

aberdeenshire
alcohol & drugs
action team

Routes to Recovery

Aberdeenshire's Strategy for Alcohol
and Other Drugs 2009 - 2012



family & relationships housing & employment treatment & stabilisation
information & advice reduced demand children protected quality service



➤ Routes to Recovery
**Aberdeenshire's Strategy for Alcohol
and Other Drugs 2009 - 2012**

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Aberdeenshire's Strategy for Alcohol and Other Drugs 2009-2012



Our vision is of a healthier, happier and safer Aberdeenshire, free from harm due to alcohol and other drugs, where those in difficulty can access support to regain control over and live as meaningful and satisfying a life as possible as a valued member of society; and people are equipped to avoid suffering such difficulties in the first place.

We believe those who experience problems with their use of alcohol or other drugs have the capacity to pursue a journey of recovery and ultimately live a healthier more fulfilling life, even where such use has irreversibly impacted on their mental or physical wellbeing. Recovery involves far more than stabilisation of chaotic lives and minimisation of harm, but includes recovery of hope for the future. We therefore renew our determination to improve outcomes in the key areas of child wellbeing, family support and relationships, housing and employability. We also aim to improve access to treatment and support for those that want it, at the time and place they choose to begin their personal journey of recovery.

By the same token, we must deal with the harsh reality of those who have yet to reach a turning point in their life, but who threaten the safety and wellbeing of children and communities. We will strengthen our resolve to divert them out of criminal and antisocial behaviour, keep them safe and minimise risk to those around them.

Problematic use of alcohol or other drugs should be a matter of concern for us all. We want more than just specialists to engage with the agenda, for example, by us all challenging attitudes that alcohol is a benign product that can continue to be consumed to excess without consequence. We will engage with a broader range of mainstream services to provide community based support and advice, thereby reducing delays and reserving alcohol and drug services for those activities only those specialists can deliver.

Achieving our vision of the future will be challenging and we cannot do it alone. The Aberdeenshire Alcohol and Drug Action Team will lead and co-ordinate joint efforts to work towards this vision but we rely on the sustained effort and collective resources of the whole Aberdeenshire community to implement this strategy.

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Aim

This strategy aims to:

- Set out our shared vision for a healthier, happier and safer Aberdeenshire.
- Set out strategic goals for how harm caused by alcohol or other drug use could be minimised or even prevented in Aberdeenshire.
- Emphasise the importance of engaging with the people whose lives are affected by alcohol or other drugs in Aberdeenshire to identify the nature of the challenges they face and the priority interventions we need to offer.
- Communicate each agency's pledge to make implementation of this strategy evident in their daily work and plans.
- Secure and report publicly the resources available to implement the strategy.
- Strengthen the functions of the ADAT to maximise benefit from the finite resources available.

To aid understanding between agencies, communities, carers and service users, a glossary of the terms used in this document is available in Appendix A.

How problematic is the use of alcohol or other drugs in Aberdeenshire?

Aberdeenshire, like many other areas around Scotland, faces deep-seated issues due to problematic use of alcohol and other drugs that directly and indirectly threaten the wellbeing and economic prospects of our country. These problems are compounded by our rurality, making provision of a wide range of accessible services difficult to deliver; our relative affluence reducing affordability barriers that might otherwise prevent problems developing; and pockets of poverty and exclusion which are closely aligned with problematic use of alcohol and other drugs.



We use the term 'alcohol and other drugs' to emphasise that, at an Aberdeenshire level, alcohol causes more harm than other drugs, although for the individual, any addiction can have devastating consequences. In view of our legal and cultural framework, alcohol may seem by some to be less of a problem than drugs; this is not the case. Over the past 50 years, alcohol consumption has doubled¹ and so has alcohol-related harm such that the World Health Organisation considers alcohol the third biggest risk factor for ill-health².

We can describe the extent of the alcohol problem in Aberdeenshire using recently revised Scottish estimates of alcohol consumption which reveal that the proportion of the adult population (16+ years of age) drinking above sensible limits on a weekly basis is 34% for men and 23% for women³. These levels are considered hazardous, potentially leading to harm for the individuals themselves or others. Recent studies have suggested that 1 in 16 (6.3%) of the population of Grampian and Tayside are alcohol dependent⁴.

For Aberdeenshire this could mean that more than 50,000 adults are already drinking at such hazardous levels. The proportion for whom this consumption may have already led to harmful effects is uncertain, but for most, this damage is still likely to be reversible, if tackled appropriately. Dependent drinkers, those for whom more specialist support may be needed, could number in the region of 14,000 individuals.

Estimates of the number of problem drug users are also derived from 2003 data⁵. For Aberdeenshire, this may amount to 1,200 people with a drug problem of whom approximately 600 may be injectors. This mainly relates to opiate users. These estimates, however, are now out of date, and work is underway to revise them. In addition, Aberdeenshire has a particular problem with psychostimulant use⁶ which resulted in our area having the second highest rate of cocaine related deaths in Scotland in 2007.

Problematic use of alcohol or other drugs results in permanent and irreversible damage to the liver, brain and other systems. For example Hepatitis C infection affects more than 2,700 individuals across Grampian, with more than 90% of cases associated with current or past injecting drug use. In a significant proportion of these cases, this leads to permanent liver scarring and malfunction (cirrhosis). Scotland has experienced an exponential rise in alcohol-related liver cirrhosis since 1950.

Scotland has one of the highest per capita rates of drug-related deaths in the world. In Aberdeenshire, approximately 10 such deaths are identified each year. The toll of alcohol-related deaths has quadrupled in Scotland in the past 10 years. Given the alarming consumption rates we now see, we need to prepare for significantly worse alcohol consequences ahead.

1 Tighe A. (ed) (2007) *Statistical Handbook 2007*, Brewing Publications Limited

2 Global Burden of Disease Project, World Health Organisation

3 Revised Alcohol Consumption Estimates from the 2003 Scottish Health Survey, Scottish Government, May 2008

4 Rome A, Drummond C and Rice P. *Problematic Drinking in Scotland: Estimating the Size of the Problem*. Figure 8 Consultancy Services & Institute of Psychiatry. Nov 2008

5 Hay G, McKeganey N et al. *Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland*, Glasgow, 2005

6 General Register Office for Scotland. *Drug Related Deaths in Scotland in 2007*. August 2008

Whilst the rates of alcohol and other drug consumption in young people appear to be dropping, in 2006, 2% of 13 year olds and 20% of 15 year olds reported having tried drugs and 61% of 13 year olds and 88% of 15 year olds reported that they had consumed alcohol⁷. Of these, 41% of 13 year olds and 69% of 15 year olds reported that they had been really drunk at least once. Of note, 53% reported that their families did not mind them drinking. For those young people who do drink, it is of concern that the average number of units consumed has increased by 71% since 1995⁸.



Children living with adults who misuse alcohol or other drugs may not experience a stable and nurturing home life and may be at risk of neglect, poverty and exposure to violence, making achievement of their full potential and wellbeing in life much harder. It is estimated that 4-6% of children under 16 years old have a problem alcohol or drug using parent⁹, representing the biggest child protection concern in Scotland. Many such children become young carers for their parents or may go on to develop alcohol and other drug difficulties themselves.

When an individual experiences regular problems associated with their use of alcohol or other drugs, additional life difficulties which are not directly related to physical health may result. These issues are numerous and include poor mental wellbeing, breakdown of relationships, homelessness, unemployment and poverty. These factors and society's response to those with alcohol or other drug problems seriously impair people's ability to escape the margins of society and regain control over their life.

For some, dealing with these life difficulties and experiences may have contributed to the start of their use of alcohol or other drugs. For others, the ability to readily afford regular use of alcohol or other drugs may be a more significant factor. This is a particular issue in Aberdeenshire due to our relative affluence. In other cases, it may have been boredom, curiosity, low self-confidence, peer pressure, parental approval or simply a deliberate choice to experience short-term pleasure. It is not possible to predict who will experience difficulties because people who use alcohol or other drugs come from all walks and circumstances of life. Problematic use of alcohol or other drugs covers a spectrum of behaviours from experimentation, intoxication, regular heavy use through to dependency. Each carries its own risks.

Whatever the causes, problematic use of alcohol or other drugs affects not only the life of the individual, but also children, families, neighbours, workplaces and the wider community in which we all live. The direct and indirect costs are estimated to be £2.6 billion per year across Scotland and the healthcare costs alone in Grampian have been estimated at £20-40 million. About 25% of the prison population from Aberdeenshire and 85% of all crimes are thought to be related to alcohol or other drugs. For 60% of under-24 year old prisoners, alcohol was at the root of their offence.

Problematic use of alcohol and other drugs has placed a number of our communities under significant stress and excessive drinking is building up a time bomb of future health problems. Alcohol and other drugs represent one of the most challenging and complex societal problems Aberdeenshire faces.

