

**TITLE OF REPORT:**           **Substance Misuse Strategy 2017-2022**

**REPORT OF:**               **Paul Dowling, Strategic Director Communities and Environment**  
                                     **Alice Wiseman, Director of Public Health**

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### **Purpose of the Report**

1. The purpose of this report is to seek endorsement of the Substance Misuse Strategy and action plans 2017-2022.

### **Background**

2. The Substance Misuse Strategy (attached at appendix 2) has been finalised following a thorough consultation process and extensive partnership engagement. The strategy has joined the two issues of drug misuse and alcohol misuse due to the many similarities in the actions required to address this agenda.
3. Although an integrated strategy has been developed, it is acknowledged that some distinctively different approaches are also required to address drug and alcohol harm. Alcohol requires a population approach to address availability, acceptability and safer use. Substance misuse relates to a more specific client group and has a greater crime and disorder focus. This strategy has two chapters; Alcohol and Drugs, to outline the specific work relating to each area.

### **Proposal**

4. Cabinet is asked to endorse the Substance Misuse Strategy as set out in Appendix 2.

### **Recommendations**

5. Cabinet is asked to recommend the Council to endorse the Substance Misuse Strategy 2017-2022 for the following reasons:

To reduce the harms caused by substance misuse and make Gateshead a safer and healthier place, where less alcohol and fewer substances are consumed, and where:

- professionals are confident and well-equipped to challenge behaviour and support change

- recovery is visible bringing about enduring change to local communities
- substances are no longer a driver of crime and disorder
- the health inequalities between socio-economic groups are reduced
- we all work in partnership to identify gaps and work to resolve these
- an integrated and comprehensive approach to tackling harm is employed
- possibilities of pooled budgets and joint commissioning are explored.

## **APPENDIX 1**

### **Policy Context**

1. The proposals support Vision 2030 and the Council's Corporate Plan particularly Live Well Gateshead – A healthy, inclusive and nurturing place for all.

### **Background**

2. The Crime and Disorder Act 1998 places a statutory duty on Community Safety Partnerships to address substance misuse issues. The Substance Misuse Strategy has been produced following a thorough consultation and engagement process with key partners and stakeholders.
3. The joint approach is highlighted by the following shared objectives:

### **REDUCE DEMAND / PREVENTION ACROSS THE LIFE COURSE**

Aim: To ensure that a coordinated 'whole family' approach is taken for initiatives working with children, young people, working age, older people, individuals, families and communities, protecting those most affected by substance misuse.

Aim: To create an environment where people who have never taken drugs continue to resist any pressures to do so and fewer people are using drugs at levels or patterns that are damaging to themselves or others.

### **REDUCE SUPPLY / PROTECTION AND RESPONSIBILITY**

Aim: To ensure all sections of the trade promote responsible retailing to support a reduction in substance misuse-related harm. To mitigate the role of substance misuse in fuelling crime, anti-social behaviour, violence and domestic abuse.

Aim: To ensure a joined up approach to disrupt the drugs trade by targeting activity along the entire supply chain, from organised crime groups that import drugs from source to the dealers that sell drugs in our communities.

### **BUILD RECOVERY / HEALTH AND WELLBEING SERVICES**

Aim: To ensure an evidence based 'health and wellbeing' focused prevention, treatment and recovery approach is employed to address the needs of service users and their families experiencing alcohol related issues.

Aim: To support people who wish to tackle their dependency on drugs and/or alcohol and achieve lives free from substance dependence.

4. The need for high level, strategic action was also identified which has been incorporated within the final strategy document. Multi-agency action plans sit underneath the Substance Misuse Strategy and provide a detailed breakdown of how partners will take forward key actions to deliver the objectives of the strategy.
5. The Substance Misuse Strategy Group will prepare quarterly reports to track progress against the outcomes and indicators set out in this strategy, with remedial action being taken by partners in areas where there is under-performance or blockages. The Substance Misuse Strategy Group is directly accountable to the Community Safety Board.

### **Consultation**

6. Members of the following groups have been consulted:
  - Community Safety Board
  - Health and Wellbeing Board
  - Substance Misuse Strategy Group
  - Cabinet Members for Adult Social Care/Health and Wellbeing and Communities and Volunteering.
7. Key changes/additions made since the first draft strategy was presented to the above groups include:
  - The new Chief Medical Officers guidelines low-risk drinking guidelines and the need to raise public awareness of these revised levels.
  - Increased recognition of the Carers' role and needs in supporting those who misuse substances
  - Further detail of the contribution of the Making Every Contact Count programme
  - A commitment to explore the possibility of pooled budgets and joint commissioning of services.
  - The actions arising from the joint Health and Wellbeing and Community Safety Board meeting.
8. The Substance Misuse Strategy has been developed following the review of the most recent evidence base and data available from a range of sources and partner organisations including:
  - Public Health England
  - National Institute of Health and Care Excellence
  - National Drug Treatment Monitoring System (NDTMS)
  - Community Safety Strategic Assessment

## **Alternative Options**

9. There are no alternative options available to the Council.

## **Implications of Recommended Options**

### **10. Resources**

- a) **Financial Implications** – The Strategic Director, Corporate Resources confirms that there are no financial implications arising directly from this report.
  - b) **Human Resources Implications** – There are no human resource implications arising directly from this report.
  - c) **Property Implications** – There are no property implications.
11. **Risk Management Implications** – There are no risk management implications arising directly from this report.
  12. **Equality and Diversity Implications** – The Equality Impact Assessment found that the Strategy should not have a disproportionate negative impact on any of the protected characteristics. The purpose of the strategy is to improve health and wellbeing, reduce health inequalities and reduce the levels of crime and disorder in Gateshead. The actions identified, therefore are to have no impact or a positive impact on these groups.
  13. **Crime and Disorder Implications** – The Strategy will seek to address some of the crime and disorder issues linked to substance misuse
  14. **Health Implications** – The purpose of the strategy is to improve the health and wellbeing and reduce health inequalities. The strategy and resulting action plans aim is to have a positive impact on health; measuring impact is a key aim of this work.
  15. **Sustainability Implications** – There are no sustainability implications arising directly from this report.
  16. **Human Rights Implications** – There are no human rights implications arising directly from this report.
  17. **Area and Ward Implications** – This strategy will be implemented equally across all wards here are, therefore, no area and ward implications human resource implications arising directly from this report.

## **Background Information**

18. The following reports and documents were used as background information in the preparation of this report:
  - Local Alcohol Profiles for England (PHE)

- NICE Guidelines
- NDTMS reports
- Hospital admissions qualitative and quantitative data
- Government reports on Drug Related Deaths
- EIA
- Community Safety Strategic Assessment
- National Drug Strategy