HIGHLAND ALCOHOL & DRUGS PARTNERSHIP
ALCOHOL & DRUGS STRATEGY

MISSION STATEMENT

"Working in partnership to reduce harm associated with alcohol and drug use and promote recovery in the Highland area."

FORWARD

I was delighted to be invited to chair the Highland Alcohol and Drugs Partnership group last year. When I came into post as Director of Public Health and Health Policy for NHS Highland in February 2010 I was shocked at the level of alcohol-related harm across Highland, which is higher than that in the rest of Scotland. I was also very encouraged by the seriousness with which the then Scottish Government was tackling the problem at a national level, by introducing new legislation, setting challenging targets supported by dedicated funding and developing ADPs as effective partnerships.

Reducing alcohol and drug-related harm, however, requires a long-term approach and commitment from all members of the partnership at national, local and community level. Our collective experience in tackling tobacco-related harm clearly supports the need for a comprehensive, strategic approach to the issues which includes

- Providing clear consistent education and information to ensure people are aware of the risks
- Developing supportive environments that encourage healthy choices and discourage unhealthy ones; this approach requires both national initiatives such as legislation and local support and enforcement
- Providing effective responsive services that support people in changing their behaviour and reducing their use

This strategy draws on an up to date assessment of local need, including stakeholder engagement, a knowledge of what services are already available and evidence of what works in each of the above areas to formulate its proposals. A great deal of useful work is already in progress, but there is still much to be done if we are to halt the rise in alcohol-related harm and start to reverse the trend. I look forward to working with all of you to make this strategy an effective reality for our population.

This strategy owes a great deal to the energy and hard work of many people, but I would particularly like to thank the ADP support team for undertaking the needs assessment, which proved an enormous task, and for organising the strategy day in February 2011 which provided so much useful input to developing the strategy.

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INTRODUCTION

Highland Alcohol & Drugs Partnership

In January 2008, Scottish Government established a Delivery Reform Group with the remit of recommending improvements to the then existing Alcohol and Drug Action Teams (ADAT). It set out their strategic arrangements to address alcohol and drug issues at local level and to provide guidance to ensure service users achieve better treatment outcomes. In April 2009, as a result of the Delivery Reform Group's recommendations, guidance in the form of a new framework for local Alcohol and Drugs Partnerships (ADP) was issued. This framework included the priority of embedding ADP's into local Community Planning structures from 1st October 2009.

Highland Alcohol & Drugs Partnership (HADP) evolved in line with the new framework in October 2009 and is the multi-agency partnership responsible for the development of comprehensive needs led, outcomes based strategy for alcohol and drugs across the Highland area.

In October 2010, HADP agreed a Memorandum of Understanding outlining the roles and responsibilities of the partnership and the individual agencies represented. This is reviewed on an annual basis.

Aims

The Highland Alcohol and Drugs Partnership: -

- Leads on the development and implementation of an alcohol and drugs strategy which is based on a clear assessment of local needs and circumstances;
- Ensures the implementation of the strategy through commissioning services, including preventative interventions, training and health improvement in line with the agreed outcomes;
- Monitors the progress through agreed key performance outcomes and monitoring framework;
- Ensures the budget is directed appropriately to agreed actions in Strategy and Implementation plan and monitor the spend across the agencies;
- Reviews and updates the Strategy and Implementation plan in light of changing national policy, changing local needs and evidence of effectiveness;

Area covered

The Highland ADP area is co-terminus with the Highland Council boundary area, although some strategic partners cover a wider geographical spread that may impact on the decisions taken at Highland ADP; Northern Constabulary currently supports Highland, Western Isles, Orkney and Shetland and NHS Highland also includes Argyll & Bute. Given the scope for all the partners, HADP works across boundaries and has developed formal links where appropriate.

Governance and accountability

Consistency of governance and accountability arrangements for HADP is in line with existing accountability arrangements between the Scottish Government and local partners; such as those relating to Single Outcome Agreements (SOA) between Government and Community Planning structures and performance management arrangements adhered to by the NHS, such as HEAT (Health Improvement; Efficiency; Access; Treatment) targets.

Safer Highland

Locally, HADP sits within the 'safer Highland' theme of the Community Planning Partnership and local governance arrangements apply within that framework (appendix 1). The key strategic groups within this theme are: -

- Highland Alcohol & Drugs Partnership
- Highland Child Protection Committee
- Highland Adult Support & Protection Committee
- Youth Justice Strategy Group
- Violence Against Women Strategy Group
- Multi –Agency Public Protection Arrangements (MAPPA)

Each of these groups has additional support staff to facilitate the development and implementation of their strategies. This staff group form a network of support for 'safer Highland' as there are common areas of work and interest.

Outcomes based approach and Logic modelling

The new Framework for Alcohol and Drugs Partnerships outlined the need for a new approach to demonstrating effective practice through adopting an outcomes based approach.

An outcomes-based approach focuses on the difference made on the ground to improve people's lives, rather than inputs, processes and outputs. Effective partnership working is integral to the planning and delivery of outcomes.

This approach has been further supported by the publication of updated guidance for Scottish Public Bodies by Scottish Government in March 2011.

Logic modelling is a widely used method for showing in diagrammatic form how the implementation of a range of policies and other interventions can achieve desired objectives. Logical links are built between the long-term outcomes back through intermediate and short-term outcomes to the actions and outputs believed necessary to achieve them. The approach is particularly useful as a means of encouraging clear thinking about exactly how proposed interventions will achieve desired change.

HADP have adopted an outcomes based approach to demonstrating effectiveness, best practice and progress and

reporting is on a quarterly basis. Further detail on the framework for reporting will be established through the work to develop an Information Strategy.

Local outcomes

Following a comprehensive needs assessment process HADP have reviewed the local high level outcomes and have adopted the national outcomes produced by Scottish Government. In line with these, HADP have also identified 4 key delivery areas as priority for this strategy.

1. Effective integrated care pathway offering a flexible range of services from assessment to recovery is in place
2. Health in Highland is maximised and communities feel engaged and empowered to make healthier choices regarding alcohol and drugs
3. Individuals and communities are protected against substance misuse harm
4. Children affected by parental substance misuse are protected and build resilience through the joint working of adult and children's services

The following diagram shows the links between the high level outcomes and the delivery outcomes that have been adopted by Highland Alcohol & Drugs Partnership and how these relate to the National Outcomes at Scottish Government level.

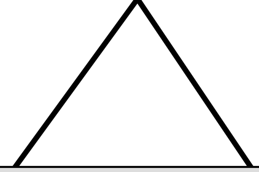
Budget

There are clear challenges in delivering services across the sparse population and wide geographies of Highland. These require robust planning and decision making and committed partnership working in order to ensure efficient and effective provision.

The table below provides the detail on the allocation and funding stream currently applied to HADP activity and includes specific allocation as well as core funding from NHS Highland and Highland Council.

Highland ADP Funding 2011-12

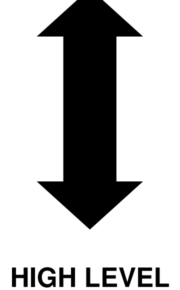
Funding Stream	£ Funding
Alcohol Misuse	1,609,171
Alcohol Misuse - Enhanced Screening Prisons	13,563
Drugs Misuse	619,883
ADP Support	159,716
Total HADP Funding	**2,402,333**
NHS Highland Core Allocation	1,956,142
Total NHS Highland Funding Reported To ADP	**4,358,475**
Highland Council Alcohol & Drug Funding	2,398,626
Grand Total Partnership Funding	**6,757,101**



Attitudes and behaviours towards alcohol and other drugs are changed and those in need are supported by better prevention and treatment services Nat O - 4, 5, 9
Contribute to: -

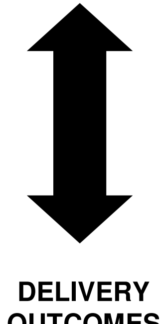
- People across the Highlands have access to the services they need Nat O-1, 3, 7, 8, 10, 13
- Healthy life expectancy is improved especially for the most disadvantaged Nat O - : 6, 7
- People are, and feel, safe from crime, disorder and danger Nat O - 8, 9, 13
- The impact of poverty and disadvantage is reduced Nat O -2, 4, 7

NATIONAL OUTCOMES SOA OUTCOMES



A. People are healthier and experience fewer risks as a result of alcohol and drug use
B. Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others
C. Individuals are improving their health, well-being and life chances by recovering from problematic drug and alcohol use
D. Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life chances
E. Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour
F. People live in positive, health promoting local environments where alcohol and drugs are less readily available
G. Alcohol and drugs services are high quality, continually improving, efficient, evidence based and responsive, ensuring people move through treatment into sustained recovery

HIGH LEVEL OUTCOMES



1. Effective integrated care pathway offering a flexible range of services from assessment to recovery is in place (B, C, G)	**2. Health in Highland is maximised and communities feel engaged and empowered to make healthier choices regarding alcohol and drugs** (A, B, F)	**3. Individuals and communities are protected against substance misuse harm** (E, F)	**4. Children affected by parental substance misuse are protected and build resilience through the joint working of adult and children's services** (B, D)

DELIVERY OUTCOMES

POLICY CONTEXT

National Policy

Scottish Government has two strategic publications outlining the national policy, activity and planning for tackling substance misuse. These two strategies focus exclusively on either alcohol or drug use and misuse in Scotland.

Changing Scotland's Relationship with alcohol – A framework for action

In February 2009, Scottish Government published '*Changing Scotland's Relationship with Alcohol: a Framework for Action,*' this framework represents a national strategy that highlights that, to tackle Scotland's relationship with alcohol the engagement of all of society is required, we must begin to view alcohol, its use and misuse, as the business of every Scottish community. This whole population approach to change our cultural relationship with alcohol underpins the framework and is reflected in the four keys parts of the framework:

- reduce alcohol consumption
- support families and communities
- promote positive public attitudes and positive choices
- improve treatment and support

The Scottish Government framework seeks primarily to implement legislative change to tackle excessive alcohol consumption; these changes are outlined in the Alcohol Bill and will require amendments to the Licensing Scotland Act (2005).

