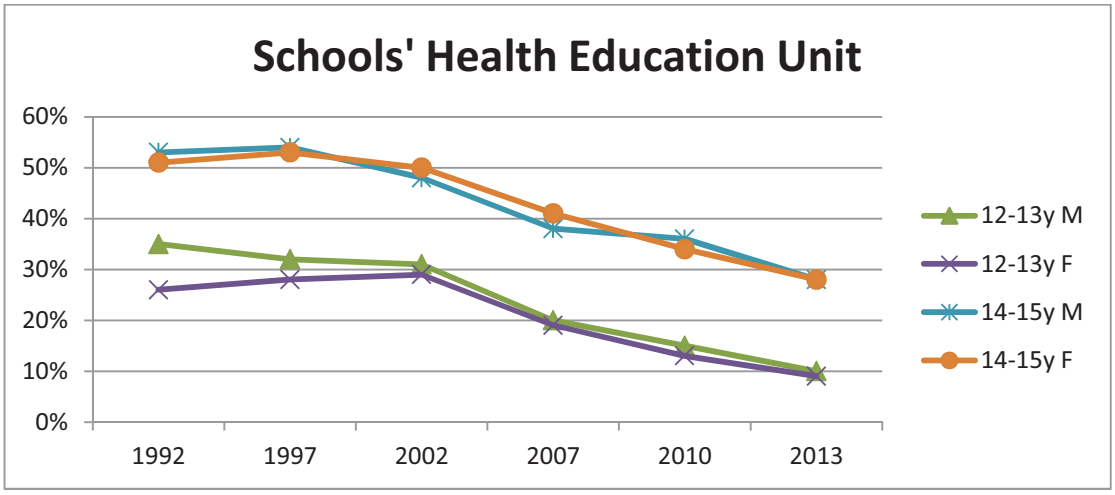


Figure 6 **Have you ever been offered cannabis?**

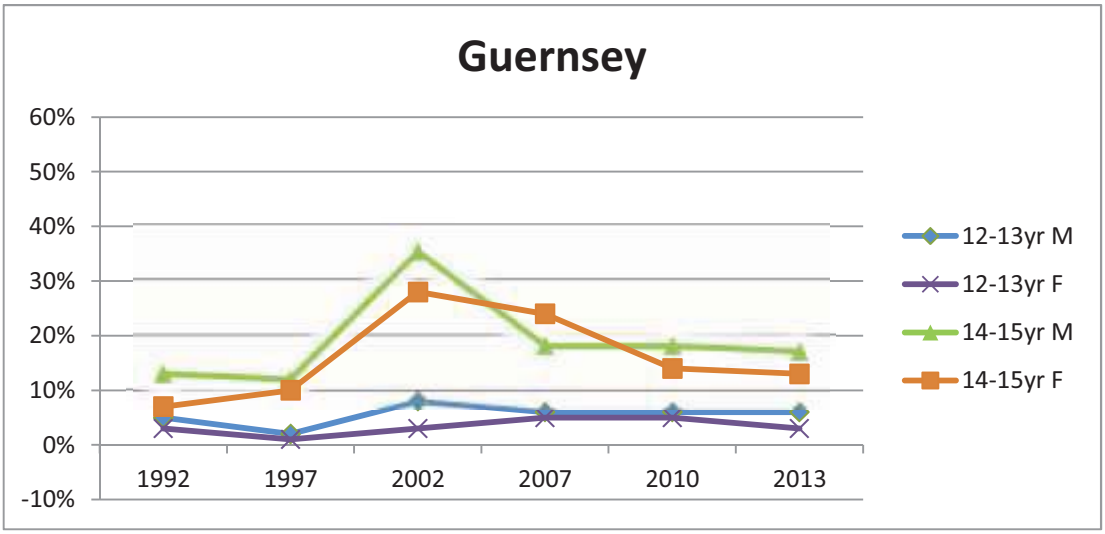
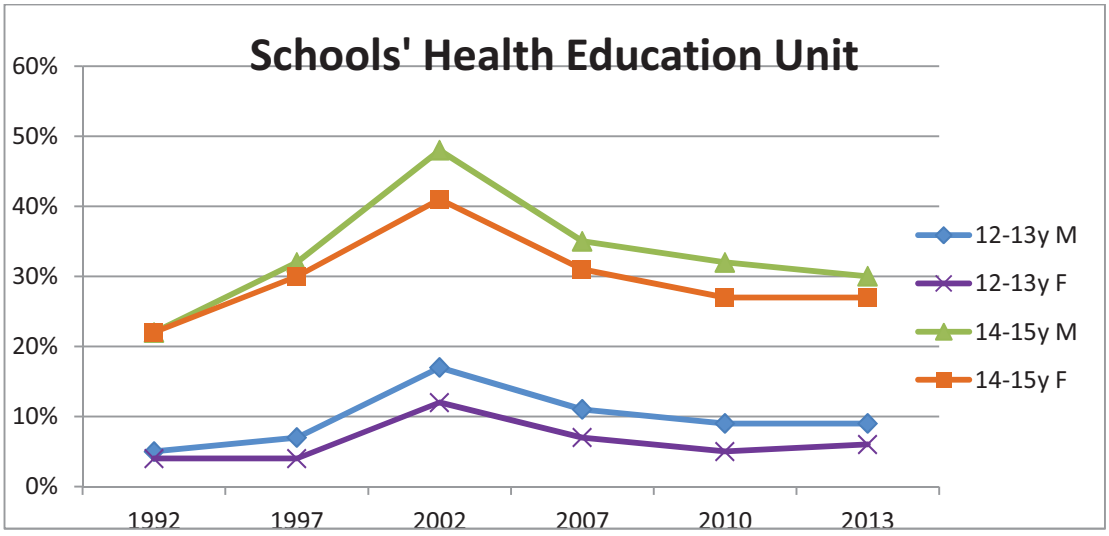
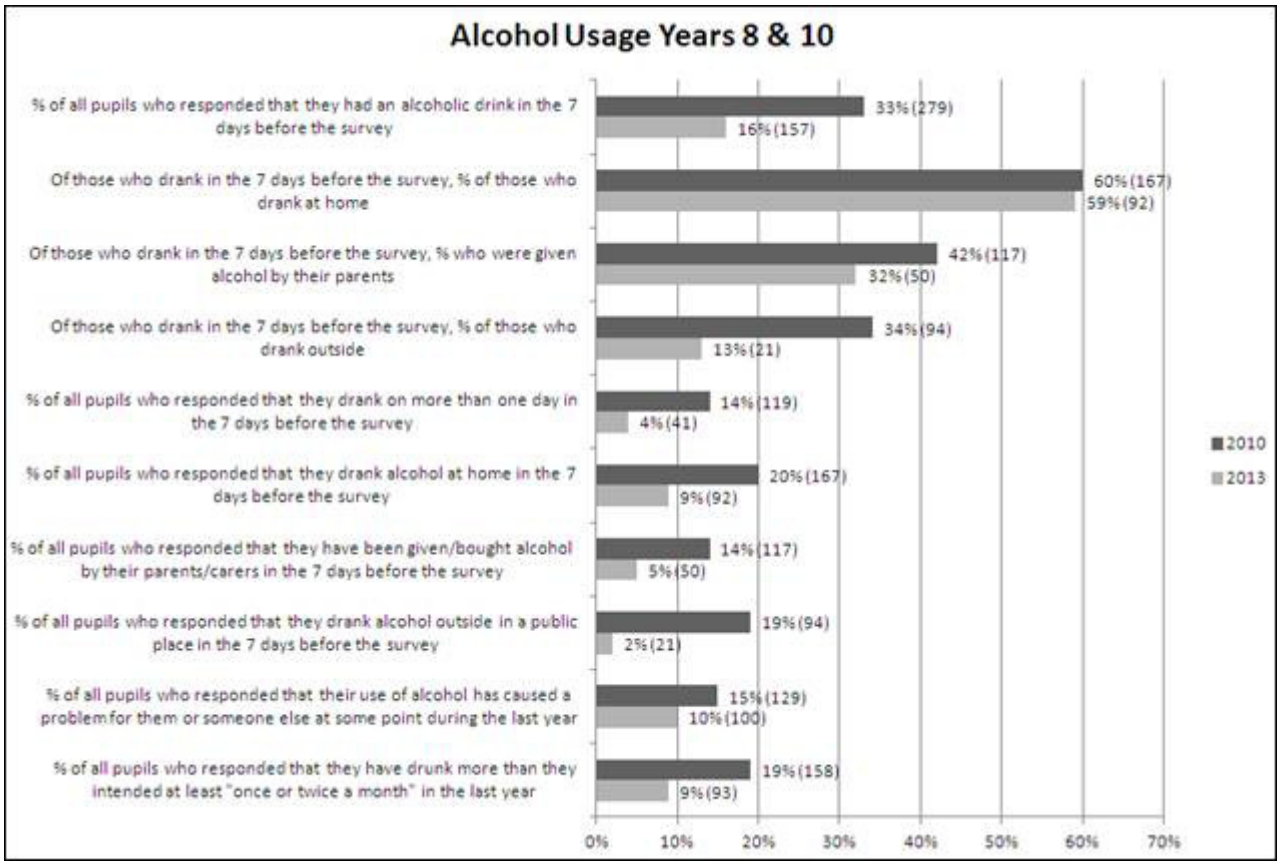


Figure 7 **Have you ever been offered cannabis?**



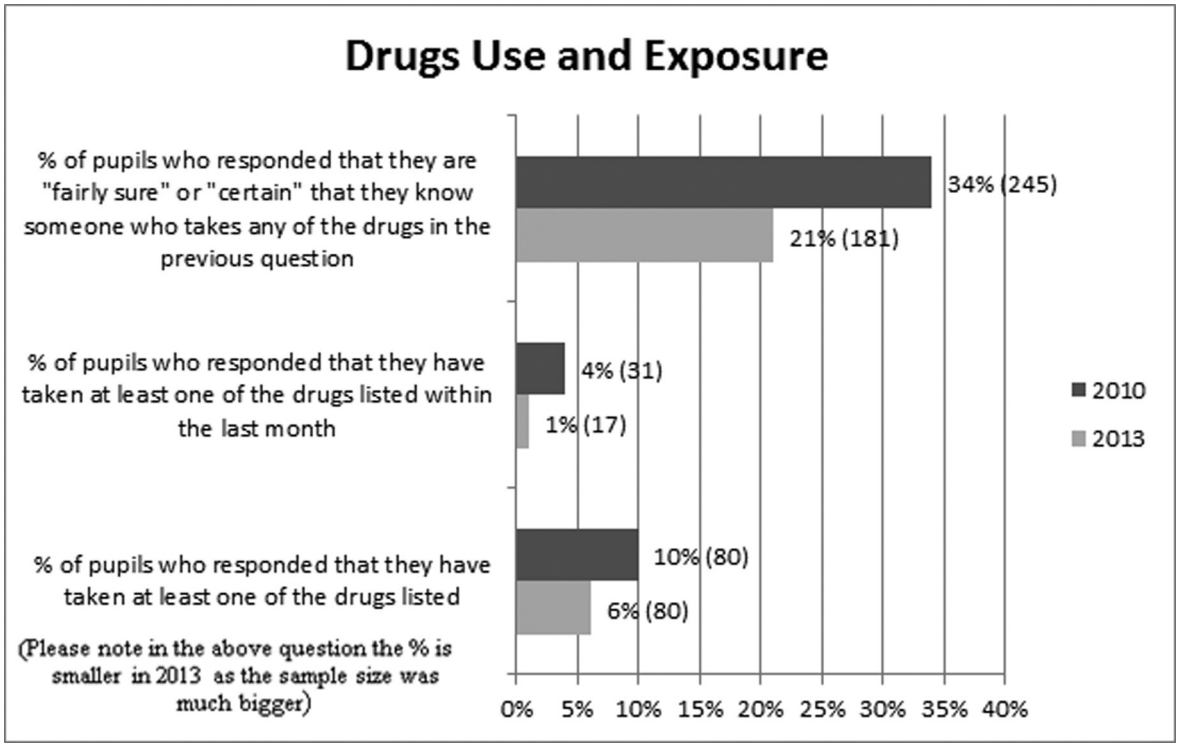
4.1.12 Figure 8 shows a significant reduction in all areas of alcohol use comparing data collected in 2010 and 2013 within Years 8 (12- 13yr) and Year 10 (14 – 15yrs) It is interesting to note that the question asking about parental involvement shows that of those young people who had drank in the preceding seven days, 32% had been provided the alcohol by their parents. This information has led to specific parents evenings being offered within secondary schools incorporating drug, alcohol and smoking information. These have been well received in some schools and the challenge for the new Strategy will be ensuring the parents are informed of the dangers and health harms alcohol can have on the developing brain of a young adolescent within puberty (10 – 17 years).

Figure 8 – Alcohol Usage in Years 8 and 10



4.1.13 Figure 9 shows the reduction in drug use in Years 8 and 10. The list of drugs that the young people were asked to consider is as follows; heroin, cocaine, crack cocaine, ecstasy, Amphetamines, Barbiturate, Cannabis, Khat, Crystal meth, Emerging drugs of concern, e.g. Mephedrone Hallucinogens, Ketamine, Muscle-building steroids, Opiates, Poppers, Solvents used as drugs, Tranquillisers 'Date rape' drugs, other illegal drugs.

Figure 9 – Drug Use and Exposure



4.1.14 It is pleasing to note the comments of the Schools Health Education Unit (SHEU), in respect of the findings of the Young People's Survey 2013.

"*The most striking developments reflected in the survey are the changes in behaviour of Guernsey's young people regarding drugs, alcohol and tobacco; where prevalence is all lower than before. Clearly much work has been undertaken to ensure that young people are aware of the issues associated with risk-taking behaviour and the vast majority of young people have responded by taking those messages on board and developing a sensible attitude to risk-taking behaviour. Guernsey should be proud of the responsible attitude that its youth have reported through the website.*"

4.1.15 STAART (Start Thinking About Alcohol Today) was a new health promotion programme delivered to pupils within Year 7 by trained workers aimed at preventing alcohol misuse in 11-15 year olds and delaying the start of drinking alcohol. This programme was funded by the Co-operative Society and delivered by the Health Promotion Unit and the Education Department. The programme has been monitored with the evaluation pending. The UK Chief Medical Officer recommends that no child under the age of 15yrs should drink alcohol.

4.1.16 Other activities in schools have included:

- Short plays by Year 9 students at Beau Sejour Theatre as part of their Personal, Social Health Education & Citizenship and drama lessons. Performed in front of parents and families, as well to peers in school assemblies, the diverse content of the plays incorporated modern-day renditions of nursery rhymes and aspects of popular culture, therefore ensuring the message to spread to the desired audience in a unique and informative way.

- Over the last three years a travelling professional theatre company has visited Guernsey delivering "Last Orders", a true story, presented in an accessible yet direct style, outlining how a quiet night in at home for two teenage girls resulted in tragedy. Performances are followed by workshops exploring the themes raised in the performance and allowing consideration of "what if" scenarios and how the circumstances could have changed had the girls made different choices. All secondary schools have taken part to date, with the performance being delivered each year to 600 students.

- "Get Your Head Round It" was a substance misuse awareness initiative where a group of puppeteers delivered school assemblies and workshops regarding the dangers of experimenting with drugs and the possible consequences.

4.1.17 **Outreach -** Action for Children was the main provider for the Outreach Service funded by the Strategy; however this was very much a multi-agency approach with valued support from the Sports Commission, The Hub, the Arts Commission and the Youth Service, (now the Youth Commission). The multi-agency approach was key to the success of this particular area of work. The aim was to offer positive activities to young people in an informal environment and, where possible, offer preventative strategies to those who may have been at risk in some way, for example from drug and alcohol misuse. Outreach services often reach young people below the age of 16 and use the opportunity to also raise awareness of other services which may become relevant to these young people in the future. An extract from Action for Children's 2013 Annual Report highlights the number of young people involved:

> "*Action for Children recorded statistics from 47 sessions. During this time there were 430 contacts with young people: 226 contacts were with males, 206 contacts with females. Of these 430 contacts, 37 were with children under 14 years of age, 119 contacts with children aged 14 & 15 and 272 contacts with children aged 16 and over."*

4.1.18 The primary resource used was the Streetbus, used on 42 occasions in 2013, which provided a mobile shelter from the weather and a safe place where service users could seek help and support on a one to one basis. Naturally during the colder and wetter months this was a vital resource. Throughout all seasons and in all weather, Action for Children outreach workers worked alongside the Sports Commission. This provided an opportunity to engage young people on an informal basis and build relationships with them to subsequently help them with relevant issues. Out of those contacts, 100 conversations surrounded alcohol (the most by far out of 23 topics) and 55 were around drugs.

4.1.19 These conversations support brief interventions that help young people make positive choices and change or challenge negative behaviour. For example, it has been observed by Action for Children staff that despite some of the young people reaching legal drinking age, the young people themselves report a decrease in their alcohol consumption. Furthermore, staff observed a decrease in anti-social behaviour, with the young people anecdotally reporting less involvement with police.

4.1.20 This informal multi-agency approach provided opportunity for outreach workers to identify where further support may be required. During 2013 the Action for Children outreach team signposted four young people to the Police, three to the Probation Service, three to the Hub, one to St Julian's, and six to the Citizens Advice Bureau. Furthermore, young people were directed to Action for Children's own services for more intensive support on 40 occasions.

4.1.21 Consideration has also been paid to the best mechanism to undertake outreach work within Alderney, noting the particular requirements of a small community. Representatives from a range of local agencies have travelled to Alderney on various occasions to work in conjunction with the resident Alderney Youth Worker to assist and support in the provision of targeted initiatives and activities in respect of substances misuse. The new Strategy will look to enhance service provision, ensuring that Alderney young people continue to have access to appropriate support.

4.1.22 **Street Sports Programme – Sports Commission**: Street Sports was a community programme that aimed to improve sports provision for young people in order to benefit their well-being. It offered 11-18 year olds of all abilities free sports and physical activity sessions and stemmed from a need to offer an activity for young people around the island who tended to congregate in specific areas and became a nuisance to the neighbouring communities. It aims to channel young islanders' energies into positive physical activity, providing opportunity for young people to be active, socialise, have fun, play sports and learn new skills. Street Sports sessions are delivered fifty weeks of the year including school holidays.

