



Outer Hebrides Alcohol & Drug Partnership General Needs Assessment 2011



Foreword

Problem substance use is a major concern for public health in Scotland, and the cost of such problems is ever increasing. Many of us are drinking at levels that are causing or have potential to cause harm to our physical or mental health. Excess alcohol consumption can cause families to breakdown, result in crime or cause financial difficulties. An estimated 52,000 people are problem drug users and approximately 40-60,000 children are affected by the drug problems of one or more of their parents.

Although total alcohol consumption levels in the Outer Hebrides are similar to what is found across Scotland there does appear to be extreme patterns of alcohol consumption in the Outer Hebrides. While there are a large number of non-drinkers (total abstainers) there are also a large number of binge drinkers. Alcohol consumption is causing short and long term health problems for the local population - the Outer Hebrides has one of the highest rates of alcohol related discharges in the whole of Scotland. Binge drinking also impacts on local communities in terms of economic and social problems.

The levels of illicit drug use amongst the population of the Outer Hebrides are largely unknown although there is some evidence to suggest that it mirrors the national picture. The estimated prevalence of problem drug use in the Outer Hebrides has increased in recent years although levels are still relatively low. There is an increasing trend of drug misusing clients who are polydrug users – using a combination of drugs including amphetamines, painkillers and antidepressants.

The Outer Hebrides Alcohol and Drug Partnership plays a significant role in the local delivery of national addiction strategies to tackle drug and alcohol misuse. Its members are drawn from a range of statutory and voluntary agencies and groups working with services who aim to improve the outcomes for individuals, their families and local communities within the Outer Hebrides.

It was proposed that the Outer Hebrides ADP carry out a needs assessment to identify the prevalence of problem substance use in local communities and the extent that the lives of the local population have been affected by this. It is hoped that the results of this needs assessment will assist the Outer Hebrides ADP and partner agencies in the planning, development and delivery of recovery based services in order to support people affected by problematic alcohol and drug use, in line with the Outer Hebrides ADP 2011-2015 Strategy.

The Outer Hebrides ADP would like to thank all partner agencies help distributed the questionnaire and all those members of the public who took the time to complete the questionnaire.

Outer Hebrides Alcohol & Drug Partnership Chairman
Chief Inspector Gordon Macleod

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1: INTRODUCTION

1.1 BACKGROUND

The importance of Alcohol and Drug Partnerships carrying out Needs Assessments has been highlighted in a number of national reports, for example, by the Quality Alcohol Treatment and Support report published by the Scottish Government. One of the key recommendations in this publication was that:

'All Alcohol and Drug Partnerships and commissioned services must have, and review on an ongoing basis, robust needs assessments and Equality Impact Assessments (EqIAs) to ensure the needs of all groups within their community are identified and met, paying particular attention to those most at risk of harm¹'

It was emphasised that each ADP should carry out a regular, robust needs assessment that goes further than only seeking support for previous decisions to deliver particular services. A needs assessment ought to look at the prevalence of substance misuse in each area, as well as assessing the type of substance use that is occurring. Additionally, it should deal with the provisions that already exist for addressing local issues as well as any gaps in service provision. In addition to identifying the needs of those with substance issues, the needs assessment should identify the needs of those affected by problems substance use including families and local communities.

1.2 OBJECTIVES

The objectives of the Need Assessment were:

- To describe the prevalence of alcohol and/or drug use in the Outer Hebrides population
- To identify the extent that the lives of the population of the Outer Hebrides have been affected by alcohol and/or drug use.
- To identify gaps and areas of unmet need in current service provision
- To provide evidence based recommendations for the development of local specialist services.
- To produce evidence based recommendations for policy and planning

It is hoped that the information collected will assist the Outer Hebrides ADP to deliver services that:

- meet the needs of the local community
- are accessible and seamless
- have adequately trained staff

¹ Quality Alcohol Treatment and Support, (QATS), SMACAP Essential Service Working Group, 2011.

- are outcomes based
- are recovery based

1.3 METHODS

In order to gather the information required to meet the objectives of the Needs Assessment a survey was created. The survey covered a range of topics:

- Demographic profile of responders
- Living situation of responders
- Alcohol use
- Drug use
- Effects of alcohol and drug use
- Alcohol and drug support
- Local area
- Information

As well as distributing hard copies of the survey, an online version was also created using Survey Monkey. Hard copies of the survey were distributed to:

- GP surgeries
- Hospital waiting areas
- Council reception areas
- Council departments

Hard copies and links to the online survey were sent to:

- NHS Western Isles staff
- NHS Western Isles website
- Outer Hebrides ADP partners
- Outer Hebrides ADP funded services
- Outer Hebrides ADP Subgroups
- Outer Hebrides Community Safety Partnership
- Outer Hebrides Community Planning Partnership

- Community workers
- Hebridean Housing Partnership
- Local agencies with an interest in substance misuse
- Outer Hebrides ADP Website
- Local authority staff e.g. Social Work and schools through the GLOW network

This survey was then distributed by all these agencies to ensure that circulated to as widely as possible. Responders were asked to return the completed hard copies of the survey either by post to the Outer Hebrides ADP or by returning them to a member of staff or reception desk.

The survey was distributed on 24 October 2011 and an initial closing date of 17 November 2011 was given, however this was subsequently extend to 25 November 2011 to allow a sufficient number of people to complete the survey. Copies of the survey are available on request.

1.4 DEFINITIONS

In order to ensure consistency and comparability these definitions have been approved for use in this report. This section details the following expressions as they apply to this report:

- Needs Assessment
- 'New' individuals
- Dependent children
- Prescription and over the counter drugs
- N/A

Needs Assessment: A health care needs assessment is defined in the Scottish Needs Assessment as *'the systematic approach to ensuring that the health service uses its resources to improve the health of the population in the most efficient way. It involves methods to describe the health problems of a population, identify inequalities in health and access to services, and determine the priorities for the most effective use of resources.'*

'New' individuals: A 'new' patient/client is defined as any person who, at the time of presenting, is not currently in contact with a service that provides specialist assessment of a client's drug misuse care needs.

Dependent children: In the survey a dependent child was defined as a child under the age of 16 or a child aged 16-18 who was still in full-time education.

Prescription and over the counter drugs: In the survey prescription and/or over the counter drug use refers to taking prescription and/or over the counter prescription drugs that were not prescribed to you or taking them for a reason they are not meant for.

N/A: Some charts showed the proportion of respondents who did not answer the questions – this had been labelled as N/A

1.5 LIMITATIONS

There are a number of issues which should be considered when reading this report and when interpreting the results.

- Self assessment is not always an accurate measure of alcohol consumption or drug use. It has been found that people who participating in a research project tend to report an accurate level of alcohol and/or drug use. However, those people who have a service problem with substances may not want to disclose their habits. Shame or guilt may lead some people to under report their consumption².
- Although 227 people took part in the survey, only 177 (79%) of these people fully completed it.
- The response in some areas was very low in comparison to other. For example, respondents from Barra & Vatersay only accounted for 1% of all respondents as did respondents from South Lochs. Therefore caution must be taken when looking at area specific responses.
- Some of the questions relating to drug use were poorly answered therefore can not be seen a true representation of drug use behaviour in the Outer Hebrides. Therefore, as a result caution must be taken when interpreting these results.

² *The management of harmful drinking and alcohol dependence in primary care*, Scottish Intercollegiate Guidelines Network (SIGN) 74, 2003

2: BASELINE INFORMATION

2.1 INTRODUCTION AND AIMS

This chapter provides a general overview of the population profile in the Outer Hebrides. This includes a breakdown by age group and area. Future projections for changes to the population profile have also been provided, with a view to assisting in the planning of future services.

This chapter also presents detailed epidemiological information on a range of aspects in order to outline the trends and highlight the prevalence of alcohol and drug use in the Outer Hebrides. This information includes:

- Alcohol and drug consumption data
- Alcohol and drug hospital data
- Alcohol and drug related deaths
- Effects of deprivation
- Social harm

Where possible, the Outer Hebrides has been compared to Orkney and Shetland. These areas have been chosen as suitable comparators as they have similar population profiles. However, in some parts of this chapter the Outer Hebrides data is combined with the data from Orkney and Shetland. This has been done due to the small sample sizes within each of the three Health Boards.

Information on the prevalence and trends in the consumption of alcohol and drugs across Scotland and the Outer Hebrides over recent years has been taken from a range of local and national sources.

2.2 DEMOGRAPHIC INFORMATION

2.2.1 Population profile

The latest annual mid-year population estimate for the Outer Hebrides, as calculated by the General Register Office for Scotland, was 26,190. *Table 2.1* shows how the population is distributed across the various areas of the Outer Hebrides³.

³ *Mid-2010 population Estimates*, National Record of Scotland, 2010.

Table 2.1: Population distribution across the Outer Hebrides by age, 2010

	Population Size	0-15	16-64	65+
Lewis	18,619	3,220	11,450	3,949
Harris & Scalpay	1,881	256	1,107	518
North Uist & Berneray	1,556	187	949	420
Benbecula	1,152	249	757	146
South Uist & Eriskay	1,844	332	1,130	382
Barra & Vatersay	1,138	196	690	252

The proportion of Outer Hebrides residents aged 15 years and under is similar to the Scottish average. Seventeen percent (17%) of the Outer Hebrides population fall into this age range compared to 17.5% of the Scottish population³.

The proportion of Outer Hebrides residents aged 65 years and over is higher than the Scottish average. Approximately twenty-two percent (22%) of the Outer Hebrides population fall into this age range compared to 16.8% of the Scottish population³.

The proportion of working age adults (16-64 years) in the Outer Hebrides is lower than the Scottish average; 61.4% compared to 65.7% in Scotland³.

Life expectancy for females in the Outer Hebrides is better than the Scottish average for females. However, life expectancy for males in the Outer Hebrides is worse than the Scottish average. In comparison, life expectancy in Orkney and Shetland is better than the Scottish average for both males and females⁴.

Table 2.2: Life expectancy at birth by Local Authority and Scotland, 2008-2010

	Western Isles	Orkney	Shetland	Scotland
Males	74	77.3	77.2	75.8
Females	82	81.4	80.7	80.4

The standardised birth rate in the Outer Hebrides is lower than that for Scotland overall, 9 births per 1,000 population in the Outer Hebrides compared to the Scottish average of 11.3 per 1,000 populations. However the birth rate in the Outer Hebrides did increase between 2009 and 2010 by approximately 3.5%. The birth rate for Orkney and Shetland in 2010 was noticeably higher than the birth rate in the Outer Hebrides⁵.

⁴ *Life Expectancy for areas in Scotland*, National Record of Scotland, 2008-2010.

⁵ *Births Time Series Data*, General Register Office for Scotland, 1991 to 2010

Table 2.3: Number of births by Local Authority and Scotland, 2010

	Western Isles	Orkney	Shetland	Scotland
Number of births	235	197	266	58,791
Annual change	3.5%	-1%	-2.6%	-0.4%
Rate per 1,000 population	9.0	9.8	11.9	11.3

The standardised death rate in the Outer Hebrides is higher than the Scotland average – 13.7 deaths per 1,000 population compared with 10.3 deaths per 1,000 population. The death rate in the Outer Hebrides is also somewhat higher than the death rates in Orkney and Shetland, which were 10.6 per 1,000 population and 10.8 per 1,000 population respectively⁶.

Table 2.4: Number of deaths by Local Authority and Scotland, 2010

	Western Isles	Orkney	Shetland	Scotland
Number of deaths	359	213	241	53,967
Annual change	1.99%	1.91%	23%	0.21%
Rate per 1,000 population	13.7	10.6	10.8	10.3

The Outer Hebrides population is projected to decrease by approximately 4.1% by 2033 compared to an increase in Scotland's population of about 7.3% in the same period. There is a predicated decrease in the number of children and working age people, whereas it is expected that there will be an increase in the number of pensionable age people. The 0-15 year old population is expected to decrease by about 17.4%, the 16-64 year old population is expected to decrease by 11.7%, whereas the 65+ year old population is expected to increase by 23.6%⁷.

A large proportion (79%) of the population of the Outer Hebrides are classified as living in a very remote rural area (i.e. area with a population of less than 3,000 people, and with a drive time of over 60 minutes to a settlement of 10,000 or more), and the remainder (21%) of the population of the Outer Hebrides are classified as living in a very remote rural town (i.e. settlements of between 3,000 and 10,000 people, and with a drive times of over 60 minutes to a settlement of 10,000 or more)⁸.

⁶ *Deaths Times Series Data*, General Register Office for Scotland, 1991 to 2010

⁷ *Population Projections Scotland (2008 based)*, General Register Office for Scotland, 2010

⁸ *Scottish Government Urban/Rural Classification 2009-10*, Scottish Government, 2010

2.2.2 Scottish Index of Multiple Deprivation (SIMD)

The Scottish Index of Multiple Deprivation (SIMD) presents a picture of multiple deprivation across Scotland. It is the Scottish Government's official tool for identifying small area concentrations of multiple deprivation and is relevant for the targeting of policies and resources aimed at tackling areas where there are concentrations of multiple deprivation. The SIMD index identifies the relative level of deprivation experienced by all 6505 'communities' or data zones that make up Scotland. Interest is focused on those data zones that are considered to be in the 5% most deprived nationally.

The SIMD is calculated from considering a range of life circumstances of the people of Scotland including health, education, access to services, housing and crime. The individual weighted scores for each of these 'domains' or dimensions of deprivation are combined to produce an overall deprivation score or ranking.

The Outer Hebrides has the highest percentage (85%) of all Community Health & Social Care Partnership (CHaSCP) areas for people living in the 15% most 'access deprived' areas of Scotland. In comparison only 14.2% of the Scottish population are living in the 15% most deprived areas of Scotland. Similarly the percentage of people living in the 15% most 'access deprived' areas in Orkney and Shetland were much higher than the national average (Orkney: 67.2%; Shetland: 75.2%)⁹.

In 2010, the percentage of the total population of the Outer Hebrides who were income deprived was 15.1%, exactly the same as the national level. The percentage of people living in Orkney and Shetland who were income deprived was somewhat lower than that of the Outer Hebrides and the national average (Orkney: 10.2%; Shetland: 8.5%)⁹.

Each area in the Outer Hebrides is classified into one of five local deprivation quintiles. *Table 2.5* shows how the population of the Outer Hebrides is distributed across the quintiles.

⁹ *Western Isles Health & Wellbeing Profile*, Scottish Public Health Observatory, 2010

Table 2.5: Population distribution across local deprivation quintiles, 2009

	Population Size	1 Most deprived	2	3	4	5 Least deprived
Lewis	18,619	22%	16%	20%	19%	23%
Harris & Scalpay	1,881	-	48%	52%	-	-
North Uist & Berneray	1,556	-	-	-	-	100%
Benbecula	1,152	-	40%	-	60%	-
South Uist & Eriskay	1,844	37%	-	35%	28%	-
Barra & Vatersay	1,138	-	48%	52%	-	-

2.2.3 Employment

Between July 2010 and June 2011, 68.9% of the working age population in the Outer Hebrides were employed, this is lower than the proportions in Orkney, Shetland and the Scottish average (Orkney: 82.2%; Shetland: 86.2%; Scotland: 77.7%). The proportion of working age people in the Outer Hebrides who were unemployed was higher than the proportion in Orkney and Shetland but lower than the Scottish average (Outer Hebrides: 6.8%; Orkney: 4.0%; Shetland: 3.5%; Scotland: 7.8%)¹⁰.

In the Outer Hebrides the proportion of working age adults claiming Job Seekers Allowance was higher than the proportion in Orkney and Shetland; however it was lower than the Scottish average. (Outer Hebrides: 3.3%; Orkney: 2.1%; Shetland: 1.3%; Scotland: 4.1%)¹⁰.

2.6% of Incapacity benefits/severe disablement allowance claimants in the Outer Hebrides cited alcoholism as their main condition. This compares to 2% in Orkney and 2% in Shetland and the Scottish average of 3.1%. In the Outer Hebrides, 4% of Employment and Support Allowance claimants cited alcoholism as their main condition. In comparison in Orkney none of the Employment and Support Allowance claimants cited alcoholism as their main condition, 5.3% of claimants in Shetland cited alcoholism as their main condition and an average of 3.8% across the whole of Scotland cited alcoholism as their main condition. Similar proportions of Disability Living Allowance (DLA) claimants in the Outer Hebrides, Shetland and across the whole of Scotland cited alcoholism and/or drug abuse as their main disabling condition. There were no Disability Living Allowance (DLA) claimants in Orkney citing this as their main disabling condition¹¹.

¹⁰ *Labour Market Profile Eilean Siar*, Office for National Statistics Official Labour Market Statistics, 2010

¹¹ *Department of Work and Pensions*

2.3 ALCOHOL AND DRUG PREVALENCE DATA

2.3.1 Alcohol Consumption

The UK government produced sensible drinking guidelines recommending safe weekly limits based on units of alcohol. The current recommended weekly limit is 21 units for men and 14 units for women. High levels of alcohol consumption have been linked with many harmful consequences both for the individual and the wider community.

Data on alcohol consumption for the Outer Hebrides (combined with Shetland and Orkney), suggests that the average weekly alcohol consumption level for males in this area is the lowest in Scotland. The average weekly alcohol consumption levels for females is slightly lower than those seen in Scotland as a whole¹².

Table 2.6: Estimated usual weekly alcohol consumption level by Health Board and sex

	Male mean units per week	Female mean units per week
Ayrshire & Arran	19.3	9.2
Borders	18.2	9.3
Dumfries & Galloway	17.6	8.6
Fife	17.5	8.3
Forth Valley	20.1	7.2
Grampian	17.2	8.9
Greater Glasgow & Clyde	21.6	9.2
Highland	19.8	8.4
Lanarkshire	23.4	8.1
Lothian	21.5	11.9
Orkney, Shetland, Outer Hebrides	15.3	7.8
Tayside	19.7	8.3
SCOTLAND	20.3	9.1

¹² *Scottish Health Survey*, Scottish Executive, 2003

Data from the *Scottish Health Survey (2003)* suggests that excessive drinking is generally less common in the Outer Hebrides (combined with Shetland and Orkney) than in Scotland as a whole. The percentage of male residents in the Outer Hebrides (combined with Orkney and Shetland) consuming over the recommended level of alcohol units per week is lower than the Scottish average. This holds both for the percentage of males drinking over 21 units per week and for the percentage of males drinking over 50 units per week. The percentage of women in the Outer Hebrides (combined with Orkney and Shetland) drinking over 21 units per week is lower than the Scottish average, whereas the percentage of women drinking more than 35 units per week was higher than the Scottish average¹². However, it has been found that there is a higher percentage of total abstainers (non-drinkers) in the Outer Hebrides than in Scotland as a whole (both men and women).

Table 2.7: Estimated weekly alcohol consumption percentage of individuals consuming over recommended amounts, by Health Board and sex

	Males		Females	
	21+ units	50+ units	14+ units	35+ units
Ayrshire & Arran	29.6	8.1	22.1	6.1
Borders	30.1	6.2	25.0	1.8
Dumfries & Galloway	28.6	8.3	21.9	3.6
Fife	31.9	6.3	22.3	4.1
Forth Valley	33.8	9.7	16.3	2.7
Grampian	27.9	6.6	23.3	4.0
Greater Glasgow & Clyde	36.7	11.3	24.1	4.8
Highland	35.2	8.0	21.1	4.1
Lanarkshire	36.3	9.5	19.1	3.2
Lothian	39.9	9.1	31.5	6.0
Orkney, Shetland, Outer Hebrides	18.6	7.7	17.1	5.2
Tayside	32.4	6.8	21.9	4.1
SCOTLAND	34.1	8.8	23.4	4.5

2.3.2 Drug Use

Scotland has a long standing and serious drug problem. An estimated 52,000 people are problem drug users; 40-60,000 children are affected by the drug problem of one or more parent; and there were 485 drug related deaths in 2010. This has a significant impact on individuals, families and society – with an estimated economic and social cost of £2.6 billion per annum¹³.

¹³ *The Road to Recovery: A new approach to tackling Scotland's drug problem*, Scottish Government, 2008

In 2009/10, 11 'new' individuals in the Outer Hebrides were reported to the Scottish Drug Misuse Database (SDMD). This represents a significant decrease of more than 50% on the previous year. In comparison in 2009/10 the number of new individuals reported to the SDMD in Orkney was below the permissible level for reporting and there were 65 new individuals reported to the SDMD in Shetland¹⁴. The main sources of referral in the Outer Hebrides were self referral, referral by a health service (such as GP or mental health) and social work. However, across the whole of Scotland the main sources of referral were self, health and criminal justice (such as a DTTO or arrest referral)¹⁴.

