



Alcohol & Drug Partnership
gabh an rathad eile

Outer Hebrides Alcohol & Drug Partnership

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

Annual Report 2012 – 2013



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1. General Overview

This report outlines the work of the Outer Hebrides Alcohol & Drug Partnership in 2012/13 to meet its strategic priorities, highlights its key achievements and progress towards core and local outcomes, and demonstrates how these achievements link to the Outer Hebrides Single Outcome Agreement (SOA).

The Outer Hebrides Alcohol & Drug Partnership (ADP) vision is that the “*Outer Hebrides is a healthy community where the problems of substance use are prevented and reduced*”.

i. Strategic Priorities

Our aim is to “prevent problems arising from substance use and reduce problems and harm caused by substance use”.

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

1. **Early years – including:**
Children
Children affected by parental substance use
2. **Early intervention – including:**
Young people
Families and young people affected by substance use
Vulnerable groups
Harmful and hazardous drinkers and substance users
3. **Problem drinkers and substance users – including:**
Dependent drinkers and substance users
Persistent heavy drinkers and persistent substance users
4. **Assisting in the promotion of a healthy Outer Hebrides – including:**
Promoting positive attitudes
Promoting positive choices

ii. Key Achievements and Issues

2012/13 saw the Outer Hebrides ADP develop and follow up on the following key activities:

- **Development of 2011-2015 Strategy**

During 2012/13 the Outer Hebrides ADP has been working to implement and develop its strategic priorities outlined in its 2011-2015 Strategy, a copy of which can be accessed on the website www.outerhebadp.co.uk. The Strategy sees a greater emphasis on early years and early intervention as priorities for development over the funding period, whilst also developing services for those who are problem alcohol and substance users, and promoting positive attitudes and choices throughout the Outer Hebrides. Our strategic priorities represent a shift to focusing funding on preventative work, particularly in relation to early years and families work, and also a focus on developing recovery-based services. Our 2011-2015 strategic priorities take into account local need and national priorities as given in the Road to Recovery; Changing Scotland's Relationship with Alcohol: A Framework for Action; Scottish Government National Core Outcomes; Quality Alcohol Treatment and Support (QATS) and the Outer Hebrides SOA.

- **Community consultations**

Following the publication of the Outer Hebrides ADP 2011-2015 Strategy, a series of community consultations were held across the islands in Barra, Uist, Harris and Lewis during 2011/12. The aim was to inform and consult with local communities regarding the future developments of services based on the strategic priorities and outcomes for 2012-2015 and to discuss possible challenges this may present. A full copy of this report can be viewed on the website www.outerhebadp.co.uk. This piece of work has helped us in planning and developing services to meet the needs of clients for the funding period 2013-2015.

- **Outer Hebrides Alcohol and Drugs Needs Assessment**

During 2011/12 a needs assessment was carried out across the Outer Hebrides to assist with future planning. This piece of work, in conjunction with information gathered from the community consultation meetings and baseline data gathered from our monitoring and evaluation process, has aided the Outer Hebrides ADP in planning and developing services to meet the needs of clients.

The Outer Hebrides ADP is committed to developing services to address the issues raised in the needs assessment. The results of the needs assessment showed that 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 was concluded that 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 of the needs assessment the Outer Hebrides ADP proposed certain recommendations. The table in *Appendix 4* outlines the recommendations and an update on how the ADP has progressed in meeting these during 2012/13.

Full copies of the General Needs Assessment and Youth Needs Assessment can be accessed on the website www.outerhebadp.co.uk.

- **Development of early years and early intervention work**

Recovery is a process through which an individual is enabled to move on from substance use towards a substance-free life and become an active and contributing member of society. However, preventing substance use is more effective than treating established problems, so we have taken a broad approach to reducing substance use by concentrating not only on problem drinkers and substance users but by also focusing on early years, early intervention and assisting in the promotion of a healthy Outer Hebrides. This is being done by providing accurate and credible information and inputs on substance use to help reduce it.

- **Development of monitoring and evaluation procedures**

During 2011/12 we developed and implemented a new system for recording the work of services in order to ensure effective monitoring and evaluation is taking place. We revised the required 6 -monthly and annual monitoring forms into a monitoring form and a separate outcomes database which are designed to capture both quantitative and qualitative data. These are designed to provide us with comprehensive information and to gather baseline information from which we can measure the effectiveness of funded services and build up a picture of who is accessing services, what the local trends are and what support they require. This information allows us to effectively evaluate services and also measure funded services against national and local outcomes.

During 2012/13, both the monitoring form and the outcomes database were reviewed to ensure that it is clear to services what information they should be recording and therefore giving us the assurance that we are receiving robust information.

The ADP Support Team carries out a SWOT analysis on each monitoring form and collates all the information from the outcomes database into a report. Both the SWOT analysis and outcomes database report are presented to the ADP Committee for discussion and to inform future funding decisions. Each service is also sent an individual report relating to the information they have provided about their specific service.

During 2012/13 the levels of completion varied across all the services, with some services leaving sections of the outcomes database completely blank. The Outer Hebrides ADP is endeavouring to address this issue to ensure that data recording is consistent across all services while ensuring that the reporting process is straightforward for all services. Additionally, the Outer Hebrides ADP is looking to develop local targets for services to meet.

Looking ahead to the future funding period, we hope that the monitoring and evaluation information gathered, along with the community consultations and needs assessment information, will assist us to plan and develop services based on the needs of the various communities throughout the Outer Hebrides.

- **Integrated Services – Uist and Barra**

Following on from the community consultation, a number of meetings were held in both Uist and Barra between various statutory and voluntary organisations within the area who were concerned with substance misuse. This culminated in the formation of a group known as 'Substance Misuse Services Uist & Barra'. This group prepared and submitted two separate funding applications, one for Uist and one for Barra.

Both these applications were considered by the ADP at the meeting held on 8 June 2012 and it was agreed that:

- There were a lot of issues around the governance of both proposals. Although in principle they were excellent proposals it was noted that the applications required further development prior to funding being awarded. It was agreed to set aside a sum of money, for the whole of Uist and Barra, and to look further into how it was going to be managed.
- The group was asked to provide a constitution, aims, governance paper and bank account details, or appoint one single agency to act as a lead. The group was advised that one payment would be made to the Substance Misuse Service Uist & Barra. The group was asked to appoint a lead for each of the ADP strategic priorities they are working towards, in order to ensure clear reporting structures were in place.
- It was agreed that for an interim period services in Uist and Barra that were currently funded by the ADP would receive a 3 month payment, which was a percentage of their 2011/12 allocation. This would ensure continuity of services until September while the above issues were being addressed.
- The group was advised that the allocation would be for Uist and Barra, and the two subgroups may want to consider meeting regularly by V/C to discuss how the strategic priorities will be best met over the whole area. The Needs Assessment could be used to inform these decisions.

Below is an outline of what the ADP specified to the Substance Misuse Services Uist & Barra would be required of them:

The Outer Hebrides ADP invited Substance Misuse Service Uist & Barra to provide an outcome-based substance misuse service for all those with, or affected by, substance misuse. Up to £100,000 will be payable to the service provider to cover the period 1st April 2012 to 31st March 2013, including the duration of any ongoing support episodes until their conclusion. The service provider will be required to state the number of clients it will seek to engage with during this period.

The partnership must be able to demonstrate the knowledge, innovation and ability to deliver safe, effective and person-centred support service to meet the needs of the local population and be committed to a multi agency partnership approach, working with a recovery ethos, which seeks to build on assets and strengths of individuals. The new model should make the best possible use of existing local and regional services; i.e. Education, Social Care, Mental Health, Primary Care and third sector among others and seek to work with the whole family: the non-problem-drinking parent, the children, other family members, and the drinker themselves.

The service will be open to families who are resident in the Outer Hebrides and will provide flexible and responsive access to service provision at times most suitable to service users, including evenings and weekends as necessary. The service will operate from a venue suitable to the target group.

The service will provide evidence-based interventions through a range of therapeutic models with a focus on prevention and recovery. As a minimum the service provided will include (where relevant):

- A focus for substance misuse service activity throughout the Uists and Barra by working in partnership with service users, service providers, statutory and voluntary sector organisations.
- Support to individuals caught up in addiction to alcohol or drugs and offer the opportunity and reason to turn towards a non-dependency lifestyle.
- Support to families and carers of clients to cope with living with a substance misuser, adjust to changes while clients are in recovery and working towards a healthier lifestyle.
- Re-engage with previous service users who have disengaged from regular support services but

- continue to struggle with addictions.
- Services for specific targeted groups e.g. women, elderly etc.
- Partnership working with other agencies to improve the outcomes for individuals, children, young people, adults and families who are very likely to experience difficulties, and to break the intergenerational cycle of problems in the long term, reduce alcohol consumption and intervene as early as possible to tackle problems that have already emerged for clients.
- Work with individual clients where concerns regarding substance misuse have been raised.
- Monthly collation of all programmes, interventions, therapies, risk and vulnerability statistics.
- Client service satisfaction questionnaires to be sent out quarterly and collated to assist with action planning.
- Review of the above to ensure that difficulties or shortfalls are resolved quickly and efficiently to ensure the best possible outcomes for clients.
- Protocols, guidelines, assessment tools and Integrated Care Pathway (ICP) to be developed and implemented for addictions service in the Uists and Barra.
- Training for all staff in the partnership to an equitable level:
 - Family work;
 - Couple work;
 - Family support;
 - Individual sessions with children;
 - Individual sessions with the problem drinker;
 - Individual sessions with the non-problem-drinker.

It is also expected that this service will:

- Routinely screen for alcohol use using the FAST tool in line with SIGN guidelines;
- Routinely screen for harm against women and children as part of a thorough, ongoing assessment process to ensure provision of a package of support;
- Promote equality across gender, age, race, disability, sexual orientation and religion and belief;
- Seek to address health inequalities by targeting disadvantaged populations and hard to reach groups;
- Engage with other local services to ensure joined up treatment and care which meets the particular needs of individuals.

The service should be delivered in line with national quality standards and good practice. The service is expected to demonstrate how it meets national requirements, guidance and best practice for the treatment of problematic substance use.

With the help of the Outer Hebrides ADP, primarily in relation to Information Governance issues, the Substance Misuse Service Uist & Barra is now fully functional. As well as providing funding to existing substance misuse services in Uist & Barra, the new integrated partnership has been able to employ two substance misuse workers and one admin support. Through the provision of existing services and new staff members a seamless service is being provided within the Uists and Barra.

iii. Local context

Demographic information

- **Population profile**

The latest population estimates for the Outer Hebrides, as calculated using Popgroup software, was 26,089. *Table 1* shows how the Outer Hebrides population is distributed across age groups.

Table 1: Population distribution across the Outer Hebrides by age and sex, 2012

| | Population size | 0-19 | 20-64 | 65+ |
|--------|-----------------|-------|--------|-------|
| Male | 12,841 | 2,802 | 7,463 | 2,576 |
| Female | 13,248 | 2,669 | 7,160 | 3,419 |
| TOTAL | 26,089 | 5,471 | 14,622 | 5,995 |

The proportion of Outer Hebrides residents aged 19 years and under is similar to the Scottish average (21% compared to Scotland rate of 22%).

The population of working age adults (20-64 years) in the Outer Hebrides is lower than the Scottish average (56% compared to Scotland rate of 60%).

The proportion of Outer Hebrides residents aged 65 years and over is higher than the Scottish average (23% compared to Scotland rate of 18%).

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 11.2 per 1,000 population. There was no change in the birth rate in the Outer Hebrides between 2010 and 2011, whereas the birth rate for the whole of Scotland fell by approximately 0.34%.

Table 2: Number of births in the Outer Hebrides and Scotland, 2011

| | Outer Hebrides | Scotland |
|---------------------------|----------------|----------|
| Number of births | 235 | 58,590 |
| Annual change | 0% | -0.34% |
| Rate per 1,000 population | 9.0 | 11.2 |

The standardised death rate in the Outer Hebrides is higher than the Scottish average – 14 deaths per 100,000 population compared with 10.2 deaths per 100,000 population.

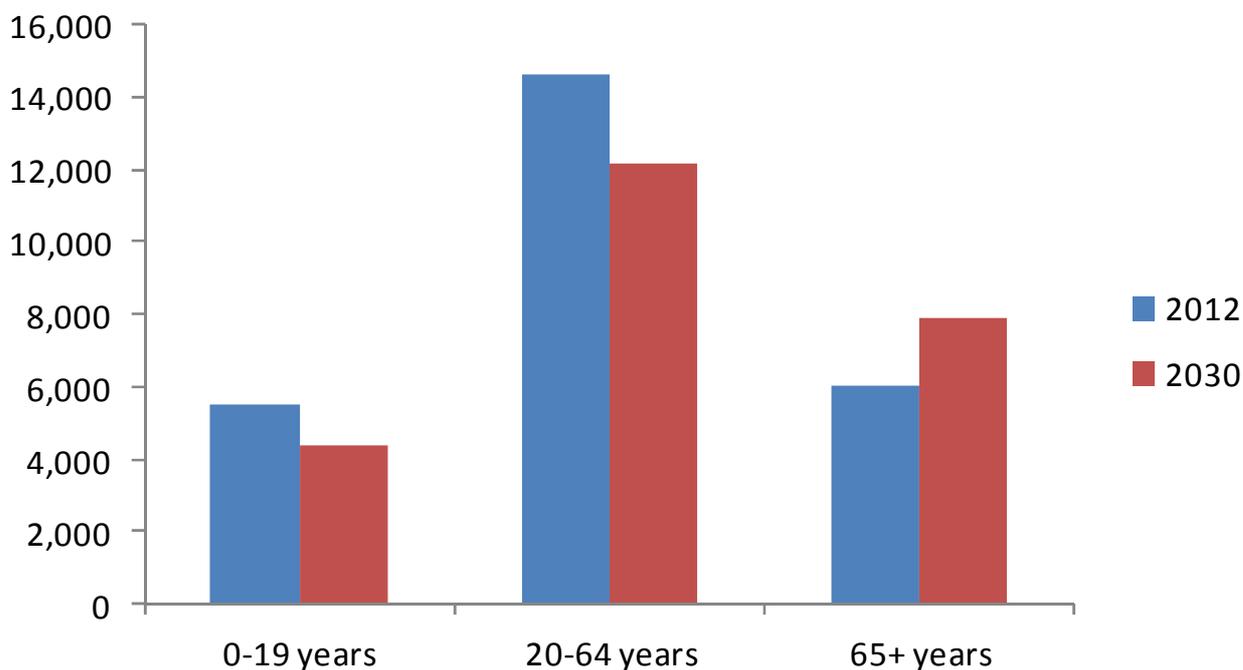
Table 3: Number of deaths in the Outer Hebrides and Scotland, 2011

| | Outer Hebrides | Scotland |
|---------------------------|----------------|----------|
| Number of deaths | 365 | 53,661 |
| Annual change | 1.67% | 0.6% |
| Rate per 1,000 population | 14 | 10.2 |

The Outer Hebrides population is projected to decrease by approximately 6.1% by 2030, compared with a predicted national increase of 5.2% in the same period. The population size of each age group is expected to change as follows:

- Children (aged 0-19 years) – decrease of approximately 20%
- Adults (aged 20-64 years) – decrease of approximately 17%
- Older people (aged 65+ years) – increase of approximately 32%

Chart 1: Outer Hebrides Population Projections, 2030



- **Scottish Index of Multiple Deprivation (SIMD)**

The Scottish Index of Multiple Deprivation (SIMD) presents a picture of multiple deprivations across Scotland. It is the Scottish Government's official tool for identifying those places in Scotland suffering from deprivation. It incorporates several different aspects of deprivation, combining them into a single index. By identifying small areas where there are concentrations of multiple deprivation, the SIMD can be used to target policies and resources at the places with greatest need. Interest is focused on those datazones that are considered to be in the 5% most deprived nationally.

In this context, deprivation is defined as the range of problems that arise due to lack of resources or opportunities, covering health, safety, education, employment, housing and access to services, as well as financial aspects. The SIMD combines data relating to seven SIMD domains to produce the SIMD index.

The Outer Hebrides does not have any datazones in the 15% most deprived areas in SIMD 2012. This does not mean that there is no deprivation in this area; rather that it is not concentrated in small areas.

