

**HERTFORDSHIRE COUNTY COUNCIL****COMMUNITY SAFETY & WASTE MANAGEMENT CABINET PANEL****WEDNESDAY 8 NOVEMBER 2017 AT 10:00AM****HERTFORDSHIRE DRUGS & ALCOHOL STRATEGY 2016-19***Report of the Director of Community Protection & Chief Fire Officer*

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Executive Member: - Terry Hone, Community Safety &amp; Waste Management

**1. Purpose of report**

- 1.1 To inform the Panel of the Community Protection Directorate's (CPD) involvement in the development and delivery of the first combined Hertfordshire Drugs & Alcohol Strategy and Delivery Plan 2016 -19. Drugs and alcohol had previously been separated into standalone strategies. The Hertfordshire Drugs and Alcohol Strategy and Delivery Plan 2016-19 is attached at **Appendix 1**.

**2. Summary**

- 2.1 The aim of the Drugs & Alcohol Strategy and Delivery Plan is to reduce the harm caused by drugs and alcohol misuse in Hertfordshire. It brings together a range of strands which contribute to this complex topic, in the context of national guidance and local need identified in the Hertfordshire Drugs & Alcohol Needs Assessment 2015.
- 2.2 The County Community Safety Unit (CCSU), on behalf of the CPD, and Public Health led on the development of the needs assessment and published the final document in 2015. Under the direction of the Drugs & Alcohol Strategic Board the methodology for the development of the assessment was to apply a whole system approach including all ages in terms of prevention, enforcement and control, and treatment. Using a wide range of data from internal and external sources, including crime and health and treatment, the assessment highlighted key findings and recommendations which provided the evidence base for the strategy. The executive summary and key findings of the Drugs & Alcohol Needs Assessment are attached in **Appendix 2**. The link below contains the full report.  
<https://www.hertfordshire.gov.uk/media-library/documents/public-health/jsna-documents/drug-and-alcohol-needs-assessment.pdf>

2.3 The strategy was co-produced by a cross directorate team from CPD (CCSU), Public Health and Children's Services. It was designed to achieve the following four priority outcomes:

- People choosing not to misuse drugs and/or alcohol.
- More people get the right help with their drugs and/or alcohol misuse.
- Fewer children, young people and families are affected by drugs and/or alcohol misuse.
- Fewer people experience crime and disorder related to the misuse of drugs and/or alcohol.

The Delivery Plan attached at **Appendix 1**, describes actions by a range of commissioners and services to achieve those outcomes. Each action is accompanied by action outcomes or outputs and lead responsibility for delivery. Following stakeholder consultation the strategy was published in 2016.

2.4 The CPD are supporting the delivery of all four priority outcomes, for example; the Fire & Rescue Service are providing informal healthy living advice to young people on LIFE courses, Trading Standards undertake operations to identify the sale of non-duty paid or counterfeit alcohol products and the CCSU are managing criminal justice interventions for drug misusing offenders including the countywide Drugs Test on Arrest scheme.

### **3. Recommendation**

3.1 Panel are invited to note and comment upon the development of the Hertfordshire Drugs & Alcohol Strategy and the ongoing role of the CPD in the delivery of the accompanying action plan.

### **4. Background**

4.1 The Drugs & Alcohol Strategic Board was established in 2014 by the Director of Public Health and the former Chief Constable with the primary aim of reducing individual and community harm caused by substance misuse. Individual harms include poor health, criminality, breakdown of social relationships, poverty, unemployment, homelessness and substance-related death. Harms to the wider community include drug-related crimes, increased demand for emergency and planned health services, increased need for social support and interventions, public disorder, provision of treatment for dependency, road traffic collisions, assaults (including domestic abuse), discarded paraphernalia, fires, reduced educational achievement and reduced occupational productivity.

4.2 The Board agreed to produce the first combined Drugs & Alcohol Strategy for Hertfordshire underpinned by an evidence based needs assessment using a whole system approach focussing on all ages under three strands; prevention, control and enforcement, and treatment and support. Drugs and alcohol had previously been separated into standalone strategies and, other than drugs and alcohol treatment, had separate governance arrangements. At national level, drugs and alcohol are still addressed in separate strategies. Previous assessments had only covered the treatment strand.

- 4.3 The CCSU, on behalf of the CPD, working with colleagues in Public Health produced the first Hertfordshire Drugs & Alcohol Needs Assessment in 2015. The CCSU are currently refreshing the needs assessment with the Public Health Intelligence Team. The first combined Hertfordshire Drugs & Alcohol Strategy 2016-19 was co-produced by a cross directorate team from CPD (CCSU), Public Health and Children's Services as detailed at point 2.3 of this report.
- 4.4 Delivery of the Drugs and Alcohol Strategy is managed by the multi-agency Hertfordshire Drugs and Alcohol Management Group (co-chaired by senior managers representing Community Protection, Public Health and Children's Services), which is accountable to the Hertfordshire Drugs and Alcohol Strategic Board. Representation on the Management Group includes Trading Standards and Fire Prevention. The CCSU have established a Control & Community Safety Group with representation from Community Safety Partnerships, providing the link into substance misuse issues and interventions at district level. This Group reports to the Hertfordshire Drugs and Alcohol Management Group.
- 4.5 The CPD are supporting the delivery of all four priority outcomes in the strategy some examples of which are set out below;
- 4.5.1 ***People choose not to misuse drugs and/or alcohol***  
 Young people attending Fire & Rescue LIFE courses or the Prince's Trust 12 week programmes receive formal and informal healthy living education including information on the negative effects of drugs and alcohol and driving under the influence of either. The Fire & Rescue Service ran 10 LIFE courses in 2016/17 for over 100 attendees whilst over 150 young people attended the Prince's Trust programmes.
- 4.5.2 At the start of 2016 the CCSU supported Dry January by producing drink diaries and 'mocktail' recipe cards to use at information stalls across the county. In spring the Unit ran the 'Talking to Your Child about Drugs and Alcohol' campaign using social media advertising to raise awareness and support parents. .
- 4.5.3 ***More people get the right help with their drugs and/or alcohol misuse***  
 The contract for our current Drugs & Alcohol treatment provider, Change, Grow, Live (CGL) expires in March 2019. A cross-directorate team (CCSU, Children's Services and Public Health) are currently developing the specification to recommission a service that will go live in April 2019. The CCSU are responsible for the criminal justice elements of the specification, ensuring offenders receive a premium, fast track service into treatment. This includes direct referrals for Hertfordshire drug misusing offenders on release from prison and co-location of drugs workers in custody suites and probation offices to identify substance misuse issues.
- 4.5.4 ***Fewer children, young people and families are affected by drugs and/or alcohol misuse.***  
 In 2016/17, Fire & Rescue crews and Home Safety technicians from Joint Protective Services referred 13 people to Herts Help for identified drugs and alcohol issues during Safe & Well visits.