In 2009/10, 91% of individuals reported using illicit drugs whereas the number reporting using prescription drugs was below the permissible level for reporting. In 2008/09, 89% of individuals reported using illicit drugs and 58% reported using prescription drugs. In 2009/10, the number of individuals in Orkney that reported using illicit drugs was below the permissible level for reporting as was the number of individuals using prescription drugs. During the same period 97% of individuals in Shetland reported using illicit drugs and 26% reported using prescription drugs¹⁴.

The details of any co-occurring health issues that 'new' individuals were experiencing in 2009/10 were below the permissible level for reporting. However, in 2008/09, 75% of the 'new' individuals were reported to also have an alcohol problem. In 2009/10, the details of any co-occurring health issues that 'new' individuals in Orkney were experiencing was below the permissible level for reporting while 75% of the new individual in Shetland reported that they also suffer from drug-related physical health problems and 52% suffered from mental health problems¹⁴.

In 2009/10, the number of 'new' individuals who had consumed alcohol in the previous month was below the permissible level for reporting. However, in 2008/09 over 60% of the 'new' individuals reported consuming alcohol in the previous month. In 2009/10, it was reported that none of the new individuals in Orkney had consumed alcohol in the previous month; however 60% of the new individuals in Shetland reported that they had consumed alcohol in the previous month¹⁴.

The number of new individuals who were unemployed in 2009/10 was below the permissible level for reporting. Similarly in Orkney the number of new individuals who were unemployed was also below the permissible level for reporting; however in Shetland 82% of new individuals were unemployed. The majority of individuals in the Outer Hebrides funded their drug use through employment and benefits. In Orkney, the details of how individuals funded their drug use was below the permissible level for reporting while in Shetland 98% reported funding their drug use through benefits and 40% funding their drug use through employment¹⁴.

¹⁴ *Drug Misuse Statistics Scotland*, ISD Scotland, 2010

In 2009/10, the number of individuals with dependant children was below the permissible level for reporting; however in 2008/09 26% of individuals were reported to have dependent children¹¹. In 2009/10, the number of new individuals in Orkney with dependent children was below the permissible level for reporting and in Shetland 38% of new individuals reported that they had dependent children¹⁴.

Data is available on the prevalence of problem drug use for 2009/10. The number of drug users aged between 15-64 years for all ADPs across Scotland has been estimated from the prevalence data¹⁵. There were approximately 130 problem drug users in the Outer Hebrides. In comparison the number of problem drug users in Orkney was below the permissible level for reporting and there were 130 problem drug users in Shetland. The estimated prevalence of problem drug use in the Outer Hebrides increased from 0.38 in 2006 to 0.81 in 2009/10. In comparison the prevalence has decreased in Orkney from 0.15 to 0.04 and increased in Shetland from 0.56 to 0.90. However the prevalence in all three areas was lower than the national prevalence rate (1.71)¹⁵.

2.4 ALCOHOL AND DRUG – HEALTH HARM

2.4.1 Alcohol – Health Harm

Evidence from clinical and epidemiological studies show a relationship between heavy drinking and certain clinical presentations (e.g. injuries, physical and psychiatric illnesses, frequent sickness absence) and social problems¹⁶. The extent of health related harm due to alcohol misuse in the Outer Hebrides can be seen in this section

Patients can be admitted to acute hospitals with alcohol related issues, either as a primary or underlying cause. The number of alcohol related acute hospital data gives an idea of the scale of the alcohol problem within the local population. Alcohol related discharges are classed into three broad categories: mental & behavioural disorders, alcoholic liver disease and gastro-intestinal disease due to alcohol misuse.

In recent years the rate of hospital discharges (alcohol related/attribution conditions) in the Outer Hebrides has been significantly higher than the national average. Between 2007 and 2009 an average of 1,334 people per 100,000 population per year were discharged from hospital with an alcohol related diagnosis in the Outer Hebrides. During the same period an average of 1,564 people per 100,000 population in Orkney were discharged from hospital with an alcohol related diagnosis per year and an average of 1,129 people per 100,000 population in Shetland were discharged with an alcohol related diagnosis per year. This compares to the national average of 1,088 people per 100,000 population per year over the same period⁹.

¹⁵ *Estimating the National and Local Prevalence of Problem Drug Use in Scotland*, ISD Scotland, 2009/10

¹⁶ *The management of harmful drinking and alcohol dependence in primary care*, Scottish Intercollegiate Guidelines Network (SIGN) 74, 2003

Between 2005/06 and 2009/10 the number of alcohol related general acute inpatient discharges in the Outer Hebrides fell by 36.4%. Although it can be said that the number of alcohol related discharges has fallen in recent years it can be seen that the number of discharges in the Outer Hebrides is still above the national average and it is in fact one of the highest in Scotland. This illustrates that the Outer Hebrides is one of the worst areas in Scotland with respect to alcohol related hospital discharges¹⁷. The reduction in alcohol related discharges is likely to be due to the fact that people are now being treated in the community rather than in hospitals. Between 2005/06 and 2008/09 the rate of alcohol related general acute inpatient discharges in Orkney was significantly lower than the rate recorded in the Outer Hebrides, however in 2009/10 rate of alcohol related discharges in Orkney was slightly higher than the rate in the Outer Hebrides. Additionally the rate of alcohol related general acute inpatient discharges in Shetland between 2005/06 and 2009/10 significantly lower than the rate recorded in the Outer Hebrides.

Table 2.8: Rate of general acute inpatient discharges with an alcohol related diagnosis, 2005/06 to 2009/10

	Outer Hebrides	Orkney	Shetland	Scotland
	Rate of discharge per 100,000 population			
2005/06	1,584	757	790	707
2006/07	1,715	773	627	737
2007/08	1,322	963	685	788
2008/09	1,135	853	652	763
2009/10	976	983	761	709

Table 2.9 shows details of specific diagnoses of alcohol related hospital discharges in the Outer Hebrides, Orkney and Shetland. Of the three areas the Outer Hebrides recorded the lowest number of discharges due to alcoholic liver disease and the highest number of discharges due to mental & behavioural disorders. The number of discharges relating to the toxic effects of alcohol was below the permissible level for reporting for both the Outer Hebrides and Orkney¹⁷.

Table 2.9: General acute inpatient discharges with an alcohol related diagnosis, specific diagnosis, 2009/10

	Outer Hebrides	Orkney	Shetland
All mental & behavioural disorders due to alcohol	211	198	117
Alcoholic liver disease	24	27	25
Toxic effect of alcohol	*	*	24

* Indicates that values have been suppressed due to the potential risk of disclosure and to help maintain patient confidentiality

¹⁷ *Alcohol Statistics Scotland*, ISD Scotland, 2011

In 2010, there were 6 alcohol related deaths in the Outer Hebrides (38.5 deaths per 100,000 population). In comparison, there were 3 alcohol related deaths in Orkney (22 deaths per 100,000 population) and 3 alcohol related deaths in Shetland (22.3 deaths per 100,000 population). The rate of alcohol related deaths in the Outer Hebrides in 2010 was higher than the national average – 38.5 deaths per 100,000 population in comparison to 30 deaths per 100,000 population¹⁸.

2.4.2 Drugs – Health Harm

The number of general acute inpatient discharges with a diagnosis of drug misuse in the Outer Hebrides between 2005/06 and 2009/10 was below the permissible level for reporting. It can be seen that the rate of discharges per 100,000 population in the Outer Hebrides is lower than the Scottish average. Furthermore, it can be seen that the number of drug related discharges in the Outer Hebrides has been decreasing in recent years. Between 2005/06 and 2009/10 the rate of general acute inpatient discharges with a diagnosis of drug misuse in Orkney was significantly lower than the rate recorded in the Outer Hebrides. However the rate of general acute inpatient discharges with a diagnosis of drug misuse in Shetland has been higher than the rate recorded in the Outer Hebrides¹⁴.

Table 2.10: General acute inpatient discharges with a diagnosis of drug misuse, 2005/06 to 2009/10

	Outer Hebrides	Orkney	Shetland	Scotland
	Rate of discharge per 100,000 population			
2005/06	56	6	109	91
2006/07	43	13	82	98
2007/08	44	21	129	111
2008/09	31	17	202	119
2009/10	28	22	128	115

Over recent years the number of drug related discharges from the psychiatric ward in the Western Isles Hospital has consistently been below the permissible level for reporting. However, there was a significant increase in the number of drug related discharges in the Outer Hebrides in 2008/09. Nonetheless the standardised rate shows that the rate of discharges in the Outer Hebrides is lower than the Scottish average. It is important to remember that there is no psychiatric hospital in the Outer Hebrides and there is only an Acute Psychiatry Unit which has been reducing its bed numbers steadily over recent years. Therefore, caution must be taken when interpreting the data and when making comparisons to national data¹¹. Similarly the rate of psychiatric discharges with a diagnosis of drug misuse in Orkney between 2005/06 and

¹⁸ *Alcohol-related deaths*, General Register Office for Scotland, 2010

2009/10 ranged from 9 to 18 discharges per 100,000 population while the number of drug related discharges in Shetland ranged from 7 to 11 discharges per 100,000 population during the time period¹⁴.

Table 2.11: Rate of psychiatric discharges with a diagnosis of drug misuse per 100,000, 2004/05 to 2008/09

	Outer Hebrides	Orkney	Shetland	Scotland
	Rate of discharge per 100,000 population			
2004/05	-	9	7	37
2005/06	7	-	-	34
2006/07	-	-	-	29
2007/08	5	-	11	28
2008/09	20	18	6	30

Between 2005 and 2009 there was an annual average of 1 drug related death in the Outer Hebrides (0.05 deaths per 1,000 population). In comparison there was an annual average of 0 drug related deaths in Orkney (0.02 deaths per 1,000 population) and an annual average of 1 drug related death in Shetland (0.05 deaths per 1,000 population). The average rate of drug related deaths in the Outer Hebrides between 2005 and 2009 was lower than the national average – 0.05 deaths per 1,000 population in comparison to 0.09 deaths per 1,000 population¹⁹.

2.4.3 Effects of deprivation on alcohol or drug consumption

Deprivation has been linked to problem drug use and although relative poverty by itself is not the cause of Scotland’s drug problem, studies show that there is a strong association between the extent of drug problems and a range of social and economic inequalities. The relationship between alcohol misuse and deprivation is not as clear. Poverty itself is not necessarily the cause of a person’s alcohol problem – people from across the social spectrum are affected by personal alcohol problems. However, the evidence is clear that people from areas of deprivation will suffer greater from health and social inequalities as a result of problematic drinking. In fact some studies show that alcohol consumption is lower in more deprived areas²⁰.

¹⁹ *Drug Related Deaths in Scotland in 2010*, National Records of Scotland, 2010

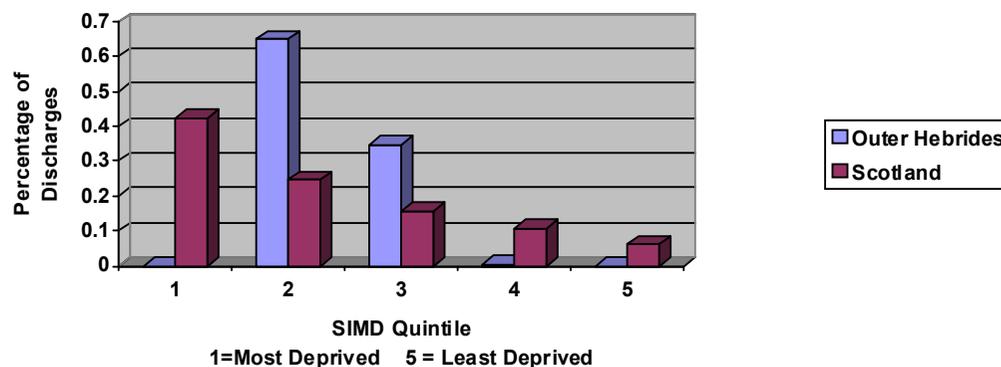
²⁰ *Response to Tackling Poverty, Inequality and Deprivation in Scotland*, Alcohol Focus Scotland, 2008

Current Scottish data shows that a greater proportion of those living in the least deprived areas are considered to be 'hazardous' or 'harmful' drinkers (i.e. consuming more than 14/21 units per week) compared to those living in the most deprived area. Also those living in the least deprived areas are slightly more likely to exceed the daily benchmarks for sensible drinking on their heaviest drinking day¹⁷.

In 2009/10 the rate of alcohol related hospital discharges was 7.5 greater among patients living in the most deprived areas compared to those living in the least deprived areas. In Scotland the largest proportion of total discharges with an alcohol related diagnosis fell into the most deprived quintile¹⁷.

Figure 2.1 shows alcohol related general acute inpatient discharges by SIMD deprivation quintiles for 2009/10 for both Scotland and the Outer Hebrides. (1=most deprived; 5=least deprived). It can be seen that the trend in the Outer Hebrides is somewhat similar to that in Scotland as a whole where the majority of alcohol related discharges fell into the most deprived quintiles. In the Outer Hebrides the largest proportion fell into the second quintile. Those living in the least deprived areas were less likely to have experienced an alcohol related discharge – this was true for the Outer Hebrides and Scotland as a whole¹⁷.

Figure 2.1: Percentage of general acute inpatient discharges with an alcohol related diagnosis by deprivation category in the Outer Hebrides and Scotland, 2009/10



It is estimated that the drug misuse GP consultation rate increases as deprivation increases. The estimated GP consultation rate per 1,000 practice population for individuals living in the most deprived area (deprivation category 1) was over eleven times greater than the rate for individuals living in the most affluent areas (deprivation category 5), 52.1 estimated GP consultation per 1,000 practice population compared to 4.7 per 1,000 practice population¹¹. Of the estimated number of GP consultation relating to drug misuse, 40% were by patients in the most deprived areas. Among estimated GP consultations not relating to drug misuse, 22% were in the most deprived category¹⁴.

2.5 ALCOHOL AND DRUGS – SOCIAL HARM

2.5.1 Alcohol – Social Harm

Alcohol problems are a major concern for public health in Scotland. Although drinking in moderation can have beneficial effects on some groups of people, such as protection against coronary heart disease in middle-aged men, excessive alcohol consumption can lead to a range of health and social problems. Short-term problems such as intoxication can lead to risk of injury and is associated with violence and social disorder. Alcohol can also lead to mental health problems in the long term, for example, alcohol dependence and increased risk of suicide. There are also wider social and economic costs of excessive alcohol consumption. Excess drinking can cause families to break down; it can result in crime and disorder, especially at weekends; it causes loss of productivity through sickness; and it can cause financial difficulties²¹.

Alcohol misuse is estimated to be costing Scottish taxpayers around £3.56 billion per year. Averaged across the population, the £3.56 billion figure means alcohol misuse could be costing every Scottish adult about £900 per year.

Estimated costs for Scotland are²²:

- Health services	£268.8 million
- Social care	£230.5 million
- Crime	£727.1 million
- Wider economic costs	£865.7 million
- Human costs	£1.46 billion

An average of approximately 72 drunkenness offences per year was recorded in the Outer Hebrides in the last ten years. This is significantly higher than the number of drunkenness offences recorded in Orkney and Shetland with an average of 15 and 42 drunkenness offences recorded in each of these areas respectively²³.

²¹ Scottish Public Health Observatory

²² *Cost of alcohol abuse – news release*, Scottish Government, 2010

²³ *Local Drug & Alcohol Information*, ISD Scotland, 2010

Table 2.12: Drunkenness offences by Local Authority and Scotland, 1999/00 to 2008/09

Year	Outer Hebrides	Orkney	Shetland	Scotland
1999/00	91	23	47	7,620
2000/01	68	11	30	7,789
2001/02	52	21	35	7,764
2002/03	57	11	44	7,279
2003/04	46	18	34	7,534
2004/05	47	17	51	7,234
2005/06	62	14	49	6,984
2006/07	74	8	47	6,664
2007/08	93	8	48	6,702
2008/09	124	11	33	6,045

During 2010/11, 879 drunkenness offences were recorded by Northern Constabulary police²⁴. The rate of drunkenness offences per 100,000 population in the Northern Constabulary police area was significantly higher than in any other police area in Scotland and more than twice as high as the national average²⁵.

Table 2.13: Drunkenness offences by Police Force, 10/11

Police Force	No of drunkenness offences	Rate of drunkenness offences per 10,000 population
Strathclyde	3,099	14
Northern	879	30
Grampian	564	10
Lothian & Borders	383	4
Tayside	362	9
Fife	280	8
Central	113	4
Dumfries & Galloway	85	6
SCOTLAND	5,765	11

²⁴ Northern Constabulary police the Highlands and Islands of Scotland

²⁵ *Recorded Crime in Scotland 2010/11*, Scottish Government, 2011

An average of approximately 92 drink driving offences per year was recorded in the Outer Hebrides in the last ten years. This is significantly higher than the number of drink driving offences recorded in Orkney and Shetland with an average of 42 and 57 drink driving offences recorded in each of these areas respectively²³.

Table 2.14: Drink driving offences by Local Authority and Scotland, 1999/00 to 2008/09

Year	Outer Hebrides	Orkney	Shetland	SCOTLAND
1999/00	77	38	50	10,094
2000/01	80	40	58	10,758
2001/02	94	34	39	11,476
2002/03	73	40	73	11,838
2003/04	99	44	66	11,571
2004/05	91	49	65	11,061
2005/06	117	43	54	11,257
2006/07	104	59	68	11,704
2007/08	107	38	48	10,697
2008/09	73	33	50	9,800

During 2010/11, 581 drink driving offences were recorded by Northern Constabulary police. The rate of drunkenness offences per 10,000 population in the North Constabulary police area was the highest out of all police area in Scotland and higher than the Scottish average²⁵.

Table 2.15: Drink driving offences by Police Force, 2010/11

Police Force	No of drunkenness offences	Rate of drunkenness offences per 10,000 population
Strathclyde	3,164	14
Lothian & Borders	1,183	12
Grampian	862	16
Northern	581	20
Tayside	581	14
Fife	527	14
Central	469	16
Dumfries & Galloway	196	13
SCOTLAND	7,563	14

2.5.2 Drugs – Social Harm²³

In 2009/10, 60 drug related offences were recorded in the Outer Hebrides. This represents a decrease of more than 70% since 2005/06. Since 2005/06 the rate of drug related offences per 100,000 population in the Outer Hebrides has been below the Scottish average, and in recent years it has been significantly below the average. Between 2005/06 and 2009/10 the rate of drug related offences recorded in Orkney was significantly lower than the rate recorded in the Outer Hebrides. The rate of drug related offences recorded in Shetland in 2005/06 was significantly lower than the rate recorded in the Outer Hebrides; however since then the rate of drug related offences recorded in Shetland has been higher than the rate recorded in the Outer Hebrides.

Table 2.16 Rate of recorded drug related offences, 2005/06 to 2009/10.

Year	Outer Hebrides	Orkney	Shetland	Scotland
	Rate of offences per 100,000			
2005/06	872	153	514	868
2006/07	554	132	580	829
2007/08	532	101	569	792
2008/09	492	196	541	822
2009/10	229	185	329	759

Of the 60 drug related offences recorded in the Outer Hebrides in 2009/10, a large portion (87%) was for possession while the remainder were for possession with intent to supply. The proportion of offences falling into the category for possession in the Outer Hebrides was somewhat higher than the Scottish average, which stands at 74%. The proportion of drug related offences in Orkney and Shetland recorded as possession was lower than the Outer Hebrides, 86% and 74% respectively.

Table 2.17: Recorded drug related offences: Type of offences, 2009/10.

	Outer Hebrides		Orkney		Shetland		Scotland	
	Number	%	Number	%	Number	%	Number	%
Possession with intent to supply	8	13	3	8	18	25	9,131	23
Possession	52	87	32	86	54	74	29,179	74
Other	0	0	2	5	1	1	1,098	3
Total	60	100	37	100	73	100	39,408	100

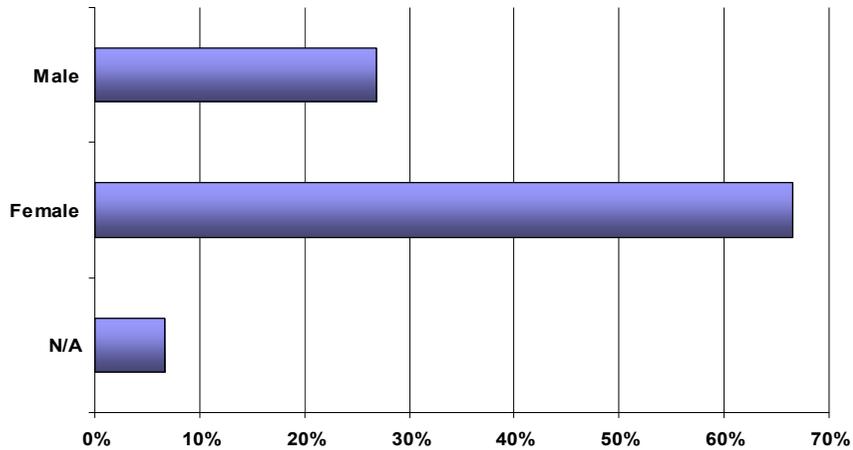
3: RESULTS

3.1 SAMPLE

3.1.1 Sex

Respondents were asked to indicate whether they were male or female. The majority (67%) of respondents were female and 27% were male. Seven per cent (7%) of respondents chose not to disclose their gender.