The Road to Recovery - a new approach to tackling Scotland's drug problem

Following reviews of the national approach to problem drug use, the Scottish Government published its new strategy 'The Road to Recovery' in May 2008. The purpose of this new strategy is to signal a step change in the way that Scotland deals with its drug problem and to set out a new vision for drug treatment and rehabilitation services which are based on the principle of recovery (Scottish Government, 2008).
In the context of this strategy, recovery is

> *'…a process through which an individual is enabled to move on from their problem drug use, towards a drug-free life as an active and contributing member of society'* (Scottish Government, 2008).

The key principle behind recovery in the strategy is that service user's needs and aspirations are central to the decisions about and delivery of their care and treatment. The concept of recovery is expected to be adopted by all drug treatment services and it is understood that embedding this approach requires a change in how services are planned, commissioned and delivered. Recovery may also dictate a

wider cultural change through greater acknowledgement of the possibilities for those affected to move on from problem drug use (Scottish Government, 2009b).

In addition to embracing the principles of recovery, the Scottish Government identifies the following key strategic priorities: -

- Better prevention of drug problems, with improved life chances for children and young people
- More people recover from drug use
- Communities are safer and stronger
- Children affected by a parental drug use are safer
- Support for families affected by drug use
- Improved effectiveness of delivery at a national and local level

Licensing (Scotland) Act 2005

Several of the key population based proposals of the Alcohol (Scotland) etc Bill 2010, will when implemented; require amendments to the Licensing (Scotland) Act 2005. These amendments will be carried through at local level by the Highland Licensing Board. Licensing Boards exist for each Council area and oversee the implementation of the Act in their area. For the purposes of this Act, the licensing objectives are: -

1. preventing crime and disorder
2. securing public safety
3. preventing public nuisance
4. protecting and improving public health
5. protecting children from harm

Implementation of the Licensing Act provides a real opportunity to impact on alcohol consumption and resulting harm; currently it includes greater access to training for licensees and their staff, monitoring licensed premises to ensure they meet and adhered to the objectives of the Act, and promotion of safer licensed environments. Boards are also required to take account of over provision in areas when making licensing decisions.

Alcohol (Scotland) etc Bill 2010

In November 2010, Scottish Government approved a number of measures to address changing Scotland's relationship with alcohol by reducing access and consumption levels that will ultimately lead to a reduction in harmful and hazardous drinking.

Although minimum pricing was not supported in the final Alcohol (Scotland) etc Bill 2010, a number of additional measures have been approved in a bid to support a positive change in Scotland's culture with alcohol. The Bill has extended the ban on irresponsible promotions as included in the Licensing (Scotland) Act 2005 to cover off-sales, including

off-licenses and supermarkets. This ban is expected to come into force next spring. Off-sales will also be required to ensure that they restrict in-store promotional activity to the area where alcohol is displayed and will be expected to supported Challenge 25 schemes in order to prevent underage sales.

Highland Alcohol & Drug Partnership support minimum pricing as an intervention to add to the other measures to be implemented as part of the Alcohol Bill and will continue to voice this support at both local and national level.

Local Policy and Context

For Highland's Children

'For Highland's Children 3' (2009-12) is the vision and strategy of the Joint Committee for Children and Young People (JCCYP). This committee monitors and reviews the progress throughout the life of the plan. Implementing this plan is the responsibility of all children's services across the statutory, voluntary and private sector. The process for review and update is underway in preparation for 'For Highland's Children 4'.

Highland Joint Community Care Plan

Community Care is the term used to describe how we support adults who need extra help to live their day-to-day lives. Adults may be in need of services for a variety of reasons, but most commonly it is because form some form of disability, frailty resulting from advancing age, a mental health difficulty or a problem with substance misuse (alcohol and drugs).

The Highland Joint Community Care Plan 2010-2013 has been developed by the Highland Community Care Partnership and is designed to be the blueprint for how the Highland Council, NHS Highland and third sector partners will work together to provide Community Care services for the future.

This plan supports the need to develop an effective recovery pathway for people accessing drug and alcohol services in Highland.

Planning for Integration

In December 2010, NHS Highland and Highland Council agreed in principle to commit to planning for the integration of health, social work and education services. Subsequently, proposals have been developed to look at the structures and services that would be involved and in June 2011 a project team was set up to undertake the work of planning for the integration of these key services. The principle will see the adoption of a key lead agency to take responsibility for aspects of care.

Substance Misuse services will be factored in to these discussions and HADP will continue to update this strategy in line with determined changes as appropriate.

LOCAL PICTURE

Needs Assessment 2011

Over 2010 -11, Highland ADP undertook a locally based needs assessment as part of the process of informing this strategy. This needs assessment set out to identify circumstances in relation to alcohol and drug use and misuse in Highland including met and unmet needs.

Highland substance misuse services were consulted for relevant statistics and information to inform the writing of this needs assessment. National policy, strategy, and research publications were also reviewed to contribute national context to the analysis of local information.

In February 2011, HADP held a Strategy Day and invited a range of stakeholders to attend with the aim to: -

Raise awareness of the Highland Alcohol & Drugs Partnership and support the revision of the local alcohol and drug strategy.

There were 98 attendees and feedback on aspects of the emerging priorities and themes were invited via a 'thought wall'. The outputs from this event were considered at two further meetings of the HADP and key stakeholders to agree the key areas and priorities for inclusion in this document.

Summary of outcomes from needs assessment

The process of completing the needs assessment identified a number of areas for development. There are also some information gaps that the partnership will be seeking to address as part of this strategy.

The key findings include: -

- Highland has rates of alcohol-related health harm higher than the Scottish average
- There is a lack of an integrated pathway across Highland with some inconsistency in access and links to a range of general and specialist input to support the individuals' recovery
- Fewer dependant drinkers access services in Highland compared to elsewhere in Scotland
- There remains a stigma attached to those experiencing drug and / or alcohol problems and the language used in the media perpetuates this issue
- There is a lack of formal service user, family and carer involvement in the planning of services
- Data collection systems are not currently in place to provide clarity on some aspects of the strategy. Information gathering processes are complex and ad hoc in nature. There is a need to agree a set of core indicators that will demonstrate progress against the outcomes
- There is a high level of commitment from staff and agencies to improve service provision and there are a number of effective interventions in place that can be built upon and linked up
- There are a number of opportunities that have arisen to support partnership working with an increased awareness of the HADP, its role and remit

The following section seeks to give a broad overview of the size and nature of the challenges faced in Highland, and the full needs assessment is available on the HADP website www.highland-adp.org.uk

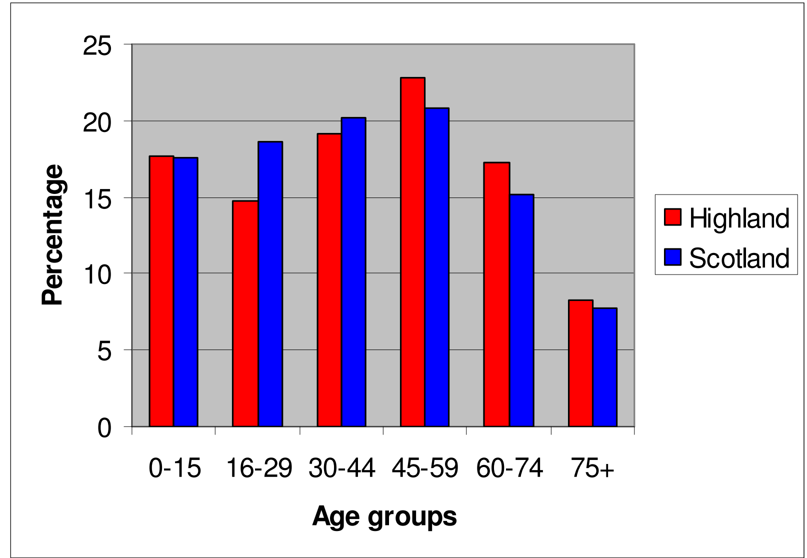
Population

In 2009, the population of Highland was 220,490 and by 2033, this is predicted to rise approximately 17% to 257,965, 75% of whom live in rural and remote areas (GRoS, 2010).

The proportion of the Highland population aged between 16 and 44 is slightly lower than for Scotland; accounting for 33.8% of Highland's population compared with 38.8% of the total Scottish population (GRoS, 2010a).
Residents aged over 45 accounts for 48.4% of Highland's population, higher than for the Scottish population (43.7%) (GRoS, 2010a).

The percentage of the population of working age (16-65yrs) in Highland is lower than the Scottish average. This is true for both men and women; in Highland 65% of the male population and 56% of female population are of working age, slightly lower than for Scotland as a whole where 67% of the male population and 59% of the female population are working age (GRoS, 2009a).

Graph: Estimated Population of Highland and Scotland by age group: 2009



Data source: GRoS, 2010a

Prevalence

From studies commissioned by Scottish Government a sense of the prevalence of alcohol and drug misuse in Scotland and locally is able to be reported. Although these studies have limitations, the findings provide a useful insight to the numbers of individuals who may be directly experiencing substance misuse in our areas.

Drug use in Highland

The 'Estimating the National and Local Prevalence of Problem Drug Use in Scotland' 2009 study provides estimates of opiate and benzodiazepine prevalence. There are no similar studies for stimulant use and other trends which will impact on local population numbers.

From data collected in 2006, researchers at the University of Glasgow estimated that problem drug misuse (considered as misuse of opiates and benzodiazepines) is directly experienced by over 55,300 individuals across Scotland (Hay, et, al., 2009).

