Bury Drug & Alcohol Strategy

2015 – 2018

Stronger, Safer Bury

Contents

Executive Summary

The misuse of drugs and alcohol impacts on individuals, families and communities in a range of ways, and can lead to increased health inequalities, worklessness, poor outcomes for children and families and increased crime and disorder, and therefore, no one organisation can address this issue.

Substance misuse is cross cutting with so many thematic areas, for example, it can be a health, economic or crime issue. With this in mind, Team Bury will be the vehicle for driving forward the key objectives in this strategy.

Partners, key stakeholders (including service users and carers) and the general public were consulted during the development of this strategy. Consultation has included two wider partnership events, focus sessions and online questionnaires. A partnership strategy task & finish was established in order to progress the development of the strategy.

Both national drug and alcohol strategies emphasise the importance of prevention and recovery. Locally, our approach is to tackle the problem holistically, i.e. it is clear that we can improve outcomes by investing in prevention, self-help and mutual support within our communities and where people need more intense support, adopting a community based recovery approach, will ensure best results for Bury residents who have drug and or alcohol addiction/dependency problems.

Partners are committed to ensuring that prevention and recovery underpin all drug and alcohol interventions, and as a result, helping to generate savings by reducing demand on a range of public services by directly improving the health and wellbeing of the people involved and affected.

The Local Authority have been brave and innovative by embracing different ways of working with providers, customers and carers including cultural changes in the way public services are delivered. This also includes the development of more integrated person-centred services, and increasing partnerships with private, voluntary and community sectors. If we can support and empower individuals and mobilise communities to tackle these issues, we can prevent much of the harm caused and help to build more resilient communities to face the future.

Foreword

Welcome to Bury Drug and Alcohol Strategy 2015-2018 which has been developed by a wide range of stakeholders, adopting a partnership approach to tackling drug and alcohol misuse in Bury.

This strategy comes at a challenging time for public services and this places increasing emphasis on the need to maximise the impact of our resources and strengthen partnership working. Therefore, it is vital to ensure that the public resources are used efficiently and effectively and in a cross collaborative way to provide good quality services and education regarding the harm that substance misuse causes to individuals, families and communities.

Bury Council and its partners have made a collective commitment to improve the lives of children and adults, helping them to enjoy a healthy, safe and fulfilling life, by enabling them to make informed choices and ensuring support is available for anyone who requires it.

The strategy highlights the main priorities for the next three years and sets out the actions needed to address them. We aim to deliver on a comprehensive set of actions that will help people to avoid, and recover from, drug and alcohol misuse and therefore deliver improved life outcomes.

Listening to people who have used services in the past, their families and communities, has underpinned the development of the strategy and is vital if we are to empower people not only to seek help, but also to help themselves.

Team Bury is committed to reducing health inequalities and making a real difference to communities. Working together we will deliver integrated services that provide quality interventions for young people, vulnerable adults and families living with addiction and dependency problems.

Cllr Andrea Simpson

Labour Councillor for Sedgley Ward
Chair of Health and Wellbeing Board
Cabinet Member for Health & Wellbeing

Mike Owen

Chief Executive Bury
Chair Bury Wider Leadership & Team Bury

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Vice Chair Health & Wellbeing

Mark Carriline

Executive Director
Children Young People & Culture
Chair Children's Trust board

Chris Sykes

Territorial Commander (Bury & Rochdale)
Chair Community Safety Partnership

Lesley Jones

Director of Public Health Bury
Chair of Public Health Commissioning Group

1. Our Vision and why this is important

a. Introduction

1.1. This strategy sets out a clear vision for Bury Council and its partners in order to develop a borough wide approach to reduce the harms caused by drug and alcohol misuse.

1.2. This strategy has been developed during a time of great challenge for public services. Ever increasing demands on a limited public sector budgets, requires the Council and its partners to work together to maximise the use of resources, to enable delivery of better outcomes for people with drug or alcohol-related problems.

