

Surrey

Substance Misuse Strategy

Section B: Drugs

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**Health and
Wellbeing
Surrey**

**Surrey
Community
Safety**



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Forwards (CSP Chair and Helyn Clack)

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Glossary

Advisory Council on the Misuse of Drugs (ACMD) - an advisory non-departmental public body, sponsored by the Home Office, which makes recommendations to government on the control of dangerous or otherwise harmful drugs, including classification and scheduling under the Misuse of Drugs Act 1971 and its regulations

Acquisitive crime - a crime committed to gain possessions. Examples of acquisitive crimes include theft, burglary, and robbery

Blood Borne Viruses (BBVs) – viruses which may be spread through contamination by blood and other body fluids. The most common examples are HIV, hepatitis B, hepatitis C and viral hemorrhagic fevers

Club drugs - a term that refers to a variety of drugs that are usually connected with the clubbing scene. Club drugs can include GHB, GBL, ketamine, MDMA (ecstasy), cocaine, methamphetamine, mephedrone and new psychoactive substances

Counterfeit - products that are not produced following recommended guidelines, including alcohol and controlled drugs

Illegal - Products that cannot be legally produced or sold in the UK as defined in the Misuse of Drugs Act

Looked after children (LAC) - the term “Looked After” was introduced by the Children Act 1989 and refers to children and young people under the age of 18 who live away from their parents or family and are supervised by a social worker from the local council children’s services department

New Psychoactive Substances (NPS) - official term for 'legal highs'

NHS England - leads the National Health Service (NHS) in England by setting the priorities and direction of the NHS and encouraging / informing the national debate to improve health and care

The National Institute for Health and Care Excellence (NICE) - provides national guidance and advice to improve health and social care

Public Health England (PHE) - established in 2013, PHE brings together public health specialists from more than 70 organisations, including the former Health Protection Agency (HPA), into a single public health service and works with national and local government, industry, and the NHS, to protect and improve the nation's health and support healthier choices. PHE is addressing inequalities by focusing on removing barriers to good health

Surrey Community Safety Board (CSB) - the CSB is Chaired by the Police and Crime Commissioner for Surrey and its membership includes a wide range of partners that oversee the development of strategies and plans that aim to increase the sense of safety for the people of Surrey. Current priorities are Anti-Social Behaviour; Domestic Abuse; Mental Health; Substance Misuse and Resilience.

The United Nations Office of Drug Control (UNODC) - established in 1997 UNODC operates in all regions of the world through an extensive network of field offices and is mandated to assist Member States in their struggle against illicit drugs, crime and terrorism

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Forewords

It is clear that the harms caused by the misuse of drugs are wide ranging and far reaching impacting on health, crime and disorder, community safety, the economy and society in its widest sense. Drug misuse causes disruption to the individual, their family and friends and the wider community in which individuals reside. The impacts on health include increases in the transmission of Blood Borne Viruses (BBVs), poor vein health, increased risk of cardiovascular disease, overdose and poor mental health.

The multifaceted impacts caused by drug misuse therefore call for a multi agency response. This strategy sets out actions for the partners of the Substance Misuse Partnership which includes departments from within the County Council, Surrey's Borough and Districts and a range of organisations such as Surrey Police, the National Offender Management Service, prisons and the Office of the Police and Crime Commissioner.

This strategic document recognises the importance of prevention and early identification to address the cycle of drug misuse by working with our partners to, in particular, support young people and vulnerable individuals or groups to increase their motivation, capacity and opportunity to make informed choices and to reduce their exposure to risky behaviours.

Whilst treatment has long been recognised and evidenced as effective, this strategy reflects an appreciation of the need for a fundamental shift towards focusing on achieving long term recovery and reintegration for people on leaving treatment. We know that the path to recovery is complex and requires partners to work more closely to enable individuals to contribute to society positively.

I am also pleased to see that the strategy aims to work with partners to minimise the impact on communities of drug misuse, working closely with the borough and districts, trading standards and the police to reduce drug related criminal behaviour whilst also working towards our communities supporting people who are on the path to recovery.

The strategy places working in partnership at its core, working across Health, Social Care, Education, Housing and Economy, therefore working positively towards improved outcomes for both service users, their families and carers and Surrey's communities.

This is why, on behalf of the Health and Wellbeing Board, I am pleased to offer my support and commitment to this strategy.

Councillor Helyn Clack

Cabinet Member for Health & Wellbeing and Public Health

Misuse of drugs is found in all age groups from teens to grandparents. It is a path to family breakdown, job loss, homelessness, children's social care costs and crime and disorder. Addiction harms health, damages productivity and is a significant driver of crime and disorder. It costs tax payers millions.

But, every £1 spend on treatment, saves £2.50 in costs to society.

The ambition to prevent people from misusing drugs and support them into treatment and to onward recovery is therefore crucial and is deliverable when all agencies work together.

This strategy represents Surrey's response to tackling drug misuse in our communities, focusing on bringing together a range of organisations to integrate their response to create an environment and response that facilitates the prevention of drug misuse and successful drug recovery for individuals with a current problem.

As Chair of the Community Safety Board, I welcome this joint response from Surrey's Substance Misuse Partnership and their ongoing cooperation in tackling this important issue.

Kevin Hurley,

Police and Crime Commissioner for Surrey.

Executive Summary

This **five year strategy** sets out a new direction for tackling drug misuse across the county of Surrey. Based on **three priority areas**, it outlines the goals and actions Surrey's Substance Misuse Partnership has committed in order to meet the following **Strategic Aim**:

To deliver a coordinated and comprehensive multi-agency approach to preventing and reducing the social, mental and physical harm caused by drug misuse in Surrey to individuals, families and communities.

The Surrey Substance Misuse Partnership has agreed a number of priorities for action within each of the themes. We will use our collective influence and resource to develop responses to:

Prevention and Early Identification

We will promote positive and responsible behaviours enabling individuals to make informed choices and reduce the negative impacts that can lead to drug misuse. We will:

- increase the awareness and understanding of drugs among professionals and the public to identify and support those who are most vulnerable to drug misuse;
- ensure that those who misuse drugs are aware of the impacts of their behaviour on others, in particular young people;
- ensure young people have access to accurate and age-appropriate information about drug misuse and related risk taking behaviours from trusted sources and in a range of formats;
- use our collective influence to strengthen pathways between key health and social services and drug services to enable them to identify and intervene early, in particular in relation to vulnerable children and families.

Building Recovery

We will continue to provide high quality accessible treatment services tailored to meet the needs of all individuals requiring support to address their drug misuse. This will include integrating our collective response to support recovery in communities and ensuring we assess and address the holistic health and social care needs of those in treatment and their families. We will:

- continually evaluate and improve our treatment services for young people; adults and people who offend. We will act on feedback and intelligence to make them increasingly accessible and responsive to local need;
- use our collective influence to ensure the wider health and social care community provides coordinated support that enables drug users to access relevant services to achieve and sustain a drug free life and make a positive contribution in their local community;

- involve and support families and carers affected by drug related issues;
- ensure there is better joined up service delivery for people requiring both mental health and substance misuse interventions.

Safer and supportive communities

We will work together to share intelligence and implement responses to tackling drug related crime and disorder. We will:

- tackle the stigma related to drug misuse to build supportive communities that facilitate recovery;
- work collectively on a multi-pronged approach to reducing the harm caused by New Psychosocial Substances (NPS) maximising local enforcement powers;
- tackle drug related anti-social behaviour;
- ensure offenders with substance misuse issues have clear routes into treatment and recovery services both in prison and in the community;
- explore how we better share and improve intelligence to inform our approach and to support collaborative working;
- reduce the number of safeguarding incidents where drugs are cited by ensuring appropriate referral of service users and their families into services;
- utilise intelligence from drug related death audits to inform our approach to overdose prevention.

Monitoring and Review

We will monitor the effectiveness of our response using a range of indicators outlined in the table below. The Substance Misuse Partnership will review the strategy progress annually and we will report progress quarterly to the Community Safety Board.

