



**Isle of Man
Government**

Reiltys Ellan Vannin



Substance Misuse Strategy

2018 - 2023

February 2018

The title of this Strategy has been changed from the Drug and Alcohol Strategy to the Substance Misuse Strategy to reflect the broader issues associated with drug and alcohol misuse.



David Ashford
Minister for
Health and Social Care

Foreword

I am delighted to introduce the Substance Misuse Strategy for the Isle of Man. This Strategy is a five year strategic plan for tackling the harms associated with substance misuse. Responsibility for the Substance Misuse Strategy is with the Department of Health and Social Care (DHSC). This strategy highlights the need for a partnership based approach in order to reduce the health, social and economic harms associated with substance misuse.

The Joint Strategic Needs Assessment (JSNA) on Drugs and Alcohol was commissioned by the Department to identify key priorities and steer the development of the strategy. This is the first time we have undertaken a needs assessment to drive the development of policy and strategy, and identify our commissioning priorities.¹

Four priority areas for action were identified:

1. Governance, data and performance
2. Education and prevention
3. Legislation and enforcement
4. Treatment and rehabilitation.

We have taken a collaborative, compassionate and evidence-based approach to developing this strategy. The Strategy does not consider every issue in fine detail, but aims to provide strategic direction, highlighting the challenges ahead and how they will be addressed within the implementation plan. The most important aspect of this Strategy is to have a dynamic and comprehensive implementation plan to support the overarching outcomes which reflect the level of need on the Isle of Man.

Substance misuse contributes to significant health, social and economic costs to our community including illness, injury, crime, violence, anti-social behaviour, and family and relationship breakdown. Our aim is to improve the health and well-being of the population, reduce harms associated with substance misuse and increase chances of sustained recovery.

The Strategy has been launched at a challenging time for Government, when we are working to deliver improved services with less funding. We will work with our multi-agency partners to deliver this strategy, providing appropriate provision across the services meeting the needs of the population and demonstrating value for money.

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1. Introduction

This strategy sets out our approach to tackling a full range of substances that are misused in the Isle of Man and covers:

- Illegal drugs such as heroin, cocaine, ecstasy, amphetamines, LSD, cannabis
- New psychoactive substances
- Alcohol (harmful and hazardous consumption)
- Prescription only medicines such as benzodiazepines, tramadol and pregabalin
- Over the counter medicines such as preparations containing codeine
- Image and performance enhancing drugs such as steroids.

We believe that a joint approach to substance misuse is the right approach for the Isle of Man, and should include:

- Education, prevention, early intervention, and treatment services that are designed to be able to respond to both drug and alcohol misuse
- Combining the approaches to managing substance misuse, ensuring the needs of people who use alcohol in combination with illegal drugs are addressed effectively
- Work collaboratively to reduce drug and alcohol related anti-social behaviour and crime
- Continue the effective management of the night-time economy through appropriate use of licensing legislation and enforcement
- Work with our partners to highlight the risks and situations associated with domestic abuse and sexual violence.

The Joint Strategic Needs Assessment (JSNA) on drugs and alcohol was commissioned to ascertain the extent of the issues in the Isle of Man and identify priority areas to drive the development of the Strategy and meet the population's needs. The main focus of the JSNA was alcohol and non-medical drug use for purposes such as recreation, or due to addiction, which causes problems either to the individual, their family or the wider community¹.

This Strategy sets out a joint vision supported by outcomes and actions that will give a clear approach to tackling drug and alcohol misuse on the Island. We will build on our achievements and address current and future challenges. The Implementation Plan will hold partners accountable for the delivery of this Strategy.

1.1 Alcohol Misuse

We have a complex relationship with alcohol. Some people choose not to drink, and for many people alcohol is an accepted and pleasurable part of life. Alcohol has a place in our community and economy with a range of licensed premises across the Island.

This strategy focuses on a joint approach to drug and alcohol misuse. Nevertheless, there are distinctive issues to be considered in relation to alcohol misuse. Alcohol is implicated in many diseases, including liver disease, some cancers, stroke and depression, as shown in **Figure 1:**

Alcohol Misuse Damages Health

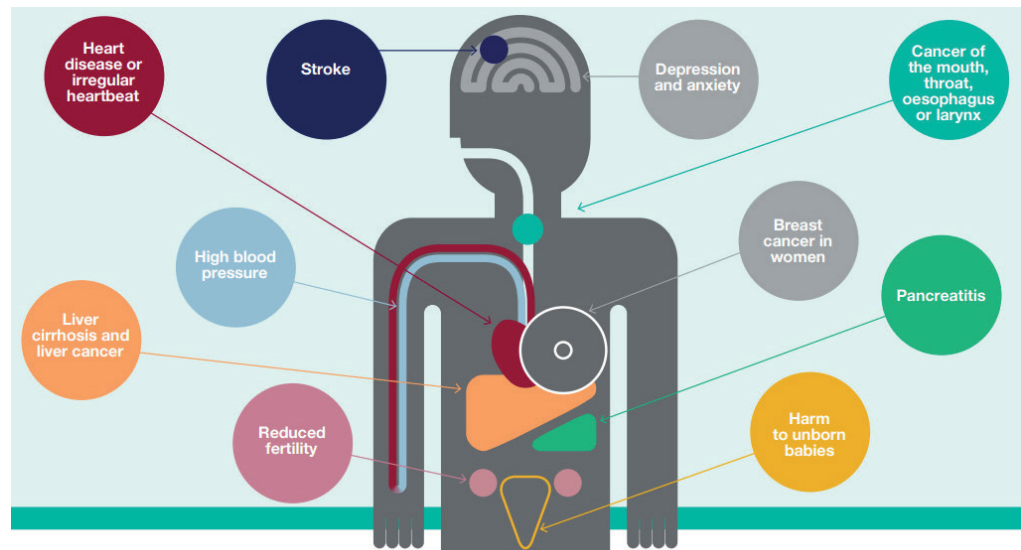


Figure 1: Alcohol Misuse Damages Health – Source Public Health England

1.2 Alcohol - What Needs to be Done?²

1	Continue to improve awareness of alcohol related harm among young people and delay the age of first use
2	For people who drink, make lower risk drinking the norm and an easy choice to make
3	Target those who are most at risk as identified from the data sets currently in development
4	Respond to and reduce the harm experienced by those who have already developed problems.