The estimated number of problematic drug users aged between 15 and 64 in Highland in 2006 was 1,023; a prevalence rate of 0.73%. This demonstrated a reduction from the previous prevalence estimate in 2003 which calculated the prevalence rate at 0.81%.

In 2009/10 a total of 586 individuals were referred to specialist drug treatment services in Highland (this figure includes individuals referred for both drug and alcohol misuse). Similar to the national prevalence estimates, 69% of individuals referred in Highland were male.

While cannabis is the most commonly used drug, heroin misuse is the most common reason for which people seek drug treatment; with 66% of new referrals using it, followed by diazepam at 34% and cannabis at 30%. Forty-nine percent of under 25 year olds reporting illicit use reported using heroin. In Highland heroin was the drug of choice for new clients entering treatment, 78% reporting its use, 29% using diazepam and 29% reporting cannabis use.

The National Drug Related Death Database 2009 has enabled a further breakdown of the circumstances surrounding the drug related deaths for that calendar year; ongoing data collection will allow for future reports to identify clearer trends and assist in the identification of priority actions to address the concerns. The total number of deaths in Scotland recorded was 432, with 13 recorded in Highland.

As with the national statistics, the majority of individuals, 83%, who died a drug related death in Highland were male, the overall average age was 33, the youngest being 21 and the oldest 44. The national percentage breakdown indicates 78.9% were male. Heroin and alcohol are implicated in the majority of cases.

Cost of drug use

According to the Scottish Government (2008) it is reasonable to use figures estimated for the social and economic cost per drug user in England and Wales as comparable with what it

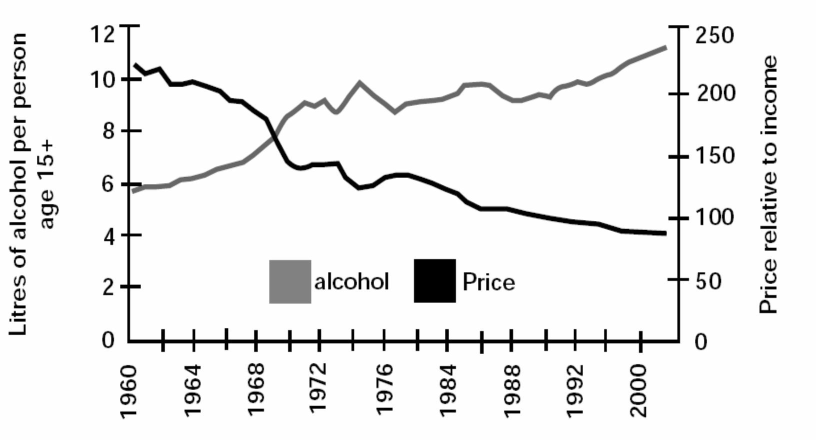
would cost in Scotland. This figure is around £50,000 per individual misusing drugs each year, more recent research into the cost for Scotland however, indicates that £61,000 per individual misusing drugs is a more accurate figure (Casey, et, al., 2009). These figures include the cost to NHS, local authority services, criminal justice services, courts, and victims of crime. Based on these estimated figures, drug misuse costs Scotland between £2.7bn and £3.5bn each year (Casey, et, al., 2009; Scottish Government, 2008); with Highland's share of this yearly cost therefore able to be estimated at between £51.1 and £62.4 million).

Alcohol use in Highland

Alcohol consumption in the UK has doubled over the last 40-50 years and as consumption is strongly linked to affordability the fall in price has seen consumption rise (SHAAP, 2009b; Faculty of Public Health (FPH), no date).

Alcohol is now 69% more affordable than it was thirty years ago and there are links between the average alcohol consumption across a population and the amount of alcohol related health harm experienced by that population (FPH). It is widely agreed by health organisations and others that the correlation between price, consumption and harm is strong and that tackling price and availability would be some of the most effective measures to reduce alcohol related harm across the population (Scottish Government, 2009a). In particular the introduction of minimum price per unit of alcohol sold would be a policy that would have a significant impact on alcohol consumption and consequently reduce harm (SHAAP, 2010). By reducing access to cheap high strength alcohol, health harm for the individual would be reduced, with the knock on effects benefiting communities, society and the economy.

Graph Consumption of alcohol in the UK (per person aged 15+) relative to its price 1960 - 2002



(Tighe, 2003, cited in Academy of Medical Sciences, 2004)

Alcohol sales data since 2005 suggest that enough alcohol was sold in Scotland for every adult to exceed weekly recommended limits for men (21 units) each and every week, with sales per capita in the off-trade having increased by around 8% while the on-trade sale have seen a 15% reduction (Robinson, et. al., 2010). The volume of alcohol purchased off-trade per person is now more than double that purchased on-trade; beer sold in the off-trade was 150% more affordable in 2009 than in it was in 1987, similarly wine

and spirits sold off-trade have become 122% more affordable (Robinson, et. al., 2010).

There is a clear relationship between price and consumption, as the more affordable alcohol has become, the more has been consumed (see graph above). Alcohol-related health harm increases in proportion to the amount of alcohol consumed above the recommended limits; targeting only those with the highest consumption is therefore unlikely to have a major effect in reducing such harm. (Burns, 2011).

In 2009 the Scottish Alcohol Needs Assessment (SANA) was published, this report included an estimated prevalence of harmful and hazardous drinking and alcohol dependence and to estimate Prevalence-Service Utilisation Ratios (PUSR) for dependant drinkers accessing specialist treatment across Scotland. Breakdowns of these estimates included wider regions than health board or council areas; Highland is reported in combination with the Islands.

Table Estimated Alcohol misuse Scotland, Highlands & Islands and Highland: including ratio of dependant drinkers accessing treatment

	Estimated Harmful / Hazardous Drinkers (SHeS, 2003)	Dependant Drinkers (adjusted SHeS & PMS)	Total Misusing Alcohol	Estimated Dependant Drinkers accessing treatment N (%)	Prevalence to Service Utilisation Ratio
Scotland	1 172 266	206 032	1 378 298	16 084 (8.2)	12 to 1
Highland & Islands*	58 279	11 041	69 320	604 (5.5)	18 to 1
Highland**	33 802	6 404	40 206	600P (9.4)	11 to 1

*Based on combined areas including Argyll & Bute, the Western Isles, Orkney and Shetland
**Calculated estimate using Highland population percentage (58%) of population reported for combined Highlands & Islands region in SANA
P Provisional number taken from individuals referred to specialist Alcohol treatment services in Highland and subsequently agreeing treatment (Drummond, et. al., 2009)

Many men and women in Highland are drinking above the recommended weekly limit, 35.2% of men and 21.1% of women. According to revised alcohol consumption levels reported in Scottish Health Survey (SHS), shown in the table below, a slightly higher proportion of all men in Highland are drinking above the recommended weekly limit. Scottish men are also more likely to binge drink and drink every day than Scottish women; however in the 16-24 age group, 60% of both sexes reported drinking more than twice the recommended daily units in the SHS.

Data Source: Scottish Health Survey 2003; new alcohol unit conversion factors

Adults aged 16+ years	Scotland %	NHS Highland %
Men		
Never drunk alcohol	4.2	2.3
Ex-drinker	4.2	6.1
Under and up to weekly limits	57.5	56.4
Over 21 units	**34.1**	**35.2**
Subtotal: Over 50 units	8.8	8.0
Women		
Never drunk alcohol	8.7	7.9
Ex-drinker	4.8	5.7
Under and up to weekly limits	63.1	65.3
Over 14 units	**23.4**	**21.1**
Subtotal: Over 35 units	4.5	4.1
All adults		
Never drunk alcohol	6.6	5.3
Ex-drinker	4.5	5.9
Under and up to weekly limits	60.4	61.2
Over 14/21 units	**28.5**	**27.6**
Subtotal: Over 35/50 units	6.5	5.9

In all hospital care settings in NHS Highland over 5 percent of total bed days can be attributed to a diagnosis that is directly related to alcohol. There has been a 13 percent increase in alcohol related standardised discharge rates from acute and general hospitals involving NHS Highland residents between 2001-02 and 2007-08. In 2007-08 there were 3,061 NHS Highland patients discharged from an acute or general hospital with diagnoses directly related to alcohol. The discharge rate of 919 per 100,000 is higher than in Scotland and has been consistently higher for several years.

The highest proportion of alcohol attributable conditions among patients resulted from cardiovascular diseases (41% - hypertensive disease (29%) and cardiac arrhythmias (11%)), mental and behavioural disorders caused by alcohol (22%) and injuries (14% - falls injuries (5%)).

Alcohol related deaths

Nationally men are more likely to die of alcohol related conditions than women, with the standardised mortality rate for men more than twice that for women, 30 compared to 14 per 100,000. In NHS Highland this standardised mortality rate is 34 males compared to 13 females per 100,000. Across Scotland those living in the most deprived areas more than 6 times more likely to have alcohol as an underlying cause of death then those living in the least deprived areas (ISD, 2010).

Cost of alcohol misuse

It is estimated that in Scotland Alcohol misuse has a social and economic cost of between £2.5 and £4.6 billion each year (York Health Economics Consortium, 2010). While there is no official estimate of this cost per person misusing alcohol in

Scotland, it is reported that approximately £61 million was spent on alcohol services in 2007 (Drummond, et. al., 2009). Using the national estimate of dependant drinkers accessing alcohol treatment in Scotland in 2006/07, around £3800 was spent per dependant drinker accessing specialist services. No comparative estimate of spend per dependant drinker accessing services in Highland is currently available.

Young People

According to the Scottish Health Survey (SHS), 29% of children aged 8-15 had tried an alcoholic drink at some point (29% of boys and 30% of girls). Experience of alcohol increased with age: 7% of boys and 2% of girls aged 8 had tried an alcoholic drink, compared with 77% of boys and 78% of girls aged 15. Surveys conducted on 13 and 15 year old pupils in the Highland ADP area also indicate that for both boys and girls the percentage reporting drinking alcohol increases with age. Findings from these surveys suggest that girls aged 13 and 15 are slightly more likely to report having consumed alcohol in the weeks before they were surveyed than boys (40-45% of boys compared with 47-49% of girls) (SALSUS, 2006; Highland Lifestyle Survey, 2009). These findings are not significantly different to the overall Scottish SALSUS survey data.