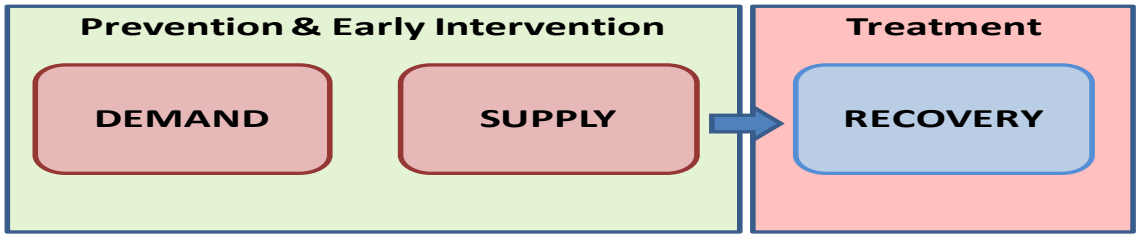
1.3. Evidence highlights that substance misuse, as well as dependence, is a significant contributor to health inequalities. Its negative impact on health and well being produces further inequalities between individuals and their communities, which in turn impacts negatively on opportunities; preventing Team Bury partnership from achieving its objectives.[1]

1.4. Bury sees that tackling drug and alcohol misuse and dependency is a key priority. Doing so, has the potential to substantially reduce the harms caused to individuals, children, young people, families and communities.

b. Our Vision and Outcomes

1.5. This drug and alcohol strategy will address substance misuse through the delivery of three key strands, as identified by

***(Figure 1)* Three Key Delivery Strands**



1.6. As reflected in figure 1, we need to intervene earlier with those who are most at risk to prevent drugs or alcohol misuse from developing. We also need to prevent those on the periphery of substance misuse from becoming entrenched and where the problem escalates and people need support /

[1] Reduced health inequalities; reduced worklessness; improved outcomes for children and families, and reduced crime and disorder.

treatment, we have a 'Recovery Focused Service' helping individuals to become abstinent and remain abstinent. Only through this three pronged approach can we effectively tackle the challenges we face within the resource constraints.2

1.7. Bury has developed a clearly defined shared vision and through the implementation of the national and regional strategies at a local level, is:

"T*o provide a safe community where children, young people and adults are not exposed to the harms caused by drug and alcohol use and associated criminality, ill health, health inequalities and negative socio economic experiences; and, to develop an environment of shared responsibility and commitment to achieving that vision among partners and communities Borough wide".*

1.8. **The three key aims are:**

- **Reducing demand** – This will be achieved by preventing substance misuse in the first place, thereby creating an environment where people who have never taken drugs or misused alcohol can continue to resist, and by making it easier to stop for those that do misuse drugs or alcohol.

- **Restricting supply** – By taking appropriate action with partners, Bury will reduce availability of illicit and other harmful drugs

- **Building recovery in communities** – Bury's strategic focus is to enable people to recover. Therefore, we will work with people wanting to address their dependency to drugs and alcohol, by continuing to commission recovery orientated service and interventions where recovery is pivotal.

Stategic Context: This strategy sets out our approach to tackling drug and alcohol use in Bury; it will also incorporate a focus on Prescription Only Medication (POM) and Over the Counter (OTC) medicines as well as emerging New Psychoactive Substances (NPS) and body enhancing substances.

1.9. It is important to set this strategy within a strategic context to ensure it is aligned to relevant local, city-regional, and national policy directions.

1.10. The ambition of the 2012 national alcohol strategy is to "change behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or to others"[3]. The outcomes the strategy wishes to achieve are:

- Reduction in alcohol fuelled violent crime;
- Reduction the number of adults drinking above the NHS guidelines;

[2] This is aligned to the national drug strategy (December 2010) and is echoed in the 2012 national alcohol strategy.
[3] Alcohol Strategy, 2012, page 5

- Reduction in the number of people binge drinking;
- Reduction in the number of alcohol related deaths; and,
- Sustained reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed.

1.11. This strategy also supports the Greater Manchester Alcohol Strategy 2014-2017 which has "an overarching purpose to reduce demand on public services and address complex dependency issues through early intervention and prevention activity"[4]. It seeks to achieve this purpose through:

- reduce alcohol-related crime, antisocial behaviour and domestic abuse;
- reduce alcohol-related health harms; and,
- establish diverse, vibrant and safe night-time economies[5].

2. Where are we now?

a. Socio Economics

2.1. The socio economic background (low income, deprivation, unemployment, poor housing, and educational achievement) of an individual can affect patterns of behaviour relating to drug and alcohol use. Problems can be exacerbated by people who are on benefits, receiving low incomes and experiencing debt. The cycle is often repeated when children grow up in families experiencing these problems.