Priority	Measurement
Prevention and Early Identification	Estimated drug users Access to treatment
Treatment and Recovery	Successful completion of drug treatment Access to accommodation Access to employment, education or training Drug related deaths Blood borne viruses Access to lifestyle services
Safer and supportive communities	Domestic Abuse rates Safeguarding incidents Arrest and prosecutions for possession

	<p>People entering prison with substance misuse issues not previously known to community treatment providers</p> <p>Perceptions of community safety</p> <p>Successful completion of community sentencing interventions for those engaged in criminal justice, for both adults (drug rehabilitation and alcohol treatment requirements) and young people (youth restorative interventions)</p>
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1. Introduction and Context

Drug misuse is a cause of major public concern and has wide-ranging health, social and financial consequences to society. Drug misuse costs taxpayers millions of pounds every year in dealing with associated health problems, lost productivity, adult and children's social care costs and drug related crime and disorder. Drug misuse can be a pathway to poverty, lead to family breakdown, crime, debt, homelessness and child neglect. In the UK, one in 37 children is living with a parent who is addicted to drugs. Investing in a multi-agency response to addressing drug harm therefore has benefits across society, some of which are demonstrated in Figure 1 below.



Figure 1: (Public Health England, 2014)

The Surrey Community Safety Board (CSB) is committed to addressing the impact of substance misuse and has established the Surrey Substance Misuse Partnership as a sub group of the CSB to lead the strategic approach to tackling drugs and alcohol in Surrey.

The Surrey Substance Misuse strategy outlines the Partnership's priorities and how they will be delivered. The strategy is organised in two aligned sections:

Section A (Alcohol): aims to prevent and reduce the harm caused by alcohol to individuals and communities within Surrey.

Section B (Drugs): aims to deliver a coordinated multi-agency response to prevent and reduce the harm caused by drug misuse in Surrey and build recovery for drug users.

This document represents Section B (Drugs) and focuses on the commitment to deliver a coordinated and comprehensive multi-agency approach to preventing and reducing the social, mental and physical harm caused by drug misuse in Surrey. It has been developed by a sub group of the partnership in consultation with key partners, service users, providers and the public and is rooted in an understanding of local need and the evidence of what works to reduce the impact of drugs.

1.1 Drug misuse in England and Wales

Illicit drug use has been falling over the last decade among young people and adults; however, worryingly this fall appears to have levelled off over the last five years with a slight increase in 2013, particularly among adults. Overall in 2011/12 there were an estimated 293,879 opiate and/or crack cocaine users in England; this corresponds to approximately 8 per thousand of the population age 15-64 (Liverpool John Moores University, 2014)

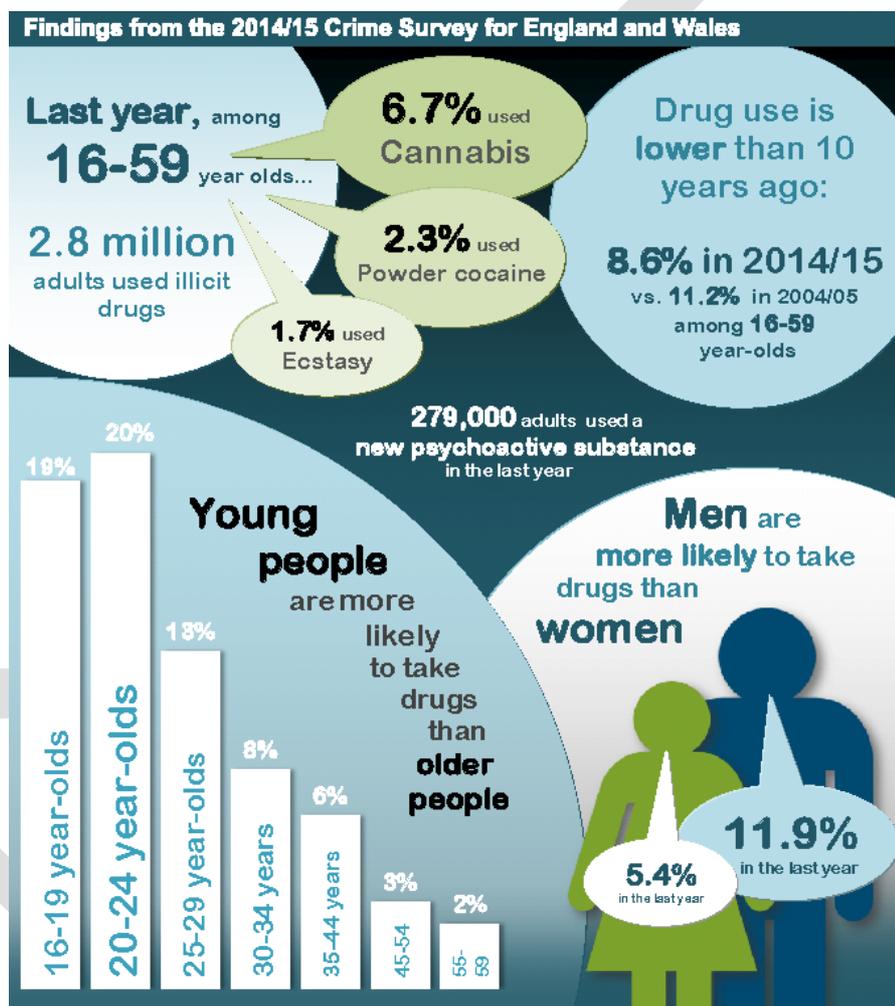


Figure 2: Drug Use in England and Wales (Home Office, 2015)

The misuse of drugs picture is changing nationally, with an increasing number of over-40 year olds dying from drug misuse and an increase in the proportion of individuals in treatment system being over the age of 40 years, a rise in the use of new psychoactive substances (misleadingly referred to as 'legal highs') and a global increase in image and performance enhancing drugs which has led to increasing concerns regarding the spread of blood borne viruses (Health and Social Care Information Centre, 2014). The increase in drug related deaths is concerning; almost 2000 individuals died from drug misuse in England and Wales (1444 male and 513 female deaths). This represents a 23% increase

since 2012, with female drug misuse deaths rising by 12% alone (Office of National Statistics, 2013).

Drug and alcohol partnerships and treatment services are well established across the country and have been effective in engaging users in treatment and helping them to recover. This success has contributed to reductions in acquisitive crime with an estimated 95,000 crimes averted in 2011/12 (see figure 2). However, according to analysis by Public Health England, progress on reducing drug misuse is beginning to slow. It is therefore important that local substance misuse partnerships utilise collective resources and influence, through comprehensive and effective prevention activities, treatment services and health and social support, to ensure that the downward trend over the last ten years is not reversed (Public Health England, 2014).

1.2 How is drug misuse being addressed nationally?

Historically, national drug strategies have focused on reducing crime and drug related harm to public health. They achieved a benefit to society as a result of people being retained in treatment programmes and success was measured as successful completion of these programmes. This led to a culture of commissioning and practice that gave insufficient impetus on empowering and supporting individuals to overcome his or her drug or alcohol dependence. It is well recognised that recovery from drug dependence is difficult and this is demonstrated by U.S. studies which suggest that, over a period of 30 years, half of dependent users will die, one fifth will recover and the remainder will continue to use opiates, albeit some at a lower level (Medications in recovery re-orientating drug dependency treatment, 2012). However, with the right package of adequately resourced multi-agency support, the opportunity for sustained recovery can be maximised and the UK Government is now focusing its strategic ambition on creating the right combination of conditions to achieve recovery.