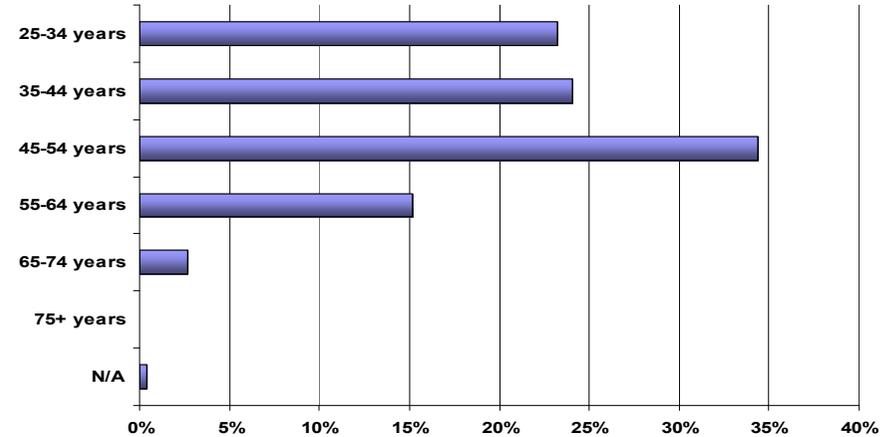
Are you male or female?



3.1.2 Age

Respondents were asked to indicate which area of the Outer Hebrides they lived in. A third of respondents reported that they live in Stornoway, while 13% live in Point and 12% live in Back & Tolsta. The response from some areas was very low - respondents from Barra & Vatersay only accounted for 1% of all respondents as did respondents from South Lochs.

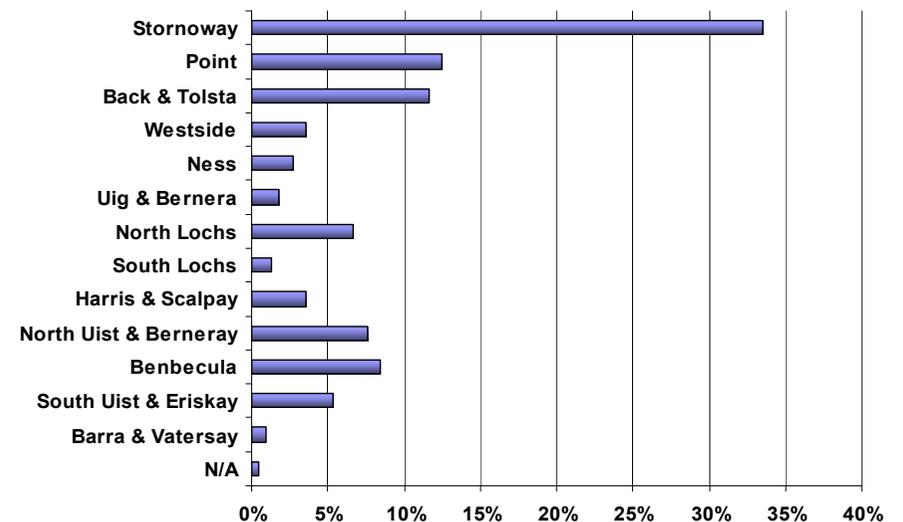
How old are you?



3.1.3 Area

Respondents were asked to indicate which age group they fell into. The majority (34%) of respondents were aged 45-54 years. None of the respondents were aged 75+ years and 1% of respondents chose not to disclose what age they were,

What area do you live in?



3.2 LIVING SITUATION

3.2.1 Accommodation profile

All respondents were asked who they live with. Respondents could select more than one response.

The majority of respondents reported that they live with their spouse (58%), followed by children (39%). A large proportion (19%) of respondents reported that they live on their own.

There was an average of 3 people (including themselves) living in the homes of respondents. However it was reported by some respondents that they have children living with them but only on a part time basis.

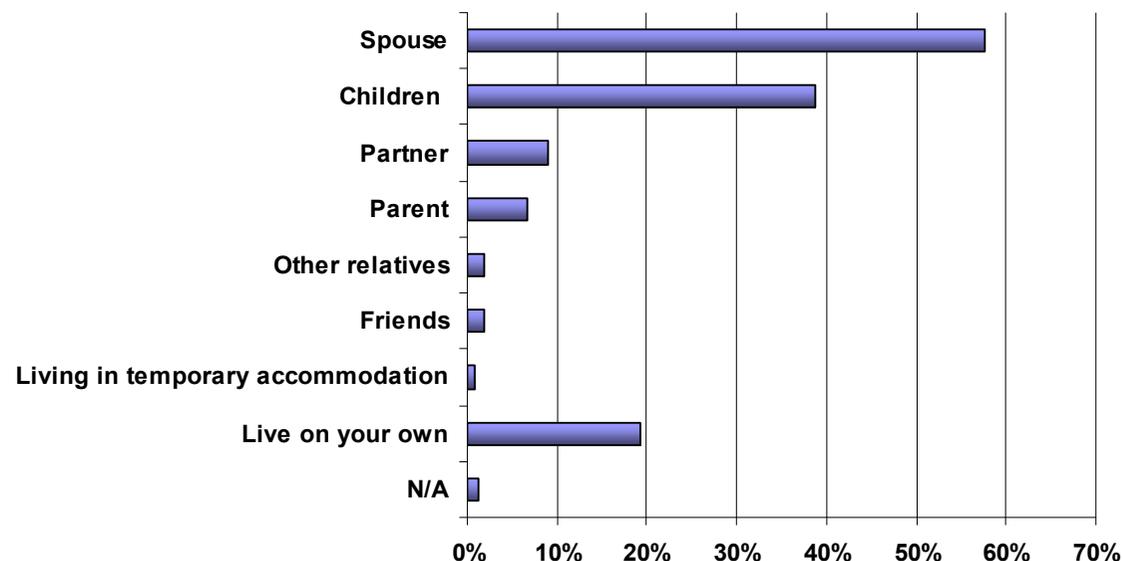
3.2.2 Dependent children

All respondents were asked if any dependent children live in their household. A dependent child was defined as children under the age of 16 and children aged 16-18 years who were still in full-time education.

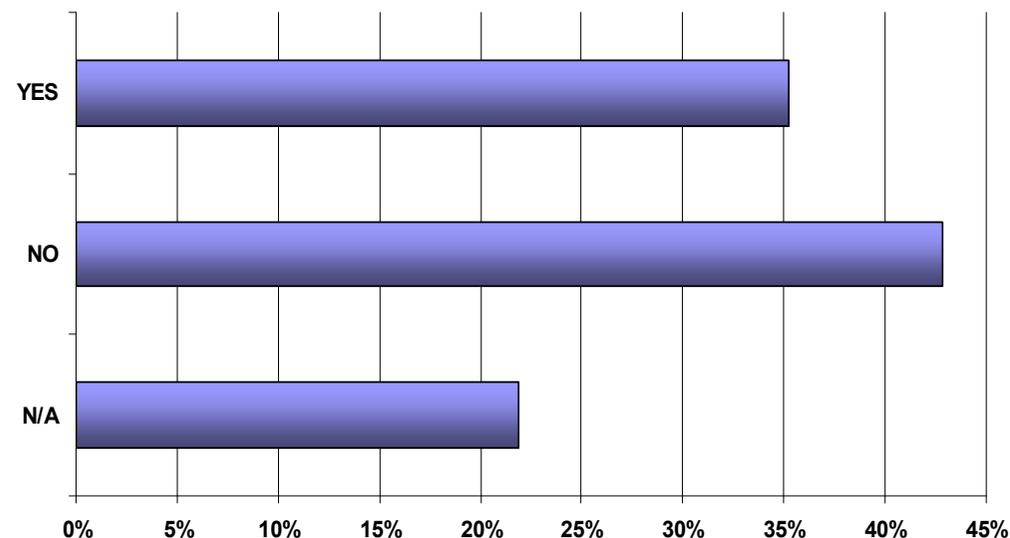
Thirty-five per cent (35%) of respondents reported that they had dependent children living in their household.

Respondents had an average of 2 dependent children living in their household

Who do you live with?



Do any dependent children live in your household?



3.2.3 School age children

All respondents were asked if they had any school age children.

Thirty-six per cent (36%) of respondents reported that they had school age children.

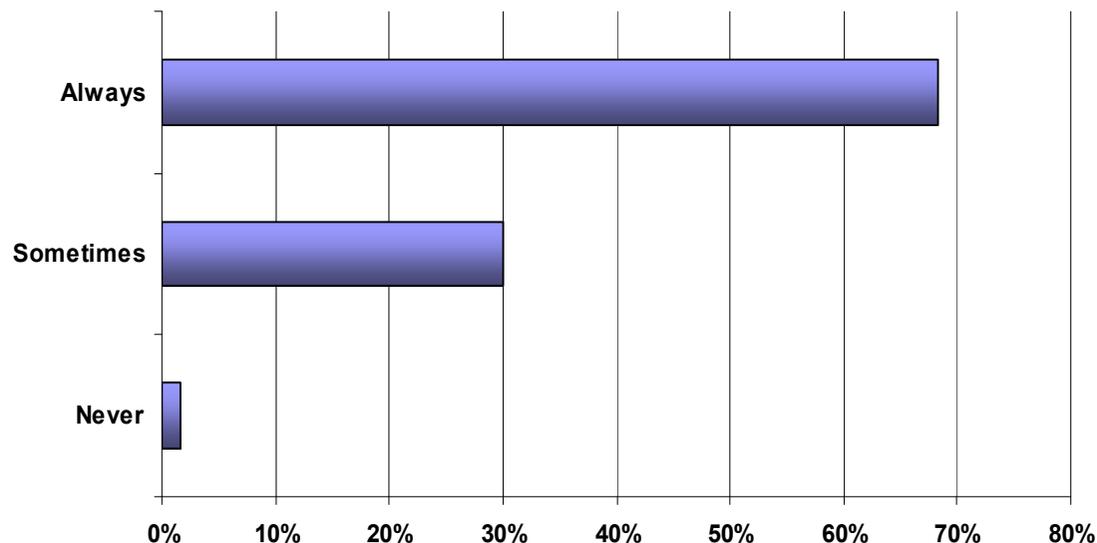
Respondents were asked if they attended events or meeting at their children's school. This included sports events and parents nights. The majority (68%) reported that they always attend events at their children's school, while 30% reported that they sometimes do and 2% reported that they never do.

All respondents who have school age children were asked if they talk to their children about alcohol and/or drugs.

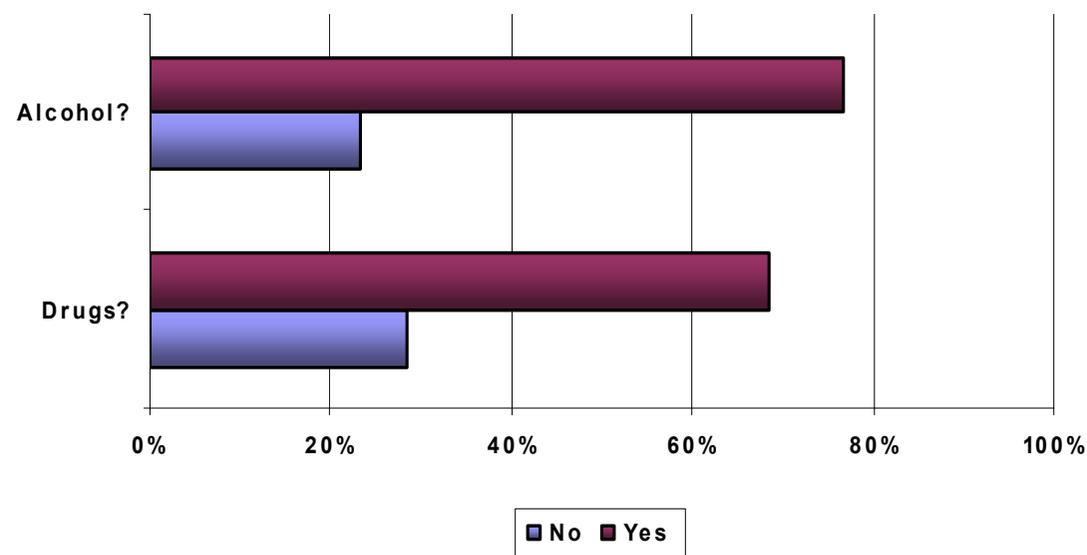
Seventy-seven per cent (77%) of respondents reported that they talk to their children about alcohol while 68% reported that they talk to their children about drugs.

Some of the examples of discussions respondents have had with their children include the dangers and effects of using alcohol and drugs, the problems of misusing alcohol and drugs and also about sensible drinking levels.

Do you attend school events or meetings at your children's school?



Do you talk to your children about:

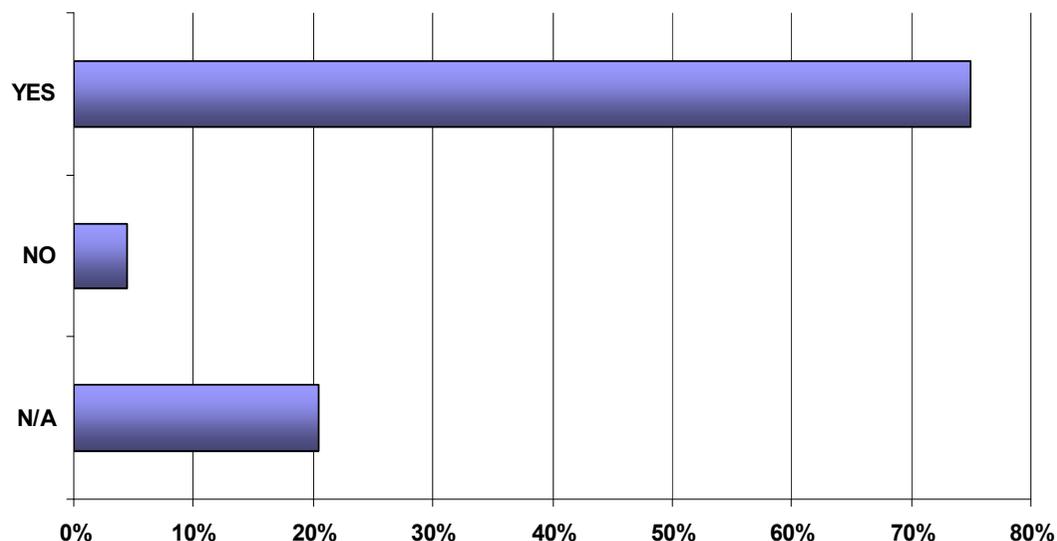


3.2.4 Alcohol in the home

Respondents were asked if anyone in their household drinks alcohol.

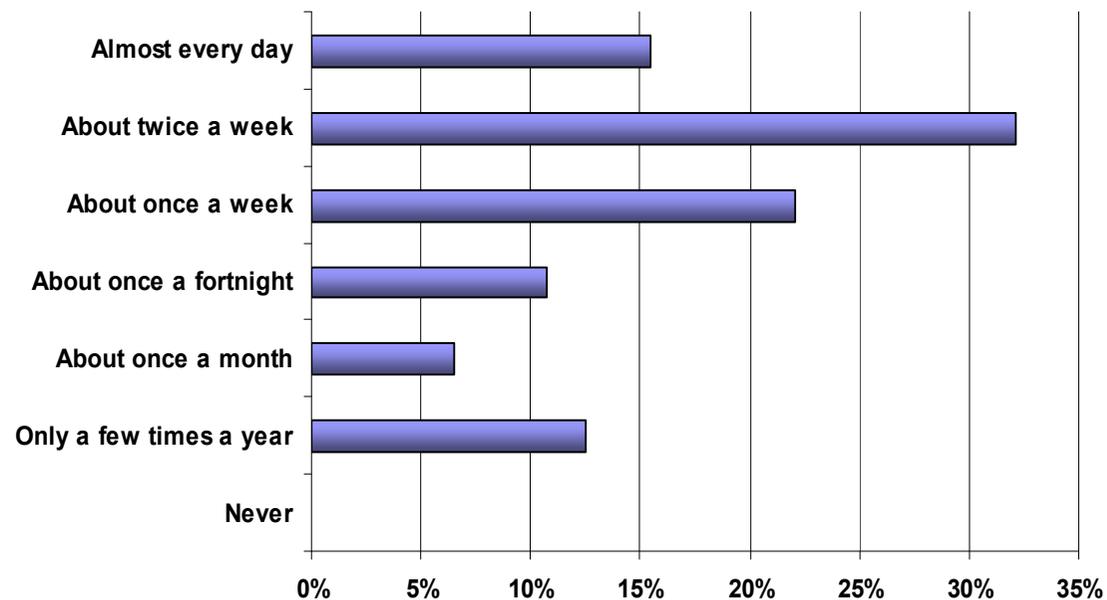
Seventy-five per cent (75%) of respondents reported that alcohol is consumed in their household. It was reported that on average there were 2 people in the household that drinks alcohol.

Does anyone in your household drink alcohol?



Sixty-nine per cent (69%) of these respondents reported that alcohol is consumed in their household at least once a week (including those who drink 'almost every day' and 'about twice a week')

How often is alcohol consumed in your home by anyone?



3.2.5 Drugs in the home

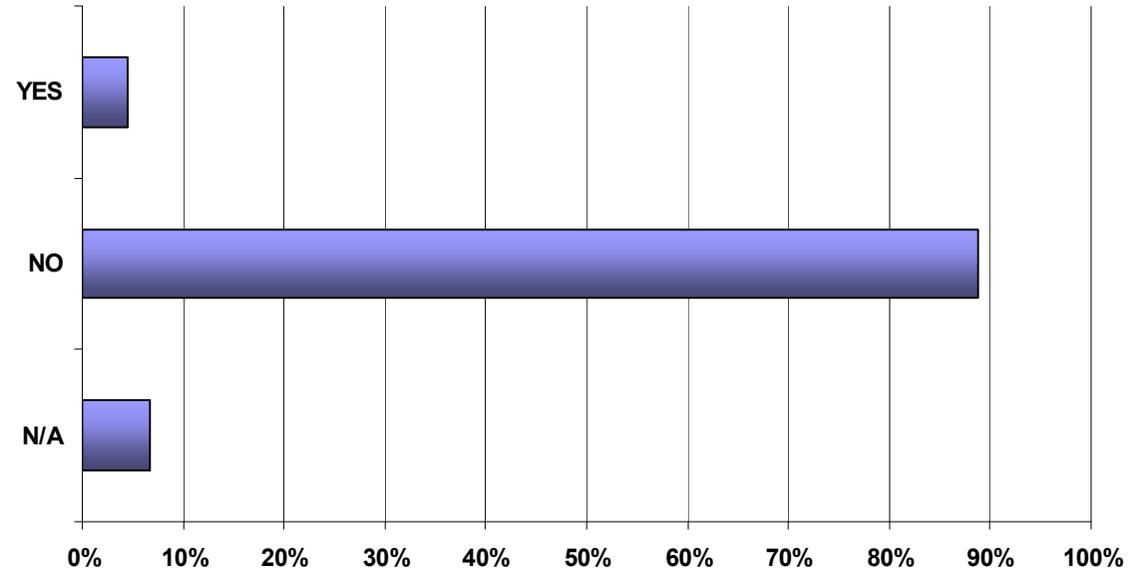
Respondents were asked if anyone in their household takes drugs.

Four per cent (4%) of respondents reported that drugs are taken/used in their household. It was reported that on average there were 2 people in the household that takes/uses drugs.