- In the Outer Hebrides 12.6% of the population are income deprived, this compares to 13.4% across Scotland as a whole. The most income-deprived datazone in the Outer Hebrides is Stornoway West and is amongst Scotland's 30% most income deprived areas.
- All local authorities saw numbers of employment-deprived people increase between SIMD 2009 and SIMD 2012. However the Outer Hebrides had the lowest percentage rise at 3%. In the Outer Hebrides 10.6% of the population are employment-deprived, this compares to 12.8% in Scotland. There are three datazones in the Outer Hebrides that were amongst Scotland's 35% most employment-deprived areas, the most employed-deprived of these areas is Stornoway West.
- The most health-deprived datazone in the Outer Hebrides is Barra & South Uist, and this datazone is amongst Scotland's 25% most health-deprived areas.
- The most education-deprived datazone in the Outer Hebrides is Stornoway West and is amongst Scotland's 35% most education-deprived areas.
- The most housing-deprived datazone in the Outer Hebrides is Barra & South Uist and is amongst Scotland's 25% most housing-deprived areas.
- 30 out of the 36 datazones (83.3%) in the Outer Hebrides are in the 15% most access deprived datazones in Scotland. (This compares to 31% in 2009; 27% in 2006 and 29% in 2004). The most access-deprived datazone in the Outer Hebrides is South Lewis and is amongst Scotland's 5% most access-deprived areas.
- There are two datazones in the Outer Hebrides that are amongst Scotland 15% most crime-deprived areas. (This compares to two in 2009 and three in 2006). The most crime-deprived datazone in the Outer Hebrides is Stornoway West and is actually amongst Scotland's 5% most crime-deprived areas¹.

- **Employment**

During 2012, 71.3% of the working age population in the Outer Hebrides were in employment; this is higher than the Scottish average of 70.6%. The proportion of working age people in the Outer Hebrides who were unemployed was lower than the Scottish average (Outer Hebrides: 6.3%; Scotland: 7.9%). Of all those in the Outer Hebrides who were economically inactive, 30.5% of them were retired while 28.2% of them were on long-term sick.

In the Outer Hebrides, the proportion of working age adults claiming Job Seeker's Allowance was lower than the Scottish average (Outer Hebrides: 3.0%; Scotland: 4.0%).

¹ The crime domain measures the rate of selected crime at small area level using recorded crime data. It is based on six indicators of broad crime types.

Alcohol and Drug Prevalence Data

- **Alcohol Consumption²**

The UK Government has 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 in the Outer Hebrides suggests that the average weekly consumption level for both males and females is the lowest in Scotland.

Table 4: Estimated usually weekly alcohol consumption level by Health Board and sex, 2008-2011 combined

| | <u>Males</u> Average number of units per week | <u>Females</u> Average number of units per week |
|-------------------------|--|--|
| Ayrshire & Arran | 16.4 | 8.0 |
| Borders | 18.8 | 8.0 |
| Dumfries & Galloway | 15.6 | 7.5 |
| Fife | 17.0 | 7.9 |
| Forth Valley | 17.6 | 8.0 |
| Grampian | 16.9 | 7.3 |
| Greater Glasgow & Clyde | 16.4 | 7.6 |
| Highland | 15.2 | 7.8 |
| Lanarkshire | 16.9 | 7.9 |
| Lothian | 17.3 | 8.5 |
| Orkney | 16.3 | 7.4 |
| Outer Hebrides | 12.0 | 5.2 |
| Shetland | 14.4 | 7.7 |
| Tayside | 14.9 | 7.7 |
| SCOTLAND | 16.6 | 7.8 |

Data from the Scottish Health Survey (2011) suggests that excessive drinking is generally less common in the Outer Hebrides than in Scotland as a whole. The percentage of male residents in the Outer Hebrides who are classed as moderate drinkers (drink some alcohol, but no more than 21 units in a typical week) is slightly higher than the Scottish average. However, the percentage of male residents classed as harmful/hazardous drinkers (drink in excess of 21 units in a typical week) is lower than the Scottish average.

The percentage of female residents in the Outer Hebrides who are classed as moderate drinkers (drink some alcohol, but no more than 14 units in a typical week) is again higher than the national average. However, the percentage classed as harmful/hazardous drinkers (drink in excess of 14 units in a typical week) is lower than the national average.

² All the information in this section comes from the Scottish Health Survey (2011), where respondents self report the amount of alcohol they consume. It is important to bear this in mind when analysing this data as it is widely known that people under report their alcohol consumption levels. Additionally, the Outer Hebrides sample size was very small.

Table 5: Estimated usual weekly alcohol consumption, %, by Health Board and sex, 2008-2011 combined

| | Males | | Females | |
|-------------------------|-------------------|----------------------------|-------------------|----------------------------|
| | Moderate drinkers | Harmful/hazardous drinkers | Moderate drinkers | Harmful/hazardous drinkers |
| Ayrshire & Arran | 60 | 26 | 63 | 18 |
| Borders | 66 | 27 | 70 | 20 |
| Dumfries & Galloway | 70 | 23 | 69 | 18 |
| Fife | 62 | 28 | 64 | 18 |
| Forth Valley | 61 | 29 | 65 | 20 |
| Grampian | 63 | 26 | 67 | 17 |
| Greater Glasgow & Clyde | 60 | 27 | 63 | 18 |
| Highland | 65 | 27 | 67 | 19 |
| Lanarkshire | 62 | 27 | 67 | 19 |
| Lothian | 60 | 30 | 64 | 22 |
| Orkney | 61 | 28 | 72 | 15 |
| Outer Hebrides | 63 | 20 | 68 | 10 |
| Shetland | 64 | 24 | 63 | 20 |
| Tayside | 63 | 27 | 69 | 17 |
| SCOTLAND | 62 | 27 | 65 | 19 |

The Outer Hebrides also has the largest proportion of non-drinkers in the whole of Scotland – 17% of the population in the Outer Hebrides are non-drinkers, this compares to the national average of 11%.

• Drug Use

In 2009/10 there were an estimated 59,600 people aged 15-64 in Scotland who were using opiates (including prescribed and illicit methadone) and/or benzodiazepines illicitly. This compares to 55,300 people in 2006. In international terms, Scotland has a disproportionately serious problem with drug misuse. It is a significant driver of economic underperformance, crime and victimisation, risk to children and health inequalities, including drug-related deaths. Recent evidence suggests that drug use among the general population and young people is falling, and confirms the presence of an ageing population of people with drug problems. Problem drugs use is also strongly linked to crime and the total economic and social costs of problem drug use in Scotland are estimated at around £3.5 billion a year.

The Scottish Drug Misuse Database (SDMD) is an important information source on the use of drugs in Scotland. Information is collated by drug treatment services at specific points during an individual's recovery journey i.e. at:

- Initial Assessment (SMR25a)
- 12 week Follow-up (SMR25b)
- Annual Follow-up (SMR25b)
- Discharge from service (SMR25a or SMR25b)
- Transfer or referral from service (SMR25b)

During 2012/13, 40 initial assessments were carried by specialist drug treatment services in the Outer Hebrides. Almost three quarters (72.5%) of these initial assessments were carried out on males. The majority of these individuals fell into the 20-24 years age group and accounted for 32.5% of all the individuals who had an initial assessment in 2012/13. The most common main illicit drug used by individuals during 2012/13 was diazepam, followed by cannabis. Of those who had an initial assessment in 2012/13, 40% reported that they had dependent children.

Follow-up information was provided for 23 service users. Approximately 35% of these service users were still being actively treated by the specialist drug treatment services. Of those who were not actively being treated the majority had received the required support from the treatment service, while a small number had been referred on to other agencies including other drug specialist services and moving on/reintegration services.

Alcohol and Drug - Health Harm

- **Alcohol - Health Harm**

Alcohol misuse in Scotland has profound cost implications for both the NHS in Scotland directly, and to wider Scottish society. Alcohol contributes to a wide range of social and health problems including cardiovascular disease, liver disease, pancreatitis, cancer, suicide, accidents, and anti-social behaviours including crime and domestic violence.

Excessive consumption of alcohol can result in a wide range of health problems. Some may occur after drinking over a relatively short period, such as acute intoxication (drunkenness) or poisoning (toxic effect). Others develop more gradually, only becoming more evident after long-term heavy drinking, such as damage to the liver and brain. In addition to causing physical problems, excessive alcohol consumption can lead to mental health problems such as dependency.

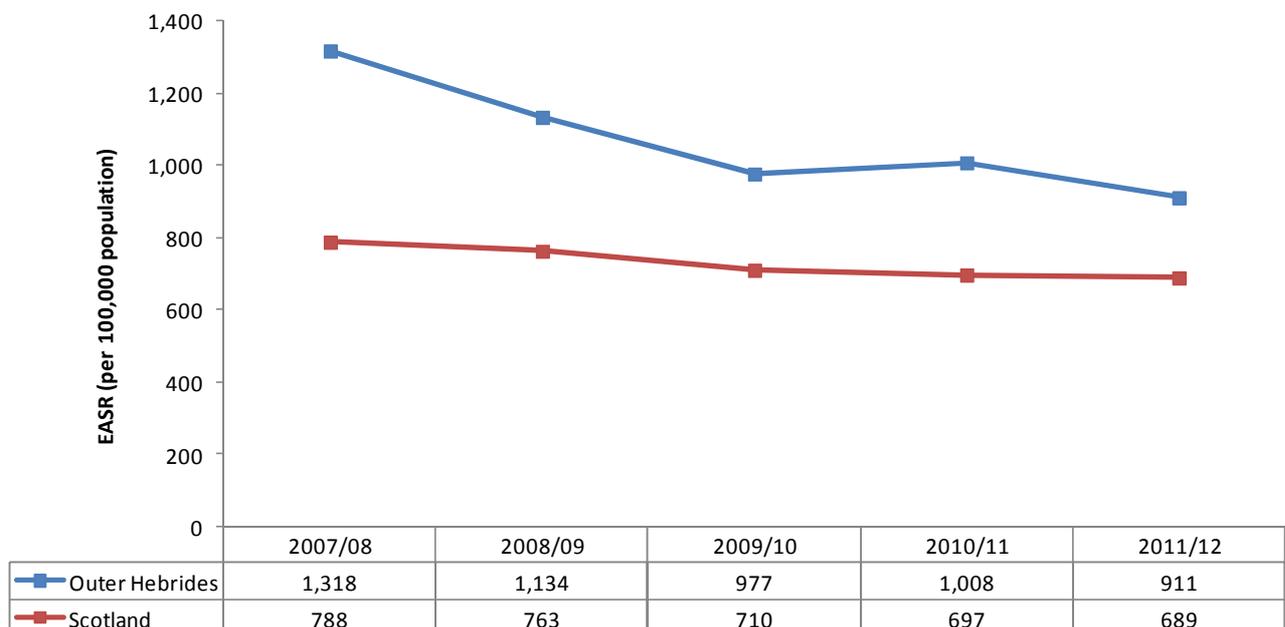
Patients can be admitted to acute and/or psychiatric hospitals with alcohol-related issues, either as a primary or underlying cause. The number of alcohol-related hospital discharges gives an idea of the scale of alcohol problem within the local population. Alcohol-related discharges are classed into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

There was a fall in the number of alcohol-related discharges from general acute hospitals in the Outer Hebrides between 2010/11 and 2011/12. The number of alcohol-related discharges declined from 293 to 265. There were 192 patients discharged from general acute hospitals in the Outer Hebrides with an alcohol-related diagnosis. The average number of alcohol-related discharges per patient was 1.4.

In the last five years the number of alcohol-related discharges from general acute hospitals in the Outer Hebrides has been declining. Overall there has been a 29% decrease in the number of alcohol-related discharges recorded. In the five year period 2007/08 to 2011/12 the number of alcohol-related discharges from general acute hospitals in the Outer Hebrides fell from 373 discharges (a rate of 1,318 per 100,000 population) to 265 discharges (a rate of 911 per 100,000 population).

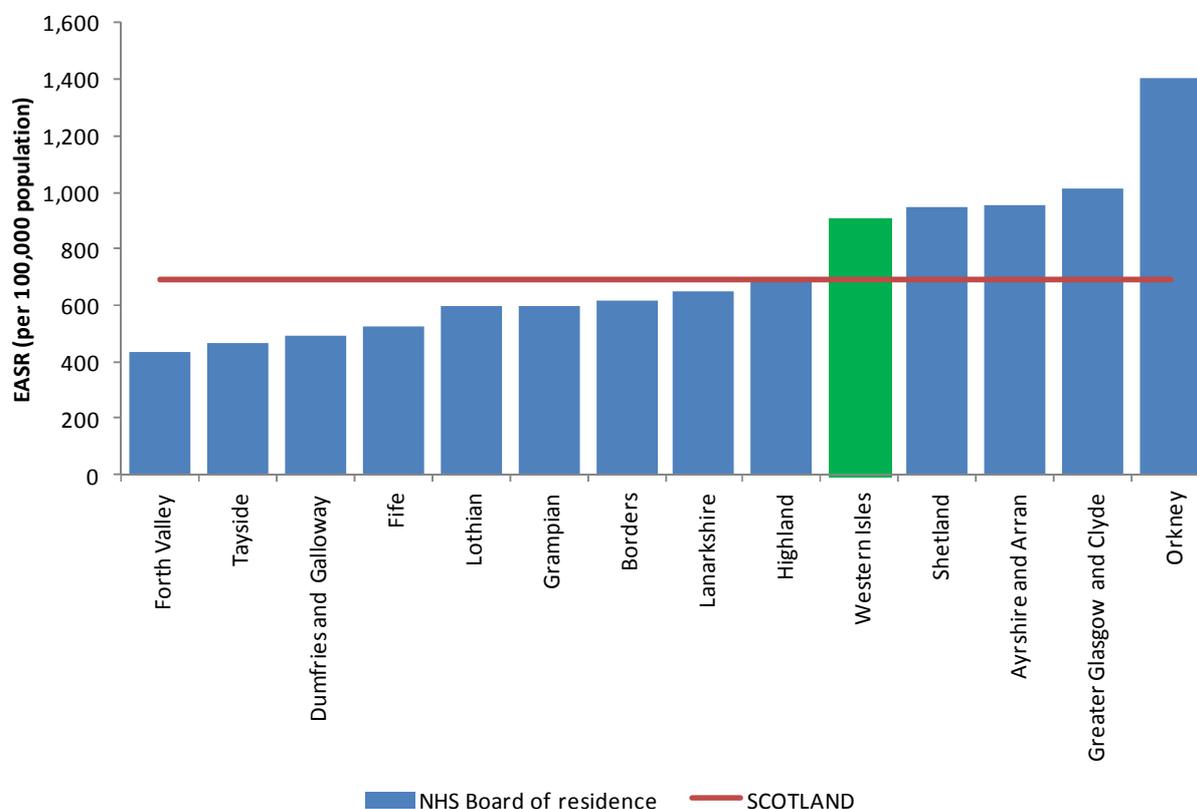
Although it can be said that the number of alcohol-related discharges has fallen substantially in recent years it remains the case that the rate of alcohol-related hospital discharges in the Outer Hebrides is still above the national average. In 2011/12, the rate of alcohol-related discharges in the Outer Hebrides was 911 discharges per 100,000 population, in comparison the rate of discharges across Scotland was 689 discharges per 100,000 population.

Chart 2: General acute inpatient day case discharges with an alcohol-related diagnosis in any position



The rate of alcohol-related hospital discharges from general acute hospitals in the Outer Hebrides is one of the highest in Scotland. There are 14 health board areas across Scotland and the Outer Hebrides has the fifth-highest rate of alcohol-related discharges from general acute hospitals. However, there has been an improvement since 2007/08 and 2008/09, when the Outer Hebrides had the highest rate of alcohol-related discharges in Scotland.

Chart 3: General acute inpatient and day case discharges with an alcohol-related diagnosis in any position, 2011/12



The majority (82%) of alcohol-related discharges that were recorded in the Outer Hebrides in 2011/12 were due to mental and behavioural disorders due to the use of alcohol, this compares to the national average of 75%. The proportion of discharges due to alcoholic liver disease has decreased in the last few years and is now below the national average – 9% in the Outer Hebrides compared to 16% across Scotland. The number of discharges in the Outer Hebrides relating to the toxic effects of alcohol was below the permissible level for reporting.

In the Outer Hebrides, 95% of the alcohol-related discharges were as a result of emergency admission. The majority of these patients were admitted either on a Monday or a Friday. The proportion of emergency admissions in the Outer Hebrides is similar to the Scottish average (93%), however across Scotland the majority of patients were admitted on a Sunday.

There was a decrease in the rate of alcohol-related psychiatric discharges in the Outer Hebrides between 2009/10 and 2010/11. In 2010/11, the number of alcohol-related psychiatric discharges in the Outer Hebrides was below the permissible level for reporting (a rate of 19 discharges per 100,000 population). The average number of alcohol-related discharges per patient was 1.2. The Outer Hebrides has the third lowest rate of alcohol-related psychiatric discharges in Scotland. (Shetland and Orkney have a lower rate than the Outer Hebrides).

In the last five years the rate of alcohol-related psychiatric discharges in the Outer Hebrides has been fluctuating, peaking in 2007/08 with a rate of 50 discharges per 100,000 population. All of the discharges were categorised as ‘mental and behavioural disorders due to the use of alcohol’. It is important to note that there are no psychiatric hospitals in the Outer Hebrides; there is only an Acute Psychiatric Unit which has been reducing its bed numbers steadily over recent years.