In 2010, the Government published the national drug strategy entitled: 'Reducing demand, restricting supply, building recovery: Supporting people to live a drug free life' (HM Government, 2010). This document set out the Government's ambition to break the cycle of illegal and harmful drug dependence by addressing drug related criminal activity and through the delivery of holistic and person-centred approaches to build recovery and support the re-integration of service users into society. A key principle of the strategy is a move to devolve powers to local communities to enable them to develop services and approaches that best meet local needs. As suggested by the title, the national strategy is organised into three key themes:

- 1) Reducing demand – preventing the use of drugs, including targeting priority groups
- 2) Restricting supply – tackling drug dealing on the streets and disrupting drug trafficking
- 3) Building recovery in communities – supporting people to be free from dependence by providing wrap around services to support people to achieve and sustain recovery

Over the last two years, the 'Reducing Demand' strand of the strategy has been refreshed to support local evidence-based prevention activity and a new drug strategy is expected during 2016. In addition, there has been a new national emphasis on tackling New Psychoactive Substances including the introduction of new legislation to prohibit the supply of these drugs.

1.3 Surrey Substance Misuse Partnership

The Surrey Substance Misuse Partnership is the multi-agency group responsible for setting the strategic direction for addressing the impact of Substance Misuse in Surrey. Reporting to Surrey Community Safety Board, the partnership comprises representation from:

- Surrey County Council Public Health
- Surrey County Council Adult Social Care
- Surrey County Council, Children, Schools and Families
- Surrey County Council, Customers and Communities
- Office of the Police and Crime Commissioner
- Surrey Police
- Surrey Prisons
- Public Health England
- Surrey CCGs
- District and Borough Councils, including housing
- Department for Work and Pensions
- National Offender Management Service
- NHS England



Figure 3: Multi-agency working for Substance Misuse (Public Health England, 2014)

Delivery of the Surrey Substance Misuse Strategy is supported by the Borough and District Councils' Community Safety Partnerships and our commissioned provider organisations as well as a number of key stakeholders (see section 4.5).

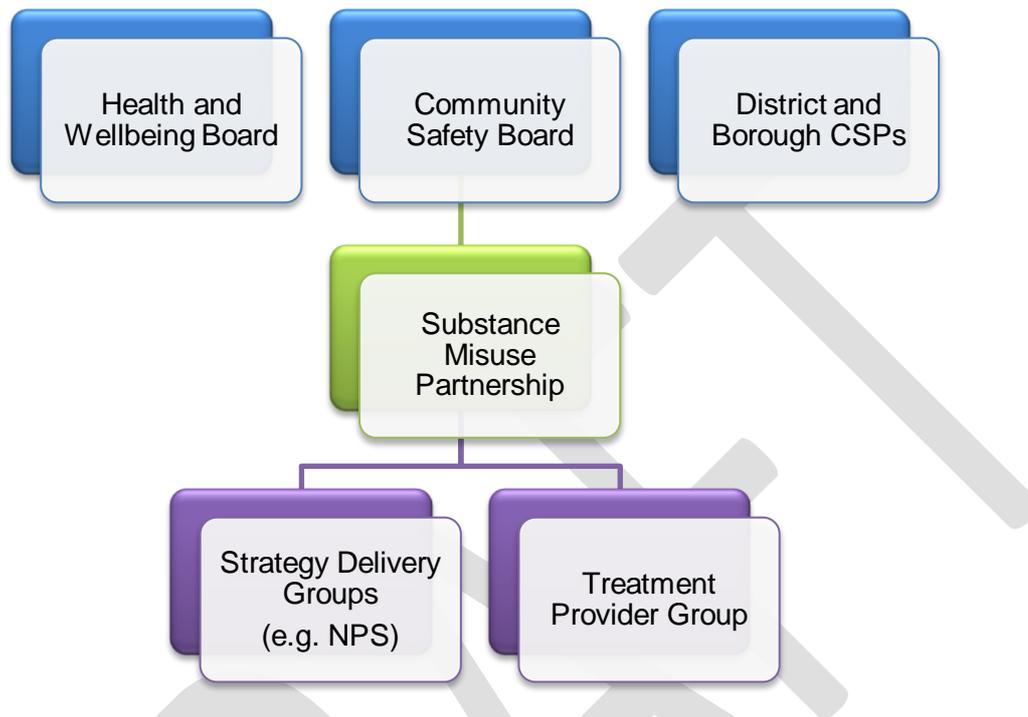


Figure 4: Governance of Substance Misuse in Surrey

2. Why do we need a strategic response to address drug misuse in Surrey?

2.1 What is drug misuse?

The World Health Organisation defines drug misuse as the use of a substance not consistent with legal or medical guidelines (World Health Organisation, 2015). Drug misuse becomes problematic when individuals experience social, psychological, physical or legal problems in relation to their drug misuse and/or if they become dependent. Public Health England describes drug dependency as:

“A health disorder with social causes and consequences. In medical terms, it is a chronic condition characterised by relapse and remission” (Public Health England, 2012)

2.2 What is the impact of drug misuse?

2 in 5 injecting drug users are living with hepatitis C and 1 in 100 with HIV
(Department of Health, 2011).

The impact of drug misuse is extensive. Drug misuse can lead to poor health outcomes, including liver damage from undiagnosed Hepatitis C, poor vein health from injecting drugs, lung damage from drugs and tobacco, cardiovascular disease, arthritis and immobility, blood borne viruses, overdose and drug poisoning among injecting drugs users (Department of Health, 2011). Drug misuse also impacts on mental wellbeing, potentially leading to depression, anxiety, psychosis and personality disorder (Weaver et al, 2004).

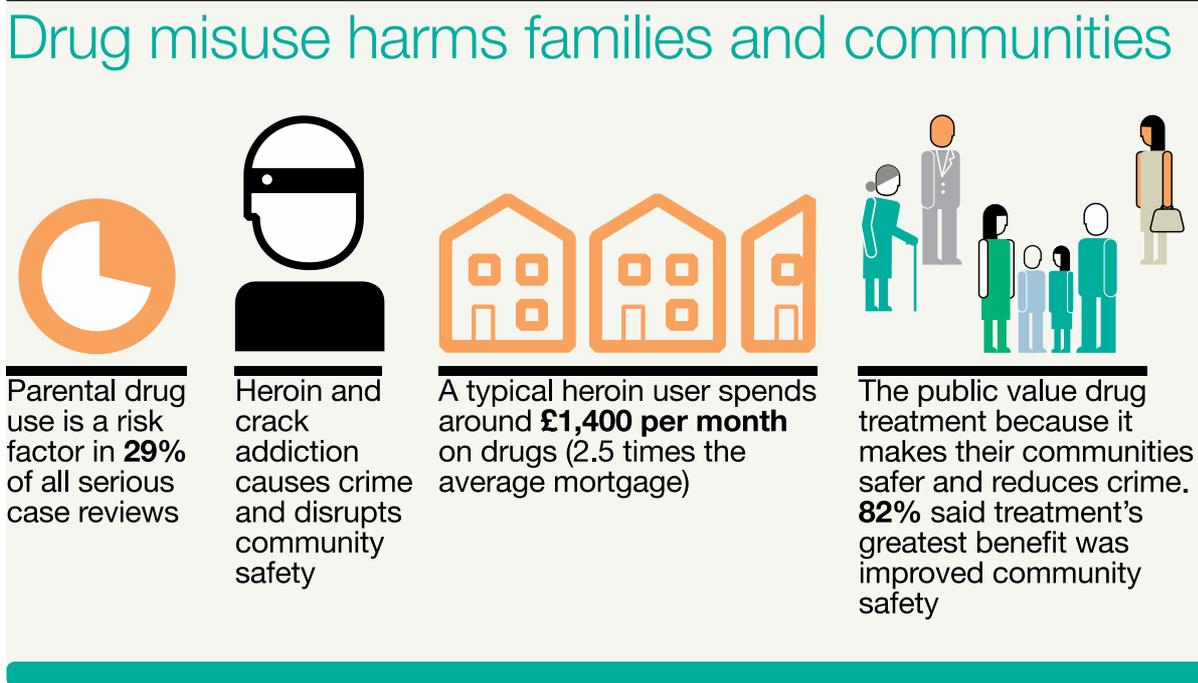


Figure 5: Impact of Drug Misuse (Public Health England, 2014)

