



Outer Hebrides Alcohol & Drug Partnership

Co-ordinating action to prevent and reduce problem drinking and
substance use

Strategy 2011 - 2015



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Foreword



The Outer Hebrides Alcohol & Drug Partnership (ADP) Strategy has been developed with a focus on action to meet priorities and objectives under the broad headings of Early Years, Early Intervention, Problem Drinkers and Substance Users and Promoting a Healthy Outer Hebrides. The strategy aims to ensure that a range of measures are in place to inform the community of the appropriate use of alcohol, to remain vigilant in attempting to reduce drug related harm and to maintain the relatively low levels of drug use in the Outer Hebrides.

The Outer Hebrides ADP partnership is embedded into the Community Planning structure, ensuring problems associated with substance use can be dealt with effectively at every level and will consolidate the Outer Hebrides ADP's commitment to the Community Planning process.

Substantial developments have taken place in all areas of ADP responsibility. The Outer Hebrides ADP remains proactive in tackling issues around drug and alcohol misuse by working with services that will improve the outcomes for individuals, their families and local communities within the Outer Hebrides.

From 2009 – 2011, 5 new services and 16 existing services have been funded or supported by ADP partners. All services are targeted at reducing alcohol and drug related harm through relevant prevention and treatment programmes and encouraging safe and sensible attitudes to alcohol by the promotion of personal and community responsibility throughout the Outer Hebrides.

Outer Hebrides ADP initiatives have included the support/funding of services for young people such as youth cafés and youth projects. We have further supported/funded counselling, volunteering, Befriending, employment and skills development services. Stronger links between addiction and mental health services have also been formed with the funding of an

Alcohol Liaison Nurse, a Children and Mental Health Worker and the implementation of a community detox post.

The 2010 - 2014 Outer Hebrides ADP strategy will focus more on the delivery of outcomes, which will be of benefit the people of the Outer Hebrides. As detailed in this document, there are clear problems associated with the misuse of alcohol within the Outer Hebrides. Ensuring the provision of accessible and effective services for those in need whilst ensuring we maintain our current low level of drug use will be key to the work of the Outer Hebrides ADP during the life of this strategy.

This strategy document is intended to be a flexible working document and seeks to engage the wider community in a knowledgeable and measured response to a problem which in one form or another touches the life of every person in our islands in one way or another.

In commending this strategy to the public we invite all who are interested to contribute to the ADP by submitting comments on this document, thus helping us all to work together to make the islands a healthier place to live and work.

**Chief Inspector Gordon Macleod
Chairman**

1. Who We Are



The Outer Hebrides Alcohol & Drug Partnership (ADP) plays a significant role in the local delivery of national addiction strategies to tackle drug and alcohol misuse problems. Members are drawn from a wide range of agencies and groups.

The Outer Hebrides ADP consists of representatives from:

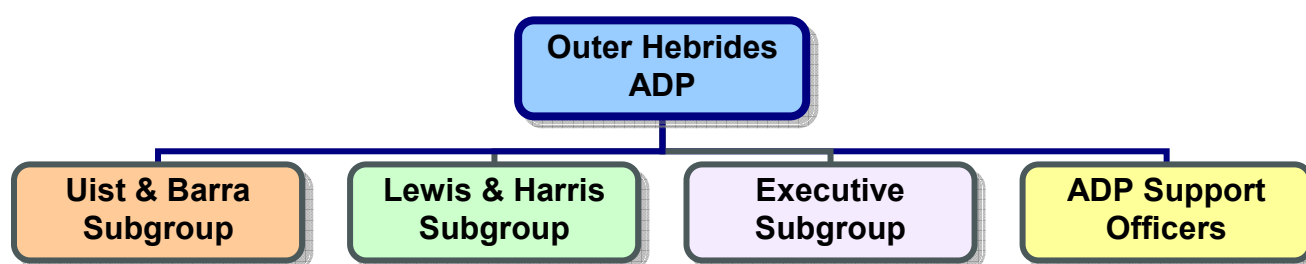
- NHS Western Isles
- Northern Constabulary
- Comhairle nan Eilean Siar
- The Third Sector
- Service users

Each partner agency is required to set out clearly and openly, the totality of resources they are directing to the pursuit of alcohol and drug outcomes. The Scottish Government Health Directorate allocates funds directly to NHS Western Isles who are required to work with local partners to identify how resources may be best deployed in line with national and local strategies and need.

The Outer Hebrides ADP sits within the Outer Hebrides Community Planning Structure. The purpose of the Community Planning Partnership is to ensure that partners develop and deliver a shared understanding of priorities for their local area, and address these by cutting across boundaries rather than each organisation working in isolation. It is a process of working together for the benefit of local communities, providing better services and improving the lives of local people.

The Outer Hebrides ADP have consulted with a wide range of partners and service users in order to determine how the Outer Hebrides should respond to the challenges faced by individuals, families and local communities with respect to alcohol and drugs.

The Outer Hebrides ADP has developed this strategy in accordance with government policies to inform its stakeholders and the community of the direction it will take for 2011-2015.



2. Alcohol and Drug Use in the Outer Hebrides



Problem substance use causes intense public health concern in Scotland. This section of the document illustrates the complexity of the problems it generates from a national and local perspective.

The work of the Outer Hebrides ADP is heavily influenced by national developments; this is reflected in our strategic priorities through which we hope to address the needs of individuals, organisations and communities in the Outer Hebrides.

Alcohol

Though not everyone drinks alcohol, or drinks to excess, we are becoming more aware locally, nationally and internationally of the impact alcohol has on our health, economy, families, communities and society as a whole.

Alcohol consumption, binge drinking and drinking to get drunk have become increasingly common, as have the influences supporting and encouraging alcohol use. These influences include income, changing economic and employment patterns, increase in availability, media advertising and sale promotions.

These influences impact on levels of consumption and the resulting short and long-term health problems and anti social behaviour.

Drugs

The levels of illicit drug use amongst the adult population of the Outer Hebrides are largely unknown although there is evidence of recreational drug use mirroring national patterns.

In the last five years there has been a decrease in the number of drug related discharges from general acute hospitals in the Outer Hebrides, while there has been an increase in the number of drug related discharges from the Acute Psychiatric Unit.