The standardised alcohol-related death rate in the Outer Hebrides is higher than the Scottish average – 0.3 deaths per 1,000 population in the Outer Hebrides compared with 0.2 deaths per 1,000 population in Scotland. There has been no change in the number of alcohol-related discharges in the Outer Hebrides between 2010 and 2011; however there was a national annual increase of 5.4% between 2010 and 2011.

Table 6: Number of alcohol-related deaths in the Outer Hebrides and Scotland, 2011

| | Outer Hebrides | Scotland |
|---------------------------|----------------|----------|
| Number of deaths | 8 | 1,247 |
| Annual change | 0% | 5.4% |
| Rate per 1,000 population | 0.3 | 0.2 |

- Drugs - Health Harm**

The number of general acute inpatient discharges with a diagnosis of drug misuse in the Outer Hebrides between 2007/08 and 2011/12 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 national average. However, the number of drug-related discharges in the Outer Hebrides increased between 2010/11 and 2011/12.

Table 7: General acute inpatient discharges with a diagnosis of drug misuse, 2007/08 to 2011/12

| | Outer Hebrides Rate of discharges per 100,000 population | Scotland Rate of discharges per 100,000 population |
|---------|--|--|
| 2007/08 | 44 | 111 |
| 2008/09 | 30 | 119 |
| 2009/10 | 30 | 115 |
| 2010/11 | 28 | 123 |
| 2011/12 | 50 | 125 |

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. 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 data.

Table 8: Psychiatric discharges with a diagnosis of drug misuse, 2007/08 to 2011/12

| | Outer Hebrides Rate of discharges per 100,000 population | Scotland Rate of discharges per 100,000 population |
|---------|--|--|
| 2006/07 | 0 | 29 |
| 2007/08 | 5 | 28 |
| 2008/09 | 16 | 31 |
| 2009/10 | 20 | 30 |
| 2010/11 | 18 | 31 |

The standardised drug-related death rate in the Outer Hebrides is lower than the Scottish average – 0.04 deaths per 1,000 population in the Outer Hebrides compared with 0.11 deaths per 1,000 population in Scotland. There has been no change in the number of drug-related deaths in the Outer Hebrides between 2010 and 2011; however there was a national annual increase of 20.4% between 2010 and 2011.

Table 9: Number of drug-related deaths in the Outer Hebrides and Scotland, 2011

| | Outer Hebrides | Scotland |
|---------------------------|----------------|----------|
| Number of deaths | 1 | 584 |
| Annual change | 0% | 20.4% |
| Rate per 1,000 population | 0.04 | 0.11 |

2. Outer Hebrides ADP Expenditure 2012/13

Outer Hebrides ADP Funding 2012/13

ALLOCATION: 2012/13

| | £ | | | | CHECK |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|
| Alcohol Prevention, Treatment and Support | 541,392.00 | | 541,392.00 | | |
| Drug Treatment Services and Support (DTS/HH/DMP) | 161,951.00 | | | 161,951.00 | |
| Sub Total ADP Funding paid to NHS Western Isles | 703,343.00 | | | | |
| EXPENDITURE: 2012/13 Outer Hebrides ADP | 703,343.00 | 703,343.00 | | | |
| <u>Committed Expenditure - Essential Services:</u> | | | | | |
| ADP Support Officers | 92,482.00 | 610,861.00 | | 92,482.00 | |
| Travel and Subsistence | 4,500.00 | 606,361.00 | | 4,500.00 | |
| Partner Service Delivery SMC U&B | 42,000.00 | 564,361.00 | | 42,000.00 | |
| Public Information, Campaigns, Projects | 7,322.00 | 557,039.00 | 3,661.00 | 3,661.00 | |
| NHS (BIs: Alcohol Liaison Nurse, Well North, GPs, Data Collection) | 130,000.00 | 427,039.00 | 130,000.00 | | |
| Allocation paid to all services April to June 2012 - 25 % - includes: CR, AFC, CT, CU, CL, CPC/ICAD CNES SWP & R, TSH/C, CnES SMC&DSW, HATCIC | 100,090.00 | 326,949.00 | 84,840.00 | 15,250.00 | |
| Sub Total | 376,394.00 | | 218,501.00 | 157,893.00 | 376,394.00 |
| | Allocation | | | | |
| | | 326,949.00 | 322,891.00 | 4,058.00 | 326,949.00 |
| Allocation paid to Uist Services July to September 2012 - 25% - Includes: CT, CL, CU, CnES R | 12,761.00 | 314,188.00 | 12,761.00 | | |
| Hebrides Alpha Supported Accommodation | 33,971.00 | 280,217.00 | 33,971.00 | | |
| CNES - Community Education – Outreach | 27,286.00 | 252,931.00 | 27,286.00 | | |
| Action For Children - Support for Children & Families | 24,449.00 | 228,482.00 | 24,449.00 | | |
| CnES - Alcohol Support Worker | 23,204.00 | 205,278.00 | 23,204.00 | | |
| CnES - Drug Support Worker | 23,204.00 | 182,074.00 | | 23,204.00 | |
| WI NHS Community Detox | 32,991.00 | 149,083.00 | 32,991.00 | | |
| WI NHS - Children & Families Mental Health Support | 29,008.00 | 120,075.00 | 29,008.00 | | |
| WI NHS - Uist & Barra Services | 60,000.00 | 60,075.00 | 60,000.00 | | |
| Hebrides Alpha Trading | 23,523.00 | 36,552.00 | 23,523.00 | | |
| Other - Learning for Fun – Women's Day - Barra | 200.00 | 36,352.00 | 200.00 | | |
| Subtotals | 290,597.00 | | 267,393.00 | 23,204.00 | 290,597.00 |
| Totals | 666,991.00 | | 485,894.00 | 181,097.00 | 666,991.00 |
| Balance | 36,352.00 | | 55,498.00 | -19,146.00 | 36,352.00 |

CR – Crossreach

AFC – Action for Children

CT – Caladh Trust

CNES SWP & R – CNES Streetwork Project & Radical

CU – Caraidean Uibhist

CL – Cothrom Limited

TSH/C – Third Sector Hebrides/Comhla

HATCIC – Hebrides Alpha Trading CIC

CNES SMC & DSW – CNES Substance Misuse Coordinator & Drug Support Worker

The under-spend of £36,352 was allocated to the Alcohol Brief interventions budget.

In all, 18 services and initiatives have been supported by Outer Hebrides ADP during 2012/13.

Eight services were fully funded and a further 10 partly funded, further information provided in the table above. All services were targeted at reducing alcohol and drug related harm through relevant prevention and treatment services and encouraging safe and sensible attitudes to alcohol by the promotion of personal and community responsibility throughout the Outer Hebrides. The Outer Hebrides ADP consulted with a wide range of partners, services and the community during 2012/13, and used this information along with that gathered from the needs assessment, monitoring process and outcomes database reporting to determine how the Outer Hebrides should respond to the challenges faced by individuals, families and local communities with respect to alcohol and drugs and to ensure funding is being allocated/used in an appropriate and effective manner.

Contributions from Partner Agencies

Although unable to acquire a detailed breakdown of financial or 'in-kind' spend from its partner agencies, there is recognition that partners are able to contribute to alcohol/drugs support for local activities, such as prevention, medications, acute care, etc.; however, the amount of any such support is not specified.

Service reporting

Each initiative, post or project funded is managed via a Service Level Agreement (SLA) with the Outer Hebrides ADP. Funding for each initiative is agreed on the condition that outcomes for the initiative or project directly relate to the objectives, goals and desired outcomes for the ADP. Each initiative is required to provide evidence of project planning and monitoring of progress through performance and outcome indicators. Regular reports on progress and effectiveness are submitted to the Outer Hebrides ADP who will monitor these against the agreed local action plan.

Given the centrality of the SOA system and the role for partners in the identification, pursuit and achievement of shared outcomes we have developed Terms and Conditions of Grant, Memorandums of Understanding, Service Level Agreements and Monitoring Forms to operate effectively within an outcomes-based environment.

The SLA contains a range of outcomes (set out under themes: health, prevalence, recovery, children affected by parental substance misuse/families, community safety, local environment and services) which are used:

- to demonstrate and illustrate how drug and alcohol services can have a positive impact on communities and individuals, and so contribute to achieving high-level and national outcomes;
- to ensure that decisions on the mix of treatment and rehabilitation services are informed by evidence, including how they meet the identified need;
- in commissioning services, and putting in place performance management arrangements to track progress; and
- to communicate the impact of activities to the public.

The Outer Hebrides ADP is accountable to the Scottish Government for the use of allocated funds.

3. Actions and Activities

i. HEAT Targets and Standards 2012/13

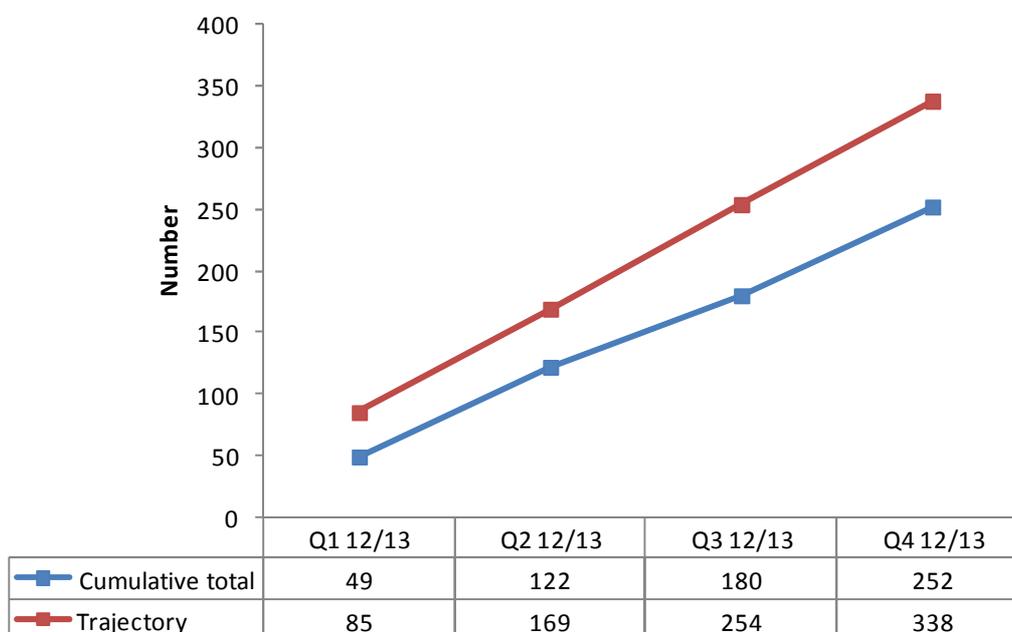
HEAT H4: Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines during 2011/12.

2012/13 saw the implementation of the HEAT H4 standard. The standard states that NHS Boards and their ADP partners should carry out screenings in three priority settings, using an appropriate screening tool and followed by an alcohol brief intervention (ABI) where required. In addition, for 2012/13 ABIs delivered in wider settings counted towards the standard. The national guidance noted that at least 90% of the standard should be delivered in the priority settings, but the remainder could be delivered in wider settings.

In previous years NHS Western Isles has performed well in the delivery of ABIs, meeting and exceeding past targets set by the Scottish Government. In 2012/13 NHS Western Isles was set a target of delivering 338 ABIs. The majority of the population was targeted when this project was introduced; given that we have a small population which is diminishing it is unlikely that we will ever achieve the high numbers that we did before. Due to previous success and the large number of ABIs delivered in the past NHS Western Isles struggled to deliver the set number of ABIs in 2012/13. A total of 252 ABIs were delivered during 2012/13, 75% of the target set by the Scottish Government. However, since 2008/09 a total of 2,501 ABIs have been delivered - a delivery of 173%, which is the second highest in the whole of Scotland.

Admittedly there has been a significant reduction in the number of ABIs delivered in Primary Care and our own Well North mobile screening service as many of these patients have already been targeted and would not routinely be screened and/or receive an ABI every time they present. In general, the number of people attending the Well North clinic for a CVD check has fallen substantially, therefore this had a negative impact on the number of screenings and ABIs delivered. ABI recalls have been introduced; however the numbers are very small.

Chart 3: NHS Western Isles ABI Delivery 2012 - 2013



A number of services in the wider settings, including Action for Children and CAMHS, were trained to deliver ABIs during the later months of 2012/13. Although the number of ABIs delivered within these settings has been small, it is hoped that these numbers will increase over the coming year as the referral pathways to these services improve.

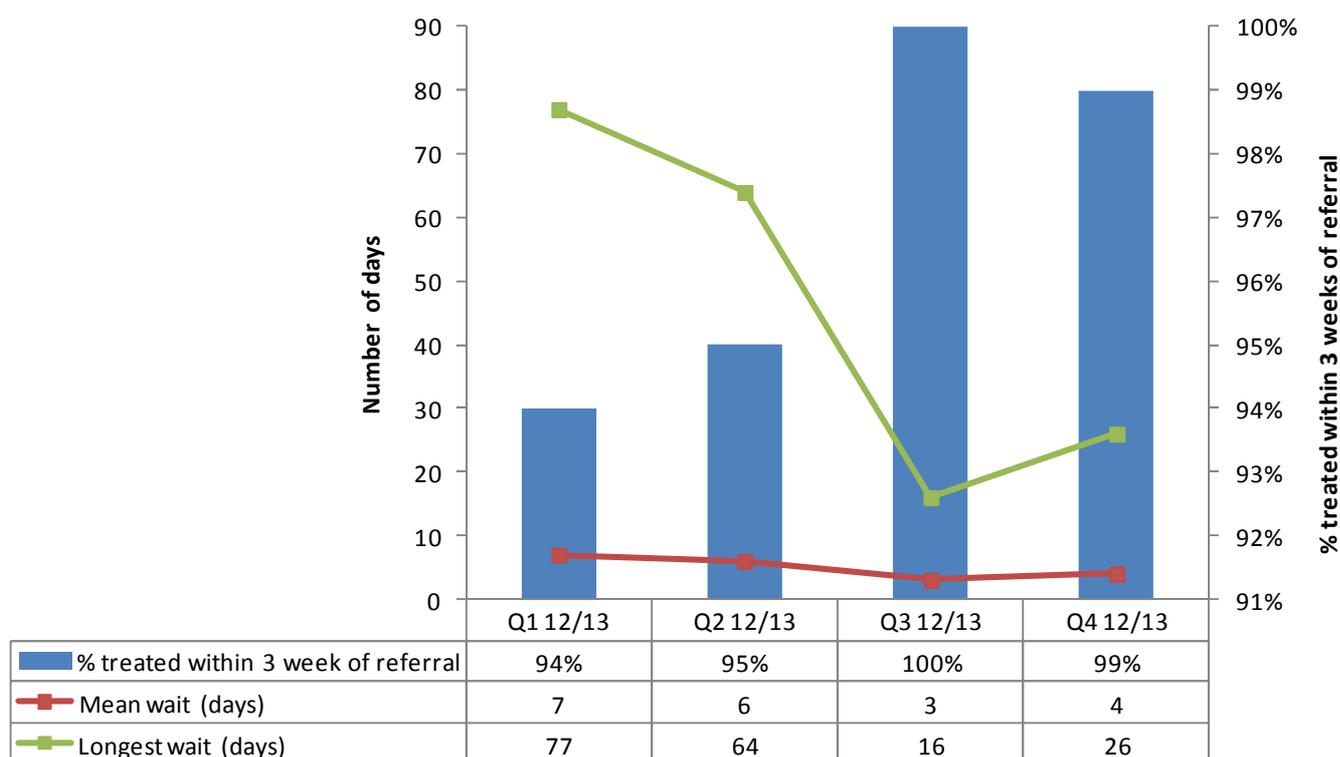
The Outer Hebrides ADP is going to carry out extensive work during 2013/14 in order to improve ABI delivery within the Outer Hebrides. This will involve a number of tasks including reinstating the local ABI Planning Group to help implement the management of the risks we have identified locally and highlight the importance of the continued ABI delivery within the workforce.

HEAT A11: By March 2013, 90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.

All Tier 3³ and 4⁴ services in the Outer Hebrides record their waiting times information on the Drug and Alcohol Treatment Waiting Times (DATWT) Database. In order to maintain data quality and ensure that services are updating the information on a regular basis local reports are run on the web-based system on a monthly basis. Services are contacted two weeks before the reports are run to remind services that all the information contained in the database must be up to date. All services submitting data for SMR25 and drug and alcohol treatment waiting times were offered continued help and support throughout 2012/13.

In the Outer Hebrides in 2012/13 the majority of clients (97% at the end of March 2013) were seen and assessed within 3 weeks of referral to a specialist drug or alcohol treatment service. In 2012/13 the average number of days a client had to wait between being referred to a service and starting treatment was 5 days. The longest wait between referral and treatment commencing was 77 days.