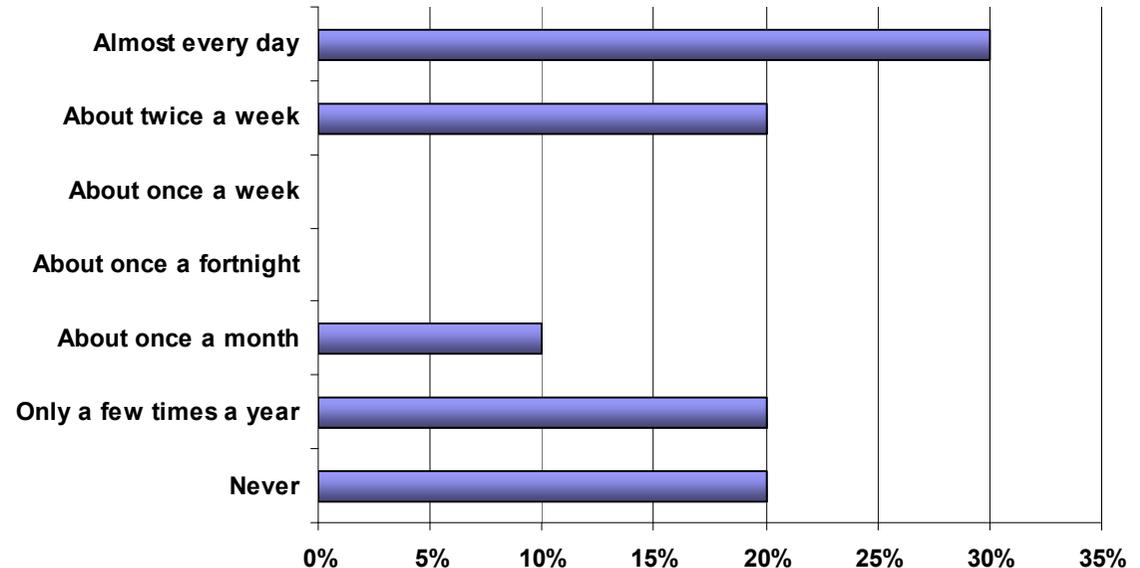
It was reported that various drugs were being taken/used but the most commonly reported drug being used was cannabis.

Fifty per cent (50%) of these respondents reported that drugs are taken/used in their household at least once a week (including those who take drugs 'almost every day' and 'about twice a week')

Does anyone in your home take drugs?



How often are these drugs taken in your home?



3.3 DRINKING

3.3.1 Prevalence of alcohol use

All respondents were asked whether they drink alcohol. In the Outer Hebrides, 86% of respondents reported that they drink alcohol.

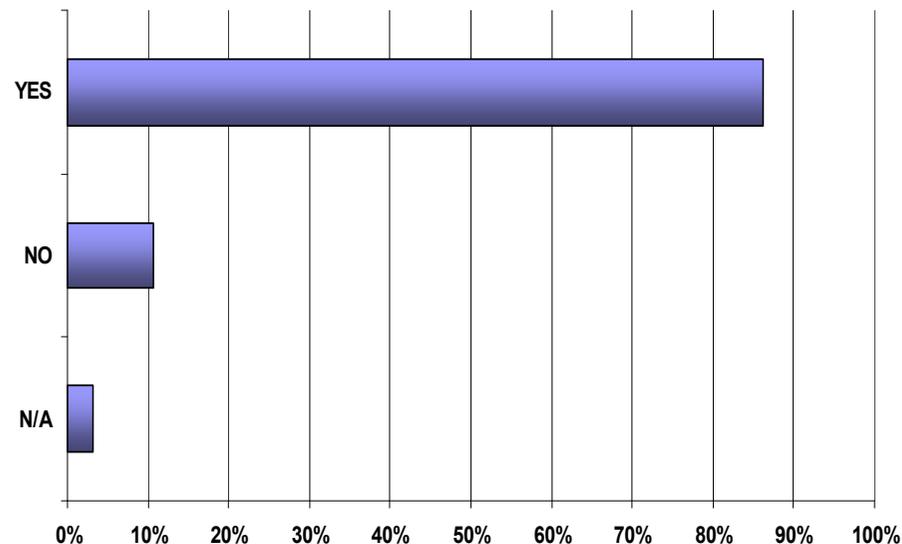
Respondents had on average drunk alcohol twice in the last week and 6 times in the last month. Additionally, it was reported that on average respondents had been drunk once in the last week and once in the last month.

Among those respondents who drink alcohol, the average when they first started drinking alcohol was when they were 16 years old.

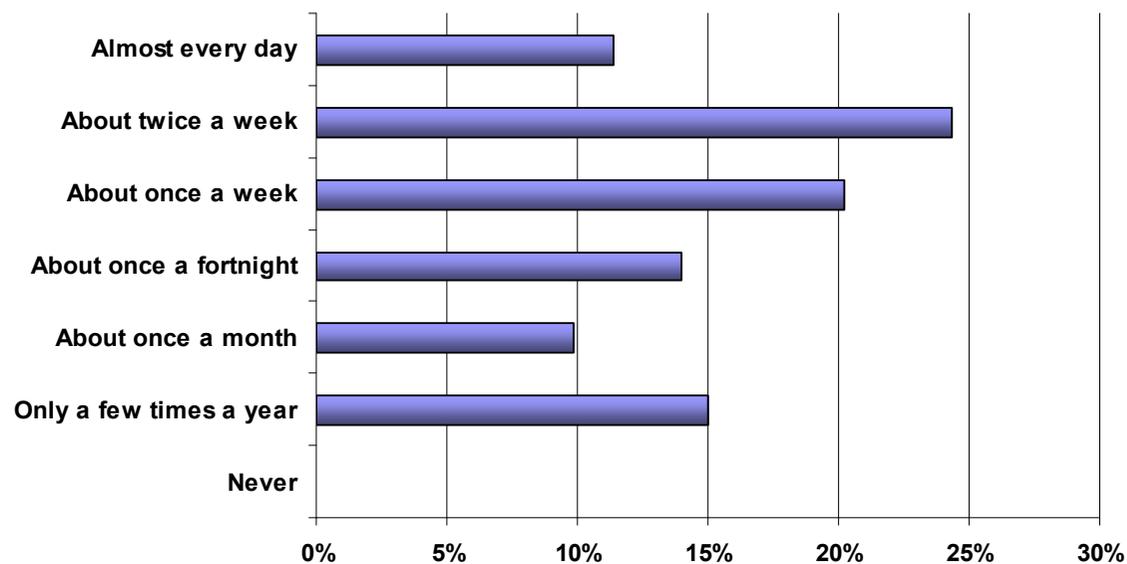
3.3.2 Usual drinking frequency

In the Outer Hebrides, 56% of respondents who drink alcohol reported that they usually drink at least once a week (including those who drink 'almost every day' and 'about twice a week').

Do you drink alcohol?



How often do you drink alcohol?



3.3.3 Money spent on alcohol

Respondents were asked how much money they usually spend on alcohol each week.

76% of respondents who drink alcohol reported that they usually spend at least some money on alcohol each week. The majority of respondents reported spending less than £5 on alcohol each week.

Sixteen per cent (16%) of respondents who drink alcohol chose not to answer this question.

3.3.4 Type of alcohol consumed

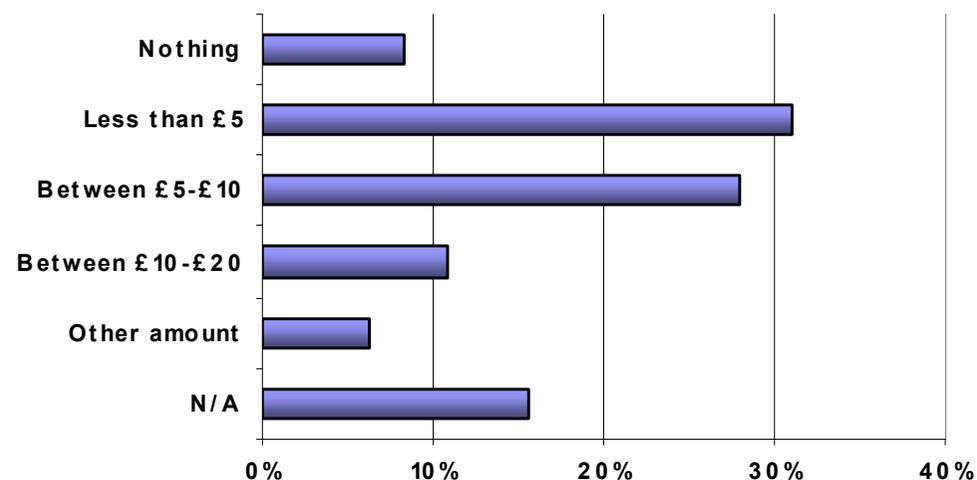
Respondents who drink alcohol were asked what they usually drink

The most common types of drinks were wine (62%) and spirits (45%).

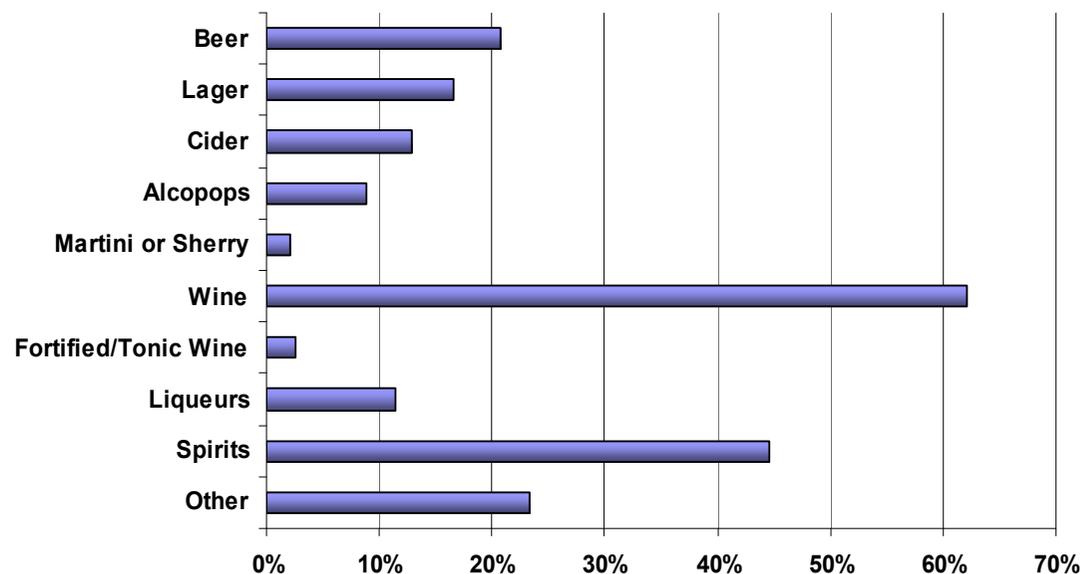
The majority of those who drink wine reported that they usually drink regular measures and large glasses. On average those who drink regular measures drink 2 of these on their heaviest drinking day. Similarly on average those who drink large glasses drink 2 of these on their heaviest drinking day.

The majority of those who drink spirits reported that they usually drink regular measures and on average they drink 4 of these on their heaviest drinking day.

How much money do you usually spend each week on alcohol?



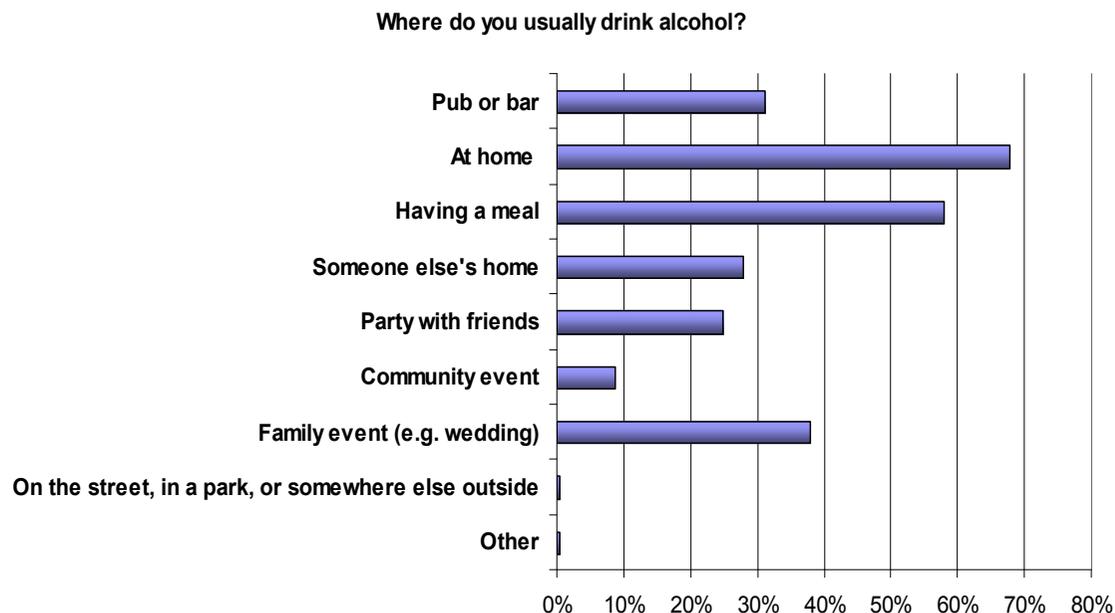
What do you usually drink?



3.3.5 Usual drinking location

Respondents who drink alcohol were asked where they usually drink alcohol.

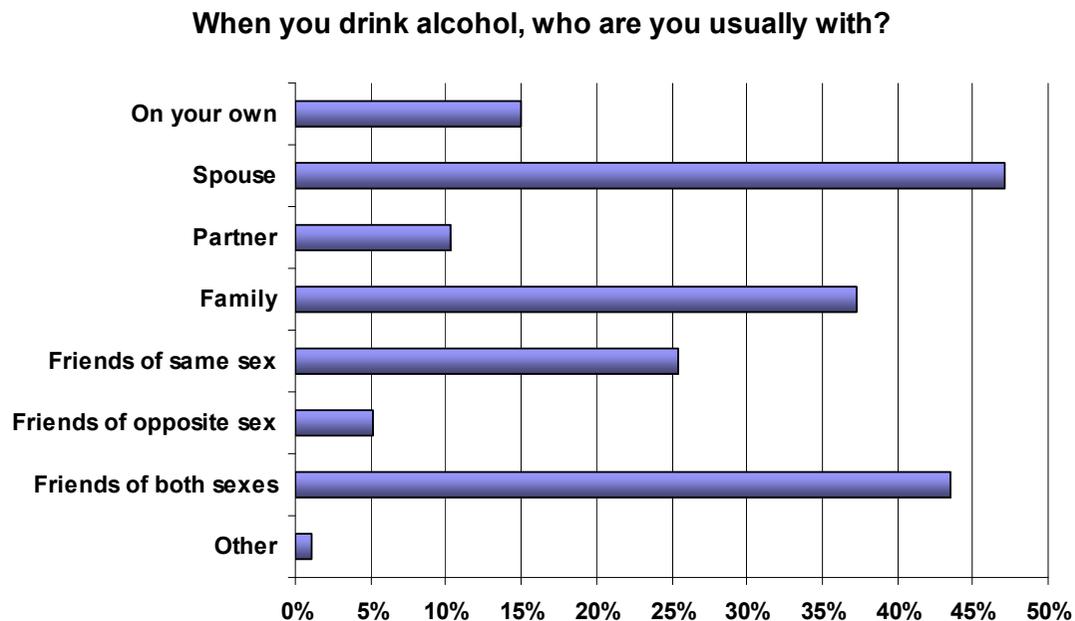
The most frequently reported location for drinking alcohol was at home (68%). A large number of respondents also reported usually drinking alcohol when having a meal (58%), at family events (38%) and at a pub or bar (31%).



3.3.6 Who they usually drink with

Respondents who drink alcohol were asked who they usually drink alcohol with.

The majority (47%) of respondents reported that they usually drink alcohol with their spouse. Additionally a large number of respondents also reported that they usually drink alcohol with friends of both sexes (44%) and family (37%).



3.3.7 Reasons for drinking alcohol

Respondents who drink alcohol were asked what their reasons for drinking alcohol were.

The most common reasons given for drinking alcohol were to relax (55%), enjoy the taste (50%) and to be more sociable (29%).

Some of the other reasons that were given for drinking alcohol was for enjoyment and also that they liked to have a drink with a meal.

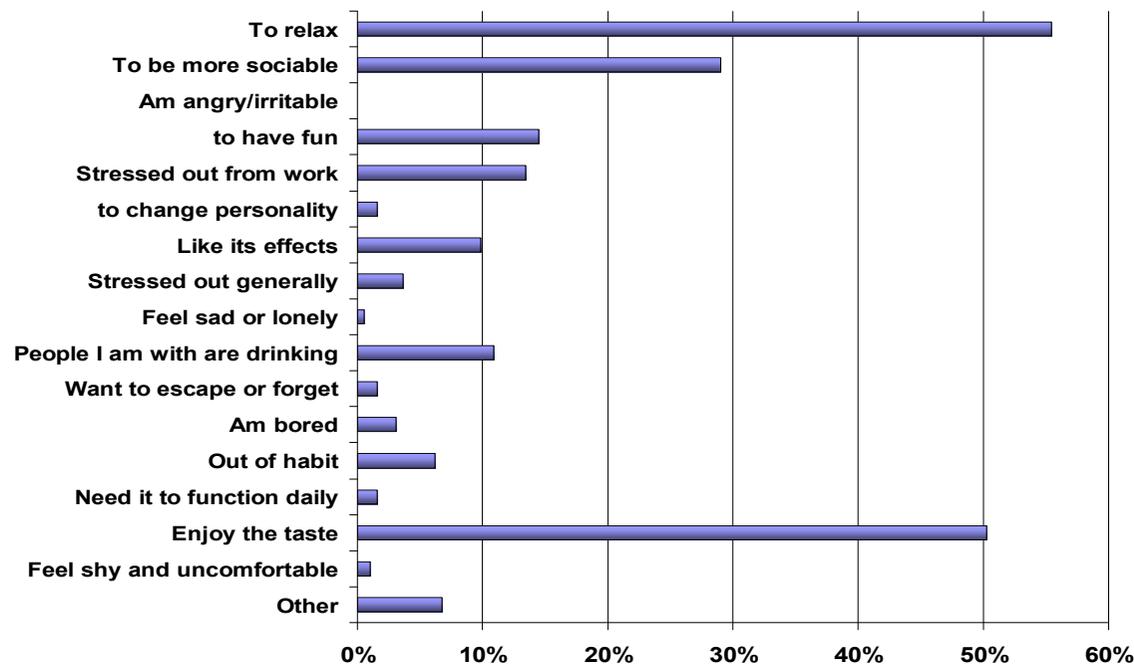
3.3.8 Reasons for not drinking alcohol

Respondents who do not drink alcohol were asked what their reasons for not drinking alcohol were.

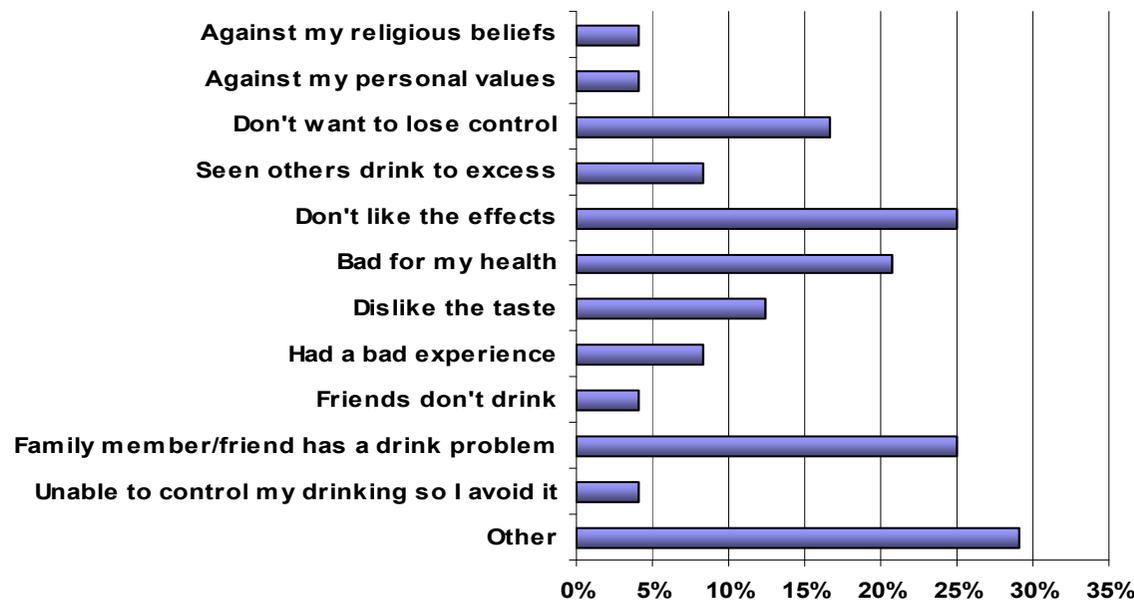
The most common reasons given for not drinking alcohol were that a family member/friend has a drink problem (25%), don't like the effects (25%) and that it is bad for their health (21%).

Some of the other reasons that were given for not drinking alcohol was due to medication and also that they were a recovering alcoholic.

What are your reasons for drinking alcohol?



If you do not drink alcohol, what are your reasons for not drinking?