Of the total number of 13 and 15 year olds questioned in the SALSUS survey in 2006, a total of 21% of 13 year olds and 45% of 15 year olds reported having ever been offered drugs. Compared with the 2002 and results, there has been a significant decrease from 34% of 13 year olds and 70% of 15 year olds. Cannabis was the most commonly offered drug.

In terms of reported use, 7% of 13 year olds and 22% of 15 year olds confirmed that they had 'ever used or taken' any of the drugs listed. This compares with 14% of 13 year olds and 40% of 15 year olds in 2002. When questioned in more detail about the frequency of use, 3% of 13 year olds and 9% of 15 year olds reported using drugs in the last month prior to the survey. Again, this was a decrease from 8% of 13 year olds and 24% of 15 year olds in 2002. (SALSUS 2006)

The most commonly used drug for both age groups was cannabis at 5%, the others reported included stimulant use (i.e. cocaine, ecstasy and poppers), mushrooms, methadone and solvents. (SALSUS 2006)

Children Affected by Parental Substance Misuse (CAPSM)

Current national estimates for children affected by parental drug misuse are 40-60,000 and that, of these, 10-20,000 are estimated as living with at least one affected parent. It is also estimated that around 65,000 children may be affected by parental alcohol misuse. Work is ongoing to develop these figures and includes work around improving national child protection statistics to identify specific risk factors such as parental substance misuse, from 2012. It's not currently possible to extract Highland statistics from the national estimates.

Fetal alcohol spectrum disorder (FASD)

FASD are difficult to diagnose. Approximately 10% of children affected by fetal alcohol syndrome (FAS) will have the characteristic facial features and can be diagnosed at birth.
In the absence of these features, diagnosis is based on a set of clinical criteria and the determination of a history of antenatal alcohol exposure. Often FASD is undiagnosed or misdiagnosed, for example as autism or attention deficit hyperactivity disorder (ADHD). Early diagnosis is vital to ensure appropriate treatment and support systems are in place at the earliest opportunity (BMA 2007). There is work ongoing nationally to improved the diagnosis and recording of babies affected by parental alcohol use.

Crime

Drugs remain a significant threat within the Northern Constabulary area, particularly in relation to increasing heroin and cocaine use. In 2008/09 a number of successful intelligence led operations resulted in the seizure of over £1.5 million of illegal drugs. There has also been a notable increase in the use of 'legal highs in the force area, with Mephedrone increasing in prevalence in 2009. Although banned in 2010, there are emerging substitutes making an appearance on the market.

Cannabis, heroin and cocaine continue to be the most prevalent drug types in the Northern Constabulary area with some local area variation across the divisions. In 2008/09 a number of successful intelligence led operations resulted in the seizure of £1.5million of illegal drugs across the force area, in addition to this, over £45,000 in cash was seized and 58 persons reported.

In 2009-10, of the 1742 drug defined crime detected, 82% was for possession of drugs, 15% for supply, intention to supply; this represented an increase from 74% for possession and a decrease from 24% for supply offences in 2008-09.

RECOVERY

Recovery

Over the years there has been a significant amount of investment in providing drug and alcohol treatment support services. Emerging guidance has highlighted the need to ensure that recovery is firmly embedded in practice and that people seeking help with drug and / or alcohol use have access to a broad range of services interventions that will support their recovery. This pathway of care should include the medical and psycho-social interventions that will meet the needs of the individual.

The national strategy defines recovery as: -

> *'…a process through which an individual is enabled to move on from their problem drug use, towards a drug-free life as an active and contributing member of society'* (Scottish Government, 2008).

There is a need to raise awareness of the reality of recovery, and dispel any misunderstandings; specialist treatment will play a vital in some peoples recovery, however others will achieve recovery without specialist intervention, also, entering into recovery does not need the individual to hit rock bottom as change can occur at any point (Best, 2010). Successful personal strategies for recovery include moving away from old social networks, and engaging the support of family and friends to establish a new identity; gaining a 'post-addiction identity' is critical (Best, 2010). In order to support recovery, the individual can build on the capital resources that surround them.

Developed HADP 2011

Pathway

In order to maximise an individual's ability to recover, it's important to ensure rapid and flexible access to services. The Scottish Government has introduced a HEAT target for NHS Boards to reduce the waiting times for accessing alcohol and drug treatment services with the aim of ensuring that by 2013, people wait no longer than 3 weeks from referral to treatment. The Scottish Advisory Committee on Drug Misuse published an *Essential Care* report in January 2008 and in 2011, the Scottish Ministerial Committee on Alcohol Problems published the *Quality Alcohol Treatment and Support* report. Both of these publications highlight the need for a range of high quality effective services that are flexible to meet the needs of individuals accessing support. Treatment options are defined in the Drug Misuse and Dependence UK guidelines on clinical management and form the basis of best practice and prescribing options.

As part of the work carried out in the needs assessment, HADP mapped out where current specialist treatment provision (see appendix) exists against the treatment criteria set out in the HEAT target. The following table gives a simple overview highlighting the range available as well as highlighting the gaps that exist across some areas. Although there are core interventions on offer, there are differences in some areas that impact on access and it should be noted that the Specialist Harm Reduction Service is based within Inverness and as such not all areas have equal and consistent access to all that they offer. Needle exchange is offered across the area in the main by participating pharmacists.

		Provision type Drugs only (D) Alcohol only (A) Drugs and Alcohol (DA)	Initial engagement	Structured preparatory intervention	Structured Psychosocial Intervention	Residential Rehabilitation	Residential detoxification / inpatient treatment	Community based detoxification	GP Prescribing	Specialist prescribing	Structure Day Program	Other structured intervention
Specialist treatment services	CSMS Caithness	DA	✓	✓	✓		✓	✓	✓			✓
	CSMS Sutherland	DA	✓	✓	✓		✓	✓				✓
	CSMS Mid Ross	DA	✓	✓	✓		✓	✓	✓	✓		✓
	CSMS East Ross	DA	✓	✓	✓		✓	✓	✓			✓
	CSMS Skye, Lochalsh & West Ross	DA	✓	✓	✓		✓	✓	✓			✓
	CSMS Lochaber	DA	✓	✓	✓			✓	✓			✓
	CSMS Inverness	DA	✓	✓	✓			✓	✓	✓		✓
	CSMS Badenoch & Strathspey	DA	✓	✓	✓			✓	✓			✓
	CSMS Nairn and Ardersier	DA	✓	✓	✓		✓	✓	✓			✓
	DTTO	D	✓	✓	✓			✓		✓		✓
	Osprey House	DA	✓	✓	✓		✓	✓		✓	✓	✓
	Prison Liaison Nurse	DA	✓	✓	✓		✓		✓	✓		✓
	Homeless Day Centre	DA	✓	✓	✓			✓	✓	✓		✓
	Dual Diagnosis Service	DA	✓	✓	✓		✓	✓	✓	✓		✓
	Skye and Lochalsh Council on Alcohol	A	✓	✓	✓							✓
	Ross Sutherland Council on Alcohol	A	✓	✓	✓							✓
	Lochaber Council on Alcohol	A	✓	✓	✓							✓
	Alcohol Counselling Inverness	A	✓	✓	✓							✓
	Beechwood House	A	✓	✓		✓			✓			✓
Other specialist service	Specialist Harm Reduction Services	D	✓	✓					✓	✓		✓

Workforce

In recent years, Scottish Government has published two key documents setting out the strategic direction for alcohol and drug issues, *Road to Recovery* and *Changing Scotland's Relationship with Alcohol*. Both of these documents set out the commitment of Scottish Government and its partners to provide the framework that supports recovery and implements a whole population approach to addressing cultural changes required to reduce the harm in communities. Underpinning this work is the commitment of the workforce to improve the lives of individuals, their families and communities affected by problematic substance use and to support the work to prevent misuse.
Given the broad impact that alcohol and drugs can have in all areas of society, it's important to address the wide range training and awareness requirements across the whole of the workforce. In order to achieve this, Scottish Government published a workforce statement in December 2010; *Supporting the Development of Scotland's Alcohol and Drug Workforce*. This outlines the key responsibilities of local Alcohol & Drugs Partnerships and builds on the 2009 delivery framework *A New Framework for Local Partnerships on Alcohol and Drugs*.

The delivery framework sets out the required partnership working within the community planning partnership structures at local level in order to contribute towards the Single Outcome Agreement. The Highland ADP contributes locally through the 'Safer Highland' arrangements established in 2009.

The workforce statement clearly sets out the ADP responsibilities in developing core skills and competencies across the workforce.

ADP's will: -

- Promote the agreed national learning priorities for development of the drug and alcohol misuse workforce;

- Identify and articulate local workforce development needs aligned with the national learning priorities and develop local workforce strategies and costed implementation plans to meet these needs; and

- Encourage multi-disciplinary and multi-sector training in generic competencies to develop a shared vocabulary and understanding of alcohol and drug problems, promote an integrated approach across services that support individuals on their road to recovery.

This underlines the need to ensure that training is tailored to meet the development needs across the levels of services from general through to more specialist provision. The table that follows gives an outline of the range of workers that should be involved in any local workforce strategy.