Source: Public Health England

1.3 Drug Misuse

Similarly to alcohol the misuse of drugs, both legal and illegal can damage health in a variety of ways. For example, fatal overdose, addiction, mental health problems, infections caused by injecting and increased risk of contracting serious blood-borne viruses such as HIV and hepatitis C. Risk factors are all negatively associated with health status and there is a complex and reciprocal association between social factors and illicit drug use. Drug misuse can cause social disadvantage, and socioeconomic disadvantage may lead to drug use and dependence. In addition, risk factors associated with drug misuse often lead to other adverse outcomes such as poor physical or mental health, offending or risky sexual behaviour as shown in **Figure 2:**

Risk Factors for Drug Misuse

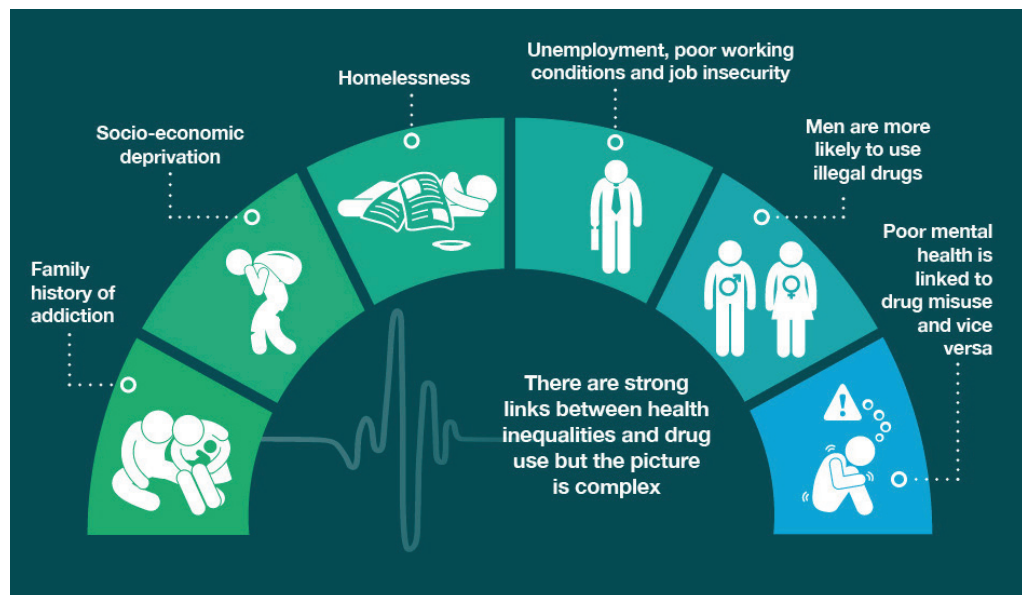


Figure 2: Public Health England Health Matters

1.4 What is a Drug?

- A drug is any substance (with the exception of food and water required for nutritional support) which, when taken into the body, alters the body's function either physically and/or psychologically. Drugs may be legal (e.g. alcohol, caffeine and tobacco) or illegal (e.g. cannabis, ecstasy, cocaine and heroin)

- Psychoactive drugs affect the central nervous system and alter a person's mood, thinking and behaviour. Psychoactive substances may be divided into four categories: depressants, stimulants, hallucinogens and synthetic cannabinoids³.

1.5 Drugs - What Needs to be Done?

1	Prevention measures to build resilience among young people and to promote drug-free environments
2	Develop effective responses to the harm of new substances (e.g. psychoactive substances)
3	Help people who are addicted to medicines (e.g. benzodiazepines and opioids)
4	Respond to the growing number of older opiate drug users, many of whom have serious addiction and health problems
5	A package of support (treatment, housing, employment, peer support and positive social networks) to help people recover and rebuild families and communities.

Source: Public Health England

2. National Strategy Context

The Programme for Government sets out an ambitious but achievable vision of a nation that is inclusive, tolerant and sustainable. The Substance Misuse Strategy and subsequent implementation plan supports the achievement of this vision by working collaboratively to tackle inequalities and improve the health and well-being of the population.

Isle of Man Government Strategic Plan - Programme for Government 2016-2022⁴

This document states the Government's strategic objectives for the next five years and identifies initial priorities. There are three overarching aims and twenty outcomes grouped into five main themes as shown below. The Substance Misuse Strategy is a delivery programme within the 'Inclusive and Caring Island' and 'Healthy and Safe Island' themes.