Chart 4: HEAT A11: Referral to Treatment within 3 weeks, Outer Hebrides, 2012 - 2013



³ Tier 3 services provide structured, care-planned treatment

⁴ Tier 4 services provide specialist inpatient treatment and/or residential rehabilitation

ii. Activity Report 2012/13

• **Early Intervention - Prevention and Education**

- The Outer Hebrides ADP in partnership with Comhairle nan Eilean Siar's Education Department have developed 5-14 years and S3-S6 health education guidelines and study programmes in accordance with the Curriculum for Excellence. ADP staff have provided awareness raising inputs, advice and support for both students and staff and also supported and advised other organizations in the provision of educational materials and inputs.
- The Outer Hebrides ADP actively supported a wide range of local youth cafes, clubs and drop-in centres, including Pointers, Barra Youth Café, the Streetwork Outreach team, Action for Children's Pathways Project and Hillcrest residential unit for looked-after young people. ADP staff have provided awareness raising inputs, advice and support for both young people and support staff in an informal setting.
- The ADP Development Officer delivers regular preventative and educational programmes in local primary schools, secondary schools and youth work settings throughout the islands for staff, pupils and parents. During 2012/13 the follow sessions were carried out:
 - Alcohol Awareness sessions were held at a Health Promotion Day at Lews Castle College.
 - Legal Highs session with S1–S3 during the Nicolson Institute Health Week
 - Community Education Youth Leader Training in Stornoway and Tarbert (with the possibility of follow-up work to provide parent awareness in Harris).
 - Alcohol, drugs and leaving home with S6 at Sir E Scott School
 - Development of an adult and parent awareness workshop with Community Education and Northern Constabulary.
 - Alcohol and Drug awareness and discussions with young mums at the Learning Shop in Stornoway.
- The Outer Hebrides ADP contributed to local Hi-Fires courses which were run in partnership with Highlands and Islands Fire Service, Community Learning and NHS Western Isles Health Promotion.

• **Problem Drinkers and Substance Users - Service Provision**

- The Outer Hebrides ADP has supported the embedding of the findings from the evaluation of the ICP, management protocols contributing to the provision of effective shared care arrangements and integrated substance misuse services.
- The Outer Hebrides ADP has funded the development and implementation of a Community Detox Nurse post with NHS Western Isles since 2010, as recommended in the Western Isles Alcohol Needs Assessment (2009). Following successful monitoring, it is recommended that this service become part of NHS Western Isles core funding from 2014.
- All services are now signed up to a Terms and Condition of Grant agreement and a Service Level Agreement (SLA) based on local and national outcomes and reports (these documents are reviewed annually and amended accordingly to ensure they are fit for purpose). Service visits are carried out on an annual basis by the ADP Support Team to discuss performance and any issues which may be evident through the services' monitoring forms.

• **Integrated Care Pathway (ICP)**

- After initial utilisation of the above which was launched in 2005, the document has become outdated due to development in service areas. It was agreed that a robust review was needed to ensure that clients are assessed and referred to the correct services to prevent duplication. It was agreed that the Substance Misuse Coordinators would take this work forward, initially examining ADP core and funded services and then involvement of external agencies. The new document includes new services such as the substance misuse detox post, needle exchange facility, DTTO procedures and contracts with local pharmacies for daily pick up. This document will continue to be reviewed and amended as need arises. Due to recent concerns raised regarding adult services, the document is to be reviewed by the Substance Misuse Coordinator in Uist & Barra during 2013/14.

• **Assisting in the Promotion of a healthy Outer Hebrides**

- The Outer Hebrides ADP carried out campaigns focusing on sensible drinking, reducing alcohol intake, staying safe and drink driving campaigns which took into account evaluations from previous campaigns. This included articles, adverts and radio interview in local press and community newspapers over the festive period (cumulative circulation of 21,000).

- This contributed towards raised awareness of alcohol issues and sensible drinking attitudes within the local community, evidenced in both the written and verbal feedback from community events which were used to inform future planning.
- The Outer Hebrides ADP supported national and local campaigns throughout the year with materials being distributed to relevant outlets:
 - Promotion of Healthier Scotland's national 'Alcohol Behaviour Change Toolkit' involving use of the suggested promotional materials in local press throughout the year during summer, local festivals and Christmas campaigns
 - Christmas campaign: articles and adverts in local press and community newsletters and local radio coverage to promote sensible drinking and an anti drug driving message, staying safe.
 - International Women's Day: an activity day held at local community venues throughout the Outer Hebrides in partnership with NHS Health Promotion Dept, NHS Dietetics Dept, Community Learning and Community Groups. Mocktails, Quiz, Fact sheet etc
 - Inputs on alcohol and drug awareness delivered at local college. Contributed towards raised awareness of sensible drinking attitudes targeted at specific target groups e.g. young people, women. As a result the ADP has been asked back to carry out further inputs with students.
 - "Drop a Glass Size Campaign" a Scottish Government campaign aimed at women which the ADP promoted throughout the Outer Hebrides and used as material for the International Women's Day in conjunction with the Health Promotion department.
 - Positive feedback and ongoing requests for further inputs on awareness raising and distribution of materials, (unit measure glasses etc).
- Implementation of suitable initiatives targeting identified groups, e.g. women, drivers, young people. For example alcohol awareness days, drug and alcohol roadshows held in partnership with Community Learning and Northern Constabulary and events at venues, music events, community events and youth cafes focusing on sensible drinking messages and drug awareness. This included focused small group inputs; displays, mocktails and quizzes at large community events, talks at schools and youth groups and for youth trainees. This resulted in positive feedback and ongoing requests for further inputs and distribution of materials, (Unit Measure glasses etc).
- The ADP works to an annual communications plan and regularly produces information bulletins about harm reduction, awareness-raising, communications work and regularly updating the Outer Hebrides website.
- The ADP works in partnership with the Outer Hebrides Community Safety Partnership (CSP) in tackling substance misuse within the community, tackling under age drinking, promoting responsible sale of alcohol and improving partnership working by ensuring that strategies are dovetailed. The ADP contributes to the Outer Hebrides CSP winter and summer safety booklets which are distributed throughout the islands and regularly works in partnership with the CSP pooling joint resources in delivering joint campaigns and promotional material.
- The ADP has worked with the Domestic Abuse Forum in the planning and development of a strategic and operational plan for the Outer Hebrides.
- The ADP has delivered alcohol and drug inputs in partnership with Highlands and Islands Fire Service in HI Fires courses in which young people participate in a 5 week fire safety course.
- The ADP has acted in an advisory role to the Health and Wellbeing Subgroup of the Community Planning Partnership (CPP).

iii. Issues taken into consideration in 2012 – 2013

- **Young People**

Prevention and education is essential for influencing long term changes in attitudes towards harmful substance use, particularly with young people. It is therefore essential that we also develop specific services for children and young people.

Action for Children is funded to:

- Provide individual based sessions, initially in a 6 week block, which will address substance misuse and any issues associated with this.
- Provide longer term intervention, up until 6 months, involving young people in diversionary activities and our community based service. We will do this in partnership with Community Education. Within this period we will continue to work with the young person using a person centered approach to address any issues affecting their well-being e.g. family issues, education difficulties, problems in the community.
- Provide a link for the young person with other agencies and to advocate on their behalf if required.
- Provide a follow up meeting with the young person and their family 3 months after the end the intervention to ensure continuing progress.

- **Advice to parents**

Parents have an important part to play as positive role models. Parents have a responsibility to ensure that children are introduced to alcohol in a responsible and supervised environment. Evidence from SALSUS 2010 indicates that drinking alcohol in the home is the most commonly cited location by 13 and 15 year olds. SALSUS currently cannot answer the question of whether this is responsible, supervised home drinking or otherwise. Legislation states that it is legal to consume alcohol between the ages of 5 and 18 after which young people can legally purchase alcohol, although Scotland advises children shouldn't drink at all below the age of 5. Parents would benefit from advice about what age, in what context, and in what amount, it is considered reasonable to introduce a young person to alcohol.

The Outer Hebrides ADP also supports work to increase parents' understanding of the harms associated with early drinking as a result of having a body not yet fully developed. This makes the body more susceptible to alcohol related damage to organs, brain and bone development. Parents also need advice based on evidence that an early age of first drinking may indicate a higher likelihood of developing alcohol problems later in life. There is evidence to suggest that the later adolescents delay their first alcoholic drink, the less likely they are to become regular consumers.

- **Schools context**

The Outer Hebrides ADP acknowledges that knowledge based education has a limited impact on youth drinking behaviour. This is particularly marked when difficult personal circumstances are combined with environments where alcohol is cheap, readily available, and evidence of drunkenness commonplace. In such situations, the expectations placed on school based alcohol education should be more realistic with greater emphasis placed on environmental controls such as price, availability, and advertising.

The Outer Hebrides ADP supports the work of Learning Teaching Scotland in developing cross-curriculum substance education. ADP staff work with schools and Community Education staff to ensure that substance inputs being delivered are in accordance with the Curriculum for Excellence e.g. Alcohol Awareness Workshops with 40 classes.

- **Alternatives to alcohol**

A variety of activity based alternatives to alcohol have proven to be successful in areas across Scotland. Unfortunately this type of provision is not uniformly available.

Examples of community based alternatives include in the Outer Hebrides:

- Alcohol free dance events for under 18 year olds supported by community police, health and education colleagues, e.g. Battle of the Bands, Sober Island Nights etc
- Leisure centres offering further services to cater for the modern interests of young people, e.g. dancing, rock climbing, skate boarding etc
- Organised excursion e.g. Scaladale Outdoor Centre, Sea Trek trip, bowling alley etc

The ADP work with community based staff to ensure a wide variety of alcohol free alternatives are available during evenings, weekends and holiday periods.

- **Awareness raising campaigns**

Learning from our experiences with tobacco, awareness raising campaigns can be effective as part of wider policy change to increase public support for potentially unpopular legislative changes. The Outer Hebrides ADP supports this approach to increasing public support for new measures.

- **Workplace**

Alcohol policies in the workplace are an essential part of changing our relationship with alcohol.

- **Early Years – Pregnancy**

Considering the impact of Foetal Alcohol Syndrome (FAS) & Foetal Alcohol Spectrum Disorder (FASD) in early years development, the Outer Hebrides ADP would support any action to highlight the dangers of drinking when pregnant.

Prevention requires a good understanding of the range of permanent birth defects associated with FASD and an increased awareness of the risk of prenatal alcohol exposure among the general public, and in particular women who are pregnant or considering a pregnancy.

To this end the Outer Hebrides ADP hopes to host an information and awareness raising day for relevant associated professionals on FASD during 2013/14.

- **Children affected by parental substance misuse**

The Outer Hebrides ADP recognises that the number of children affected by parental alcohol misuse may be underestimated. Alcohol remains the main drug of choice and this influences our attitudes and perception of the 'hidden' harm to children, disregard for their physical and emotional wellbeing. The Outer Hebrides ADP would ask for greater investment in awareness raising for social care staff, social workers, nursery, school staff and early years staff.

During 2012/13 Jill Westwood, Citizen's Advice Midlothian, came up to the Outer Hebrides and met with some Outer Hebrides ADP members and the local community police officer to raise awareness of the Kinship Care programme and provide advice. The meeting was very informative and the Outer Hebrides ADP were given posters and leaflets to disseminate to members and the wider network to raise help awareness of the issue and direct people to the Citizen's Advice if they needed further information or advice.

- **Older people**

The Gender Issues Network on Alcohol identified the issue of older women and alcohol. The Outer Hebrides ADP believes that this is an area for development of work, which is part of the broader hidden harm agenda.

iv. Developmental Work: During and Beyond 2012/13

• Development work

During 2011/12 the Outer Hebrides ADP held two development days for partner members to review the information collected and collated from the community consultation, needs assessment and outcomes database in order to develop a structured approach for funding services for 2011-2015.

This enabled the Outer Hebrides ADP to maintain and deliver outcome based, accessible and equitable services for drug and alcohol users and those affected across the Outer Hebrides, in order to fulfil our strategic priorities, aims and overall vision of the Outer Hebrides being a healthy community where the problems of substance use are prevented and reduced.

This approach has already led to the development and funding of the Substance Misuse Partnership for Uist & Barra, which aims to:

- provide substance misuse services throughout the Uists and Barra by working in partnership with service users, service providers and statutory as well as voluntary sector organisations
- give support to individuals caught up in addiction to alcohol and/or drugs and to offer the opportunity and reason to turn towards a non-dependency lifestyle
- provide advice and support to families and carers of clients, helping them to
 - cope with living with a substance misuser
 - adjust to changes while clients are in recovery
 - implement a healthier lifestyle
- re-connect with previous service users who have disengaged from regular support services but continue to struggle with addictions
- raise general awareness of the harmful effects of drugs and alcohol

• Service User Survey

A Service User Survey was developed during 2012/13 in order to gather information from service users on various aspects of their experience with Outer Hebrides ADP funded services. The questionnaire covers various topics including service user satisfaction, effectiveness of service delivery, accessibility and perceived service gaps.

This is currently still being developed and it is anticipated that it will be cascaded to funded services for completion during 2013/14.

• Housing Support Service

During 2012/13 the Outer Hebrides ADP invited applications from agencies to provide a Housing Support post providing a specialist housing support service for those with substance related issues who are homeless or struggling to maintain a tenancy.

The successful agency would be responsible for providing a specialist housing support service to clients (individuals or households) affected by substance related issues by liaising with local agencies and working closely with the Comhairle's Homelessness Team.

This full time post would have a remit across the whole of the Outer Hebrides. The level of service to be provided to the Uists and Barra would be determined by the Homeless Service Manager in relation to demand.

The core aims of the post are to work with clients with substance related issues who are experiencing housing problems to:

- Identify and address the underlying issues that prevent clients maintaining settled accommodation.
- Provide flexible and client centred support.
- To assist clients during periods of homelessness or housing crisis.
- To help clients sustain a tenancy or other accommodation arrangement and thus prevent homelessness from occurring (or recurring).
- Work in partnership with local agencies to ensure client needs are met.
- Evaluate and report project activities.

The provision of Housing Support is integral to the principle of looking at the needs of vulnerable households in a holistic way and minimising the difficulties which jeopardise their chances of obtaining or retaining accommodation.

Possible indicators of achievement:

- Clients develop independent living and general housing management skills
- Clients address problematic financial issues
- Clients who are homeless or at risk of homelessness are able to acquire and maintain suitable accommodation.

The target group is clients aged 16+ years with substance misuse issues. The objective is to sustain and support people in their current accommodation or prepare them for taking up tenancies while addressing their wider issues by multi-agency working.

However, no suitable applications were made during 2012/13 and therefore this piece of work will be further developed during 2013/14.