7 Scottish Schools Adolescent Lifestyle and Substance Use Survey 2006, http://www.drugmisuse.isdscotland.org/publications/abstracts/salsus/Aberdeenshire_2006.pdf accessed 14 July 2008

8 NHS Grampian, Grampian Youth Lifestyles Survey, 2007

9 Advisory Council on the Misuse of Drugs. Hidden Harm. Responding to the needs of children of problem drug users. London: Home Office. 2003

Our Strategic Goals

Given national policy and our understanding of the extent of problematic use of alcohol or other drugs in Aberdeenshire, these are the strategic goals and outcomes that we believe will be necessary over the next 3 years to achieve our vision of a healthier, happier and safer Aberdeenshire. These will be reflected in the Single Outcome Agreement for Aberdeenshire and will be used to guide resource allocation, design of services and to assess everything we do:

Goal 1: Services will focus on supporting recovery

We will contribute to the shared responsibility to secure a mentally flourishing Aberdeenshire to reduce the risk of suicide or need for self medication due to poor mental wellbeing. Deprivation, stress, hopelessness and a lack of resilience to cope with events and underlying mental health issues are significant factors in driving people to self medicate with alcohol and other drugs. We want treatment and support to go beyond medication or a spell in rehabilitation but to also consider mental health and look at the wider goal of helping service users build a satisfying and meaningful life – a life that incorporates hope for the future, aspirations, wellbeing and a sense of place in the world.

We believe all people with alcohol or other drug problems have the capacity for recovery. For some this might mean stabilisation leading to rehabilitation, abstinence, training and employment. For many others, alcohol or other drug related difficulties may be avoided or resolved with information, advice or a brief intervention. Everyone's journey will be unique, but we acknowledge that there is a need to provide on-going care for those with limited readiness, opportunity or capacity for change.

Recovery for those who do not have access to sufficient recovery capital is likely to be very difficult. Recovery capital is the collection of internal and external resources to which an individual has access that either promote or limit the likelihood, extent or maintenance of recovery. Recovery capital can be strengthened with support to develop confidence, hope for the future and resilience to cope with life's challenges as well as access to positive social support networks, suitable housing and good healthcare to name but a few examples. Recovery capital can also be undermined by negative peer influences and lack of opportunities.

We will help service users begin a journey of recovery to achieve their full potential by boosting their recovery capital. We are committed to work with our partners to ensure services are offered in ways that strengthen mental wellbeing and support the development of recovery capital in order that people are better placed to make and maintain positive change.

Action	Desired Outcome	Lead
Services will consider all aspects of people's lives in their assessments and will deliver or facilitate services that strengthen recovery capital and promote recovery.	Individuals will experience services that have a primary focus on their recovery.	Service Delivery Sub-Committee.

Goal 2: People will be equipped to avoid harm

Consumption of alcohol beyond sensible drinking guidelines is one of our biggest concerns. Problem drinkers will be opportunistically identified and brief interventions used to help people make informed choices about their own and others' consumption of alcohol.

Many individuals who are not dependant will resolve their alcohol or drug problems with modest early interventions during times of crisis or at turning points in their life, such as being charged with an offence, when pregnant, attending A&E, etc. Opportunities will be identified to offer information and brief interventions during such times.

We need to change attitudes that alcohol is a benign product that can continue to be consumed to excess. Communities and parents will be encouraged to challenge their own attitudes and the current culture in some of our communities, of underage drinking as a harmless rite of passage and drunkenness as socially-acceptable amusing behaviour.

Notwithstanding an improved focus on recovery, harm reduction measures such as needle exchange and substitute prescribing will continue to have a key role in stabilising chaotic lives and minimising the spread of blood-borne viruses such as Hepatitis B & C and HIV. There will be a focus on recovery including an agreed programme to reduce and ultimately become free of substitute prescribing whenever appropriate.

Prevention is far more desirable than treating established problems. Providing people with better knowledge about alcohol and other drugs and their effects can enable them to make better informed decisions about their substance use. To reduce confusion from a variety of different messages, we will engage with the Scottish Health Improvement Social Marketing Strategy to provide consistency in the messages and information we promote. Targeted prevention methods for harder to reach groups will be created to include many mediums of information and include appropriate formats and languages.

Action	Desired Outcome	Lead
Screening and brief interventions will be offered in general practice, ante natal care and in A&E and Minor Trauma Units. Thereafter screening and brief interventions will be rolled out into wider public services such as community pharmacy, police, housing and social work.	People will have an improved understanding of their alcohol or other drug consumption and will be sufficiently informed and motivated to make appropriate choices.	Service Delivery Sub-Committee.
Parents and communities will be equipped to minimise underage and harmful levels of drinking.	Drunkenness and underage drinking will be less evident in our communities.	Community Engagement Sub-Committee.
Harm reduction measures will continue to be supported and geographic access to needle exchange and hours of access to substitute medicine dispensing will be improved.	Service users will experience harm reduction measures as an opportunity to progress their journey of recovery and feel opportunities to become drug or alcohol free are available and accessible.	Service Delivery Sub-Committee.
Communities will be provided with information about alcohol and other drugs.	All citizens can readily access information about alcohol and other drugs and feel equipped to make informed choices.	Community Engagement Sub-Committee.

Goal 3: Children and young people will be equipped and encouraged to make informed lifestyle choices

Education is a necessity for a full life and a sustainable livelihood. Lifelong learning improves one's chances in the job market and may offer protective factors in avoiding alcohol and other drug difficulties or sustaining recovery from such difficulties. For example, the 'Drug Outcome Research in Scotland' project¹⁰ demonstrated that only 6% of the researched cohort of drug users had stayed at school beyond the age of 16 and 47% had no formal educational qualifications.

Education also has a significant role in the delivery of information to children and young people to equip them to make informed lifestyle choices by ensuring they are confident individuals, effective contributors, responsible citizens and successful learners. Education and prevention initiatives should encourage children and young people not to drink under age or delay the age at which children and young people start drinking and reduce the harm it can cause among those who do drink. This can be achieved through strategic planning around prevention and diversion, developing a context of accepted good practice and evidenced effectiveness.

In Aberdeenshire, this will be achieved through diverting young people into positive activities and away from negative behaviours. Targeted interventions will be delivered within the context of Curriculum for Excellence. Community School Networks, Community Learning and Development, culture and sport have a significant role in offering appropriate interventions and diversions. These targeted interventions will be promoted within an engaging holistic programme of activities based and supported by the wider community. Learning should be life-long in the broadest sense and be modern and effective, with investments made in developing an established, well perceived evidence-base of good practice. Techniques will include peer education as a tool to actively empower young people to work with other young people and draw on the positive strength of the peer group.

Parents are the single biggest influence on young people and good parenting has significant positive effects on children's achievements and decision making. Therefore the involvement of parents in their children's alcohol and other drug education will be strengthened by increasing their knowledge and skills and enabling them to better inform and protect their children.

Aberdeenshire has experienced one of the highest rates of exclusion from school in Scotland due to pupils misusing alcohol or other drugs. Efforts will be made to support schools to rehabilitate and reintegrate young people with alcohol or other drug problems back into education.

Most agencies and professionals have a distinct contribution to make towards education and lifelong learning. A short life working group will be established to review and evaluate current alcohol and other drug educational interventions with a view to integrating and strengthening provision across Aberdeenshire.

Action	Desired Outcome	Lead
Current educational and diversionary initiatives will be evaluated and evidence-based recommendations for improvement, involving a range of agencies, will be implemented.	Children and young people routinely encounter meaningful educational opportunities that effectively inform their lifestyle decisions and choices.	Education Short Life Working Group.

¹⁰ McKeganey, N. et al, Drug Outcome Research in Scotland Study, Centre for Drug Misuse Research, University of Glasgow, 2008

Goal 4: The life chances of children and young people affected by problematic parental alcohol or other drug use will be improved

Whilst not all children with parents or carers who have alcohol or other drug problems experience significant hardship, evidence tells us that problematic parental alcohol or other drug use can cause serious harm to children of all ages. Such harm can include a lack of appropriate emotional nurturing, a lack of parental supervision and discipline, poverty and physical risks to a child's safety.



Identification of those children who are affected by parental or carer alcohol or other drug use is the first step in ensuring their safety. In order to achieve this, agencies across Aberdeenshire will be supported to ensure that the safety and wellbeing of children and young people is of paramount consideration when supporting problematic alcohol or other drug users. Implications for children will always be included in any assessment of an adult service user and appropriate action will be taken where risks to children are identified.

Training, based on the North East Scotland Child Protection Committee (NESPCPC) 'Getting Our Priorities Right' packs, will be delivered across agencies in their local networks to equip staff in identifying and working effectively with families where parental alcohol or other drug use has been recognised.

The ADAT and the NESPCPC will work together to ensure adult services have in place 'Getting Our Priorities Right' Action Plans, have implemented the recommendations of the plans and regularly review agency practice to ensure the identification of children who may be in need and to ensure appropriate action is taken when necessary.

The needs of those children who are affected by parental alcohol or other drug use will be championed through Aberdeenshire's Integrated Children's Service Plan. Close partnership working is essential because the wellbeing of children will be enhanced as parents or carers with problematic alcohol or other drug use are supported in their efforts to provide safe and nurturing environments for their children. To support this process, all services working with either adults or children will be expected to share sufficient information¹¹ and work with each other to implement the local Integrated Assessment Framework.

Those families identified as being adversely affected by parental alcohol or other drug use will be supported by agencies to identify and build on parental strengths in order to improve their performance as parents. Family support resources to develop improved parenting skills will be strengthened and developed.

'Getting It Right For Every Child' is a national Government programme which promotes integrated working and partnership between professionals and families, to provide the right help for a child or young person at the right time. We will work in partnership with other agencies to ensure services work in this way to support children affected by parental or carer alcohol and other drug use.