Within the Outer Hebrides the greatest incidence of drug related discharges between 2005/06 and 2009/10 occurred in the 20-29 years age group followed by <20 years age group. The majority of these discharges were due to the use of cannabis and stimulants. Although the number of discharges relating to opioid use remains low it has been increasing in recent years. (*Drug Misuse Scotland; 2010*)

Local agencies report there are tramadol and dihydrocodeine use, occasional morphine abuse and the use of heroin. There are an uncounted number of people who are receiving substance abuse prescription for opiate dependency from GPs without contact with specialist services.

The number of new drug service users in the Outer Hebrides fell from 26 in 2008/09 to 11 in 2009/10 however the number of individuals reporting illicit drug use increased in 2009/10. There is an increasing trend of drug misusing clients who are polydrug users who use a combination of drugs including benzodiazepines, amphetamines, painkillers and antidepressants.

3. Strategic Priorities for ADP



Vision:

The Outer Hebrides is a healthy community where the problems of substance use are prevented and reduced.

Aim:

- Prevent problems arising from substance use
- Reduce problems and harm caused by substance use

The Outer Hebrides ADP will work towards this vision through the following strategic priorities:

1. Early years:

- Children 0 -5 affected by substance use
- Children affected by parental substance use

2. Early intervention:

- Young people aged 5 – 25 affected by substance use
- Families and young people affected by substance use
- Vulnerable groups
- Harmful and hazardous drinkers and substance users

3. Problem drinkers and substance users

- Dependent Drinkers and Substance Users
- Persistent heavy drinkers and persistent substance users

4. Assist in the promotion of a healthy Outer Hebrides (with our partners)

- Promote positive attitudes
- Promote positive choices

3.1 Early Years:

- Children
- Children affected by parental substance use

The Outer Hebrides ADP has identified Early Years as a strategic priority based on the following local and national links to strategies, research and evidence of need.

Links to strategies and initiatives:

- Better prevention of substance use problems, with improved life chances for children and young people. (*The Road to Recovery, 2008*)
- Children affected by a parental substance misuse problem are safer and more able to achieve their potential (*The Road to Recovery, 2008*)
- Supporting families and communities affected by substance misuse (*Changing Scotland's Relationship with Alcohol, 2009*)

Early Years: Local & National Statistics

Approximately a quarter of the new drugs service users in the Outer Hebrides in 2008/2009 reported having dependent children. This has increased since 2006/2007 when the figure was below the reportable level.

However, the national figure shows that across Scotland as a whole over 40% of new drug service users in 2008/2009 reported having dependent children. Therefore although the Outer Hebrides figures have increased over recent years they are still somewhat lower than other areas of Scotland. (*Drug Misuse Statistics Scotland, 2009*)

- 1 in 4 women consume alcohol during pregnancy. The Growing Up in Scotland (GUS) survey shows that women's alcohol consumption in pregnancy increases with income and social class. More women consume alcohol during pregnancy within rural areas across Scotland than in urban areas. (*Understanding of the use of alcohol in pregnancy amongst women in Scotland*)
- It is reported that in Scotland as many as 300 babies a year are damaged by alcohol consumption during pregnancy (*Scotsman, 2006*)
- The number of cases of Fetal Alcohol Syndrome diagnosed each year is low but it is thought that a greater number go undetected. (*Understanding of the use of alcohol in pregnancy amongst women in Scotland*)
- In 2008/09 there were 592 maternities in Scotland for which drug misuse was recorded, a rate of 10.3 per 1,000 maternities (*Drug Misuse Statistics Scotland, 2010*)

- Of the 596 births in 2008/09 recording drug misuse, 71% were reported as having full-term normal birth weight (425), compared with 90% of all births. (*Drug Misuse Statistics Scotland, 2010*)
- Sixteen% of the births recording drug misuse were preterm compared to 8% of all births. (*Drug Misuse Statistics Scotland, 2010*)
- There are between 41,000 and 59,000 children in Scotland with a problem drug using parent. (*Hidden Harm, 2003*)
- Among problem drug users in the SDMD, 37% of women and 13% of men were 'living with dependent children'.
- The Scottish Executive estimates that around 80,000 to 100,000 children are affected by parental alcohol misuse. (*Getting our Priorities Right, 2003*)
- 30% of all children under 16 have one binge drinking parent
- Children of parents who misuse substances make up a significant proportion of the children placed on the child protection register for abuse or neglect (*Parental Substance Misuse - Children 1st*)
- Of the 2,288 children on the child protection register in Scotland in March 2006, 45% of these were categorised as having been neglected (*Parental Substance Misuse – Children 1st*)



3.2 Early intervention:

- Young people
- Families and young people affected by substance use
- Vulnerable groups
- Harmful and hazardous drinkers (risky or very risky) – This large section of the population are addressed through information and advice, designed to improve Scotland's overall public health (*Approaches to Alcohol and Drugs in Scotland, 2008*)

The Outer Hebrides ADP has identified Early Intervention as a strategic priority based on the following local and national links to strategies, research and evidence of need.

Links to strategies and initiatives:

- The purpose of an early intervention approach is to work in partnership to improve outcomes for children, young people, adults and families who are very likely to experience difficulties and to break the intergenerational cycle of problems in the long term (*Early Intervention City Programme Briefing*)
- Reduce alcohol consumption (*Changing Scotland's Relationship with Alcohol, 2009*)
- Intervening as early as possible to tackle problems that have already emerged for children and young people – early intervention can help children from pregnancy to 18, not only when they are very young. This needs to be factored into the planning and delivery of services and into staff training. (*Early Intervention; Securing Good Outcomes for all Children and Young People, 2010*)

Early Intervention: Local & National Statistics

In the Outer Hebrides between 2008/2009 and 2009/2010 the number of alcohol related hospital admissions in those aged ≤ 16 has doubled with the majority of admissions being recorded in those aged 14-15.