4. Core and Local Outcomes & Indicators

i. National core outcomes and indicators to be achieved 2012-15

 = not achieving goal/target  = no change or no update available  = achieving goal/target

| HEALTH | | | | | |
|--|--|--|-------------|---|--|
| People are healthier and experience fewer risks as a result of alcohol and drug use | | | | | |
| Indicator | Outer Hebrides Baseline | Outer Hebrides Current | Goal/Target |  | Scotland |
| Rate of drug-related hospital discharges (three year rolling average over last 5 years) | 2008/09 – 2010/11: 29 per 100,000 population | 2009/10 – 2011/12: 36 per 100,000 population | Decrease |  | 2009/10 – 2011/12: 122 per 100,000 population |
| Rate of alcohol-related hospital discharges (three year rolling average over last 5 years) | 2008/09 – 2010/11: 1,041 per 100,000 population | 2009/10 – 2011/12: 965 per 100,000 population | Decrease |  | 2009/10 – 2011-12: 710 per 100,000 population |
| Rate of alcohol-related mortality (three year rolling average over last 5 years) | 2008-2010: 24 per 100,000 population | 2009 – 2011: 25 per 100,000 population | Decrease |  | 2009 – 2011: 22 per 100,000 population |
| Prevalence of hepatitis C among injecting drug users | No information available for this indicator | No information available for this indicator | Decrease |  | 2010: 56.1% |

| PREVALENCE | | | | | |
|---|---|---|-------------|---|---|
| Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others | | | | | |
| Indicator | Outer Hebrides Baseline | Outer Hebrides Current | Goal/Target |  | Scotland |
| Estimated prevalence of problem drug use (ages 15-64) | 2009/10: 0.8% | No update available for this indicator | Decrease |  | No update available for this indicator |
| Estimated prevalence of injecting drug user (ages 15-64) | No information available for this indicator | No information available for this indicator | Decrease |  | No information available for this indicator |
| Percentage of 15 year old pupils who used illicit drugs in the last month | 2010: 6% | No update available for this indicator | Decrease |  | No update available for this indicator |
| Percentage of 15 year old pupils who used illicit drugs in the last year | 2010:12% | No update available for this indicator | Decrease |  | No update available for this indicator |
| The proportion of individuals drinking above daily and/or weekly recommended limits | All Islands (incl. Orkney, Shetland and Western Isles) 2003: 17.9% | 2008-2011: 29.4% | Decrease |  | 2008-2011: 43.4% |
| The proportion of individuals drinking above twice daily ('binge drinking') recommended limits | All Islands (incl. Orkney, Shetland and Western Isles) 2003: 28.8% | 2008-2011: 12.8% | Decrease |  | 2008-2011: 21.1% |
| Proportion of people with potential problem drinking | All Islands (incl. Orkney, Shetland and Western Isles) 2003: 14.1% | 2008-2011: 11.6% | Decrease |  | 2008-2011: 11.7% |
| Percentage of 15 year old pupils drinking on a weekly basis | 2010: 14% [Mean consumption – 19.0 units] | No update available for this indicator | Decrease |  | No update available for this indicator |

| RECOVERY | | | | | |
|---|---|---|-------------|---|---|
| Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use | | | | | |
| Indicator | Outer Hebrides Baseline | Outer Hebrides Current | Goal/Target |  | Scotland |
| Percentage reduction in daily drug spend during treatment | No information available for this indicator | No information available for this indicator | Decrease |  | No information available for this indicator |
| Reduction in the percentage of clients injecting in the last month during treatment | No information available for this indicator | No information available for this indicator | Decrease |  | No information available for this indicator |
| Proportion of clients who abstain from illicit drugs between initial assessment and 12 week follow-up | No information available for this indicator | No information available for this indicator | Decrease |  | No information available for this indicator |
| Proportion of clients receiving drug treatment experiencing improvements in employment/education profile during treatment | No information available for this indicator | No information available for this indicator | Decrease |  | No information available for this indicator |

| CAPSM/FAMILIES | | | | | |
|--|--|--|-----------------------|---|--|
| Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life chances | | | | | |
| Indicator | Outer Hebrides Baseline | Outer Hebrides Current | Goal/Target |  | Scotland |
| Rate of maternities recording drug misuse | All Islands (incl. Orkney, Shetland and Western Isles) 2007/08 – 2009/10: 2.9 per 1,000 maternities | All Islands (incl. Orkney, Shetland and Western Isles) 2008/09 – 2010/11: 2 per 1,000 maternities | Decrease |  | 2008/09 – 2010/11: 15.8 per 1,000 maternities |
| Rate of maternities recording alcohol misuse | 2011/12: 134.7 per 1,000 maternities | 2012/13: 343.5 per 1,000 maternities | Decrease |  | 2012/13: 33 per 1,000 maternities |
| Number of Child Protection Case Conferences where parental drug and alcohol abuse has been identified as a concern/risk | No information available for this indicator | August 2011 – July 2012: * (*Values have been suppressed to maintain confidentiality) | Decrease |  | August 2011 – July 2012: 918 |
| Proportion of positive ABI screenings in ante-natal setting | 2011/12: 0 | 2012/13: 0 | To achieve set target |  | No information available for this indicator |

| COMMUNITY SAFETY | | | | | |
|---|---|---|-------------|--|---|
| Communities and individuals live their lives safe from alcohol and drug-related offending and anti-social behaviour | | | | | |
| Indicator | Outer Hebrides Baseline | Outer Hebrides Current | Goal/Target |  | Scotland |
| Percentage of new patients/clients at specialist drug treatment services who report funding their drugs through crime | 2010/11: 11.8% | 2011/12: 3.8% | Decrease |  | 2011/12: 21.2% |
| One year reconviction frequency rates for offenders given a Drug Treatment and Testing Order | 2008/09: 0 | 2009/10: 0 | Decrease |  | 2009/10: 149.6 |
| Alcohol-related offences recorded by the police | 2010/11: <u>Serious assault</u> 0.7 per 1,000 population <u>Common assault</u> 10.5 per 1,000 population <u>Vandalism</u> 7.6 per 1,000 population <u>Breach of the peace</u> No information available for this indicator | 2011/12: <u>Serious assault</u> 0.5 per 1,000 population <u>Common assault</u> 7.6 per 1,000 population <u>Vandalism</u> 6.6 per 1,000 population <u>Breach of the peace</u> 5.1 per 1,000 population | Decrease |     | 2011/12: <u>Serious assault</u> 0.8 per 1,000 population <u>Common assault</u> 11.8 per 1,000 population <u>Vandalism</u> 12.8 per 1,000 population <u>Breach of the peace</u> 6.3 per 1,000 population |
| Number of Community Payback Order requirements issued with drug or alcohol treatment | No information available for this indicator | 2011/12: 23 | Decrease |  | 2011/12: 772 |
| Percentage of crimes where offender was under the influence of alcohol/drugs | Northern Constabulary 2010/11: Alcohol – 28% Drugs – 15% | No update available for this indicator | Decrease |  | No update available for this indicator |

| LOCAL ENVIRONMENT | | | | | |
|---|--|--|----------------------------------|---|---|
| People live in positive, health-promoting local environments where alcohol and drugs are less readily available | | | | | |
| Indicator | Outer Hebrides Baseline | Outer Hebrides Current | Goal/Target |  | Scotland |
| Percentage of 15 year old pupils who have ever been offered drugs | 2010: 35% | No update available for this indicator | Decrease |  | No update available for this indicator |
| Percentage of people perceiving drug misuse or dealing to be very or fairly common in their neighbourhood | 2009/10: 2.2% | No update available for this indicator | Decrease |  | No update available for this indicator |
| Percentage of people spontaneously reporting 'alcohol abuse' as a negative aspect of their neighbourhood | 2009/10: 2% | No update available for this indicator | Decrease |  | No update available for this indicator |
| Number of Premises licenses in force | At 31 March 2011 On sale and off sale licence - 103 | At 31 March 2012 On sale licence – 68 Off sale licence – 31 | Decrease |  | At 31 March 2012 On sale licence – 11,553 Off sale licence – 4,838 |
| Number of personal licences in force | At 31 March 2011: 241 | At 31 March 2012: 262 | Decrease |  | At March 2012: 46,701 |
| Number of new applications for premise licences and the number refused | 2010/11 On sale licence application – 0 Off sale licence application – 1 Applications refused – 0 | 2011/12 On sale licence application – 1 Off sale licence application – 0 Applications refused – 0 | Decrease Decrease Increase |    | 2011/12 On sale licence application – 239 Off sale licence application – 206 Applications refused – 21 |

| SERVICES | | | | | |
|---|---|---|-----------------------|---|---|
| Alcohol and drug prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery | | | | | |
| Indicator | Outer Hebrides Baseline | Outer Hebrides Current | Goal/Target |  | Scotland |
| i) Number of screenings (using a validated tool) for alcohol use disorders delivered | i) A&E : 60 Well North: 1,316 GPs: 466 TOTAL 1,842 | i) A&E : 19 Well North: 992 GPs: 699 TOTAL 1,710 | |  | |
| breakdown of: | | | | | |
| ii) % eligible for ABI | ii) A&E: 55% Well North: 24% GPs: 39% TOTAL 29% | ii) A&E: 58% Well North: 27% GPs: 47% TOTAL 36% | To achieve set target |  | No information available for this indicator |
| iii) % eligible for referral to treatment services | iii) A&E: 27% Well North: 5% GPs: Unknown TOTAL 4% | iii) A&E: 26% Well North: 4% GPs: Unknown TOTAL 2% | |  | |
| Number of alcohol brief interventions delivered in accordance with the HEAT Standard guidelines | 2010/11: 535 | 2011/12: 606 | To achieve set target |  | 2011/12: 97,830 |
| Percentage of clients waiting for more than 3 weeks between referral to a specialist drug and alcohol service and start of treatment | December 2011: 5.4% | December 2012: 0% | Decrease |  | December 2012: 7.9% |
| Number of treatments drug service clients receive at 3 month and 12 month follow-up (and annually after that) | No information available for this indicator | No information available for this indicator | |  | No information available for this indicator |

ii. Local core outcomes and indicators to be achieved 2012-15

During 2012/13, the Outer Hebrides has continued to develop the existing Outcomes Database to ensure that it captures meaningful information that clearly demonstrates who is accessing the services and the effectiveness of these services in aiding clients' recovery. Services are required to complete and return the Outcomes Database twice over the funding period; this information is collated and presented to the Outer Hebrides ADP. Each service is sent an individual service report along with an aggregated total for the whole of the Outer Hebrides. This gives services an indication of how they had contributed to overall service delivery in the Outer Hebrides.

Due to the differing reporting periods over the last two years (i.e. April 11 – May 12 and July 12 – Feb 13), it is not possible to determine the progress made towards our goals/targets over the last two years. However, we will in the future be able to do this, just as we currently do with the National Core Outcomes.

| HEALTH | | | |
|---|---------------------|------------------|-------------|
| People are healthier and experience fewer risks as a result of alcohol and drug use | | | |
| Indicator | April 11 – March 12 | July 12 – Feb 13 | Goal/Target |
| Experience an improvement in physical health | 342 | 199 | Increase |
| Experience an improvement in mental health | 306 | 148 | Increase |
| Experience an improvement in co-occurring health issues | 138 | 64 | Increase |

| PREVALENCE | | | |
|--|----------------------------|-------------------------|---------------------|
| Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others | | | |
| Indicator | April 11 – March 12 | July 12 – Feb 13 | Goal/Target |
| Are alcohol dependent | 277 | 165 | Decrease |
| Are drug dependent | n/a | 20 | Decrease |
| Are currently stable | 249 | 201 | Increase |
| Are intravenous drug users | 0 | 2 | Decrease |
| Have reduced their risk-taking behaviour | 263 | 234 | Increase |
| Is an Armed Forces Veteran | n/a | 0 | Monitor for changes |
| Has a gambling problem | n/a | 2 | Monitor for changes |

| RECOVERY | | | |
|--|----------------------------|-------------------------|---------------------|
| Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use | | | |
| Indicator | April 11 – March 12 | July 12 – Feb 13 | Goal/Target |
| Has reduced their daily drug spend | n/a | 14 | Increase |
| Has reduced their daily alcohol spend | n/a | 122 | Increase |
| Are in recovery process | n/a | 85 | Increase |
| Have moved from recovery to maintenance | n/a | 81 | Increase |
| Are unemployed | 238 | 148 | Decrease |
| Are in full-time employment | 111 | 50 | Increase |
| Are in part-time employment | | 12 | Increase |
| Are in education/training | 132 | 80 | Increase |
| Is retired | n/a | 25 | Monitor for changes |
| Is on sickness/disability allowance | n/a | 39 | Monitor for changes |
| Alcohol/drugs has affected their employment e.g. Absenteeism | n/a | 57 | Decrease |
| Alcohol/drugs has affected their education e.g. Absenteeism | n/a | 28 | Decrease |
| Experienced an improvement in employability status | 124 | 79 | Increase |
| Experienced an improvement in educational attainment | 61 | 40 | Increase |
| Have moved into employment | 30 | 19 | Increase |
| Have moved into education/training | 34 | 12 | Increase |
| Has moved out of employment | n/a | 2 | Decrease |
| Has moved out of education/training | n/a | 1 | Decrease |
| Have achieved qualifications in this period | 43 | 24 | Increase |
| Increased knowledge of the consequences and risks of alcohol and drugs | 666 | 624 | Increase |
| Are in settled housing | 357 | 246 | Increase |

| | | | |
|---|-----|-----|----------|
| Are in temporary accommodation | 52 | 31 | Decrease |
| Are homeless | 18 | 11 | Decrease |
| An improved ability to sustain a tenancy | 108 | 38 | Increase |
| Improved independent living skills | 136 | 56 | Increase |
| Improved personal relationships | 328 | 163 | Increase |
| Feel involved in their local community | 239 | 161 | Increase |
| Increased ability to make positive choices | 512 | 523 | Increase |
| Increased confidence and self-esteem | 460 | 519 | Increase |
| Improved ability to maintain their finances | 230 | 346 | Increase |
| Improved school/college/training attendance rates | 117 | 42 | Increase |

| CAPSM/FAMILIES | | | |
|---|----------------------------|-------------------------|---------------------|
| Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances | | | |
| Indicator | April 11 – March 12 | July 12 – Feb 13 | Goal/Target |
| Improved their parenting skills | 60 | 25 | Increase |
| Providing an improved supportive environment for children | 71 | 27 | Increase |
| Participating in family activities | 102 | 36 | Increase |
| Experiencing improved protection of children | 66 | 36 | Increase |
| Children affected by substance misuse with improved school attendance rates | 67 | 15 | Increase |
| Children affected by substance misuse with improved school attainment. | 22 | 13 | Increase |
| Children affected by substance misuse with improved self-confidence and resilience skills | 44 | 29 | Increase |
| Increased number of children having positive relationship with parents | 97 | 31 | Increase |
| Improved accommodation profile for service users with children living with them | 15 | 11 | Increase |
| Improved illicit drug/alcohol profile for service users with children living with them | 33 | 14 | Increase |
| Increased understanding of the impact substance use has on carers/family members/children | 103 | 59 | Increase |
| Local authority has been involved with children | n/a | 30 | Monitor for changes |
| Children have had a Statutory Child Protection intervention by Social Work Services | n/a | 16 | Monitor for changes |
| Children looked after by the Local Authority | n/a | 13 | Monitor for changes |

| COMMUNITY SAFETY | | | |
|--|----------------------------|-------------------------|--------------------|
| Communities and individuals live their lives safe from alcohol and drug-related offending and anti-social behaviour | | | |
| Indicator | April 11 – March 12 | July 12 – Feb 13 | Goal/Target |
| Report funding their drug use through crime | 6 | 2 | Decrease |
| Are on a DTTO/probation | 45 | 38 | Decrease |
| Has a criminal case pending | n/a | 15 | Decrease |
| Is on a Community Payback Order (with alcohol treatment required) | n/a | 17 | Decrease |
| Is on a Community Payback Order (other) | n/a | 9 | Decrease |
| Is on bail | n/a | 2 | Decrease |
| Has been in prison in the previous 12 months | n/a | 19 | Decrease |
| Alcohol use has resulted in involvement with the Criminal Justice System within the reporting period | n/a | 68 | Decrease |
| Service user given a DTTO who has been reconvicted within one year | n/a | 1 | Decrease |
| Service user who has been convicted of vandalism (malicious mischief), breach of the peace, assault or anti-social behaviour within the reporting period | n/a | 43 | Decrease |
| Service user who has had a drink driving conviction within the reporting period. | n/a | 6 | Decrease |

| SERVICES | | | |
|---|----------------------------|-------------------------|---------------------|
| Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery | | | |
| Indicator | April 11 – March 12 | July 12 – Feb 13 | Goal/Target |
| New referrals received | 293 | 248 | Monitor for changes |
| Returning referrals | 123 | 96 | Decrease |
| Referrals to other agencies | 115 | 141 | Monitor for changes |
| Signposted to other agencies | n/a | 64 | Monitor for changes |
| Discharges from the service | 166 | 164 | Monitor for changes |
| Unplanned discharges from the service | 55 | 65 | Monitor for changes |
| Initial care plans agreed | 307 | 198 | Increase |
| Have an individual focused care plan | 265 | 161 | Increase |
| Care plans reviewed | 243 | 137 | Increase |
| Care plans completed | 186 | 135 | Increase |

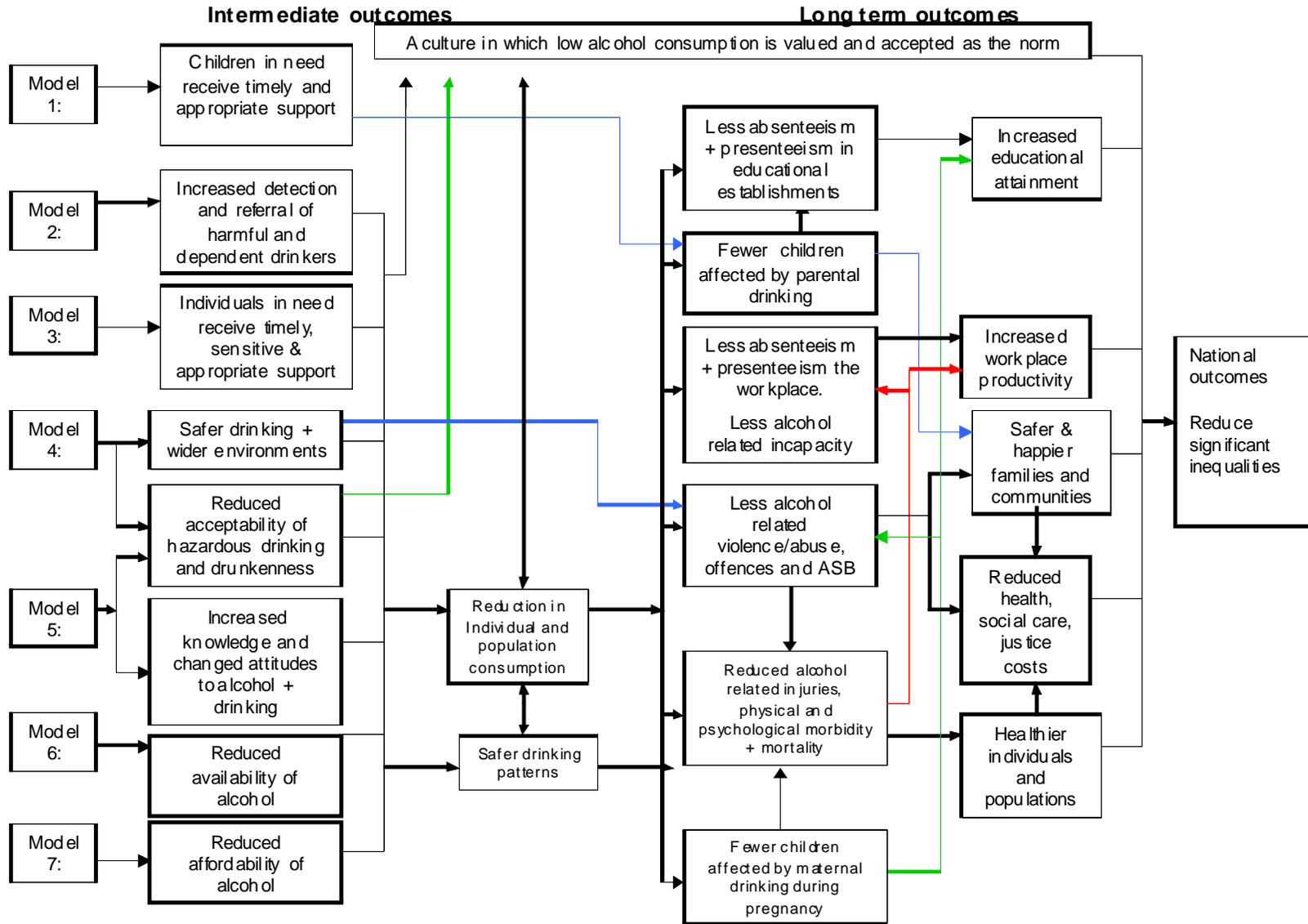
Services also provide general information on the services users who accessed their service in the reporting period as well as service user outcomes.