	Description
Level 1	Wider workforce – role in prevention for those likely to come in to contact with the general public, where there is already an alcohol or drug related problem An example of a Level 1 worker is social worker or school nurse
Levels 2 and 3	Workers who engage on regular basis and provide services directly to people with alcohol and/or drug related problems. An example of a Level 2 and a Level 3 worker is a GP
Level 4	Workers who provide intensive specialist services. An example of a Level 4 worker is addiction specialist nurse

Workforce Statement 2010

Local delivery outcome

"Effective integrated care pathway offering a flexible range of services from assessment to recovery is in place"

Local priorities

HADP are committed to achieving the agreed local outcomes and have identified the following priorities for local action: -

- Review of current services and development of an outcomes based integrated recovery pathway across Highland
- Development of a drug related death and non-fatal overdose strategy
- Development of a process for managing drunk and incapable people
- Increased engagement with voluntary and third sector partners via drug and alcohol forums
- Development of a service user, carer and family strategy
- Undertaking a training needs analysis and development of a local Workforce strategy
- Development of a Financial Framework to support the management, monitoring and allocation of resources in line with HADP priorities
- Development of a Performance Outcome Management Framework and Information Strategy to include
  - Statistical data sharing
  - Operational clinical information sharing practice
  - Service information
- Recruitment of a data analyst performance post to support the above

MAXIMISING HEALTH

The need for a Whole Population Approach

There is a clear relationship between price and consumption, as the more affordable alcohol has become, the more has been consumed. Alcohol-related health harm increases in proportion to the amount of alcohol consumed above the recommended limits; targeting only those with the highest consumption is therefore unlikely to have a major effect in reducing such harm. (Burns, 2011). Taking a whole population approach to influence alcohol culture and promote a positive change to our relationship with alcohol is therefore thought to be a more effective approach (Burns, 2011).

Population approaches to reduce alcohol related harm are included within the Scottish Governments Alcohol Bill, and include legislative measures such as regulating price, and restricting promotions and availability; working with community safety partnerships to provide preventative initiatives regarding alcohol related harm; and public awareness campaigns (Scottish Government, 2009a).

It is clear from the Scottish Governments alcohol framework that a key component that should be adopted into local strategy is a focus on promoting a culture change in our relationship to alcohol. Addressing Highland's relationship with alcohol involves the engagement of all sectors from licensing and enforcement to education and treatment. Such change affects the whole population as alcohol is an issue impact all the communities found in the Highland ADP area.

There is less clarity on the need for a whole population approach being applied to drug use and misuse; however there are common principles that apply such as ensuring the delivery of effective prevention and education strategies, improving knowledge and understanding across the whole population and working to reduce stigma associated with problematic use. As with alcohol, this requires a partnership approach that spans prevention and education through to treatment and enforcement measures.

As identified earlier, the Licensing (Scotland) Act 2005 offers opportunities for greater engagement with Licensing Boards and Forums at local level. ADP's are to have a more defined role of working within the local structures to support the implementation of the Act and provide expertise in the drafting of Licensing Board Policy and Overprovision statements.

Awareness raising

There have been a number of campaigns over the years aimed at increasing community awareness of alcohol and drug use. These have ranged from informing the public about units of alcohol and responsible drinking, to highlighting the health and safety impacts of excessive alcohol consumption.

Campaigns are run at both national and local level. An example of a national campaign has been National Alcohol Awareness Week, held each October since 2007. The aims of this week were to raise public awareness of alcohol units and weekly/daily unit guideline to enable the public to better understand their alcohol consumption levels. These weeks, supported by Health Scotland, Scottish Government, off-trade retailers and ADP's, were delivered through a range of media

and involved distribution on a wide scale of hard materials such as posters, beer mats and unit tumblers.

Given the complexity of evaluating the effectiveness of such public awareness campaigns, there is little evidence that they have served to change attitudes, and have led to negligible changes in excess consumption and levels of alcohol related harm locally or nationally.

As with alcohol, there have been a number of drug related campaigns implemented at national level that have required local support. These tend to be generic campaigns and not necessarily linked to local trends.

Again it has been difficult to evaluate the impact of such campaigns; however there are a number of new health promotion approaches emerging, particularly in regards to social marketing and social norms that warrant further consideration. The use of such approaches may enable a more co-ordinated and locally relevant delivery of health and public safety messages which may in turn elicit more positive behaviour change, especially regarding alcohol use.

Advertising, marketing and accessibility

Advertising and promotion of alcohol is a powerful tool in encouraging purchase. More effort is required in designing adverts that promote responsible drinking. Restrictions on where alcohol should be advertised should be implemented e.g. sport related activities, sponsors on football shirts (particularly on children's shirts).

Promotional offers such as "buy one get one free" or "three for the price of two" or "£10 for all you can drink "explicitly encourages a culture of bulk purchasing and in turn drinking more than a person originally intended. An end to bulk purchase alcohol deals would encourage a more moderate and responsible drinking culture. The Sheffield study reports that combined with minimum pricing this would have a further additional impact on people's consumption (-2.1 per cent at 40 pence, -1.4. per cent at 60 pence).

Although minimum pricing was not supported in the final Alcohol (Scotland) etc Bill 2010, a number of additional measures have been approved in a bid to support a positive change in Scotland's culture with alcohol. The Bill has extended the ban on irresponsible promotions as included in the Licensing (Scotland) Act 2005 to cover off-sales, including off-licenses and supermarkets. Off-sales will also be required to ensure that they restrict in-store promotional activity to the area where alcohol is displayed and will be expected to supported Challenge 25 schemes in order to prevent underage sales.

Alcohol Screening and Brief Interventions

In 2008, the Scottish Government announced further investment in alcohol treatment and support services, NHS Boards were to invest a percentage of the money in delivering alcohol screening and brief interventions in order to meet the H4 HEAT target. In March 2011, NHS Highland achieved the H4 target by delivering over 8964 alcohol brief interventions in primary care, accident and emergency and antenatal settings. H4 has since been extended with a new target being set for

the delivery of 3802 alcohol brief interventions by March 2012.

Analysis of the effectiveness of brief interventions, of various forms and delivered in a variety of settings, has already clearly demonstrated that interventions lead to a reduction in alcohol consumption among many hazardous and harmful drinkers. As a consequence, it is clear that delivering brief interventions is a priority approach and should be embedded in local strategy. This is in line with the SIGN 74 guidelines and the Health Technology Assessment recommendations on Prevention of Relapse in Alcohol Dependence.

While there is no standard definition of a brief intervention it can be described as:

> *A short, evidence-based, structured conversation about alcohol consumption with a patient/service user that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm.*

Curriculum for Excellence

All schools in Highland are delivering Health and Wellbeing programmes and substance misuse education as part of their delivery of Curriculum for Excellence. These include core Health and Wellbeing programs as part of the taught programme of Personal and Social Education (PSE). Many Secondary Schools are exploring wider cross-curricular approaches such as 'Shared Responsibility' and examining alcohol issues as part of chemistry, biology and literacy for example. In order to support the development of the new Curriculum for Excellence experiences and outcomes for Substance Misuse, training, guidance and suggested resources are available for all multi-agency staff.

Diversionary activities

A number of local initiatives are ongoing throughout the Highland ADP area including, Operation Youth Advantage, Operation Rise Above the Rest, Street Rugby, Twilight Basketball, Street Football and in some areas ‘Bluelight Discos’.

The Action for Children service locally undertakes a range of diversionary activity and support for young people across the HADP area. Under the banner of Gael Og Positive Options, this includes diversionary activities, outreach advice service and mentoring.

These are targeted interventions and tend to be focussed on areas or with young people where areas of concern have been identified.

Safe Highlanders

This local event includes alcohol and drug information for primary 7 pupils. In 2009, 2583 pupils attended the event, 2469 attended in 2010. Discussion is currently underway to

consider the most effective method for including drug and alcohol related issues within this format.

Some additional work is required to support the more generic opportunities available to all the young people in the Highland area for example, promotion of the ‘High Life’ card to enable greater access to leisure facilities or youth groups.

Community Development

There are opportunities to further build on community based initiatives that would support the local communities to address the issues arising in their area and promote opportunities available. This is an area that was not explored in any detail as part of the needs assessment.

Local delivery outcome

“Highland communities feel engaged are and empowered to make healthier choices regarding alcohol and drugs”

Local priorities

HADP are committed to achieving the agreed local outcome and have identified the following priorities for local action: -

- Embed alcohol screening and brief intervention programmes across a range of networks
- Review and development of a Communication strategy that includes: -
  - Awareness raising campaigns
  - Embedding social marketing techniques and whole population approaches to address culture change
  - Addressing issues of language and stigma
  - Media protocol
- Supporting the Schools substance misuse prevention and education strategy
- Review and development of targeted Diversionary activities and promotion of generic opportunities
- Review and development of Education initiatives for the whole population
- Further exploration of community based initiatives and community development opportunities
- Development of formal links and identified joint working with Highland Licensing Forum and Highland Licensing Board, with reference to the Public Health objective and over-provision

PROTECTING COMMUNITIES

Role of Enforcement

The Association of Chief Police Officers in Scotland (ACPOS) published their new drugs strategy, Tackling Drugs in the Community 2009-2012 with emphasis placed on the following strategic deliverables.

ACPOS strategic deliverables
- *To reduce the supply of drugs*
- *To reduce the harms caused by drugs*
- *To reduce the demand for drugs*
- *To use intervention and innovation*

The actions associated with the overarching principles include enhancing detection rates and disrupting supply, working to engage with local communities to tackle anti-social behaviour, improve access to high quality services and promote recovery and engage in education initiatives including diversionary activities. Working in partnership across the agencies, services and communities underpins the ACPOS strategy in achieving positive outcomes. At local level, Northern Constabulary's are to be publishing their Alcohol Strategy.

Alcohol impacts significantly upon crime and disorder and public safety. The Northern Constabulary Community Consultation Survey highlighted 88% of respondents thought alcohol misuse was a community planning priority; 49% of respondents were worried about being attacked by someone under the influence of alcohol and 56% were concerned about the availability of alcohol to young people.