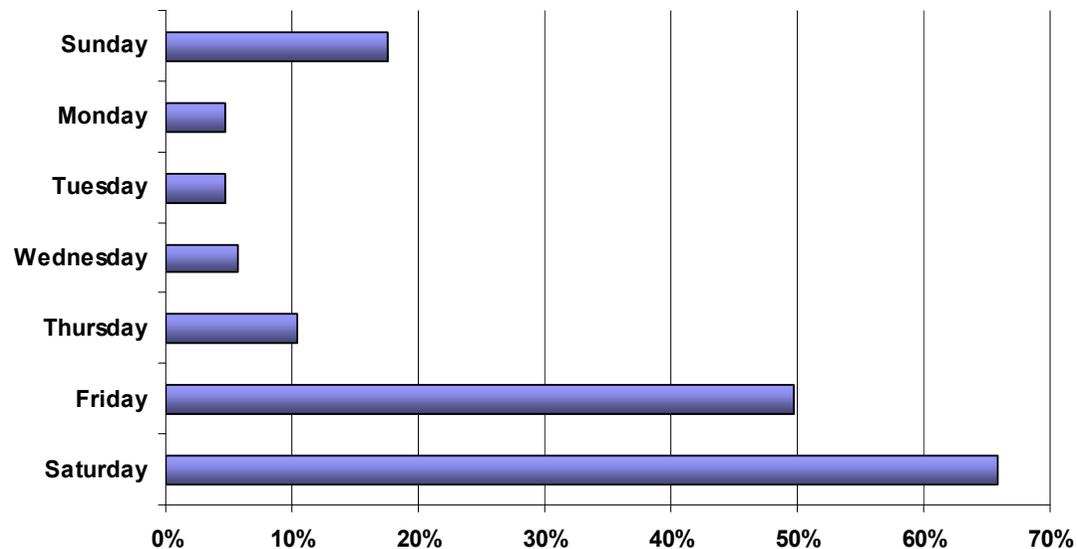


3.3.9 Usual drinking day

Respondent who drink alcohol were asked on which days of the week they would usually drink alcohol.

The majority (66%) of respondents reported that they would usually drink alcohol on a Saturday. A large proportion also reported that they would drink alcohol on a Friday (50%).

On which days of the week would you usually drink alcohol?



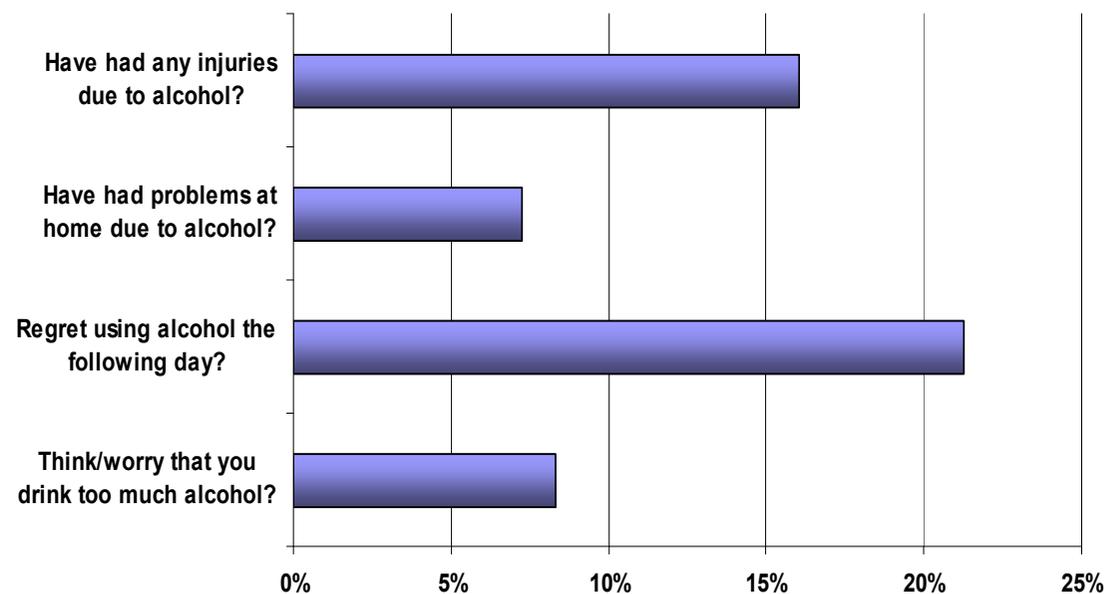
3.3.10 Consequence of alcohol use

Respondents who drink alcohol were asked to indicate whether they have ever suffered any consequences due to their alcohol use.

More than a fifth (21%) of respondents reported that they regret using alcohol the following day. Generally, respondents reported that they regret drinking alcohol due to the way it makes them feel the following day.

A large proportion (16%) of respondents also reported that they had suffered injuries as a consequence of drinking alcohol. Some of these injuries include falls and bruises.

Consequences of alcohol use

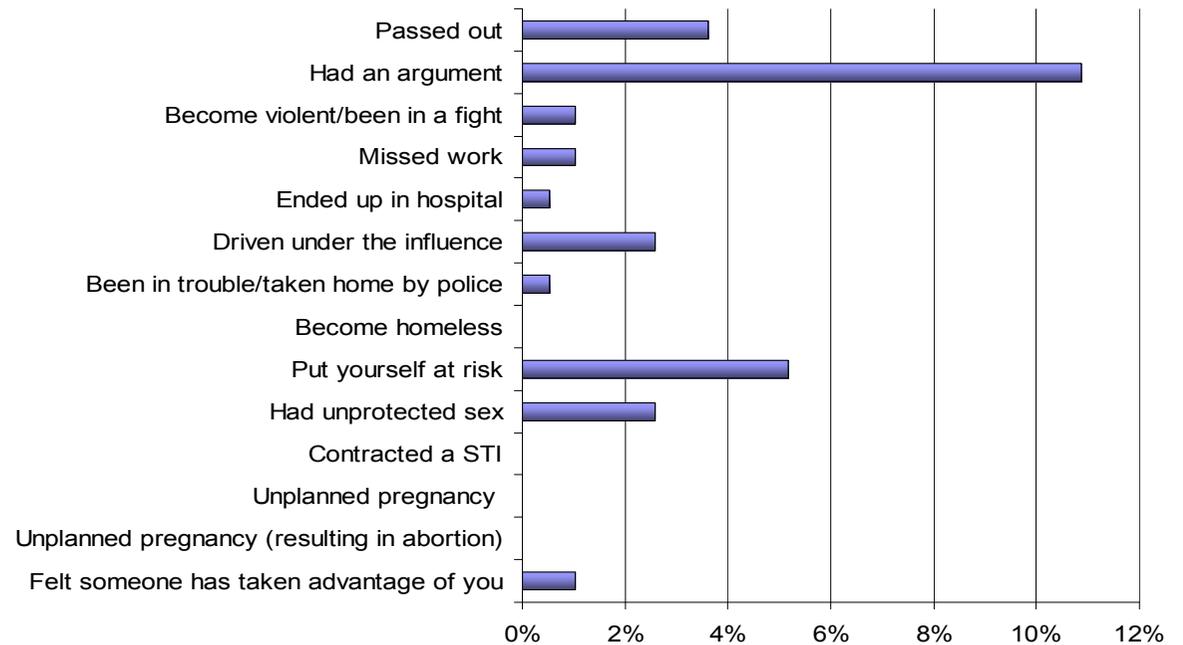


3.3.11 Effects of drinking alcohol

Respondents who drink alcohol were asked whether in the last year, as a result of drinking alcohol, they experience a list of possible effects.

The most commonly reported effects were having an argument (11%) and putting yourself at risk (5%).

In the last year, which of the following things, if any, have happened to you as a result of your alcohol use?



3.4 DRUG USE

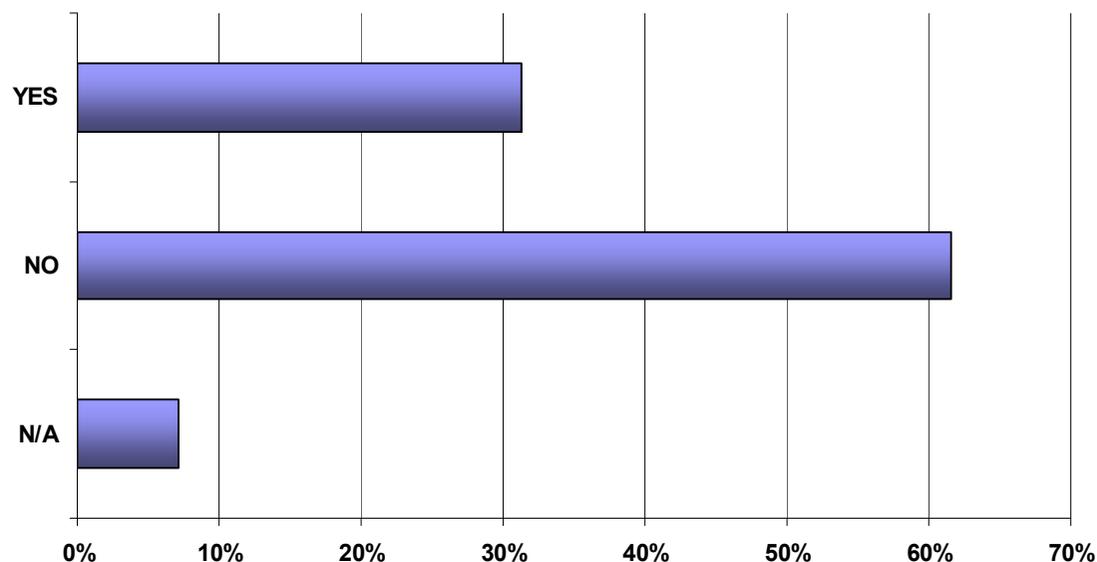
3.4.1 Prevalence of drug use

Respondents were asked if they had ever used or taken any kind of drugs – illegal, legal highs, or over the counter/prescription drugs.

In the Outer Hebrides, 31% of respondents reported that they had ever tried any kind of drugs. Of those who have ever tried drugs, 81% have used illegal drugs and 36% have used legal highs or over the counter/prescription drugs.

Respondents were on average 18 years old when they first started taking illicit drugs, 19 years old when they first started taking legal highs and 17 years old when they first start taking over the counter/prescription drugs.

Have you ever used any kind of drugs?



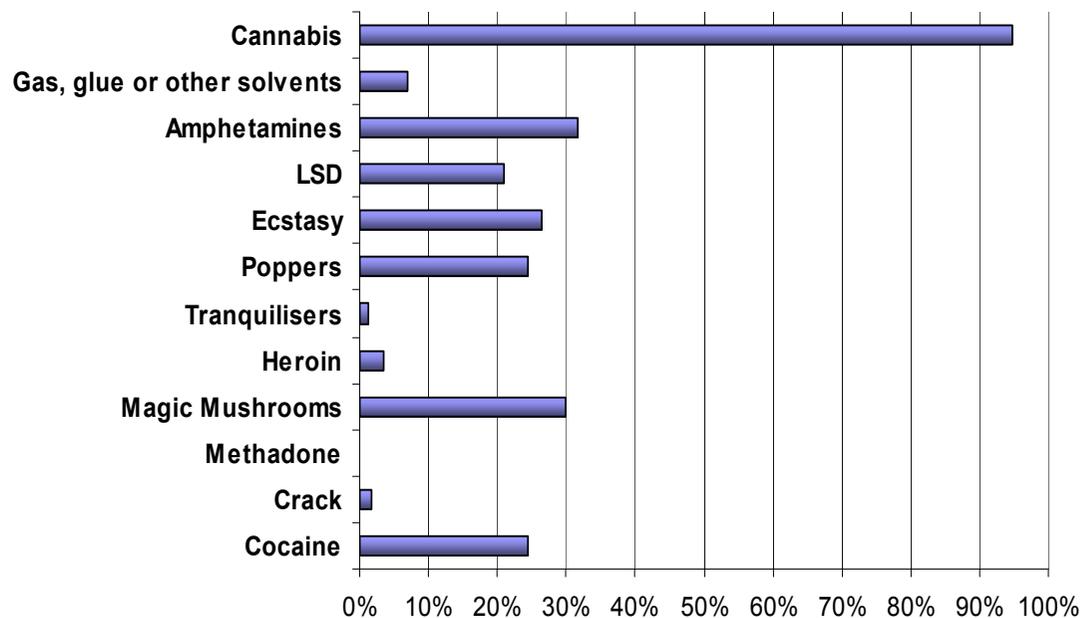
3.4.2 Illegal drug use

Respondents who have ever used illegal drugs were asked what illegal drugs they have used/taken.

The most common drug used/taken was cannabis (95%), followed by amphetamines (32%) and magic mushrooms (30%).

Six per cent of those who have ever used cannabis have used it in the last week, 6% have used it in the last month and 6% have used it in the last year.

What illegal drugs have you ever used/taken?



3.4.3 Legal highs or over the counter and/or prescription drugs

Respondents who have ever used legal highs or over the counter and/or prescription drugs were asked what drugs they had used/taken.

It was reported that legal highs such as poppers, salvia and herbal drugs had been used. Twelve per cent (12%) of those who reported using legal highs or over the counter and/or prescription drugs stated that they used poppers, while 8% reported using salvia and herbal drugs. It was reported that various over the counter and/or prescription drugs had been used by respondents.

Four per cent of those who have ever used legal highs used it 1-5 times in the last year. Similarly, 6% of those who have ever used over the counter/prescription drugs used it 1-5 times, 11-15 times, 26-50 times, 76-100 times and 100+ times in the last year.

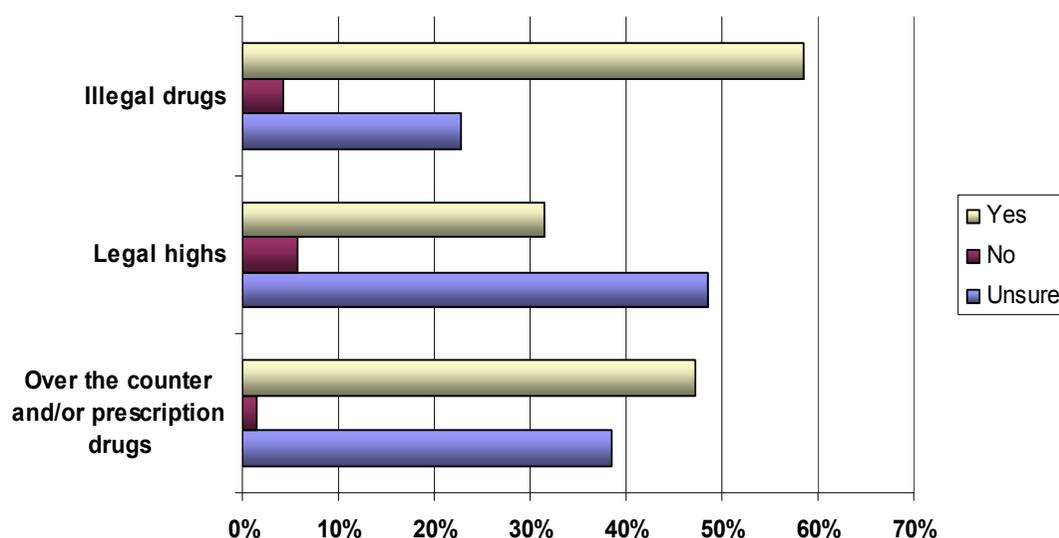
3.4.4 Accessibility of drugs

Respondents who have ever used any kind of drugs were asked whether they thought drugs were easily accessible in their area.

59% of respondents believe that illegal drugs are easily accessible in their area. A smaller proportion (47%) believe that over the counter and/or prescription drugs are easily accessible in their area, while 31% believe that legal highs are easily accessible in their area.

Respondents reported that they know of certain illegal drugs that are readily available in their local area and also over the counter and/or prescription drugs that have street value.

Do you think the following drugs are easily accessible in your area?

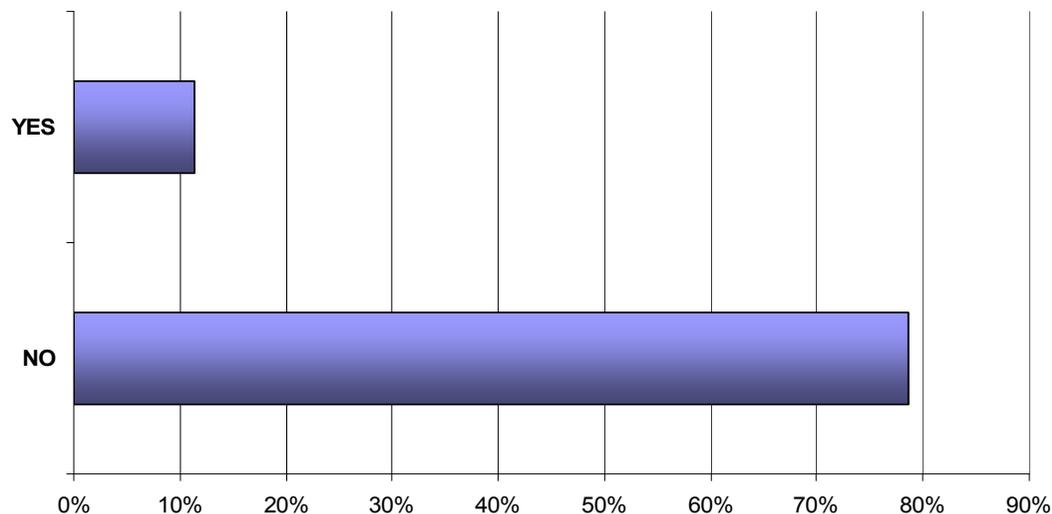


3.4.5 Mixing drugs and alcohol

Respondents who had ever used any kind of drugs were asked whether they ever mix drugs and alcohol.

Eleven per cent (11%) reported that they sometimes mix alcohol and drugs. Sixty-three per cent of those who mix alcohol and drugs reported that they usually take illegal drugs with alcohol, while 25% reported that they usually take other drugs with alcohol.

Do you mix drugs and alcohol?

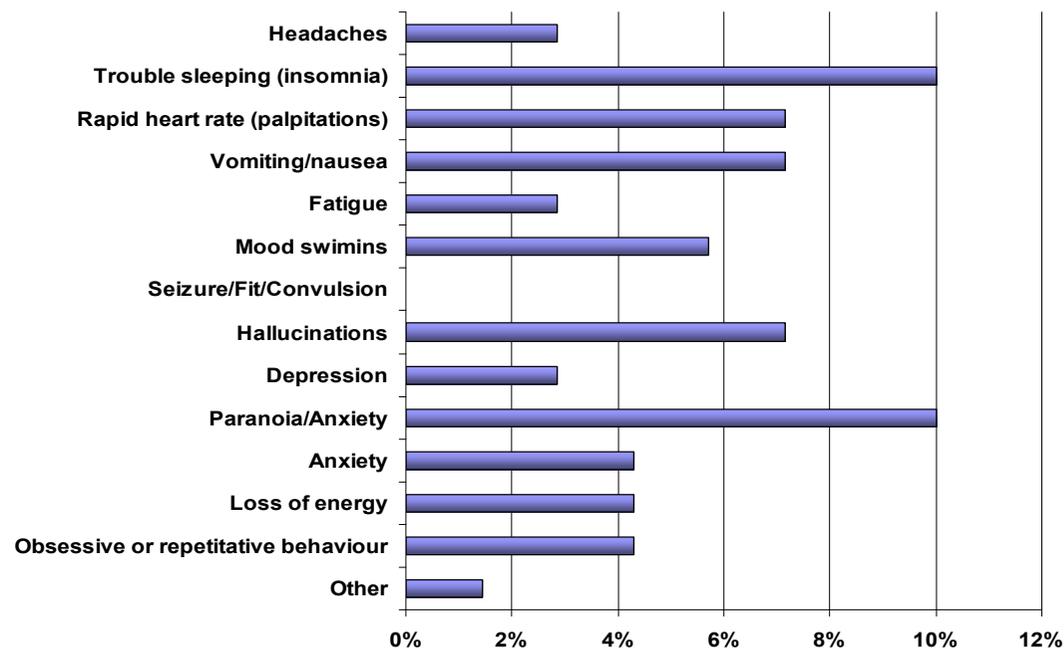


3.4.6 Health problems due to drug use

Respondents who had ever used any kind of drugs were asked if they had ever, as a result of their drug use, experienced a list of health problems.

The most commonly reported health problems were trouble sleeping (10%) and paranoia/anxiety (10%).

Have you ever had any of these health problems due to drug use?