Drug misuse also impacts significantly on communities and families, contributing to crime and disorder, playing a role in family poverty and harming children:

- Parental drug use is a risk factor in 29% of serious case reviews (Department for Education, 2013)
- Heroin and crack cocaine addiction causes crime and disrupts community safety (National Treatment Agency, 2012)
- An estimated 1.2million family members are affected by substance misuse (Public Health England, 2015)

These impacts have a significant financial impact on society. It is estimated that drug addiction costs society £15.4 billion per year:

- Costs include £488million of spend by NHS England; in 2011 the cost of drug related deaths was £2.4 billion (Public Health England, 2014) (Public Health England, 2014)
- The Home Office estimates drug related crimes cost the criminal justice system £13.9billion a year (National Treatment Agency, 2012)

2.3 Who is affected by drug misuse?

In 2014/15, one in twelve adults in England and Wales (8.6%) had taken an illicit drug in the last year, representing 2.8 million people. The long term trend has remained relatively stable over the last 5 years. Estimates show that 2.2% of adults aged 16 to 59 have taken an illicit drug more than once a month on average in the last year with cannabis being the drug most likely to be used frequently (Home Office, 2015).

Young people's needs differ greatly to those of adults. Fewer young people develop a dependency on drugs; however, those who use problematically are far more likely to be vulnerable with complex needs (Public Health England, 2013). Nationally the majority of young people accessing specialist drug and alcohol interventions have problems with alcohol (37%) and cannabis (53%) (Public Health England, 2013).

In Surrey, the picture of who is affected by drug misuse is as follows:

Young people

- There has been an overall decrease in drug use reported by 11 to 15 year olds since 2001 which has been reflected in a reduction in the number of young people in specialist services. For example, in 2012, 17% of 11 to 15 year olds had tried drugs at least once in their lifetime, compared with 29% in 2001. There were also decreases in the proportion of 11 to 15 year olds who had taken drugs in the last year from 20% in 2001 to 12% in 2012 and the last month from 12% to 6% (Public Health England, 2015)
- The prevalence of drug use increased with age; 7% of 11 year olds said they had tried drugs at least once, compared with 31% of 15 year olds (Public Health England, 2015)
- The majority (94%) of young people in Surrey's services began using their main problem substance under the age of 15. This is similar to the national picture (Public Health England, 2015)
- Among young people using services in Surrey; 7% are 'looked after children', 12% have been affected by domestic abuse and 10% were identified as having a mental health problem (Public Health England, 2015)
- As in previous years, in 2012 cannabis was the most widely used drug among 11 to 15 year olds; 7.5% of 11 to 15 year olds reported taking it in the last year (Health and Social Care Information Centre, 2014)
- Young people's specialist substance misuse treatment services in Surrey have reported an increase in the number of young people reporting the use of New Psychoactive Substances
- Drug use among young people is associated with other risky behaviour. Young people were more likely to have taken drugs in the last year if they were smokers or had drunk alcohol. 11 to 15 year olds who had been excluded from school or who had played truant were also more likely to take drugs (Health and Social Care Information Centre, 2014).

Adults

Drug use amongst adults in Surrey is widespread, with 2.8 million adults having used an illegal drug in the past year (2014/15) but addiction is much more concentrated:

- In 2008/09 there were an estimated 3,495 opiate and/or crack cocaine users (OCU), between the ages of 15-64 in Surrey. In 2011/2012 this had reduced to 2,610 (Liverpool John Moores University, 2014) and as a proportion of this number in the 12 months period ending 30/09/15, 53% were in treatment compared to 52% nationally (National Drug Treatment Monitoring System, 2015)
- In quarter 2 (01/04/2015 to 30/09/2015) there were 2,406 individuals in substance misuse treatment in Surrey of which 926 were new presentations

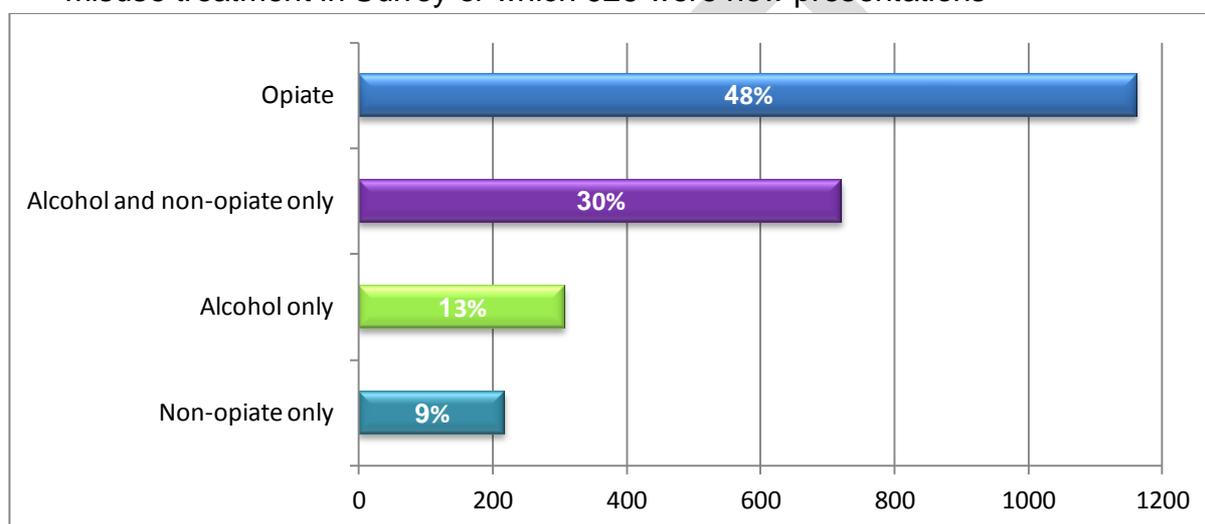


Figure 6: All individuals in treatment in Surrey in the year to date Quarter 2 2015/16 (National Drug Treatment Monitoring System, 2015)

- In the same quarter 2 period (2015/16) 10% of opiate users and 42% of alcohol users in treatment in Surrey completed treatment successfully (i.e. left treatment in a planned way having reduced or become abstinent of drugs)
- 6% of the treatment population reported misusing prescription-only medicine (POMS) or over the counter medicines (OTC) (n=126), which is higher than the national estimate of 4% (WHO, UNODC & UNAIDS, 2004)
- The use of NPS and Club Drugs has seen a steady increase over recent years. Estimates suggest that whilst opiate treatment remains dominant, a high number of service users are citing use of NPS and 'Club Drugs'. In Surrey the percentage of individuals new to treatment citing only club drug use is higher than national estimates for ecstasy (30% v 29%), NPS (30% v 22%) and any other club drug use (21% v 11%) (Public Health England, 2015)
- There are many factors associated with an increased risk of drug problems among adults. These are often factors that lead to other adverse outcomes and risky behaviour, such as mental health problems, offending or risky sexual behaviour. (Public Health England, 2015)

- People who offend are more likely to use illegal drugs; for example, 40% of prisoners have used heroin - (Public Health England, 2015)
- Drug misusers may have a range of health and social care problems, which may or may not be associated with drug misuse. Although drug misuse exists in most areas in the UK, it is more prevalent in areas characterised by social deprivation which in turn is associated with poorer health. The majority of drug misusers also smoke cigarettes and many have lifestyles that are not conducive to good health. (Department of Health, 2007)

Drug misuse and mental health

There is an association between mental health problems and drug misuse. This is often referred to as dual diagnosis. Some people misuse substances to help cope with the symptoms of mental illness. Others may experience mental health issues as a result of their substance misuse which may be classed as “drug induced psychosis”.

Drug use can make mental health illness worse in the long term and can mean that it is harder to treat and may impact on an individual’s work and home environments.