4.1.23 Research was carried out to establish the areas on the island most in need so that sessions could start being delivered to young people experiencing social, emotional and/or economic difficulties who would otherwise not be engaged in a constructive activity in the evenings. This identified three neighbourhoods which would most benefit from this type of provision. When Street Sports began in 2010, 137 young people attended the sessions. This figure has increased every year, with 357 young people accessing the programme in 2013. The Service sought feedback from participants in 2013 which identified that:

- 94% of participants confirm that Street Sports helped them be more active; 6% said 'sometimes'
- 85% of participants say that staff encouraged them to participate in activities
- 76% felt safe at sessions; 14% replied 'yes and no' to this question
- 83% said that Street Sports stopped them from getting bored
- 79% replied that Street Sports helped them be more confident; 10% replied 'yes and no'

4.1.24 The Streetbus has been a valuable resource not only to the outreach teams but for health promotion in general. Over the last three years the Streetbus has been booked out on average 160 times a year with a variety of agencies taking it to supermarkets, Seafront Sundays, Market Square and the Weighbridge site to promote their health messages.

4.1.25 **Karabiner:** Karabiner had been delivered in many guises over the years, with the aim of targeting vulnerable young people who are at risk of substance misuse and promoting their confidence, self-esteem, encouraging life skills to ensure they become more employable over a period of time, fundamental to them becoming self-sufficient in an increasing competitive world. The eight week programme was a multi – agency approach which enabled the young people to develop themselves further and identify positive support networks. 13 agencies delivered sessions some accredited such as a Health and Safety course and Fire Safety (use of extinguishers and fire blankets)

4.1.26 Between 2011 – 2012, 47 young people started the programme with 36 (76%) completing the 8 weeks. 5 individuals left during the programme in order to take up employment, 1 left due to behavioural issues and 5 individuals chose to stop. 19 (53% of those completing the course) young people found employment with over 50% continuing their engagement with Action for Children even though they were employed.

4.1.27 During 2013, Karabiner was redesigned, taking into account the significant amount of research available identifying the link between unemployment and substance misuse such as Professor Dieter Henkel, "Unemployment and Substance Use: A review of Literature (1990-2010)". The course now takes place over 6 weeks, rather than 8 weeks, with increased emphasis on personal development and employability, designed to help improve young people's skills and raise their aspirations in order to better equip them for the world of employment. The course combines formally accredited courses like food hygiene and first aid, with life skills, cookery and employment skills. This programme is followed up with individual support for each participant to help them gain employment or work experience and to continue to build on their learning and the positive changes they have already made.

4.1.28 During the course of 2013, three six week programmes were completed, supporting 19 young people. 17 young people (90%) completed the programme with one individual leaving earlier having found employment and another individual leaving who felt unable to cope with the commitment of the course. Activities during the courses included co-ordinating a "pop up café" at The Caves and supporting job hunting. Outcomes for individuals participating in the course has been positive, with seven obtaining full time employment (37%), seven are continuing to engage with Action for Children, two have disengaged and one has returned to prison but still has contact with their support worker.

4.1.29 Table 3 shows the number young people accessing Action for Children over the last five years. It also shows those service users with drug issues, alcohol issues, or both drug and alcohol issues per year.

Table 3- Number of young people accessing Action for Children Services

Year	Total no, of service users	Total % and no. of service users with drug issues	Total % and no. of service users with alcohol issues	Total % and no. of service users with both drug and alcohol issues
2010	257	34% (88)	38% (98)	28% (73)
2011	234	44% (102)	31% (72)	27% (64)
2012	225	48% (109)	33% (74)	31% (69)
2013	201	38% (76)	29% (59)	22% (44)
2014 (Q 1-3)	182	35% (63)	40% (73)	24% (43)

4.1.30 **Moving Parents and Children Together (MPACT)**: The MPACT programme, delivered by Drug Concern, is a new initiative, providing early intervention services to children between the ages of 8 and 17 years of age in families affected by parental substance misuse. The programme works with the whole family and focuses on improving the safety and well-being of children within substance using families. It aims to provide the children with a voice, to promote the use of positive communication, to increase the child's resilience, and to help the family to work better together, reducing the feelings of isolation often associated with parental substance use. The programme runs over eight-weeks, and each week includes providing opportunity for families to sit down together around a hot meal. The programme requires a minimum of four facilitators to deliver the content and this is done in collaboration with the statutory services who contribute to the delivery of this innovative intervention. The Licence and the training programme was (and is) funded by the Strategy but with no available budget to run the Programme itself, Drug Concern successfully applied for funding from Children in Need to run the programme for a 3 year period.

4.1.31 Two programmes were delivered during 2013, made up of ten families, 10 adults and 12 children, with positive results. 45% of individuals in programme 1 and 50% of individuals in programme 2 reported an increased ability to cope following the course, and 45% and 55% of individuals reported improvements in how both they and their family was functioning. 12 months after the initial programme, further feedback was sought from the participants:

- 100 % of participants reported that the family continued to communicate well with one another.
- 100 % reported to be coping better as a family.
- 91 % reported that since completing MPACT their families worked better together.
- 73 % reported a reduction in family problems all of which attributed change to participating in the programme.

- 64 % reported to be coping better as individuals.

These results are extremely encouraging. It is normal for change to occur in the time during and immediately after a programme, but to be able to report change maintained is a significant outcome.

4.2 <u>Recommendation</u>: It is recommended that a contribution towards the cost of a Domestic Abuse Coordinator be met through the Drug & Alcohol Strategy to ensure that these issues are addressed.

4.2.1 A Domestic Abuse Strategy Working Group was established in 2007 and, in recognition of the links between domestic abuse and drug and/or alcohol, the Drug & Alcohol Strategy Coordinator became a member this forum. The Domestic Abuse Strategy was ratified by the States of Deliberation in June 2009.

4.2.2 Seed-funding from the Drug & Alcohol Strategy was used to set up part of the Rent Deposit Loan Scheme which offers loans for rent deposits to people in need of alternative accommodation in order to leave abusive relationships. Individuals with savings of <£3k can apply for a loan. This Scheme's fund is now self-sufficient through repayment and the Drug & Alcohol Strategy has, since 2010, diverted funds to support the Young People's Treatment Service.

(3) TREATMENT

This pillar aims to provide treatment services to those who need them in line with best practice and to provide advice, information, counselling and support services for problem drug/alcohol users, their families/carers and other professionals.

5.1.1 Adult structured treatment: During late 2012/13 Liverpool, John Moores University (LJMU) was commissioned to carry out a Needs Assessment research project to develop the Bailiwick treatment system for substance misusers, including a service user report and best practice guidelines. This detailed information will be used to develop the new Strategy and all recommendations from the LJMU report have been included in the Action Plan (Appendix 3). However it is important to note that data collection within all three treatment agencies was extremely complicated and time consuming with no consistency in the process or the categorisation. All the data from each provider team was from 2011 (unless separately stated) and showed the following numbers accessing services and in structured treatment in that year:-

Table 4 Individuals accessing treatment services per agency within the Bailiwick

Agency	Referrals in 2011	Individuals accessing treatment in 2011
Community Drug and Alcohol Team	212	103
Guernsey Drug Concern core service	83	186
Drug Concern Guernsey, Prison	215	82
Drug Concern Guernsey, CJS	37	9 (+4 pending)
Drug Concern Guernsey, Arrest Referral	45	13
Guernsey Alcohol and Drug Abuse Council (GADAC) core service	>80	70
GADAC Criminal Justice Alcohol Worker service	39	26

5.1.2 This reduction in those receiving treatment includes inappropriate referrals, clients invited to opt in but who did not reply: and clients who replied but then did not attend.

5.1.3 Clients may be seen by more than one service in the year and these are not identified.

5.1.4 Systems currently used by service providers (CDAT/Drug Concern/GADAC) do not capture a Core Data Set (CDS) with consistent definitions that could be used for international comparison. Data can be recorded differently from provider-to-provider and data such as the number of successful/unsuccessful treatment exits could not be collected.

5.1.5 Tools used to measures treatment outcomes vary within the services (e.g. Treatment Outcomes Profile (TOP), and the Outcomes Star) and again makes it difficult to monitor a service user's journey through the treatment system.

5.1.6 The review of the Bailiwick's existing substance misuse treatment monitoring system carried out by LJMU has identified several of its limitations. Key figures needed to determine the efficiency and effectiveness of treatment are not currently available. The extent to which client needs are being met is unclear because (i) the current monitoring system does not allow for tracking of clients throughout their treatment journeys, and (ii) client outcomes are not measured in a consistent manner across services. Furthermore, apprehension among treatment providers about sharing client data creates a barrier to inter-agency working.

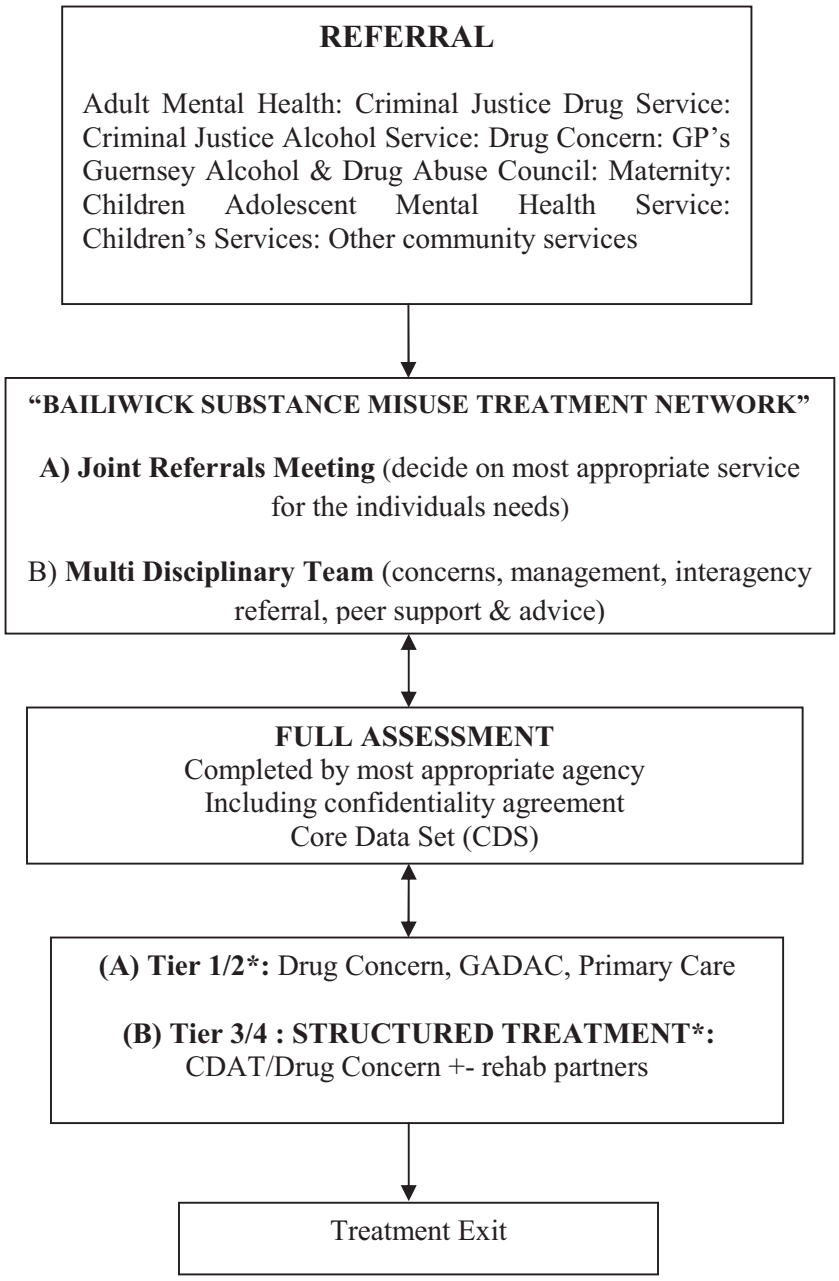
5.1.7 Fundamental to the Review conducted by LJMU was the preparation of a Service User Engagement Report which sought the views of stakeholders and service users, from both Guernsey and Alderney, in order to gain their impressions and understanding of current service provision and their suggestions for future developments. The recommendations from this Report have been included in the new Strategy.

5.1.8 One of the recommendations included in the New Strategy is to develop an evidence–based, treatment system with the flexibility and resilience to respond to the changing needs of the community in relation to substance misuse. This system will aim to engage individuals appropriately with a view to reducing demand for illegal drugs: reducing acceptability of problematic drug and alcohol use: increasing knowledge and offering alternatives to drug and alcohol use.

5.1.9 Rather than wait for the New Strategy to commence measures are already developing to address these issues. The current treatment and support services are in the very early stages of being remodelled into an integrated treatment network, with a single point of access. Agreed protocols for information-sharing and confidentiality are being developed and regular network meetings are being set up to ensure that the best possible service is being given to meet the needs of the service user.

5.1.10 Figure 10 shows the proposed new Bailiwick Substance Misuse Treatment Network

Figure 10 Substance Misuse Treatment Network



***National Treatment Agency Tiers (upon which Guernsey bases the local structure):**

Tier 1: information and advice, screening and referral to specialist drug treatment services, provided by non - drug specialists (e.g. primary care).
Tier 2: information and advice by specialist drug services, triage assessment, referral to structured drug treatment, brief psychosocial interventions, harm reduction services (such as needle exchange) and aftercare,
Tier 3: community - based drug assessment and structured treatment (including community prescribing, psychosocial interventions, and day programmes).
Tier 4: residential treatment such as inpatient units and voluntary sector rehabs.

5.1.11 The existing monitoring systems are being brought in line with best practice monitoring systems and a Core Data Set (CDS) is being introduced ensuring data capture and transfer tools are compliant. The protocols being produced will ensure the secure transfer of non-identifiable attributable data and a common outcomes measurement tool known as the Outcome Star has been introduced as a preferred option across all treatment providers.

5.2 **<u>Recommendation:</u> It is recommended to continue to provide funding to support the Community Drug & Alcohol Team (CDAT) – the funding to cover the cost of an administration worker and nursing support to assist the Nurse Specialists.**

5.2.1 Adult prescribing treatment services, with psychosocial intervention, were offered by the Community Drug and Alcohol Treatment team for individuals who required clinical intervention that could not be offered in Primary care or with partner agencies, Drug Concern and GADAC. There were 212 referrals into CDAT with 103 clients accessing their services.

5.2.2 Treatment was only accessed through written referral from the client's GP, other HSSD Healthcare professionals, GADAC or Drug Concern. A point to note is that CDAT did not, and at present does not, accept self-referrals. Suboxone or Dihydrocodeine were the only substitute opiates available for treatment of opiate dependency.

5.2.3 **CDAT Services provided in 2011:**

- Initial assessment
- Access to inpatient alcohol/opiate detoxification
- Community opiate detoxification programme
- Community alcohol detoxification programme
- Community opiate supervised substitute prescribing programme
- Relapse prevention pharmacotherapy
- Relapse prevention psychotherapy
- Group work
- Motivational interviewing
- Solution focused therapies
- Auricular acupuncture
- Access to Mental Health day services programme when appropriate
- Access to off-island residential treatment and aftercare (two clients)
- Drug Screening

5.2.4 CDAT gained some medical input from a consultant psychiatrist with accreditation in substance misuse for the first time in late 2012 after struggling with recruitment since 2009. This was an explicit aim of the Strategy and made a significant difference to the dynamics of the team. CDAT worked in a collaborative and supportive manner with the relevant Community Mental Health team where a significant proportion of psychiatric care and related prescribing was delivered by the medical team that also covers the CDAT.

5.2.5 In 2011 with support from the Strategy, CDAT hosted an 'Island-wide Substance Misuse Service Day' open to all agencies, with the purpose of breaking down barriers to care and improving services. Information from this event has been used to inform the new Strategy.

5.3 <u>Recommendation</u>: It is recommended to continue the Service Level Agreement with Drug Concern to provide Core Services (defined as advice, information, counselling, support and syringe exchange) to drug users, families/carers and professionals.

5.3.1 Since 1999, Drug Concern has provided advice and support for Islanders who are experiencing drug-related problems, either as individual users themselves or in their families or friends, including structured psychosocial intervention, but without substitute prescribing. Not all work was abstinence-based; most focused on achieving the targets set by clients at referral. This is known as the 'harm reduction' approach. Referrals were accepted from GPs, Police, Prison, CDAT, Community Mental Health team, or the Young People's services; however the majority of clients are self-referrals. The number of referrals in 2011 was 380 with 290 accepted onto their caseload.

5.3.2 The number of people accessing Drug Concern services had seen no real change over the last three years, with small variances observed in the type of service individuals have accessed. A total of 240 (2013) people received structured work for substance misuse problems; the Substance Misuse Worker in the prison contacted approximately 60% of these.

5.3.3 Patterns of drug use continued as with the previous years. Heroin and pharmaceutical opiates such as fentanyl and suboxone remained the primary abused substances amongst the community clients. The exception related to the work in the prison where alcohol was reported as the primary substance for which prisoners were seeking support. It was commonplace to work with clients who had multiple addictions as the availability of a particular substance dictated the substance that was used. Emerging drugs of concern (formerly known as "legal highs") continued to be used by a number of service users; however, these appeared to be used interchangeably with opiates.

5.4 <u>Recommendation:</u> It is recommended to enter into a Service Level Agreement with GADAC to provide Core Services (defined as advice, information, counselling and support) to problem alcohol users, family/carers and professionals.

5.4.1 GADAC continued to provide an independent counselling, advice and support service to people within the Bailiwick who were experiencing problems with their alcohol and/or substance use. As well as the Core Service GADAC also offered a residential dry house consisting of 5 bedrooms for those who were coming to terms with their drinking/substance misuse. This was not funded through the BDASG, but through fundraising activities/donations and the rental income. The aim was to continue to provide a good and credible service and enable people who were accessing the service to make positive, life changing decisions that enabled them to live happier and more fulfilling lives. Referrals were accepted from GPs, Police, Prison, CDAT, Community Mental Health team, or HSSD Young People's services, however the majority of clients are self – referrals. The number of referrals in 2011 exceeded 119 with 96 accepted onto a caseload with 52 having a planned exit from treatment.

5.4.2 In 2013 it had been a difficult time for both residents and clients of Brockside due to ongoing remedial work to the building commencing in 2011. This meant that they

were not able to admit any new residents into Brockside and had caused major inconvenience for clients entering and exiting the building. This obviously had an impact on GADAC services as a whole but they have still managed to come through without numbers of clients significantly changing over the last three years.

5.5 **<u>Recommendation</u>: It is recommended to research and develop interventions and services specifically aimed at recidivist drinkers. AND**
<u>Recommendation</u>: It is recommended that the HSSD will aim to implement changes in service provision for recidivist drinkers to reflect models of best practice to meet the needs of the local population.

5.5.1 The CDAT has continued to offer support and advice to people who wished to address their drinking habits. In the main, this has been with an aim of abstinence but did not preclude advice with regard to controlled drinking when appropriate. Many re-referrals were received each year but if an individual was unwilling to change then their choice was made and therefore treatment/clinical intervention was not possible. Any kind of service offered to this group of people was regarded as a community initiative rather than response to a clinical need.