Strategic Objectives:

An Inclusive and Caring Society

An Island of Enterprise and Opportunity

Financially Responsible Government

Main Themes:

Enterprise and Opportunity Island

Responsible Island

Sustainable Island

Inclusive and Caring Island

Healthy and Safe Island

3. Strategy Overview

Strategy Name	Substance Misuse Strategy 2018 – 2023
Strategy Authors	DHSC Public Health Directorate
Accountability	Through the multi- agency Substance Misuse Steering Group to Social Policy and Children’s Committee a sub-committee of the Council of Ministers
Department Sponsor	Department of Health and Social Care
Related Strategies and Plans	• Health and social care in the Isle of Man - the next five years 2015 (DHSC) ⁵
	• Programme for Government Service Delivery Plan 2017/18 (DHSC) ⁶
	• Strategic Plan for Mental Health and Well-being – Isle of Man 2015-2020 (DHSC) ⁷
	• Department of Home Affairs Business Plan 2016 – 2019 (DHA) ⁸
	• Isle of Man Constabulary Strategic Plan 2016-2019 (DHA) ⁹
	• Strategy for Children and Young People 2015-2020, Isle of Man Government ¹⁰
	• Department of Education and Children Service Delivery Plan 2016- 2021 (DEC) ¹¹ .
Review Periods	• Annual monitoring of key performance indicators
	• Annual formal review of objectives and implementation plan
	• Five year review of key priorities and strategic commitments.
Relevant other Documents	• Isle of Man Joint Strategic Needs Assessment on Drugs and Alcohol (April 2017) ¹
	• Chief Constable’s Annual Report 2016-2017 ¹²
	• Director of Public Health Annual Report 2017 ¹³
	• Psychoactive Substance ACT 2016 (application) Order 2016 ¹⁴
	• Isle of Man, Safeguarding Children Board Monitoring Document – Business Plan 2015 – 2017 ¹⁵ .

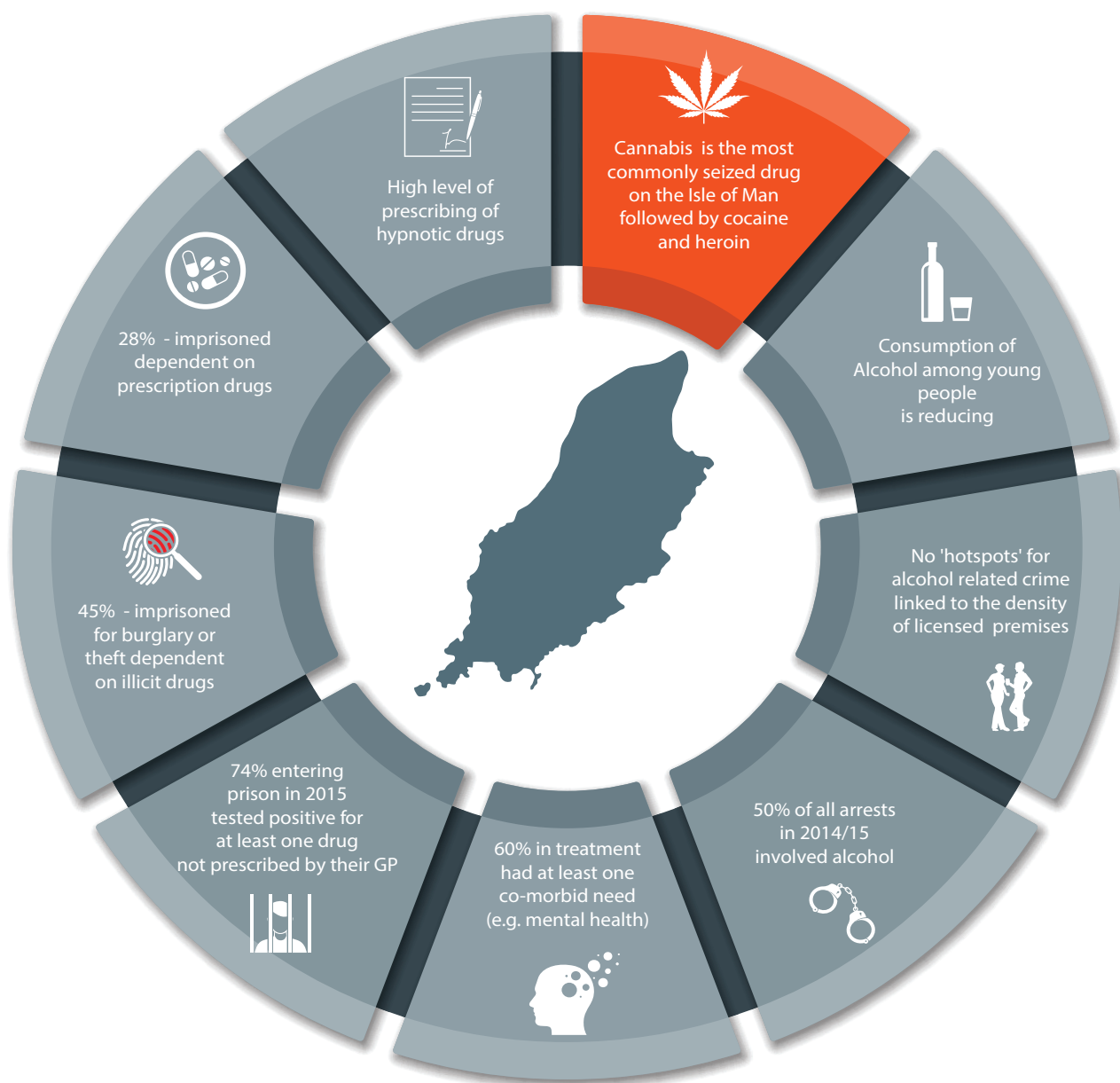
4. Substance Misuse Strategy: Plan on a Page