Nationally the Advisory Council on the Misuse of Drugs (ACMD) has raised concerns regarding the barriers from treatment providers for service users with mental health problems to achieving recovery outcomes.

In Surrey, approximately 20% of those accessing treatment for a drug and/or alcohol dependency also have a diagnosed mental illness. (Public Health England, 2015)

2.4 What works to address drug misuse?

Public Health England recommends action across a range of organisations to implement a comprehensive package of support consisting of:

- **Population wide and targeted prevention** – including action on local drug markets, campaigns, building community resilience, prevention programmes targeted at vulnerable young people
- **Harm reduction** including needle exchange, overdose prevention, vaccination, screening and testing for blood borne viruses
- **Specialist treatment services** including care planned treatment that meets best practice guidance, is accessible and focused on achieving behaviour change, community and residential rehabilitation for those that need it, prescribed medications
- **Support for sustained recovery** such as access to sustainable accommodation, education, training and employment; rebuilding family relationships and facilitation of access to mutual aid such as Narcotics Anonymous.

Collaborative action across a range of organisations is required to ensure a coordinated response that comprises these elements.



Figure 7: Elements of a comprehensive drug strategy (Public Health England, 2015)

Population wide and targeted prevention

The United Nations Office of Drug Control (UNODC) published 'International Standards on Drug Use Prevention' in 2013 stating that prevention initiatives in substance misuse should extend across the life course, from conception through to adulthood, and include:

- early interventions, particularly generic pre-school programmes, improving literacy and numeracy, have a long-term effect
- personal and social skills education
- links to school interventions including school environment improvement programmes: positive ethos; disaffection; truancy; participation; academic and social-emotional learning
- a focus on 'risk and resilience' factors
- multi-component programmes involving parenting interventions and support for individuals and families, which may require joined up commissioning and planning
- staff who are qualified and competent to deliver the interventions they provide.

'Preventing harmful alcohol and drug use is central to a public health approach, which emphasises tackling the root causes of health and social harms and dependence and aims to reduce the number of people whose alcohol and drug use has a long-term negative effect on their own and their family's wellbeing.' (Public Health England, 2015).

Incorporating alcohol and drug prevention initiatives throughout the life course can help build resilience to developing alcohol and drug problems and can also help individuals avoid problems by providing opportunities for alternative, healthier life choices and developing better skills and decision making. Universal approaches to build resilience amongst young people and to promote drug-free environments should begin at a young age and be age-appropriate.

Targeted interventions for individuals, groups, families and communities at higher risk of developing substance misuse issues may be undertaken by a range of services depending on the level of intervention required. They may also be aimed at people who are already using substances – i.e. those who are not yet experiencing dependence but who may be showing signs of problematic use (e.g., falling performance at school; absenteeism from work, antisocial behaviour, mental health problems). They may be targeted with interventions to prevent their substance use and associated problems escalating.

Returns on investment are high for children and young people's drug prevention activities; for every £1 spent on young people's drug and alcohol interventions, there is a benefit of £5-8 (Public Health England, 2015). If effective prevention undertaken at a young age could prevent an individual from a lifetime of substance misuse, potentially including associated health and social problems and criminality, the savings made are immeasurable.

Harm reduction

Harm reduction is a pragmatic approach to engaging individuals who have problematic or dependant drug use issues in reducing their risk, whether this is before they access the treatment system or on leaving treatment to keep them safe while they recover. Harm reduction focuses on reducing risks and harms whilst also utilising opportunities to engage and support individuals to develop realistic goals in order to overcome drug dependence.

Harm reduction approaches include action to minimise the risks that go with drug dependence, such as drug-related deaths and contracting blood-borne viruses.

Treatment services and needle exchanges work to change individuals' behaviour via a number of step changes that initially emphasise the importance of using sterile equipment and not sharing, then encourage the shift to non-injecting use and, ultimately, to overcoming addiction. Providers of these harm reduction services can offer an important link into treatment and recovery services.

This approach is recommended by NICE who advocate for key workers to utilise routine harm reduction appointments as well as opportunistic contacts (for example, at needle and syringe exchanges), to provide information and advice about reducing exposure to blood-borne viruses; offer opportunistic brief interventions and provide information about self help groups in order to increase motivation for change (National Institute for Clinical Health and Care Excellence, 2007).

Specialist Treatment

Specialist substance misuse treatment should be matched to local need and be compliant to the relevant National Institute for Health and Care Excellence (NICE) guidance. Treatment should be easily accessible and delivered as part of a mutually agreed care plan that is regularly reviewed, includes behavioural change therapies and may also include appropriate prescribed medicines and, for those who need it, residential and community rehabilitation will be available. (Department of Health, 2007).

These specialist treatments have been shown to be cost effective.

The National Drug Strategy highlights the need for treatments that are outcome focused and includes key outcomes:

- Freedom from dependence on drugs or alcohol
- Prevention of drug related deaths and blood borne viruses
- A reduction in crime and re-offending
- Sustained employment
- The ability to access and sustain suitable accommodation
- Improvement in mental and physical health and wellbeing
- Improved relationships with family members, partners and friends
- The capacity to be an effective and caring parent.

(HM Government, 2010)

Embedding the principles of recovery in all the relevant services is vital and will include working with providers and professional bodies involved in drug and alcohol treatment, mental health, employment, criminal justice, housing, and family services to promote a culture of ambition, and a belief in recovery.

Sustaining Recovery

Entering and staying in treatment, coming off substitute medication and exiting structured treatment are all important indicators of an individual's recovery progress, but they do not in themselves constitute recovery.

Recovery is a broad and complex journey that incorporates overcoming dependence, reducing risk-taking behaviour and offending, improving health, functioning as a productive member of society and becoming personally fulfilled. People are, therefore, more likely to complete their recovery if they have access to a wide range of relevant support to help them to rebuild the many aspects of their lives.

“A harm reduction approach recognises that a valid aim of drug interventions is to reduce the relative risks associated with drug misuse. This is by a range of measures such as reducing the sharing of injecting equipment, providing support for stopping injecting, and providing substitution opioid drugs for heroin misusers with support for abstinence from illegal drugs.” (National Treatment Agency, 2009)

“So many challenges after treatment: adjusting after institutionalisation, figuring out who I am if not an addict, dealing with isolation, support meetings are within school hours, coping with friends tempting you” (Service User).

The National Drug Strategy (2010) has a clear ambition for the recovery opportunities of individuals which involves three overarching principles—wellbeing, citizenship, and freedom from dependence. It is important that recovery is viewed as an individual, person-centred journey, as opposed to an end state, and one that will mean different things to different people. In order to be effective, substance misuse partnerships need to put the individual at the heart of any recovery system and commission a range of services at the

local level to provide tailored packages of care and support. (HM Government, 2010). Evidence shows that treatment is more likely to be effective, and recovery to be sustained, where families, partners and carers are closely involved (Copello, 2005) and therefore, their engagement in recovery interventions should be central to this support. Figure 8 below highlights the key individuals, professionals and services that are vital in sustaining recovery. The key challenge is to ensure that these elements are effectively coordinated and tailored to meet individual needs.