¹¹ In accordance with the North East Scotland Child Protection Committee guidance, 'Consent and Confidentiality when Sharing Information', <http://www.nescpc.org.uk>

Action	Desired Outcome	Lead
<p>The Integrated Children's Service Plan and Integrated Assessment Framework will be implemented to improve identification, assessment, recording, information sharing and joint working.</p>	<p>Children and young people affected by parental problematic use of alcohol or other drugs will be consistently identified and appropriate timely action taken to keep them safe.</p>	<p>Families, Children and Young People Sub-Committee.</p>
<p>The 'Getting Our Priorities Right' Framework for reducing harm across services will be implemented and reviewed.</p>	<p>The safety and wellbeing in life of children and young people will be of paramount consideration for all services supporting problematic alcohol or other drug users.</p>	<p>Families, Children and Young People Sub-Committee.</p>



Goal 5: The life chances of young people experiencing difficulties with their use of alcohol or other drugs will be improved

We are committed to ensuring that young people who have problems with their alcohol or drug use have access to quality services that provide a range of interventions suited to their individual needs.

The Scottish Government has identified certain predictive factors for young people experiencing problematic use of alcohol and other drugs. These include a lack of appropriate parental discipline, poor family cohesion, peer alcohol or other drug use and low self-esteem. Although not exclusive, an understanding of these factors gives us a framework when working with young people and their families in order to prevent the progression from no use of alcohol and other drugs to experimental use and from experimental use to misuse and addiction.

The transition from children’s services to adult services will continue to be monitored and services will ensure the transition takes place in a planned manner at a time appropriate to the young person and their needs.

A priority action within the Integrated Children’s Service Plan is to challenge the current incidence and, in some parts, tolerance of underage drinking in Aberdeenshire. We aim to engage with parents and young people to ascertain their views and attitudes towards alcohol and its place in our society. We will respect young people as equal partners and include them in planning and decision-making processes. We will utilise existing youth participation structures and mechanisms developed in Aberdeenshire for young people to engage effectively with their communities and issues. We believe that young people can bring a unique perspective and experience to the table which lends itself to developing innovative ideas. Involving young people also assists in inter-generational partnerships and can overcome some of the negative stereotypes about youth culture and creates new respect for young people.

We will consider the challenges and impact of parents being role models for our young people in respect of alcohol behaviours and this will inform further service developments including the potential development of ‘Strengthening Families’ programmes across Aberdeenshire.

Action	Desired Outcome	Lead
We will review existing services to ensure they meet the needs of children and young people and will develop services appropriately where need be.	Services will meet the needs of children and young people who are experiencing difficulties due to their drug or alcohol use.	Service Delivery Sub-Committee.
We will utilise existing youth participation structures and mechanisms developed in Aberdeenshire for young people to engage effectively with their communities and issues.	Early responses to children and young people at risk from use of alcohol or other drugs will be more effective as a result of listening to the views of children (including looked after and excluded children) and young people.	Community Engagement Sub-Committee.

Goal 6: Outcomes in the key areas of family support & relationships will be improved

Families undoubtedly contribute to the recovery process of an individual and with this in mind Family Support Groups will continue to be promoted and supported through the North, Central and South Aberdeenshire Alcohol, Drug and BBV Fora. The Fora will provide support and access to local and national activities for these support groups in order to enhance local service provision and networking opportunities across Scotland.



Many people such as family members and children care for someone affected by the use of alcohol or other drugs. We recognise that problematic use of alcohol or other drugs can place strains on families. At times this can be painful, tiring, overwhelming and bewildering.

People can feel isolated, angry, embarrassed and uncertain what to do for the best given the complexity and difficulty of the issues.

We recognise the huge value that carers bring to someone's recovery and want to ensure they can access sufficient help, support and understanding. We also want to overcome any stigma that might prevent parents, carers or families accessing the information and support that they need to cope and play an active role in supporting a loved one's recovery.

For those children who find themselves in a caring role for a parent or carer every effort will be made to provide facilities and support to encourage them to engage with mainstream activities outwith the home alongside their peer group. Whilst providing resources is crucial, agencies will recognise potential anxieties from children and young people about relinquishing their caring role and support them to ensure the opportunities provided are positive experiences for all family members.

Greater links will be made with the Aberdeenshire Young Carers Strategy Group to ensure the voices of those children caring for a parent or carer affected by alcohol or other drug use will be heard and acted upon.

Action	Desired Outcome	Lead
We will improve sign-posting to carer support as part of NHS Grampian's carers strategy and Aberdeenshire's multi-agency Young Carers Strategy Group to help carers cope with and be part of a person's treatment and recovery programme where appropriate.	Family and carers play an active role in supporting recovery.	Families, Children and Young-People Sub-Committee.

Goal 7: Outcomes in the key area of homelessness will be improved

The relationship between problematic alcohol and other drug use and homelessness is complex. Homelessness can contribute to self-medication and inhibit recovery. Problematic use of alcohol and other drugs can contribute to homelessness.

We will better integrate the alcohol and other drugs agenda into the mainstream policy areas of housing and homelessness to achieve a renewed focus on the needs of homeless people and at risk problematic alcohol and other drug users through Aberdeenshire Council's Homelessness Strategy Group.

Engaging effectively with homeless people with an alcohol or other drug use problem is difficult. Homeless people sporadically make contact with a variety of mainstream services and these should offer a gateway to support for their alcohol and other drug problems.

Action	Desired Outcome	Lead
Access to support will be improved for homeless people with alcohol and other drug problems.	By 2012, all unintentionally homeless people will be entitled to settled accommodation.	Aberdeenshire Council's Homelessness Strategy Group.

Further details of the action to be pursued in this area are contained in Aberdeenshire Council's Homelessness Strategic Outcome Statement and action plan, part of the Local Housing Strategy.



Goal 8: Outcomes in the key area of employability will be improved

Among the factors involved in sustaining recovery from alcohol and other drug dependency, the achievement of paid employment is probably one of the most important.

It is widely recognised that helping people to enter, remain in or re-enter the workforce can help to reduce health inequalities, poverty and improve wellbeing.

The ADAT intends to improve employability outcomes from two perspectives:



- Helping people into work. This contributes to self-esteem, building hope and gaining a stake in the future in addition to the economic benefit of work.
- Helping people in difficulty before they lose their job and strengthening the support and advice available to employers to help them maintain the employment of employees in difficulty wherever possible.

It is important to note, however, that some people have such a profound range of challenges to overcome that employment is unlikely to be a realistic goal until these other issues in their life have been addressed.

Currently there is a wide range of agencies with interests in this area working in an uncoordinated fashion. We will better integrate the work of different social inclusion, employability and regeneration agencies to achieve a joined-up approach to the employability needs of those with alcohol and other drug problems. We will take advantage of government schemes to tackle poverty, deprivation and inequality to enhance life chances and support learning and employability opportunities.

Action	Desired Outcome	Lead
An Aberdeenshire Community Planning Partnership multi-agency Employability Group will be created to lead employability initiatives.	Employers will feel sufficiently supported to retain employees in difficulty. Service users will find a pathway out of treatment and into ongoing education, training or employment at a pace that is right for them.	Aberdeenshire Employability Group.

Goal 9: Access to treatment and support will be improved through a broader range of mainstream services

Treatment and support is likely to be more effective when those experiencing alcohol or other drug difficulties reach a turning point and choose that the time is right for them to access it. Services need to be accessible during this window of opportunity but unfortunately this is difficult to achieve as almost half of the population of Aberdeenshire live in some of the most access deprived areas of Scotland. We will make best use of existing resources by developing Integrated Care Pathways to ensure readily accessible services and to inform service users of their rights and responsibilities.

Improving access also means improving services' flexibility to deal with different types of substance use and related issues. We are committed to developing services that work together in an integrated manner, with practices and procedures in place that mean routes into treatment and support services are made as simple and rapid as possible, for example, using agreed information recording procedures and joint planning and review of care. Joint working between agencies, each with their own brand of specialist expertise, is key to developing responsive services and to hastening identification and meeting of needs.

The complexity of alcohol and other drug issues means we have to involve many different agencies when planning how services are provided. We recognise the need to draw in, for example, those providing services for older adults, victims of domestic abuse or reproductive health services.

For example, those with alcohol or other drug difficulties may experience sexual health problems or unplanned pregnancy. Colleagues in substance misuse and reproductive services each have a role to play in promoting positive sexual health choices and supporting women who are pregnant or trying to conceive not to use alcohol or other drugs at all. Both services will provide service users with contraceptive advice, including the promotion of low compliance and longer term methods of contraception and advise that there are no safe limits for the consumption of alcohol and other drugs for unborn children.

Services can be described according to a four tier service model where each tier supports a specific level of need. As illustrated in Figure 1, tier 1 mainstream community services play a key role in offering the first point of contact for problematic users of alcohol and other drugs and are able to provide information, brief interventions and sign-posting to more specialist Tier 2-4 level services. They also play a key role in supporting service users with many of the underlying determinants of recovery.