Programme for Government	An Inclusive and Caring Society	An Island of Enterprise and Opportunity	Financially Responsible Government	Inclusive and Caring Island	Healthy and Safe Island
Strategy Purpose	The purpose of this strategy is to provide strategic direction, identify work streams to address priorities identified in the JSNA report and provide information to develop a timed and costed implementation plan.				
Strategic Priority Areas	Governance, Data and Performance	Education and Prevention	Legislation and Enforcement	Treatment and Rehabilitation	
Vision	<ul style="list-style-type: none"> To create an environment that is more equitable, builds resilience in our young people and supports the population to make healthy lifestyle choices to reduce the negative impacts of substance misuse. 				
Strategic Outcomes	<ul style="list-style-type: none"> Data are available to accurately inform decisions and implement evidence-based initiatives 				
	<ul style="list-style-type: none"> Our community has better knowledge and skills to prevent drug and alcohol problems and reduce associated harms 				
	<ul style="list-style-type: none"> Improve the health and well-being of our community 				
	<ul style="list-style-type: none"> Reduce access to illegal substances 				
	<ul style="list-style-type: none"> Reduction in alcohol and drug related crime 				
	<ul style="list-style-type: none"> Treatment and rehabilitation services meet the needs of the population 				
	<ul style="list-style-type: none"> Improved housing outcomes for people in recovery 				
	<ul style="list-style-type: none"> Improve employment and training outcomes for people in recovery. 				
Strategic Objectives	<ul style="list-style-type: none"> Ensure the availability of accurate and robust data 				
	<ul style="list-style-type: none"> Share appropriate data and information across agencies both on and off the Island 				
	<ul style="list-style-type: none"> Promote resilience, educate and raise awareness of the harms caused by drug and alcohol misuse. 				
	<ul style="list-style-type: none"> Work with vulnerable children, young people and adults who are affected by substance misuse 				
	<ul style="list-style-type: none"> Ensure availability and access to early intervention programmes 				
	<ul style="list-style-type: none"> Review legislation in relation to drug and alcohol misuse 				
	<ul style="list-style-type: none"> Ensure agencies respond to emerging issues such as club drugs and psychoactive substances 				
	<ul style="list-style-type: none"> Work collaboratively to disrupt the supply of illegal drugs 				
	<ul style="list-style-type: none"> Review the existing treatment and rehabilitation system by using an evidence-based approach 				
	<ul style="list-style-type: none"> Audit and review treatment and rehabilitation pathways and services 				
	<ul style="list-style-type: none"> Ensure all relevant agencies work together to enhance the chances of a meaningful and sustained recovery. 				

5. Key Findings - JSNA Chapter on Drugs and Alcohol¹

The JSNA identifies areas for policy development to reduce the harm caused by the misuse of drugs and alcohol and facilitate lasting positive gains for individuals, families and the community. This section documents some of the key findings.

5.1 What do we know?



Source: JSNA Chapter for Drugs and Alcohol (2017)

5.2 Drug Related Deaths 2013 – 2015

The average drug-related mortality rate in the Isle of Man is statistically significantly higher than the rate for England but statistically similar to North West England over the same period.

**Mortality rate averaged
over the years 2013-2015
8.5 / 100,000**



Deaths from drug misuse

There were **20 deaths from drug misuse** on the island between 2013 and 2015, significantly higher than the England average. Over half of these involved opioids and almost one third also mentioned alcohol.

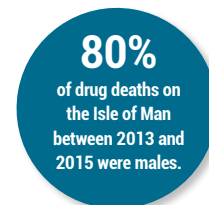


Figure 3: Figure 2: Lifestyle Risk Factors - Drugs and Alcohol (p17 and p19) ¹³

5.3. Substance Misuse and the Homeless¹

Homelessness can be both a cause and consequence of drug and alcohol misuse. The longer someone experiences homelessness or rough sleeping the greater the effect on their health and well-being. According to a survey of the health needs of the homeless population on the DHSC Community Nursing caseload, 25% reported a current or previous drug and/or alcohol problem.

5.4. Misuse of and Dependence on Medicines¹

There is a higher level of hypnotic prescribing on the Island compared to England. Medicines such as benzodiazepines and opioids can lead to dependence in patients if used for an extended period. The more that controlled drugs are prescribed, the more potential exists for diversion of these prescription-only medicines. Data available tend to indicate changing patterns in drug use and an increase in the use of prescription only medicines. The use of prescribed hypnotics needs to be monitored closely to prevent illicit use.

5.5. Image and Performance Enhancing Drugs¹

The JSNA identified that there was anecdotal evidence from the needle exchange service that indicated people on the Island are injecting steroids. We will work with key agencies to better understand image and performance enhancing drugs use and raise awareness of the harm associated with their use such as blood borne infections and cardiovascular problems.

5.6. Education - Drug and Alcohol Misuse¹

Evidence of the effectiveness and cost-effectiveness of interventions to reduce drug and/or alcohol-related harm shows that information and education programmes alone do not reduce harm. Programmes that are least effective in preventing substance misuse are those that focus solely on scare tactics, knowledge only approaches, mass media campaigns, the use of ex-users and substance misuse educators in schools, where their input is not part of wider evidence based prevention programme. Effective interventions are those that combine social competence, and social influences. The elements of effective education programmes were identified as:

- Interactive programmes with high levels of participation, for example, discussion between peers, student to student interaction and active learning
- Age appropriateness, with the optimal time being at the transition from primary to secondary education
- Building resilience and confidence in our young people.

6. Unmet Needs and Service Gaps¹

The JSNA report clearly identifies two major issues:

- The chronic lack of robust data
- The absence of formal pathways, service specification, performance and outcome monitoring.