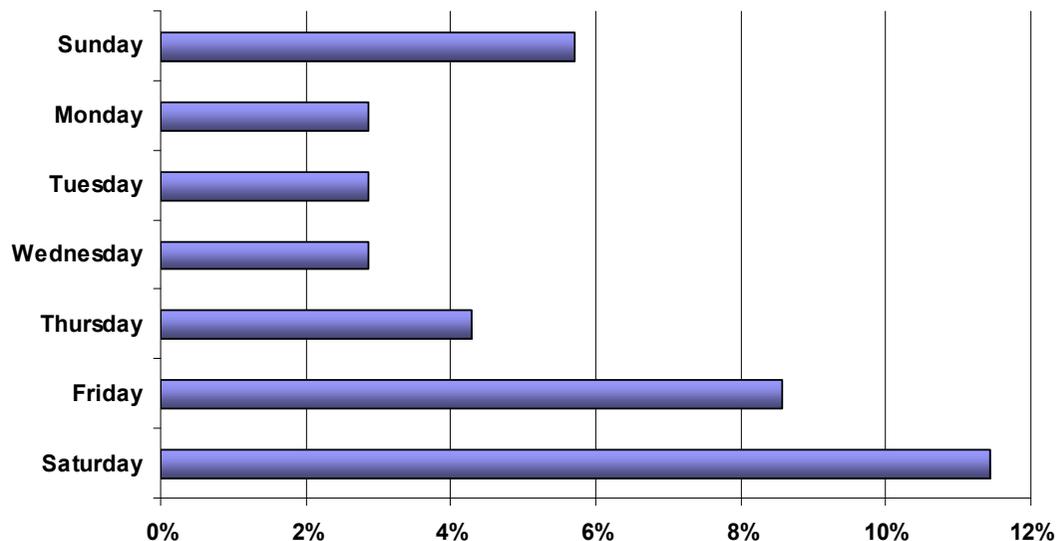


3.4.7 Usual drug use day

Respondents who had ever used any kind of drugs were asked on which days of the week they would usually use drugs.

The majority (11%) reported that they would usually take drugs on a Saturday. A large proportion also reported that they would usually use on a Friday (9%).

On which days of the week would you usually take/use drugs?



3.4.8 Consequences of drug use

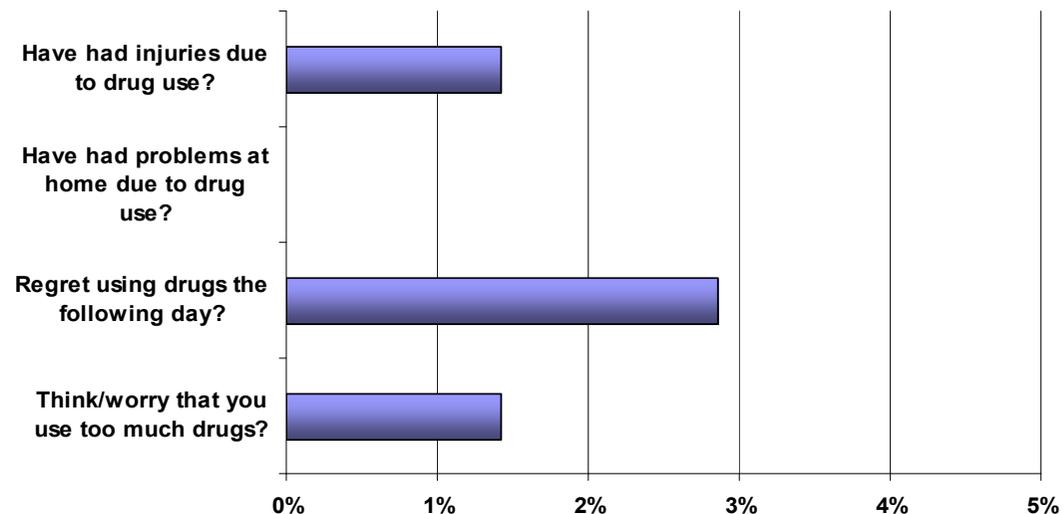
Respondents who had ever used any kind of drugs were asked to indicate whether they had ever suffered any consequences due to their drug use.

Three per cent (3%) reported that they regret using the following day, while 1% have had injuries due to drug use and 1% think/worry that they use too much drugs.

Respondents who had ever used any kind of drugs were asked whether in the last year, as a result of taking drugs, they experience a list of possible effects.

The most commonly reported effects were having an argument (11%) and putting yourself at risk (5%).

Consequence of drug use



3.5 EFFECTS OF ALCOHOL AND DRUG USE

Respondents were asked if they have to take on additional roles/responsibilities in the home due to someone else's alcohol or drug use.

Five per cent (5%) of respondents reported that they had to take on additional roles/responsibilities in the home due to someone else's alcohol use and 1% reported that they had to due to someone else's drug use.

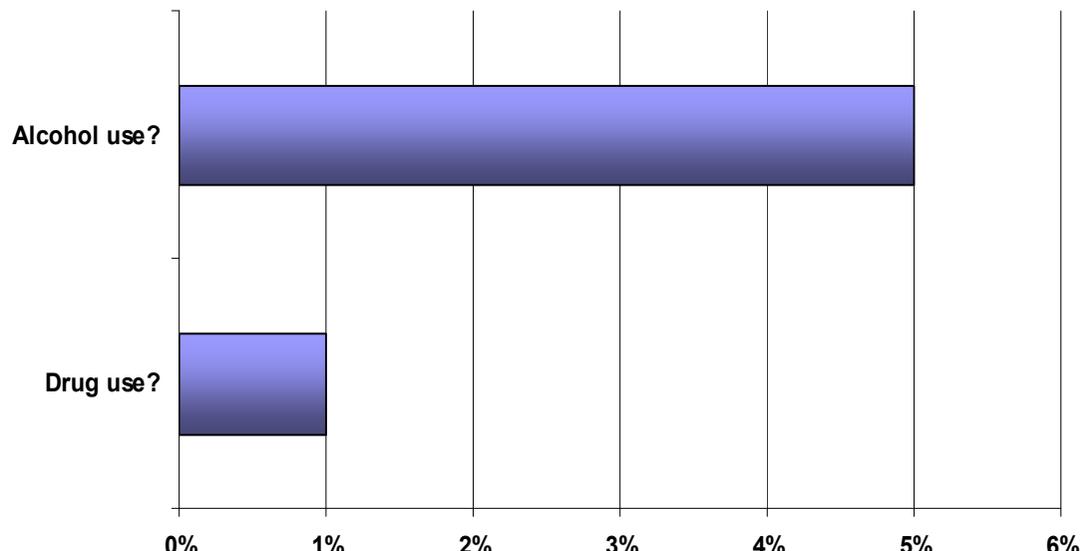
Some of the examples of the additional roles and responsibilities that respondents have had to take on include driving responsibilities and also having to take on financial responsibility for the home.

Respondents were asked if their lives (e.g. wider family, friendship, social life, home life, financial position) have been harmfully affected by someone else's alcohol or drug use.

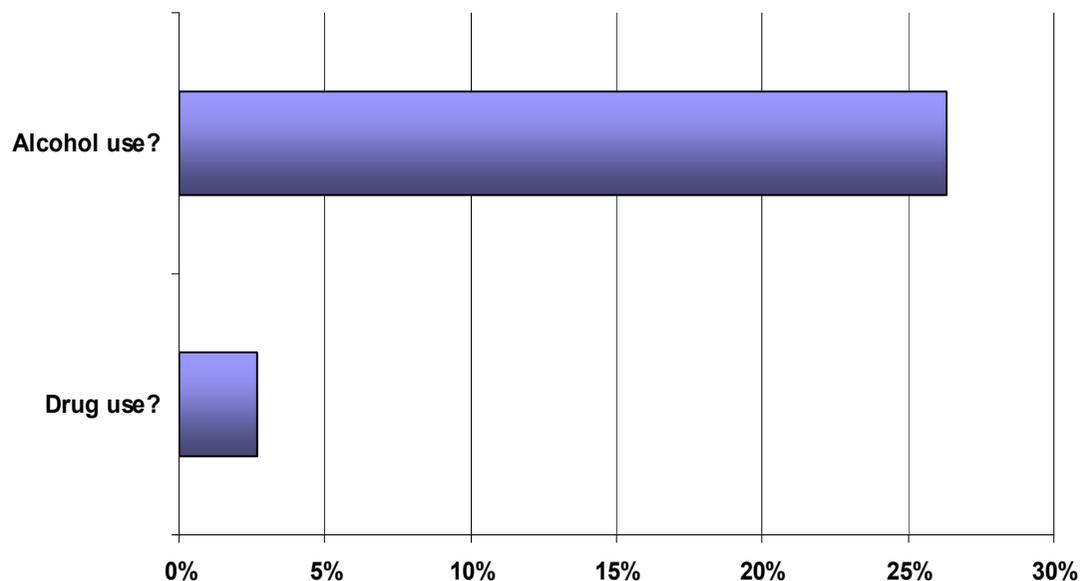
Twenty-six (26%) of respondents reported that their life has been harmfully affected by someone else's alcohol use, while 3% reported that they have been affected by someone else's drug use.

Some of the examples of the ways that respondent's lives have been harmfully affected by alcohol included alcoholism within families, ill health and domestic violence due to alcohol use. Some of the examples of the ways lives having been affected by drug use includes through violence, mental health issues arising due to drug use and concern for family members who use drugs.

Have to take on additional roles/responsibility in the home due to someone else's:



Life has been harmfully affected by someone else's:



Respondents were asked if their home life (including your relationships with family members and time spent with family members) has been affected by their own alcohol or drug use.

Four per cent (4%) of respondents reported that their home life has been affected by their own alcohol use, while only 0.5% of respondents reported that their home life had been affected by their own drug use.

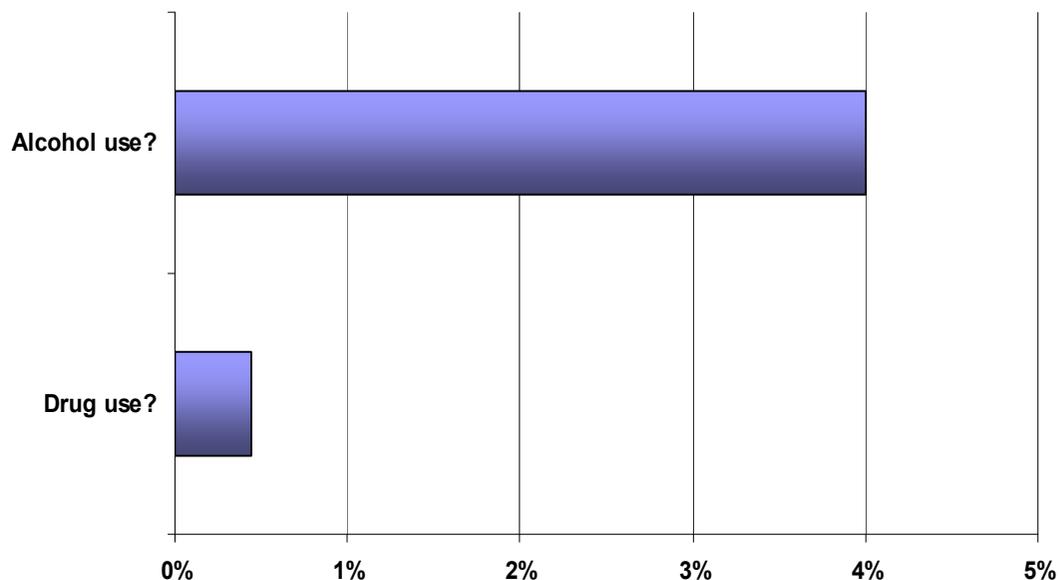
Some of the examples of the ways that respondent's home life had been affected by their own alcohol or drug use included family occasions and relationships with family members being affected.

Respondents were asked if, in the last year, had they been involved in any fire related incidents as a result of their own or someone else's alcohol or drug use.

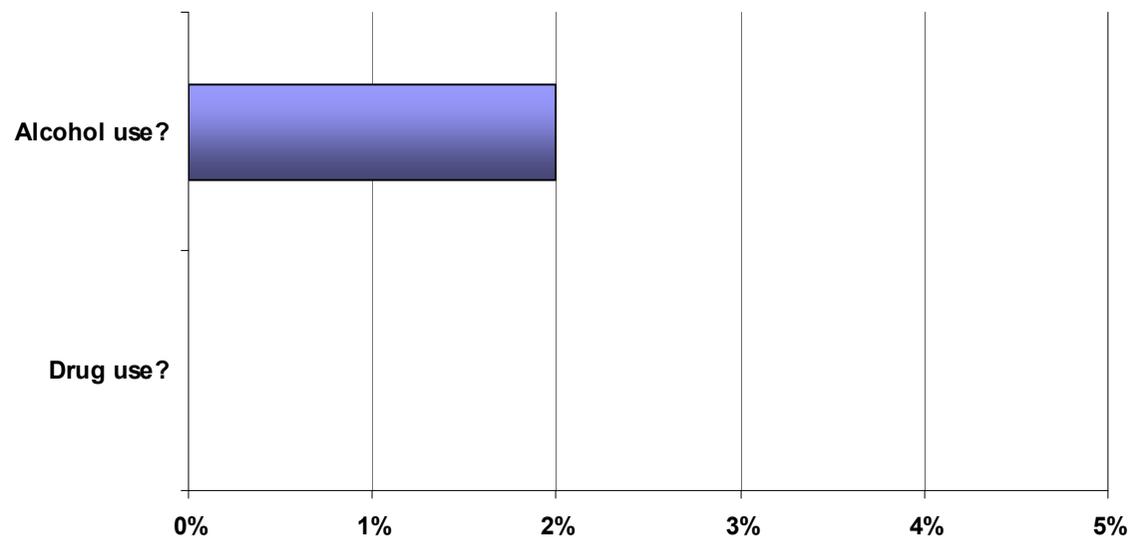
Two per cent (2%) of respondents reported that they had been involved in a fire related incident as a result of their own or someone else's alcohol or drug use. None of the respondent's reported that they had been involved in a fire related incident due to drug use.

Respondents were also asked if their household had ever had problems with housing or its tenancy due to their own or their friend's alcohol or drug use, however none of the respondents reported that this had happened.

Home life been affected by your:



In the last year been involved in any fire related incidents as a result of your or someone else's:



3.6 ALCOHOL AND DRUG SUPPORT

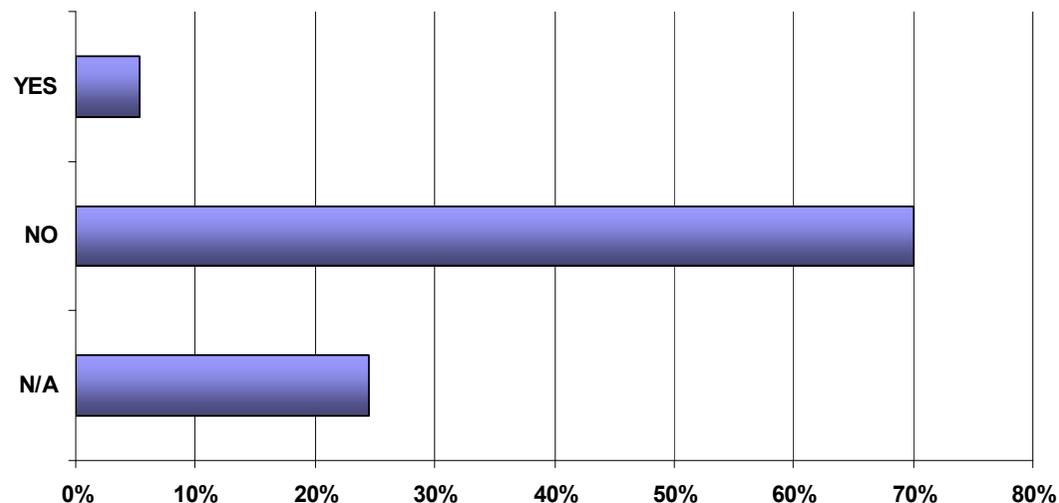
Respondents were asked if they were interested in getting support for their own or someone else's alcohol and/or drug use.

Five per cent (5%) of respondents reported that they would like to get some type of alcohol and/or drug support.

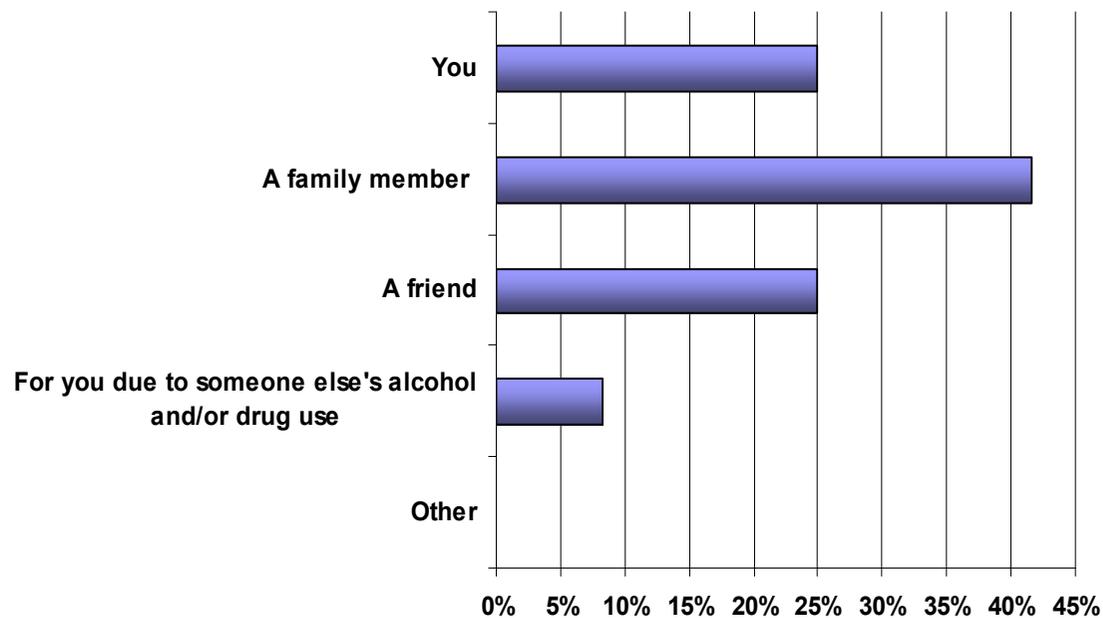
Respondents who said that they were interested in accessing support were asked who they were interested in getting support for.

Forty-two per cent (42%) reported that they would like to get support for a family member. While 25% would like to get support for themselves and 25% would like support for a friend.

Are you interested in getting support for your own or someone else's alcohol and/or drug use?



Who are you interested in getting support for?

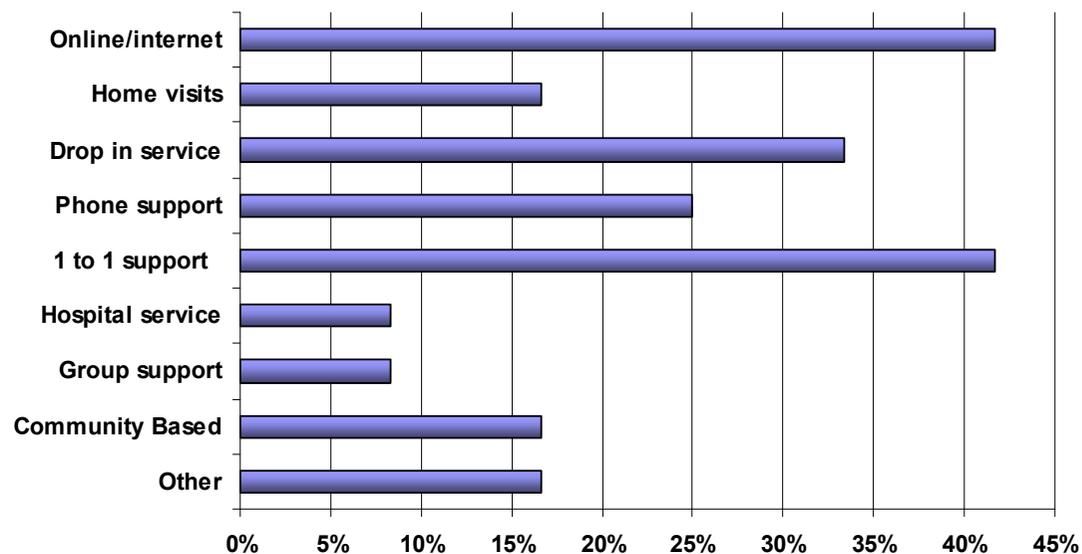


Respondent's who said that they were interested in accessing support were asked how they would like to access this support.

Forty-two per cent (42%) reported that they would like to access support on the online/internet, additionally 42% reported that they would like to access support through 1 to 1 support.

Respondents also suggested that it is important to have support for the families of alcohol and/or drug users. This will allow them to discuss things in confidence and will also help them understand what their family member(s) is going through.