Alcohol related offending

According to the Scottish Prisoner Survey 2009, half of those who had completed a questionnaire (response rate of 62% of all prisoners) reported being drunk at the time of their offence; this is an increase of 10% on 2005 figures of 40%. A quarter (24%) reported that drinking affected their ability to hold down a job and over one third of prisoners (38%) noted that their drinking affected their relationship with their family.

The Scottish Crime and Justice Survey (SCJS) 2009-10 reports that in 62% of violent crime measured by SCJS, the victim claimed that the offender was under the influence of alcohol at the time. This is significantly higher than the 50% reported in England and Wales by the British Crime Survey 2009-10.

Drug related offending

In the Scottish Prisoners Survey 2009, prisoners were asked a series of questions about drug use before and during their current sentence. Just under half of respondents (45%) reported being under the influence of drugs at the time of their offence, and 41% stating their drug use was a problem for them on the outside. One fifth of prisoners (19%) reported that they committed their offence to get money for drugs and a similar number (22%) were receiving treatment for drug use before they were imprisoned.

The Scottish Crime and Justice Survey (SCJS) 2009-10 reports that in 26% of violent crime measured by SCJS, the victim claimed that the offender was under the influence of

drugs at the time. This is significantly higher than the 20% reported in England and Wales by the British Crime Survey 2009-10.

Northern Community Justice Authority

Criminal Justice Services in Highland are a member of the Northern Community Justice Authority (NCJA). CJAs were set up across Scotland in April 2006 by the Management of Offenders etc. (Scotland) Act 2005. The purpose of CJAs is to make our communities safer by reducing re-offending and improving the management of offenders.

The Northern Community Justice Authority covers the local authority areas of Aberdeen City, Aberdeenshire, Eilean Siar (Western Isles), Highland, Moray, Orkney and the Shetland Islands.

In June 2010, Scottish Parliament passed the Criminal Justice and Licensing (Scotland) Act 2010. There are a number of elements covered within this Act, including the implementation of Community Payback Orders from the 1st February 2011. The courts may then impose such an order rather than a prison sentence which could include drug and / or alcohol treatment as requirements.

The Community Payback Order (CPO) will replace existing provisions for Community Service Orders, Probation Orders, Supervised Attendance Orders and the former Community Reparation Order. Other existing Court Orders, Drug Treatment and Testing Orders and the Restriction of Liberty Order remain unchanged.

Local delivery outcome

"Individuals and communities are protected against substance misuse harm"

Local priorities

HADP are committed to achieving the agreed local outcome and have identified the following priorities for local action: -

- Ongoing support and input to enforcement activity and the Northern Constabulary Alcohol Strategy
- Input to local Community Safety initiatives
- Support HMP Inverness in drug and alcohol work
- Support local Criminal Justice services manage persistent offenders and include in the overall integrated recovery pathway

CHILDREN AND FAMILIES

For Highland's Children

'For Highland's Children 3' (2009-12) is the vision and strategy of the Joint Committee for Children and Young People (JCCYP). This committee monitors and reviews the progress throughout the life of the plan. Implementing this plan is the responsibility of all children's services across the statutory, voluntary and private sector. The process for review and update is underway in preparation for 'For Highland's Children 4'.

Children Affected by Parental Substance Misuse

The Government is clear that addressing the needs of children in substance misusing families should be incorporated into part of wider work on *Getting It Right For Every Child*.

Highland Integrated Children's Services implemented *Getting it Right for Every Child* in Inverness as one of the pathfinder areas and this has subsequently resulted in its adoption as the Highland Practice Model, with roll out across the whole of the Highland. The principles of the original Getting our Priorities Right and Hidden Harm are firmly embedded in the process and actions are reflected within *For Highland's Children 3*, the local Integrated Children's Services plan. Key elements include early identification and intervention, improved assessment and care planning for children at risk, increased capacity of services to support the child's needs and a consistent and robust approach to local training across the workforce.

In December 2010, the Scottish Government released revised National Guidance for Child Protection in Scotland. This incorporates the principles of Getting it Right for Every Child and contains clear guidance on the development of local guidance "in line with the key wider national change programmes and frameworks relevant to children affected by parental alcohol and / or drug misuse". This will inform further development of local inter-agency child protection guidance and its incorporation with guidance on the Highland Practice Model.

As identified earlier, it is difficult to determine the numbers of children and young people who are affected by parental substance misuse; work is underway at national level to develop templates to gather this information. There is a gap in the baseline information available at local level, but the issue of protecting children is a high priority across the partnership and HADP are fully engaged in the JCCYP and Highland Child Protection Committee processes.

Women, Pregnancy and Substance Misuse

NHS Highland, in partnership with other key agencies and professionals developed good practice guidance to support professionals within the maternity and drug and alcohol services to assist them in providing the best care for the women in their care. These have been written in line with the national guidance 'Getting Our Priorities Right' and 'Hidden Harm' and are firmly embedded in local strategic models.

Youth Action Teams

The existing data from the Youth Action Teams currently offers a crude overview of workload but not the levels of involvement with alcohol and substances.

- Between January 2010 and November 2010, the Youth Offending Co-ordinating Officers dealt with 1,276 Child Concern Forms.
- As of January 2011, there were 211 young people being supported by Youth Action Teams across Highland
- SCRA figures for 2009-10 highlighted that there were 40 young people referred on grounds of misusing alcohol and substances

There are currently three Youth Action Teams in the Highland ADP area: -

- Caithness, Sutherland and Easter Ross
- Inverness, Nairn, Badenoch & Strathspey
- Ross, Skye and Lochaber

The core group are young people aged 12-16years old, however, as the age of criminal responsibility is 8years, the Youth Action Teams will consider those aged from 8-12years. The service accepts referrals via Child Concern Forms, primarily completed by the Police, and the Scottish Children's Reporter Administration (SCRA). Not all the Child Concern Forms will result in a referral for assessment by the Youth Action Teams and some young people will be referred to other support such as Mentoring services as managed and run by 'Action for Children'.

The 'Child's Plan' forms the basis of the work undertaken by Youth Action Team staff with the needs of the individual and their wider world explored and action points agreed. In terms of substance use and misuse, the team adopt targeted programmes such as Streetwise or Substance Misuse Treatment Programmes for Youths. Other interventions include coping skills such as anger management and confidence and self-esteem building.

More structured interventions are used where the young persons use or misuse of a substance is linked to offending behaviour.

Family Support groups

There are a number of al-anon meetings across Highland for families affected by someone's drinking but there no similar versions for families affected by drugs. There have been recent attempts at developing a local network and HADP are currently working with Scottish Families Affected by Drugs

Local delivery outcome: -

"Children affected by parental substance misuse are protected and build resilience through the joint working of adult and children's services"

Local priorities

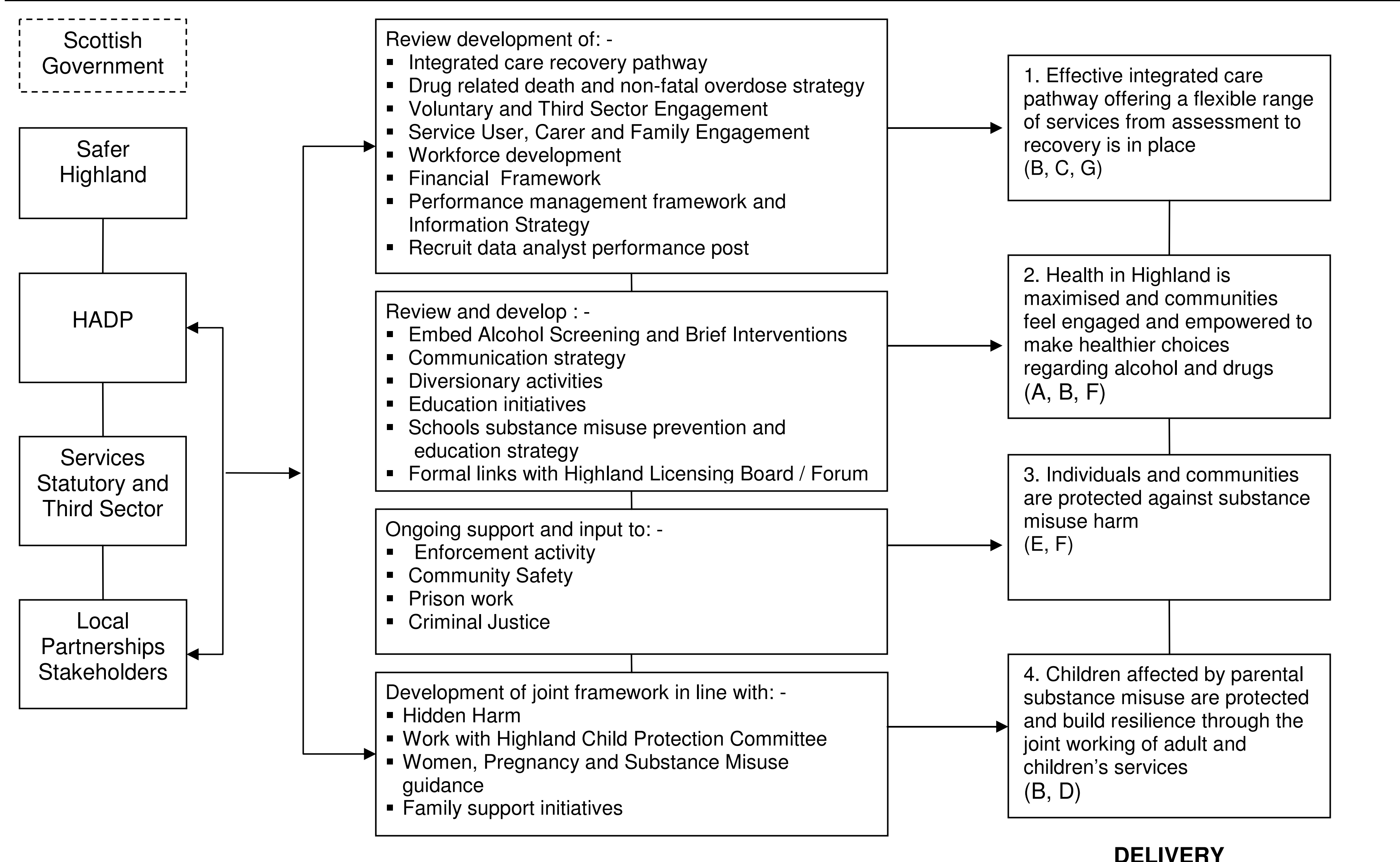
HADP are committed to achieving the agreed local outcome and have identified the following priorities for local action: -