The majority (50%) of these admissions had a diagnosis of acute intoxication followed by harmful use of alcohol (25%). There is no evidence of 'revolving door' patients in those aged ≤ 16 , suggesting that these hospital admissions are due to episodes of binge drinking among young people. All these admissions were related to emergency admissions to general acute hospital and there were no recorded episodes of alcohol related admission to psychiatric hospitals in those aged ≤ 16 .

- In the Outer Hebrides in the last 10 years there have been 205 alcohol-related hospital admissions in those aged ≤ 18

- Among 15 year olds who had drunk alcohol, 39% reported that they had had an argument at least once in the last year because of drinking, 23% said that they had been in trouble with the police at least once because of drinking and 16% had tried illicit drugs, primarily cannabis. (*SALSUS, 2006*)
- In Scotland in 2009/10 42,532 children were referred to the Children's Reporter; 1,114 (3%) of these were due to misuse of alcohol or drugs. In the Outer Hebrides 2009 – 2010, 231 children were referred to the Children's Reporter; 15 (7%) of these were due to misuse of alcohol or drugs. (*Scottish Children's Reporter Administration, 2010*)

The Outer Hebrides were set a target of delivering 722 alcohol brief interventions over the three year period from March 2008 and March 2011.

However, by March 2010 NHS Western Isles had already exceeded this target and had delivered 1108 brief interventions. Therefore a new target of 1654 brief interventions by March 2011 was set and to date NHS Western Isles is still ahead of target with 1432 brief interventions having been delivered at the end of October 2010.

The proportion of men and women (of those who drink alcohol) exceeding sensible drinking guidelines varies with age:

- For men, the proportion drinking more than the weekly recommended limit was highest in the 45 to 54 age group with 38% drinking over 21 units a week.
- Among women, those aged 16 to 24 years old were most likely to report drinking more than the recommended weekly limits with 32% drinking more than 14 units a week.

The average number of units consumed by men who attended the Well North clinic in 2009/2010 was 10.5 units per week, in comparison to an average of 4.2 units per week for women. Of the 2427 people screened at Well North in 2009/2010, approximately 40% claimed that they did not drink any alcohol in a week.



3.3 Problem drinkers and substance users

- Dependent Drinkers and Substance Users
- Persistent heavy drinkers and persistent substance users

The Outer Hebrides ADP has identified Problem Drinkers and Substance Users as a strategic priority based on the following local and national links to strategies, research and evidence of need.

Links to strategies and initiatives:

- Problems due to the harmful health consequences of individual dependency on alcohol and drugs by a minority of people often compounded by a variety of other preexisting or consequential problems, requiring a sophisticated range of treatment interventions and recovery support. (*Approaches to Alcohol and Drugs in Scotland, 2008*)
- See more people recover from problem substance misuse (*The Road to Recovery, 2008*)
- Improve support and treatment to those who need it (*Changing Scotland's Relationship with Alcohol, 2009*)

Problem drinkers and substance users: Local and national statistics

In 2009/10 there were 285 alcohol-related hospital admissions in the Outer Hebrides, however there was a number of multiple admissions for individuals suggesting that there is evidence of the presence of 'revolving door' patients.

- Of the 285 admissions there were 211 individual patients seen – giving an average number of alcohol-related admissions per patient of 1.4.
- This compares to the national average of 1.5.

The majority of alcohol-related hospital admissions in the Outer Hebrides is due to alcohol dependency, and accounts for over 40% of the alcohol-related admissions in 2009/2010 alone with the largest number of admissions being recorded in those aged 60-69.

The proportion of alcohol-related admissions for alcohol dependency is far greater in the Outer Hebrides than it is on a national level with alcohol dependency accounting for just over 10% for the alcohol-related admissions across the whole of Scotland. In comparison, the number of admissions with a diagnosis of harmful use of alcohol accounted for over a third of the total admissions. This suggests that the Outer Hebrides has a larger problem than anywhere else of entrenched alcohol dependence

and less of a problem with the harmful use of alcohol. (*Alcohol Statistics Scotland, 2011*)

In 2009/10, 91% of the new drugs service users reported using illicit drugs, with cannabis being the most commonly taken drug. Since 2006/2007 the number of service users reportedly using cannabis has increased whereas the number using heroin has decreased. This differs from national figures which show that across the whole of Scotland, heroin is the most commonly used drug with 66% of new drugs service users who use illicit drugs reporting that they use heroin. A large number of the new drugs service users in 2009/10 also reported using prescription drugs; however this number has fallen in recent years and also reflects national trends. (*Drug Misuse Statistics, 2010*)

50% of the new drug service users in the Outer Hebrides in 2008/2009 were unemployed and the majority of them stated that they used benefits as a source of funding for their drug habits. National figures show that across Scotland as a whole 71% of new drug service users were unemployed and once again the majority stated that they used benefits as a source of funding for their drug habits. (*Drug Misuse Statistics, 2009*)

Problem substance use is a significant element in many homeless applications dealt with by the Comhairle's Homeless Service, particularly in relation to alcohol. It is also reported that substance use adversely impacts on the sustainment of tenancies provided by local housing agencies and on other accommodation arrangements. These local agencies report that problem substance use can create problems with anti-social behaviour which impacts on neighbors and can cause serious distress to family members.



3.4 Assist in the promotion of a healthy Outer Hebrides (with our partners)

- Promote positive attitudes
- Promote positive choices

The Outer Hebrides ADP has identified the strategic priority of 'Assist in the Promotion of Healthy Outer Hebrides' based links to local and national strategies, research and evidence of need, as detailed below.