#### **4.5.5 *Fewer people experience crime and disorder related to the misuse of drugs and/or alcohol***

The Hertfordshire Test on Arrest scheme, managed by the CCSU, began in April 2016 at both Hatfield and Stevenage custody suites. Offenders arrested for a second trigger offence (acquisitive crimes e.g. shoplifting, burglary or possession of Class A drugs) are tested for cocaine or opiate use using an oral swab. Those that test positive are required by law to attend an assessment with a drugs worker with the aim of providing treatment or support when required. The Home Office estimate that between 30% and 50% of acquisitive crime is committed by Class A drug using offenders to fund their addictions. In the first year of operating 1098 offenders were tested of which 78% (864) tested positive. Reoffending rates of a cohort of these offenders are measured as a key indicator within the strategy. The most recent data on a cohort of 140 offenders show a 17% reduction in offending in the first year since first being tested and attending an assessment (962 offences in the baseline year against 796 in the first year following assessment)

4.5.6 Trading Standards are collaborating with the Food Standards Agency and HMRC on food fraud including the authenticity of wine and spirits which may be counterfeit or illicit. Cheap counterfeit alcohol products have been known to be adulterated with substances such as Methanol which can be very harmful to consumers.

## **5 Financial Implications**

5.1 There are no financial implications attached to this report. The delivery of the actions is primarily commissioned from allocated Public Health funds and is delivered within budget.

## **6. Equalities Implications**

6.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking.

6.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.

6.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.

- 6.5 An Equalities Impact Assessment (EqIA) was undertaken on the strategy in 2016. This will be reviewed once the refresh of the needs assessment is complete. The full EqIA is attached at **Appendix 3**.
- 6.6 The detail of the protected characteristics and proposed mitigation responses are detailed below:

<b>Protected characteristic</b>	<b><u>Potential for negative impact</u></b>	<b>What reasonable mitigations can you propose?</b>
<b>Age</b>	<p>Younger people may be more vulnerable to the risks associated with drugs and alcohol misuse, but less likely to access support services.</p> <p>Older people are increasingly at risk from health harms due to higher levels of regular drinking, often caused by loneliness.</p>	<p>Prioritise prevention of drugs and alcohol misuse.</p> <p>Ensure a range of support services are accessible to young people.</p> <p>Link with existing services for older people, including falls services, to assess risk and offer suitable support services.</p>
<b>Disability Including Learning Disability</b>	<p>People with learning disabilities/difficulties may need additional assistance to take part.</p> <p>People with learning disabilities/difficulties may find that support services are not suitable for their needs.</p>	<p>Information given will be appropriately targeted and tailored, based on advice to be obtained from the HCC Learning Disability team.</p> <p>We will work with contracted support services to ensure they achieve 'purple star' standards.</p>
<b>Race</b>	There is no evidence of higher risks in BME communities	Universal services will be available to all races and will be sensitive to the racial differences of their service users.
<b>Gender reassignment</b>	Community may not be aware of services and may use drugs or alcohol as a 'coping' strategy	Promote availability of services via local LGBT networks.
<b>Pregnancy and maternity</b>	Higher risk to pregnant women and their unborn babies from alcohol and some drugs than to other adult women	Targeted messages and support will be provided through maternity services.
<b>Religion or belief</b>	There is no evidence of higher risks in faith communities	Universal services will be available to all, and will be sensitive to the religious beliefs of their service users.
<b>Sex</b>	Safe levels for alcohol consumption have been reviewed, with risks now similar for males and females.	We will ensure that the latest recommendations on safe drinking limits are included in verbal and printed advice from Hertfordshire

		drugs and alcohol education and support services.
<b>Sexual orientation</b>	There are indications of higher using of psychoactive drug use in some LGBT individuals (Chem-sex)	We will work with sexual health services to provide consistent messages about Chem-sex.  We will promote availability of drugs and alcohol services via local LGBT networks.
<b>Marriage &amp; civil partnership</b>	There is no evidence of increased risks associated with marriage or civil partnership status.	Universal support services will be available to all, regardless of marriage or civil partnership status.
<b>Carers (by association with any of the above)</b>	There is evidence of higher levels of stigma associated with carers of people with drugs and alcohol problems.	We will ensure that support structures are in place for carers of people with drugs and/or alcohol dependency.
<b>Opportunity to advance equality of opportunity and/or foster good relations</b>		
Involvement of 3 <sup>rd</sup> sector and service user representatives in designing and undertaking research of the specific needs of older people and LGBT individuals.		

### **Background Information**

Appendix 1: Hertfordshire's Drugs and Alcohol Strategy

Appendix 2: Drugs & Alcohol Needs Assessment Executive Summary and Key Findings

Appendix 3: Equality Impact Assessment

Are included as part of this report.