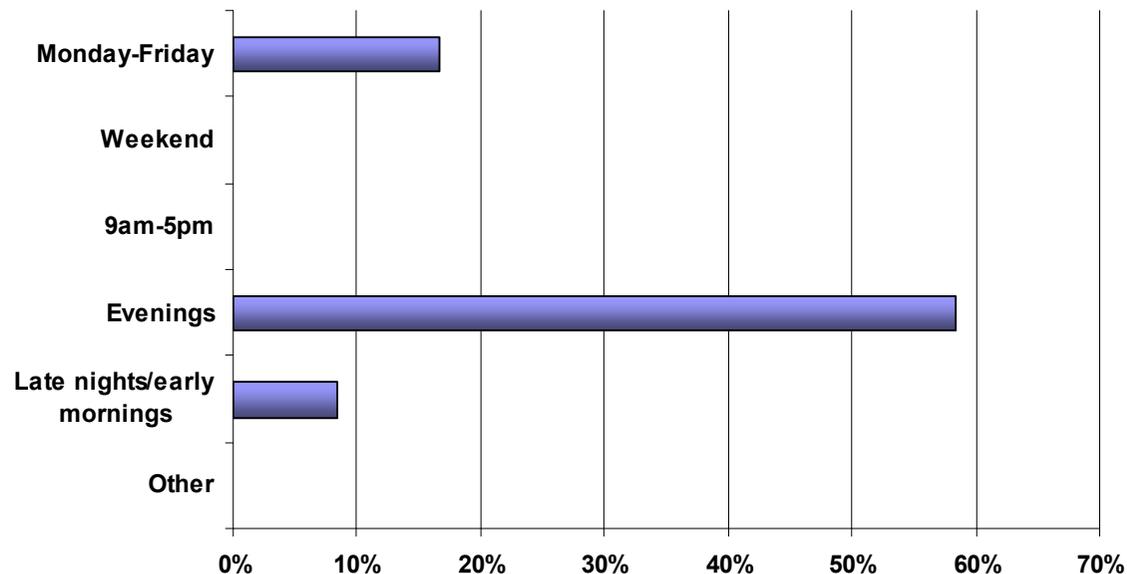
How would you like to access this support?



Respondents who said that they were interested in accessing support were asked when they would like to access this support (e.g. preferred time and day).

Fifty-eight per cent (58%) reported that they would like to access this support in the evenings. Additionally, 17% reported that they would like to access support on Monday-Friday and 8% reported that they would like to access support in the late nights/early mornings.

When would you like to access this support?



3.7 LOCAL AREA

Respondents were asked if they thought that there were enough social activities/facilities provided in their area.

Forty-two per cent (42%) of respondents reported that they did think there were enough social activities/facilities in their area. Similarly, 42% of respondents reported that they did not think that there were enough social activities/ facilities provided in their area.

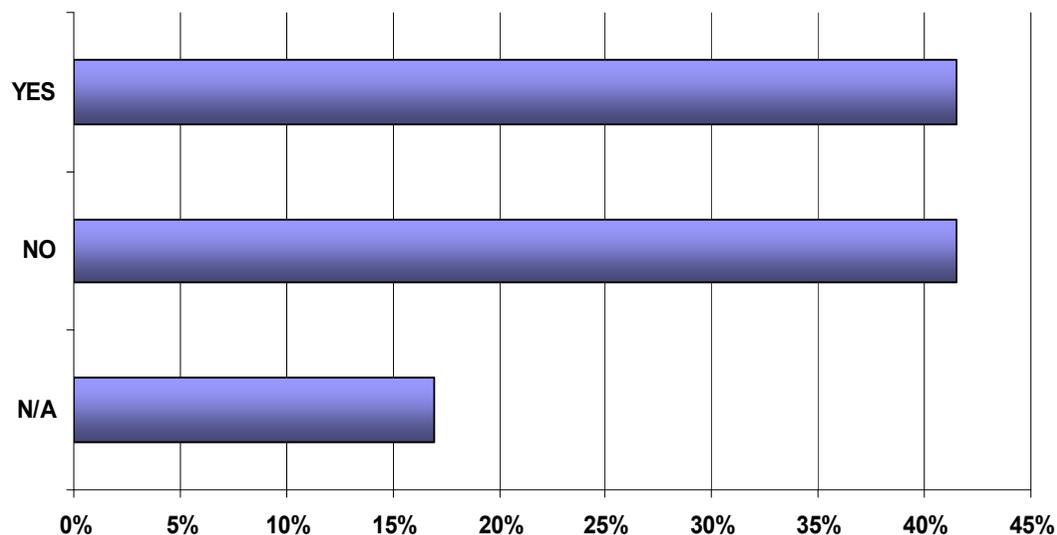
Respondents were asked if they attend any social activities/events in their local area.

Fifty-nine per cent (59%) of respondents reported that they did attend such events in their area. While 25% of respondents reported that they did not attend any social activities/events in their local area.

Respondents reported that they attend a variety of different activities in their local area. These activities included:

- Sports activities – running, swimming, zumba, walking etc
- Craft activities – knitting, crochet
- Music activities – ceilidhs, dances, singing groups
- Arts activities – cinema, plays, concerts
- Evening classes – Gaelic lessons

Do you think there are enough social activities/facilities provided in your area?



- Volunteering activities – Helping at youth clubs, brownies, scouts and guides
- Church activities

Some of the reasons given by respondents for not attending any social activities is that they do not have enough time, there is not much on offer in there area or they don't know about them and also that there are no activities that are of interest to them.

Respondents were asked what social activities/events would they like to see set up in their area.

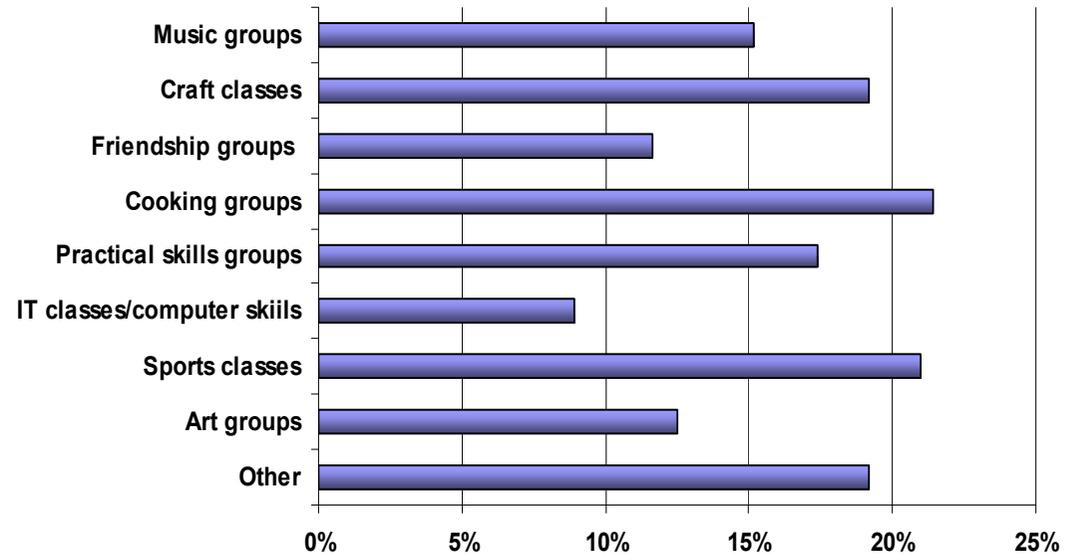
The majority of respondents (21%) reported that they would like to see cooking groups and sports classes set up in their local area. Additionally, 19% of respondents reported that they would like to see craft classes set up in their area.

Some of the other types of activities that respondents would like to see set up in their area included practical classes such as car mechanics, decoupage, sewing, gardening, crafting, woodwork, furniture restoration and horticulture. Respondents also indicated that they would be interested in singing and music groups which would give them the opportunity to learn new songs and instruments as well as watch local bands and musicians play.

Respondents were asked where they would like these activities to be held. The majority of respondents reported that they would like more activities to be held in local community halls/centres in order to make more use of them. It was also reported by respondents that they would like more transport to be available and for it to be more affordable so that they can attend activities/events.

Respondents were asked when they would like these activities/events to be held (e.g. day/time). The majority of respondents reported that they would like them to be held in the evenings and at the weekend. Some respondents indicated that they would like facilities to be available and open 7 days a week. It was also reported by some respondents that they would like some activities to be available during the day for people who are retired or do not work.

What social activities/events would you like to see set up in your area?



Respondents were asked if they could suggest any changes or improvements that could be made to existing facilities or activities in their area. The most common suggestions that were made were that facilities should have extended opening hours (including Sundays), there should be more variety – not just sports, there should be better transport and that people should be made more aware of what facilities or activities are available.

3.8 INFORMATION

Respondents were asked if they were aware of any alcohol and/or drug information from a list of sources.

The majority (55%) of respondents reported that they were aware of alcohol and/or drug information from leaflets and posters. A large proportion (45%) also reported that they were aware of alcohol and/or drug information from the press and also from the TV.

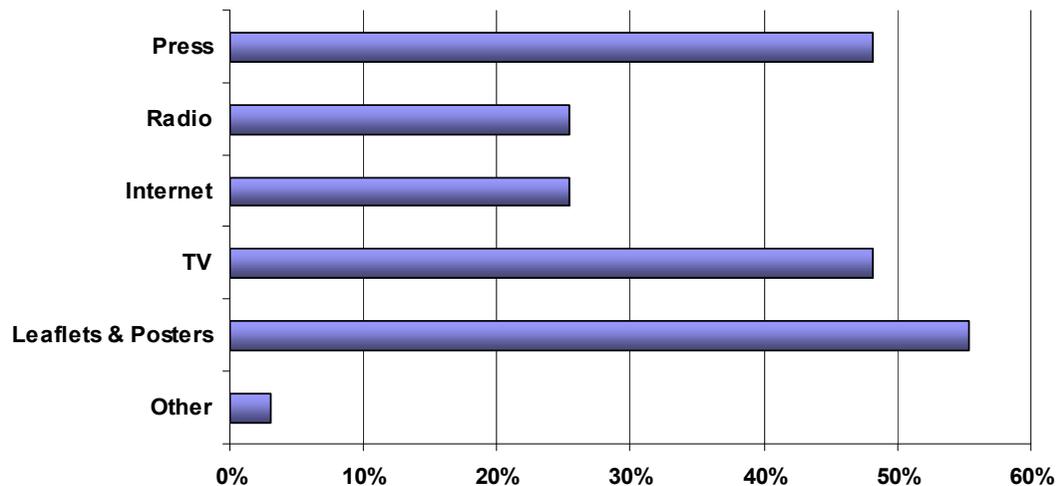
Some of the other sources of alcohol and/or drug information reported by respondents were from their own workplace and also from the police.

Respondents were asked to rate this information.

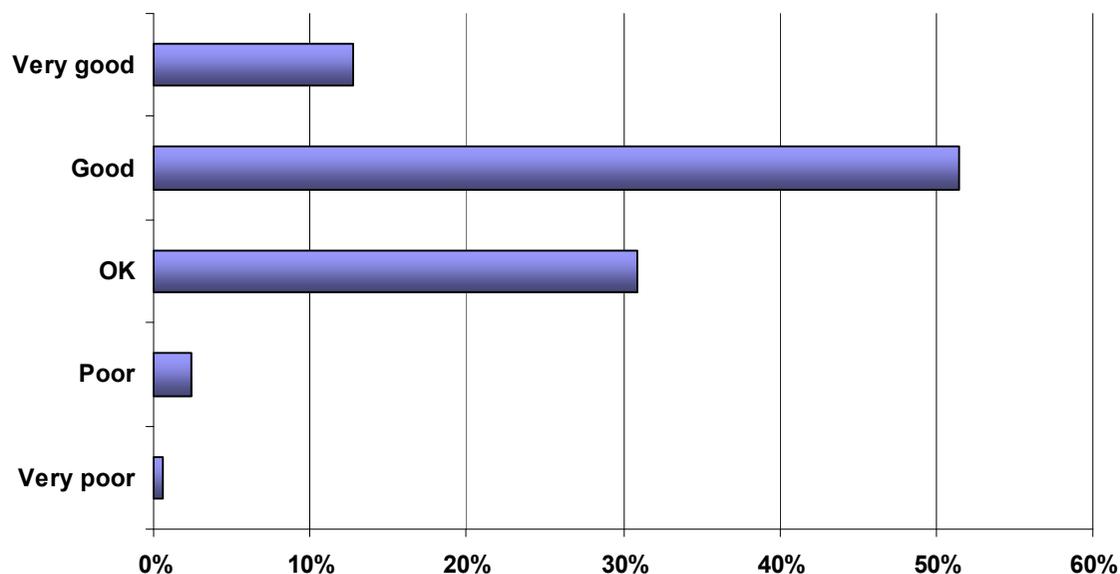
Fifty-two per cent (52%) of respondents rated this information as good, while 31% rated it as OK and 13% rated it as very good.

Furthermore, 64% of respondents reported that they had learnt something from this information.

Have you been aware of any alcohol and/or drug information through:



How would you rate this information?



Respondents were asked if they knew where to access information on alcohol and/or drugs.

The majority (72%) of respondents reported that they did know where to access information on alcohol and/or drugs, however, 7% of respondents reported that they did not.

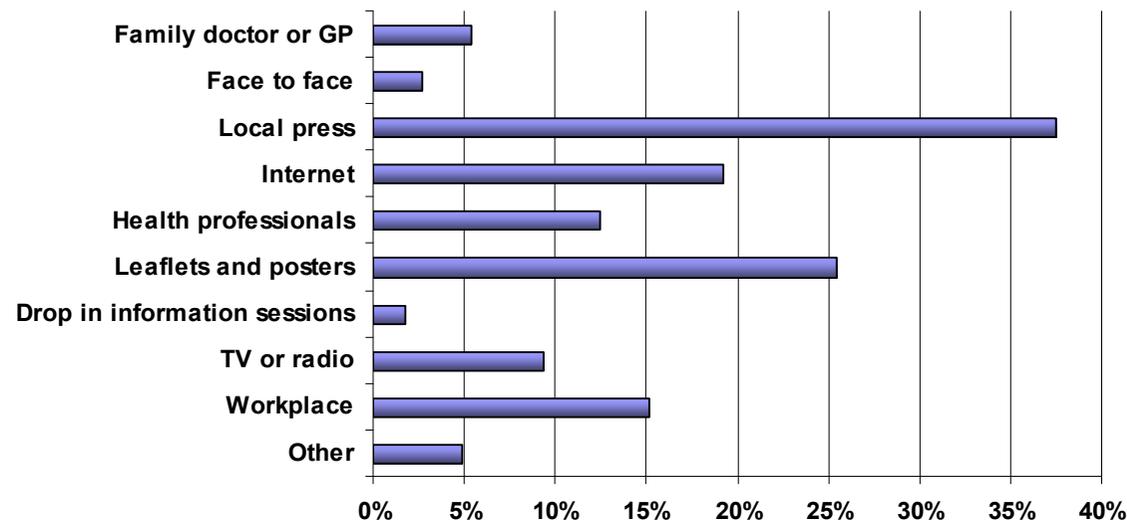
Respondents who had accessed information on alcohol and/or drugs were asked where they had found this information. The majority (38%) of respondents reported that they had accessed information in the local press. A large proportion of respondents also reported that they had accessed information from leaflets and posters (25%) and the internet (19%).

Those respondents who have not accessed information on alcohol and/or drugs reported that it was because they had no need for this information at the moment.

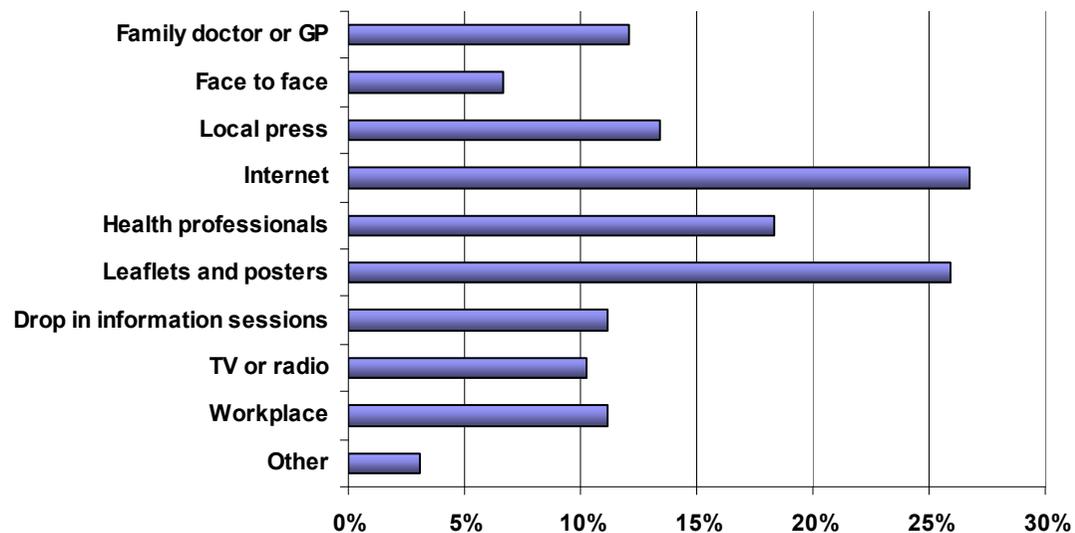
Respondents were asked how they would like to access information on alcohol and/or drugs in the future.

The majority (27%) of respondents reported that they would like to access information on alcohol and/or drugs through the internet, while a large proportion (26%) of respondents reported that they would like to access information through leaflets and posters. Similarly a considerable number (18%) of respondents reported that they would like to access information on alcohol and/or drugs directly from health professionals.

Have you accessed any information on alcohol and/or drugs from:



How would you like to access information on alcohol and/or drugs in the future?



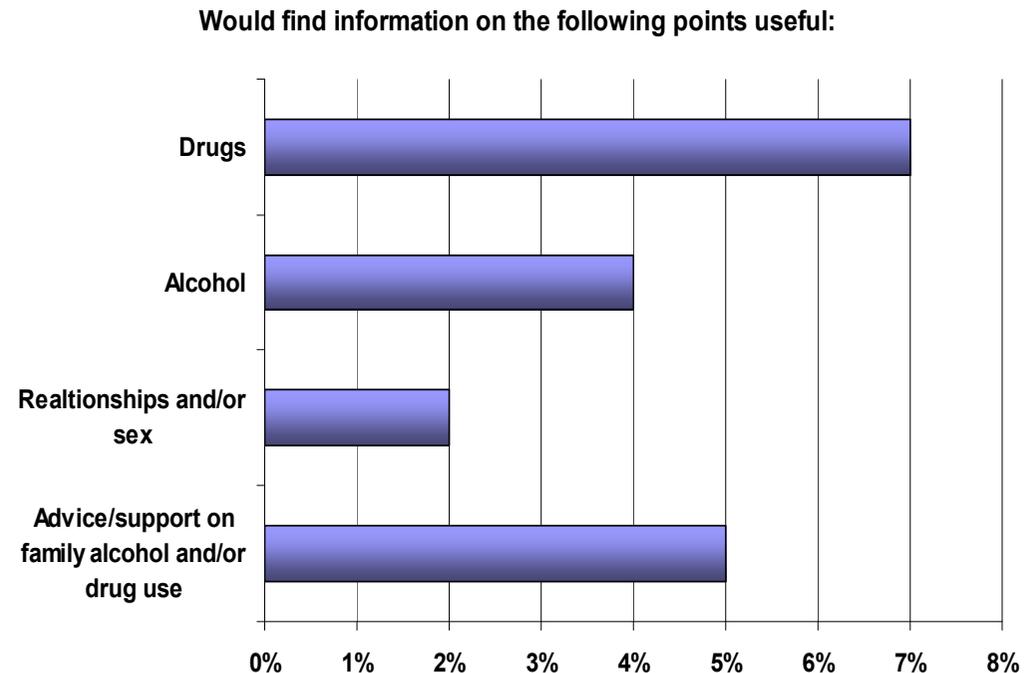
Respondents were asked if they would find information on certain topics useful and if so what type of information would they like.

Seven per cent (7%) of respondents reported that they would like to have more information on drugs (e.g. illegal, legal highs or over the counter and/or prescription). The type of information that respondents were looking for included the street names and effects of the drugs that are currently available, also to know what these drugs look like. Additionally, they would like to know the signs and symptoms of drugs misuse.

Four per cent (4%) of respondents reported that they would like to have more information on alcohol. The type of information that respondents were looking for included more information on units and the dangers and damage of misusing alcohol. Additionally, they would like to have more information for the families of alcoholics.

Two per cent (2%) of respondents reported that they would like to have more information on relationships and/or sex. The type of information that respondents were looking for included information and advice for young people in particular.

Five per cent (5%) of respondent reported that they would like to have more advice/support on family alcohol and/or drug use (e.g. ways in which to cope with it). The type of advice/support that respondents were looking for included how to help someone who does not recognise that they have a problem. Additionally, they would like more direct support between health professional and those who need help and would like advice on where to go for support.