Links to strategies and initiatives:

- Communities that are safer and stronger places to live and work because crime, disorder and danger related to drug and alcohol use have been reduced (*The Road to Recovery, 2008*)
- Improve the effectiveness of delivery at a local level (*The Road to Recovery, 2008*)
- Positive public attitudes towards alcohol and individuals better placed to make positive choices about the role of alcohol in their lives (*Changing Scotland's Relationship with Alcohol, 2009*)
- Supporting families and communities (*Changing Scotland's Relationship with Alcohol, 2009*)
- At the local community level, substance misuse problems vary. The significant differences in levels of damage between communities are associated with other issues, a major one being the distribution of inequality. A key issue in the opinion of many is that, of all areas of investment in addressing substance misuse problems, the community dimension has been the least understood and valued. (*Approaches to Alcohol and Drugs in Scotland, 2008*)
- Mental health improvement is being taken forward in the context of the Scottish Government's *National Performance Framework*. This is supported by action to promote solidarity and cohesion, and Government action in key policy areas such as other health-related policies on alcohol, substance misuse, physical activity and health inequalities and areas such as early years, education, older people, homelessness, poverty and social inclusion. (*Towards a Mentally Flourishing Scotland: Policy and Action Plan, 2009*)

Assist in the promotion of a healthy Outer Hebrides: Local statistics

In Scotland as a whole, there is a much higher incidence of men drinking excessive levels of alcohol than women. More than half of men (53%) in the 25-34 age group exceeded sensible daily limits on their heaviest drinking day in the past week. Similarly for women, high numbers of 25-34 year olds (and 35-44 year olds) exceeded sensible drinking limits (44% of both).

Apart from a slight fluctuation for men, with the proportion of 25-34 year olds exceeding that of 16-24 year olds, the propensity to binge drink declines with age. Men were also reported as more likely to drink almost every day (10% compared to 5% women). (*Alcohol Statistics Scotland, 2011*)

Patterns of drinking in the Outer Hebrides are similar to those found in the Scottish Health Survey, though there are significantly higher percentages of non-drinkers (total abstainers) in the Outer Hebrides than in Scotland as a whole (both men and women). It is worth noting that when the consumption levels of those who drink is compared; the Outer Hebrides remains lower than the total Scottish data. (*Western Isles Alcohol Needs Assessment, 2009*)

- There are certain areas of the Outer Hebrides which experience a relatively large number of alcohol-related hospital admissions in comparison to other areas.
- Over the three year period 2006 to 2008, households in Scotland spent an average of £6.50 per week on alcoholic drinks for consuming in the home. In 2009 in Scotland it was estimated that 11.9 litres of pure alcohol were sold per person over the age of 16. This is 2.4 litres higher than in England and Wales (9.6 litres) Beer accounted for 35%, spirits for 29% and wines for 25% of the pure alcohol sold in Scotland. (*Alcohol Statistics Scotland, 2011*)
- The number of drunken offences in the Outer Hebrides has increased substantially in the last 10 years, however the total number across the whole of Scotland has fallen in the same period. In 2008/2009, there were 124 drunkenness offences recorded in the Outer Hebrides. (*Local Drug & Alcohol Information, 2010*)
- Between 1999/2000 and 2007/2008 the number of offences recorded for drinking alcohol in a public place fell substantially in the Outer Hebrides, however in recent years this has increased again, with 15 such offences recorded in 2008/2009. National figures show that over the last 10 years the number of offences recorded for drinking alcohol in public places has almost trebled. (*Local Drug & Alcohol Information, 2010*)
- The number of drink driving offences recorded in the Outer Hebrides fell in 2008/2009 to 73; this is the lowest recorded number of drink driving offences in the last 10 years. This reflects national figures which have also experienced a fall in the last 10 years. (*Local Drug & Alcohol Information, 2010*)



4. National & Local Strategic Context



The Outer Hebrides ADP strategy takes cognizance of the following documents:

- Delivery Reform
- Audit Scotland – Drugs and Alcohol Service in Scotland (2009)
- Scottish Government – The Road to Recovery (2008)
- Scottish Government – Changing Scotland's Relationship with Alcohol (2008)
- Tackling Drugs in the Community (2009 – 2012)
- HEAT Targets: (HEAT 4 Alcohol Brief Interventions, Heat 11 Drug & Alcohol Waiting times)
- Licensing (Scotland) Act 2005
- Quality Standards
- Single Outcome Agreement
- Early Years and Early Intervention Strategy CnES (2009 – 2014)
- Getting it Right for Children in the Outer Hebrides Integrated Children's Services Plan (2010 - 2013)
- Western Isles Health & Well Being Strategy

Single Outcome Agreement (2009 – 2012)
(Outer Hebrides Community Planning Partnership)

In November 2007 national and local governments signed a concordat, which committed both to moving towards Single Outcome Agreements (SOAs) for all 32 of Scotland's councils and extending these to Community Planning Partnerships (CPPs).

The Scottish Government and local government share an ambition to see Scotland's public services working together with private and voluntary sector partners, to improve the quality of life and opportunities in life for people across Scotland. Single Outcome Agreements are an important part of this drive towards better outcomes. They are agreements between the Scottish Government and CPP's which set out how each will work towards improving outcomes for the local people in a way that reflects local circumstances and priorities, within the context of the Government's National Outcomes and Purpose which is:

"To focus Government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth."

Fifteen National Outcomes describe what the Government wants to achieve over the next ten years. The National Outcomes most relevant to substance misuse are

National Outcomes most relevant to substance misuse are:-

Outcome Number	Title of Outcome
National Outcome 2	We realise our full economic potential with more and better employment opportunities for our people.
National Outcome 4	Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
National Outcome 5	Our children have the best start in life and are ready to succeed.
National Outcome 6	We live longer, healthier lives.
National Outcome 7	We have tackled the significant inequalities in Scottish society.
National Outcome 8	We have improved the life chances for children, young people and families at risk.
National Outcome 9	We live our lives safe from crime, disorder and danger.
National Outcome 11	We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.

The SOA sets out the outcomes each authority wishes to achieve, working with its Community Planning Partners. Each SOA should identify local outcomes and express specific local priorities and which should inform one or more national outcomes. SOAs will be explicitly negotiated and agreed with Community Planning Partnership.

Within the Outer Hebrides SOA, there are high level outcomes on substance misuse which must be monitored and reported on. These are highlighted below.

National Outcome	Local Outcome	Local Indicator
6, 7, 8, 9	The physical and mental health and wellbeing of the people throughout the Outer Hebrides is improved.	<p>Alcohol related discharges standardised per 100,000 population. ISD SMR01, quarterly – WI NHS Annual</p> <p>Rate of drunkenness offences recorded per 10,000 population. Annual/SG Recorded offences DA31A</p>

HEAT Targets (2008 – 2011)

Each year the Scottish Government agrees a suite of national NHS performance targets known as [HEAT targets](#).