5.5.2 A multi-agency approach was adopted in 2013 following the Home Department decision to make the Crown Pier an Alcohol Free Zone. This resulted in the recidivist drinkers moving to a different, more visible location. Charitable organisations as well as the Criminal Justice Alcohol Worker and the Police worked together to try and engage the clients and discuss the various options they could offer. It became apparent that the majority of the "drinkers" were not homeless and were not willing to change the lifestyle that they had chosen at that particular time. They were assured they could contact any service in the future if their circumstances changed and the support would be there.

5.5.3 St Julian's House used to have a 'night stay unit' where recidivist drinkers could stay but this was never used due to lack of an agreement with regard to health and safety issues. It was decommissioned in 2012 as it was not fit for purpose. This decommission was in line with general UK trends in recent years. This type of resource is extremely expensive and must be needs driven. The new Strategy will be mindful of this when exploring the options at a later date.

5.6 **<u>Recommendation</u>: It is recommended to develop addiction services for young people, to include those with multiple needs (e.g. dual diagnosis of drug/alcohol dependence and mental health problems). Research to commence in 2008, (funding to become available once Massive magazine is funded externally).**

5.6.1 In 2009, HSSD commissioned a report to evaluate the local requirement for a young person's drug and alcohol treatment service which concluded that "*Over all the evidence established from the quantitative data would indicate there is a need to develop a specialist treatment service for young people with drug and alcohol problems. This was further supported by the qualitative feedback Recommendation 7 stated that a Tier 3 clinical nurse specialist in substance misuse should be recruited to be the lead professional for a young person's team."*

5.6.2 On the back of that recommendation and following a UK recruitment process, in 2011 the Young Peoples Treatment Service was launched. During its first year, 2011, the number of individuals accessing the service was low, but this was to be expected as the service was in its infancy. However, the Nurse Specialist assisted in the training of 17 accredited tier 2 workers specialising in drug and alcohol misuse with the hope that with targeted youth support and continued service promotion the numbers of young people treated for substance misuse would increase significantly in the forthcoming year.

5.6.3 During 2011, alcohol was identified as the main substance of choice for the majority of the young people seen. Of the 11 young people, 10 reported alcohol use with 7 identifying alcohol as problematic. Of these, three persons drank excessive alcohol regularly, with the remaining four reporting problematic binge drinking. The three who did not see their alcohol use as being problematic identified cannabis as their problematic substance.

5.6.4 Dual diagnosis of substance misuse and complex mental health problems featured but for the young people alcohol was the substance of choice. This reflected the variation of availability and cost of other substances which contrasted with the UK where there is an equal problematic use of alcohol and cannabis reported. The levels of reported use of amphetamine, cocaine, ecstasy, and EDOCs were also considerably lower than had been expected and reflected the disruption of supply due to the continued good work of the Guernsey Border Agency (GBA).

5.6.5 In 2012/13, a 100% increase was seen in assessments of young people aged 18 and under; numbers rose from 11 to 22.. This was due to the increased awareness of the young person's treatment service although referrals expected from the Tier 2 trained workers were not forthcoming. On evaluation the findings indicated that the substance misuse problems (if any) were more appropriate for a Tier 2 service and was therefore not necessary to pass on to the Young People's Treatment Nurse.

5.6.6 Alcohol remained the main substance of choice with 21 out of 22 reporting alcohol use, 15 were identified as alcohol problematic. Of these 8 drank excessive alcohol regularly, with the remaining 7 reporting problematic binge drinking. 6 did not see their alcohol use as being problematic, with cannabis and solvent abuse their identified problematic substance. 2 young people reported problematic opiate use and received support and treatment in conjunction with the adult substance misuse team.

5.6.7 In 2013, an exercise was undertaken by the YP's Treatment Nurse to ascertain the number of young people under 18 years admitted to the Accident and Emergency Department at the Princess Elizabeth Hospital during the months of July and August (5th of July - 7th of September) due to alcohol intoxication. Brief interventions would be delivered to the young person as well as to their parents or carers. Leaflets and information to reduce harm and minimise future risk would be on hand for those who were willing to engage. Although the Treatment Nurse was there primarily to benefit young people, it was acknowledged that brief interventions would be delivered if appropriate to any adults being admitted for drug and/or alcohol issues.

5.6.8 The A&E department was visited on 11 occasions between the hours of 9pm and 1am, on five Friday nights and six Saturdays, for a total of 44 hours. During this time only

one young person, a female attended A&E although 2 young people (14yrs, 16yrs) were admitted on weekday nights over the same period due to alcohol consumption. However, during this time the YP's treatment nurse was able to liaise and build up a rapport with the staff, carrying out brief interventions on 19 adults who attended A&E for alcohol or drug related incidents. Information packs were left on site and the staff were encouraged to distribute as and when appropriate.

5.6.9 In 2014 the post delivering the Service became vacant earlier than anticipated which enabled the Strategy to commission a review. The review recommendation, supported by the evidence base, was to deliver a specialist service from a non-government organisation within an outreach and engagement team. This was set up in October 2014 for a 6 month pilot under a Service Specification with Action for Children and will be evaluated within the New Strategy in April 2015.

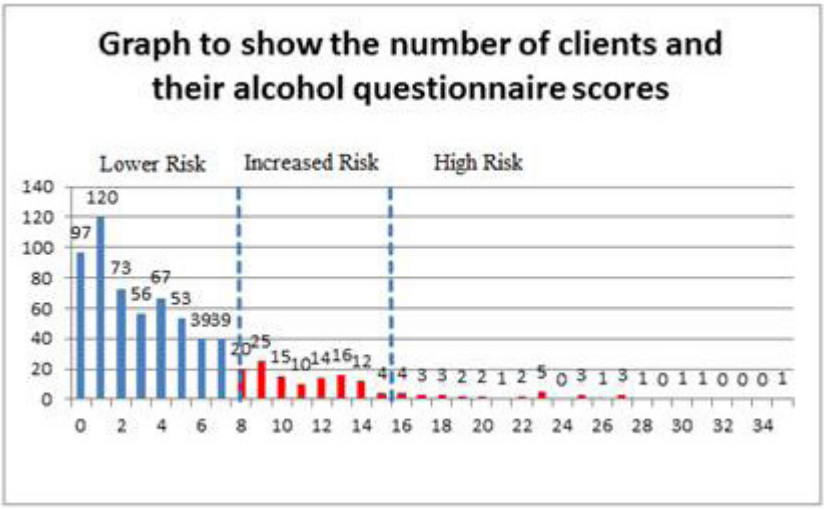
5.7 <u>Recommendation</u>: It is recommended to continue developing consistent screening procedures and minimal interventions in the primary care and hospital setting and to continue to provide training to primary care and hospital workers to enable them to use screening tools and provide minimal interventions for both drugs and alcohol.

5.7.1 Training in the Alcohol Use Disorders IBA tool has been provided for a wide range of practitioners and GPs. A total of 37 individuals attended a "train the trainer" course with the intention of delivering the IBA training to their own staff, but data collection systems were not in place to measure how many interventions had been delivered. This again did not allow the Strategy to establish a more accurate measure of prevalence of increasing and higher risk drinking in Guernsey. This will be addressed in the new Strategy. In 2014 it was agreed that a brief intervention training package would be incorporated into the HSSD Induction Training offered to all HSSD staff which is a fundamental step forward and implementation will be developed further over the next Strategy. The results of an alcohol consumption survey entitled "How Much Is Too Much?" were analysed by the Public Health and Strategy Directorate in April 2011. The screening tool used in the survey was the ten question "Alcohol Use Disorders Identification Test" (AUDIT). Each question in the AUDIT tool had either three or five possible answers, corresponding to points in the range 0-4. Points were summed to give a total score per respondent.

5.7.2 500 questionnaires were sent to each of the three practices who distributed them amongst their surgeries. The rest were given out as patients booked in at the surgery reception and were asked to complete the survey before their appointments. The surveys asked the ten AUDIT questions. Patients then either took the questionnaire in to their appointment or put it in the collection box at reception. 693 replies were returned. The graph below shows the number of replies answering each question.

5.7.3 Of the 693 respondents, 144 (21%) scored 8 or more points. Scores in the range 8-15 points represent a medium level of alcohol problems, whereas scores of 16 and above represent high level alcohol problems (Babor et al. 2001). Of the 144 respondents scoring over 8, 115 (80%) had scores consistent with medium level problems and 29 (20%) had scores consistent with high level problems.

Figure 11- AUDIT responses



5.8 Recommendation: It is recommended that the Community Drug & Alcohol Team carry out further research during 2007 to ascertain the cost-effectiveness and social benefits of developing a local residential rehabilitation facility. (this was the recommendation placed before the States – the research commenced in 2009)

5.8.1 In 2009 an internal research report into local rehabilitation programmes including an estimation of cost for an on island residential rehabilitation facility commenced. It was estimated that at that time, an off island placement to Silkworth Lodge in Jersey, an abstinence based residential rehabilitation centre for substance misuse, for a 3 month period, cost approximately £10,000. Since January 2014 to date HSSD have made 4 alcohol referrals to Silkworth Lodge at a cost of approximately £16,000 per person. There have been no drug referrals (drugs as the primary indicator) in 2014. These placements are funded by HSSD with the travel costs supplied by Social Security.

5.8.2 The report demonstrated a number of advantages and disadvantages to developing residential rehabilitation treatment on-island, with the initial indication that there is the clinical need within the population to develop such a service; however, the main complexity arose in substantiating the cost.

5.8.3 Two main options were discussed for potentially developing treatment services for people in the early stage of recovery. The first option involved utilising the existing service, Brockside; the second option considered the possibility of establishing a new service.

5.8.4 There are a number of therapeutic advantages to recommend a residential rehabilitation programme on island. Fundamentally, the provision of aftercare for service-users as part of reintegration back into the community could be formally structured to help prevent relapse. The relapse rate of service users returning from off-island was significantly high; it was shown that, from the information available 90% of service users had relapsed within a year on their return to the island. The potential development of services on-island would provide a robust aftercare service with the

residential facility working in conjunction with the community services to promote recovery. This would be further promoted by people attending a residential rehabilitative placement immediately following discharge, which has been shown to reduce relapse rates.

5.8.5 However, it should be noted that in a service user survey, a number of service users stated a preference for attending an off-island facility, with the two main emerging reasons being anonymity and being more motivated to change when taken out of their comfort zone. Nonetheless, the survey indicated the majority of service users would prefer to have the option of attending an on-island facility, providing it offered a robust treatment programme, due to the distress caused by leaving their family/support network. This has for some resulted in incompletion of the treatment programme. Furthermore, this is reflected by the number of service users currently seen in the CDAT who could potentially benefit from residential rehabilitative treatment, but are not suitable for off-island placement.

5.8.6 The full report was presented to the Health and Social Services Department, along with the Social Policy Group in 2009. No action has been taken to date due to the cost implications and the lack of funding for new projects.

(4) CRIMINAL JUSTICE, LAW ENFORCEMENT & DRUG SUPPLY REDUCTION

This pillar is about enforcing the law and reducing crime but, in particular, to provide services for offenders who have drug/alcohol problems, to address the causes of their problems and links with offending behaviour and to provide services that enable problem drug/alcohol offenders to remain drug-free and/or sober on their release from prison .

6.1 <u>Recommendation</u>: It is recommended to retain and develop the existing Criminal Justice Drugs Service and include services for alcohol offenders (renamed Criminal Justice Drug and Alcohol Service - CJDAS).

6.1.1 The Criminal Justice Drug Service (CJDS), a partnership between Drug Concern and the Probation Service, has been in operation since 2004 and is a well-established and successful part of the Strategy, providing the courts, prison, and Parole Review Committee with the facilities necessary to enable them to impose treatment as a condition of supervision. The partnership working between the Probation Service and Drug Concern has been fundamental to the success of the CJDS.

6.1.2 The referral criteria were reconsidered during 2013 in order to prevent unnecessary referrals and the associated administration burden. This focus reduced the referral rate by almost sixty per cent. The number of individuals accepted onto the service remained the same as previous years, confirmation of a more focused referral process.

6.1.3 It is recognised nationally that this type of service can be assessed successful when the proportion of orders successfully completed exceeds the number of breaches. This has happened every year from the inception of the service which is an encouraging statistic. Clients have been able to choose to receive support from Drug Concern upon completion of their *order if this has been identified as a need.*

6.1.4 Another area which has developed over the last 3 years is the arrest referral, a partnership between Drug Concern and the Guernsey Police, the aim being to raise awareness of services available to drug-using offenders at the point of arrest. Involvement in the scheme was voluntary and not an alternative to prosecution or due process. The Criminal Justice Drug Worker made regular visits to the court and the custody cells to make contact with potential service users, encouraging their engagement with a service that they would not otherwise access.

6.1.5 Shared care between the Criminal Justice Drug Worker and the Substance Misuse Worker in the Prison enabled continuity of care. Joint meetings were held for clients who were either entering or leaving custody deciding the best treatment options for them, from arrest through to release.

6.1.6 There was concern raised during 2012 regarding the dramatic reduction of referrals to this service. Drug Concern worked with the custody staff to raise awareness and provide information about the brief assessment process for this service. This was successful and resulted in an increase of just over a 20% referral rate for the year. Alcohol use continued to be the primary substance reported within this service.

6.1.7 The Criminal Justice Alcohol Service was introduced as a pilot following the success of the CJDS. Budgetary constraints only allowed it to be tendered out as a part – time post (20hrs a week) which was secured by GADAC for a 6 month period. Within that short period of time the evidence showed that the need was far greater than just 20hrs a week so charitable funds were found for a 3 year period with the expectation that the Strategy would pick up the post at the end of that time. Again due to funding constraints, the Strategy could only continue with the 20hrs a week and so the other half of the salary costs had to be outsourced and a joint States, charitable and private partnership was struck for a further 3 years enabling the service to run full time.

6.1.8 The focus of the work undertaken was to promote change in historic and current problematic alcohol use. The criteria for referrals were:

- High likelihood of re-offending.
- Current alcohol related offence.
- Two or more previous alcohol related offences.
- The offence carries a custodial sentence.
- The offence has a significant victim.

6.1.9 Clients were required to attend the Probation Office to be breath tested and engage in treatment/counselling to promote change in their problematic use of alcohol. Clients were seen as agreed by their Probation Officer/CJAW and the regularity at the moment ranges from once every two weeks to four times weekly dependant on need. Both services worked closely together assessing the needs of the clients especially if there was an issue with polydrug use. There were approximately 25 offenders engaged on the Service each year with again more far more clients completing their order than breaching.

6.1.10 Developments to the service have been highlighted by GADAC and include weekend testing of the higher end 'at risk' clients, developing the arrest referral service and researching the possibility of abstinence orders but as yet these have not been developed. They will be included in the new Strategy. Outreach appointments were already being provided for those assessed as requiring them and auricular acupuncture was also being supplied for those suffering with withdrawal or/and in need of stress relief.

6.2 <u>Recommendation:</u> It is recommended to retain the Prison Substance Misuse Work to enable this project to develop.

6.2.1 The Prison Substance Misuse Worker (PSMW) played an important role within the wider offender management team. The work covered both drugs and alcohol and acted as a conduit to some of the other community based services upon release. This team concentrated on individual cases within the Prison, specifically prisoners' needs whilst in custody and ensuring these needs are adequately met.

6.2.2 This service has proved the most challenging in terms of continuous service provision and recruitment. Over the last four years Drug Concern has had to recruit from the UK to meet the skill base and experience needed for this role. 2013 was no exception and there was a disruption of service provision due to staff returning to the UK.

6.2.3 In spite of this, the Worker managed by Drug Concern has continued to provide group work to prisoners who have been identified as ambivalent about their substance use. The programme targeted offenders who had reported problems relating to drugs or alcohol and so aimed to increase the participants' awareness of how substance use impacted key areas of their lives using a variety of methods. The 2013 evaluation comprised of pre- and post-programme testing in the form of a set of short questions focusing on change, with the following recorded:-

- 33% of participants reported an increased need to make changes in their lives;

- 33% reported an increased understanding relating to the specific changes they needed to make;
- 20% reported to be feeling more motivated towards changing behaviour

6.2.4 These outcomes were extremely positive, reflecting a majority of prisoners experiencing attitudinal changes. These prisoners would be encouraged to go on to receive one-to-one work with the Drug Concern prison worker to focus on progressing these attitudinal changes into practical change.

6.3 <u>Recommendation:</u> It is recommended to support the Liquor Licensing Working Party to monitor the progress of the Liquor Licensing legislation, and to ensure the Drug and Alcohol Strategy Group will be advised accordingly.

6.3.1 In 2007, the Liquor Licensing Working Party met to review the Liquor Licensing Ordinance which has been an ongoing project. Unfortunately due to the increased work load within the Home Department, amendments have been discussed but the legislation is still under review and the new Strategy will be recommending it be made a priority for 2015. The Liquor Licensing Working Party and the Drug & Alcohol Strategy have continued to work closely together and a number of initiatives and recommendations have been made which are described in the following sections.

6.4 <u>Recommendation</u>: It is recommended to initiate legislation that enables the Courts to impose Drink-Drive Education Orders on anyone who is banned from driving following a prosecution for drink driving; AND <u>Recommendation</u>: It is recommended to endorse the development of a High Risk Offenders scheme by the Environment Department. (Terminology subsequently changed to read High Risk Drink Driver scheme)

6.4.1 In 2010, the Drug and Alcohol Strategy commissioned a research paper on the merits of implementing a high risk drink-driving scheme, modelled on the UK scheme and designed to divert appropriate high-risk drink-drivers away from the Prison and towards alternative rehabilitation options such as educational courses and counselling implemented by the Criminal Justice Alcohol Service. High risk drink drivers are assessed as:

1) Those disqualified twice within a 10-yr period for any drink drive offences;

2) Those disqualified for having a proportion of alcohol in the body ≥2.5 time the legal limit, with therefore equals or exceeds:

   (a) 87.5 microgrammes per 100 millilitres of breath, or

   (b) 200 milligrammes per 100 millilitres of blood, or

   (c) 267.5 milligrammes per 100 millilitres or urine.

3) Those disqualified for failing without reasonable cause to provide a specimen for analysis.

6.4.2 The project was led by the Drug & Alcohol Strategy in conjunction with the Probation Service, Law Officers and the Vehicle Registration & Licensing Department within

the Environment Department and the research recommended that a High Risk Drink Driver scheme should be implemented in the Bailiwick. In January 2014 (Billet d'État I, 2014), after consideration of a report from the Home Department, the States resolved to introduce such a scheme locally. The High Risk Drink Driver Scheme will mean that within the month of reapplying for their driving license a full medical examination will have to be undertaken by a medical advisor which will be self – funded. If the individual does not pass the medical, they will be offered an onward referral to a treatment service dependent on their need.