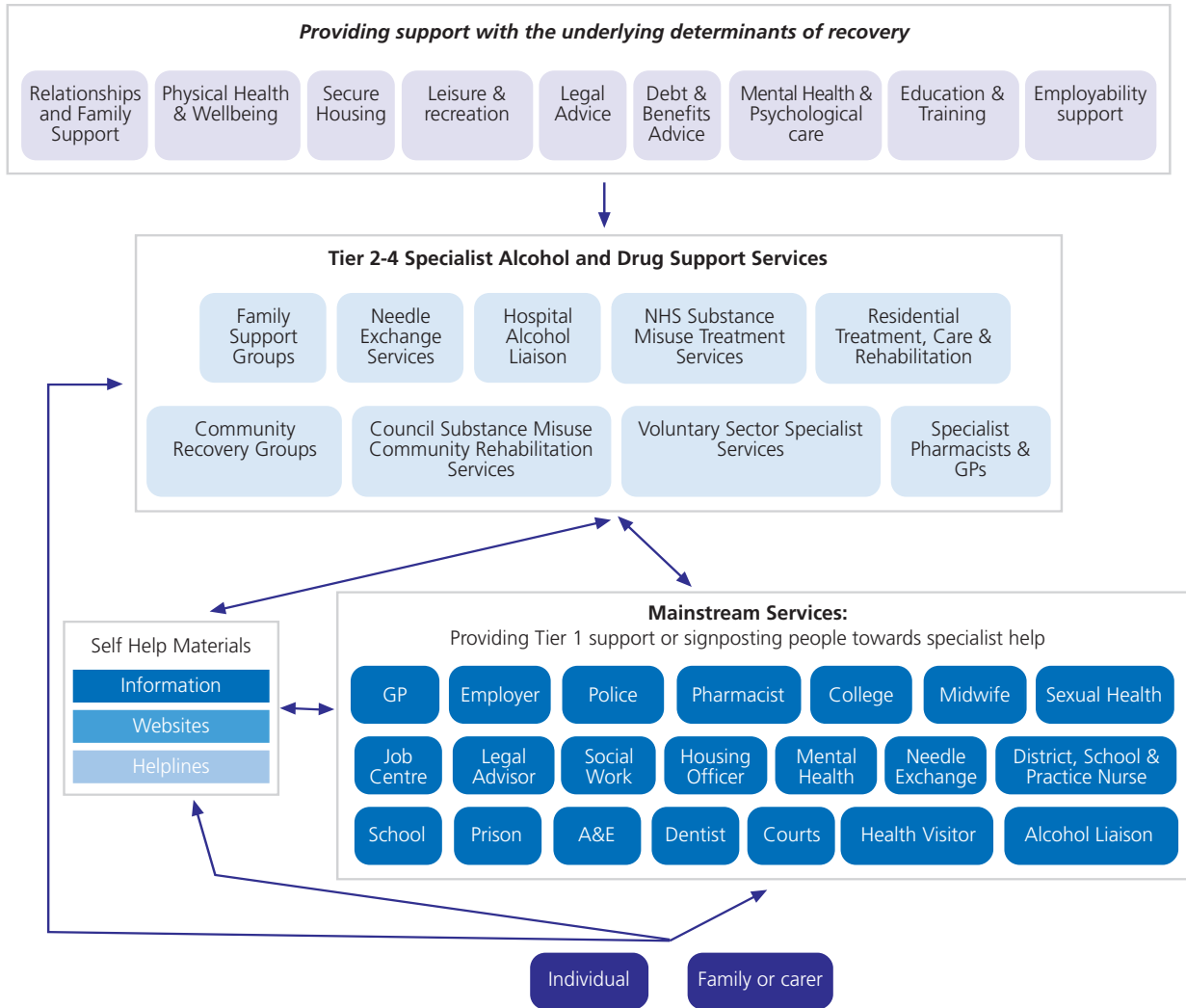


Figure 1: The essential role of mainstream services in a journey of recovery

We wish to develop the capacity of all mainstream community services to offer a tier 1 capability as far as possible. By doing so, access to tier 1 services in the community will be improved and specialist central services will be protected from overload and unnecessary referrals to provide the specialist input only they can provide.

We aim to equip generic professional workers with the skills to provide brief interventions or to signpost those who present with alcohol or other drug difficulties to the most appropriate service to meet their needs.

Furthermore, our actions need to take account of, and be influenced by, views held and issues faced by communities within Aberdeenshire. Communities are defined not just in relation to towns or areas but also describe those who may be brought together due to their place of origin, for example migrant workers. The ADAT will engage with Aberdeenshire's diverse population to ensure that our plans and structures reflect the full range of issues faced in our communities. We will do our best to identify groups who may be vulnerable in relation to alcohol or other drugs, be it on the basis of age or any factor which may limit a person's ability to make safe choices.

The rural setting enjoyed by Aberdeenshire poses challenges when aiming to provide equitable access to services. In recognition of this the ADAT will investigate innovative and creative solutions that mean care and support can be accessed where and when it is needed. An example of where we believe there is scope to do things differently is in the case of community pharmacies. An estimated 95% of the population will visit a community pharmacy at least once each year¹² and gain access to a walk-in facility which does not require an appointment. This allows community pharmacists to offer face-to-face support in the heart of the community. Indeed, some of the most vulnerable service users will see their local pharmacist on almost a daily basis.

Action	Desired Outcome	Lead
Integrated Care Pathways sensitive to the needs of individuals or groups who may be particularly vulnerable will be developed to streamline routes of access into treatment and support.	Service users will be able to readily access treatment and support at the time and place they choose to begin their personal journey of recovery.	Service Delivery Sub-Committee.
To build capacity within professional groups and specialist services through training and information sharing around sexual health and substance misuse which are client focussed and needs led.	The rate of crisis through pregnancy amongst problematic alcohol or other drug users will reduce and sexual health will improve.	Service Delivery Sub-Committee.
Workforce planning will be conducted to identify the staff and service developments necessary to improve accessibility to and embed services into the wider community.	Mainstream services will be able to provide credible information for those experiencing early difficulties with alcohol and other drugs and be equipped to refer people to appropriate services.	Service Delivery Sub-Committee.

12 Public Health Institute of Scotland. Pharmacy for Health – the way forward for pharmaceutical public health in Scotland. Edinburgh: NHS Scotland; 2002

Goal 10: Communities will be protected from alcohol and other drug related criminal and antisocial behaviour

Efforts to address criminal and antisocial behaviour in Aberdeenshire are led by the Community Safety Partnership (CSP). In recognition of the overlapping issues presented by alcohol and other drug related criminal and antisocial behaviour, a Justice, Enforcement, Licensing and Community Safety Sub-Committee will be formed to lead on these matters, reporting to both the ADAT and Community Safety Partnership.

Those individuals whose problematic use of alcohol or other drugs causes the most harm to other people and communities will be identified and supported to address their behaviour and its underlying causes. Whilst we recognise that criminal justice disposals play a key part in protecting our communities, we also need to break the recurrent cycle of problematic alcohol or other drug use leading to community harm and subsequent custodial consequences. For some, prison may present the best opportunity to gain support for their alcohol or other drug difficulties. For others, community alternatives may be more appropriate. We therefore commit to strengthen and integrate the assessment, treatment and support available to offenders in custody and in the community. We will work with our partners, including NHS Grampian, to establish a strategic position in relation to the treatment and support that is offered to offenders while incarcerated and in the community.



In Aberdeenshire, an intelligence based partnership approach will prioritise and target all aspects of criminal behaviour relating to the misuse of alcohol and other drugs. It will also address all types of antisocial behaviour and in particular under-age drinking, youth disorder, vandalism as well as driving under the influence of alcohol or other drugs. Partners are committed to joint reporting and sharing information to target crime and anti-social behaviour.

The effectiveness of other measures such as test purchase operations, Acceptable Behavioural Contracts, Mandatory Drug Testing, Antisocial Behaviour Orders, Drug Treatment and Testing Orders, and Prolific Offender schemes will be reviewed and the most effective promoted. Communities adversely affected by alcohol and other drug-related antisocial and criminal behaviour will be supported in line with Aberdeenshire's Antisocial Behaviour Strategy.

The Licensing (Scotland) Act 2005 (coming into effect 2009) introduces obligations on Licensing Boards to consider public health and community safety when arriving at their licensing decisions. The ADAT and CSP are committed to assist Aberdeenshire's three Licensing Boards to uphold the principles of the new legislation, with particular emphasis on the requirement to "protect and improve public health".

Action	Desired Outcome	Lead
Actions to tackle alcohol or drug-related anti-social or criminal behaviour will be jointly led by the ADAT and CSP.	Communities currently compromised by alcohol and other drugs will be perceived by residents as safe places in which to live and work.	Justice, Enforcement, Licensing and Safety Sub-Committee.
The ADAT will strengthen links and representation between the ADAT and the licensing agenda.	Aberdeenshire Licensing Boards will be adequately informed to aid licensing decisions.	Justice, Enforcement, Licensing and Safety Sub-Committee.
Prisoners will have greater access to support in jail and on liberation to address their problematic alcohol and other drug use and related difficulties.	The recurrent cycle of alcohol and other drug related antisocial reoffending behaviour will be broken.	Service Delivery Sub-Committee.



Goal 11: Communities, service users and their families will be involved

Notwithstanding motivation and professional expertise, we believe that we are unlikely to be successful or credible unless we understand and act on the lived experience of service users, carers, families and those experiencing problems with their alcohol or other drug use who do not engage with services.

There is a diverse range of communities across Aberdeenshire. The ADAT will engage with these communities to ensure that all have the opportunity to be listened to and become involved. Raising awareness of the work of the ADAT and how communities can become involved and influence this is crucial to ensuring the ADAT is meeting the needs of the communities it serves.

Communities, individual service users, their carers and families will be encouraged to be involved in the development of self-help recovery and associated peer support groups. Resources will be made available through the Alcohol Drugs and BBV Fora to develop, maintain and progress such developments and ensure access across Aberdeenshire.