The report also identified a number of gaps in service provision as detailed in the following paragraphs.

6.1. Lack of Formally Quantifiable Data¹

The chronic lack of formally quantifiable data sources is a major evidence/intelligence gap. For example, this gap in data makes it difficult to:

- Forecast future service needs
- Evaluate the outcomes of interventions
- Profile adults in the community to identify those who are most at risk of drug and alcohol misuse
- Identify which drugs are being used by people in the wider community who are not in touch with services.

6.2. Service Specifications, Pathways, Performance and Outcome Monitoring¹

The JSNA report highlighted a lack of service specifications, formal pathways and performance and outcome monitoring. For example, there is no service specification and pathway for blood-borne viruses for people who use drugs. These issues will be addressed; ensuring the quality and delivery of targeted interventions across all agencies that will meet quality standards and are in line with current best practice.

6.3. The Provision of 'Information and Brief Advice' for Alcohol Misuse¹

There is no systematic provision of evidence-based information and brief advice interventions to reduce increasing risk and higher risk drinking. This is a clear gap in current provision.

6.4. Shared Care with GPs¹

Currently there are no formal shared arrangements with GPs for drug and alcohol clients who are stable and suitable for management in a Primary Care setting.

7. Isle of Man, Director of Public Health Annual Report 2017¹³

The annual report provides an independent overview of the health and well-being of the population of the Isle of Man. A section of the report focuses on lifestyle risk factors, the findings from the drugs and alcohol section is shown below:

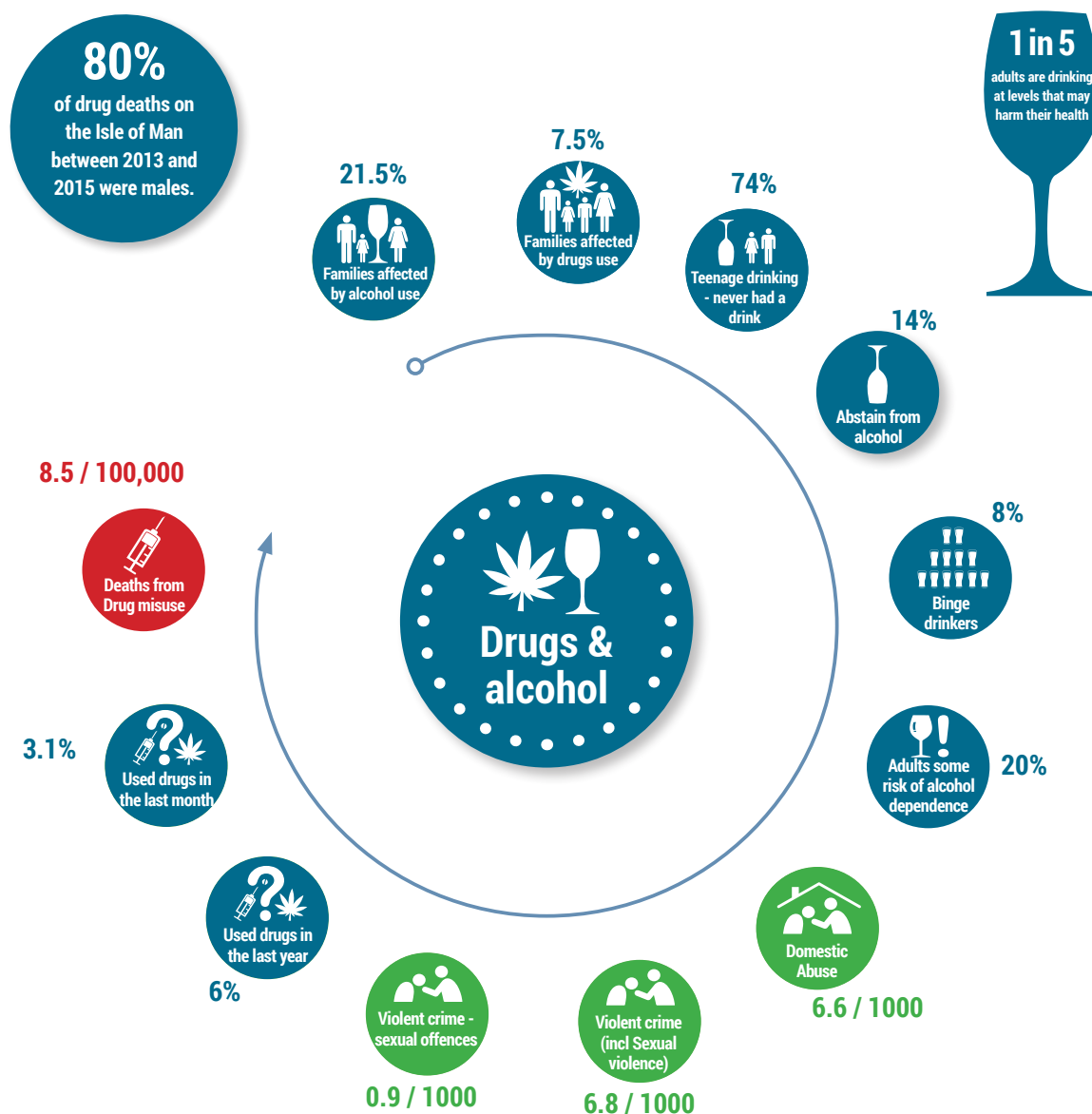


Figure 2: Lifestyle Risk Factors - Drugs and Alcohol (p17)¹³

Alcohol and drug misuse affects not only the individual but also those around them. Nearly a third of people on the Island said that their family had been affected by someone's use of alcohol or drugs.