6.4.3 Figures provided by Guernsey Police have indicated that there were a total of 52 high risk drink drivers out of 113 charged (46%) in 2011, 28 out of 87(32%) in 2012 and 36 out of 94 (38%) in 2013 and the Strategy is pleased that resources will be focused in the future on these offenders. Due to an amendment in the legislation this new initiative will start in line with the New Strategy in 2015.

6.4.4 The work on High Risk Drink Drivers identified that further consideration was needed in respect of Education Orders and it was felt more work and time would have to be spent reviewing whether this was an initiative pertinent to local needs. This would be addressed in the New Strategy.

6.5 <u>Recommendation</u>: It is recommended to continue to support and encourage police roadside breath testing initiatives.

6.5.1 The Guernsey Police have always been both supportive and proactive in supporting the Strategy and its various initiatives and developments. The Drink Drive Campaign has been a prime example of a multi-agency approach (See Pillar 1) with the Police assisting in the coordination and ensured this initiative was a priority.

6.6 <u>Recommendation</u>: It is recommended to support alcohol consumption free zones and legislation for police powers to confiscate alcohol following a caution.

6.6.1 Since its introduction in 2007, the Home Department has used powers under The Control of Intoxicating Liquor (Designated Public Places) Ordinance, 2007 to establish alcohol free zones at large public events such as Liberation Day, the Muratti and music events where excessive drinking had previously led to anti-social behaviour-related issues. This legislation has also been used to support measures taken by Guernsey Police at known anti-social hotspots. A total of 30 alcohol free zones have been approved with some reoccurring annually during the summer months such as the Vallette Bathing Pools and the Sunken Gardens due to the anti-social behaviour experienced at certain times within these areas.

6.7 <u>Recommendation</u>: It is recommended to continue to support the Customs Service, Island Police and the Law Officers of the Crown to continue to pursue the confiscation strategy and remove all proceeds identified in relation to drug trafficking; whilst seeking to develop legislation in both civil and criminal confiscation.

6.7.1 In 2011, the Serious and Organised Crime Committee, which had been suspended in 2008 due to competing priorities for Law Enforcement, was reformed and restyled as the Law Enforcement Strategic Forum with the aim of developing policies to combat serious organised crime. It was acknowledged that serious crime relates to a wide range of offences that can have a significant impact at a local, national and

international level. Significant achievements in this area since 2004 include, but are not limited to:

6.7.2 A Financial Crime Strategy to assist in the delivery of a coordinated multi-agency approach to countering money laundering, the financing of terrorism and other financial crime, including tax evasion, within the Bailiwick. A key aim of this Strategy was to ensure that 'crime does not pay' and that any action taken makes best and full use of the law. Its purpose was also to ensure the Bailiwick followed best international standards and acted effectively and proportionately to any threat to either its financial stability or security.

6.7.3 A Drug Trafficking Strategy, developed in order to assist in the delivery of a coordinated multi-agency approach to countering drug trafficking. This Strategy was fully synchronised with the Bailiwick Drug & Alcohol Strategy and complemented that Strategy's 6 pillars. The Strategy at present is a living document which is regularly reviewed so that it can quickly and flexibly respond to changing local circumstances, threats and risk.

6.7.4 **Child, Youth & Community Tribunal:** Another radical opportunity for Guernsey and Alderney was the introduction of The Child, Youth & Community Tribunal ('the CYCT') system which was established as part of successful implementation of The Children (Guernsey and Alderney) Law 2008. This new law came about following a fundamental and far-reaching review of children law within the Islands. The new system has been based on the Children's Hearing system that has been in place in Scotland since 1971 and was premised on the recognition that children and young people appearing before courts, whether they had committed offences or were in need of care and protection, had common needs.

6.7.5 The establishment of the CYCT was a significant development in ensuring the best possible outcome for young people who committed offences in terms of meeting their needs and, where appropriate, diverting juveniles to support structures and away from Prison. The CYCT have worked closely with Action for Children and Youth Justice to provide the best outcomes for young people when experimenting with drugs or alcohol and more interventions will be developed in the new Strategy to address those needs.

6.7.6 In 2013, 287 referrals were received by the Convenor, 191 referrals were made on offence grounds with 96 referrals made on non-offence grounds. The total number of referrals related to 221 individual children as some children were referred on more than one occasion. Equally some children were referred on both offence and non-offence grounds. The grounds for referral on which children can be referred to the Convenor are set out in legislation, and include concerns in relation to the misuse of alcohol, drugs or volatile substance. The numbers referred on this ground are relatively low (2013, 2; 2012, 5; 2011, 9; 2010;5).

(5) SAFE & SENSIBLE DRINKING

The aims of this pillar are to promote safe and sensible drinking to support the work of the Liquor Licensing Group and to work with licensees and staff to discourage binge-drinking.

7.1 <u>Recommendation</u>: It is recommended to encourage licensees to share experience and practice and to extend the door staff registration scheme.

7.1.1 The Door Supervisor's Scheme was reviewed in 2010 to ensure that it remained fit for purpose, and training is now provided by independent accredited training centres modelled on UK good practice. The Courts may, as part of the licensing process, establish accredited door staff as a licensing condition, and a recommendation in respect of the appropriateness of this will be made by the Home Department. Since this has been implemented, 55 persons have applied for a door supervisor licence following successful training.

7.2 <u>Recommendation</u>: It is recommended to encourage bars and clubs to display information about safer drinking at the points of sale.

7.2.1 The majority of bars and clubs within the Bailiwick have displayed a responsible attitude towards safer drinking. The Home Department provides general guidance to all licensees, which includes information about best practice for licensees. Additionally, the Strategy has worked in conjunction with the local industry to encourage licensees to display posters advertising Strategy initiatives such as the annual drink driving campaigns and drug and alcohol awareness week. All licensed premises have been encouraged to display application forms for proof of age cards but further research, in conjunction with the British Irish Council, needs to be explored on alcohol advertising**.**

7.3 <u>Recommendation</u>: It is recommended to encourage licensees to focus on improving service standards to increase custom rather than cutting prices and promoting "happy hours".

7.3.1 The Drug & Alcohol Strategy, in conjunction with the Guernsey Police, has encouraged licensed premises to provide an environment which is conducive to social and responsible drinking. As part of this process it was decided in 2006 to introduce an examination programme for those involved in the licensed-trade to test their knowledge and understanding of their duties and legislative responsibilities. The examination process has evolved over time, in light of feedback from the licensed-trade representatives on the Liquor Licensing Working Group, to a two-tier examination system for licensees and staff. Common areas covered include dealing with under-age drinking, drunkenness and the promotion of safe and sensible drinking. In addition, licensees were also tested on their knowledge of the administrative aspects of holding a liquor licence. Since January 2013, in addition to providing the examination, the Home Department has facilitated a training session providing information on the areas covered under the exam, along with additional guidance on best practice guidelines. Since its inception, 2,066 persons have passed the examination.

7.3.2 The Home Department continues to review the Liquor Licensing legislation and is currently preparing a report for the States' consideration. This work will be promoted under the new Strategy.

7.4 <u>Recommendation</u>: It is recommended to continue investigating the possibility of introducing a voluntary identification scheme for people aged 18-25, as introduced by the Portman Group in 1990, or a similar initiative.

7.4.1 In 2010, the Strategy introduced the Citizen card 18+ Proof of Age School Scheme, which has proved to be one of the highlights of the Strategy. Citizencard is a nationally-recognised Scheme backed by the UK Government with over 2 million cards in circulation in the UK, enabling young people over the age of 18 to access goods and services that they are legally entitled and assisting in the reduction of under-age sales. As a PASS accredited scheme (Proof of Age Standards Scheme), the cards contain a hologram hallmark demonstrating that it has passed a stringent and rigorous audit process. In addition to being used to purchase age restricted items, the cards are also accepted by local operators as a travel document and some Bailiwick Banks will also accept it as proof of identity when setting up bank accounts.

7.4.2 Now in its fourth year, the Strategy has facilitated the issuance of approximately 1500 cards to students in their last year of full time education or on College of Further Education Apprentice Schemes. Additionally, through the Social Security Department and Action for Children, the Strategy has encouraged those young people that are not in employment, education or training to apply for a card.

7.4.3 All local licensed premises as well as retail outlets that sell age restricted goods accept the card and have been very supportive of the initiative. Most off licences locally follow the Challenge 21 or 25 schemes where the staff will ask for ID if any person buying age restricted goods is identified as possibly being under 21 or 25. For bars and clubs, there are no set rules and it is up to the individual establishments to set up their own guidelines.

7.5 <u>Recommendation</u>: It is recommended to continue to liaise with public transport providers on the introduction of late night transport services.

7.5.1 In 2009 a multi-agency working group was set up with the aim of initiating a late night transport service to alleviate the long taxi queues, especially on Friday and Saturday evenings, and offer alternative transport to the night time community who were often leaving town after the hours of 10pm (the last buses leaving St Peter Port). It was also felt that this initiative would reduce drink driving.

7.5.2 Unfortunately no agreement could be made with the bus company at the time due to the cost implications of equipping some of the buses with CCTV and other health and safety issues that needed to be addressed before a schedule could be developed. Other smaller companies offered their services but for various reason it was felt that these alternatives were not suitable and did not meet the safety criteria.

7.5.3 With the introduction of a new bus company in 2012 there has been a desire to support the night time economy giving other options of late night public transport other than taxis. Late night bus services were first introduced in May 2013 in order to gauge demand from the public for late night services on the "key" corridors between St Peter Port and The Bridge, St. Martin's, Cobo and Vazon.

7.5.4 Services initially ran from 22:00hrs until 02:00hrs on Friday and Saturday nights at a frequency of one service every half hour (hourly on route 41/42). From the winter

timetable, commencing in October, services stop at midnight but have been extended as far as The Airport in the south and L'Ancresse in the north. Table 5 sets out an analysis of late-night bus service users between May 2013 and September 2014:

Table 5: Monthly analysis of late night bus service passengers

May 2013 – September 2014

	Route 11	Route 41	Route 42
May 2013	442	293	146
June 2013	936	439	338
July 2013	955	441	383
August 2013	1,161	595	467
September 2013	779	333	367
October 2013	401	274	170
November 2013	710	243	169
December 2013	618	250	151
January 2014	386	187	106
February 2014	521	190	105
March 2014	570	167	166
April 2014	608	172	148
May 2014	771	361	196
June 2014	754	399	239
July 2014	934	459	293
August 2014	1,295	585	426
September 2014	900	423	225

The Strategy is pleased to note between May 2013 and November 2014 a total of 22,647 passengers had used the night service.

(6) COORDINATION, MONITORING & TRAINING

This pillar ensures a joined-up approach to delivery, ensuring that monitoring and the collation of statistics is carried out and looks at links with other social policy areas.

8.1 <u>Recommendation</u>: It is recommended to continue the post of Coordinator and develop the post to include social policy issues.

8.1.1 Whilst the funding for the Social Policy Coordinator role came from the Bailiwick Drug and Alcohol Strategy, it became apparent that the Social Policy Coordinator's work would be wider reaching than just drug and alcohol issues. In addition, the Social Policy Coordinator reported to the (then) Head of Policy & Research at the Policy Council whilst, since the November 2006 report, it had been decided that it was more practical for the Drug and Alcohol Strategy Co-ordinator to report to the Chair of the Bailiwick Drug and Alcohol Strategy Group (now the Chief Officer for Home). It was recommended that this arrangement continued in the future, i.e. that the Social Policy Co-ordinator's salary, pension contributions, employer social insurance contributions etc is budgeted for, and drawn, from the Policy Council's budget allocation. Hence, the budget has not included for the Social Policy Coordinator's salary since.

8.2 <u>Recommendation</u>: It is recommended to continue the post of Drug and Alcohol Commissioning Officer, developing the post to include social policy issues.

8.2.1 Upon the departure of the Social Policy Coordinator, the post of Commissioning Officer developed into that of the Drug & Alcohol Strategy Coordinator. Since 2007 the Coordinator has reported directly to the Chair of the Bailiwick Drug and Alcohol Strategy Group.

8.3 <u>Recommendation</u>: It is recommended to continue to collect statistical information about the patterns and prevalence of both drug and alcohol problems locally, ensuring compliance by issuing instructions to all relevant States staff and including in Service Level Agreements the requirement of completing database forms.

8.3.1 In 2004, the Strategy purchased a purpose-designed database, the DAS database, with the aim of bringing together core data from the HSSD and commissioned treatment services, in order to collate anonymised data to inform future service provision. It contained information from assessment forms completed with clients upon commencing treatment and as part of the 2007 – 11 Strategy all associated agencies were given instructions to complete the DAS database preferably online, or alternatively to submit hard copies to the Drug and Alcohol Strategy Co-ordinator, and this requirement was included in all Service Level Agreements. The Assessment forms were additional to the forms that providers routinely used, meaning there was some duplication of effort. Also, untimely uploading or submission of data may have led to inaccuracies in the data. However, there was no other central reporting mechanism and therefore this was the only useful source of data to provide patterns and prevalence of drug and alcohol problems locally.

8.3.2. The DAS database did have its limitations. Whilst it provided a baseline of client-needs at the time of treatment entry, it did not include data collected during treatment or upon treatment exit. CAMHS and services not funded by the Strategy did not submit assessment forms and each time a client re-presented to the treatment system or transferred to another agency, their record was overwritten and previous data was lost, therefore a treatment journey could not be monitored. However, together with

qualitative information from stakeholders, this data helped build a picture of the characteristics and needs of those engaged in treatment.

8.3.3 Records were organised by primary substance of misuse (drug or alcohol). The database contained 87 records for clients whose main problem was drug use (hereinafter referred to as 'drug clients') and 124 records for clients whose main problem was alcohol use ('alcohol clients'). The database had been designed to produce a limited number of reports which meant that some key data was unobtainable and in-depth data analysis was not possible.

8.3.4 Of the 87 drug clients who accessed treatment in 2011, 42 (48%) were aged between 17 and 24 years. To provide a comparison, just 12% of all drug clients in contact with adult structured treatment services in England in 2010/11 were aged between 18 and 24 years[21]. Therefore overall, drug users accessing treatment in Guernsey appear to be much younger relative to those accessing treatment in England. Corresponding data for alcohol clients could not be extracted from the database.

8.3.5 According to stakeholders, alcohol was the most commonly misused substance and was often used in combination with other drugs. Misuse of pharmaceutical opioids including Suboxone, Subutex, dihydrocodeine and fentanyl was prevalent within the group. These products were often used in combination and could be prepared for injection. The injection of these products was associated with infections at the injection site and vascular complications. Fentanyl had been linked to several local deaths due to its high rate of respiratory suppression (compared to heroin) and those who survived the drug overdose required admission to the Intensive Therapy Unit (ITU).

8.3.6 A review of the existing substance misuse treatment monitoring system was the primary aim of the Needs Assessment research conducted by Liverpool John Moores University in 2012/13 and this process confirmed the above limitations. Key statistical figures needed to determine the efficiency and effectiveness of treatment were not available and the extent to which client needs were being met were unclear because (i) the current monitoring system did not allow for tracking of clients throughout their treatment journeys, and (ii) client outcomes were not measured in a consistent manner across services. Furthermore, apprehension among treatment providers about sharing client data created a barrier to inter-agency working. This will be one of the key areas to be developed in the New Strategy using the research report and recommendations from Liverpool John Moores University.

8.4 <u>Recommendation:</u> It is recommended to continue a training programme for professionals working with drug and alcohol users

8.4.1 Each year the DAS Action Group has provided a training programme to provide local workers with up to date methods of dealing with drug and alcohol issues. Over the years the training programme has been both varied and extensive with the majority being accredited (Drug and Alcohol National Occupational Standards based) and delivered using either local expertise where appropriate or trained professionals from the UK who are experts within their field. Below is a snap-shot of courses delivered since 2009:

- 5 day Intensive Family mediation accredited programme;
  - Alternative disputes resolution mechanism for use in the family setting
- Risk assessment;
  - Structured risk assessment programmes around drug and alcohol misuse
- Working with Children of Substance misusing parents;
  - Moving Parents and Children Together Programme (MPACT) (4.1.29)
- "Getting Hammered"
  - Alcohol Awareness Training;
- Non-Violent Communication
  - Non-confrontational awareness programme
- Safer Injecting;
  - Safer injection harm reduction advice
- Challenging Behaviour in Young People;
  - Recognising and assessing challenging behaviour in young people, adopting diversion strategies as appropriate
- Outcome Star Training;
  - A mechanism of support and measuring change when working with people
- Young People's Treatment Programme
  - Providing age appropriate support and treatment
- Motivational Interviewing;
  - A collaborative, person-centred form of guiding to elicit and strengthen motivation for change
- Developing Media Awareness;
  - Initiatives to promote and develop media relations
- Auricular Acupuncture;
  - A form of alternative medicine based on acupuncture of the ear
- Identifying and Reducing Risk-Taking Behaviour
  - Examination of risk taking behaviour, equipping practitioners with the skills and knowledge to effectively support their service users.

8.5 <u>Recommendation</u>: It is recommended to continue to develop information gathering initiatives.

8.5.1 The Young People's Survey, conducted first in 2007 and repeated every 3-yrs, along with subsequent surveys in 2008 of apprentices, young people in higher education and young people not in education, employment or training, has provided the Strategy with valuable information to date and will continue to inform the Strategy by tracking trends. The following list has, and will in future, provide the Strategy with valuable data for the future development:

- Healthy Lifestyle Survey;
- Criminal Justice Service-User surveys;
- Crime & Justice Survey;
- Household Expenditure Surveys;
- Service-User Engagement surveys;
- Criminal Justice Drug & Alcohol Service-User surveys;
- Criminal Justice Strategy;

- Domestic Abuse Strategy;
- Treatment Monitoring System – development commenced in 2014, which will have a core data-set ensuring the Treatment Service can be benchmarked nationally and internationally;
- Outcome-Star measuring tool – implemented across all drug & alcohol agencies during 2014 to monitor the client's journey through their treatment plans;
- Liaison with the British Irish Council Drug & Alcohol workstreams to keep up to date with new initiatives and developments and ensure best practice.

9. CONCLUSION

9.1 There has been much to commend in the work of the Strategy over the past 5 years but complacency must not set in. It is vital that the Drug & Alcohol Strategy continues as a multi-agency approach, and continued support from Public Health (HSSD) and Education is invaluable to achieving a balanced approach to tackling drug and alcohol issues. It is equally important to acknowledge the importance of charitable organisations who, under Service Level Agreements, are able to deliver services in such a way as to fully engage those who need help and support without the possible stigma and bureaucracy that may be perceived when dealing with statutory services.