2.2. The map (figure 2) below illustrates levels of deprivation in the Borough and when comparing this with the postcodes of the in treatment population for both drugs and alcohol, there is a definitive correlation between areas of deprivation and drug and alcohol misuse. However, the postcode information also indicates that there are pockets of binge/high risk drinkers within more affluent areas of the Borough.

2.3. When mapping the postcodes of young people accessing specialist substance misuse services, there is a definite correlation between areas of deprivation and substance misuse.

2.4. There are a range of risk factors for example, mental health, homelessness, employment status etc which may mean that a person is at risk of substance misuse. It is therefore difficult to quantify the number of people who may be at risk.

2.5. In both cases, someone's misuse and dependency affects everybody around them, including their families, friends, communities and society. Addicted drug users commonly commit acquisitive crimes such as shoplifting, burglary

[4] The Greater Manchester Alcohol Strategy 2014-2017, page 9
[5] The Greater Manchester Alcohol Strategy 2014-2017, page 4

or robbery to fund their habit. Some also take up other economically motivated crimes such as prostitution, while others resort to begging. The illicit drugs market often uses violence to regulate itself, and the fact that drugs can reduce inhibitions and increase aggression means that drug use is linked to anti-social behaviour and violent crime. Factor in drugs law offences, drug driving and money laundering, and drug misuse contributes significantly to the crime burden and policing costs of any local area.

b. Current Position: Drugs[6]

Prevalence

There are robust processes in place for capturing and reporting on specific substances, for example, Heroin, Cocaine, alcohol etc. However, information/evidence on the use of some substances including New Psychoative Substances (NPS) is sketchy and there can be an hidden problem.

Work with partners to gain a better understanding of the local picture in terms of addiction/dependence to prescription only medicines (POM) and over the counter medication (OTC) is currently being undertaken. However, JSNA report (Sept 2014) indicates that 15% (n=103) of the in-treatment population during 2013/14 cited POM/OTC use (down from 17% in 2012/13); 10% also disclosed use of illicit substances.

Treatment outcomes

According to the PHE JSNA people who complete treatment successfully, are most likely to do so within two years of treatment entry: in Bury, almost half (42%) of the in-treatment population has been in treatment over two years (52% opiate; 5% non-opiate) with a substantial proportion (26%) in treatment over 6 years. Work is being undertaken to address this issue and ensure recovery is an achievable and sustainable option for this population.

Hepatitis C prevalence

In the 2012 Hepatitis C in the UK report[7] national, estimates suggest approximately 216,000 individuals in the UK are chronically infected with hepatitis C (HCV)"[8].

Performance Enhancing Drugs & NPS

The PHE JSNA report indicates that, of the individuals new to treatment during 2013/14 none cited club drug use, (club drugs were categorised as: Ecstacy;

[6] Profile of drug use and drug users in treatment is taken from the 2012/2013 Needs Assessment (source National Drug Treatment Monitoring System); the Public Health England alcohol and drugs JSNA support pack, Quarter 4 report 2013/14 and Diagnostic tool. The data is not reproduced in full within this strategy and the section acknowledges that there are some data gaps at present.
[7] Hepatitis C in the UK, 2012, Health Protection Agency
[8] Ibid, page 7

Ketamine; GHB/GBL; Mephedrone and Methamphetamine NPS other) with opiate use. This could be because service users are choosing not to disclose that they are using.

It is proving difficult to analyse hospital A & E data because it is not clear where a patient has presented following an adverse reaction to NPSs. For example, such a presentation could be recorded as 'fitting' but not record as a result of taking NPSs.

One Recovery Bury Partnership Board, the local mechanism for addressing emerging or changing trends in substance misuse are to focus on this at meetings. This will ensure that Bury has a robust partnership approach in place.

Mental Health and Substance Misuse

There have been links made between having a mental health condition and misusing drugs and alcohol (dual diagnosis), and some people that are dependent on alcohol or drugs often have underlying mental health illnesses.

People, who have a mental health problem, such as schizophrenia or depression, as well as a dependency on drugs or alcohol, 'dual diagnosis'. The complexity of dual diagnosis often leads to problems with money, employment, housing and physical health.