- Joint working with the Highland Child Protection Committee to develop and implement local responses to national guidance
- Develop information systems to gather more robust local data regarding: -
  - CAPSM
  - Children in Services
  - Family support
- Support in review and ongoing development of the Women, Pregnancy and Substance Misuse guidance
- Develop more formal family support interventions for both those affected by alcohol and drug issues

ACTION PLAN

HIGH LEVEL OUTCOMES

A. People are healthier and experience fewer risks as a result of alcohol and drug use
B. Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others
C. Individuals are improving their health, well-being and life chances by recovering from problematic drug and alcohol use
D. Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life chances
E. Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour
F. People live in positive, health promoting local environments where alcohol and drugs are less readily available
G. Alcohol and drugs services are high quality, continually improving, efficient, evidence based and responsive, ensuring people move through treatment into sustained recovery



HADP ACTION PLAN

HADP DELIVERY OUTCOME	STRATEGY ACTION	SPECIFIC ACTIONS	EXPECTED OUTPUTS	REVIEW DATE	LEAD
Effective integrated care pathway offering a flexible range of services from assessment to recovery is in place	Review progress on development of integrated pathway and implement, working towards a single substance misuse service in line with Planning for Integration, HEAT targets and with added emphasis on recovery.	Review and development of:- ▪ Integrated care recovery pathway ▪ Drunk and incapable service ▪ Drug related death / non-fatal overdose strategy ▪ Workforce development ▪ Performance management framework and Information Strategy ▪ Develop peer support activities as part of recovery pathway	Clear single document linking all services with patient-centred flow chart which can be disseminated to all parts of the service Web-based version accessible to service, patients/clients and public which can provide information and advice on all aspects of the service Clear monitoring framework (or dashboard) to sit alongside pathway and able to be reported at regular intervals to the strategy group, with more in depth reports at longer intervals Rapid access to treatment in line with HEAT target, Referral – Treatment in 3 weeks from 2013		Substance Misuse Service Manager, NHSH
	Voluntary Sector engagement	Review the remit of voluntary sector organisations	Clear links in pathway document to services provided by voluntary sector		HADP Coordinator to develop in conjunction

HADP DELIVERY OUTCOME	STRATEGY ACTION	SPECIFIC ACTIONS	EXPECTED OUTPUTS	REVIEW DATE	LEAD
			and clear reporting mechanisms		with SMSM
	Service User, Carer and Family engagement strategy		Service users, carers and families supported and engaged in the ongoing planning and decision making for future service provision		HADP Coordinator with SMSM
Highland communities feel engaged and are empowered to make healthier choices regarding alcohol and drugs	Comprehensive communications strategy linked to Safer Highland	Communication strategy developed	Coordinated and pro-active approach to managing the media, the public and organisational communication		HADP Coordinator to initiate and facilitate whole area in conjunction with Head of Communic-ations NHSH
	Further work to scope totality of diversionary activities across all agencies	Scoping of diversionary activities	Comprehensive understanding of current activity across Highland that provides alternatives to alcohol and drugs, linked to whole population approach		Director of Education, High Life Highland representative or Council link
	Alcohol & Drug Health Improvement initiatives	Embed alcohol screening and brief interventions			Health Improvement Team, NHSH

HADP DELIVERY OUTCOME	STRATEGY ACTION	SPECIFIC ACTIONS	EXPECTED OUTPUTS	REVIEW DATE	LEAD
		Development of a framework to embed a whole population approach Develop education initiatives for the wider communities Schools substance misuse prevention and education strategy	ABI activity embedded and developed across a range of sectors supporting a positive change in behaviour and attitude to drinking patterns Co-ordinated and pro-active approach to media campaigns targeted appropriately Change in attitudes to alcohol and drug users Increased involvement in a wide range of social and leisure activities Substance Misuse Education embedded within Curriculum for Excellence and delivered in line with Highland strategy Communities are supported to engage in local activity linked to the health improvement and communications actions		Health-promoting schools lead and Police lead
Individuals and communities are protected against substance misuse harm	Links to new Police Alcohol Strategy	Ongoing support and input to:- ▪ Enforcement activity and Northern Constabulary Alcohol Strategy	Co-ordinated and pro-active partnership approach to community safety and enforcement initiatives including targeted campaigns		Northern Constabulary Exec Lead and Policy Officer,

HADP DELIVERY OUTCOME	STRATEGY ACTION	SPECIFIC ACTIONS	EXPECTED OUTPUTS	REVIEW DATE	LEAD
	Links to Licensing Forum	Input around over-provision and applications to Highland Licensing Forum and Board	Reduction in impact of drug and alcohol-related crime on local communities Consistent partnership approach to embedding licensing objectives particularly in line with public health objective and with a shared understanding of over-provision statement and its use		HADP Coordinator in conjunction with Public Health and Police lead
		Input to Community Safety ▪ Prison work ▪ Persistent offenders	Criminal Justice service provision is formally embedded in the overall recovery pathway		Head of Operations and Central Services Highland Council Community Safety Tasking Group: Professional Leads to take specific issues for discussions and Co-ordinator to feed back
Children affected by parental substance	Links to Joint Community Plan and CAPSM protocol	Development of joint framework in line with: -	Children and families are supported in line the Highland		More detailed local action

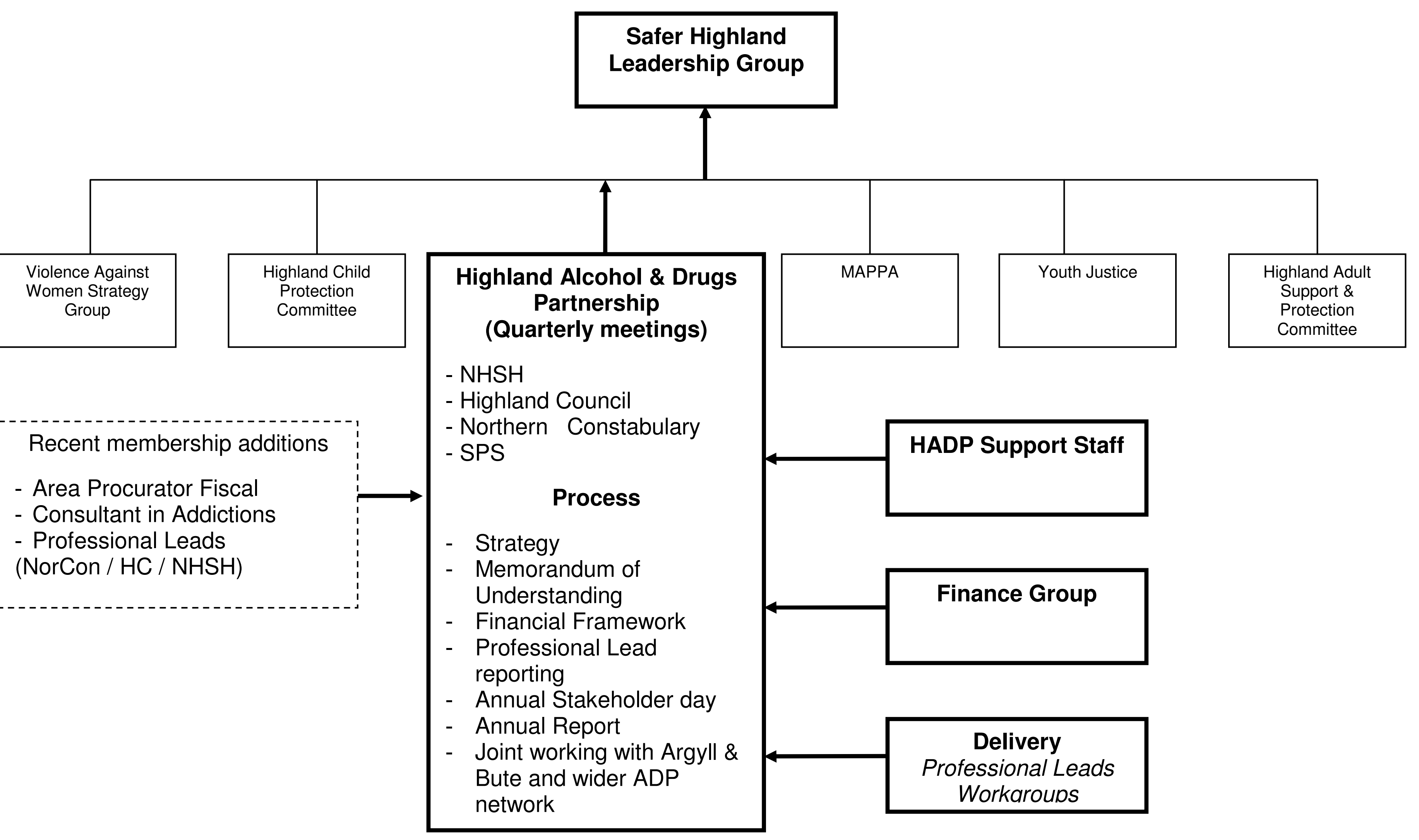
HADP DELIVERY OUTCOME	STRATEGY ACTION	SPECIFIC ACTIONS	EXPECTED OUTPUTS	REVIEW DATE	LEAD
misuse are protected and build resilience through the joint working of adult and children's services		▪ Hidden Harm ▪ Joint training ▪ Women, Pregnancy and Substance Misuse guidance Develop family support interventions	Practice model providing better outcomes for those affected Children are assessed and managed within the GIRFEC framework Pregnant women have access to support and treatment to reduce the harm associated with their substance use / misuse		plan required Director of Social Services In conjunction with Child Health Commissioner and Head of Children's Services
Next Steps					
Strategy disseminated across key stakeholders and strategic partnerships	Shared understanding and commitment to delivering the alcohol and drugs strategy across Highland ADP	Submit the Strategy to 'Safer Highland' Leadership group for ratification Submit the strategy to Scottish Government Alcohol & Drug Policy Units Initiate a programme of presentations across the strategic groups and committees to launch the strategy Develop a user friendly summary document for service users, families and	High level commitment to deliver across partnerships as well as within single agency structures Support from Scottish Government departments to deliver in line with national strategy and policy Greater understanding and support from related strategic groups and committees Formal engagement and involvement from those directly impacted upon in the		HADP Chair , HADP Members and Coordinator