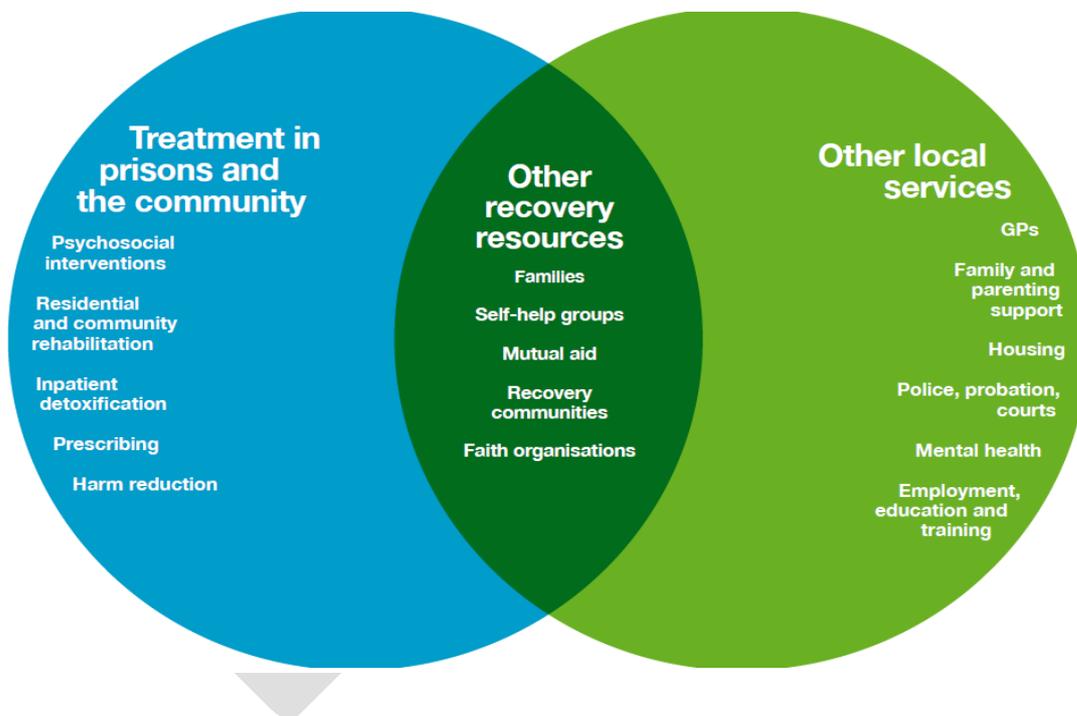


Figure 8: Treatment cannot work in isolation (Public Health England, 2012)

3. Developing our strategy

In developing this strategic response to drug misuse, we consulted widely with our partners, our key stakeholders, relevant service providers, service users and their families, individuals vulnerable to problematic drug use, young people (in particular those engaging in risk-taking behaviours) and the wider community.

Our strategic approach combines the intelligence from our needs analysis with local views. The top line themes from this consultation are as follows:

- More needs to be done to support and empower young people to make informed decisions about drug use and to build their resilience to drug taking behaviour
- Individuals in and leaving treatment would like health and social care professionals and the local community to empathise with and support them in their recovery
- The local community and families affected by drug misuse would like to be aware of multi-agency activity to reduce the availability of drugs, including NPS, in their community
- There needs to be seamless treatment and support for problematic drug users who offend
- Treatment and recovery support is valued; respondents would like to see ongoing improvement to accessibility and responsiveness of these services.
- People would like to see more innovation in delivering interventions and networks to facilitate recovery and reintegration of individuals leaving treatment
- There needs to be closer integration of substance misuse and mental health services
- There needs to be a joined up approach across all agencies to fund and deliver substance misuse interventions across the identified themes.

“The addition of just one abstinent person to a social network increases the probability of abstinence for the next [person] by 27%” (Litte, 2009).

3.1 Building on what we are already doing

In April 2013, Public Health within upper tier local authorities became responsible for commissioning community drug and alcohol prevention, treatment and linked recovery support. This shift provides a platform for working within and across organisations to address the root causes and wider determinants of substance misuse and the harm and impact they have on communities and families (such as mental health, employment, education, crime and housing).

A partnership approach

In Surrey, we have responded to this shift by establishing a multi-agency partnership of organisations with a role to play in reducing the harm caused by substance misuse. Over the last two years the partnership has demonstrated ongoing commitment to the substance misuse agenda; however, opportunities to work more collaboratively to achieve better outcomes in the face of spending cuts still needs to be fully realised. In addition, we need to secure commitment from

“Perhaps families could be encouraged to become more involved in the recovery/treatment programme. I believe this is both helpful to the addict and families”. (Family member of service user)

additional partners within the NHS and organisations that can support individuals recovering from a drug dependency and their families.

The partnership already commission and deliver a range of services and interventions to prevent drug misuse, treat and support people with drug dependency, support people in recovery and to reduce the impact of drug misuse on communities. We need to ensure our work is increasingly integrated to provide an effective response to addressing drug related harm that makes the most efficient use of our resources.

Population wide and targeted Prevention

Prevention underlies all the work commissioned by Public Health. This includes prevention at early onset, recognising the importance of age-appropriate and evidence-based drug and alcohol education within schools and learning environments and encouraging schools in the uptake of Surrey's Healthy Schools Award, of which drug and alcohol education plays a part. This also includes the response of schools to drug/alcohol related incidents and the pastoral care that should be offered to young people at risk of substance misuse. This additionally influences the work of our treatment services which help to prevent onward substance misuse use and associated harms. For example, Surrey's young people's substance misuse service works with Children's Services in targeting young people at risk of Child Sexual Exploitation, whose vulnerabilities may have been exposed due to their substance misuse. This provides us with a strong foundation on which this strategy can build over the next three years.

During 2016, SCC / Babcock 4S will be launching a revised Substance Misuse Policy Guidance for Schools which will assist schools in the management of substance misuse-related incidents and in the development of age appropriate drug and alcohol education programmes within schools. The updated guidance will also include information on new and emerging trends in substance misuse, including new psychoactive substances which most recent queries from schools have been focused on. This is expected to be complemented by the Government's review of drug education as a statutory curriculum subject in schools.

Targeted prevention for individuals most at risk of substance misuse takes place through interventions within the Youth Support Service, for example. Staff working with young people are continually encouraged to update their knowledge of the harms of new drugs and a new training programme in substance misuse will be available for SCC staff from 2016/17. In addition, social care services work with parents to help break the cycle of systemic substance misuse and to support the children of substance misusing parents through engagement with services such as the Family Support Programme and Early Help.

The Government's Psychoactive Substances Bill, due to be launched in Spring 2016, will undoubtedly raise awareness of the issues associated with the use of new and emerging psychoactive substances. Continuing our partnership work with organisations such as

Surrey Police, local districts and boroughs and Trading Standards, will be crucial in managing the demand and supply of NPS and in developing universal and targeted prevention work.

Treatment and harm reduction

Surrey has an excellent track record for providing high quality and effective drug treatment. Support and treatment for those with problematic and or dependant drug use is delivered through a wide range of accessible specialist services who are all contributing to a single substance misuse treatment system that includes varied and diverse skill sets and professional group basis.

The range of well established interventions available includes a 24/7 telephone help and information line, community pharmacy needle syringe exchange scheme, harm reduction, outreach and assertive outreach, individual and group therapies, specialist therapies, opioid substitute treatment, inpatient detoxification, recovery programmes, residential rehabilitation and support to individuals in their recovery journey to successfully reintegrate into their local community.

In terms of dual diagnosis, treatment is offered as part of a “team around the person” approach where mental health and substance misuse services work together to give people the support they need to recover.

Although we would consider that the treatment system in Surrey has always had a recovery focused ambition when working with individuals in treatment, the system has also evolved as evidence has grown to support change and or new development of existing treatments and therapeutic or recovery practices.

Since 2012 we have also been working with individuals in recovery, who are often “recovery champions”, to offer a greater range of self help/mutual aid, peer mentoring and a recovery network. This approach need not necessitate formal treatment but can provide essential opportunities for those developing or maintaining recovery to be networked, supported and able to socialise with other individuals who have similar life experiences and who share a common ambition to perpetuate and sustain the recovery of themselves and others from their communities.

The challenges and opportunities in the treatment system that we will deliver against during the life of this strategy are:

- To ensure continued provision of high quality treatment that leads to successful outcomes for those trying to escape from problematic and or dependant drug use, which also includes making sure that providers are delivering effective treatment that is evidenced based and developed with service users and recovery champions as partners
- To further grow and develop a recovery agenda that is both embedded in the treatment system and also more widely present and available in communities

across Surrey, key to this objective is the engagement of those individuals or groups living in recovery to a wider recovery and mutual aid network

- To achieve further inclusion and development for the support available to the family and friends of those in treatment, to acknowledge their needs and to equip them to contribute to successful recovery
- New Psychoactive Substances present challenges in how we engage with new drug using populations that are significantly different from our existing experience and whose treatment needs are not yet established or evaluated extensively.