There are currently 540 people accessing one recovery Bury for either drug/alcohol/or both dependency and of that number (n=81; 15%) also have a mental health problem. However, this figure cannot be wholly relied upon and is considered to be an under estimate in the main as, many people whose substance misuse, and their lives are chaotic may be undiagnosed/not accessing mental health services and/or not admit to having a mental health problem. The action plan that accompanies Bury Joint Mental Health Strategy 2012 -2017[9] acknowledges the cross cutting links between mental health and substances misuse and includes actions that will help to improve outcomes for service user with a dual diagnosis.

Many people that are dependent on alcohol often have underlying mental health problems" and often present to services with high levels of complexity in terms of physical and mental ill health as well as alcohol related issues. The Chapman Barker Unit (CBU) (Greater Manchester West NHS Mental Health Foundation Trust) continues to be a key provider for this particular service user group.

In the Greater Manchester West Strategic Plan Document 2014 – 2019[10], there is a commitment, subject to funding, to continue to deliver its Rapid Access (alcohol) Detoxification Acute Referral (RADAR) service. RADAR aims to reduce the burden on acute hospitals from alcohol related admissions.

[9] Bury Joint Mental Health Strategy 2012 - 2017
[10] Gtr Mcr West Mental Health Trust Strategic Plan (2014 – 2019)

Anti Social Behaviour

During the consultation process for this strategy, the general public, service users/carers and professionals were asked whether or not they believed there were any issues relating to substance misuse where they live. Of those who responded, 67% stated there were issues with drug misuse including dealing.

c. Current Position: Alcohol[11]

Prevalence in Bury – Demand

The misuse of alcohol impacts on individuals, families and communities in Bury in various ways and can be a barrier to reducing health inequalities, improving outcomes for children and families and reducing crime and ASB.

While many people who drink alcohol do so without negative consequences, people who regularly drink above the recommended risk limit carry the increased risk of a range of health, social and economic harms. Some of the issues related to alcohol misuse can include physical and mental health issues homelessness and domestic violence and abuse.

Alcohol is linked or can cause a range of diseases, and include;

- A range of acute chronic conditions including, cancers and cardiovascular disease
- A range of mental and physical birth defects (Foetal Alcohol Spectrum Disorders)
- Alcohol is implicated in many areas of mental ill health including depression and anxiety, suicide

Alcohol is the significant cause of morbidity and premature death. Alcohol-specific mortality include those conditions where alcohol is causally implicated in all cases of the condition; for example, alcohol-related liver cirrhosis (100%) are caused by alcohol.

Data from the LAPE indicate that for females of all ages, in the period 2010-2012[12], Bury has the 6th highest number of alcohol specific female mortalities across Greater Manchester. For males, Bury records the 2nd lowest levels of alcohol related mortality within the Greater Manchester areas.

In terms of alcohol-related mortality outcomes where alcohol is causally implicated in some but not in all cases, for example hypertensive diseases, various cancers and falls. The LAPE data[13] shows that Bury has the highest number of alcohol related female mortalities across Greater Manchester and the lowest for alcohol related mortalities in males.

[11] Profile of alcohol use and individuals in treatment is taken from the 2012/2013 Needs Assessment (source NDTMS), the Public Health England Joint Strategic Needs Assessment, and also Public Health England Local Alcohol Profiles (LAPE) for 2014. The data is not reproduced in full within this strategy and the section acknowledges that there are some data gaps at present.
[12] LAPE for England 2014
[13] LAPE for England 2014

The latest PHE JSNA (September 2014) indicates that Bury has higher rates of mortality – both alcohol specific and related and is ranked 309 worst from a total of 326 partnerships nationally.

- Data from Local Area Profiles for England (LAPE) reports indicates that the rate of binge drinking in Bury has continued to decline since 2010/11 and at 17.4% is currently below the national average which is 20%.
- Bury has a higher than average level of binge drinking locally (the estimate of the percentage of the population aged 16 years and over who report engaging in binge drinking in Bury is 25.1%, as opposed to 23.3% national

Alcohol and older People

People over 65 years constitute 16% of the population in Bury, (Population Census 2011) (ONS, 2012), this amounts to 29,540 residents.