Respondents were asked to indicate if they would find information on certain topics useful.

The majority (21%) of respondents reported that they would find information on stress and ways to cope useful. A large proportion of respondents (17%) reported that they would find information on mental health useful. Other suggestions of information that respondents would find useful include peer pressure and bereavement and death.

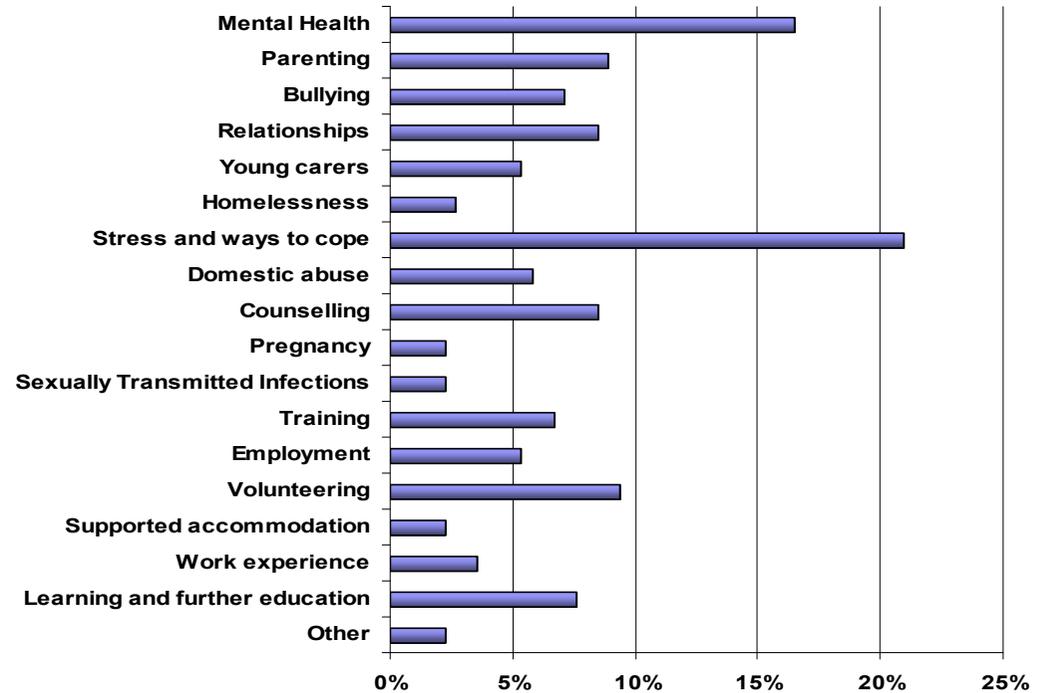
Respondents were asked if there was any other type of information they would like. They indicated that they would like information on what is available locally and contact details for support services. Additionally they would like information on how to help people who have alcohol and/or drug issues and also those who have mental health issues.

Respondents were asked if they felt that they were able to advise their family/children on alcohol and/or drugs.

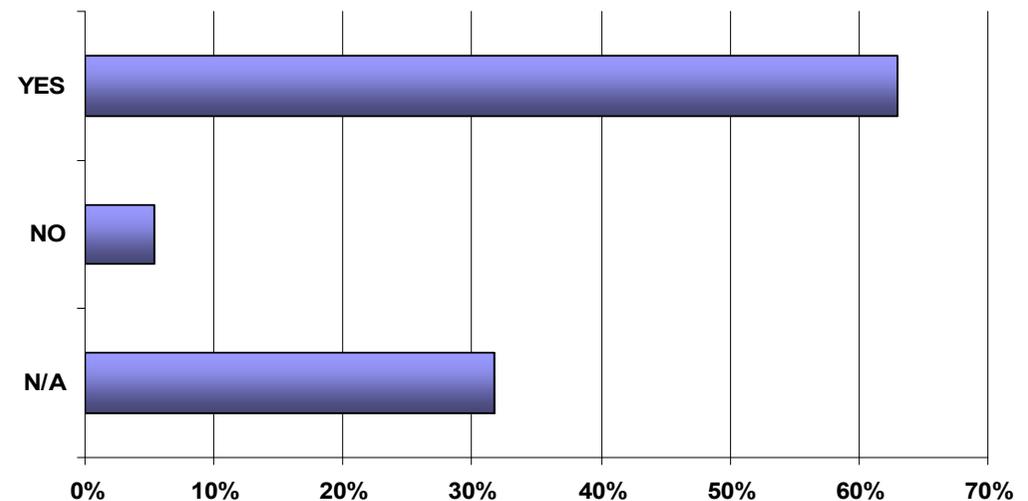
The majority (63%) of respondents reported that they felt that they were able to advise their family/children on alcohol and/or drugs. However, 5% of respondents reported that did not feel that they were able to advise their family/children on alcohol and/or drugs.

Those respondents who reported that they did not feel that they were able to advise their family/children on alcohol and/or drugs were asked what they would like to know or what would be useful to them. It was suggested that it would be useful to know more about

Would you find information on the following points useful?



Do you feel able to advise your family/children on alcohol and/or drugs?



4: KEY FINDINGS

4.1 ALCOHOL USE AND THE EFFECTS

The proportions of respondents who drink alcohol across all areas of the Outer Hebrides ranged from 67% to 100%. Only 67% of respondents in South Uist & Eriskay reported that they drink alcohol while 100% of respondents in Barra & Vatersay reporting that they drink alcohol²⁶. In general the proportions who reported that they drink alcohol were similar across all other areas of the Outer Hebrides.

Area	% reporting that they drink alcohol
Stornoway, Point, Back & Tolsta	86%
Westside, Ness, Uig & Bernera	89%
North Lochs & South Lochs	83%
Harris & Scalpay	88%
North Uist & Berneray	88%
Benbecula	95%
South Uist & Eriskay	67%
Barra & Vatersay	100%

Respondents from Benbecula and South Uist & Eriskay who drink alcohol drink more frequently than respondents from other areas of the Outer Hebrides. Seventy-eight per cent (78%) of respondents from Benbecula reported that they usually drink at least once a week (including those who drink ‘almost every day’ and ‘about twice a week’). Additionally 75% of respondents from South Uist &

²⁶ Please note that the response rate from Barra & Vatersay was very low therefore we must take caution when interpreting the results from this area.

Eriskay reported that they usually drink at least once a week (including those who drink ‘almost every day’ and ‘about twice a week’).

All of the respondents from Barra & Vatersay who drink alcohol reported that they usually only drink alcohol a few times a year²⁶. Additionally 25% of respondents from the Westside, Ness, Uig & Bernera, and 25% of respondents from South Uist & Eriskay reported that they usually only drink alcohol a few times a year.

The most popular type of alcohol consumed was similar across all the areas of the Outer Hebrides. In general, wine appears to be the most common drink consumed by those over the age of 25 years in the Outer Hebrides. Spirits are popular in Benbecula and Barra & Vatersay and lager was also a popular drink among respondents from Barra & Vatersay²⁶.

Area	
Stornoway, Point, Back & Tolsta	Wine 63%
Westside, Ness, Uig & Bernera	Wine 75%
North Lochs & South Lochs	Wine 67%
Harris & Scalpay	Wine 71%
North Uist & Berneray	Spirits 67%
Benbecula	Wine/Spirits 39%
South Uist & Eriskay	Wine 88%
Barra & Vatersay	Lager/Wine/Spirits 50%

The most frequently reported locations for drinking alcohol in most areas of the Outer Hebrides is at home. However, in South Uist &

Eriskay and Barra & Vatersay the majority (100%) of respondents who drink alcohol reported drinking alcohol while having a meal²⁶.

In general the majority of respondents who drink alcohol across the Outer Hebrides reported that they usually drink alcohol with their spouse or with friends of both sexes. However, in North Uist and Berneray and Barra and Vatersay respondents who drink alcohol reported that they usually drink alcohol with their family (40% and 100% respectively)²⁶.

The most common reported effects of drinking alcohol in most of the areas of the Outer Hebrides was having an argument. However in North Uist & Berneray the most common effect of drinking alcohol was having put themselves at risk, with 20% of respondents who drink alcohol in that area reporting that this had happened to them in the last year. In Westside, Ness, Uig & Bernera, South Uist & Eriskay and Barra & Vatersay none of the respondents who drink alcohol reported having experienced any effects as a result of their drinking in the last year²⁶.

Respondents from Stornoway, Point, Back & Tolsta, Westside, Ness, Uig & Bernera, North Uist & Berneray and Benbecula reported that they have had to take on additional roles/responsibilities in the home due to someone else's alcohol use. The proportion of respondents reporting this ranged from 3% in Stornoway, Point, Back & Tolsta to 17% in the Westside, Ness, Uig & Bernera.

Respondents from all areas of the Outer Hebrides, other than Barra & Vatersay, reported that their lives have been harmfully affected by someone else's alcohol use²⁶. The proportion of respondents who

reported this ranged from 8% in South Uist & Eriskay to 44% in the Westside, Ness, Uig & Bernera and Lochs.

Respondents from Stornoway, Point, Back & Tolsta, Lochs and South Uist & Eriskay reported that their home life has been affected by their own alcohol use. The proportion of respondents who reported this ranged from 5% in Stornoway, Point, Back & Tolsta to 8% in South Uist & Eriskay.

Respondents from Stornoway, Point, Back & Tolsta, Benbecula and Barra & Vatersay reported that in the last year they had been involved in a fire related incident as a result of their own or someone else's alcohol use. The proportion of respondents who reported this ranged from 1% in Stornoway, Point, Back & Tolsta to 50% in Barra & Vatersay²⁶.

None of the respondents reported that their household had ever had a problem with its tenancy due to their own or their friend's alcohol use.

4.2 DRUG USE AND THE EFFECTS

The proportions who reported ever having used drugs across all areas of the Outer Hebrides ranged from 17% to 50%. Only 17% of respondents in South Uist & Eriskay reported ever having used drugs while 50% of respondents in Barra & Vatersay reporting ever having used drugs²⁶. In general the proportions who reported ever having used drugs was similar across all other areas of the Outer Hebrides.

Area	% reporting that they have ever used drugs
Stornoway, Point, Back & Tolsta	37%
Westside, Ness, Uig & Bernera	28%
North Lochs & South Lochs	22%
Harris & Scalpay	25%
North Uist & Berneray	24%
Benbecula	21%
South Uist & Eriskay	17%
Barra & Vatersay	50%

The most common drug used/taken was similar across all areas of the Outer Hebrides. In general, cannabis is the most common drug taken by those over the age of 25 years in the Outer Hebrides. Respondents from Harris & Scalpay who have ever used drugs also reported having used/taken solvents, amphetamines, ecstasy, poppers, magic mushrooms and cocaine as well as cannabis. Additionally, a large proportion of respondents in South Uist &

Eriskay who have ever used drugs reported having used/taken amphetamines, LSD and Magic Mushrooms.

The use of legal highs was only reported among respondents in Stornoway, Point, Back & Tolsta and North Uist & Berneray. These respondents reported using Salvia, Herbal LSD and Herbal Ecstasy. The use of over the counter and/or prescription drugs was reported among respondents in Stornoway, Point, Back & Tolsta and Lochs. These respondents reported using drugs such as valium, codine, cocodamol and diazepam.

It was reported by respondents from Stornoway, Point, Back & Tolsta, Lochs, North Uist & Berneray and Benbecula who have ever used drugs that they sometimes mix alcohol and drugs. The proportion of respondents reporting this ranged from 8% in Stornoway, Point, Back & Tolsta to 50% in North Uist & Berneray.

Two per cent (2%) of respondents from Stornoway, Point, Back & Tolsta who have ever used drugs reported that they had passed out and had an unplanned pregnancy (resulting in abortion) in the last year due to their drug use. No other respondents from any other area of the Outer Hebrides reported having experienced any effects in the last year due to their drug use.

The most common health problems that respondents have experienced as a result of their drug use was paranoia/agitation. Fifty per cent (50%) of respondents from Lochs and Harris & Scalpay and 8% of respondents from Stornoway, Point, Back & Tolsta reported have experienced this as a result of their drug use. Additionally, 50% of respondents from North Uist & Berneray reported having trouble sleeping due to their drug use. None of the

respondents from any other area of the Outer Hebrides reported having experienced any health problems due to their drug use.

None of the respondents reported having been involved in a fire related incident as a result of their own or someone else's drug use or having had had problems with their tenancy due to their own or their friends drug use.

Respondents from Stornoway, Point, Back & Tolsta and the Westside, Ness, Uig & Bernera reported that they have had to take on additional roles in the home due to someone else's drug use. The proportion of respondents reporting this ranged from 2% in Stornoway, Point, Back & Tolsta to 20% in the Westside, Ness, Uig & Bernera.

Respondents from Stornoway, Point, Back & Tolsta, the Westside, Ness, Uig & Bernera and North Uist & Berneray reported that their lives had been harmfully affected by someone else's drug use. The proportion of respondents reporting this ranged from 4% in Stornoway, Point, Back & Tolsta to 60% in the Westside, Ness, Uig & Bernera. Twenty per cent (20%) of respondents in the Westside, Ness, Uig & Bernera reported that their home life had been affected by their own drug use.

4.3 ALCOHOL AND DRUG SUPPORT

Respondents who reported that they were interested in getting support for their own or someone else's alcohol and/or drug use came from Stornoway, Point, Back & Tolsta, Westside, Ness, Uig & Bernera, Harris & Scalpay and Benbecula. The majority of respondents who were interested in getting support were female and were aged 25-34 years old.

An equal proportion (29%) of respondents from Stornoway, Point, Back & Tolsta were interested in getting support for themselves, a family member and a friend. The majority (57%) of these respondents wanted to access this support through drop in sessions. Additionally the majority of these respondents would like to access the support in the evenings.

The respondents from Harris & Scalpay were interested in getting support for a friend. They want to access this support through home visits and would like to access this support in the evenings.

The majority respondents from Benbecula were interested in getting support for a family member. The majority (67%) of these respondents wanted to access this support online, on the phone and through 1 to 1 support. Additionally, the majority of these respondents would like to access the support in the evenings.

4.4 LOCAL AREA

Respondents were asked what activities they would like to see set up in their area. Respondents also suggested improvements to existing activities and facilities.

Stornoway, Point and Back & Tolsta

- The majority of respondents in these areas would like to see cooking groups, sports classes, and craft classes set up in their area.
- Other suggestions of activities include car maintenance, woodwork, furniture restoration, gardening, and agricultural classes, self-sufficiency, book groups, decoupage, sewing, painting, writing and knitting groups.
- It was highlighted that there should be more activities available for older/retired residents.

Westside, Ness and Uig & Bernera

- The majority of respondents in these areas would like to see sports classes set up in their area.
- Other suggestions of activities include weight loss classes, walking together groups and cup of tea groups

North Lochs and South Lochs

- The majority of respondents in these areas would like to see sports classes and cooking groups set up in their area.
- Other suggestions of activities include crafting classes.

Harris & Scalpay

- The majority of respondents in these areas would like to see craft classes and sports classes set up in their area.

- Other suggestions of activities include zumba and dance classes.

North Uist & Berneray

- The majority of respondents in these areas would like to see friendship groups set up in their area.
- Other suggestions of activities include social groups, ceilidhs, games nights and fitness groups.
- It was highlighted that activities should be made more accessible for younger and older people alike.

Benbecula

- The majority of respondents in these areas would like to see cooking groups and practical skills groups set up in their area.
- Other suggestions of activities include mechanics for women and fitness classes including zumba, water aerobics, yoga and pilates.
- It was highlighted that there should be better transport facilities and that there should be more places for families with young children to go.

South Uist & Eriskay

- The majority of respondents in these areas would like to see craft classes and practical skills groups set up in their area.
- Other suggestions of activities include drawing classes, woodwork, photography, sewing, badminton and squash.
- It was highlighted that there is a severe lack of community facilities available in South Uist.

Barra & Vatersay²⁶

- The majority of respondents in these areas would like to see music groups and IT/computer skills classes set up in their area.

4.5 INFORMATION

Respondents were asked to indicate if they would find information on a list of topics useful. The responses varied across each area.

Stornoway, Point and Back & Tolsta

- The majority of respondents in this area would like more information on stress & ways to cope and mental health.
- In relation to drugs they would like information on the street names of drugs, what they look like, up to date information on what is available and the signs and symptoms of abuse.
- In relation to alcohol they would like information on how to spot abuse, the internal damage alcohol can cause and a calculator to count the number of units of alcohol they have consumed.
- In relation to relationships and/or sex they would like young people to have open access to advice.
- In relation to advice and support on family alcohol/drug use they would like information on how to help someone who does not realise that they have a problem.

Westside, Ness and Uig & Bernera

- The majority of respondents in this area would like information on stress & ways to cope.

North Lochs and South Lochs

- The majority of respondents in this area would like information on stress & ways to cope and mental health.
- Respondents would like more information on drugs, alcohol and relationships and/or sex. They also indicated that advice/support on family alcohol/drug use could be very useful for a lot of people.

Harris & Scalpay

- The majority of respondents in this area would like information on mental health.
- In relation to drugs they would like information on the dangers of drug use.
- In relation to alcohol they would like information on the dangers of alcohol use.
- In relation to support/advice on family alcohol/drug use they would like leaflets for the family members.

North Uist and Berneray

- The majority of respondents in this area would like information on stress & ways to cope and domestic abuse.
- In relation to drugs and relationships and/or sex they would like more information for young people.
- In relation to support/advice on family alcohol/drug use they would like information on where to access support.

Benbecula

- The majority of respondents in this area would like information on training and volunteering.
- In relation to alcohol they would like more information for families on how to cope with alcoholic family members

- In relation to support/advice on family alcohol/drug use it was highlighted that there needs to be more support available.

South Uist & Eriskay

- The majority of respondents in this area would like information on relationships.
- In relation to drugs, alcohol and support/advice on family alcohol/drug use they would like simple information that could be used in education for children.

Barra & Vatersay²⁶

- The majority of respondents in this area would like information on domestic abuse.

5: RECOMMENDATIONS

5.1 OUTER HEBRIDES ADP RECOMMENDATIONS

The Outer Hebrides ADP is committed to developing services to address the issues raised in this needs assessment. The Outer Hebrides ADP will provide effective early interventions and recovery based services in order to support people affected by problematic alcohol and drug use.

The results of this needs assessment shows that the alcohol and drug problems are prevalent across all areas of the Outer Hebrides. On that basis it is difficult to identify target populations; therefore it is important that we promote a cultural change across all areas of the Outer Hebrides and that excessive alcohol and drug use is made less acceptable across all communities.

In order to address the key findings in this report the Outer Hebrides ADP proposes the following recommendations:

5.2 KEY FINDINGS 4.1 & 4.2: ALCOHOL AND DRUG USE AND THE EFFECTS (Page 57 & 59)

- Recommendation 1:* Develop services that will provide effective interventions and diversionary activities for children and families affected by or at risk of substance use.
- Recommendation 2:* Develop services that will provide alcohol brief interventions in primary care and wider settings e.g. youth setting.
- Recommendation 3:* Develop services that will provide effective interventions and diversionary activities for those affected by or at risk of problem substance use, e.g. adults, families and young people affected by substance use, vulnerable groups.
- Recommendation 4:* Develop services that will provide structured, intensive substance interventions to promote and maintain recovery for those affected by or at risk of problem substance use.

5.3 KEY FINDINGS 4.3: ALCOHOL AND DRUG SUPPORT (Page 60)

- Recommendation 5:* Develop flexible substance support services for children and families providing advice, information and access to further social support.
- Recommendation 6:* Develop services that will provide structured, intensive interventions to promote and maintain recovery with parents.

- Recommendation 7:* Develop services that will provide effective interventions and diversionary activities for those affected by harmful and problematic drinking or substance use.
- Recommendation 8:* Develop flexible substance support services providing advice, information and access to further social support for those affected by harmful and problematic substance drinking or substance use.
- Recommendation 9:* Provide specialist housing support service for those with substance related issues in order to support those facing homelessness issues or to assist people to maintain a tenancy.
- Recommendation 10:* Provide access to specialist rehabilitation care

5.4 KEY FINDINGS 4.4: LOCAL AREA (Page 61)

- Recommendation 11:* Provide befriending services (generic or targeted)
- Recommendation 12:* Provide therapeutic employment and training.
- Recommendation 13:* Provide accessible and integrated services throughout the islands.
- Recommendation 14:* Provide community based specialist assessment and care planned treatment, care and aftercare for those affected by or at risk of problem substance use.
- Recommendation 15:* Provide community detoxification service.

5.4 KEY FINDINGS 4.5: INFORMATION (Page 62)

- Recommendation 16:* Provides specialist parenting programmes focusing on substance misuse.
- Recommendation 17:* Carry out local drug and alcohol information campaigns.
- Recommendation 18:* Provide substance related training provided for local staff and practitioners.

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