Action	Desired Outcome	Lead
The experiences of service users, carers and families will be sought and their involvement actively promoted in the prioritisation, design, commissioning, and review of services or any other decisions that critically affect them.	Service users, carers and family members from all communities will feel welcomed and involved in decision making processes. They will experience that their stories are listened to, acknowledged and have an influence on future developments.	Community Engagement Sub-Committee.
Methods for engaging with diverse communities across Aberdeenshire will be developed.	The opportunity to become involved and be listened to will be available to all communities.	Community Engagement Sub-Committee.
The three Aberdeenshire Alcohol, Drugs and BBV Fora will be equipped with resources to engage with services, service users and the community to develop self help peer support and other recovery groups.	Individuals who identify self help or peer support groups as being central to their recovery will have access to such groups and resources locally across Aberdeenshire.	Community Engagement Sub-Committee.

Goal 12: Services will be commissioned on the basis of identified need

Those with the most limited prospects in society appear to be at considerably greater risk of developing and subsequently least likely to overcome an alcohol or other drug problem. Investment of time and resources will be appropriately targeted at the areas of greatest need and be balanced appropriately between health promotion and education, harm reduction, enforcement, treatment and recovery.

The ADAT will work towards providing the comprehensive range of services described in Appendix B within which priorities for investment will be identified to meet the needs of various groups. Commissioned services will work to outcomes that demonstrate how needs are addressed from a service user’s perspective.

We are committed to overhaul Aberdeenshire’s alcohol and other drugs related commissioning procedures. A robust and transparent commissioning process will be set in place, drawing its influences from known needs and the desire to communicate a parity of esteem between our partners in the statutory and voluntary sectors. Our desire for increased accountability is resolute. We believe that we should commission services for outcomes and impact, adopting processes that recognise the expertise held by our partners. This includes agencies who provide frontline services in our area currently, as well as those others whom we may wish to attract to do so.

In developing such a range of services, we recognise the importance of a vibrant voluntary sector to provide choice and complement the skills and experience of the statutory agencies. We will seek to build the capacity and sustainability of the voluntary sector and will share risk and apply the same standards of transparent commissioning, monitoring and reporting across all agencies.

Action	Desired Outcome	Lead
We will strengthen our intelligence, needs assessment and commissioning activity to invest in service outcomes addressing those areas of greatest need.	Appropriate services will be provided for areas of greatest need. All services will be monitored against outcomes from a service user perspective.	Intelligence, Commissioning and Performance Sub-Committee.

To deliver our vision and strategic goals, the following organisation, resourcing and ways of working will be developed.

Organisation

The design, implementation, review and revision of this strategy will be led by the Alcohol and Drug Action Team for Aberdeenshire (ADAT), a partnership organisation comprising senior decision-making representatives of the various agencies in Aberdeenshire¹³. Appendix C documents the Terms of Reference of the ADAT.

Appendix D identifies the Sub-Committees of the ADAT and the Grampian wide groups that have been established to support the ADAT in its work. Figure 2 lays out their relationships.

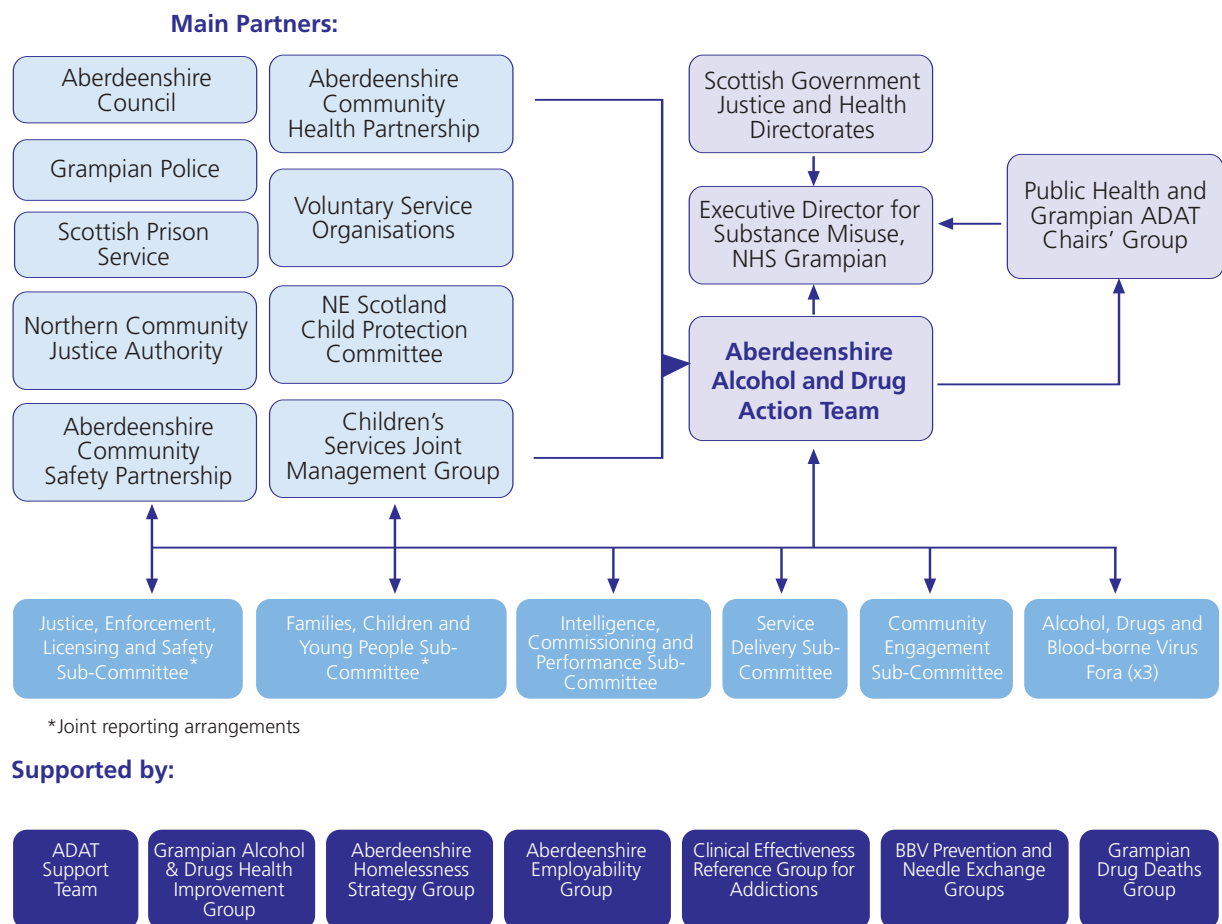


Figure 2: Aberdeenshire ADAT Organisational Arrangements

13 The Scottish Government have given an indication that in 2009 ADATs may be replaced by 'Alcohol and Drug Partnerships' which will be formally situated within Community Planning Partnerships. In the meantime, the ADAT will be held to account by the Scottish Government through its main funder, NHS Grampian, via their Executive Director for Substance Misuse.

Resourcing

Government and various partners contribute resources to the alcohol and other drugs agenda in Aberdeenshire. Current provision and use of these resources is summarised in Appendix F. The ADAT will take an overview of these resources and will directly and indirectly influence income and expenditure to target any apparent gaps in overall service provision. The actual resources involved will be identified annually by partners to ensure a good understanding of what resources are on the table, how they should be deployed and their effectiveness of use. Over time, we will work towards balancing expenditure in accord with the strategic goals of this strategy and the findings of Audit Scotland's national review of the effectiveness of ADAT expenditure (due to report Spring 2009). Opportunities to obtain additional funding from other sources such as the Fairer Scotland Fund will be pursued to help achieve this.

Way of Working

To deliver our vision and strategic goals, the ADAT partnership working arrangements need to be effective, efficient, transparent and open to scrutiny. To ensure this, a number of key strategic and operational processes will be strengthened as described in Appendix C and D.


Conclusions

In comparison with other countries, the alcohol and other drug situation in Scotland and its anticipated future consequences are alarming. The sustained effort and collective resources of the Aberdeenshire community is therefore needed to collaboratively implement this strategy to deliver our vision of a healthier, happier and safer Aberdeenshire free from harm caused by alcohol and other drug use.

We have set out the strategic goals for how harm caused by alcohol and other drugs will be prevented and addressed in Aberdeenshire over the next 3 years and how we as an Alcohol and Drug Action Team might become even more effective in our work.

We appreciate that many in society may be unsympathetic about those with alcohol or other drug problems, who often occupy the margins of our society. However, the constructive and supportive approach described in this strategy, targeting a huge area of health inequality, is essential if we are to adequately address one of the greatest threats facing our country and its future.

This strategy reflects our collective determination and we commend all agencies to adopt this strategy and make its implementation evident in their daily work and investment plans.