Below is a brief summary of the general service user information gathered in 2012/13:

- 92% of the clients who accessed funded services in the Outer Hebrides in 2012/13 were alcohol misuse clients, the remaining 8% were drug misuse clients.
- The majority (69%) of the clients were male (31% female).
- The majority (29%) of the clients were aged 45-54 years, followed by 20% who were aged 16-24 years.
- More than a fifth (21%) of the clients who access funded services in 2012/13 were self referrals.

- Approximately 12% of the clients who accessed funded services in 2012/13 were suffering from alcohol-related physical health issues.
- A large proportion of funded services reported that they use a different assessment tool from those that are listed in the Outcomes Database. Additionally, no assessment tool was used on 30% of clients.
- 63% of clients accessing funded services in 2012/13 reportedly stopped consuming alcohol and the majority of these clients had stopped consuming alcohol for 1-3 months.
- Additionally, 15% of clients had reduced their alcohol consumption significantly during the reporting period.
- 6% of clients reportedly stopping using illicit drugs and the majority of these clients had stopping using illicit drugs for 6 months or more.
- Additionally, 2% of clients had significantly reduced their illicit drug use during the reporting period.
- 4% of clients reportedly stopped using prescription drugs and the majority of these clients had stopped using prescription drugs for 1-3 months.
- Additionally, 1% of clients had significantly reduced their prescription drug use during the reporting period.

This information is self reported by the services and while it is designed to give us a baseline by which service are evaluated it is important to note that there may be variations in the ways that different services record this information. However, it is hoped that this information can be used to allow the Outer Hebrides ADP to develop services in the future based on identified need.



5. Governance and financial accountability

i. Partnership Contributions

Through partnership, the Outer Hebrides ADP has remained committed to promoting positive change by addressing all aspects of drug and alcohol use in the Outer Hebrides.

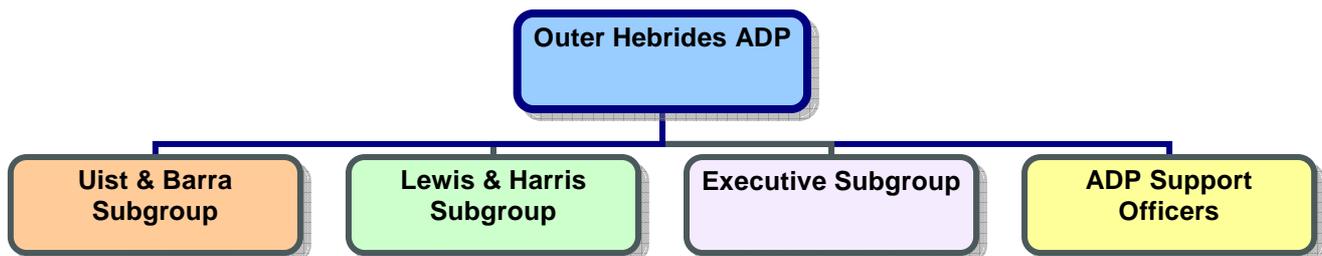
The Outer Hebrides ADP consists of representatives from:

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

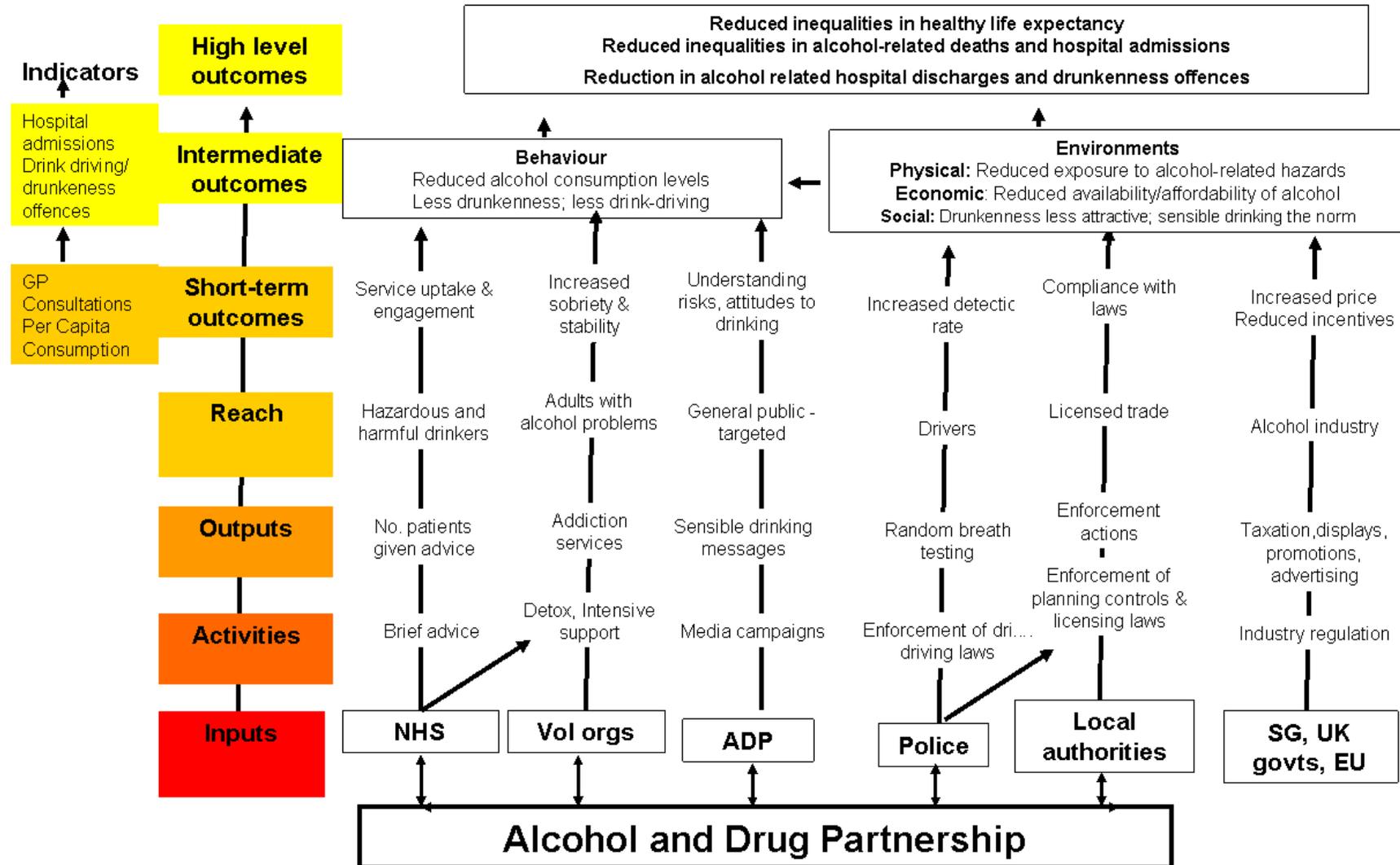
The Outer Hebrides ADP Support Team consists of a full time Coordinator, part time Development Officer, part time Substance Misuse Information and Research Officer and part time Administrator.

The Outer Hebrides ADP sits within the Outer Hebrides Community Planning Structure and works with local partners to agree how the dedicated funding to support local alcohol and drugs partnership processes may be best allocated. Accountability for delivering on substance misuse outcomes is based on holding each partner to account for their contribution to the achievement of shared outcomes, based on effective partnership working. This requires meaningful joint design and delivery of local strategies by all ADP partners.

Throughout 2012/13 a variety of services were in place to address the issues of substance use within the Outer Hebrides as it is clear that due to the changing nature of substance use, no one agency has the skills, resources and expertise to fully address local issues. Thus, the Outer Hebrides ADP and NHS Western Isles have maintained a strong commitment to partnership working as evidenced by the wide variety of agencies that contribute to the work of the ADP by contributing their strengths and maximising interagency resources.



ALCOHOL Cross-sector Contributions



One of the principle key features of the Scottish Government's delivery reform is that ADPs are firmly embedded within wider arrangements for community planning.

During 2012/13 we have continued to create an environment for the delivery of client-centred actions that achieve lasting change in the lives of individuals across the Outer Hebrides, be they substance misusers, their families, or members of the communities in which they live. The focus on outcomes and the development of SOAs provides a clear opportunity to take steps in preventing and responding to alcohol and drugs misuse. We have developed mechanisms for improving delivery arrangements, taking into account the Concordat between the Scottish Government and COSLA, and the introduction of the SOA.

The Outer Hebrides ADP is now firmly embedded within the CPP and as such now has membership and regularly attends meetings/events to advise the CPP or its subgroups.

6. National Support

- i. The Outer Hebrides met with Scottish Government representatives (Alcohol and Drug Policy Officers) in January 2012 and found this extremely helpful and useful in terms of current development of work. The meeting provided information in the following areas:
 - Information on the progress of other ADPs in Scotland on the “Road to Recovery” and the “Changing Scotland’s Relationship with Alcohol” policies and examples of good practice.
 - Advice given on suitable national contacts for support with implementation of commissioning approach
 - Advice given on tools available to help plan future service planning, e.g. driver diagram and service user journey
- ii. ISD have provided the Outer Hebrides ADP with support in managing and implementing the DATWT database. This has been greatly appreciated.
- iii. We aim to work with STRADA to devise a training programme for staff for the coming year as support is needed for local staff to update and maintain skills in order to deliver effective services. This will start in May 2013 with STRADA delivering Motivational Interviewing in Lewis and Uist with a follow up practice based workshop in August 2013.
 - There is a potential of delivering basic training to all funded services through STRADA (as part of the workforce development) to ensure all services are trained to a sufficient level
- iv. Alcohol Focus Scotland have shown the Outer Hebrides support during 2012/13 in relation to sharing information.
- v. Health Scotland, have provided the Outer Hebrides ADP with access to online training and networking events relating to Alcohol Brief Interventions

7. Outer Hebrides ADP Membership (as at 1 June 2012)

ADP Members:

| Name | Designation | Organisation | Member of Workgroup/ Subgroup |
|--------------------------|-----------------------------------|------------------------------|--|
| G MacLeod Chairman | Chief Inspector | Northern Constabulary | ADP & Exec Subgroup |
| G Jamieson Vice Chair | Chief Executive | NHS Western Isles | ADP |
| M Stewart | Social and Community Services | Comhairle nan Eilean Siar | ADP |
| B Chisholm | Children & Families Services | Comhairle nan Eilean Siar | ADP & Exec Subgroup |
| E Collier | Public Health | NHS Western Isles | ADP & Exec Subgroup |
| I MacKenzie | Housing Strategy & Development | Housing | ADP |
| M Bremner | Member | Voluntary Sector | ADP & Exec Subgroup Uist & Barra Subgroup |
| M Munro | Organiser | Harris Voluntary Council | ADP Lewis & Harris Subgroup |
| M MacInnes | Service User | An Caladh | ADP Uist & Barra Subgroup |
| D Blaney | Chair of Licensing Board | Comhairle nan Eilean Siar | ADP Uist & Barra Subgroup |
| | | Job Centre Plus | ADP |

In Attendance:

| Name | Designation | Organisation | Workgroup/ Subgroup |
|-------------|-----------------------|-------------------|---------------------|
| D MacKenzie | Management Accountant | NHS Western Isles | Executive Subgroup |

ADP Support Officers:

| Name | Designation | Organisation | Support of Workgroup/ Subgroup |
|---|----------------------------|-------------------|---|
| Wendy Ingledew | ADP Coordinator | NHS Western Isles | ADP Executive Subgroup Lewis & Harris Subgroup Uist & Barra Subgroup |
| Suzanne MacAulay – (Currently on Maternity Leave) Sarah MacLeod – (Covering Maternity Leave) | ADP Development Officer | NHS Western Isles | ADP Executive Subgroup Lewis & Harris Subgroup Uist & Barra Subgroup |
| Fiona MacDonald | Health Intelligence | NHS Western Isles | ADP Executive Subgroup Lewis & Harris Subgroup Uist & Barra Subgroup |
| Karen Peteranna | ADP Administration | NHS Western Isles | ADP Executive Subgroup Lewis & Harris Subgroup |

Appendix 1

Funded Services 2011/12

Due to national delays in the 2012/13 funding allocation to ADPs it was agreed at a special Outer Hebrides ADP Development Day meeting held on 12 March 2012 that services funded by the Outer Hebrides ADP should receive continued funding for the period 1 April 2012 – 30 June 2012 in order to ensure continuity of service. This amounted to £100,090 for the 3 month period.

Below is a list of services funded by the Outer Hebrides ADP showing their annual allocation for the full financial year⁵:

HEAT STANDARD: Brief Interventions: £130,000

Heat Standard - Brief Interventions - Western Isles NHS Board Nursing Service (Alcohol & Mental Health Liaison Nurse) - £40,000

Aims:

- To strengthen the ICP for patients by meeting the clinical gaps and supporting multi-agency working, cohesion and continuity between hospital and community care.
- To support unscheduled care admissions in the Acute Assessment Unit.
- To influence culture change within the clinical environment by prioritising target group and staff training.

Target Group:

- A&E presentations with alcohol and/or mental health problems.
- Inpatients with alcohol and/or mental health problems.
- Brain damaged patients at the severe end of the dependency spectrum 2/3 per year.
- Approx 300 annually.

Heat Standard: Brief Interventions - Well North - £60,000

Aims:

- To provide locally based alcohol brief interventions across the Outer Hebrides in venues accessible to clients with a particular focus on inequalities in health.
- To reduce dangerous alcohol consumption among the adult population above the age of 18, by discouraging binge drinking and reducing levels of consumption to safe levels.

Target Group:

- Outer Hebrides adult population aged 40-80 years (14,179)
- The Outer Hebrides HEAT targets include the completion of 338 Brief Interventions by March 2013. The project would anticipate meeting half of this target - 169 clients.

Heat Standard: Brief Interventions - GP Enhanced Service - £20,000

Aims:

- General practitioners and other primary care health professionals should opportunistically identify hazardous and harmful drinkers and deliver an alcohol brief (10 minute) intervention.

Target Group:

- Outer Hebrides population over 16.

Heat Standard: Brief Interventions - Auditing systems – Data Gathering and Performance Management - £20,000

Aims:

- To develop a robust and auditable way of recording delivery.

Target Group:

- Outer Hebrides population over 16 who have received an alcohol brief intervention.

⁵This includes what they received for the interim period April 2012 – June 2012 plus their allocation for July 2012 – March 2013

Substance Misuse Coordinator (Uist & Barra) - £42,000

Aims:

- Monitoring and updating the ICP for Alcohol and Drug Users throughout the Outer Hebrides.
- Delivery of an assessment care planning and intervention service for any person with an alcohol or drug misuse problem seeking assistance.