9.2 The Strategy will ensure the development of services and initiatives in areas of need whilst ensuring that requests for investment in specific initiatives arise from a clear strategic context and, crucially, are evidence-based. Ultimately, the Strategy will ensure that organisations ─ both States and non-States-based ─ providing drug and alcohol-related services are in greater alignment with one another and that progress is underpinned by appropriate evidence so that the objectives as set out in the States Strategic Plan can be met to best effect and so that any future requests for additional funding may be evidenced.

9.3 In presenting this Report, the Drug & Alcohol Strategy is pleased to acknowledge its ongoing efforts and looks forward to the next phases of development with the presentation of the Bailiwick Drug & Alcohol Strategy 2015 - 2020 before the States of Deliberation in January 2015.

APPENDIX 2

Drug & Alcohol Strategy 2015-2020

[This page is purposefully left blank]

CONTENTS

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:

PURPOSE	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.			
AIMS	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.			
COMMUNITY OUTCOMES	Fiscal & Economic	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
	Social	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
	Environmental	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

Programme Name	Drug & Alcohol Strategy
Period covered	2015 - 2020
Programme Authors	Bailiwick Drug & Alcohol Strategy Group
Political sponsors	Home Department
Related strategies	▪ Criminal Justice Strategy (Home) ▪ Mental Health & Wellbeing Strategy (Health & Social Services) ▪ Domestic Abuse Strategy (Home) ▪ Supported Housing Strategy (Housing) ▪ Offender Management Strategy (Home) ▪ Restorative Justice Strategy (Home) ▪ Financial Crime Strategy (Home) ▪ Disability & Inclusion Strategy (Health & Social Services) ▪ Children & Young People's Plan (Health & Social Services) ▪ Today's Learners Tomorrows World (Education)
Review periods	▪ Ongoing monitoring of key performance indicators; ▪ Annual formal review of objectives and key performance indicators; ▪ 5yr review of strategic commitments.
Relevant other documents that could be accessed when reading this document	▪ *Resolutions on Billet D'État* XVIII, 2006: Policy Council - Bailiwick Drug and Alcohol Strategy, p. 2064 – 2180 ▪ *Resolutions on Billet D'État XXXIII 2009:* Policy Council – Interim report on the Bailiwick Drug and Alcohol Strategy. ▪ Drug & Alcohol Strategy 2015 – 2020 Action Plan ▪ Developing the Guernsey Treatment System for substance misusers – Summary of Phase 1 & 2 by Liverpool John Moores University (LJMU) ▪ Developing the Guernsey Treatment System for substance misusers: Phase 3 – Substance User Engagement by (LJMU) ▪ Developing the Guernsey Treatment System for substance misusers: Phase 3 – Best Practice factsheets by (LJMU) ▪ Guernsey's Young People Drug & Alcohol Service Provision Idea's for the future – Dr Deborah Judge ▪ Minimum Unit Pricing – Issy Norman Ross ▪ Introduction of charging Alcohol by Volume (ABV) – consultation information Guernsey Border Agency ▪ 114th Annual Medical Officer of Health Report – Dr Stephen Bridgman ▪ Guernsey Young People's Survey: Primary, Secondary, Post 16

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. 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.

3.4 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. However, during the States debate, 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.

3.5 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.

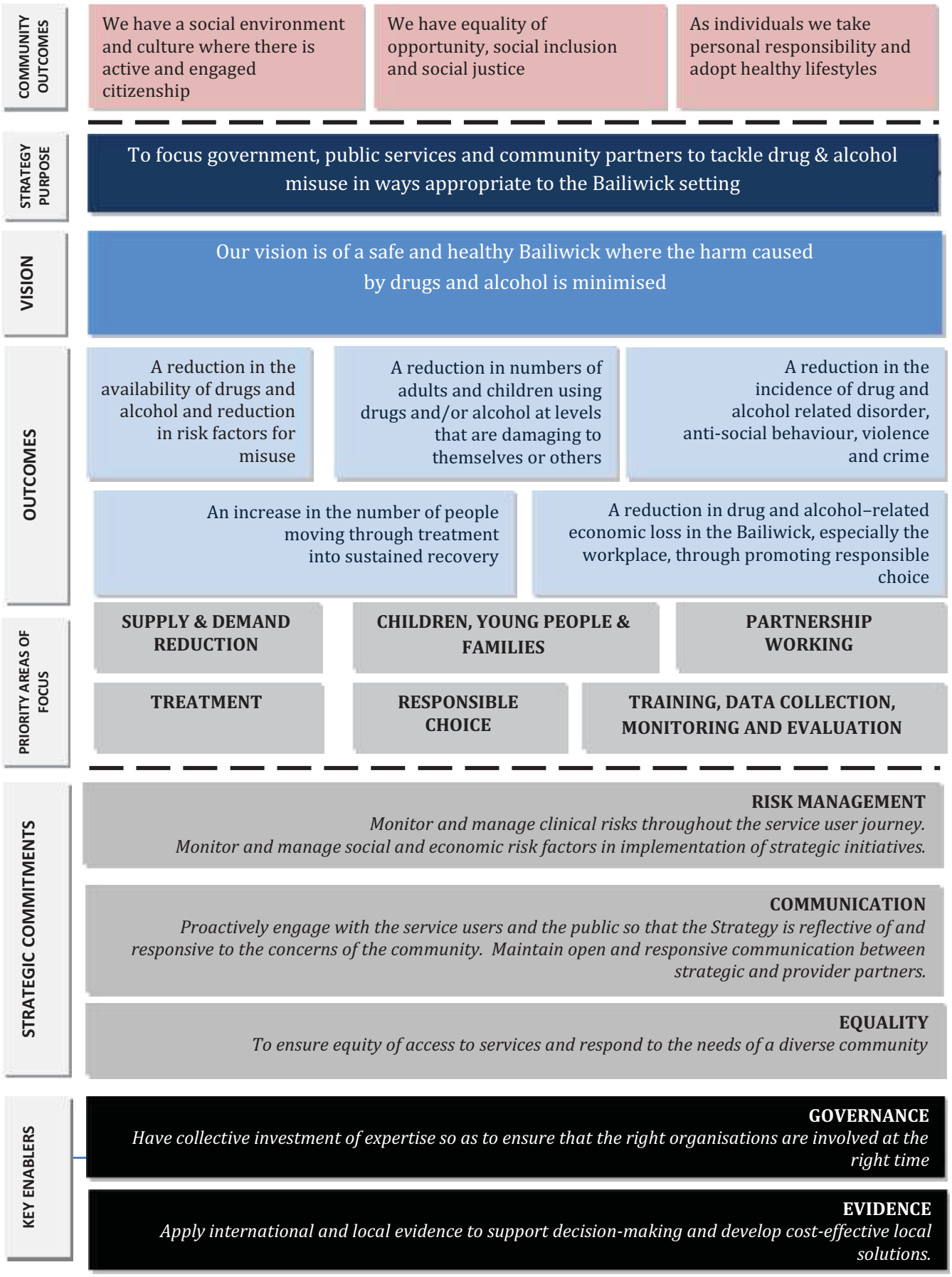
Bailiwick Drug & Alcohol Strategy Group
June 2014

STRATEGIC FRAMEWORK

4. STRATEGIC FRAMEWORK OVERVIEW

4.1	**States Strategic Plan**	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.
4.2	**Strategy Purpose**	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).
4.3	**Strategy Vision**	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"
4.4	**Outcomes**	Our outcomes are the value that our services contribute to the lives of our Bailiwick or, more simply, the effect that our services have.
4.5	**Priority Areas of Focus**	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.
4.6	**Strategic Commitments**	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.
4.7	**Objectives**	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), medium-term objectives (5yrs) and long-term objectives (10yrs), 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.
4.8	**Key Performance Indicators**	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

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."

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

Outcome 3	A reduction in the incidence of drug and alcohol related disorder, anti-social behaviour, violence and crime		
		Data-source	Frequency of measure
KPI 3.1	The number of drug related offences shows reduction over a ten-year period from a baseline in 2010	Police	Annual
KPI 3.2	The percentage of alcohol related offences as a proportion of all offences shows reduction over a ten-year period from a baseline in 2010	Police	Annual
KPI 3.3	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	Prison	Annual
KPI 3.4	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	Youth Justice	Annual
KPI 3.5	The percentage of people who consider alcohol and drugs as a major cause of crime decreases over six years from a baseline in 2013	Crime & Justice Survey	Bi Annual
KPI 3.6	The number of drink-driving offences reduces over a ten year period from a baseline in 2010	Crime & Justice Survey/Police	Annual

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

Outcome 5	A reduction in drug and alcohol – related economic loss in the Bailiwick, especially the work place, through promoting responsible choice

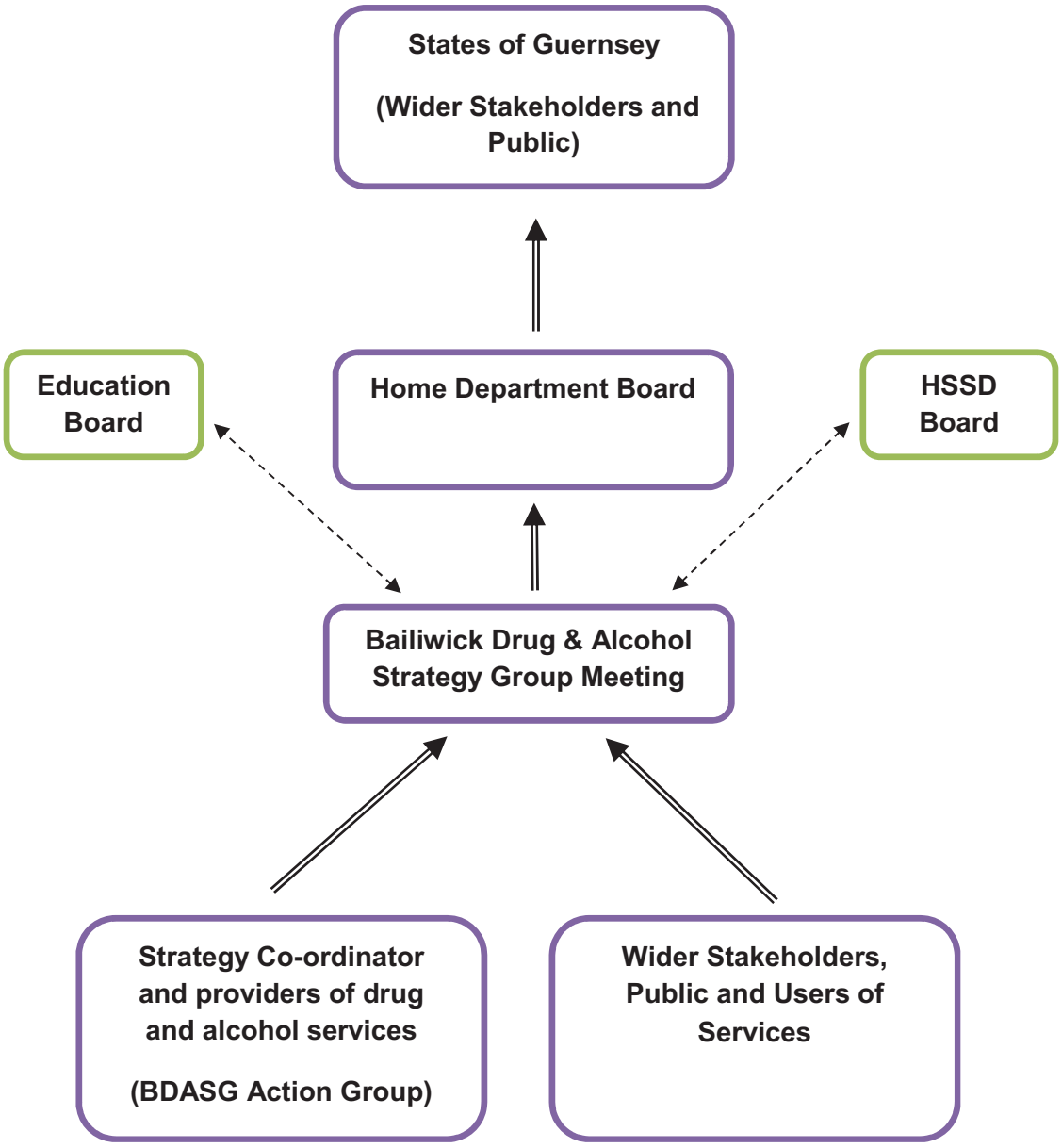
		Data-source	Frequency of measure
KPI 5.1	**Reduction in the number of short term sickness benefit claims related to drug and alcohol use**	Social Security	Annual
KPI 5.2	**Reduction in the number of long term sickness benefit claims related to drug and alcohol use**	Social Security	Annual
KPI 5.3	**Reduction in the number of people in treatment for drug and alcohol issues, who are unemployed over a five-year period from a baseline in 2014**	HSSD	Annual
KPI 5.4	**Number of population-based and targeted campaigns delivered**	Drug & Alcohol Strategy	Annual
KPI 5.5	**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	Five - yearly
KPI 5.4	**Increase in the numbers of Identification and Brief Advice interventions delivered in many settings**	Various	Annual

GOVERNANCE

6. GOVERNANCE

6.1 Figure 3 shows the governance of the Strategy with ⟹ showing the lines of accountability and the ⇠⇢ showing the lines of liaison with other States departments

Figure 3

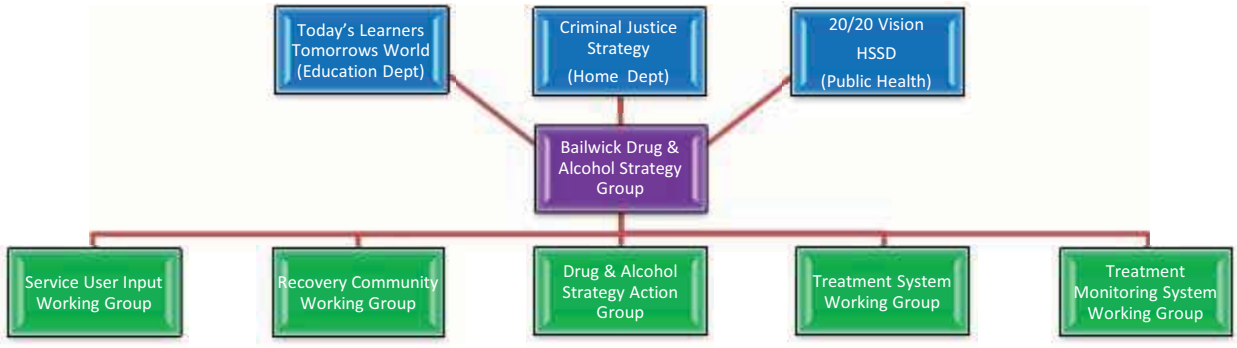


7. WORKING GROUP STRUCTURE

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

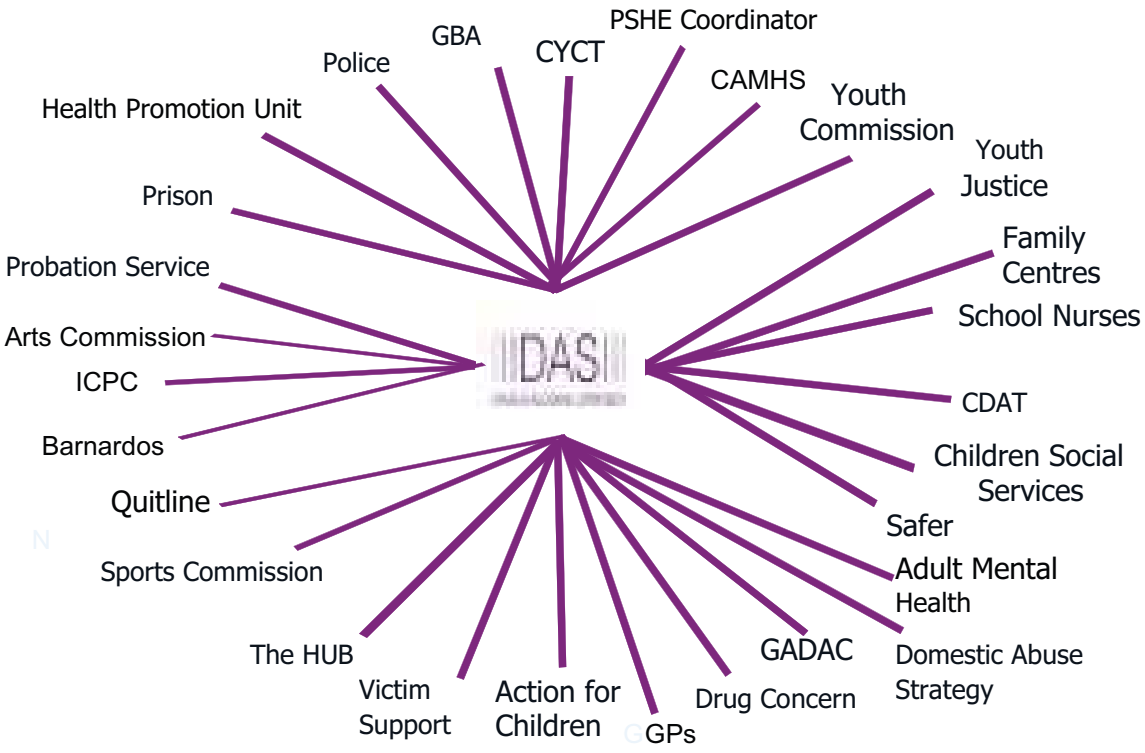
7.2 The purpose of each working group is to represent particular strategic commitments –, Risk Management, Communication and Equality as well as specific projects that will need to be implemented during the life of the Strategy. Some of these may be time-limited groups, and other groups may be added 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



7.3	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

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)
- GPs 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

References for the Bailiwick Drug & Alcohol Strategy 2015 – 2020

Billet D'État XVIII, 2006: Policy Council - Bailiwick Drug and Alcohol Strategy, p. 2064 – 2180

Billet D'État XXXIII 2009: Policy Council – Interim report on the Bailiwick Drug and Alcohol Strategy.