Reports from various provider services and the changing demography of Bury would suggest that there is an increasing older population in Bury and that alcohol misuse and its related problems are becoming more common[14]. This is likely to have an impact on alcohol treatment and other services such as social care.

Offending behavior

The PHE JSNA report (September 2014) indicate that the rate of alcohol related recorded crime and alcohol related violent crime in Bury are lower than the national average (over a three year period: 2010/11, 2011/12 and 2012/13). The report categorises Bury in the 'higher harm levels'.

- Alcohol related recorded crime and alcohol related violent crime for the whole of Bury (6.67 and 4.78 per 1,000) are on a par with the rate nationally (6.45 and 4.75 per 1,000) and PHE therefore deems Bury to experience 'higher harm levels' than the norm
- Bury has a higher than average level of binge drinking locally (the estimate of the percentage of the population 16 years old and over who report engaging in binge drinking in Bury is 25.1%, as opposed to 23.3% nationally)

Hospital Alcohol Liaison Service

Between January and June 2014, there were 260 referrals to the alcohol liaison service based at Fairfield Hospital. However, nearly 50% of referrals were for people living in Rochdale as Fairfield is one of the nearest A & E department for Rochdale residents.

[14] Alcohol & Older People Public Health Bury (2013)

Substance Misuse and Domestic Abuse[15]

Women experiencing domestic violence are up to fifteen times more likely to misuse alcohol and nine times more likely to misuse drugs and than women generally. Some women are introduced to substances by their abusive partners as a way of increasing control, and when a woman's partner is also her supplier, it is particularly difficult for her to end the relationship.

On average, 8.8% of domestic violence crimes were drug influenced in Bury, with 42% alcohol influenced. Two out of three recent Serious Case reviews in Bury involving domestic abuse, cited alcohol as being the precursor to the domestic abuse.

Substance Misuse – Impact on children & Young People

d. Prevalence

'Substance misuse is often a symptom rather than a cause of vulnerability among young people. However, the impact of parental substance misuse can have a major negative affect on a young persons life. However, many have broader difficulties in their lives that are compounded by drugs and alcohol and that need addressing at the same time'.[16]

The number of children affected by the crosscutting and often compounding issues of parental alcohol and drug problems is not known.

A report published by the Office of the Childrens Commissioner (OCC) in 2012 *'Silent Voices' – supporting children and young people affected by parental alcohol misuse* stated that "the effects of parents' alcohol misuse on children may be hidden for years, while children try both to cope with the impact on them, and manage the consequences for their families" [17],.

Public Health England (PHE) reported in October 2013 that approximately 1 in 3 of England's alcohol treatment population has a child living with them at any one time, and 22% are living with parents who are drinking hazardously[18].

As indicated early, in Bury, the proportion of individuals accessing treatment for alcohol use and living with children is 44% (own or others children). In addition, 47% of the adults in treatment for drug use live with children (their own or others) a further 4% are parents not living with children.

Bury Joint Strategic Needs Assessment (2013) states that 'substance misuse can reduce the ability of parents to provide practical and emotional care for their children, and in some cases, young children become carers of addicted

[15] **Bury DV Profile 2014**
[16] Alcohol and drugs: JSNA support pack
Good practice in planning young people's specialist substance misuse interventions, Public Health England, 2013
[17] 'Silent voices' Office of the Childrens Commissioner
[18] Public Health England 'Alcohol & Drugs JSNA' Oct 2013

parents'.[19] This can result in serious consequences, including neglect, educational problems, emotional difficulties, abuse, and the possibility of becoming drug and alcohol misusers themselves
In terms of alcohol and drug use among children and young people in the Borough, information presented in the Bury Children's Trust, Bury Children & Young People's Plan 2011-14: Needs Assessment shows the following:

- In a 2009 Trading Standards survey of 1,172 14-17 year olds in Bury 29% claim to purchase alcohol themselves (NW average: 26%)
- 24% claim to binge drink at least once a week
- There are higher rates of binge drinking among young people in Bury (aged 16 plus) with 25.1% locally compared with 20.1% nationally.[20]
- Nearly half of young people who are assessed by the Youth Offending Service have a substance misuse issue

Data from the Young Persons' Alcohol & Tobacco Survey (2013, Trading Standards North West) indicate over three quarter (77%) of young people in Bury think that getting drunk is fun, and 61% regard it as normal to get drunk. This is consistent with young people's views across the North West as a whole.