Colin Mackenzie,
Convenor
Aberdeenshire Alcohol and Drug Action Team
12 December 2008

Appendix A: Glossary of Terms

The following terms are taken to have the following meaning:

Abstinence	The philosophy of completely stopping the use of alcohol or other drugs.
ABV	Alcohol by Volume. An indication of how much pure alcohol is in a drink. Units of alcohol = ABV (g/ml) x volume of drink (ml) /1000.
ADAT	Aberdeenshire Alcohol and Drug Action Team. A partnership commissioning and co-ordinating the work of various agencies to create a healthier, happier and safer Aberdeenshire free from harm due to alcohol and other drugs.
Addiction	A chronic, relapsing condition characterised by compulsive alcohol or other drug seeking and use and by neurochemical and molecular changes in the brain.
Agency	A statutory, voluntary or private sector organisation providing services or some other intervention to address alcohol or other drug problems.
Alcohol misuse	Heavy consumption of alcohol on an individual occasion or the persistent use of alcohol above sensible drinking guidelines.
Alcohol related brain damage	Over a long period of time, heavy drinkers may develop various types of brain damage, including the Wernicke-Korsakoff syndrome and alcoholic dementia.
Assessment	Interviewing a service user to obtain the sociological background, psychological makeup, educational and work history, family and marriage difficulties and medical issues to better assess their needs for treatment or support.
Assurance	Stakeholder confidence in services gained from evidence showing that intended outcomes are being achieved.
Binge drinker	Drinking more than twice the sensible drinking guidelines on a person's heaviest drinking day (8 or more units for men and 6 or more units for women in one session).
Blood Borne Virus (BBV)	A microscopic infectious agent transmitted between humans through the exchange of blood or other bodily fluids, such as Hepatitis B Virus, Hepatitis C Virus or Human Immunodeficiency Virus (HIV), etc.
Brief intervention	A short motivational interviewing technique to help reduce problematic use of alcohol or other drugs by getting people to think differently about their substance use so that they begin to think about or make changes in their consumption.
Carer	Someone who voluntarily helps another person who cannot manage without their support due to illness, fragility, disability or use of alcohol or other drugs.
Commissioning	The systematic process of specifying, choosing and monitoring services on the basis of identified need to deliver particular outcomes under contract or service level agreement.
Community	A group of people with a common interest or identity, such as geographic, ethnic, cultural, religious, sexual orientation or health status.

Community Health Partnership (CHP)	The part of NHS Grampian charged with managing and delivering health services in Aberdeenshire and modernising them to improve health and reduce inequalities in health.
Community involvement	Local people helping to direct the decisions about services affecting their lives by sharing their views, experiences and ideas.
Community Planning Partnership (CPP)	A partnership of the major providers of public and voluntary services in our area working together with the community to deliver better services on a variety of topics.
Community Safety Partnership (CSP)	A multi-agency partnership to improve the quality of life for those who live, work and visit Aberdeenshire by leading efforts to reduce crime, disorder, anti-social behaviour and to improve community safety and well-being.
Competencies	Skills that are essential to perform certain functions.
Condition Management Programme	A part of the UK-wide Pathways To Work initiative delivered by the NHS designed to help people with long term health conditions who are claiming incapacity benefit to return to the labour market by offering work-focussed support and advice.
Continuous performance improvement	The application of various methods on an ongoing basis to improve service quality and value for money.
Curriculum for excellence	A programme of work that is reviewing the current school curriculum. This has implications for teachers to be better trained in alcohol and other drug education to help tackle problematic use of alcohol or other drugs.
Dependant	A cluster of physiological, behavioural and cognitive phenomena causing a desire, often strong and sometimes perceived as overpowering, for continued substance use despite having persistent social or interpersonal problems caused or exacerbated by the effects of the substance. Results in withdrawal symptoms when use of the substance is discontinued.
Depressant	A chemical agent that diminishes the function or activity of a specific part of the body. The most common include alcohol, barbiturates, benzodiazepines, solvents and gasses.
Detox, Detoxification	Physical process of coming off an addictive substance (in treatment, often medically supervised).
Drug	A synthetic or natural chemical substance that affects one or more biological processes. In this context, psychoactive drugs alter mood, emotion, or state of consciousness and affect function of the brain. Drugs include legal substances such as prescription medicines, solvents, glues, alcohol and tobacco, etc. Other drugs such as opiates, psychostimulants, depressants, hallucinogens and steroids, etc, may be illegal to use and possess unless lawfully prescribed.
Dual diagnosis	Co-morbidity of mental illness and problematic use of alcohol or other drugs.

Early intervention	Intervening when someone first shows signs of having difficulties to ensure they receive help as soon as possible to prevent a problem escalating and becoming more difficult to deal with later on.
Employability	Having enough skills and abilities for someone to employ you.
Evidence based	The conscientious use of current best information in making decisions about the delivery of services to maximise benefit and minimise risk from the resources available.
Excluded children	Children excluded from schools due to unacceptable, abusive or violent behaviour. The majority of excluded children come from families facing a range of problems.
Forum	Local community groups for Aberdeenshire north, central and south concerned with alcohol, drugs and blood borne viruses.
Governance	The system and processes by which agencies are directed and internally controlled to achieve objectives and meet the necessary standards of effectiveness, supervision, accountability, probity and openness.
Hallucinogen	A class of drugs that result in a distorted perception of reality, often accompanied by hallucinations. Includes LSD, cannabis, ketamine and hallucinogenic mushrooms.
Harm reduction	The philosophy of reducing harm caused by alcohol and other drugs without necessarily seeking abstinence. Approaches can include using needle and syringe exchanges, substituting prescribed methadone for street heroin, changing routes of use from injecting to smoking, or cutting down on the quantity of alcohol or other drugs consumed.
Harmful drinking	A heavy pattern of drinking that causes damage to physical or mental health (e.g. liver damage or episodes of depression).
Hazardous drinking	A pattern of drinking beyond sensible drinking guidelines which increases risk to health but has yet to cause observable serious harm.
Health inequalities	Non-random variations in health between people due to their socio-economic status or other factors.
Health promotion	The process of enabling people to improve and increase control over aspects of their lives that affect their health and wellbeing.
Healthy Working Lives	Scottish Centre for Healthy Working Lives Safe and Healthy Working service provides small to medium enterprises the necessary advice, resources and tools to confidently address their own workplace health & safety duties.
HEAT	Performance targets in the NHS around the areas of Health improvement, Efficiency, Access and Treatment.

Integrated care pathway	A locally-agreed multidisciplinary care plan, based on guidelines and evidence where available, describing the essential anticipated steps over a set time period in the care of a specific client group and the resultant progress to be expected.
Journey of care	The pathway through services taken by someone to receive the care that they require. Such a journey should ideally follow an integrated care pathway.
Lapse	Trying a substance after a period of abstinence.
Licensing Board	A statutory body under the Licensing (Scotland) Act 2005 responsible for determining applications for liquor and gambling licenses. 3 Licensing Boards cover Aberdeenshire.
Lived experience	The domain of experience that occurs through our direct acquaintance with things, as opposed to what occurs secondarily through abstract reflection.
Local Community Planning Groups	Groups covering Banff & Buchan, Buchan, Formartine, Garioch, Kincardine & Mearns and Marr that bring together representatives from the Community Planning Partners to identify and address the needs and concerns of local areas.
Looked after children	Refers to young people for whom the local authority shares or has exclusive parental responsibility.
Mainstream	Using universal services routinely available to the general public to deliver support rather than through narrowly available specialist services.
Moving on service	A service that helps people address their wider relationship, housing and employability needs whilst reducing their need for specialist treatment services.
Northern Community Justice Authority	A statutory partnership covering the north of Scotland to bring together a broad range of agencies to achieve a more co-ordinated approach to delivering quality services for offenders and their families at a local level, with the jointly agreed task of reducing re-offending.
Opiate	A class of drug that depresses activity of the central nervous system, reduces pain and induces sleep. Use of opiates often results in addiction. Overdose can be fatal.
Outcome	The identifiable impact on, or consequences for, individuals and the community due to the planned actions, interventions or services of the ADAT or its partners.
Partner	An agency working in cooperation with others as a member of the ADAT partnership to implement this strategy.
Partnership	A collection of partner agencies with mutual understanding, parity of esteem and shared objectives founded to co-plan and share responsibility for service design to optimise outcomes for service users.
Performance management	A process which contributes to the effective management of services in order to achieve high levels of performance. It establishes shared understanding about what is to be achieved and an approach to leading and developing services which will ensure that it is achieved.

Prescription medicine	A drug that is legally available only with written instructions from a doctor or dentist to a pharmacist.
Prevention	Early detection and intervention to stop problems from becoming more severe.
Psychostimulant	Any of several drugs that act on the central nervous system to produce excitation, alertness and wakefulness.
Recovery	A deeply personal, unique and voluntary journey of regaining control over and living as meaningful and satisfying a life as possible as a full and valued member of society.
Recovery Capital	Those internal and external resources to which an individual has access that either promote or limit the likelihood, extent or maintenance of recovery. Internal resources include: self esteem, confidence, resilience and hope. External resources include: access to suitable housing, employment, family, relationships and social support.
Rehab	Rehabilitation. The process of coming to terms with life without alcohol or other drugs.
Relapse	Multiple lapses leading to a return to the previous levels of problematic use of alcohol or other drugs.
Resources	The labour, skills, information, finance, materials, equipment, supplies or accommodation assets available to plan, implement and deliver change, goods or services.
Self medicate	Use of alcohol or other drugs to help cope with enduring difficulties such as poor mental wellbeing or mental health problems.
Sensible drinking guidelines	Guidelines recommending a pattern of drinking unlikely to cause harm. Sensible limits for men are 3 to 4 units per day, up to 21 units per week; for women 2 to 3 units per day, up to 14 units per week. All individuals should aim to have at least 2 alcohol-free days each week. Pregnant women or those trying to conceive should avoid all alcohol.
Service	Any statutory, voluntary or community based agency that provides a mechanism of support, care, or motivation to address alcohol or other drug use.
Service user	A person who uses or could make use of a service.
Single Outcome Agreement	A new outcome based approach to define the relationship between the Scottish Government, Local Authorities and Community Planning Partnerships. Part of the Scottish Government National Performance Framework.
Solvent	A volatile substance that is capable of dissolving another substance. Misused solvents include butane gas, dry cleaning fluid, thinners and aerosol sprays.
Statutory sector	Public agencies, funded by government, with specific legal responsibilities.