Sustaining Recovery

The National Drug Strategy acknowledges that supporting those wishing to leave behind drug misuse and seek recovery requires a coordinated response to their needs as opposed to a health intervention alone: “they (Public Health) will play a key local leadership role around delivering public health outcomes and will work with local partnerships – including Police and Crime Commissioners (PCCs), employment and housing services, and prison and probation services – to increase the ambition for recovery” (HM Government, 2010).

We have a number of initiatives and pilot projects in place to support recovery among specific populations and our treatment providers have developed excellent links with relevant services such as housing, employment and social care. The coordination of interventions for those entering recovery in Surrey has made progress although it is clear that to continue to build sustained recovery for individuals, partnerships need to develop a more robust, integrated and seamless response to presenting need in order to sustain recovery at both universal and targeted levels.

We will therefore map, assess and further develop recovery in communities across Surrey to ensure that multiple agencies can deliver a person centred, coordinated recovery journey that engages families and communities and includes the full range of health and social support as one dynamic package.

3.2 Alignment and multi-agency response

This document sets out Surrey Substance Misuse Partnership’s commitment to working in harmony, harnessing the efforts of multiple stakeholder organisations in order to prevent and reduce the social and physical harm caused by drug misuse in Surrey. It is therefore aligned to relevant national and local strategies and plans including those outlined below:

Strategy	Aims
National Drug Strategy	The National Drug Strategy themes highlighted earlier underpin our local approach to addressing drug use in Surrey.

Surrey Joint Health and Wellbeing Strategy	The Surrey Health and Wellbeing Strategy has five local priorities: improving children's health and wellbeing; developing a preventative approach; promoting emotional wellbeing and mental health; improving adult's health and wellbeing; and safeguarding the population. The impact of drug use cuts across all of these themes, as will the benefits achieved through successful treatment and support services for those with addiction.
Community Safety Partnership Plans	Crime and anti social behaviour is tackled in every local district and borough area by multi-agency Community Safety Partnerships (CSPs). Each CSP is required to set clear and robust priorities for their area and develop activities driven by reliable evidence that meet the needs of local communities. These activities are outlined in each CSP's Partnership Plan.
Youth Justice Strategic Plan 2013-16	Uses restorative approaches to prevent offending, address offending effectively, improve victim satisfaction, raise public confidence and where appropriate to divert young people from the criminal justice system (including young people who are looked after).
Community Safety Board: Surrey Multi-Agency Anti Social Behaviour Strategy 2014-2017	This strategy aims to reduce the number of instances of anti social behaviour and the numbers of people who may be involved (victims and offenders). It also prioritises putting the victim first, particularly when there is a vulnerable or repeat victim.
Surrey Family Support Programme	The intention of the programme is to target those families who have, and cause, the most problems in their local communities. It plans to turn around the lives of families stuck in a cycle of unemployment, alcohol abuse, anti-social behaviour and truancy.
Surrey Domestic Abuse Strategy 2013-2018	The partnership strategy aims to make changes to current working arrangements and practices across a broad range of public, voluntary, community and faith organisations in order to gain improved outcomes for those affected by domestic abuse, reducing the cost to the public sector and demand on services.
Police and Crime Plan for Surrey	In particular the Police & Crime Commissioner for Surrey intends to: <ul style="list-style-type: none"> • Monitor how Surrey Police and Criminal Justice partners improve their support for victims of crime and ASB • Review the community safety funding and grants they give to partners who support victims to ensure value for money is achieved • Ensure that they look after those people most vulnerable in our society

4. What we want to do

As previously discussed, Surrey's Substance Misuse Strategy consists of two strategic frameworks - the alcohol section and drug section. Themes are consistent across the documents and will be delivered by the Substance Misuse Partnership. This document provides the strategic framework for drugs and will be delivered alongside actions to reduce alcohol related harm.

4.1 Our Strategic Aim

To deliver a coordinated and comprehensive multi-agency approach to preventing and reducing the social, mental and physical harm caused by drug misuse to individuals, families and communities in Surrey.

4.2 Our Strategic Approach

We will achieve our aim through partnership action across three themes as demonstrated below:



4.3 Our Priorities

The Surrey Substance Misuse Partnership has agreed a number of priorities for action within each of the themes. We will use our collective influence and resource to develop responses to:

Prevention and Early Identification

We will promote positive and responsible behaviours enabling individuals to make informed choices and reduce the negative impacts that can lead to drug misuse.

- Increase the awareness and understanding of drugs among professionals and the public to identify and support those who are most vulnerable to drug misuse;
- Ensure that those who misuse drugs are aware of the impacts of their behaviour on others, in particular young people.
- Ensuring young people have access to accurate and age-appropriate information about drug misuse and related risk taking behaviours from trusted sources and in a range of formats
- Using our collective influence to strengthen pathways between key health and social services and drug services to enable them to identify and intervene early, in particular in relation to vulnerable children and families

Building Recovery

We will continue to provide high quality accessible treatment services tailored to meet the needs of all individuals requiring support to address their drug misuse. This will include integrating our collective response to support recovery in communities and ensuring we assess and address the holistic health and social care needs of those in treatment and their families.

- We will continually evaluate and improve our treatment services for young people; adults and people who offend. We will act on feedback and intelligence to make them increasingly accessible and responsive to local need
- We will use our collective influence to ensure the wider health and social care community provides coordinated support that enables drug users to access relevant services to achieve and sustain a drug free life and make a positive contribution in their local community
- We will involve and support families and carers affected by drug related issues
- We will ensure there is better joined up service delivery for people requiring both mental health and substance misuse interventions

Safer and supportive communities

We will work together to share intelligence and implement responses to tackling drug related crime and disorder.

- We will tackle the stigma related to drug misuse to build supportive communities that facilitate recovery
- We will work collectively on a multi-pronged approach to reducing the harm caused by New Psychosocial Substances (NPS) maximising local enforcement powers
- We will tackle drug related anti-social behaviour
- We will ensure offenders with substance misuse issues have clear routes into treatment and recovery services both in prison and in the community
- We will explore how we better share and improve intelligence to inform our approach and to support collaborative working
- We will reduce the number of safeguarding incidents where drugs are cited by ensuring appropriate referral of service users and their families into services

- We will utilise intelligence from drug related death audits to inform our approach to overdose prevention.

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4.4 Our Actions

Theme	You told us	What we will do	How we will do it	How we will measure our success	Who will lead this
Prevention and Early Identification	<p>You would like us to ensure there are training and development opportunities available for frontline staff across health, social care and the community and voluntary sector.</p> <p>This training should raise awareness of substance misuse issues and enable professionals to treat you with more dignity and respect.</p>	<p>Increase awareness and understanding of drug misuse among professionals and the public to support those who are most vulnerable to drug misuse.</p>	<p>Develop a framework of speakers and training providers that young people specific services can use to procure credible information on drug misuse.</p> <p>Develop a training blueprint for providers to outline levels of knowledge and skill required for their role.</p> <p>Continue to work with our providers to raise awareness and understanding of and provide training on the services available and referral process.</p> <p>Explore opportunities to utilise the roll out of 'Make Every Contact Count' in Surrey to encourage conversations with individuals who may be misusing drugs.</p> <p>Use our networks to promote the above products.</p>	<p>We will measure the numbers and quality of referrals by assessing the numbers of individuals that enter and successfully complete drug treatment.</p> <p>We will gather qualitative feedback on the use of the products developed.</p>	Public Health
	<p>There is sometimes a disconnect between the many services that service users come into contact with.</p>	<p>We will strengthen pathways between key health and social services and drug services to identify and intervene early in particular with vulnerable children and families.</p>	<p>Continue to work with our providers to ensure robust safeguarding policies are in place.</p> <p>Ensure our providers fast-track individuals into treatment who are responsible for caring for children or vulnerable adults.</p>		