Drug & Alcohol Strategy 2015 – 2020 Action Plan

Developing the Guernsey Treatment System for substance misusers – Summary of Phase 1 & 2 by Liverpool John Moores University (LJMU)

Developing the Guernsey Treatment System for substance misusers: Phase 3 – Substance User Engagement by (LJMU)

Developing the Guernsey Treatment System for substance misusers: Phase 3 – Best Practice factsheets by (LJMU)

Guernsey's Young People Drug & Alcohol Service Provision Ideas for the future – Dr Deborah Judge

Minimum Unit Pricing – Issy Norman Ross

Introduction of charging Alcohol by Volume (ABV) – consultation information Guernsey Border Agency

114th Annual Medical Officer of Health Report – Dr Stephen Bridgman

Guernsey Young People's Survey – Primary, Secondary, Post 16

APPENDIX 3

Supply and Demand Reduction

Outcome - A reduction in the availability of drugs and alcohol, and reduction in risk factors for substance misuse

What	Who leads	How done	How measured	Frequency of reporting
To employ strategies that deter the importation and supply of illegal drugs	Guernsey Border Agency Guernsey Police	Deterrent campaigns at borders and on exit from UK (Condor). Provide accessible and high quality information about the risks and harms associated with new psychoactive substances (NPS), through social media websites e.g. FRANK and awareness campaigns. Continue with robust border controls and strict sentencing policies Work with and encourage agencies to gain intelligence on the use of NPS and controlled drugs to ensure public health and legal status information is accurate and up to date.	Seizures of drugs / duty free in excess. Number of royal court cases targeting the principal (head of syndicate) as well as dealers Number of disclosures made by agencies that contributed to drug intelligence	Annual at BDASG
To employ strategies that deter the diversion and misuse of prescription drugs	DAS Coordinator Treatment Agencies GPs	Through the Misuse of Prescription Drugs Working Group and working closely with treatment agencies and GPs.	Audit of the supply of prescription drugs	Quarterly audit and annual report
To explore implementation of legislation review and enforcement	Guernsey Border Agency	Ongoing legislation to tackle NPS.	GBA reports Misuse of Drugs Advisory	Annual at BDASG

DRUG & ALCOHOL STRATEGY ACTION PLAN 2015 - 2020

What	Who leads	How done	How measured	Frequency of reporting
initiatives, including those designed to reduce drug and alcohol related offending and anti-social behaviour	Guernsey Police	Explore changes in licensing hours Explore Fixed Penalty notices for low-level drug or alcohol offending (e.g. drunk and disorderly, possession of <1g cannabis) following consultation with Constables and initial period of warnings. Explore reducing the permitted blood alcohol level for drivers and drug driving	Group reports Police reports Report results	
To reduce the availability of cheap and heavily discounted alcohol and irresponsible promotions	D&A Co-ordinator (involve T&R, Commerce and Employment)	Increase duty on alcohol products year on year. Minimum Unit pricing Review of duty-free allowances. Continue to work with on- and off-licensed premises. Explore how alcohol is promoted, labelled, and advertised and identify ways to mitigate exposure locally.	T&R and GBA reports Per capita consumption rates Report results	Annual BDASG
To develop a range of programmes of targeted prevention to reduce risk factors for substance misuse	D&A Co-ordinator and all partners	Explore and define risk factors with input from service users and service records Identify and explore evidence	Report results	Annual at BDASG

What	Who leads	How done	How measured	Frequency of reporting
		based programmes		
To continue to work with and support the Liquor licensing working group in introducing appropriate licensing conditions	D&A Co-ordinator Guernsey Border Agency Guernsey Police	Explore changes to licensing hours. Explore changes to rules for display.	Report results	Annual at BDASG
To provide advice, information, counselling and support services for drug and alcohol users, their families, carers and other professionals	D&A Co-ordinator Service Providers	Maintain funding for and pro-actively advertise core services to offer information and advice in the community. Press releases and articles. Prevention and early intervention programmes to reduce treatment needs.	Agencies Annual report	Annual at BDASG

Children, Young People and families

Outcome - A reduction in the numbers of adults and children using drugs and/or alcohol at levels that damaging to themselves or others

What	Who leads	How done	How measured	Frequency of reporting
To prevent / minimise experimentation by raising awareness in young people of the dangers / harms of misusing drugs and alcohol	D&A Co-ordinator (CYPP Education Youth Commission)	Continue to fund services which deliver universal drug and alcohol awareness programmes in schools including Alderney	Number of children and young people experimenting with drugs or alcohol (YP survey) CYPP plan indicators for positive activities	Annual at BDASG

DRUG & ALCOHOL STRATEGY ACTION PLAN 2015 - 2020

What	Who leads	How done	How measured	Frequency of reporting
		Engaging YP in positive activities through a multi-agency approach	Annual Reports of Sports Commission, Arts commission and Youth Commission	
To prevent experimental use of drugs and alcohol from developing into problem use and enable young people (under 25yrs) at risk of problem drug and alcohol use to make positive changes in their lives	D&A Co-ordinator (CYPP Education Youth Commission)	Continue to fund services which deliver universal drug and alcohol awareness programmes in schools. Use the DAS assessment & referral tool in all young peoples' agencies / services to refer for specialist services support. Use CYP brief intervention tool Youth Commission outreach initiatives	Number of children and young people using drugs or alcohol regularly (YP survey). Numbers of referrals into services using DAS tool. Number of BIs delivered Youth Commission Annual report	Annual at BDASG Annual at BDASG
To provide general and targeted information to reduce the number of children and young people under the age of 15 who drink alcohol	D&A Co-ordinator	Drug and alcohol education in schools. Awareness-raising campaigns to parents, general and targeted e.g. STAART programme in schools 'Last Orders' production, to raise awareness of the full effects and harm of alcohol on the developing adolescent brain Action on proxy purchasing/supply	Number of children and young people drinking alcohol under the age of 15 (YP survey). STAART programme evaluation. 'Last Orders' production programme evaluation. Results from the action	Every 3 years Young people's survey Annual at BDASG Annual at BDASG

DRUG & ALCOHOL STRATEGY ACTION PLAN 2015 - 2020

What	Who leads	How done	How measured	Frequency of reporting
To implement family focused initiatives to reduce the detrimental effects of substance misuse on children and families	D&A Co-ordinator	STAART programme in schools Audit the referral process from statutory services to community programmes and raise awareness of what programmes are available e.g. MPACT. Support implementation of the Common Assessment Framework (CYPP)	STAART evaluation Number of referrals made. Number of interventions delivered and reports relating to outcomes from providers Report	Annual at BDASG
To address substance misuse where it relates to domestic abuse and mental health issues in families and between intimate partners	D&A Co-ordinator	Ensure joint working through CYPP MARAC conferences and action plans. Include Drug and Alcohol awareness in 'Safer' Training – access to services, and referral pathways.	MARAC reports and evaluation of intervention. Numbers of training sessions delivered.	Annual at BDASG

DRUG & ALCOHOL STRATEGY ACTION PLAN 2015 - 2020

Partnership Working

Outcome - A reduction in the incidence of drug and alcohol related disorder, anti-social behaviour, violence and crime in the community.

What	Who leads	How done	How measured	Frequency of reporting
To forge and strengthen links with other strategic social policy areas	BDASG	Systems in place to share information (high-level) Data-sharing and shared protocols developed. Links to other strategic plans.	Data-sharing agreements developed and implemented. Partner evaluation of joint working.	Milestones to be set.
To liaise with inter-island and international networks to inform and strengthen local approaches	D&A co-ordinator DPH D&A co-ordinator	British Irish Council liaison. Maintain links with Public Health England. Explore joint initiatives with Jersey, especially for residential rehab.	Quarterly meetings attended National benchmarking data provided Report to BDASG with recommendations	Quarterly Annually Milestone to be set.
To maintain and develop existing links between treatment providers and other agencies, including the private and charitable sectors,	D&A co-ordinator D&A co-ordinator D&A co-ordinator	Shared client assessment documentation. Continue to develop and enhance links with charitable organisations e.g. AA, Al-ANON NA, SAFER and MIND to ensure a joined up approach to meet the needs of the individual Adopt a consistent approach to following up agency transfers and treatment exits.	Shared Assessment Form agreed and in use. Invitation to the DAS Action Group to share information. Invitation to contribute figures to the BDASG annual report Numbers of SAFs	Milestones to be set. Annual at BDASG Quarterly until established as

DRUG & ALCOHOL STRATEGY ACTION PLAN 2015 - 2020

What	Who leads	How done	How measured	Frequency of reporting
	Network Providers D&A co-ordinator Network Providers	Develop integrated services with regular network meetings. Strengthen collaborative working between treatment providers and GPs in private practice (shared care). Explore provision of Liaison Service for Primary Care and PEH inpatients. Alternative referral process for GPs	monitored. Use of SAF embedded in SLAs. Regular meetings take place, with actions recorded. Protocols developed and agreed. Report to BDASG with recommendations. Agreed pathways in place	BAU. Milestones to be set. Milestones to be set. Milestones to be set.
To provide and share information about local trends in substance misuse and substance-misuse-related offending This to ensure a joined up approach in delivery of initiatives across States and non-States funded provider organisations	Network Providers D&A co-ordinator	Action Group meetings with local issues raised and sharing information. Engagement with Service Users ACMD bulletins and NPS information shared to monitor trends in drug use. Misuse of Drug Advisory Group meetings	Quarterly meetings take place, with actions recorded. Service User survey. Alerts circulated as required. Minutes	Quarterly Annually Quarterly and annual presentation
To develop options to meet the needs of drug and alcohol users in the community	D&A co-ordinator Network	Explore feasibility of primary care / hospital liaison worker / addictions counsellor.	Business case produced and agreed, worker in post.	Annually

DRUG & ALCOHOL STRATEGY ACTION PLAN 2015 - 2020

What	Who leads	How done	How measured	Frequency of reporting
	Providers (through successive task and finish groups)	Increase availability of Naloxone kits to reverse overdose, to high risk clients with appropriate training. Develop an integrated service approach for pregnant substance-misusing women and their families. Roll out supervised consumption in pharmacies. Audit and identify street drinkers and frequent attendees at hospital and explore a programme of intensive interventions. Explore the feasibility of developing a network of GPs with special interest in drugs and alcohol. Work towards having such GPs based in each of the three Primary Care health groups	Number of kits issued, and people trained to use them. Number of kits used to prevent death by overdose. Audit of need and pathway developed, training needs identified. Numbers of clients and visits. Audit completed and options for action explored. Report of working group	
To develop options to meet the needs of offenders.	D&A co-ordinator Network Providers (through successive task and finish groups)	To support the development of the Prison Drug & Alcohol Policy and subsequent documents. Continue to fund criminal justice drug and alcohol services (including in prison). Develop integrated pathways	Implementation of relevant policies and documents Review outcome measures in Service Specifications Integrated pathway is	Annually

What	Who leads	How done	How measured	Frequency of reporting
		for prisoners on release, to ensure maximum chance of remaining drug-free, including as risk assessment process, harm reduction for those who will relapse and proactive specialist support to maintain recovery. Ensure confidential access to needle exchange for parolees. designed to tackle drug and alcohol-related offending and re-offending.	developed with and agreed by all partners, and implemented. Number of prisoners released into the community with integrated pathway in place. Outcome star Client survey Reduction in alcohol and drug-related offending	

Treatment

Outcome - An increase in the amount of people moving through treatment into sustained recovery

What	Who leads	How done	How measured	Frequency of reporting
To develop an evidence–based, treatment system with the flexibility and resilience to respond to the changing needs of the community in relation to substance misuse (overarching). This system will aim to engage individuals appropriately with a view to reducing demand for illegal drugs: reducing acceptability of problematic	D&A co-ordinator Network Providers (through successive task and finish groups)	Remodel current treatment and support services into an integrated treatment network, with single point of access, agreed protocols for information-sharing and confidentiality and regular network meetings Introduce self-referral into	Network meetings in place to establish appropriate provider for client. Information-sharing protocols and confidentiality agreements in place. Number of clients entering	Quarterly updates to BDASG Quarterly

drug and alcohol use: increasing knowledge and offering alternatives to drug use.		treatment. Explore treatment capacity for NPS and other addictive substances e.g. benzodiazepine. Review services for dual diagnosis clients at all levels of need. Update the review of Opiate Substitute Treatment prescribing and licensing practice, and reissue guidelines. Develop and implement a model of shared care between treatment providers and GPs. Explore and develop a tier 4 service model, including alternative settings for supported community detoxification including St Julian's Hostel. Forge better links with providers of off-island residential rehabilitation and review the effectiveness of their services. Audit and improve access to services for minority groups. Explore use of a variety of communication to engage and	treatment and exiting successfully. Audit of need and pathway developed, training needs identified. Review produced and recommendations identified. Review is updated and recommendations for change are made if required. Guidelines re-issued. Options paper produced with costing and service user views. Options paper produced with costing and service user views. Report Audit produced and action plan for improvement.	report to BDASG

		prompts attendance of service users in treatment e.g. text messaging. Audit waiting times for treatment and set quality measures and ensure users have access to alternative treatment while waiting	Number of texts sent and reduction in DNAs Audit produced and action plan if required.	
To embed engagement with service users in treatment development	Network Providers	Identify service users who wish to be involved in treatment development. Identify how this will be supported / delivered (may be outsourced?) Consultation with service users, facilitated by professionals outside of Guernsey treatment services, so that service users feel more able to express their views and avoid stigma	Number of service users engaged in development Number of programmes/pieces of work generated Service user survey/consultation document	
To build support for holistic recovery in the community by increasing the provision of aftercare services, promoting peer support networks, ensuring all treatment options are made available to all individuals and abstinence is always presented as an option	D&A co-ordinator Network Providers	Increase capacity in aftercare services and involve other third sector partners. Develop programmes of peer support (peer mentoring, support groups for people in recovery), including training and support for peer mentors. Develop an activity / treatment programme specifically for service users in recovery (identify and fund a project	Number of clients engaging in aftercare services Number of training programmes completed annually Day programme in place	Quarterly

		manager to set this up). Develop and deliver two projects to address stigma including Alderney if appropriate Identify how this will be supported / delivered (may be outsourced?) Work in conjunction with Social Security to development employment opportunities for drug and alcohol users	Projects delivered and positive evaluation Key Performance Indicator	

Responsible Choice

Outcome - A reduction in alcohol (and drug) – related economic loss in the workplace

What	Who leads	How done	How measured	Frequency of reporting
To deliver population based campaigns to increase knowledge and awareness of the varying risks of alcohol consumption and the consequences of problem alcohol use to the individual and the community	D&A co-ordinator Health Promotion Unit	Workplace displays and campaigns. Liberation Day and other public events displays and campaigns. Co-ordinated media campaigns from each provider agency under shared communications	Healthy Lifestyle survey. Monitor success of shared communications plan. Positive (pro-active) press releases / articles published (column inches).	Five years Annual Quarterly at BDASG

What	Who leads	How done	How measured	Frequency of reporting
		plan. Using new technology campaigns (e.g. social media: Milk cartons advertising) and service user feedback. Drug and Alcohol Policies for all States departments and share with Chamber of Commerce as template for best practice. Encourage event organisers, including sports clubs, to run more alcohol free events, especially if children are involved.	Service user surveys States HR Drug and Alcohol Policy in place Number of alcohol free events organised	Once at BDASG Annual
To deliver targeted campaigns to increase awareness of alcohol risk variation with age, gender and prescribed medication	D&A co-ordinator Health Promotion Unit	Health Fairs for target groups e.g. prison, manual workplaces Street bus to targeted areas e.g. town centre nights Work with pharmacies (HSSD) for older people information with dispensing, and include in Medicines Use review. Evidence-based Outreach programmes (STAART or similar) to targeted groups e.g. identified schools. Explore evidence-based peer education programmes	Healthy Lifestyle survey. Monitor success of shared communications plan. Self-referrals to services increase. Pre and post testing after projects. Programmes reviewed and selected.	Five years Annual Annual at BDASG Annual at BDASG Annual at BDASG
Establish wider use of opportunistic Identification and Brief Advice (IBA)	D&A co-ordinator	Multi-agency Training in IBA. Use YP version for youth	Numbers trained. Numbers of IBA delivered.	Annual at BDASG

What	Who leads	How done	How measured	Frequency of reporting
delivered by a range of specialist and non specialist practitioners using a recognised tool such as AUDIT-C with appropriate referral protocols and a system for data collection	HSSD Public Health	agencies. Pilot and evaluate use of IBA in primary, acute, workplace and community care settings. Make it mandatory for healthcare workers' at induction.		

Training, Data collection, Monitoring and Evaluation – Key Enabler

What	Who leads	How done	How measured	Frequency of reporting
Continue to provide a rolling programme of training to ensure that all relevant staff across States Departments and partner organisations are trained as appropriate to the highest standard and kept up to date with current best practice and issues.	D&A co-ordinator	Annual Training Needs Assessment undertaken with input from all parties (in Action Group and at DAS Development Day). Multi-agency Training programme costed and agreed including GPwSI training. Explore links with IHSCS to share budgets and training.	Training Plan agreed, implemented and evaluated. Report to BDASG with recommendations.	Annually Milestones to be set.
To devise and implement a monitoring system that reports back to the BDASG on a quarterly basis, capturing wider population health and criminal justice outcomes.	D&A co-ordinator	Develop Core dataset for NDTMS Develop Core dataset for BDASG, including social wellbeing indicators as well as	Core dataset for NDTMS agreed Core dataset for BDASG agreed	Milestones to be set.

What	Who leads	How done	How measured	Frequency of reporting
		treatment service indicators. Incorporate qualitative data and waiting time indicators in outcome measures in SLAs	Core datasets for SLAs agreed	
To implement a robust treatment data collection system which provides local data reports and can also be benchmarked against the UK and internationally.	D&A co-ordinator Network Providers	Commission IT technical help to: - Standardise Provider clinical IT systems. - Establish data extraction processes for BDASG reporting - Establish data extraction processes for NDTMS	Provider data input works and produces reports. Data transfers into BDASG reporting framework Data transfers into NDTMS reporting framework	Milestones to be set. Milestones to be set. Milestones to be set.

APPENDIX 4

MEDICAL OFFICER OF HEALTH
Health and Social Services, Corporate Headquarters,
Rue Mignot, St Andrews, Guernsey, GY6 8TW
Tel no: (01481) 707438

22nd August 2014

Deputy Gillson
Minister
Home Department
Sir Charles Frossard House
La Charroterie
St Peter Port
GY1 1FH

Dear Deputy Gillson

Re: Drug and Alcohol Strategy

First of all I am delighted that the Home Department has led the development of a new plan to continue to tackle the enormous harms to the island associated with drug and alcohol use.

I reported on the health effects of alcohol in the 110th MOH report. In the 114th MOH report I reported on the crisis in the increase in liver disease, the only major organ where the incidence of new disease is getting much worse. Alcohol is one of the three major causes of preventable liver disease in the island. I think it is shocking that of 129 islanders who died from liver disease between 2001-12, around half are considered to be caused by drinking alcohol. What is particularly sad is that people are often unaware they have liver disease until it is too late for them.

Deaths are only the tip of the harms “iceberg”. Unfortunately, as I know only too well from my previous clinical work, there may be devastating effects on some people and their families and friends from the direct effects of drugs and alcohol. In addition, there are the indirect health and social effects on third parties. Further, each taxpayer foots a significant cost in paying for the health and social consequences of drugs and alcohol, money that could be put to good use elsewhere if harms could be prevented.

I also note that problem alcohol use is the most frequent reason for islanders to seek help from the drug treatment service, and most attendees have started drinking by 15 years old.