Substance misuse can be an issue for any young person however it is the most vulnerable children and young people with wider issues that are compounded by substance misuse. The most vulnerable groups of children and young people are identified by Public Health England[21] in the 'Risk Harm Profile' as follows:

- early use
- NEET (not in education, training or employment)
- have an STD
- in contact with the youth justice system
- family breakdown
- inadequate housing / homelessness
- offending
- low educational attainment
- looked after child
- parental substance misuse
- have mental health problems
- involved in self harm
- teenage pregnancy / parent

Offending Behaviour

Offending behaviour among children and young people is known to be linked to substance misuse: nearly half of young people under the age of 18 years old who are assessed by the Youth Offending Service have a substance misuse issue.[22] This strategy aims to ensure that early identification of substance use

[19] Bury Young People's Needs Assessment, 2013, p. 14
[20] NDTMS 2012/13
[21] Ibid
[22] Youth Justice Board

and interventions to address this are in place to prevent the escalation of use and harm.

Parental Substance Misuse

Child Protection and Looked after Children

Bury Children's Trust, Bury Children & Young People's Plan 2011-14: Needs Assessment states that 70% of children are admitted to care due to concerns about abuse and neglect. For over two thirds of children admitted for neglect, parental drug and alcohol misuse was a major contributing factor.

Safeguarding

Safeguarding is central to Bury's shared vision for protecting children, young people and families and there is commitment from all services and all professionals across Bury to work together. This strategy emphasises the need to address the negative impact of substance misuse and to safeguard children and young people as well as adults.

Sexual exploitation

Child Sexual Exploitation (CSE) involves the manipulation of a 'grooming' process involving '…befriending children, gaining their trust, and often feeding them drugs and alcohol, sometimes over a long period of time, before the abuse begins'.[23]

In November 2013, the National Drug Treatment Monitoring System (NDTMS) included a question on CSE in the data set used to capture information from Young People's Specialist Substance Misuse services. The latest PHE JSNA report (September 2014) indicates child sexual exploitation to be an issue for a small number of young people engaging with treatment services in Bury.

3. Our Aims and Objectives

3.1. This document highlights the vision and rationale for this strategy. It also details the local picture, where we are now. Section 3 outlines our delivery framework for what we propose to do in the form of objectives, which are linked to the 3 aims of the strategy. Appendix A details the actions which will be delivered under each of the key objectives.

3.2. This strategy aims to create an environment where most residents have never taken drugs or may never misuse alcohol. However, the strategy also acknowledges that where people do need some support, there are

[23] NSPCC, 2013

interventions in place to help those individual who do misuse drugs and alcohol, in order that they are fully supported to stop.

3.3. Over the last 12 months significant work has been undertaken to begin to deliver against the 3 aims of the strategy; the substance misuse partnership have recently reconfigured services for substance misuse interventions and provision now offer a 'whole system approach'. However, we recognise that there is still significant work to be undertaken.

3.4. Figure 3, identifies that the series of key objectives have been designed to align to the 3 aims of the strategy. This approach recognises that some of the objectives may cut across more than one of the aims. For example, social perception of drug and alcohol use will be applicable to the whole population (reducing demand); however, will equally apply to people who have a dependency and require support to recover, albeit that the message and vehicle by which this is delivered may differ. The 7 objectives are identified in Table 1 below.