<p>Building Recovery</p>	<p>You value the treatment services that we provide.</p>	<p>We will continue to improve our treatment services for young people and adults, including those who offend, to make them increasingly accessible and responsive to need and to ensure they have a holistic approach to the promotion of service users' health and wellbeing.</p>	<p>Work collaboratively with service users, recovery champions, partners and providers to review and develop elements of the treatment and recovery system that improve outcomes for individuals in line with NICE guidance and need.</p> <ul style="list-style-type: none"> - Support the quarterly Treatment Provider Group to improve outcomes for clients and ensure alignment of the treatment system. - Establish a process for proactive service user engagement through the delivery of a service user engagement forum. - Improve uptake to BBV screening offered through all providers, including those for young people. - Support those who misuse drugs and those in recovery to access healthy lifestyle services. 	<p>Successful completions Re-presentations Reduction in drug related deaths</p>	<p>Public Health</p>
	<p>You value services which support you as a whole person, responding to your specific needs.</p>	<p>Building recovery capital - we will use our collective influence to ensure the wider health and social care community provides coordinated support that enables drug users to access relevant services to achieve and sustain a drug free life and make a positive contribution in their local community.</p>	<p>Map existing provision of recovery support that is available to individuals via a range of public and voluntary sector agencies and develop a framework to maximise opportunities for recovery for people leaving treatment.</p>		

	Families and carers play an important role in recovery and often do not feel supported.	We will involve and support families and carers affected by drug related issues.	Map the universal and targeted support services available to support people and their families in recovery and develop a coordinated, holistic and strategic response to recovery support that maximises our existing assets.	Successful completions where individuals do not re-present into treatment.	Public Health
	Ongoing support to maintain recovery following treatment is crucial.	We will continue to ensure our treatment system engages people in treatment and supports them to successfully complete their treatment and recovery journey.			
Safer and supportive communities	You feel there is stigma attached to those who use drugs.	We will tackle the stigma related to drug misuse, to build supportive communities that facilitate recovery.	Expand the Time 2 Change campaign to include tackling stigma around substance misuse. Provision of training and information for key professionals in social care and mental health.		Public Health
	You told us that New Psychoactive Substances are an increasing risk	We will use our joint powers to restrict the availability of drugs including New Psychoactive Substances in our community.	Further develop the Surrey-wide New Psychoactive Substances group to: Utilise licensing levers to reduce access to NPS. Trading Standards and Police – joint enforcement action. Partnership reporting of intelligence to inform action.		Trading Standards
		We will tackle drug related anti-social behaviour.	Use of ASB resources to tackle drug related ASB		Police and PCC

		We will ensure offenders with substance misuse issues have clear routes into treatment.	Work closely and share objectives with our criminal justice partners, including Surrey Police, HMPS, CRC and National Probation Service, in order to improve referral pathways between services		Public Health and NHSE
		We will explore how we better share and improve intelligence to inform our approach and support collaborative working.	<p>Organise regular meetings with providers to discuss available data with the aim of producing a better understanding of the current situation within the county and what actions can be carried out.</p> <p>Establish links with partner agencies with the aim of setting up regular sharing of data to support a better understanding of the situation with the county.</p>	Feedback from those attending meetings and agencies sharing data, as to the usefulness of the activities.	Public Health
		We will assess the safeguarding needs of service users and their families to ensure pathways into appropriate services.	<p>Work with partner organisations to ensure policies and systems are robust and that best practice is demonstrated, targeting:</p> <ul style="list-style-type: none"> Domestic Abuse Serious Incidents Drug Related Deaths Child Sexual Exploitation 		

<p>Working together with our partners, the public and service users</p>		<p>Continue to engage service users in all service redesign, pathway and service review and ongoing service improvement.</p> <p>Ensure our services and pathways are clearly communicated to our partners.</p> <p>Work through the substance misuse partnership to jointly plan and deliver the strategy.</p> <p>Formalise processes for engagement of family, friends and carers of substance misuse service users.</p> <p>Use our influence to raise the profile of the impact of drug use.</p>	<p>Development of the Service Directory in a range of formats in partnership with service users.</p> <p>Defining and implementing our approach to service user engagement.</p> <p>Hold an annual event to engage wider stakeholders in addressing drug misuse.</p> <p>Report our progress quarterly to the Community Safety Partnership.</p> <p>Hold a minimum of 4 partnership meetings each year and members will support task to finish groups to implement this strategy.</p>		
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4.5 Engaging our partners

The delivery of this strategic framework requires engagement from a range of stakeholders. We aim to secure support and engagement from those partners that can have the most influence on the strategic objectives and ensure other local stakeholders are aware and supportive of the strategic approach. We will also ensure that the principles of co-design and effective service user and public involvement are embedded within all of the workstreams.

Stakeholder group	Who are they?	What action do we want them to take?	How we will engage with them
<p>Inform and consult</p> <p>Stakeholder with the most critical interest and influence, whose engagement is essential for the strategy implementation</p>	<p>Substance Misuse Partnership</p> <p>Treatment Provider Group</p> <p>NPS Group</p> <p>Drug Related Death Group</p> <p>Criminal Justice Group</p>	<p>Active engagement in the delivery of the strategy. Influencing across their organisations to bring about coordinated action and the seamless delivery of interventions to support prevention, early intervention, treatment and recovery.</p>	<p>Quarterly meetings, involvement in task groups, ongoing briefings and face to face meetings.</p>
<p>Keep Satisfied</p> <p>Other local stakeholders and opinion formers whose knowledge of and active support for the programme is important and may be key to the success of particular areas within the strategy.</p>	<p>Community Safety Board</p> <p>MPs and Council Leaders</p> <p>Districts and Boroughs</p> <p>CCGs</p> <p>PCC & Police</p> <p>Community groups and voluntary sector</p> <p>Healthwatch</p> <p>Housing Providers</p> <p>NHS Acute Trusts</p> <p>GPs and Pharmacies</p>	<p>To be informed and supportive advocates of the strategy and active involvement in areas of delivery relevant to their skills, knowledge and influence.</p>	<p>Via the Substance Misuse Partnership members.</p> <p>Some face to face engagement and involvement in wider task groups for specific elements of strategic delivery.</p>
<p>Keep Informed</p> <p>Other important stakeholders where we</p>	<p>WHSB and Health and Wellbeing Board</p> <p>Councillors</p>	<p>To be informed and supportive advocates of the programme.</p>	<p>Progress reporting.</p>

need to secure interest, empower and involve.	Wider community Local media Wider Local Authority, Provider and NHS staff		
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5. Monitoring and Review

We will monitor the effectiveness of our response using a range of indicators outlined in the table below. The Substance Misuse Partnership will review the strategic progress annually and we will report progress quarterly to the Community Safety Board.

Priority	Measurement
Prevention and Early Identification	Estimated drug users Access to treatment
Treatment and Recovery	Successful completion of drug treatment Access to accommodation Access to employment, education or training Drug related deaths Blood borne viruses Access to lifestyle services
Safer and supportive communities	Domestic Abuse rates Safeguarding incidents Arrest and prosecutions for possession People entering prison with substance misuse issues not previously known to community treatment providers Perceptions of community safety Successful completion of community sentencing interventions for those engaged in criminal justice, for both adults (drug rehabilitation and alcohol treatment requirements) and young people (youth restorative interventions)

7. Consultation

In developing this strategy we consulted widely with key stakeholders, the public and service users to understand local perceptions on what would be effective in reducing the

impact of drugs locally. This process generated a wealth of useful insight and ideas that have been used to shape the strategic priorities and objectives.

The initial three month consultation on the draft priorities generated over 300 responses. A range of consultation approaches were employed including an online survey, interviews and focus groups.

A second consultation phase was undertaken on the draft strategy. A copy of the consultation report is available from Surrey Public Health Team.

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