# Appendix 1: Hertfordshire Drugs & Alcohol Strategy

## Hertfordshire's Drugs and Alcohol Strategy and Delivery Plan 2016-2019

This strategy outlines our plans for reducing the harms caused by drugs and alcohol misuse to individuals, families and communities in Hertfordshire. It has been informed by the Drugs and Alcohol Needs Assessment<sup>1</sup>, which was completed in 2015 and provided a comprehensive overview of issues relating to the misuse of drugs and alcohol in Hertfordshire. The strategy will be supported by a delivery plan to be overseen by the Drugs and Alcohol Strategic Board and delivered through additional topic groups. It addresses the misuse of both drugs and alcohol and considers the needs of all ages.

### What are the issues?

The misuse of drugs and alcohol impact harmfully on individuals, children, families and communities throughout the county.

Individual harms include poor physical and mental health, criminality, breakdown of social relationships, poverty, unemployment, homelessness and substance-related death. Harms and impact to the wider community include drugs related crimes, increased demand for emergency and planned health services, increased need for social care support and interventions, public disorder, provision of treatment for dependency, road traffic collisions, assaults (including sexual and domestic abuse), fires, reduced educational achievement and reduced occupational productivity.

The impact of substance misuse is experienced by individuals and communities and is associated with increased need for a range of statutory and voluntary sector services. Hertfordshire's Drugs and Alcohol Strategy 2016 is central to reducing these harms;

- Since 2008/09 alcohol related hospital admissions have increased for all ages in Hertfordshire.
- Half of those arrested on the 'Test on Arrest' pilot in Hertfordshire, tested positive for Class A drugs.
- Two thirds of people successfully completing treatment in Hertfordshire do not have employment: a key component of recovery.
- Nationally, deaths involving opiates have risen by 64% in two years, the highest on record.

The general principles of the strategy and delivery plan will be as follows:

- Plain language will be used throughout the strategy and plan.
- All interventions will be based upon evidence of effectiveness from national or local research, national guidance or local policy.
- Successful outcomes are dependent on successful joint working.

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<sup>1</sup> Drugs and Alcohol Needs Assessment, <http://www.hertsdirect.org/services/healthsoc/healthherts/hihprof/> accessed 19th April 2016.

- Our drugs and alcohol system will meet the needs of the whole population, including young people, families and adults, emerging high-risk groups and those with protected characteristics.<sup>2</sup>
- Substance misuse issues affect every district and borough in Hertfordshire in terms of hospital admissions and substance-related crime and disorder.
- The Delivery Plan will be reviewed annually.

### What are we going to do?

In Hertfordshire, we aim to reduce the harms related to the misuse of drugs and alcohol by prioritising evidence based, cost effective interventions in drugs and alcohol prevention, control and treatment for all people of all ages within Hertfordshire. This strategy addresses prevention and education; treatment, care and support; and enforcement and control.

In Hertfordshire, we have decided that the following 4 priority outcomes can best describe what we want to achieve.

1. People choose not to misuse drugs and/or alcohol.
2. More people get the right help with their drugs and/or alcohol misuse.
3. Fewer children, young people and families are affected by drugs and/or alcohol misuse.
4. Fewer crimes are committed by those who misuse drugs and/or alcohol.

### How will we make this happen?

Accountability at the highest level in Hertfordshire lies with the Herts Leaders Group. The quality and delivery of individual priorities will be the responsibility of designated topic groups accountable to the Drugs and Alcohol Strategic Board. This Board has equal status to other county Boards such as the Health and Wellbeing Board and the Criminal Justice Board.

We aspire to move resources towards prevention activity to reduce demand on services. Commissioners of these services will be encouraged to participate.

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<sup>2</sup> As defined by the Equalities Act, 2010, as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, [https://www.google.co.uk/?gws\\_rd=ssl#q=protected%20characteristics%20definition](https://www.google.co.uk/?gws_rd=ssl#q=protected%20characteristics%20definition) accessed 5<sup>th</sup> May 2016.



**Our Vision and Priority outcomes**  
**We will work together to reduce the harms caused by drugs and alcohol misuse in Hertfordshire**

Outcomes	How will we measure the successes
1. People choose not to misuse drugs and/or alcohol	<p>The rate of Hertfordshire adults whose alcohol consumption is defined as ‘high or increasing risk’.            (Data source: Public Health England; Local Alcohol Profile England)</p> <p>The percentage of year 8 and 10 pupils who have taken some form of illegal drug.            (Data source: Health Related Behaviour Survey)</p>
2. More people get the right help with their drugs and/or alcohol misuse	<p>The percentage of people who successfully complete a treatment programme, but return to services with drugs and/or alcohol problems within 12 months.            (Data source: National Drugs Treatment Monitoring System)</p>
3. Fewer children, young people and families are affected by drugs and/or alcohol misuse.	<p>The percentage of children, young people and parents we are working with where sustained and significant progress has been made with an identified substance misuse issue            (Data source: Families First)</p>
4. Fewer crimes are committed by those who misuse drugs and/or alcohol	<p>The reoffending rate of those who complete a required assessment and receive treatment.            (Data source: Hertfordshire Test on Arrest Scheme)</p>

## Hertfordshire's Drugs and Alcohol Delivery Plan 2016-2019

### Outcome 1 People choose not to misuse drugs or alcohol

Priority 1.1 We will give consistent information and advice to people and services about drugs and alcohol.

Action	Action Owner	Indicator	Update
We will implement minimum standards of training for those commissioned to provide information and advice to children, young people and adults.	Drugs and Alcohol Training and Education Group	Launch of minimum standards programme  Number of providers signing up to the minimum standards	
We will work together to deliver clear and consistent messages and campaigns.	Drugs and Alcohol Communications Group	Delivery of targeted communications and campaigns	

Priority 1.2 We will work with children, young people and adults to encourage them to choose not to misuse drugs and alcohol.