*(Figure 3)***: delivery framework**

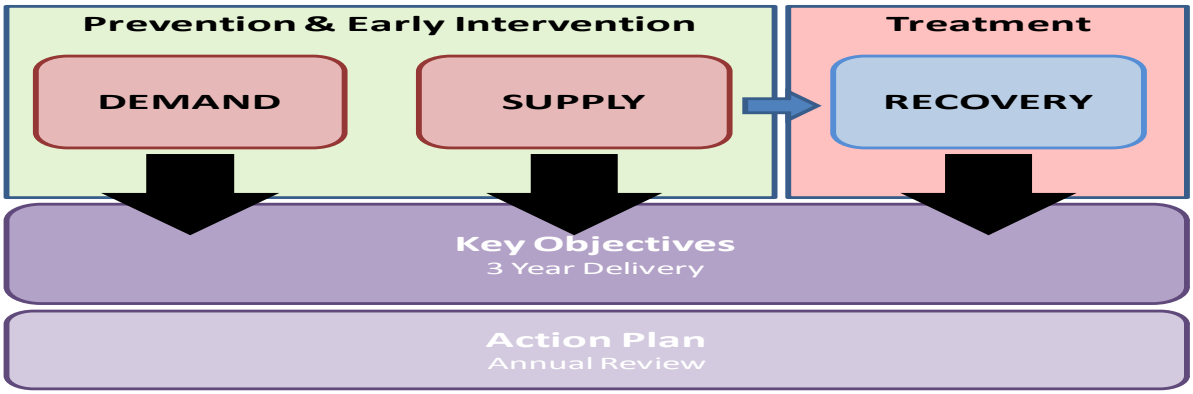


Table 1: Key Objectives

	AIMS			LIFE COURSE			
OBJECTIVE	**Reducing Demand**	**Restricting Supply**	**Building Recovery & Resilience**	**Children (0-13)**	**Young People (14-25)**	**Adults (26-64)**	**Older Adults (65+)**
1. Ensure that all strategic plans recognise the role of drug and alcohol misuse particularly where there are cross cutting thematic areas	✓	✓	✓	✓	✓	✓	✓
2. Increase knowledge and awareness about the harm caused by drugs and alcohol so that people can make informed choices and resist pressures, particularly young people and those on the periphery of drug and alcohol misuse.	✓			✓	✓	✓	✓
3. Break inter-generational substance misuse by supporting a whole family approach and targeting resources appropriately	✓		✓	✓	✓	✓	✓
4. Ensure that all legal substances are sold responsibly		✓					
5. Ensure that robust partnership clinical governance is in place	✓	✓	✓	✓	✓	✓	✓
6. Support People to make a full recovery	✓		✓		✓	✓	✓
7. Improve housing outcomes where appropriate for people in recovery			✓			✓	✓

4. Delivering our ambitions

a. Action Plan

4.1. The Action Plan in appendix A outlines 7 priority actions to be addressed in order to ensure that the key objectives are on track to be delivered.

4.2. This is the key document that will drive the implementation of the Strategy and will be overseen through the governance arrangements outlined below.

4.3. Whilst the key objectives of the strategy will remain the same, the Action Plan will be updated on an annual basis to ensure that the actions remain current and reflect developments that have been undertaken. Most of these are time limited and will require refreshing as partners work towards achieving the objectives

b. Resourcing

This strategy is developed at a time of significant challenge for public services and we therefore need to focus on the need to not only work in partnership but to work differently in order to maximise the use of our resources and deliver better outcomes for people of Bury

c. Governance

Team Bury is a partnership that includes Cabinet members, police, Community Rehabilitation Companies (CRCs), National Probation Service (NPS), Housing, Bury Third Sector Community Groups, Public Health England (PHE) etc and will be responsible for driving forward actions in the plan.

The key objectives in this strategy will maximise the use of local intelligence, partnership working and community engagement in order to deliver against actions on drugs and alcohol that will meet local need.

The delivery and performance management of the strategy will be led by One Recovery Bury Strategic Partnership Group and will be overseen by Team Bury Partnership.