NHS Boards and the Scottish Government monitor Boards' performance against the national HEAT targets and progress is published on the Scottish Government's [Scotland Performs website](#). The HEAT targets reflect the agreed areas for specific accelerated improvement each year. NHS Boards are required to submit Local Delivery Plans to the Scottish Government outlining how they will attain national quality standards and HEAT targets. Local Delivery Plans are the 'performance contract' between Scottish Government and NHS Boards, based on the key ministerial targets.

The key health priority areas of NHS Scotland, and the Scottish Government, are as follows:

- **Health Improvement** for the people of Scotland - improving life expectancy and healthy life expectancy;
- **Efficiency** and Governance Improvements - continually improve the efficiency and effectiveness of the NHS;
- **Access** to Services - recognising patients' need for quicker and easier use of NHS services; and
- **Treatment** Appropriate to Individuals - ensure patients receive high quality services that meet their needs.

These targets will be used as performance measures whereby NHS Boards are held to account for their achievement of agreed priority targets.

The targets relating to alcohol services, included within HEAT are:

- H4: Alcohol Brief Interventions, using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines to be delivered by Primary Care staff, A&E staff and also maternity units. A target of 772 alcohol brief interventions by 2011 was set for NHS Western Isles, this has been achieved; a further target of 338 BI's for 2011 – 2012 has been set.
- A11: By March 2013, 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery. Waiting times appropriate to alcohol treatment will be defined and incorporated into a target covering both drugs and alcohol by April 2011.

HEAT targets will ensure that the quality and availability of alcohol and drug services will feature more prominently in the future in the wider NHS performance management arrangement, such as Annual Reviews and Local Delivery Plans.

National ADP Core Outcomes

To assist Alcohol and Drug Partnerships in demonstrating progress, a set of seven core outcomes for ADPs has been developed by the Scottish Government.

Core Outcomes are intended to sit alongside – and not replace – ADP Specific Outcomes which reflect local needs assessments and strategies, as well as those outcomes contained in Single Outcomes Agreements in Community Planning Partnerships. Progress towards all seven of these core outcomes, as well as locally specific outcomes will provide a rich local and national account of progress led by Alcohol and Drug Partnerships across the country.

Agreed National ADP Core Outcomes:

1. Health:

People are healthier and experience fewer risks as a result of alcohol and drug use: a range of improvements to physical and mental health, as well wider well-being, should be experienced by individuals and communities where harmful drug and alcohol use is being reduced, including fewer acute and long-term risks to physical and mental health, and a reduced risk of drug or alcohol-related mortality.

2. Prevalence:

Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others: a reduction in the prevalence of harmful levels of drug and alcohol use as a result of prevention, changing social attitudes, and recovery is a vital intermediate outcome in delivering improved long-term health, social and economic outcomes. Reducing the number of young people misusing alcohol and drugs will also reduce health risks, improve life chances and may reduce the likelihood of individuals developing problematic use in the future.

3. Recovery:

Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use: a range of health, psychological, social and economic improvements in well-being should be experienced by individuals who are recovering from problematic drug and alcohol use, including reduced consumption, fewer co-occurring health issues, improved family relationships and parenting skills, stable housing; participation in education and employment and involvement in social and community activities.

4. CAPSM:

Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances: this will include reducing the risks and impact of drug and alcohol misuse on users' children and other family members; supporting the social, educational and economic potential of children and other family members; and helping family members support the recovery of their parents, children and significant others.

5. Community Safety:

Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour: reducing alcohol and drug-related offending, re-offending and anti-social behaviour, including violence, acquisitive crime, drug-dealing and driving while intoxicated, will make a positive contribution in ensuring safer, stronger, happier and more resilient communities.

6. Local Environment:

People live in positive, health-promoting local environments where alcohol and drugs are less readily available: alcohol and drug misuse is less likely to develop and recovery from problematic use is more likely to be successful in strong, resilient communities where healthy lifestyles and wider well-being are promoted, where there are opportunities to participate in meaningful activities and where alcohol and drugs are less readily available. Recovery will not be stigmatised, but supported and championed in the community.

7. Services:

Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery: services should offer timely, sensitive and appropriate support, which meet the needs of different local groups (including those with particular needs according to their age, gender, disability, health, race, ethnicity and sexual orientation) and facilitate their recovery. Services should use local data and evidence to make decisions about service improvement and re-design.

5. Monitoring and Evaluation



The Outer Hebrides ADP recognise the importance of monitoring and evaluating work and affirms that we will:

- Continually review the strategy to evaluate progress.
- Exercise budget exceptional reporting to the Strategic group
- Regularly review the gaps in services and respond timely to the local needs.
- Support evidence-based practice and high quality evaluation.
- Learn from good practice, evaluations, pilot projects and disseminate learning.
- Obtain six-monthly and annual accountability reports from services to monitor progress and to identify opportunities for support and development.

Each initiative, post or project is managed via a service level agreement with the Outer Hebrides ADP.

Funding for each initiative is agreed on the proviso that outcomes for the initiative or project directly relate to the objectives, goals and desired outcomes for the Outer Hebrides ADP.

Each initiative will be required to provide evidence of project planning and monitoring of progress through performance and outcome indicators. Regular reports on progress and effectiveness are provided to the Outer Hebrides ADP which will monitor these against the agreed local action plan.

NHS Western Isles and the Outer Hebrides ADP are accountable to the Scottish Government for the use of funds allocated to them.