Action	Action Owner	Indicator	Update
We will offer life skills and resilience programmes to young people, to help them manage situations and their emotional wellbeing.	Joint Commissioning Group	Number of schools delivering centrally funded/supported resilience programmes	
We will offer parental awareness workshops in schools.	Joint Commissioning Group	Number of parents attending workshops  Self-reported confidence levels of parents in talking about drugs and alcohol, following workshops  Number of downloads of parental awareness workshop toolkit	

Those who work with young people, families and adults will have the knowledge and skills to talk confidently about drugs and alcohol, deliver low level interventions and signpost people to the right help.	Drugs and Alcohol Training and Education Group	Number of training courses delivered and numbers attending  Self-reported confidence levels of attendees in talking about drugs and alcohol, following training courses	

Priority 1.3 Our drugs and alcohol campaigns will be targeted to specific risks and groups, using an appropriate range of media.			
Action	Action Owner	Indicator	Update
We will target our communications to high risk and vulnerable groups as identified in the Drugs and Alcohol Needs Assessment	Drugs and Alcohol Communication Group	Equalities Impact Assessment reviews of communications planning and delivery	
We will work together to respond to emerging trends and issues.	Drugs and Alcohol Communication Group	Quarterly review of plan in light of drugs and alcohol intelligence	

**Outcome 2 More people get the right help with their drugs and/or alcohol use**

Priority 2.1 We will work to deliver high quality drugs and alcohol treatment and aftercare which will enable children, young people and adults to get the right help.			
Action	Action Owner	Indicator	Update
We will commission quality assured services for young people and adults that are based on evidence of need.	The Commissioning Network/Joint Commissioning Group	All contracts include needs based quality metrics	
We will ensure professionals working with young people, families and adults are skilled and confident in delivering intervention and brief advice where emerging drugs and alcohol problems and safeguarding issues are identified.	The Commissioning Network/ Joint Commissioning Group	Self-reported confidence levels of attendees in delivering brief advice, following training courses	

		Numbers of those reducing their drinking, following Intervention and Brief Advice at Accident and Emergency	
We will ensure employment, training and education remains a priority for agencies	The Commissioning Network/Joint Commissioning Group	Provision for employment, training and education support within care and treatment pathways	

Priority 2.2 A range of services will be accessible across Hertfordshire that are appropriate to the needs of children, families and adults at all levels of harm, risk and complexity.

Action	Action Owner	Indicator	Update
We will ensure that agencies respond to emerging issues including New Psychoactive Substances, Club Drugs and Chem-Sex.	All Topic Groups	Response to emerging issues	
All service providers will respond to the changing characteristics of harmful drinkers.	All Topic Groups	Annual review using Local Alcohol Profile England indicators and the Cardiff data	
We will make sure those receiving help with substance abuse issues will also receive co-ordinated help with any other issues that they or their families have including domestic abuse and mental health	The Commissioning Network/Joint Commissioning Group	Proportion of service users with identified domestic abuse, mental health and other issues that receive co-ordinated help	
We will research the nature of alcohol consumption by older people.	Data and Intelligence Group	Research project defined by October 2016	

Priority 2.3 We will reduce drugs related deaths.

Action	Action Owner	Indicator	Update
We will increase the availability and use of Naloxone.	The Commissioning Network/Joint Commissioning Group	Proportion of injecting opiate users offered Naloxone (Naloxone prescriptions/dispensed)	

We will gain a better understanding of drugs related deaths in Hertfordshire to inform local action.	Data and Intelligence group	Research project defined by October 2016	
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**Outcome 3 Fewer children, young people and families are affected by drugs and/or alcohol misuse**

Priority 3.1 We will work to ensure that vulnerable children and families are identified and provided with appropriate support, adopting a whole-family approach.			
Action	Action Owner	Indicator	Update
We will provide bespoke early interventions to support young people, families and vulnerable children including children looked after, who have emerging substance misuse issues.	Joint Commissioning Group	Numbers of young people and families receiving interventions, broken down by demographics and vulnerability factors	
Trained workers will identify and work with young people and families who have substance misuse issues, as part of their role.	Joint Commissioning Group	Numbers of young people and families identified as having substance misuse issues on Children's Services Case Management Systems	

Priority 3.2 We will make sure the young people aged 18-25 get the right help from the right services.			
Action	Action Owner	Indicator	Update
We will gain a better understanding of young people's journey to adult services to inform commissioning decisions.	Data and Intelligence group	Production of report and recommendations by December 2017	

**Outcome 4 Fewer crimes are committed by those who misuse drugs and/or alcohol**

Priority 4.1 Individuals who commit crime to support their substance misuse will continue to gain priority access into treatment.			
Action	Action Owner	Indicator	Update
We will test on arrest for Class A drugs in custody suites.	Control and Community Safety	The percentage of people who attend a required assessment and go on to receive treatment	

Offender managers will identify and work with those offenders considered most at risk of reoffending and subject to Integrated Offender Management processes, due to their misuse of drugs or alcohol, to assess their individual needs and develop personalised plans.	Control and Community Safety	<p>Number of offenders identified as committing crime to support substance misuse</p> <p>The number of offenders subject to Integrated Offender Management processes identified and engaged in treatment</p> <p>The reoffending rate of offenders subject to Integrated Offender Management processes</p>	