8. Cannabis – The Debate?

There is political and public interest in the medicinal use of cannabis. There is also international debate about the case for alternative approaches and measures with regard to conviction and punishment in cases of drugs for personal use. Therefore, we will:

- Review the evidence for the clinical effectiveness of medicinal cannabis
- Undertake an evidence-based review on decriminalising small amounts of cannabis for personal use, based on experience elsewhere.

Both reviews will include evidence of the health benefits and health harms and the findings will become part of the wider debate to inform future policy and strategy.



9. Minimum unit pricing (MUP) for Alcohol¹⁶

The debate about a minimum price for alcohol has been prompted by concerns about high levels of drinking, its effect on public health and public order, and a widespread belief that most of the alcohol which contributes to drunken behaviour is irresponsibly priced and sold.

A December 2016 report by Public Health England looked at MUP and said that “empirical evidence and modelling studies have shown that setting a minimum price for alcohol can reduce alcohol-related harm while saving health-care costs”.

On the 15 November 2017, the UK Supreme Court¹⁷ dismissed the appeal made by the Scottish Whisky Association and has ruled that minimum unit pricing of alcohol is legal. Scotland and Wales have committed to introducing MUP. The Substance Misuse Steering Group have monitored the issues around the legal challenge and propose the introduction of MUP in the Isle of Man.

Minimum pricing directly links price to alcohol content by setting a floor price below which a single unit of alcohol cannot be sold. The main impact will be on supermarkets and off-licenses; particularly, where alcohol is sold in bulk packages or promotional deals.



10. Priority Areas for Action

The priority areas for action have been identified from key issues highlighted in the JSNA document. The priority areas for action are separated into four themes:

Priority 1: Governance, Data and Performance

It is critical to the effectiveness of this strategy and subsequent implementation plan to address the chronic lack of data highlighted as a major gap in the JSNA.

Strategic Outcomes:

Data are available to accurately inform decisions and implement evidence-based initiatives.

Strategic Objectives:

- Ensure the availability of accurate and robust data
- Share appropriate data and information across agencies both on and off the Island.

Governance, data and performance
Our priorities for action we will:
a) Develop a core data set for needs assessment, audit, monitoring and evaluation
b) Improve data sharing and engagement with multi-agency partners
c) Ensure information-exchange arrangements are in place, using appropriate protocols across all agencies to support the continuity of care
d) Incorporate the views of a broad range of stakeholders in the development of future substance misuse work streams
e) Develop and implement formal commissioning and performance management arrangements across all elements of the service
f) Review investment to ensure this is sufficient for the required range of prevention, harm reduction and treatment services
g) Ensure all service specifications have audit and performance management arrangements in place to safeguard the quality and safety of services and provision across all agencies.

Priority 2: Education and Prevention

Strategic Outcomes:

- Our community has better knowledge and skills to prevent drug and alcohol problems and reduce associated harms
- Improve the health and well-being of the community.

Strategic Objectives:

- Promote resilience, educate and raise awareness of the harms caused by drug and alcohol misuse
- Work with vulnerable children, young people and adults affected by substance misuse
- Ensure availability and access to early intervention programmes.

Education and Prevention
Our priorities for action we will:
a) Commission 'information and brief advice' intervention for alcohol misuse across appropriate services in DHSC Primary Care, General Practice, Emergency Department, Social Care and DHA Criminal Justice System
b) Strengthen links to adult and children's safeguarding boards to safeguard and promote the health and well-being of adults and children
c) Motivate prisoners to engage with education and prevention programmes to reduce harms associated with drug and alcohol misuse and improve well-being
d) Work with key agencies to better understand image and performance enhancing drug use and raise awareness of the harms associated with their use
e) Work collaboratively to improve interaction with formal pathways into and between services such as housing and the domestic abuse pathway
f) Ensure a joined-up response to the overlapping issues of substance misuse, domestic violence and sexual abuse
g) Build resilience and confidence among our young people to prevent the range of risks they may face (e.g. drug and alcohol misuse, crime, exploitation, unhealthy relationships)
h) Undertake an in-depth assessment of the needs of young people who are more likely to be vulnerable to substance misuse through joint working with DHSC Children's and Families Division
i) Review the content and delivery of Personal, Social, Health and Economic (PSHE) education in relation to drugs and alcohol misuse and audit against recent evidence review.

Priority 3: Legislation and Enforcement

Strategic Outcomes:

- Reduce access to illegal substances
- Reduction in alcohol and drug related crime.

Strategic Objectives:

- Review the legislation in relation to drug and alcohol misuse
- Ensure agencies respond to emerging issues such as club drugs and psychoactive substances
- Work collaboratively to disrupt the supply of illegal drugs
- Review legislation in relation to drug and alcohol misuse.

Legislation and enforcement
Our priorities for action we will:
a) Open a debate on the current legislation in relation to cannabis possession, using evidence from other jurisdictions
b) Undertake a review of the evidence for the clinical effectiveness of cannabis for medicinal use, drawing on the experience of other jurisdictions
c) Improve communication between partner agencies, for example, combining the disruption of illegal supply of drugs with support and treatment to addicts who experience reduced availability
d) Monitor and evaluate the current Psychoactive Substances Act 2016 (Application) Order 2016 under the Custom and Excise Act
e) Introduce a standalone Psychoactive Substances Act
f) Support the implementation of the Travel Information Scheme established under the Border Security Policy (A Programme for Government Initiative) in order to reduce the import of illegal drugs
g) Develop a new Licensing Bill to overhaul and replace existing licensing legislation. The new Licensing Bill will include powers to introduce minimum unit pricing for alcohol.