Outer Hebrides ADP Outcomes Triangle

Outcomes triangle - Alcohol

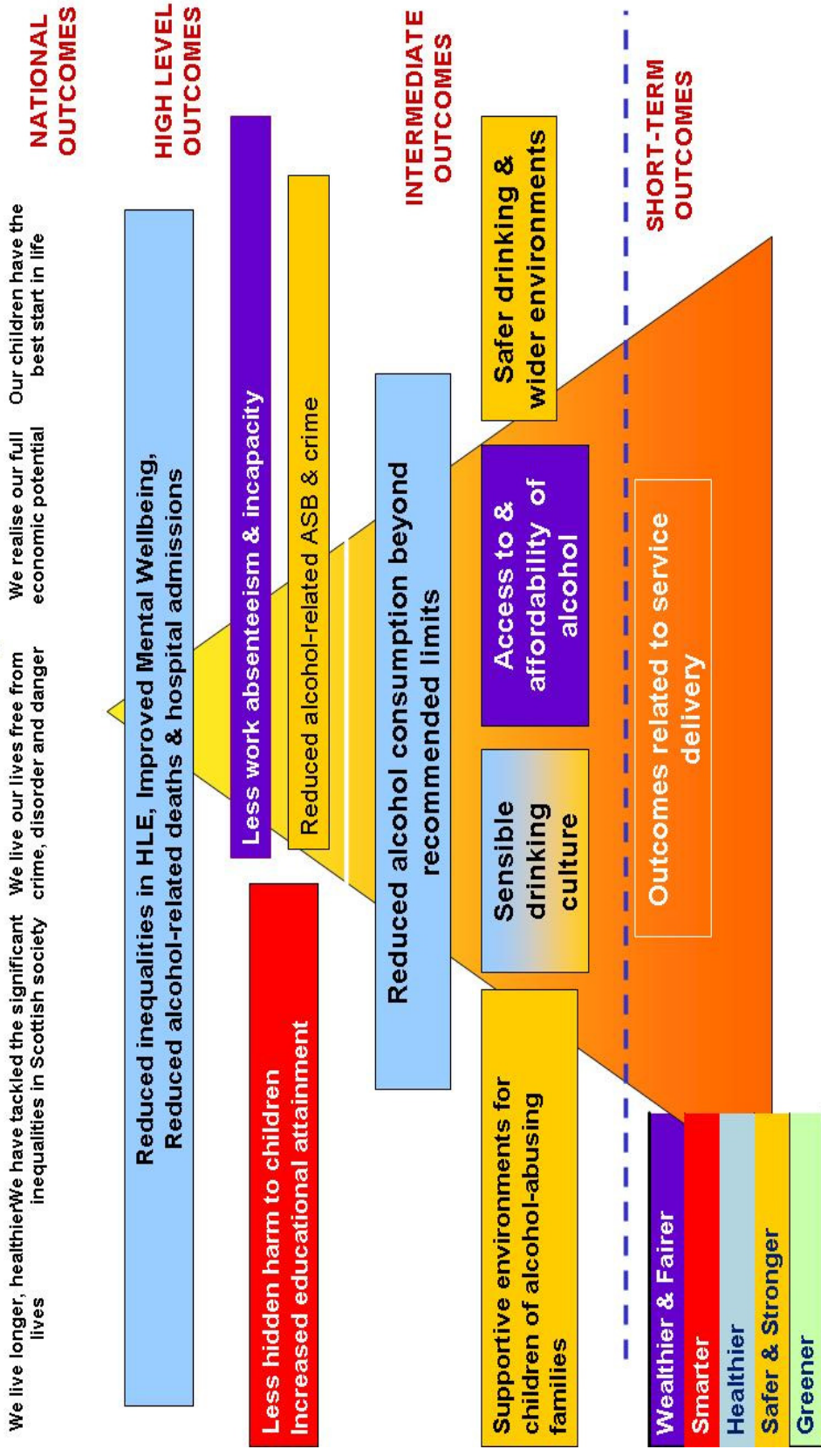


Diagram references the Scottish Government's strategic objectives Wealthier and Fairer, Smarter, Healthier, Safer and Stronger and Greener.

6. Partner Resources

Within the Outer Hebrides a variety of services are in place to address the issues of substance use.

It is clear that due to the changing nature of substance use, no one agency has the skills, resources and expertise to fully address the issues.

Thus the Outer Hebrides ADP has a strong commitment to partnership working as evidenced by the wide variety of agencies that contribute to the work of the Outer Hebrides ADP.

Outer Hebrides ADP members are drawn from a wide range of agencies and groups.

Outer Hebrides ADP Members

Designation	Organisation	ADP Subgroup
Chief Inspector	Northern Constabulary	Executive Subgroup
Criminal Justice Service Manager	CNES	
Housing Strategy & Development	CNES	
Joint Organiser	Harris Voluntary Service	
Chief Executive	NHS Western Isles	Executive Subgroup
Director of Public Health	NHS Western Isles	Executive Subgroup
Interim Head of Children's Services	CNES	Executive Subgroup
Community Representative		Executive Subgroup Uist & Barra Subgroup
	Jobcentre Plus	
Service User		Uist & Barra Subgroup
Licensing Board	CnES	