Target Group:

- Any person experiencing problems with alcohol or drug misuse.

CnES - Drug Support Worker - £32,454

Aims:

- To engage with service users who have acute problematic drug use in order to improve their health, wellbeing, social circumstances and reduce or prevent further harmful behaviours and offending where relevant.
- Service users will have regular contact with the drug support worker service at an appropriate level to their assessed need and risks.
- Each service user will complete an initial assessment of need and be involved in their own action plan towards change and recovery. They will have the opportunity to undertake focused work based on established models and approaches and will be provided with continuous feedback on progress in making positive change. Where necessary feedback can be provided to partner agencies in written form.
- Service users will be provided the opportunity to feedback on the quality of service and contribute to developments for future service delivery.

Target Group:

- 30 adults aged 16+ and is not gender specific. Referrals are likely to come from NHS staff, social work staff and self-referral in the main. Option to provide to support to younger teens, in negotiation and partnership with Children and Families Social Work, who have problematic drug use.
- 10 new referrals per year.

CnES - Alcohol Support Worker - £32,454

Aims:

- To engage with service users who have acute problematic alcohol use in order to improve their health, wellbeing, social circumstances and reduce or prevent further harmful behaviours and offending where relevant.
- Service users will have regular contact with the alcohol support worker service at an appropriate level to their assessed need and risks.
- Each service user will complete an initial assessment of need and be involved in their own action plan towards change and recovery. They will have the opportunity to undertake focused work based on established models and approaches and will be provided with continuous feedback on progress in making positive change. Where necessary feedback can be provided to partner agencies in written form.
- Service users will be provided the opportunity to feedback on the quality of service and contribute to developments for future service delivery.

Target Group:

- 60 adults aged 16+ and is not gender specific. Referrals are likely to come from NHS staff, social work staff and self-referral in the main. Option to provide to support to younger teens, in negotiation and partnership with Children and Families Social Work, who have problematic alcohol use.
- 20 new referrals per year.

Action for Children, Substance Misuse Early Intervention Service, Support for Children and Families - £27,419

Aims:

- To provide individual based sessions, initially in a 6 week block, which will address substance misuse and any issues associated with this.
- To provide longer term intervention, up until 6 months, involving young people in diversionary activities and our community based service. We will do this in partnership with Community Education. Within this period we will continue to work with the young person using a person centred approach to address any issues affecting their well being e.g. family issues, education difficulties, problems in the community.
- To provide parents with parenting strategies. This will enable families to communicate better.
- To use Family Group conferencing to address underlying issues.
- To provide a link for the young person with other agencies, to advocate on their behalf if required.
- To provide a follow up meeting with the young person and their family 3 months after the end the intervention to ensure progress continues.
- To work in partnership with local statutory and non statutory agencies to improve outcomes for children and their families.

Target Group:

- 30 young people aged 11-18 years living in Lewis or Harris identified as having been under the influence of substances.
- As an early intervention service the project will intervene within 5 days of receiving a referral.

Hebrides Alpha Project – Therapeutic Employment Scheme - £29,403

Aims:

- To provide therapeutic employment to individuals with addiction problems.
- To provide employment related training.
- To provide support by way of engaging with service users in regards to work and social activities, both of which provide diversionary activities.

Target Group:

- Individuals (male and female) who are aged between 18 and 65 years who have an addiction to alcohol or other drugs, but who are serious about addressing this.
- Due to the nature the project works, the service users need to be able bodied, as all of the work that the project currently undertaken is physical in nature.
- Most of the service users will be long term unemployed.

Community Nurse Alcohol - Home Detoxification Service – Lewis & Harris - £42,221

Aims:

- To meet needs of clients who have alcohol misuse issues by multi agency working in partnership with primary health care, Crossreach and Social Work as well as the voluntary sector as required within Lewis and Harris.
- To reduce and prevent hospital admission of those with alcohol dependence by providing support to individuals, families and carers.
- To continue to strengthen the ICP using referral pathways and meeting the clinical needs of individuals.

Target Group:

- 100 individuals aged 18+ who are hazardous and harmful drinkers and families/carers, as well as dependent drinkers.
- 40 new clients will access the service during the funding period (July 2012 – March 2013).
- Approx 60 existing clients who are working on maintenance will also access the service.

Child and Adolescent Mental Health Service (CAMHS) - £38,496:

Aims:

Meet with the aims of the Outer Hebrides ADP Strategy linking to initiatives for:

- Better prevention of substance use problems, with improved life chances for children and young people.
- Children affected by a parental substance misuse problem are safer and more able to achieve their potential.
- Support families and communities affected by substance misuse.

Meet with the aims of local and national health care strategies for CAMHS linking to initiatives for:

- GIRFEC Approach.
- Integrated Children's services Plan.
- Mental health of Children and Young People – Framework for the Promotion and Prevention of Care.
- CAHMS Strategy.
- CAMHS Standards of Care.
- Health for All Children in Scotland.

Target Group:

- Children, young people and their families with mental health problems up to 18 years referred to CAMHS service via GP, Education, Social Work, Health Visitors, A&E, Northern Constabulary and Inclusion Teams.
- Approximately 90 children, young people and their families referred to CAMHS will all be screened for alcohol or substance use or misuse.
- Approximately 20 children, young people and their families referred to CAMHS will be provided with specific interventions related to substance use or misuse.
- Approximately 8 young people (under the age of 18) per month will be referred from external internal partners for specific ABIs.

Community Education (The Streetwork Project) - £29,786

Aims:

- To provide a service which engages with and supports vulnerable young people by providing diversionary activities and preventative work through 1-1 ABI work, Boys Group, Girls Group, Street based Outreach, Educational inputs and weekend diversionary activities.
- To support the CPP achieve its long term outcomes of communities becoming safer and healthier by reducing the numbers of young people who suffer from the harmful effects of alcohol and substance misuse.

Target Group:

- Young people aged 11-19.
- Disaffected and disengaged young people.
- Young people involved in risk taking.
- Young people that are currently not accessing services on offer to them.
- Education inputs – 400 young people.
- Street based outreach – 500 young people.
- 1:1 work – 20 young people.
- Holiday diversionary activities – 40 young people.
- Weekend diversionary activities – 100 young people.
- Boys group – 15 young people.
- Girls group – 15 young people.

Hebrides Alpha – Supported Accommodation - £33,971

Aims:

- a Supported Housing Project with boundaries.
- a therapeutic programme for any person seeking to change their lives significantly and to address problems (alcohol or drug misuse, mental health difficulties or other social or psychological difficulties) which hinder their personal development, and functioning (particularly with reference to housing, employment and relationships within and with the community).

Target Group:

- Alcohol and drug users with persistent dependency needs and problems associated with this.
- 6 service users maximum accessing service at any time; 6 -12 service users per annum.
- Minimum of 2 new service users.

Uist & Barra Substance Misuse Service - £85,522

Aims:

- To work together to provide a joined up response to the identified needs for the community of Uist and Barra.
- To develop the substance misuse service as part of a holistic and integrated community programme throughout Uist and Barra.

To provide a service which offers:

- A focus for substance misuse service activity throughout Uist and Barra by working in partnership with service users, service providers, statutory and voluntary sector organisations.
- To support individuals caught up in addiction to alcohol and/or drug and offer the opportunity and reason to turn towards a non-dependency lifestyle.
- To support families and carers' of clients to cope with living with a substance misuser, adjust to changes while clients are in recovery and moving towards a healthier lifestyle.

Target Group:

- All substance misuse clients in Uist and Barra: 70 – 80 per annum.

Appendix 2 Outer Hebrides ADP Outcomes Database



Outer Hebrides ADP Outcomes Database

Service Name: _____

Time Period: July 2012 - February 2013

If you have any questions please contact: Fiona Macdonald
Substance Misuse Information & Research Officer
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01851 708047

[Click here to go to Section 1](#)

[Click here to go to Section 2](#)

[Click here to go to Section 3](#)

[Click here to go to Section 4](#)

[Click here to go to Section 5](#)

SECTION 1

| Sex (active service users) | Number | |
|-------------------------------|-----------------------|-----------------------|
| | Alcohol Service User | Drug Service User |
| | July 12 - February 13 | July 12 - February 13 |
| Male | | |
| Female | | |

| Age Range* (active service users) | Number | |
|--------------------------------------|-----------------------|-----------------------|
| | Alcohol Service User | Drug Service User |
| | July 12 - February 13 | July 12 - February 13 |
| ≤ 15 years | | |
| 16-24 years | | |
| 25-34 years | | |
| 35-44 years | | |
| 45-54 years | | |
| 55-64 years | | |
| 65-74 years | | |
| 75+ years | | |

* Age at 30 October 2012

| Source of referral (new service users) | Number | |
|---|-----------------------|-----------------------|
| | Alcohol Service User | Drug Service User |
| | July 12 - February 13 | July 12 - February 13 |
| Self | | |
| Health | | |
| GP | | |
| Other primary care | | |
| Acute Hospital | | |
| Mental Health Community | | |
| Mental Health Hospital | | |
| Other primary care | | |
| Social Work | | |
| Child and Family | | |
| Older people service | | |
| Other | | |
| Drug/Alcohol Specialist Service | | |
| Criminal Justice | | |
| Criminal Justice Team | | |
| Arrest Referral Service | | |
| Prison Service | | |
| Other | | |
| Voluntary Service | | |
| Education | | |
| Housing | | |
| Other (specify) | | |

SECTION 2

| Number of Active Service Users- Primary Problem | Number | |
|--|-----------------------|--|
| | July 12 - February 13 | |
| Drugs & Alcohol | | |
| Number of service users who have both drug and alcohol misuse problems | | |
| Alcohol | | |
| Number of service users with a alcohol problem | | |
| Illicit Drugs | | |
| Number of service users with a problem with illicit drugs | | |
| Prescription drugs | | |
| Number of service users with a prescription drug problem (this is drugs supplied by the GP) | | |
| Over the counter drugs | | |
| Number of service users with an over the counter drug problem (this is drugs purchased at the pharmacy) | | |
| Dual Diagnosis | | |
| Number of service users who have both a mental health problem and a drug and/or alcohol problem. | | |
| Parental/Carers Substance Misuse | | |
| Number of service users (i.e. children or young people) who have a parent or main carer with substance misuse problem | | |
| Substance misuse of a significant other | | |
| Number of service users who are a close relative or friend of someone who has a substance misuse problem | | |
| Carers for individuals with substance misuse problem | | |
| Number of service users who are carers for people with substance misuse problems, or have a family member affected by substance misuse | | |
| Total Number of Active Service Users in this period | | |

| Service Users Co-occurring health issues | Number | |
|--|-----------------------|--|
| | July 12 - February 13 | |
| Alcohol related physical health | | |
| Drug related physical health | | |
| Mental health | | |
| Anxiety | | |
| Bipolar disorder | | |
| Depression | | |
| Eating Disorder | | |
| Obsessive-compulsive disorder | | |
| Paranoia | | |
| Personality disorder | | |
| Post-traumatic stress disorder | | |
| Schizophrenia | | |
| Other (specify) | | |

SECTION 3

| Active Service User Information | Number | |
|---|-----------------------|-----------------------|
| | Alcohol Service User | Drug Service User |
| | July 12 - February 13 | July 12 - February 13 |
| Number of service users who live with children | | |
| Total number of service users who live, full time, with children in their household | | |
| Number of children in service users household | | |
| Total number of children known to live in active service users' households. | | |
| Number of service users/partners who are pregnant | | |
| Total number of service users who are pregnant, or have a partner who is pregnant. | | |
| Number of service users who have Right of Access | | |
| Total number of service users who live with children in their household on a part time basis (i.e. as a right of access). | | |

| Assessment/ evaluation tool used | Number | |
|----------------------------------|-----------------------|-----------------------|
| | Alcohol Service User | Drug Service User |
| | July 12 - February 13 | July 12 - February 13 |
| AUDIT | | |
| FAST | | |
| SASQ | | |
| ABI screening tool | | |
| GIRFEC | | |
| Rikter scale | | |
| Other (specify) | | |
| None | | |

SECTION 4

| Current Alcohol Intake | |
|---|-----------------------|
| | July 12 - February 13 |
| Number of service users who have stopped consuming alcohol | |
| Of these how many have stopped for: | |
| 6 months or more | |
| 3-6 months | |
| 1-3 months | |
| Less than a month | |
| Number of service users who have reduced their alcohol consumption: | |
| Slightly | |
| Significantly | |
| No Reduction | |

| Current Illicit Drug Usage | |
|--|-----------------------|
| | July 12 - February 13 |
| Number of service users who have stopped using illicit drugs | |
| Of these how many have stopped for: | |
| 6 months or more | |
| 3-6 months | |
| 1-3 months | |
| Less than a month | |
| Number of service users who have reduced the amount of illicit drugs they use: | |
| Slightly | |
| Significantly | |
| No Reduction | |

| Current Prescription Drug Usage | |
|---|-----------------------|
| | July 12 - February 13 |
| Number of service users who have stopped using prescription drugs | |
| Of these how many have stopped for: | |
| 6 months or more | |
| 3-6 months | |
| 1-3 months | |
| Less than a month | |
| Number of service users who have reduced the amount of prescription drugs they use: | |
| Slightly | |
| Significantly | |
| No Reduction | |

SECTION 5

| Outcome | Indicator | Alcohol Service User | | Drug Service User | |
|---|--|--|---|--|---|
| | | July 12 - February 13 | | July 12 - February 13 | |
| | | Outcomes for those who misuse substances | Outcomes for those affected by substance misuse of others | Outcomes for those who misuse substances | Outcomes for those affected by substance misuse of others |
| HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use | Experienced an improvement in physical health | | | | |
| | Experienced an improvement in mental health | | | | |
| | Experienced an improvement in co-occurring health issues | | | | |
| PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others | Are alcohol dependent | | | | |
| | Are drug dependent | | | | |
| | Are currently stable | | | | |
| | Are intravenous drug users | | | | |
| | Have reduced their risk-taking behaviour | | | | |
| | Is an Armed Forces Veteran | | | | |
| | Has a gambling problem | | | | |
| | Has reduced their daily drug spend | | | | |
| | Has reduced their daily alcohol spend | | | | |
| | Are in recovery process | | | | |
| | Have moved from recovery to maintenance | | | | |
| | Are unemployed | | | | |
| | Are in full-time employment | | | | |
| | Are in part-time employment | | | | |
| | Are in education/training | | | | |
| | Is retired | | | | |
| | Is on sickness/disability allowance | | | | |
| | Alcohol/drugs has affected their employment e.g. Absenteeism | | | | |
| | Alcohol/drugs has affected their education e.g. Absenteeism | | | | |
| Experienced an improvement in employability status | | | | | |
| Experienced an improvement in educational attainment | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| <p>RECOVERY: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use</p> | Have moved into employment | | | | |
| | Have moved into education/training | | | | |
| | Has moved out of employment | | | | |
| | Has moved out of education/training | | | | |
| | Have achieved qualifications in this period | | | | |
| | Increased knowledge of the consequences and risks of alcohol and drugs | | | | |
| | Are in settled housing | | | | |
| | Are in temporary accommodation | | | | |
| | Are homeless | | | | |
| | An improved ability to sustain a tenancy | | | | |
| | Improved independent living skills | | | | |
| | Improved personal relationships | | | | |
| | Feel involved in their local community | | | | |
| | Increased ability to make positive choices | | | | |
| | Increased confidence and self-esteem | | | | |
| Improved ability to maintain their finances | | | | | |
| Improved school/college/training attendance rates | | | | | |
| <p>CAPSM: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances</p> | Improved their parenting skills | | | | |
| | Providing an improved supportive environment for children | | | | |
| | Participating in family activities | | | | |
| | Experiencing improved protection of children | | | | |
| | Children affected by substance misuse with improved school attendance rates | | | | |
| | Children affected by substance misuse with improved their school attainment. | | | | |
| | Children affected by substance misuse with improved self-confidence and resilience skills | | | | |
| | Increased number of children having positive relationship with parents | | | | |
| | Improved accommodation profile for SU with children living with them | | | | |
| | Improved illicit drug/alcohol profile for SU with children living with them | | | | |
| | Increased understanding of the impact of substance use has on carers/family members/children. | | | | |
| | Local authority has been involved with children | | | | |
| | Children have had a Statutory Child Protection intervention by Social Work Services | | | | |
| Children looked after by the Local Authority | | | | | |
| <p>COMMUNITY SAFETY: Communities and individuals are safe from alcohol and drug related offences and anti-social behaviour</p> | Report funding their drug use through crime | | | | |
| | Are on a DTTO/probation | | | | |
| | Has a criminal case pending | | | | |
| | Is on a Community Payback Order (with alcohol treatment required) | | | | |
| | Is on a Community Payback Order (other) | | | | |
| | Is on bail | | | | |
| | Has been in prison in the previous 12 months | | | | |
| | Alcohol use has resulted in involvement with the Criminal Justice System within the reporting period | | | | |
| | Service user given a DTTO who has been reconvicted within one year | | | | |
| | Service user who has been convicted of vandalism (malicious mischief), breach of the peace, assault or anti-social behaviour within the reporting period | | | | |
| Service user who has had a drink driving conviction within the reporting period. | | | | | |
| <p>SERVICES: Alcohol and drug services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery</p> | New referrals received | | | | |
| | Returning referrals | | | | |
| | Referrals to other agencies | | | | |
| | Signposted to other agencies | | | | |
| | Discharges from the service | | | | |
| | Unplanned discharges from the service | | | | |
| | Initial care plans agreed | | | | |
| | Have an individual focused care plan | | | | |
| | Care plans reviewed | | | | |
| | Care plans completed | | | | |