Priority 4: Treatment and Rehabilitation

Strategic Outcomes:

- Treatment and rehabilitation services meet the needs of the population
- Improved housing outcomes for people in recovery
- Improve employment and training outcomes for people in recovery.

Strategic Objectives:

- Review the existing treatment and rehabilitation system by using an evidence-based approach
- Audit and review treatment and rehabilitation pathways and services
- Ensure all relevant agencies work together to enhance the chances of a sustained recovery.

Treatment and Rehabilitation
Our priorities for action we will:
a) Strengthen collaborative working between treatment providers including GP liaison
b) Audit and review the community pharmacy needle exchange programme
c) Audit and review prescribing practices for prescription drugs
d) Introduce shared care arrangements with General Practice and Pharmacies
e) Ensure formal pathways, service specification, performance and outcome management are in place across all services
f) Review drug and alcohol treatment services and pathways in the Prison, and on release ensure treatment and support is continued in the community
g) Improve interaction with formal pathways into, out of and between services, to strengthen and support aftercare
h) Produce and implement a formal service specification, pathway and commissioning policies for testing and treating blood-borne viruses for people who use drugs in all areas of health service delivery

i) Ensure that equitable access to care is supported by the existing evidence base and a clear commissioning policy
j) Ensure key housing issues are identified to support recovery from substance misuse
k) Ensure a multi-agency approach to increase access to employment and training opportunities
l) Ensure all relevant health, social care, criminal justice, housing, education, training and employment, and the voluntary sector work together to support drug and alcohol users to enhance their chances of achieving a meaningful and sustained recovery.

11. Collaborative Working

The key to successfully delivering this strategy is an effective collaborative approach at strategic and operational levels. For example, where high-level buy-in ensures resources are allocated and capacity to undertake the work is identified and written into appropriate job descriptions.

Working together to adopt an integrated approach will ensure that we provide high quality provision based on the evidence of need and the delivery of effective evidence-based interventions.

12. Governance

Governance mechanisms are in place to ensure robust reporting structures that provide accountability, performance management, and monitoring and evaluation systems. For example: The implementation of the Substance Misuse Strategy will be scrutinised and monitored by the strategic Substance Misuse Steering Group, who will report to the Social Policy and Children’s Committee.

13. Outcomes Framework

Measuring outcomes is the only way we can be sure that the strategic aims and objectives are being achieved and that changes to improve provision across services are being achieved. The outcomes set out in this document inform short, medium and long-term projects and help identify what improvements are required to respond to substance misuse across all agencies to support harm minimisation and improve health and well-being.

14. Strategic Key Performance Indicators¹⁷

The Public Health Outcomes Framework (PHOF) sets out a vision for public health, desired outcomes and the indicators that will help us understand how well the population's health is being improved and protected. In relation to drug and alcohol misuse in the Isle of Man the following PHOF indicators will be used to measure and monitor performance:

- Deaths from drug misuse
- Admission episodes for alcohol related conditions
- Successful completion of drug treatment – opiate users
- Successful completion of drug treatment – non-opiate users
- Successful completion of alcohol treatment
- Adults with substance misuse treatment need who successfully engage in treatment following release from prison.

15. Implementation Plan

A robust, time-limited, costed and accountable Implementation Plan is critical to achieving the strategic objectives and priority areas identified in this Strategy. A multi-agency strategy implementation group will be formed to produce the Plan. This group will be accountable to the Substance Misuse Steering Group who will oversee the development, implementation, monitoring and evaluation of the Plan.

16. Performance Management Framework

A performance management framework will be developed to ensure that achieving the strategic outcomes can be demonstrated. The Framework will detail specific high-level indicators of progress.

The comprehensive performance management framework will encompass:

- Data collection
- Outcome focused performance indicators to measure the overall success of the strategy
- Measuring high-level indicators (PHOF)
- Audit and evaluation programme to evaluate the effectiveness of interventions.

Performance management of the Strategy will be led by the multi-agency Substance Misuse Steering Group.

The overall impact of the strategy will be seen in a range of ways, including qualitative as well as quantitative evaluation of the interventions in different settings across all agencies. Some key measures will give an indication of the overall impact of the strategy and robust data from all agencies will be measured against quality standards, strategic outcomes and key performance indicators.

17. Time Frames and Review Periods

The Substance Misuse Strategy runs for five years and will be reviewed on an annual basis.

The Implementation Plan will be made up of a series of short, medium and long-term objectives that will be reviewed annually making sure they remain valid and continue to drive the implementation of the strategy.

18. Conclusion

This Strategy has set-out our expectations for the next five years, which can only be achieved through a collaborative partnership-based approach. For example, working together to identify an agreed process for the collection and sharing of data to support our intelligence teams across Government. The JSNA highlighted two major issues that will be addressed as a priority:

- The chronic lack of robust data
- The absence of formal pathways, service specification, performance and outcome monitoring.

Work has already begun to address the lack of quantifiable data sources. Robust data will enable us to make meaningful reports, and monitor trends within the population. Strengthening data collection will support development of future policies and assist with monitoring capacity to address resource issues through workforce planning and development as we strive to deliver services more efficiently.

We will prioritise issues in relation to the lack of service specifications, pathways and performance and outcome monitoring, ensuring that strong commissioning processes are in place, and effective pathways are evidence-based and available to adults and young people who are adversely affected by substance misuse.

Working in collaboration with our partners, we will take a balanced approach to tackling substance misuse with the ultimate ambition to improve the health and well-being of the population.