Outer Hebrides ADP Support Officers

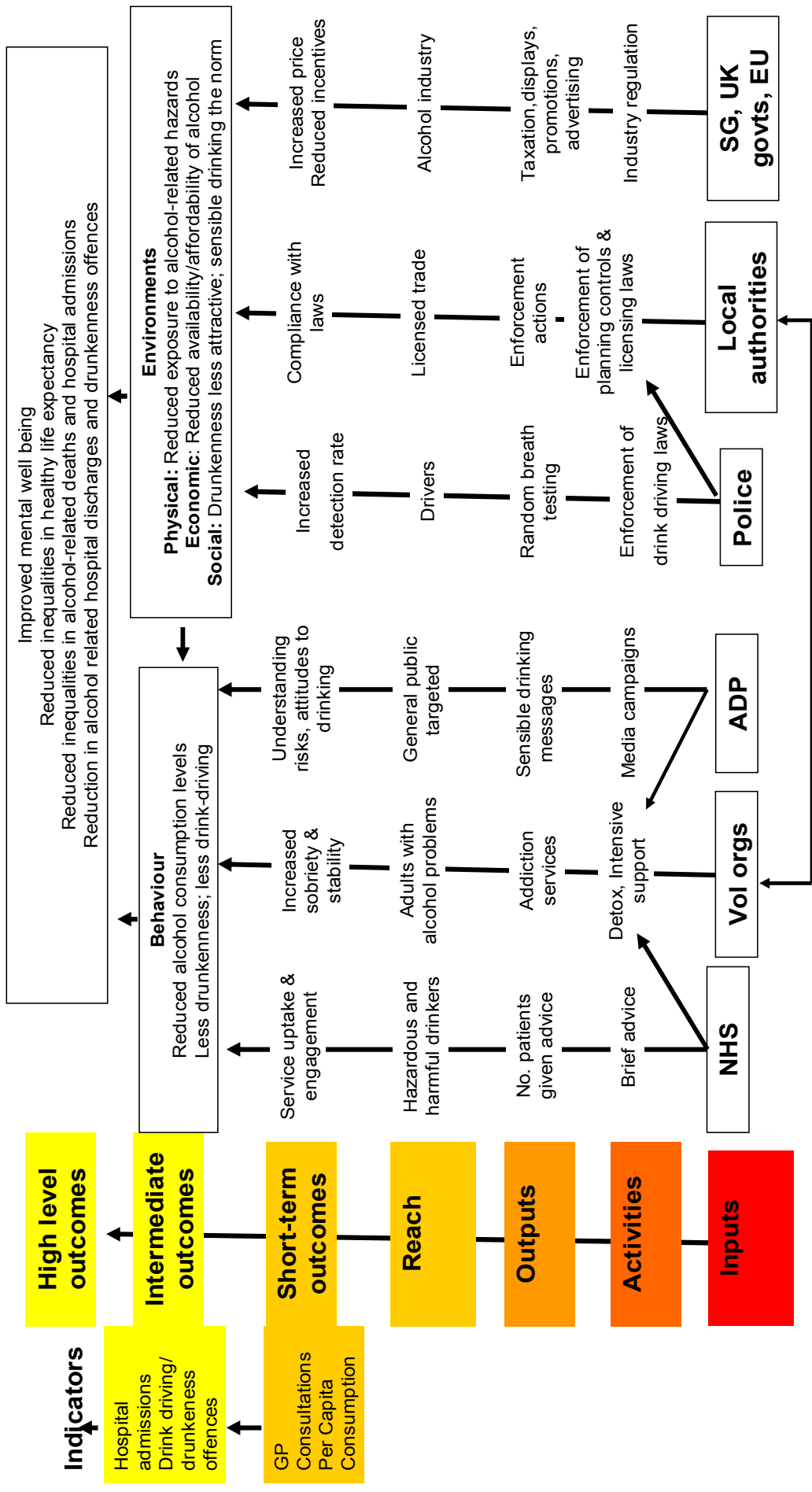
Designation	Organisation	Support of Subgroup
ADP Coordinator	NHS Western Isles	ADP Executive Subgroup Communications Subgroup Uist and Barra Subgroup
Substance Misuse Development Officer	NHS Western Isles	ADP Executive Subgroup Communications Subgroup Lewis and Harris Subgroup Uist & Barra Subgroup
ADP Administrator	NHS Western Isles	ADP Executive Subgroup Communications Subgroup Lewis and Harris Subgroup
ADP Information and Research	NHS Western Isles	ADP

In Attendance:

Designation	Organisation	Support of Subgroup
Senior Accountant	NHS Western Isles	Executive Subgroup

Outer Hebrides Alcohol Drug Partnership

Alcohol Cross-sector Contributions - ADP



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9. Appendices



Appendix 1: Western Isles Alcohol Needs Assessment (2008) Recommendations:

Recommendation 1: To undertake a comparative study to establish whether there are significant differences in the proportions and types of alcohol related problems in the Western Isles than elsewhere. To include analysis of: female hospitalisation rates; repeat admissions; A&E and admissions policies; hospital and community consultation rates

Recommendation 2: Develop a model of significant factors predictive of alcohol-related hospitalisation using logistic regression methods. Include for factors such as age, gender, rurality – access to support services, rurality – social isolation (living alone), deprivation, presence of previous interventions, level of alcohol consumption, previous admissions. Test model for Western Isles cohort and control cohort on mainland centre.

Recommendation 3: To establish reasons for the high levels of alcohol related crime and to implement evidence based preventative measures, particularly in relation to offences of drunkenness and drink driving

Recommendation 4: The ADAT may wish to consider initiating some form of community debate in Harris and/or Barra regarding local attitudes to alcohol and perceptions of local support needs.

Recommendation 5: The ADAT may wish to review its mechanisms for being aware and engaged with other multi-agency groups, strategies and standards that include alcohol misuse and relevant client groups.

Recommendation 6: Local compliance with the SIGN Guideline and HTBS Assessment Advice should be audited.

Recommendation 7: ADAT may wish to review the current supported accommodation provision and the need for locally provided residential and rehabilitation provision against effectiveness and efficiency measures.

Recommendation 8: ADAT should continue to monitor services and interventions on outcomes and impact on clients. Evaluation of larger service developments would be useful. This will enable the ADAT to make strategic decisions on an ongoing basis with regard to further developments, resource allocation and service distribution.

Recommendation 9: The ADAT should seek to widen the range of evidence based psychosocial approaches available locally and ensure suitable training on assessment and motivation.

Recommendation 10: that ADAT reviews its current support and promotion of self help groups and informal support helpers.

Recommendation 11: It is recommended that a help line card is made available so that people know who to contact in a crisis. This could include emotional support, physical support, help for family and carers and include local and national contacts. It may be possible to work jointly on this producing a card which also covers 24 hour support for mental health issues and homelessness for example.

Recommendation 12: As part of the ongoing programme of rolling out STRADA training throughout the community, the ADAT could consider specific sessions for community groups such as Community Councils, the local Community Support workers, Community interest groups etc.

Recommendation 13: ADAT should seek to influence the national response to the difficulties imposed due to low pricing and availability of alcohol and develop local responses to limit the negative impact such as restrictions on age limits and controlling over provision.

Recommendation 14: The ADAT should review the extent of services available for Young People, including Youth Counselling, Youth Cafés and Outreach, and the needs of Young Carers by involving young people in a dialogue about their support needs. This would include a review of services for children affected by parents/carers alcohol misuse.

Recommendation 15: The ADAT may wish to commission further research into women's attitudes to alcohol and the local statutory and voluntary services available.

Recommendation 16: The ADAT may wish to consider commissioning a feasibility study into the establishment of a pilot Community Alcohol post.