Strategic	Consideration of the widest possible set of factors (the "big picture") and broadly defined long term goals to address a particular problem.
Substitute prescribing	Use of methadone (or other medicines such as buprenorphine) to treat heroin dependence.
Supplementary prescribing	Prescribing undertaken by a specially qualified pharmacist, nurse or midwife after a diagnosis has been made and a Clinical Management Plan drawn up for the patient by a doctor.
Tiered interventions	Interventions designed where each tier accommodates a specific level of need. Tier 1: Interventions able to be provided by mainstream community services (e.g. offering information, brief interventions and referral to other services). Tier 2: Open access alcohol and other drug services (offering extended interventions, advice, harm reduction and referral to specialist services). Tier 3: Referral only specialist community based alcohol and other drug services. Tier 4: Highly specialist and residential services. (See Appendix B)
Transparent	Easily understood or seen through, reducing the risk of deceit.
Treatment	Procedures that are intended to relieve illness or injury.
Unit of alcohol	A beverage containing 10ml (~8g) of ethanol equals one unit. A half pint of 3.5% ABV beer, one 25ml measure of 40% ABV spirit or a small glass (125ml) of 8% ABV wine equals one unit.
Voluntary sector	Agencies which are not for profit and are independent of the state.
Vulnerable	A person or group is vulnerable when support is required to enable or promote independent living and safe and active participation in the community.
Wellbeing	A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.
Withdrawal	A variety of symptoms that occur after chronic use of alcohol or some other drugs is reduced or stopped.

Appendix B: Generic Profile of Services

The following list of generic services and interventions that we seek to provide will form a basis from which to identify priorities for ADAT investment, subject to local intelligence and the views of service users and carers:

Tier 4

- Residential detoxification and rehabilitation*
- Crisis support and respite care*

Tier 3

- Stabilisation/ substitute prescribing*
- Community rehabilitation*
- Community detoxification*
- Relapse prevention*
- Offender support and community throughcare*

Tier 2

- Identification and protection of children at risk from problematic parental use of alcohol or other drugs
- Support for families and carers of people with alcohol or other drug problems
- Early intervention & support for parenting skills
- Community led parent or carer support networks
- Community led recovery support networks*
- Harm reduction*

Tier 1/ Mainstream Services

- Demand reduction measures (information/ prevention/ campaigns)
- Support to increase resilience & coping skills
- Confidence building and enhancement of life chances in deprived areas
- Community engagement
- Education
- Development of the alcohol and drug workforce
- Strengthening of mainstream services to accommodate the needs of people with alcohol or other drug problems, especially housing, employability and access to training.
- Research and information gathering/ sharing on prevalence, service user needs and service performance.

Those services marked * will require to demonstrate that explicit person-centred recovery related outcomes have been or will be achieved.

Those areas that can additionally demonstrate a contribution to the following will be afforded greater priority for investment:

- Impact on areas of greatest deprivation and inequality
- Children and young people's safety and wellbeing
- Promotion of recovery
- Reducing repeat offending & improving community safety

Appendix C: ADAT Terms of Reference

Title

The Partnership shall be known as the Aberdeenshire Alcohol and Drug Action Team (ADAT), a committee comprising senior decision making representatives of the various agencies in Aberdeenshire.

Purpose

The purpose of the ADAT is to:

- Develop an agreed 3 year strategy and engage partner agencies to contribute to the implementation of the strategy.
- Monitor and evaluate implementation of the strategy and its measurable outcomes. Revise the strategy and influence performance accordingly.
- Oversee and coordinate the work of the ADAT Sub-Committees and ensure effective use of ADAT funds in the achievement of the strategic goals.

Method

The ADAT will achieve its purpose by:

- Drawing all agencies into the ADAT partnership and encouraging them to contribute resources and engage with the implementation of this strategy.
- Liaising effectively with neighbouring ADAT areas and progressing work on a collective basis where wise to do so.
- Routinely monitoring progress against the ADAT annual action plan and work of the ADAT's Sub-Committees.
- Ensuring key strategic and operational processes are strengthened and implemented effectively, including:
 - Develop a Governance and Accountability Framework to regulate how resources are used, overseen and financial risks managed (including how to address ad-hoc requests for funding).
 - Confirm that any funding awarded to a service has been used for what was intended.
 - Agree a means of identifying respective partners' contribution of resources, a means of attracting alternative funding and assess the potential for pooling budgets.
- Arrange periodic independent review of the effectiveness of this strategy to provide assurance to Aberdeenshire residents, ADAT funders and the Scottish Government.
- Provide a public account of the ADAT's performance and effectiveness of tax-payers money invested in drug and alcohol work in Aberdeenshire through publication of an annual report.

Meeting Cycle

The ADAT shall meet in public five times per year. Papers will be issued 1 week in advance and published on the ADAT website, <http://www.alcoholdrugaction.co.uk>.

Members

The ADAT will be comprised of the following individuals or their nominated deputy:

<ul style="list-style-type: none"> • ADAT Convenor • 3 x Chairs, Aberdeenshire North, Central and South Alcohol, Drugs and Blood Borne Virus Fora • Director of Housing and Social Work • One representative from each of the 6 Area Committees • General Manager, Aberdeenshire Community Health Partnership • Divisional Commander, Grampian Police • Governor, HMP Aberdeen • Director of Education, Learning & Leisure • Director of Public Health 	<ul style="list-style-type: none"> • Chairs of ADAT Sub-Committees • Service Manager, Clinical Substance Misuse Service • Service Manager, Community Substance Misuse Service • Chair, Children Services Joint Management Group • Chair, Executive Group, Community Safety Partnership • Chair, Homelessness Strategy Group • Chair, Employability Group, Community Planning Partnership • Leader, ADAT Support Team
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Other individuals operating in an ex-officio or advisory capacity are invited to attend as required.

The ADAT Chair will be nominated for a 3 year period and alternate between the lead officers in Aberdeenshire CHP, Aberdeenshire Council, Police in Aberdeenshire and the Voluntary Sector.

Role of Members

ADAT members have an individual responsibility to ensure that the strategy is reflected in the work and reporting lines of their parent agency. They should be able to help their agencies make decisions and commit resources or change the use of existing resources to align with this strategy.

Given the crucial role of ADAT members to act as a conduit between the ADAT and their parent organisations, members should identify and fully brief a deputy to attend in case of their absence.

Accountability

The ADAT will be held to account by the people of Aberdeenshire through the publication of the ADAT's annual report and by its funders through regular performance reporting to NHS Grampian's Executive Lead for Substance Misuse and each of the Area Committees.

Appendix D: ADAT Sub-Committees and Grampian Wide Groups

The following Sub-Committees support the work of the ADAT:

Aberdeenshire North, Central and South Alcohol, Drugs and Blood Borne Virus Fora

- Provide an organised forum for local views from service providers, carers and service users to identify unmet need and inform the work of the ADAT.
- Draw from insight of front line alcohol and drug workers and service user 'lived experience'.
- Establish informal self maintained family support and self-help recovery networks.
- Liaise effectively on matters of common interest with other local groups such as local Community Safety Groups.

Community Engagement Sub-Committee

- Strengthen the service user and carer involvement, advisory and consultative roles of the Alcohol, Drug and BBV Fora and engage with Public Partnership Fora, the Citizens Panel and each of the six Local Community Planning Groups.
- Drive effective community engagement to guide the ADAT and its sub-groups in their decision making processes. Develop methods to understand the needs of service users, carers and those not accessing services and the community in which they live.
- Seek out the experiences of people with alcohol or other drug problems and their carers and those communities affected by alcohol or other drug fuelled crime.
- Publicise the work of the ADAT and its partners.
- Use national media and public awareness initiatives effectively within the local context without duplication of effort. Develop a strategic response in the promotion of effective substance misuse education for the public, producing advice, proposals and guidance to specific target groups.
- Develop and maintain an Aberdeenshire ADAT Website and podcast presence.
- Improve information sharing – post agendas, papers and minutes on publicly available website. Presume all data is publically available other than that covered by data protection and freedom of information exemption legislation.
- Oversee the work of the Education short-life working group.

Education Working Group

- Draw together the various agencies providing alcohol and other drug information, education, life-long learning or diversionary interventions.
- Identify, review and evaluate current provision. Establish a baseline of current provision of information, education, life-long learning or diversionary interventions and contrast this with ADAT strategy and Scottish Government recommendations.
- Establish an evidence base for good practice.
- Recommend how current provision might be better integrated and coordinated to strengthen and address any evident gaps in provision.
- Coordinate the development of a range of information, education and life-long learning materials for delivery in a range of settings.

Families, Children and Young People Sub-Committee

- Contribute to the development of the Integrated Children's Service Plan so that the experience and prospects of children and young people adversely affected by problematic use of alcohol or other drugs are improved.
- In conjunction with NESPC, review and address any deficits in the provision of up-to-date guidance to services in relation to children affected by problematic parental use of alcohol or other drugs.
- Research, develop and commission a programme of interventions to help address unsafe parental attitudes around alcohol.
- In conjunction with NESPC, through the Pan-Grampian 'Getting Our Priorities Right' group, support all alcohol and other drug services in Aberdeenshire that have contact with children and young people to operate within the frameworks of 'Getting Our Priorities Right' and 'Hidden Harm' and in accordance with local NESPC 'Getting Our Priorities Right' guidelines and protocols.
- Maintain and develop the appropriate links and relationships between the ADAT and NESPC.
- In conjunction with NESPC, help all relevant agencies address training needs associated with implementing GORP action plans.
- Report to both the ADAT and Children's Services Joint Management Group.