5. Appendices

Appendix A – Action Plan

PRIORITY ACTIONS	CONTRIBUTION TO AIMS			Alignment of existing Strategies & Services	TIMESCALES	RESOURCING	PARTNERS
	Reducing Demand	Restricting Supply	Building Recovery in Communities				
1. **Ensure that all strategic plans recognise the role of drug and alcohol misuse particularly where there are cross cutting thematic areas**							
1.1 Ensure that key partner agencies are able to identify and signpost people to drug and alcohol services where appropriate	✓	✓	✓	CSP, H & WB, C & YP, MH			
1.2 Ensure that Young Peoples services work effectively with partner agencies to respond to the needs of children and young people	✓	✓	✓	CSP, H & WB, C & YP EH			
1.3 Develop multi agency responses to address drug and alcohol misuse	✓	✓	✓	CSP, H & WB, C & YP EH			
1.4 Build upon/Develop Partnership models of working to tackle substance misuse and the related harms	✓	✓	✓	CSP, H & WB, C & YP EH			
2.4 Appropriate staff know how to recognise substance misuse at the earliest opportunity and take appropriate action.	✓						
2. **Increase knowledge and awareness about the harm caused by drugs and alcohol so that people can make informed choices and resist pressures, particularly young people and those on the periphery of drug and alcohol misuse.**							
2.1 Develop and implement a system of communication in relation to drug and alcohol misuse	✓			C & YP, EH			
2.2 Improve information sharing processes to ensure that robust and timely information and intelligence in order to respond effectively to emerging trends	✓		✓	C & YP, EH			
2.3 Work with schools and colleges to address drug and alcohol misuse	✓		✓	C & YP, EH			
2.4 Provide education to raise awareness in relation to the harms of substance misuse in educational settings, for example, schools and colleges				C & YP, EH			
3. **Break inter-generational substance misuse by supporting a whole family approach and targeting resources appropriately**							
3.1 Undertake an assessment of need to better understand emerging issues and to provide targeted	✓		✓	C & YP, EH			

PRIORITY ACTIONS	CONTRIBUTION TO AIMS			Alignment of existing Strategies & Services	TIMESCALES	RESOURCING	PARTNERS
	Reducing Demand	Restricting Supply	Building Recovery in Communities				
early intervention as appropriate							
3.2 Improve identification and referral pathways into Young Peoples drug and alcohol services	✓		✓	C & YP, EH			
3.2 Identify children and young people at risk through A & E admissions and ensure that there is a robust pathway in place	✓		✓	C & YP, EH			
3.3 Develop effective links between safeguarding and carers groups in order to support people who affected by family drug or alcohol misuse	✓		✓	C & YP, EI, H & WB			
3.4 Develop robust early intervention and prevention model for working	✓		✓	EH			
3.5 Ensure that children and Young People have access to specialist interventions at the earliest opportunity	✓						
4. **Ensure that all legal substances are sold responsibly**							
4.1 Continue to support Purple Flag Initiatives		✓					
4.2 Tackle irresponsible and aggressive promotion and marketing that encourages excessive drinking of alcohol		✓		BLP, Gtr Mcr Alc Strat			
4.3 Develop multi agency responses to reduce the illegal sale of alcohol and legal sales of NPSs etc		✓		BLP			
4.5 Influence regional policy that relate to drug and alcohol misuse that will benefit Bury		✓		Gtr Mcr Alc Strat			
5. **Ensure that robust partnership clinical governance is in place**							
5.1 Work with CCGs to raise awareness and support GPs in relation to prescribing of specific drugs	✓	✓	✓	H & WB, C & YP, CSP,			
5.2. Reduce the number of people entering specialist services who are addicted to prescribed medication	✓	✓	✓	CCG, H & WB			
5.3 Develop robust referral pathways to and from primary care/specialist provision	✓	✓	✓	CCG, PH			
5.2 Evaluate One Recovery Bury Strategic Partnership group to ensure that partnership organisation are appropriately represented	✓	✓	✓	ORB			
6. **Support People to make a full recovery**							
5.1 Develop the Through The Gate/Gateway			✓				
5.2 Ensure that good quality services are commissioned that are able to respond effectively to need and emerging patterns of substance misuse			✓	PHCom Grp, C & YP, H & WB., CCG,			
5.3 Ensure that interventions support people to make a			✓	H & WB, CCG,			

PRIORITY ACTIONS	CONTRIBUTION TO AIMS			Alignment of existing Strategies & Services	TIMESCALES	RESOURCING	PARTNERS
	Reducing Demand	Restricting Supply	Building Recovery in Communities				
full recovery and are able to sustain							
5.4 Review existing intervention and continue to develop current multi agency model to increase number of people in recovery			✓	H & WB, CCG,			
5.5 Develop a local recovering community using peer mentoring/support			✓	H & WB, CCG,			
7. **Improve housing outcomes where appropriate for people in recovery**							
7.1 Identify key housing issues which are a barrier to successful recovery			✓	Housing Strategy, H & WB, CCG			
7.2 Develop accommodation pathway for wider drug/alcohol misusing population			✓	Housing Strategy, H & WB, CCG			
7.3 Develop accommodation pathway for people who are discharged from residential rehab			✓	Housing Strategy, CCG, H &WB			