Recommendation 17: The ADAT should consider ways of developing and improving access both to independent counselling services and to other "talking therapies".

Appendix 2: Outer Hebrides Alcohol & Drug Partnership: Services offered within the Outer Hebrides (Updated 2011)

Service Provided	Tier	Treatment Modality	Number Seen per annum	Number Seen per annum Alcohol	Number Seen per annum Drugs	Area Covered			
						Lewis	Harris	Uist	Barra
ADP Support Team Prevention and education – inputs & campaigns	1		Outer Hebrides population (25,000) targeted by Christmas, Summer, International Women's Day and Alcohol Awareness Week Campaigns	766 (many alcohol educational inputs also included drug inputs)	117 (attended specific drug educational inputs)	✓	<	<	<
Alcohol Liaison Nurse Detox, hospital & community	3	1/2				✓	<		
Brief Interventions Well North – Brief interventions	2		786 BI's 4 TTT 20 TS 148 ST			✓	<	✓	<
Caladh Trust - Road to Recovery Support Group (drop-in service, one-to-one support, etc.)	1		25	25				✓	
Caraidean Uibhist (Support Group)	1		31				<	✓	
CAMHS support to young people	3		13	10	3	✓	<		

Service Provided	Tier	Treatment Modality	Number Seen per annum	Number Seen per annum Alcohol	Number Seen per annum Drugs	Area Covered			
						Lewis	Harris	Uist	Barra
Comhla – Third Sector Hebrides (polydrug initiative, mentoring and support, placement and training opportunities)	3	1/3	66 (including Future Jobs Fund referrals)			✓	<		
Community Detox Nurse Detox in the community	3	1/2	22 (6 months in post)	18 (6 months in post)	-	✓	<		
Cothrom Supported Employment & Training	1		17	15	2			✓	
CPC/ICAD Support for children families and carers	3		240 YP/F 35 YC			✓	<	✓	<
Detached Youth Work Team / Streetwork Team (advice, support info, etc for young people)	1		3046			✓			
Drug Support Worker Counselling & Support to those with substance use problems	2		32			✓	<		
Harris Voluntary Service (youth cafes)	1		43				✓		
Hebrides Alpha Supported employment & supported Accommodation	2		19	13	6	✓	<		
Lifestyle Centre and Bridge Projects Uists (counselling, short interventions)	3	1/3	69			✓	✓	✓	✓
Action for Children Pathways Project Support to young people	1/2		16			✓	<	<	<

Service Provided	Tier	Treatment Modality	Number Seen per annum	Number Seen per annum Alcohol	Number Seen per annum Drugs	Area Covered			
						Lewis	Harris	Uist	Barra
Radical (Community education Uist & Barra) Awareness raising sessions to young people & Training for Youth workers	1		244					✓	✓
Substance Misuse Coordinator – Uists & Barra (focus for treatment services and liaison between services) and one to one counseling Also targeted schools and groups in Uist and Barra	3	1/3	53					✓	<
Substance Misuse Coordinator – Lewis & Harris (focus for treatment services and liaison between services) and one to one counselling	3	1/3	106			✓	<		

Key:

1,2,3,4 Tier
1,2,3 Modality (Treatment Type)
✓ Service base
< Service area covered from base

Tier 1 Interventions: Information and advice, screening and referral by generic services

Definition:

Include provision of drug-related information and advice, screening and referral to specialised drug treatment

Tier 2 Interventions: Open access, non-care-planned interventions

Definition:

Include provision of drug related information and advice, triage assessment, referral to structured treatment, brief psychosocial interventions, harm reduction interventions (including needle exchange) and aftercare

Tier 3 Interventions: Structured, care-planned drug treatment

Definition:

include provision of community-based specialised drug assessment and co-ordinated care planned treatment and drug specialist liaison

Tier 4 Interventions: Drug specialist inpatient treatment and residential rehabilitation

Definition:

Provision of residential specialised drug treatment, which is care planned and care coordinated to ensure continuity of care and aftercare

Treatment Types for Tiers 3 & 4

Code 1 – Structured preparatory and motivational intervention:

Planned intervention that stabilises the client or prepares them for further interventions

Code 2 – Prescribed drug treatment (including detoxification, maintenance or reduction programme:

The prescribing of a substitute drug, (e.g. Methadone, lofexidine, subutex) for facilitating the complete cessation of the use of illicit drugs, controlling withdrawal symptoms or reducing illicit drug use

Code 3 – community based support and/or rehabilitation:

Interventions that have the purpose of tackling the social and psychological problems faced by the client *(such as debt/benefit/relationship and family problems, relapse prevention or employability and training issues) e.g. structured day programmes, counselling, group work.

Clients may be in receipt of other treatment interventions in parallel with community based support and rehabilitation (e.g. substitute prescribing).

Code 4 Residential Detoxification and rehabilitation:

Detoxification and/or rehabilitation that involves the client being admitted to a residential facility or hospital

Appendix 3: Outer Hebrides ADP Funded/Supported Services 2010-2011

Essential Services:

ADP Support Officers

Partner Service Delivery SMW/Coordinators U&B & L&H

Public Information, Campaigns, Projects

Subsistence and Travel

NHS Delivery(Brief Interventions, Alcohol Liaison Nurse, Well North, Data Collection and Reporting)

CnES Drug Support Worker

Committed Expenditure - Core Services

Crossreach/Lifestyle/Bridge

Action for Children - Pathways

Caladh Trust

Cothrom

Hebrides Alpha

Caraidean Uibhist

Home Detox Lewis

Children and Mental Health Services

Needle Exchange

CPC and ICAD (Children and Family Service)

Young People (Prevention and Education):

Third Sector Hebrides - Comhla

Community Education - StreetWork Project

Community Education - Uist and Barra - Radical

Appendix 4: Outer Hebrides ADP Action Plan 2011-2015

Action Plan to be added at a later date. The ADP are currently carrying out ongoing consultation across the Outer Hebrides to develop the 2012 – 2015 Action Plan in response to locally identified actions.

Copies of the Outer Hebrides ADP Support Team 2011 – 2012 Action Plan and ADP Finance 2011 - 2012 Action Plan are available by request.

10. Further Information



For further information please contact:

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