Priority 4.2 We will take appropriate enforcement action around drugs and alcohol related crime and anti-social behaviour.			
Action	Action Owner	Indicator	Update
Enforcement agencies will work together to ensure effective use of licensing legislation.	Control and Community Safety	<p>Numbers of intelligence led test purchase operations</p> <p>Numbers of licensing related closure notices</p> <p>Numbers of licensing related closure orders</p>	
We will work together to manage the risks associated with the night-time economy.	Control and Community Safety	<p>Recorded trend for alcohol related crime</p> <p>Recorded trend for alcohol related anti-social behaviour</p>	
We will work together to further reduce driving under the influence of alcohol and drugs, including prescription and 'over-the counter' medications.	Control and Community Safety	<p>Number of roadside tests for drugs and/or alcohol</p> <p>Type of drugs found in roadside test – cannabis/cocaine/other</p> <p>Positive outcome data for</p>	

		alcohol/ drugs roadside tests e.g. arrest, disqualification period, custodial sentence etc.	
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Priority 4.3 We will work together to disrupt the supply of illegal drugs and illicit alcohol.			
Action	Action Owner	Indicator	Update
We will share intelligence to support the National Drugs Strategic Action Plan to help develop an enhanced understanding of the illicit drugs wholesale and retail market in Hertfordshire and assist tactical decision making around disruption activity.	Control and Community Safety	Hertfordshire level information updates	
We will work with Regional and Local Crime networks to support development of local media strategies and wrap around procedures in response to Drugs Operations.	Control and Community Safety	Hertfordshire level information updates	
We will implement the New Psychoactive Substances Act 2016 to disrupt the supply of these substances.	Control and Community Safety	Number of New Psychoactive Substances recorded crimes	
We will support crime prevention activity to educate and discourage people from criminalising themselves by becoming involved in illegal drugs.	Control and Community Safety	Out of Court disposal data	
We will engage with businesses and undertake intelligence led market surveillance to identify illicit alcohol, both counterfeit and non-duty paid.	Control and Community Safety	Number of businesses offered advice  Volume of seizures  Number of enforcement sanctions	

# Appendix 2: Drugs & Alcohol Needs Assessment Executive Summary and Key Findings

## 1. Executive Summary

### 2.1 General Principles

- All interventions (prevention, control and treatment) will be based upon evidence of effectiveness from national or local research, national guidance or local policy.
- Interventions will use a project management model, that includes business planning & expected return on investment (harm reduction, quality of life & financial)
- Successful outcomes depend on involvement of all key providers and stakeholders to ensure effective care pathways, without gaps.
- Our drugs and alcohol systems need to meet the needs of the whole population, including families, emerging high-risk groups and those with protected characteristics.
- Substance Misuse issues affect every district and borough in Hertfordshire in terms of hospital admissions and substance-related crime and disorder
- Drug and alcohol misuse prevention and treatment can be cost-effective in reducing drug and alcohol harms.

### 2.2 Findings

**The table below lists the key findings from this assessment which, are grouped into five priority areas as follows:**

- Alcohol
- Criminal Justice
- Drugs Treatment
- Recovery Support (e.g. housing and employment)
- Physical & Mental Health
- Education and Training

The findings also identify 'gaps in knowledge' which responsible groups may wish to consider.

Within each key finding you will find a link to the section of the document where this is discussed.



## 2. Table of Key Findings

Findings	Recommendations
<p><b>1. ALCOHOL</b></p> <ul style="list-style-type: none"> <li>Alcohol, although legal, is the <a href="#">most harmful</a> drug in terms of harm to the user and wider society.</li> <li>Harmful drinking<sup>3</sup> is decreasing in <a href="#">young people</a> but increasing in <a href="#">adults</a> over 40.</li> <li>Alcohol was flagged as an aggravating factor in 27.4% of <a href="#">domestic abuse</a> incidents in Hertfordshire (2014/15)</li> <li>Since 2008/09 <a href="#">alcohol-related hospital admissions</a> have increased for all ages in Hertfordshire.</li> </ul>	<ul style="list-style-type: none"> <li>A greater emphasis on prevention of alcohol-related harms.</li> <li>More information is required about older people's harmful drinking</li> <li>Services should reflect the changing characteristics of harmful drinkers</li> </ul>
<p><b>2. CRIMINAL JUSTICE</b></p> <ul style="list-style-type: none"> <li>The <a href="#">manufacture and distribution of drugs</a> both in Hertfordshire and nationally is changing and supply is becoming increasingly internet &amp; technology based.</li> <li>Half of those arrested on the '<a href="#">Testing on Arrest</a>' pilot in Hertfordshire, tested positive for Class A drugs.</li> <li>In Hertfordshire 60% of all <a href="#">stop and searches</a> were conducted on suspicion of drug possession.</li> <li>Drug-related 'trigger offences' (theft, robbery, burglary and aggravated burglary) are linked with <a href="#">heroin and crack</a> cocaine use.</li> </ul>	<ul style="list-style-type: none"> <li>Drug and alcohol using offenders remain a priority for identification and interventions.</li> <li>Interventions for substance misusing offenders, including testing on arrest, should be further developed.</li> </ul>
<p><b>3. DRUGS TREATMENT</b></p> <ul style="list-style-type: none"> <li>Numbers of <a href="#">40-55</a> year olds in drug treatment has doubled in Hertfordshire since 2005/06</li> <li>Numbers in treatment for cocaine in Hertfordshire has <a href="#">doubled</a> since 2005/06</li> <li><a href="#">Numbers in treatment</a> for opiate use has increased with (i) a move to poly-use (ii) older people accessing treatment and (iii) a cohort who have been</li> </ul>	<ul style="list-style-type: none"> <li>There should be systems of care that extend shared-care arrangements, e.g. substance misuse and sexual health.</li> <li>A range of services should be available across Hertfordshire that are accessible and appropriate to people at all levels of harm and potential</li> </ul>

<sup>3</sup> [Full definition provided by NICE](#)