While drugs and alcohol remain major health issues, I would like to congratulate the Home Department on leading a strategy that has as a foundation in a robust

health needs assessment, which is likely to make a major contribution in improving public health over the coming years. I think this could be considered an exemplar for other health and social care strategies.

While there are many proposed effective measures in the strategy that I support, I appreciate that a policy of a minimum alcohol unit price may possibly be controversial. I would urge the Home Department to pursue such a policy, estimated to prevent a significant number of deaths (3) and people with alcohol related disease (50) a year with a minimal impact on low risk alcohol drinkers, and that is likely to be strongly supported by many businesses that sell alcohol (e.g. pubs).

There is good evidence that alcohol is a cause or possible cause of hundreds of diseases, including several cancers (www.who.int/substance_abuse/facts/alcohol/en). There is no known threshold below which there is not a risk of alcohol causing cancer. (http://pubs.niaaa.nih.gov/publications/arh25-4/263-270.htm). Worldwide alcohol is estimated by WHO to cause 350,000 cancer deaths a year. (http://www.who.int/features/qa/15/en/). Therefore, even though drinking alcohol is a cultural norm in Guernsey, given the harmful effect of alcohol I would like to see the States take a lead in setting up a robust policy on alcohol for its workforce , and policy, such as not funding alcoholic drinks at the States expense. I appreciate that with the current culture this may not be popular, but this would in my view show leadership in our community by setting an example to our younger generation that alcohol is not necessary for relaxation, celebration, or to have a good time.

I am also concerned that young people are bombarded with advertising and marketing messages about alcohol. Given the high number of young people that drink I would like to see strong action on protecting our children from the harms of marketing.

An additional issue the Department may wish to consider in including in the strategy is that of prescribed drugs. I meet with a group of health professionals across our islands that has been successful in introducing practical steps to support the reduction in harms from prescribed drugs getting into the illicit market, with support and close working from colleagues in Home Department services such as the Police and Border Agency. I think it would be useful to continue with this work and include it as part of the strategy.

Finally, I would like to congratulate the Home Department again on developing an evidence-based draft strategy, and look forward to doing what I can to support the Department in it is efforts to use the strategy to combat the harms of drugs and alcohol in our islands.

Yours sincerely

Dr Stephen Bridgman MD FFPH
Medical Officer of Health

APPENDIX 5

EDUCATION
A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

Education
PO Box 32
Grange Road
St Peter Port
Guernsey
GY1 3AU
Tel +44 (0) 1481 733000
Fax +44 (0) 1481 714475
Email office@education.gov.gg
www.education.gg

176/233/MJC

8th August, 2014

Minister,
Home Department,
Sir Charles Frossard House,
La Charroterie,
ST. PETER PORT.
GY1 1FH

Dear Deputy Gillson,

re: Bailiwick Drug and Alcohol Strategy

I thank you for the opportunity to comment on the Bailiwick Drug and Alcohol Strategy. The comments below focus on the aspects that are specifically related to education matters. Education Board members may also comment upon the consultation individually.

The Education Board applauds the Bailiwick Drug and Alcohol Strategy Group for producing this report and making the recommendations that are being proposed.

Tackling Drug and Alcohol misuse is a challenging, complex issue. Education Department staff have been partners in the development of the report since its inception as a drug strategy in 1999. Staff have consistently reported back that the structures adopted for delivering the strategy, especially following its restructuring into a combined drug and alcohol strategy in 2005, is the blueprint for effective delivery of States strategy.

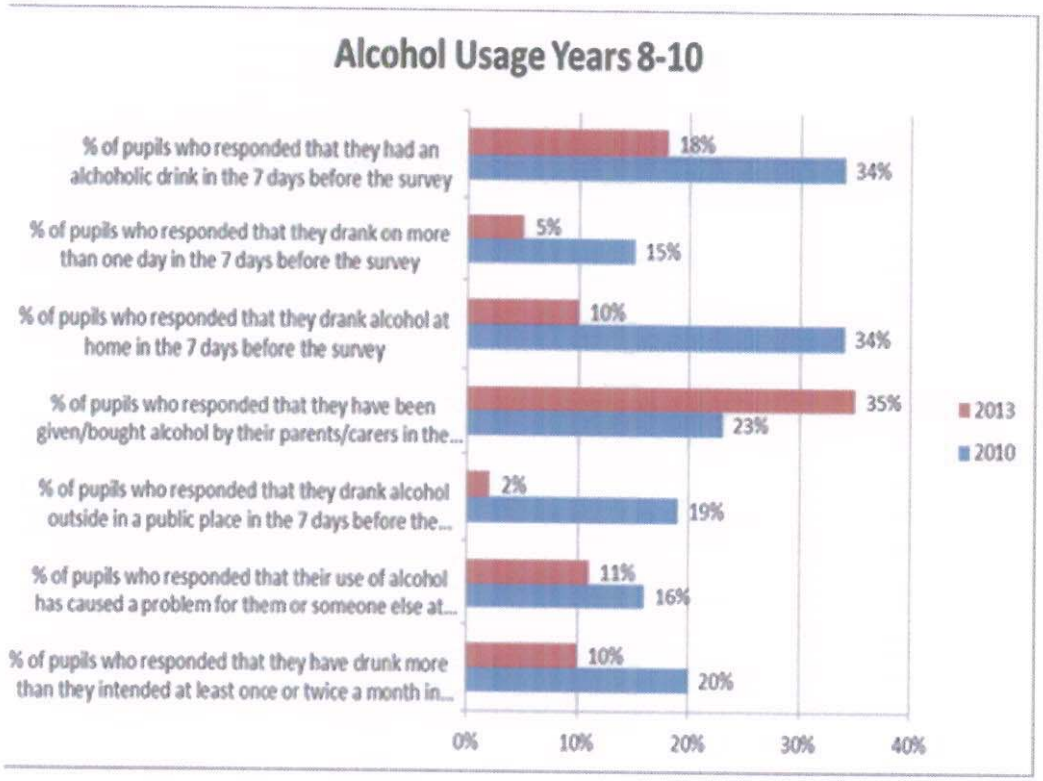
The effectiveness is reflected in the framework and the identification of key performance indicators. These were produced following excellent partnership working across States departments alongside voluntary organisations. There is also a clear and demonstrable evidence base for the outcomes, not least because of the commissioning of Liverpool John Moores University and their production of the eight best practice factsheets and the recommendation against the gap analysis. Lastly, future activity can be clearly structured into the five pillars that are measured by the five clearly identified outcome measures.

The Education Board recently commented upon drug and alcohol issues that were raised in the 114th Annual Medical Officer of Health report. Man y of those responses are relevant as responses to the Drug and Alcohol Strategy Consultation.

Below are particular responses:

1. the Education Board recognises that it plays a significant role in supporting public health and, in particular, educating all sectors of the community in health and wellbeing issues. It is a key player in the strategic approach to these issues;

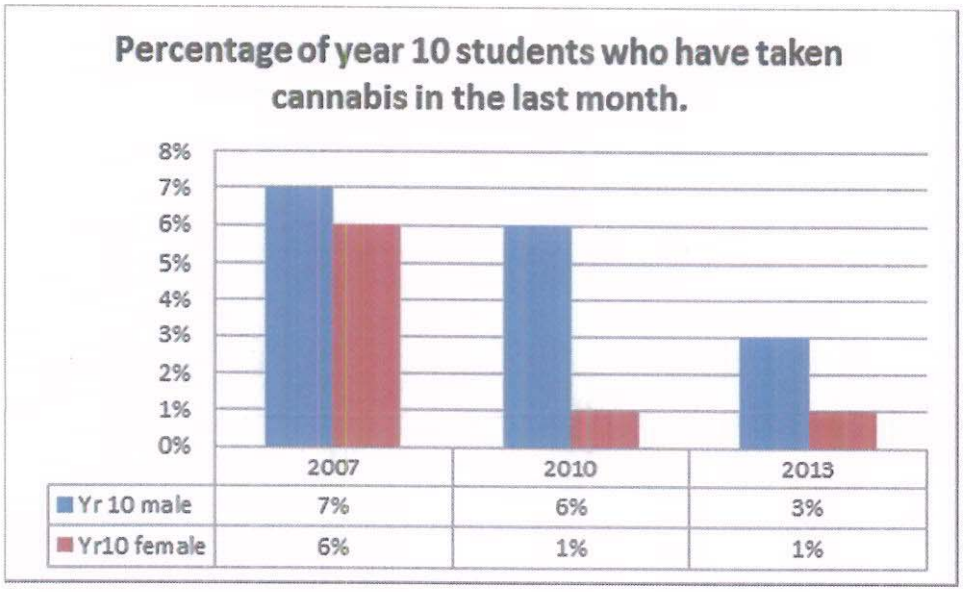
2. the Education Board acknowledges the concerns that have been identified regarding alcohol consumption. The report and accompanying media release acknowledge the significant improvements that were highlighted in the Young People's survey findings in 2013 that reported on the responses of pupils in years 6, 8 and 10. The improvements are identified in the table below which compares the findings in the 2013 and 2010 Young People's survey reports.

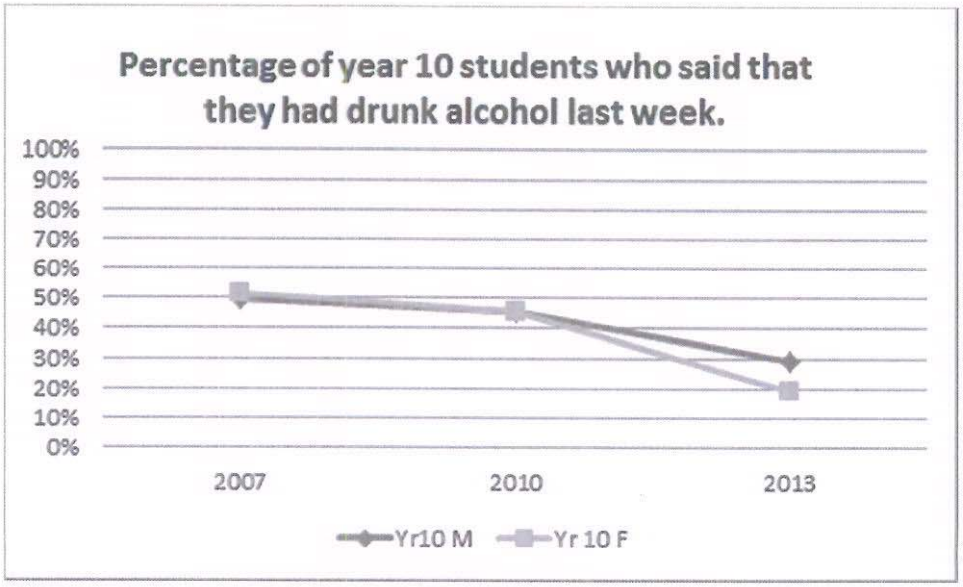


There has been an improvement, also reflected in drug and tobacco consumption amongst young people, and is indicative of the cross-departmental efforts to support young people.

3. The Education Board recommends that the risk-taking behaviour of post-16 students is also monitored. Concerns were confirmed in the publication of the post-16 Young People's Survey in February 2014. The survey of 600+ year 12 and 13 students in full-time education identified high levels of alcohol consumption:
In response to the question: 'Have you drunk Alcohol in the past seven days?'
   - *48% of respondents said that they had had an alcoholic drink in the past seven days*
   - *57% of respondents have been drunk at least once in the last month*
   - *82% of respondents think that people their age drink alcohol 'to get drunk'*

4. The Education Board supports the establishment of the key performance indicators that seek a reduction in regular use of alcohol and drugs over a ten year period from a baseline of 2007. The outcome measures KPI 2.2 (percentage of 14-15 year olds who regularly drink alcohol) and KPI 2.3 (percentage of 14-15 years olds who regularly use cannabis) should be achievable given the trends that have been shown since 2007. These are outlined below.





5. The Education Department concurs with the observations made in the consultancy report of the Centre for Public Health (Liverpool John Moores University) recently received by the Drug and Alcohol Strategy group. The key observations applicable to both drug and alcohol substance misuse for young people are supported by the Education Department:

   - young people's drug and alcohol use requires a different approach to target and support them, distinct from adult services;

- strategies and services targeted at young people need to be provided as part of a broad range of support and offered as early as possible;

- all young people should have access to good quality education about drugs and alcohol. Schools play an important role in this by providing young people with the knowledge, skills and confidence to reduce the risk of them engaging in risky behaviours including alcohol and drug use;

- community based interventions take place in the community, schools and youth services and also aim to reduce risk.

Yours sincerely,

Deputy R. W. Sillars
Minister

APPENDIX 6

HEALTH AND SOCIAL SERVICES
A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

Corporate Services
Corporate Headquarters
Rue Mignot
St Andrew's, Guernsey
GY6 8TW
Telephone +44 (0) 1481 725241
Facsimile +44 (0) 1481 235341
www.gov.gg

MD/LP/ey

Deputy P Gillson
Minister, Home Department
Sir Charles Frossard House
La Charroterie
St Peter Port
GY1 1FH

10 September 2014

Dear Deputy Gillson

On behalf of the Health and Social Services Department, I am pleased to respond to the consultation on the Drug and Alcohol strategy 2015-2020. This is a corporate response and Board members may also have responded to the consultation individually.

We recognise that drug and alcohol use remain major health issues for our community, with a significant burden of ill health, in addition to the cost of dealing with the consequences of their use.

The HSSD Board welcomes the good public health approach of the strategy in using evidence-based initiatives and starting from the sound basis of a comprehensive needs assessment and engagement with service users and clinicians.

The Department supports proposals to make alcohol more expensive to the consumer in a variety of ways in order to reduce consumption and hence alcohol-related harm. One such measure, minimum alcohol pricing (MAP) was highlighted both in a paper shared with us by your Department , and in the 114th Medical Officer of Health Annual Report which HSSD submitted to the States in 2013. MAP could prevent 3 deaths and 50 cases of alcohol related illness a year locally, yet have a minimal impact on low risk alcohol drinkers, and is therefore a measure we fully support.

The Department applauds the robust approach to service re-design, valuing the work of non-government organisations, and bringing these together with HSSD services to form a treatment network where people can be treated according to need. We support the proposals to develop sustained recovery in partnership with community networks. We welcome the use of national and internationally comparable data to monitor and evaluate the quality of services and drive service improvement.

As expressed in the Board meeting, HSSD members are grateful for the opportunity to discuss the early development of the strategy with officers, and appreciate the constructive and close working relationship of our Departments over the years to reduce the harms of drugs and alcohol. We hope this good work continues. We also hope that in future, there will be even closer working between both the Domestic Abuse and Drug & Alcohol Strategies that the Home Department lead, and the Mental Health and Wellbeing Strategy which is led by HSSD. Closer worker relationship will also be

beneficial with the Tobacco Strategy as there are considerable areas of overlap between key issues in both strategies. We would also welcome a focus on reducing the illicit use of prescription drugs, rather than solely concentrating on the supply of illegal drugs, working with other jurisdictions to reduce the effect of marketing on children, and looking carefully at States policies which might support strategy delivery.

Injecting drug use is the principle driver of Hepatitis C infection in Guernsey, and there is evidence that transmission is occurring both through needle sharing and sharing other aspects of paraphernalia; and therefore we suggest the strategy should include all preventative measures.

HSSD members are anxious to continue to reduce the health harms of drugs and alcohol in the islands, and we look forward to hearing the results of the consultation, and debate of this Strategy in the States.

Yours sincerely

M. H. Dorey

M H Dorey
Health and Social Services Minister

SOCIAL SECURITY
A STATES OF GUERNSEY GOVERNMENT DEPARTMENT

Edward T. Wheadon House
Le Truchot, St. Peter Port, Guernsey
GY1 3WH
Telephone +44 (0) 1481 732500
Facsimile +44 (0) 1481 732501
Email enquiry@ssd.gov.gg
www.gov.gg

The Minister
Home Department
Sir Charles Frossard House
La Charroterie
St Peter Port
Guernsey
GY1 1FH

Our Ref:

Your Ref:

Date: 16 October 2014

Dear Deputy Gillson,

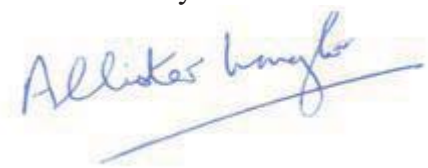
Drug and Alcohol Strategy 2015 – 2020

Thank you for consulting with the Social Security Department ('the Department') on the Home Department's States Report concerning the Drug and Alcohol Strategy 2015 – 2020.

The Department considered the Strategy at its meeting on 14 October 2014 and was supportive of its objectives. The Department fully supports working in partnership with the Home Department and other relevant agencies to assist those people who are experiencing, or recovering from substance misuse into or to return to work.

The Department also notes that it is committed to provide relevant Social Security data on an annual basis in respect of Key Performance Indicators 5.1 and 5.2 in order to help measure the success of outcome 5 of the Strategy: 'a reduction in drug and alcohol – related economic loss in the Bailiwick, especially the work place, through promoting responsible choice'.

Yours sincerely



Allister H Langlois
Minister

(N.B. In accordance with its mandate, the Treasury and Resources Department is commenting on the resource implications of this States Report. It is noted that delivery of the Strategy has required successful working across States Departments and with external non-government agencies. The Department commends the approach that the Home Department is taking by not requesting additional funding for service developments at this time but seeking, where possible, to develop and improve service delivery through the reprioritisation of existing resources. The Department supports and encourages an increased focus on the specification of desired outcomes from the available resources and the evidence based monitoring of delivery thereon. The Department hopes that all Departments will keep similar considerations in mind, particularly when contracting with the third sector.)

(N.B. The Drug and Alcohol Strategy is an excellent example of partnership working between various States Departments and Third Sector bodies to address what are deep rooted social issues. While it has undoubtedly been successful, to remain successful it is important the Strategy continues to develop and to evolve new policies to combat the ever changing ways in which alcohol and drugs are misused, and to improve the collection and analysis of data by which to inform this policy making. Therefore, the Policy Council strongly supports the continuation of the Strategy, which it considers to have been drawn up in accordance with the principles of good governance.)

The States are asked to decide:-

VI.- Whether, after consideration of the Report dated 27th October, 2014, of the Home Department, they are of the opinion:-

1. To approve the Bailiwick Drug and Alcohol Strategy 2015-2020 and affirm the States' commitment to minimising the harm caused by drug and alcohol misuse to Bailiwick residents of all ages.

COMMERCE AND EMPLOYMENT DEPARTMENT

MARITIME LABOUR CONVENTION LEGISLATION
EXTENSION TO SARK

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

4th November 2014

Dear Sir

1. Executive Summary

1.1 This Report recommends that the States approve the making of an Ordinance under the Employment Agencies (Enabling Provisions) (Bailiwick of Guernsey) Law, 2012 ("**the enabling Law**") to have effect in Sark, to give domestic effect to the requirements of Regulation 1.4 of the Maritime Labour Convention 2006 ("**the Convention**") in that Island.