Appendix 3 Priority actions 2013/14

Cognisance has been taken of the following documents:

- Changing Scotland's Relationship with Alcohol: A Framework for Action (March 2009)
- The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem (May 2008)
- Health Scotland Alcohol Logic Model (January 2009)
- Quality Alcohol Treatment & Support report (March 2011)
- Supporting the Development of Scotland's Alcohol and Drug Workforce (December 2010)

| Priority | Actions/ Milestones | Lead | Time Line 2013 - 2014 |
|--|--|--------------------|---------------------------------|
| Early Years | | | |
| Development of services for early years | Consider recommendations within CAPSM paper | ADP/ CPP | March 2014 |
| | We will continue to support Action For Children in the delivery of services for Early Years | ADP | April 2013 – March 2014 |
| Early Intervention | | | |
| Alcohol Brief Interventions: Continue embedding of Brief Interventions within NHS Western Isles Acute Sector Training re Brief Interventions both statutory and voluntary sector | Ensure correct recording systems are in place to ensure improved data recording from those currently delivering ABIs and any service who receive training during the year (including acute and wider settings) | ADP SMIRO | April 2013 – March 2014 |
| | Reinstate BI planning group | ADP | July 2013 and quarterly |
| | Training for statutory and voluntary services on ABI's | ADP & NHS trainers | April 2013 – March 2014 |
| Improving Access to Treatment: 90% of clients will receive treatment that supports recovery within 3 weeks of referral | Continued implementation of monthly reports to services regarding ongoing waits | SMIRO | August 2013 ongoing quarterly |
| Providing support for Young People and Children & Families Affected by Substance Misuse. | We will continue to support and monitor Action For Children in the delivery of services for early intervention with children and families affected by substance misuse | ADP | July 2013 ongoing |
| | Continue to provide awareness raising inputs for statutory and voluntary agencies and community group | ADP | March 2013 – April 2014 ongoing |

| Problem Drinkers and Substance Users | | | |
|--|--|--|-------------------------------|
| Delivering Recovery Orientated Systems of Care | Service Development We will continue to support and monitor Uist and Barra service providers to agree areas for development | SMC U&B Services/ADP | October 2013 |
| | Governance We will provide all funded services with new SLAs | ADP | June 2013 |
| | We will continue monitoring of service delivery against national and local outcomes accordingly | ADP | September 2013 and March 2014 |
| Promoting a Healthy Outer Hebrides | | | |
| Community | Publicity campaigns with partners to promote sensible drinking message, anti drink driving and drug information | ADP/ Community Safety Partnership/ Police Scotland | August 2013 and December 2013 |
| | Update Outer Hebrides ADP website www.outerhebadp.co.uk to ensure that all agencies, individuals, etc. have access information on services available within the geographical area and nationally | ADP | July – August 2013 |
| Training | | | |
| Workforce Development | To offer suitable training to funded services STRADA Workforce Development to be undertaken: <ul style="list-style-type: none"> • Introduction to Motivational Interviewing (2 day course) 7th & 8th May 2013 – Stornoway, Isle of Lewis. • Introduction to Motivational Interviewing (2 day course) 14th & 15th May 2013 – Balivanich, Isle of Benbecula. • Motivational Interviewing Practice Based Workshop (3 day course) 12th, 13th June & 1st August 2013 – Stornoway, Isle of Lewis. • Introduction to Substance Misuse (1/2 day module) 23rd August 2013 – Balivanich, Isle of Benbecula. • Introduction to Substance Misuse (1/2 day module) 19th November 2013 – Stornoway, Isle of Lewis. | ADP/STRADA | May 2013 – Feb 2014 |

| | | | |
|-------------------------------|--|-----------------------------|-----------------------------|
| | <ul style="list-style-type: none"> Working with Drug and Alcohol Users – 13th, 14th, 20th, 21st February 2014 – Stornoway, Isle of Lewis. | | |
| Secretariat/Governance | | | |
| ADP | To organise and facilitate 4 ADP meetings per year quarterly | ADP Support Staff | April 2013 – March 2014 |
| | To organise and facilitate 2 local forum meetings in Uist & Barra and Lewis & Harris | ADP Support Staff | April 2013 – March 2014 |
| | To monitor outcomes database, monitoring forms, local indicators and indicators from baseline figures in order to continuously improve our monitoring and evaluation | ADP Support Staff | September 2013 & March 2014 |
| | To advertise any development funds available | ADP Support Staff | Jan – Feb 2014 |
| | Visits to funded services – visit funded services to ensure they are adhering to SLA outcomes & Terms & Conditions of Grant | ADP members & Support Staff | Sep – Nov 2013 |
| Development of new services | Housing Support Worker – to support Crossreach in the development and implementation of this post | ADP/ Crossreach | Sep 2013 – March 2015 |

• **National Outcomes - areas where we are not achieving our goals/targets**

Based on the information provided on the current ADP core indicators the following areas have been highlighted for improvement during 2013/14:

| Indicator | Commentary |
|---|---|
| Rate of drug-related hospital discharges | There has been a reported increase; however the rate in the Outer Hebrides is lower than the national average. |
| Rate of alcohol-related mortality | There has been a reported increase and the rate in the Outer Hebrides is slightly higher than the national average |
| The proportion of individuals drinking above daily and/or weekly recommend limits | There has been a reported increase; however the rate in the Outer Hebrides is lower than the national average. |
| Rate of maternities recording alcohol misuse | There has been a reported increase, this was due to an error in the information being recorded and this will be monitored during 2013/14. |
| Number of personal licences | There has been a reported increase. |
| Number of new 'on sale' licence applications | There has been a reported increase. |
| Number of screenings (using a validated tool) for alcohol use disorders delivered | There has been a reported decrease. |

- **National Outcomes - areas where we are achieving our goals/targets**

Based on the information provided on the current ADP core indicators the following areas have been highlighted as having improved during 2012/13. We will work on maintain this improvement during 2013/14.:

| Indicator | Commentary |
|--|---|
| Rate of alcohol-related hospital discharges | There has been a reported decrease; however the rate in the Outer Hebrides is higher than the national average. |
| The proportion of individuals drinking above twice daily ('binge drinking') recommended limits | There has been a reported decrease and the rate in the Outer Hebrides is lower than the national average. |
| Proportion of people with potential problem drinking | There has been a reported decrease and the rate in the Outer Hebrides is the same as the national average. |
| Rates of maternities recording drug misuse | There has been a reported decrease and the rate in the Outer Hebrides is lower than the national average. |
| Percentage of new patients/clients at specialist drug treatment services who report funding their drugs through crime | There has been a reported decrease and the rate in the Outer Hebrides is lower than the national average. |
| Alcohol related offences recorded by the police <ul style="list-style-type: none"> - Serious assault - Common assault - Vandalism | There has been a reported decrease and the rates for each of these crimes in the Outer Hebrides are lower than the national averages. |
| Number of premises licences in force | There has been a reported decrease. |
| Number of new 'off sale' licence applications | There has been a reported decrease. |
| Number of alcohol brief interventions delivered in accordance with the HEAT Standard guidelines | There has been a reported increase. |
| Percentage of clients waiting for more than 3 weeks between referral to a specialist drug and alcohol service and start of treatment | There has been a reported decrease and the rate in the Outer Hebrides is lower than the national average. |

Appendix 4

Progress on Recommendations from Outer Hebrides Needs Assessment 2011

| Recommendation | Progress |
|---|--|
| Develop services that will provide effective interventions and diversionary activities for children and families affected by or at risk of substance use. | Complete |
| Develop services that will provide alcohol brief interventions in primary care and wider settings e.g. youth setting. | Ongoing |
| 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. | Complete |
| 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. | Complete |
| Develop flexible substance support services for children and families providing advice, information and access to further social support. | Complete |
| Develop services that will provide structured, intensive interventions to promote and maintain recovery with parents. | Complete |
| Develop services that will provide effective interventions and diversionary activities for those affected by harmful and problematic drinking or substance use. | Complete Continue to develop in 2013/14 |
| 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. | Complete Continue to develop in 2013/14 |
| Provide specialist housing support for those with substance related issues in order to support those facing homelessness issues or to assist people to maintain a tenancy. | Not complete Develop in 2013/14 |
| Provide access to specialist rehabilitation care. | Complete |
| Provide befriending services (generic or targeted). | Complete |
| Provide therapeutic employment and training. | Complete |
| Provide accessible and integrated services throughout the islands. | Complete |
| Provide community based specialist assessment and care planned treatment, care and aftercare for those affected by or at risk of problem substance use. | Complete |
| Provide community detoxification service. | Complete |
| Provide specialist parenting programmes focusing on substance misuse. | Complete |
| Carry out local drug and alcohol information campaigns. | Complete |
| Provide substance related training for local staff and practitioners. | Complete |

Appendix 5 Client feedback

Tier 1 services:

"Made you realise the dangers of alcohol and help you be aware of advertising etc. and it wasn't boring."

"If I wasn't here I probably wouldn't see anybody."

"No longer dread going into the community"

"It's scary how much alcohol is in Blue Wicked. I thought it was mostly fruit juice as it tastes sweet."

Tier 2 services:

"I feel the service helped a lot as I learned different things and some of them shocked me"

"It was good, friendly service I received and helped me learn more"

"I am out job hunting, looking for work, getting back to a normal life and I feel a lot better about myself"

"Being in the van for a day takes your mind off what ties you down and mixing with other people who are trying to change their lives too helps".

Tier 3 services:

"I feel safer knowing that i can have someone to support me through this"

From the Procurator fiscal *"it's fantastic that you are able to support a vulnerable client through a jury trial, he would never have been able to do it without your support and the case would have collapsed thank you"*

"Being self employed meant that when I was drinking I had no income and it was getting me into more debt. It has taken me a long time to realise that I need to talk about things rather than hide in a bottle. I have been able to talk to my family about how they were affecting me and I was affecting them over a long time and how we need to give each other some space. I also realised that I can do this with support."

"thanks for all the support, I could not have managed to change on my own"

"thank you for not giving up on me"

Tier 4 services:

"I have been in the Hebrides Alpha Supported Accommodation unit for over four months and have benefited hugely from the support offered here. The programme is well balanced and has provided me with a solid and constructive framework for recovery. All members of staff are supportive, helpful and approachable, and the atmosphere generally is positive and highly conducive to recovery. I am confident that I will leave the supported accommodation at the end of August in a much better state of mind and health, and that I will be able to return to my life with a renewed sense of confidence."

Appendix 6 Case studies

Tier 1 services:

"This year a fantastic opportunity arose for the young people who use Pointers youth centre; in the form of a residential to the Badaguish centre in Aviemore. 10 young people members of a number of groups, such as the Pointers Young Carers Project, the Pointers Drop In Service, Pointers Youth Committee and finally Pointers Girls Group were all part of this amazing adventure. With Three Community Learning and Development staff and one Action for Children worker a trip was dually planned that exceeded the expectations of young people and workers alike and have left a group of young people with some unforgettable experiences and memories. A number of options were considered for a residential but the attractiveness of the Cairngorm outdoors and the untold possibilities of adventure activities left no one with any doubt as to what was the best option. A 5 day residential was planned based on increasing the young people's self-confidence self-belief and self-worth with an added focus to team building and youth engagement.



There are just so many great memories and stories from the trip I am afraid that I won't be able to write all about it so I have included some quotes from the young people and a selection of photos which in their own way will tell you the story of the trip far better than I can write it. A big thank you to everyone in the community that made this residential happen; and also to Comhairle Nan Eilean Siar, Action for Children and the OH ADP (Outer Hebrides Alcohol Drug Partnership) for continuous support throughout the years. The statements I have enclosed how the trip impacted on the young people who participated and what difference it made to their lives".

- *Boy 14: "it was very fun being away and all the activities that we did, everyone liked them all"*
- *Girl 17: I thought the badaguish Residential was an extremely entertaining and educational trip. WE all learnt many new skills and it brought us all closer together as peers. The leaders and the young people have a very close bond also, so that made the trip even better. I would highly recommend Pointers Residential trips to all young people.*
- *Girl 13: "I learnt a lot of things in this trip; I have faced my fears which is pretty amazing to me. The leaders was so kind to me when I wasn't well, they were so kind and caring. I had a fab trip"*
- *Girl 16: "It was really good to go on the trip for freedom to do lots of activities. We had lots of fun and good laughs would definitely go again."*
- *Boy 16 "Really Good"*
- *Girl 16 "the trip was really good, tried out new things and met new people which boosted my confidence"*

Tier 2 services:

"A young 14 year old male, K, was referred to the service because he was found to be under the influence of alcohol in the community by police, and on another occasion he was admitted to the Western Isles Hospital after being so intoxicated with alcohol that he was vomiting and had passed out at the bus station on a weekend night.*

K was having difficulties with his relationship with his Gran who was his primary carer and his father who came back into his life after an absence of several years. K was refusing to return home from his friend's house at the weekends was being disruptive at school and at times refusing to attend school. K was a skilled football player and enjoyed being on the school team but was at risk of being taken off the team because of his behaviour.

After attending 6 one-to-one workshops with his Keyworker at Action for Children, K had an opportunity to learn more about the effects and risks of substances and how they affect his health, relationships and potentially his choices later in life, particularly if he breaks the law. Since completing the workshops, K has not had any further reported incidents with alcohol or substance misuse this year to date.

K had identified the difficulties in his relationships with his paternal grandmother, father and mother and K has made a mature effort to adapt his attitude towards these relationships. K worked well in the workshops and shared his experience openly and also reflected on the impact of his behaviours. He found it difficult to speak about his relationship with his father initially but as he engaged further, he was more comfortable to speak about difficulties and his feelings. Each week through discussion and reflection K showed that he was taking in the information.

K is gaining confidence in school particularly within the engineering elements of his courses and now wishes to work towards pursuing a career in engineering after school. K received a certificate from SQA for doing well on an engineering module this term. He identified a change in his school behaviour and was recently called out of class by his guidance teacher and offered praise for his hard work and improved attitude.

K is keen to stay out of trouble and has distanced himself from known peers who at times encourage him to disregard rules and potentially offend. There have been no reported incidents in school, at home or in the community where K's behaviour has caused concern in the last few months. K acknowledges this and seems to take pride in this.

K found the service helpful and said that he learned more about alcohol and what it does, in his evaluation. K's grandmother encouraged him to attend and supported him by dropping him off each week. K's father accompanied him on his initial visit but was not in contact after this.

Name changed to protect young person's identity.

Tier 3 services:

"Mr A attended his GP requesting assistance after realising that his alcohol drinking was affecting his health and also his financial state. He had been drinking 1-2 bottles of whiskey over a number of months. He was referred to this service and although he had sought support he was somewhat ambivalent about abstaining until an incident where he collapsed and required to be seen in A&E. His drinking had become more of a problem following a difficult, traumatic incident a number of years previously which affected the family and which he had found difficult to come to terms with. He was given a supported home detoxification, attended the Lifestyle drop in service and counselling was provided by the alcohol and drug support worker. There has been a change in his outlook and his health and relationships have improved substantially over the past 6 months."

Tier 4 services:

"This is a brief account of my time at Hebrides Alpha:

Arrived at the unit on 7th November 2012.

My health was poor and my mind was not good. After a few days I felt quite settled, the staff had made me welcome and at ease because they were all caring and very understanding of my problems. Started doing the Twelve Step Recovery Bible within a couple of days and found this to be of great help and comfort. Started the therapeutic work the following week which I really enjoyed as the staff there were also very understanding of my alcohol problem. Within a couple of weeks I had made so much progress in addressing a lot of things I never could before. My health began to improve so much and my mind was so much better. I stayed in Coll for seven months, within that time my dependencies for prescribed drugs was also dealt with. I am in no doubt if I had not been admitted to the unit I would not be alive today, I have a lot to be grateful for the work of key workers with me. I am also very grateful of the six month aftercare that I am receiving from the staff."

Contact Details

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