<p>in treatment for many years.</p> <ul style="list-style-type: none"> <li>• Many with substance misuse issues also have <a href="#">mental health</a> problems</li> <li>• A survey of treatment service users reported that <a href="#">SPICE</a> (synthetic cannabinoid) is the most prevalent of new drugs in Herts.</li> <li>• <a href="#">33%</a> gay and bisexual men reported using illicit drugs in England &amp; Wales in 2013/14</li> <li>• There are national recommendations on the need to introduce <a href="#">targeted strategies</a> for a changing substance misuse population, for example, high risk groups such as older people with complex drug &amp; alcohol issues and men who have sex with men.</li> <li>• Black and Minority Ethnic groups have increased in the general population but this is not reflected in Hertfordshire's <a href="#">treatment population</a>.</li> <li>• The UK is now the <a href="#">largest user of cocaine</a> in Europe, and in Hertfordshire the number of people in treatment for cocaine use has doubled since 2005/6</li> <li>• An <a href="#">alternative</a>, abstinence-based model in Hertfordshire is achieving significantly higher rates of female clients retained in treatment than both the Hertfordshire and national averages.</li> </ul>	<p>harm. Services should reflect the changing characteristics of our drug and alcohol-using population e.g. age, ethnicity, indices of deprivation.</p> <ul style="list-style-type: none"> <li>• Explore relevance to Hertfordshire of national recommendations for targeted strategies for e.g. older people with complex drugs &amp; alcohol use, men who have sex with men and BME groups.</li> <li>• Consider local compliance with national recommendations</li> <li>• A greater understanding of the young people's treatment service is required pending the 2015 system review.</li> </ul>
<p><b>4. RECOVERY SUPPORT</b></p> <ul style="list-style-type: none"> <li>• Combinations of interventions, delivered consistently, are more <a href="#">effective</a> than single interventions in supporting recovery.</li> <li>• Two thirds of people successfully completing treatment in Hertfordshire do not have <a href="#">employment</a>; a key component of recovery.</li> <li>• Problematic substance misuse can affect whole <a href="#">families</a>: in Hertfordshire 50% of those in treatment for drugs and 46% in treatment for alcohol are parents.</li> <li>• Stable <a href="#">accommodation</a> is a key factor in sustaining recovery; emergency housing need is however, low in Hertfordshire within our treatment population.</li> </ul>	<ul style="list-style-type: none"> <li>• Employment, training and education are a priority for service users.</li> <li>• A whole-family approach is needed to achieve and sustain recovery.</li> <li>• There should be formalised, reciprocal arrangements for direct referrals between specialist services, e.g. substance misuse and domestic abuse.</li> </ul>

<p><b>5. PHYSICAL &amp; MENTAL HEALTH</b></p> <ul style="list-style-type: none"> <li>• <a href="#">NICE</a> recommends offering testing and treatment for hepatitis B &amp; C and HIV and hepatitis B vaccination.</li> <li>• In a national study, 75% of drugs clients and 85% of alcohol clients had <a href="#">mental health</a> problems. Records of formal referrals from mental health services are low.</li> <li>• <a href="#">Injecting</a> is a high risk means of administration of opiates, stimulants, and steroids and is reportedly being used by a small group involved in ‘Chem-sex’ nationally.</li> <li>• Nationally, <a href="#">deaths</a> involving opiates have risen by 64% in two years and drug deaths are the highest on record.</li> <li>• The <a href="#">provision of naloxone</a> reduces accidental opiate poisoning and death. Take-up in Hertfordshire has been relatively low compared to the numbers in treatment for opiate use and those leaving prison.</li> <li>• <a href="#">Attendances at A&amp;E</a> departments due to alcohol-related assaults and accidental injuries typically occur between midnight and 4am over weekends.</li> </ul>	<ul style="list-style-type: none"> <li>• Systems of care should extend shared care and direct referral arrangements</li> <li>• There should be an increased focus on provision of naloxone to opiate users in Hertfordshire</li> <li>• Ensure hours worked by alcohol liaison nurses are designed to effectively reach those attending A&amp;E departments due to alcohol-related assaults and injuries.</li> </ul>
<p><b>6. EDUCATION AND TRAINING</b></p> <ul style="list-style-type: none"> <li>• In schools, <a href="#">a focus on resilience</a> and ‘life skills’ is more effective than direct interventions around drugs and alcohol</li> <li>• There is currently <a href="#">no minimum standard</a> of training or approach for those providing drugs and alcohol education, information and advice directly to children, young people and adults.</li> </ul>	<ul style="list-style-type: none"> <li>• Information, education and advice should be consistent across all domains and services</li> <li>• Findings and recommendations from the Herts Young People’s Substance Review (2015) should be considered and agreed actions taken forward.</li> </ul>
<p><b>7. GAPS IN KNOWLEDGE</b></p> <ul style="list-style-type: none"> <li>• There are gaps in knowledge about the outcomes of some current interventions.</li> </ul> <p>Other gaps in knowledge –</p> <ul style="list-style-type: none"> <li>• The scale and nature of older peoples’ harmful drinking in Hertfordshire.</li> </ul>	<ul style="list-style-type: none"> <li>• Outcomes data collection should be robust and also specified in substance misuse service contracts (including quality and safeguarding requirements)</li> </ul>

<ul style="list-style-type: none"> <li>• Prevalence and use of new psychoactive substances and nitrous oxide in Hertfordshire.</li> <li>• 999 calls and interventions made by paramedics for overdose, which do not result in a hospital admission.</li> <li>• Trends in overall injecting behaviour and changing profile of needle exchange users, for example relating to IPEDs<sup>4</sup> and also stimulant injection amongst some groups of MSM.</li> <li>• Activities and outcome data relating to community treatment orders (DRRs and ATRs)<sup>5</sup> from the probation caseload; now called Community Rehabilitation Companies (CRC).</li> <li>• Findings and recommendations from the Young People's Substance Misuse Review 2015</li> <li>• Prevalence of problematic use of prescription and over-the-counter drugs.</li> <li>• The numbers of drug-related deaths according to substance type.</li> </ul>	<ul style="list-style-type: none"> <li>• A co-ordinated approach is required to understand the usefulness of missing data and to prioritise obtaining data that will make a meaningful contribution to service re-design or quality standards in commissioning.</li> </ul>
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<sup>4</sup> Image and Performance Enhancing Drugs

<sup>5</sup> Drug Rehabilitation Requirement and Alcohol Treatment Requirements - orders imposed by the courts.