1.2 At Sark's request, the enabling Projet de Loi provided for it to be commenced in Sark by Ordinance of Chief Pleas and it came into force in Sark on 7th October 2013. The enabling Law requires that the relevant Committee of Chief Pleas (Finance and Commerce) be consulted before an Ordinance made under it having effect in Sark is made. The Department has reached agreement with that Committee about the proposed terms of the Ordinance.

1.3 It is proposed that the Ordinance would be in essentially the same terms (with necessary modifications) as the Seafarer Recruitment and Placement Services (Maritime Labour Convention 2006) (Guernsey and Alderney) Ordinance, 2013 ("**the 2013 Ordinance**") which came into force on 1st November 2013.

2. The Marine Labour Convention 2006 and Bailiwick Legislation

2.1 Background information on the Convention, a broad explanation of why the 2013 Ordinance was considered necessary, together with a more detailed explanation of its provisions and the reasons why Guernsey did not intend to seek its extension to the Bailiwick, are set out in the States Reports which recommended the making of the enabling Law and of the 2013 Ordinance. (Billet d'État XXIII 28th November 2012 and Billet d'État XX 30th October 2013, respectively).

2.2 These recommendations were approved by the States and the Department does not propose to rehearse those explanations once again. Copies of those Reports are appended to this Report, and members are referred to them for a full explanation of the background to this matter.

2.3 The States Report which recommended the making of the 2013 Ordinance referred to Sark in these terms under the heading "Consultation":

> *5.1 The relevant authorities in Sark were consulted during the preparation of the enabling Law. That Law has not yet been commenced in Sark. As such, and because it is the Department's understanding that there are currently no manning agencies on Sark that stand to be affected by Regulation 1.4 in any event, the decision has been taken to push ahead with getting the substantive Ordinance in place in Guernsey and Alderney. Working with the relevant authorities on Sark, the Department will be seeking for the Law to be commenced there in the near future and an Ordinance, in essentially identical terms under the enabling Law, to be introduced, so that appropriate domestic legislation extends to the whole Bailiwick.*

2.4 It remains the case that it is the Department's understanding that there are currently no manning agencies on Sark that stand to be affected by Regulation 1.4 of the Convention. Nevertheless, the Department and the Sark authorities agree that it is sensible to put in place on that Island appropriate domestic legislation to ensure it extends to the whole Bailiwick, and so to afford protection to any potentially affected business that opens on Sark in the future.

2.5 As noted above, the Department proposes that the Sark Ordinance should be in largely the same terms as the 2013 Ordinance, and reflecting the same policy objectives set out in the attached States Report that recommended the making of the 2013 Ordinance. Necessary and appropriate modifications to the 2013 Ordinance agreed with the Sark authorities include the Department being required to consult them before appointing officers to act under the Ordinance.

3. Recommendations

3.1 The Department recommends that the States:

(a) approves the proposal set out in paragraph 2.5 of this Report, that an Ordinance under the Employment Agencies (Enabling Provisions) (Bailiwick of Guernsey) Law, 2012 should be made having effect in Sark, to give domestic effect to the requirements of Regulation 1.4 of the Maritime Labour Convention 2006 in that island, and

(b) directs the preparation of the necessary legislation.

Yours faithfully

K A Stewart
Minister

A Brouard
Deputy Minister

D de G. De Lisle
H. J. R. Soulsby
L. B. Queripel
Advocate T Carey, Non States Member

(N.B. As there are no resource implications in this report, the Treasury and Resources Department has no comments to make.)

(N.B. The Policy Council supports the proposals in this States Report and confirms that the Report complies with the Principles of Good Governance as defined in Billet d'État IV of 2011.)

The States are asked to decide:-

VII.- Whether, after consideration of the Report dated 4th November, 2014, of the Commerce and Employment Department, they are of the opinion:-

1. To approve the proposal set out in paragraph 2.5 of that Report, that an Ordinance under the Employment Agencies (Enabling Provisions) (Bailiwick of Guernsey) Law, 2012 be made having effect in Sark, to give domestic effect to the requirements of Regulation 1.4 of the Maritime Labour Convention 2006 in that island.

2. To direct the preparation of such legislation as may be necessary to give effect to their above decision.

SOCIAL SECURITY DEPARTMENT

RESIGNATION OF NON-VOTING MEMBER OF THE SOCIAL SECURITY DEPARTMENT

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

22nd September 2014

Dear Sir

1. Executive summary

1.1 This States Report seeks the States of Deliberation's acceptance of Mrs. Suzanne Marie Crowder's (née Andrade) resignation as a non-voting member of the Social Security Department ('the Department').

2. Background

2.1 On 26th March 2013, the States of Deliberation, upon nomination by the Department and in accordance with the Department's mandate, appointed Mrs. Crowder as a non-voting member of the Department.

2.2 Rule 7(3) of the *Constitution and Operation of States Departments and Committees* governs the terms of office of all members of a Department:

"If the Chief Minister, the Deputy Chief Minister, the Minister or a Member of a department, the Chairman or a Member of a Committee resigns from that office in a letter to the Presiding Officer, the resignation shall take effect automatically on the election by the States of a successor to the office vacated. No debate shall be held on the matter of the resignation."

2.3 In accordance with Rule 7(3), Mrs. Crowder has tendered her resignation from the Department as a non-voting member due to family commitments.

2.4 The Department wishes to thank Mrs. Crowder for her contribution to the Department's work over the last eighteen months.

3. Resignation and successor

3.1 Rule 7(3) states that *"the resignation shall take effect automatically on the election by the States of a successor to the office vacated."* The Department does not intend to nominate a successor non-voting member in place of Mrs. Crowder at the current time. The Department is mindful, however, that the effect of Rule 7(3) is that Mrs. Crowder would remain in post until such a successor is elected by the States. The Department has therefore agreed to lay this matter before the States of Deliberation in order for the States to accept Mrs. Crowder's resignation as a non-voting member of the Department with immediate effect.

3.2 The Department is also mindful of the last sentence of Rule 7(3) which states that:

"No debate shall be held on the matter of the resignation."

3.3 The Law Officers have been consulted and confirmed that these are the correct procedures to be followed in these circumstances.

4. Recommendations

The States are asked:

(a) to note that the Social Security Department does not intend to nominate a successor non-voting member at the current time; and

(b) to accept Mrs. Suzanne Marie Crowder's resignation as a non-voting member of the Social Security Department.

Yours faithfully

A. H. Langlois, Minister

S. A. James, Deputy Minister
J. A. B. Gollop
M. K. Le Clerc
D. A. Inglis
S. Crowder, Non-voting Member
M. J. Brown, Non-voting Member

(N.B. As there are no resource implications in this report, the Treasury and Resources Department has no comments to make.)

(N.B. The Policy Council supports the proposals in this States Report and confirms that the Report complies with the Principles of Good Governance as defined in Billet d'État IV of 2011.)

The States are asked to decide:-

VIII.- Whether, after consideration of the Report dated 22nd September, 2014, of the Social Security Department, they are of the opinion:-

1. To note that the Social Security Department does not intend to nominate a successor non-voting member at the current time.

2. To accept Mrs. Suzanne Marie Crowder's resignation as a non-voting member of the Social Security Department.

HOME DEPARTMENT

INDEPENDENT MONITORING PANEL:
APPOINTMENT OF MEMBERS

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St Peter Port

20th October 2014

Dear Sir

1. EXECUTIVE SUMMARY

1.1 The purpose of this report is to formally appoint a Chairman and members of the Independent Monitoring Panel ("the IMP") and to seek approval to amend the Prison (Guernsey) Ordinance, 2013 ("the Ordinance") to remove the upper limit to the membership of the IMP.

2. BACKGROUND

2.1 The IMP is an independent body made up of members of the public who make unannounced visits to Guernsey Prison. Members provide independent oversight of the day-to-day operations of the Prison and prison conditions, monitor the administration of the prison, the treatment of prisoners and whether the statutory objectives of the prison system are being met, and serve to protect the well-being of prisoners.

2.2 The IMP is constituted under the Ordinance. Its predecessor, and that which has fulfilled an invaluable role within the Prison's administration for over sixty years, was known as the "Panel of Prison Visitors" as established under the Prison Administration (Guernsey) Law, 1949 ("the 1949 Law"). Despite the Panel's change of name from the Panel of Prison Visitors to the IMP, the change of the founding legislation, and a re-focusing of its statutory purposes, the day-to-day functions and responsibilities of the Panel remain unchanged.

2.3 Four members of the Panel of Prison Visitors have continued their involvement in the IMP on an informal basis in the absence of formal appointment by the States. The Department, in accordance with section 17 of and Schedule 3 to the Ordinance, seeks formal appointment of these four serving Members to the IMP, including one of these Members as Chairman. The Department also seeks formal appointment of two new members to the IMP.

3. APPOINTMENT OF FORMER MEMBERS OF THE PANEL OF PRISON VISITORS TO THE IMP

3.1 The Ordinance states that Panel members must be appointed by the States, following nomination by the Department, for a period of four years or less. In recommending individuals to the States, pursuant to paragraph 1(3) of Schedule 3 to the Ordinance, the Department must have particular regard to the need to "ensure that Panel members have a strong commitment to human rights, have a strong sense of integrity, are able to maintain confidentiality, and have effective communication and listening skills."

3.2 The Department is satisfied that the four existing members who were appointed by the Department to the Panel of Prison Visitors under the 1949 Law greatly exceed the required criteria and the Department is therefore pleased to recommend their formal appointment as members of the IMP to the States. The Department considers that the continuation of these four experienced members is essential to provide the successful transition from the historic role fulfilled by the Panel of Prison Visitors to that of IMP under the Ordinance.

Chairman – 4 year appointment

3.3 Mrs. Wendy Meade has been a member of the Panel of Prison Visitors since 2007. Mrs. Meade is a retired special needs teacher who dedicates a considerable amount of time to voluntary work, both locally and abroad. Since becoming a Prison Visitor she has demonstrated strong interpersonal skills and awareness of the need to respect the rights of all sections of the community. The strong relationship that she has built with other Visitors over the past eight years puts her in an ideal position to take on the role of Chairman.

Ordinary Members – 4 year appointment

3.4 Mrs. Annette Henry has been a member of the Panel of Prison Visitors since 2010. Her previous employment with the Health Promotion Unit and current occupation as a successful local tour guide has given experience in dealing and communicating effectively with people of all ages and abilities. During her role on the Panel she has demonstrated excellent communication skills and is able to present information efficiently and without bias. She is approachable and honest in any situation and remains objective at all times.

3.5 Mr. John Ashby has been a member of the Panel of Prison Visitors since 2006. He has a proven ability to act with integrity and strong communication skills with the ability to interact with a broad range of people while maintaining objectivity. Mr. Ashby retired from his professional position as a senior manager within the Civil Service eight years ago and is currently employed as the Secretary to the Board of Trustees of a local charity providing residential care for the elderly. He has a keen interest in community matters and is a strong team player.

3.6 Mr. Stephen Hill has been a member of the Panel of Prison Visitors since 2010. A dedicated member of the Panel, he consistently engages positively with a wide range of people providing a measured approach to difficult situations. He has a strong business background with significant experience interpreting legislation. Mr. Hill confidently and perceptively reviews complex and sensitive information, forming an independent and balanced view.

3.7 The Department is grateful for the dedication and professionalism with which Mrs. Meade, Mrs. Henry, Mr. Ashby and Mr. Hill have carried out their essential roles as members of the Panel of Prison Visitors on a formal and informal basis since their respective appointments by the Department. The Department is confident that they all meet the prescribed criteria set out in Ordinance to satisfy the Department of their suitability for appointment to the IMP.

4. APPOINTMENT OF NEW MEMBERS TO THE IMP

4.1 The advertising campaign for the recruitment of panel members was designed to reach as many areas of the population as possible and involved a radio and newspaper campaign.

4.2 No formal qualifications are required for membership to the IMP, but the advertisements looked to attract individuals who were fair, objective and non-judgemental. It was expected that potential members would have experience of working with confidential material and the ability to deal with a wide variety of people from different backgrounds.

4.3 Following an open and transparent recruitment process, interviews were held and the Department was impressed with the quality, experience and enthusiasm of all candidates. The Department is pleased to recommend the appointment of the following individuals to the Panel.

Ordinary Members – 4 year appointment

4.4 Mr. Peter Champion has volunteered with the Home Department as an Independent Custody Visitor since January 2011, and has in this time clearly demonstrated his effective communication and listening skills along with an ability to maintain confidentiality. Mr. Champion holds a senior position within the finance sector and has a keen interest in community matters.

4.5 Mr. Anthony Talmage has enjoyed a long career in broadcasting and journalism and is presently the President of the Guernsey Society of Dowsers. Mr. Talmage's professional experiences has provided him with a comprehensive insight into a variety of public interest matters and the need to remain impartial, objective and act without judgement is of paramount importance. Mr. Talmage acknowledged his commitment to creating value for

the community and demonstrated awareness of the challenges facing an Island prison in supporting the diverse needs of detainees.

4.6 The Department also considers that the above applicants greatly exceed the criteria in paragraph 1(3) of Schedule 3 to the Ordinance, and it is believed that, collectively, they will form an efficient and effective Panel.

5. NUMBER OF PANEL MEMBERS

5.1 Schedule 3 to the Ordinance sets out the constitution of the IMP. Paragraph 1(1) of the schedule requires the Panel to consist of not less than four and not more than eight members, with the exact number being determined by the Department.

5.2 The reduction in the number of Panel Members which resulted in the recent recruitment drive, highlighted that the current limitation in the number of permitted Panel members can result in unnecessary pressures being placed on Members when there is an unforeseen reduction in Members, whether due to early retirement, illness or absences from the Island.

5.3 It is therefore proposed that the upper limit of eight members be removed to allow, where the Home Department considers it appropriate, for a larger group of appropriately trained and qualified members to be called upon to ensure that there is no interruption in the valuable role fulfilled by the IMP in the future.

6. CONSULTATION

6.1 The Law Officers have been consulted on the proposed amendment to Schedule 3 to the Ordinance and raise no objections.

7. RECOMMENDATIONS

7.1 The Home Department recommends the States of Deliberation to:

(a) Approve the reappointment of Mrs. Wendy Sandra Meade as a member of the Independent Monitoring Panel for a period of four years with effect from February 2015 and appoint Mrs. Meade to the position of Chairman of the Independent Monitoring Panel;

(b) Approve the reappointment of Mr. John Francis Ashby as a member of the Independent Monitoring Panel for a period of four years with effect from February 2015;

(c) Approve the reappointment of Mr. Stephen Hill as a member of the Independent Monitoring Panel for a period of four years with effect from February 2015;

(d) Approve the reappointment of Mrs. Annette Sara Henry as a member of the Independent Monitoring Panel for a period of four years with effect from February 2015;

(e) Approve the appointment of Mr. Peter Arthur Champion as a member of the Independent Monitoring Panel for a period of four years with effect from February 2015;

(f) Approve the appointment of Mr. Anthony Talmage as a member of the Independent Monitoring Panel for a period of four years with effect from February 2015; and

(g) Amend the Prison (Guernsey) Ordinance, 2013 to remove the upper limit (eight) on the number of Independent Panel Members, leaving the Department to determine the appropriate number of members (not being fewer than four) at any given time.

Yours faithfully

P L Gillson
Minister

F. W. Quin, Deputy Minister
M. K. Le Clerc
M. M. Lowe
A. M. Wilkie
A. L. Ozanne, Non-voting Member

(N.B. As there are no resource implications in this report, the Treasury and Resources Department has no comments to make.)

(N.B. The Policy Council supports the proposals in this States Report and confirms that the Report complies with the Principles of Good Governance as defined in Billet d'État IV of 2011.)

The States are asked to decide:-

IX.- Whether, after consideration of the Report dated 20th October, 2014, of the Home Department, they are of the opinion:-

1. To reappoint Mrs. Wendy Sandra Meade as a member of the Independent Monitoring Panel for a period of four years with effect from February 2015 and to appoint Mrs Meade to the position of Chairman of the Independent Monitoring Panel.

2. To reappoint Mr. John Francis Ashby as a member of the Independent Monitoring Panel for a period of four years with effect from February 2015.

3. To reappoint Mr. Stephen Hill as a member of the Independent Monitoring Panel for a period of four years with effect from February 2015.

4. To reappoint Mrs. Annette Sara Henry as a member of the Independent Monitoring Panel for a period of four years with effect from February 2015;

5. To appoint Mr. Peter Arthur Champion as a member of the Independent Monitoring Panel for a period of four years with effect from February 2015.

6. To appoint Mr. Anthony Talmage as a member of the Independent Monitoring Panel for a period of four years with effect from February 2015.

7. To amend the Prison (Guernsey) Ordinance, 2013 to remove the upper limit (eight) on the number of Independent Panel Members, leaving the Department to determine the appropriate number of members (not being fewer than four) at any given time.

APPENDIX

POLICY COUNCIL

ANNUAL INDEPENDENT FISCAL REVIEW FOR 2014

The Policy Council wishes to include as an appendix to this Billet d'État the attached letter from Professor Geoffrey Wood together with the Annual Independent Fiscal Policy Review for 2014. The Review has been printed separately and is being circulated to States Members together with this Billet d'État.

The Review is also available at the following pages on the States website;
(http://www.gov.gg/annualindependentfiscalreview).

J P Le Tocq
Chief Minister

1st December 2014

The Chief Minister
Policy Council
Sir Charles Frossard House
La Charroterie
St. Peter Port
GY1 1FH

28th October 2014

Dear Deputy Le Tocq

Annual Independent Fiscal Review

It is with much pleasure that I enclose the Annual Independent Fiscal Policy Review for 2014. This year's review is the fifth in the series and the fourth which I have authored.

This year's review highlights the States' continuing success in controlling General Revenue expenditure. General Revenue expenditure has been reduced in real terms over a five year period, a feat rarely achieved by governments anywhere and one on which the States should be congratulated. Having made such a promising beginning, it is my clear view that the States should continue to build on what has been achieved and continue the drive towards efficient government.

While the Budget is expected to remain in deficit in 2014, proposals to reduce the deficit to a minimal level in 2015 and remove the deficit over the next three years should be welcomed. With a balanced budget within reach, the States will need to turn its attention to other areas of fiscal policy and it is encouraging that the States are taking a forward looking approach to the long-term issues it faces and is considering the implications of its aging population.

Should you see fit I would be happy for the Review to be published as an Appendix to a forthcoming Billet d'État.

Yours sincerely

Prof. Geoffrey Wood

Enc.

NB. The Annual Independent Fiscal Policy Review 2014 is published separately