Finance Working Group

- Oversee the provision of meaningful financial information to the ADAT including development of the 3 year financial plan.
- Provide the Intelligence, Commissioning and Performance Sub-Committee with financial expertise as required.
- Provide a forum for finance professional's from each of the ADAT partner organisations.

Intelligence, Commissioning and Performance Sub-Committee

- Lead the development and implementation of a systematic method for gaining, analysing and acting on intelligence about the pattern of harmful alcohol and drug use and the prevailing risks to individuals and communities to inform needs assessment and service commissioning.
- Design and implement a joint means of transparent evidence based service commissioning for all statutory, private and voluntary agencies achieving best practice in the use of public money. Develop an agreed 3-year planning cycle from need identification, service specification, tendering, and assessment of bids, commencement, review and exit. Ensure there is a planned exit strategy or means for premature exit where no evidence of effectiveness is forthcoming.
- All commissioning across the partnership will be delegated to one partner under the direction of the Intelligence, Commissioning and Performance Sub-Committee.
- Develop a performance management system to support partners' contributions and progress within the Alcohol and Drug Action Team annual action plan.
- Formally report ADAT performance to NHS Grampian and Aberdeenshire Council using Single Outcome Agreement and HEAT criterion.
- Oversee publication of the ADAT annual report.

Justice, Enforcement, Licensing and Safety Sub-Committee

- Draw together justice, enforcement, alcohol licensing and community safety agencies to develop and monitor the effectiveness of programmes designed to protect communities, reduce criminal behaviour and support prisoners and ex-prisoners to avoid alcohol or other drug-related offending.
- Contribute to the implementation of Aberdeenshire's Anti-social Behaviour Strategy.
- Engage with Licensing Fora to promote licensing which reduces risk from irresponsible commercial alcohol activity.
- Report to both the ADAT and Community Safety Partnership.

Service Delivery Sub-Committee

- Through effective engagement with the respective service management teams, drive continual improvement and service redesign in all family support, throughcare, harm reduction, treatment, rehabilitation and recovery services, ensuring high quality and accessible provision.
- Monitor and develop staff competencies in dealing with alcohol and other drug issues.
- Map out existing services, identifying where strengthening or streamlining is required. Shorten the overall journey of care to match agreed integrated care pathways.
- Improve delivery arrangements such as streamlining single shared assessment, expansion of community pharmacy supplementary prescribing and adoption of quality standards.
- Develop services so they can address the mental health and wellbeing needs of service users.
- Promote co-location of services and staff where appropriate and promote closer working with services working with families and children.
- Develop opportunities for access to services to be improved by joint working between substance misuse services and prison and police services.
- Oversee service clinical governance arrangements to evaluate the quality and safety of services.
- Ensure all services adhere to 'Getting it Right for Every Child' principles.

ADAT Support Team

- A small team designed to support all partners and ADAT committees implement this strategy. Appendix E summarises the Support Team's Objectives.

Chairs for each of the Sub-Committees will be nominated to achieve a balance of representation across the various agencies and will be members of the full ADAT in their own right.

In addition, the ADAT draws on the work of the following Grampian-wide groups:

Grampian Group	Purpose	Links
3 ADAT Chairs and Public Health Group	Forum for high level discussions about problematic use of alcohol or other drugs and for formulation of joint Grampian-wide strategic approaches.	Grampian wide group
Clinical Effectiveness Reference Group for Addictions	To synthesise research and disseminate information in the substance misuse field. To provide expert technical & clinical advice to front line workers, assist partner agencies to keep abreast of best practice, and provide an evidence base for ADAT strategic decision-making.	Grampian wide group
Grampian Drug-Related Deaths Monitoring Group	To monitor determinants of drug-related deaths in Grampian to inform prevention.	Grampian wide group
Grampian Needle Exchange Sub-group	To monitor activity of needle exchange providers.	NHS Grampian BBV Prevention Strategy Group
Grampian Alcohol and Drugs Health Improvement Group	To take a pan-Grampian view and achieve consistency around key public health messages relating to alcohol and other drugs.	Grampian wide group
Aberdeenshire Employability Group	Draw together Employment Development Officers, Job Centre Plus, Condition Management Programme, Aberdeen City and Shire Economic Forum, Healthy Working Lives, Department of Work & Pensions, Scottish Prison Service, vocational rehabilitation professionals, Careers Scotland and tertiary education to collaboratively develop inter-connected programmes to help service users find a pathway out of treatment and into ongoing education, training or employment.	Community Planning Partnership
Homelessness Strategy Group	To develop strategies that ensure no-one in Aberdeenshire is homeless.	Aberdeenshire Council

Appendix E: ADAT Support Team Objectives 2009-12

These are the objectives of the Aberdeenshire ADAT Support Team. They reflect the purpose of the team and form the basis for holding the team to account by the ADAT Chair. They are designed to guide but not constrain activity and may change as circumstances change.

Perspective	Team Objective
Improving Health	1. Strategy: Create, consult, review and update an alcohol and other drug strategy, supporting infrastructure & policy, agreed integrated care pathways and annual work plan that commands widespread stakeholder support.
	2. Education: Work with partners to identify best practice in alcohol and other drug awareness and education and implement a systematic approach to its delivery across a wide range of settings.
Financial	3. Governance Framework: Develop, embed and implement a transparent governance framework to celebrate success and provide assurance to the public and partners that the full range of resources available are accessible, used wisely and performing to efficiently and effectively implement our strategic goals.
	4. Commissioning: Develop and implement a robust evidence based commissioning process to secure value for money and achievement of the explicitly defined outcomes linked to our strategic goals.
Service Delivery and Organisation	5. Action Plans: Support and develop the capacity of partners including service providers to design and implement action plans that realise the achievement of our strategic goals.
	6. Information Systems: Develop and implement information systems and processes that will share and provide intelligence to inform strategic decision making and day-to-day operational actions.
People	7. Community Engagement: Engage with service users, communities and partners to identify and assess need, monitor, and where relevant, challenge existing service provision and gauge where change may be necessary.
	8. Provide Support: Guide, motivate, facilitate, participate in and support the work of the ADAT, its subgroups, other relevant committees and any short life working groups.
Learning & Growth	9. Competency Framework: Develop and implement a competency framework to support staff retention, career progression and the achievement and maintenance of professional occupational standards for the Aberdeenshire alcohol and drug workforce.
	10. Networking & influencing: Develop and maintain a high profile for the ADAT and promote its agenda by influencing local and national planning groups and structures.
	11. Evidence: Inform local decision making by a) commissioning reviews to synthesise and disseminate summaries of the contemporary evidence base; b) supplementing this with locally conceived and executed research where necessary; c) summarising recommended actions from local and national strategies and guidance.

Appendix F: Alcohol and Other Drug Related Income and Expenditure

<u>Income</u>		<u>Expenditure</u>	
	Recurring		Recurring
Ring Fenced ADAT Funds		Treatment	£3,017,000
National Alcohol Funding	£718,000	Client Support	£1,508,000
National Drugs Funding	£228,000	Enforcement	£482,000
	<u>£946,000</u>	Education & Prevention	£117,000
Resources Brought by Partners		System Support	£224,000
NHS Grampian	£1,100,000		
Aberdeenshire Council	£2,879,000		
Grampian Police	£399,000		
Voluntary Sector Agencies	£24,000		
	<u>£4,402,000</u>		
Total	<u>£5,348,000</u>	Total	<u>£5,348,000</u>

Notes

Treatment: Clinical treatment, care management, counselling and medication, etc.

Client Support: Social, housing, employability & family support, etc.

Enforcement: Licensing & police operations, etc.

Education & prevention: Education, diversion, marketing & training, etc

System Support: ADAT support & service management, etc.

This broadly represents the income and expenditure for directly identified alcohol and other drug activity in Aberdeenshire for 2009/10. Over time, we will work towards expenditure better reflecting the strategic goals of this strategy.

Appendix G: Performance Indicators

The overarching purpose of the Scottish Government is to focus government and public sector services on creating a more successful country with opportunities for all of Scotland to flourish through increasing sustainable economic growth. This is reflected in the development of a Single Outcome Agreement for Local Authorities and their Community Planning Partners and HEAT performance measures for the NHS. Tackling problematic alcohol and other drug use effectively is important to the achievement of a number of these performance indicators, including:

Relevant Single Outcome Agreement national indicators:

- #15: adult mental wellbeing;
- #16: life expectancy in deprived areas;
- #18: alcohol related hospital admissions;
- #19: treatment waiting times
- #23: reconviction rates;
- #28: rating of neighbourhood as a good place to live;
- #29: number of problem drug users;
- #42: efficiency savings;
- #44: quality of healthcare;

HEAT targets (Health improvement, efficiency, access and treatment):

- H4: Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/11.
- H5: reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key frontline staff in alcohol and drugs trained in suicide assessment and prevention by 2010.
- From 2010/11 onwards there will be a specific target developed to offer drug misusers faster access to appropriate treatment to support their recovery. This will include access to prescribing treatment, residential rehabilitation, structured preparatory and motivational intervention, and community based support and rehabilitation.

These indicators and any anticipated risks to their achievement will be used as a basis for reviewing service performance and drafting the ADAT Annual Report.



**aberdeenshire
alcohol & drugs
action team**

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Aberdeenshire s Strategy for Alcohol
and Other Drugs 2009 - 2012**

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