## Appendix 3: Equality Impact Assessment

### Hertfordshire Drugs & Alcohol Strategy and Delivery Plan 2016

#### Equality Impact Assessment (EqIA)

#### STEP 1: Responsibility and involvement

<b>Title of proposal/ project/strategy/ procurement/policy</b>	Drugs & Alcohol Strategy & Delivery Plan	<b>Accountable Officer</b>	Jim McManus Director of Public Health
<b>Names of those involved in completing the EqIA:</b>	Gary Ray Lindsay Edwards Gill Goodlad	<b>Lead officer contact details:</b>	Gill Goodlad <a href="mailto:Gill.goodlad@hertfordshire.gov.uk">Gill.goodlad@hertfordshire.gov.uk</a>
<b>Date completed:</b>	May 2016	<b>Review date:</b>	May 2018 or before if needed

#### STEP 2: Objectives of proposal and scope of assessment – what do you want to achieve?

<p><b>Proposal objectives:</b></p> <ul style="list-style-type: none"> <li>–what you want to achieve</li> <li>–intended outcomes</li> <li>–purpose and need</li> </ul>	<p>The aim of the Drugs &amp; Alcohol Strategy is to reduce the harms caused by drugs and alcohol misuse in Hertfordshire. It brings together a range of strands which contribute to this complex topic, in the context of national guidance and local need identified in the Hertfordshire Drugs and Alcohol Needs Assessment 2015.</p> <p>The strategy is designed to achieve the following four priority outcomes:</p> <ul style="list-style-type: none"> <li>• People choose not to misuse drugs and/or alcohol.</li> <li>• More people get the right help with their drugs and/or alcohol misuse.</li> <li>• Fewer children, young people and families are affected by drugs and/or alcohol misuse.</li> <li>• Fewer people experience crime and disorder related to the misuse of drugs and/or alcohol.</li> </ul> <p>The attached Delivery Plan describes actions by a range of commissioners and services to achieve those outcomes. Each action is accompanied by action outcomes or outputs and lead responsibility for delivery.</p> <p>Delivery of the Drugs and Alcohol Strategy will be managed by the Hertfordshire Drugs and Alcohol Management Group (co-chaired by senior managers representing Public Health, Community Protection and Children’s Services), which is accountable to the Hertfordshire Drugs and Alcohol Strategic</p>
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	Board.
<b>Stakeholders:</b> Who will be affected: the public, partners, staff, service users, local Member etc.	Members of the public/service users Hertfordshire Police Clinical Commissioning Groups HCC Community Protection HCC Health & Community Services HCC Children's Services HCC Public Health Service District Councils' Community Safety Partnerships 3 <sup>rd</sup> Sector Licensing Committees Executive Members

### STEP 3: Available data and monitoring information

<b>Relevant equality information</b> For example: Community profiles / service user demographics, <a href="#">data</a> and monitoring information (local and national), similar or previous EqlAs, complaints, audits or inspections, local knowledge and consultations.	<b>What the data tell us about equalities</b>
<p>This strategy has been developed from the Hertfordshire Drugs and Alcohol Needs Assessment 2015, from national data including NDTMS and LAPE and from national strategies and guidance.</p> <ol style="list-style-type: none"> <li>1 Local Alcohol Profiles for England (LAPE) (2015)</li> <li>2. Department of Health. Policy Paper: 2010-2015 government policy: harmful drinking (2015)</li> <li>3. A Balanced Approach: Drug Strategy annual review (2015)</li> <li>4. Psychoactive Substances Act (2016)</li> <li>5. National Drug Treatment Monitoring Service (NDTMS) (2015)</li> <li>6. Child and Adolescent Drug and Alcohol Services Review (HCC) (2015)</li> <li>7. Drugs and Alcohol Needs Assessment (HCC) (2015)</li> </ol>	<p>The data highlights that some groups within the population are at greater risk of harm from drugs and alcohol than others, and describe actions that may be taken to ensure those risks are addressed.</p>

**STEP 4: Impact Assessment – Service Users, communities and partners (where relevant)**

<b>Protected characteristic</b>	<b><u>Potential for negative impact</u></b>	<b>What reasonable mitigations can you propose?</b>
<b>Age</b>	<p>Younger people may be more vulnerable to the risks associated with drugs and alcohol misuse, but less likely to access support services.</p> <p>Older people are increasingly at risk from health harms due to higher levels of regular drinking, often caused by loneliness.</p>	<p>Prioritise prevention of drugs and alcohol misuse.</p> <p>Ensure a range of support services are accessible to young people.</p> <p>Link with existing services for older people, including falls services, to assess risk and offer suitable support services.</p>
<b>Disability Including Learning Disability</b>	<p>People with learning disabilities/difficulties may need additional assistance to take part.</p> <p>People with learning disabilities/difficulties may find that support services are not suitable for their needs.</p>	<p>Information given will be appropriately targeted and tailored, based on advice to be obtained from the HCC Learning Disability team.</p> <p>We will work with contracted support services to ensure they achieve 'purple star' standards.</p>
<b>Race</b>	<p>There is no evidence of higher risks in BME communities</p>	<p>Universal services will be available to all races and will be sensitive to the racial differences of their service users.</p>
<b>Gender reassignment</b>	<p>Community may not be aware of services and may use drugs or alcohol as a 'coping' strategy</p>	<p>Promote availability of services via local LGBT networks.</p>
<b>Pregnancy and maternity</b>	<p>Higher risk to pregnant women and their unborn babies from alcohol and some drugs than to other adult women</p>	<p>Targeted messages and support will be provided through maternity services.</p>
<b>Religion or belief</b>	<p>There is no evidence of higher risks in faith communities</p>	<p>Universal services will be available to all, and will be sensitive to the religious beliefs of their service users.</p>
<b>Sex</b>	<p>Safe levels for alcohol consumption have been reviewed, with risks now similar for males and females.</p>	<p>We will ensure that the latest recommendations on safe drinking limits are included in verbal and printed advice from Hertfordshire drugs and alcohol education and support services.</p>