Appendices

Substance Misuse Steering Group

Department of Health & Social Care (DHSC)

Chief Executive Officer
Director of Public Health
Public Health Strategist
GP Representative

Department of Home Affairs (DHA)

Political Member
Chief Executive Officer
Chief Constable
Prison Governor
Director of Legislation and Policy

Department of Education, Sports and Culture (DESC)

Chief Executive Officer

Drug and Alcohol Stakeholder Group

Department of Health & Social Care (DHSC)

Public Health Directorate
Adult Social Care
Corporate Services Division
Dental Service
Mental Health Directorate
Primary Care Directorate
Emergency Department, Noble's Hospital
Children and Families Division

Department of Home Affairs (DHA)

Youth Justice Team
Legislation and Policy
Prison
IOM Constabulary

Department of Education, Sports and Culture (DESC)

Corporate Services Division
Education Improvement Services
Department of Infrastructure
Housing Division
Treasury
Custom and Excise

Third Sector

Motiv8
Victim Support
Licensed Victuallers
Lay Member

Acronyms

DEC	Department of Education and Children
DESC	Department of Education, Sports and Culture
DHA	Department of Home Affairs
DHSC	Department of Health and Social Care
JSNA	Joint Strategic Needs Assessment
PHOD	Public Health Outcomes Dataset - IOM
PSHE	Personal, Social, Health and Economic
PHOF	Public Health Outcomes Framework - UK
SPCC	Social Policy and Children's Committee

Glossary of Terms

Alcohol Misuse: Alcohol misuse²³ means drinking excessively – more than the lower-risk limits of alcohol consumption. The lower risk limits for alcohol consumption are not regularly drinking more than 14 units of alcohol a week.

Benzodiazepine refers to commonly prescribed minor tranquilisers, known as anxiolytics (for daytime anxiety relief) and hypnotics (to promote sleep). Includes diazepam (Valium), lorazepam, librium, nitrazepam, and temazepam.

Brief Advice: Brief advice²⁰ describes a short intervention (usually around three minutes) delivered opportunistically in relation to a service user's reason for seeking help. It can be used to raise awareness of, and assess a person's willingness to engage in further discussion about healthy lifestyle issues. Brief advice is less in-depth and more informal than a brief intervention, and usually involves giving information about the importance of behaviour change and simple advice to support behaviour change.

'Downer'/tranquiliser-type drugs: These drugs mimic tranquiliser or anti-anxiety drugs, in particular from the benzodiazepine family and include Etizolam, Pyrazolam and Flubromazepam.

Drug Misuse: Drug misuse²² is defined as the use of a substance for a purpose not consistent with legal or medical guidelines. It has a negative impact on health or functioning and may take the form of drug dependence, or be part of a wider spectrum of problematic or harmful behaviour.

Hallucinogenic drugs: These drugs mimic substances like LSD and include 25i-NBOMe, Bromo-Dragonfly and the more ketamine-like methoxetamin.

Joint Strategic Needs Assessment (JSNA): A JSNA is defined as a 'systematic method for reviewing the health and well-being needs of a population, leading to agreed commissioning priorities that will improve health and well-being outcomes and reduce inequalities in health'.

New Psychoactive Substances: New psychoactive substances²¹ are drugs which were designed to replicate the effects of illegal substances like cannabis, cocaine and ecstasy whilst remaining legal – hence their previous name 'legal highs'. They fall into four main categories: Synthetic cannabinoids, Stimulant-type drugs, 'Downer'/tranquiliser-type drugs and Hallucinogenic drugs.

Opiate is a drug containing opium or its derivatives, used in medicine for inducing sleep and relieving pain. Includes heroin (diamorphine), morphine, methadone, opium, codeine, pethidine and dihydrocodeine.

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine and morphine.

These drugs are chemically related and interact with opioid receptors on nerve cells in the body and brain. Opioid pain relievers are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused (taken in a different way or in a larger quantity than prescribed, or taken without a doctor's prescription).

Public Health Outcomes Framework (PHOF)¹⁸: The Department of Health (England) published the Public Health Outcomes Framework (PHOF)¹ - a set of indicators helping us to understand how well public health is being improved and protected.

The framework concentrates on two high-level outcomes to be achieved across the public health system:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities.

The PHOF contains four sets of supporting public health indicators, grouped into 'domains' that allow for year-on-year comparison and analysis of national and local trends with regards to public health. The four domains are: Improving the wider determinants of health; Health improvement; Health protection and Healthcare public health and preventing premature mortality.

The DHSC Public Health Directorate, Health Intelligence Team has developed a set of indicators pertaining to drug and alcohol misuse, and they will be benchmarked against the North West of England and the England average PHOF indicators. The main source for the data presented here is the Isle of Man Public Health Outcomes Dataset (IoM PHOD)¹³.

Public Health Profiles: Public Health England, Public Health Profiles - Indicator Definitions and Supporting Information¹⁹ clearly defines the rationale and methodology used to indicate deaths from drug misuse.

Social Policy and Children's Committee (SPCC): The Social Policy and Children's Committee is a sub-committee of the Council of Ministers.

Stimulant-type drugs: These drugs mimic substances such as amphetamine, cocaine and ecstasy and include BZP, mephedrone, MPDV, NRG-1, Benzo Fury, MDAI, ethylphenidate.

Synthetic cannabinoids: These drugs mimic cannabis and are traded under such names as Clockwork Orange, Black Mamba, Spice and Exodus Damnation. They bear no relation to the cannabis plant except that the chemicals which are blended into the base plant matter act on the brain in a similar way to cannabis.

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