<b>Protected characteristic</b>	<b><u>Potential for negative impact</u></b>	<b>What reasonable mitigations can you propose?</b>
<b>Sexual orientation</b>	There are indications of higher using of psychoactive drug use in some LGBT individuals (Chem-sex)	We will work with sexual health services to provide consistent messages about Chem-sex.  We will promote availability of drugs and alcohol services via local LGBT networks.
<b>Marriage &amp; civil partnership</b>	There is no evidence of increased risks associated with marriage or civil partnership status.	Universal support services will be available to all, regardless of marriage or civil partnership status.
<b>Carers (by association with any of the above)</b>	There is evidence of higher levels of stigma associated with carers of people with drugs and alcohol problems.	We will ensure that support structures are in place for carers of people with drugs and/or alcohol dependency.
<b>Opportunity to advance equality of opportunity and/or foster good relations</b>		
Involvement of 3 <sup>rd</sup> sector and service user representatives in designing and undertaking research of the specific needs of older people and LGBT individuals.		

**Impact Assessment – Staff (where relevant):** Not applicable

#### **STEP 5: Gaps identified**

<b>Gaps identified</b> Do you need to collect more data/information or carry out <a href="#">consultation</a> ? (A 'How to engage' consultation guide is on <a href="#">Compass</a> ). How will you make sure your consultation is accessible to those affected?	We need to understand more about the needs of older age and of LGBT populations in order to tailor information and services to meet their needs. The Delivery Plan includes a commitment to undertake research to gain this understanding. The research projects will include surveying samples of individuals from these populations about their drugs and alcohol use and their experience of current services. We will engage representatives of these populations in designing each research tool. They will be consulted about any proposed changes in services that arise from the research findings.
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#### **STEP 6: Other impacts**

The drugs and alcohol-related harms that will be addressed by the Drugs and Alcohol Strategy are mostly detrimental effects on health and well-being, crime and disorder and interpersonal relationships. This approach is in line with the National Drugs Strategy: prevention; control and community safety; and treatment and recovery. Delivery of the Strategy will have a positive impact on each of these areas.



## STEP 7: Conclusion of analysis

Select one conclusion of your analysis	Give details
<input type="checkbox"/> No equality impacts identified – No change required to proposal.	
<p><b><u>Minimal equality impacts identified</u></b></p> <ul style="list-style-type: none"> <li>– Adverse impacts have been identified, but have been objectively justified (provided you do not unlawfully discriminate).</li> <li>– Ensure decision makers consider the cumulative effect of how a number of decisions impact on equality.</li> </ul>	
<p><b>X</b> <b><u>Potential equality impacts identified</u></b></p> <ul style="list-style-type: none"> <li>– Take ‘mitigating action’ to remove barriers or better advance equality.</li> <li>– Complete the action plan in the next section.</li> </ul>	<p>Potential equality impacts were identified within the Drugs and Alcohol Needs Assessment 2015; however, the resulting Strategy and Delivery Plan include actions to minimise those impacts.</p> <p>A review of equality impacts will be undertaken after 12 months of delivery to assess changes in impact and further actions introduced as indicated by results.</p> <p>Equality impacts will be included in regular performance reports to the Drugs and alcohol Strategic Board.</p>
<input type="checkbox"/> Major equality impacts identified <ul style="list-style-type: none"> <li>– Stop and remove the policy</li> <li>– The adverse effects are not justified, cannot be mitigated or show unlawful discrimination.</li> <li>– Ensure decision makers understand the equality impact.</li> </ul>	

## STEP 8: Action plan

<b>Issue or opportunity identified relating to:</b> <ul style="list-style-type: none"> <li>– Mitigation measures</li> <li>– Further research</li> <li>– Consultation proposal</li> <li>– Monitor and review</li> </ul>	<b>Action proposed</b>	<b>Officer Responsible and target date</b>
<p>Some people with protected characteristics are at greater risk of harmful and hazardous levels of drugs and alcohol misuse and may face additional challenges in accessing services</p>	<p>Ensure that the Drugs and Alcohol Strategy and Delivery Plan take this into account, through the mitigating actions listed above.</p> <p>Ensure that commissioned services meet the needs of communities with protected characteristics through explicit requirements within service specifications</p> <p>Undertake further research to identify the specific needs of older people and LGBT, to inform commissioning</p> <p>Regularly review and report changes in equality impact and amend actions as required.</p>	<p>Gill Goodlad, October 2016</p> <p>Brian Gale, December 2016</p> <p>Chair of new Task &amp; Finish Group to be established to complete this action, March 2017</p> <p>Gill Goodlad, Gary Ray &amp; Lindsay Edwards, March annually from 2017</p>

**This EqIA has been reviewed and signed off by:**

**Head of Service or Business Manager:**                      **Joel Bonnet**                      **Date:**

**Equality Action Group Chair:**                                      **Jim McManus**                      **Date:**