HADP DELIVERY OUTCOME	STRATEGY ACTION	SPECIFIC ACTIONS	EXPECTED OUTPUTS	REVIEW DATE	LEAD
		carers; public and staff across services and agencies	wider public, services and service user arenas, Improved understanding of treatment and support options available		
Overarching strategy supported by detailed delivery action plans	Comprehensive action plans developed to support the strategic outcomes	Existing HADP Delivery Group tasked with developing the detailed plans Key roles identified to undertake areas of work within their area of responsibility Professional Leads to take a pro-active role in supporting wider group to agree actions for implementation Report and plans to be submitted to HADP for scrutiny and ratification	Clearly defined roles and responsibility for actions determined Actions delivered on and progress made towards agreed outcomes Ongoing scrutiny and direction given by HADP to ensure effective and efficient delivery of a whole population approach encompassing specific actions in prevention, recovery, protecting communities and maximising health		HADP Delivery Group Chair and Professional Leads
Underpinning					
Formal and committed partnership to deliver on the Strategy outcomes	Efficient and effective partnership working	Review and update the HADP Memorandum of Understanding (MoU) annually Quarterly meetings scheduled in advance	Ongoing consistent partnership approach to implementing the HADP strategy Consistent attendance in line with MoU ensuring HADP is quorate		HADP Chair and members Coordinator to facilitate

HADP DELIVERY OUTCOME	STRATEGY ACTION	SPECIFIC ACTIONS	EXPECTED OUTPUTS	REVIEW DATE	LEAD
		Agreement of reporting templates and processes Development of wider network of stakeholders that meets once or twice a year	Strategy monitored and reviewed Closer links between strategy, delivery and wider stakeholder groups to ensure strategic direction followed and understood		
Development of Financial Framework	Joint framework across the HADP partnership	Review HADP Memorandum of Understanding Develop a joint financial framework across the partnership	Services commissioned and resourced in line with HADP priorities and strategy Services deliver key outcomes against Service Level Agreements		HADP Chair and NHSH Accountant
Development of an Information Strategy	Data and information sharing practices	Development of an overarching Information Strategy to include: - ▪ Clinical information sharing practices and shared care ▪ Service information for service users, carers, families and professionals ▪ Data sharing ▪ Safer Highland Appointment of a data analyst to support the requirements of HADP and Safer Highland	Comprehensive list of services with access and contact information Consistent reporting and sharing of relevant data and information in line with HADP outcomes and indicators Increased understanding of cross-cutting themes and relevant data		HADP Coordinator and Information Analyst

APPENDICES

Organisational Chart



HIGH LEVEL OUTCOMES

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

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

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

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

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

F. **LOCAL ENVIRONMENT: People live in positive, health-promoting local environments where alcohol and drugs are less readily available:** alcohol and drug misuse is less likely to develop and recovery from problematic use is more likely to be successful in strong, resilient communities where healthy lifestyles and wider well-being are promoted, where there are opportunities to participate in

meaningful activities, and where alcohol and drugs are less readily available. Recovery will not be stigmatised, but supported and championed in the community.

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

Definitions of problematic alcohol use

Categories	Definition
Hazardous alcohol use	Drinking above a level that may cause harm in the future, although not currently causing physical, social or psychological harm. The level of consumption above which risk of harm is understood to increase is consumption that exceeds 4 units a day or 21 units per week for men and consumption that exceeds 3 units a day or 14 units per week for women
Harmful alcohol use	Drinking at a level leading to current physical, social or psychological harm. Harmful alcohol use includes a wide range of problems along a broad spectrum of severity. For example health problems from alcohol related injuries to life-threatening chronic alcoholic liver disease; and social problems from absenteeism after an isolated drinking binge to job loss from repeated alcohol related absenteeism.
Alcohol dependence	When an individual has three or more of a range of alcohol dependence symptoms. Dependence symptoms include: tolerance, alcohol withdrawal, craving, relief of withdrawal, neglect of alternative pleasures, and persistence of drinking despite negative consequences.

(WHO, 1992, cited in Drummond, et. al., 2009)

Definitions of Drug Use

Categories	Definition
Experimenters	People who try legal and illegal drugs, including alcohol, tobacco, cannabis and psycho-stimulants. They are unlikely to be in touch with services except for those providing information.
Regular users	Individuals who typically use legal and illegal drugs on a regular basis. They may have had some contact with drug information services.
Problem drug users	Individuals who experience or cause social, psychological, physical, medical or legal problems because of their drug use. They are the most likely to be in touch with drug treatment services, however many may not have contact with services.

(Scottish Government, 2008)

Table Specialist Substance Misuse Treatment Definitions

	Definition
Initial engagement	Less structured support provided prior to more formal structured preparatory intervention, aimed at enabling individuals to identify recovery goals and/or to move from unstable lifestyle circumstances to those that support their engagement with treatment. May be delivered by a range of services, including homelessness, mental health, criminal justice and peer support services etc... Supports delivered may include: making/attending appointments, advocacy, support with relationships, harm reduction information, strength based assessment and general support/guidance.
Structured preparatory intervention	Time limited or short term support package to support client to achieve stable lifestyle. As part of clients structured recovery support plan, regular key working sessions and use of practical tools/methods such as: drug and alcohol use diaries, relationship/family support, relapse prevention advice, sessions to improve self-esteem and medical assessments prior to prescribing.
Structured Psychosocial Intervention	Clearly defined, evidence based psychological and social interventions delivered as part of the client's recovery support plan. Often time limited, structured and delivered by specially trained practitioners. Examples of these interventions include: CBT, coping and social skills, social behaviour and network therapy, motivation interviewing, sleep hygiene, anxiety management, family and marital therapy, 12-step facilitation therapy.
Residential Rehabilitation	Provision of a range of interventions to support recovery from drug and/or alcohol misuse, including abstinence-oriented interventions, delivered within a residential accommodation environment. Often includes mixture of group work, psychosocial interventions, and practical/vocational activities. May be specialised to support particular client groups. May involve specialist input from other specialist services
Residential detoxification / inpatient treatment	Short episodes of hospital (or equivalent) medical treatment to manage a client's detoxification from alcohol or drugs. Should be delivered as part of a client's recovery support plan. Includes: medical interventions to manage withdrawal, medical interventions to reduce relapse risk, stabilisation on substitute medication, comprehensive assessment, and psychosocial therapies.
Community based detoxification	Specialised support delivered in a community setting to help the client through the process of withdrawal from drugs and/or alcohol as part of the client's recovery support plan. Includes: prescribing substitute medications to support withdrawal from opiates, sedatives, stimulants and/or alcohol (in line with SIGN 74 clinical guidelines)
GP Prescribing	Community based specialist drug and alcohol treatment delivered as part of a client's recovery plan. Includes prescribing by GP's in support clients stabilised substitute use, detoxification/withdrawal and for the prevention of relapse. GP's may act as key worker to support clients, more commonly a specialist worker will provide this in collaboration with the GP. Non-medical prescribers (nurses, pharmacists) may also support GP prescribing interventions.
Specialist prescribing	Specialist drug and alcohol treatment usually delivered by a multi-disciplinary team including specialist doctors, often consultant addictions psychiatrists, working within a specialist treatment service. Includes prescription of medications to support clients stabilised substitute use, detoxification/withdrawal and for the prevention of relapse in accordance with the clients recovery support plan.
Structure Day Program	Structured day programs provide a range of interventions which the client is required to attend 3 to 5 days a week as part of their recovery support plan. Structured day programs may include: group work, psychosocial interventions, and education and life skills activities. The programs may be delivered in a fixed rolling pattern or in response to individual client need.
Other structured intervention	Other structured interventions delivered as part of the client's recovery support plan which consist of structured therapeutic supports not outlined in the treatment types set out above. These may include: harm reduction interventions, brief interventions, support to address other health and/or social needs and ongoing support to maintain abstinence following withdrawal.

(Smith & Massaro-Mallinson, 2010)

Feedback Report
Strategy Consultation event
Friday 18th February 2011

1. Background

1.1 In line with the new Framework for local Partnerships on Alcohol & Drugs Highland Alcohol & Drugs Partnership agreed to undertake a local needs assessment on alcohol and drugs in order to inform a new local strategy. As part of the process, a Strategy Consultation event was held in the Centre for Health Science in Inverness on Friday 18th February 2011.

The aim of this event was to: -
Raise awareness of the Highland Alcohol & Drugs Partnership and support the revision of the local alcohol and drug strategy.

2. Structure of the day

2.1 The programme (appendix 1) was divided to include on overview of the problem with alcohol and drugs and an update on local activity; recovery and stigma; an update on the Road to Recovery as the national drug strategy and a panel discussion. An extended lunch break incorporated a marketplace where delegates had an opportunity to network, engage with professionals working in the field and record their thoughts, comments and suggestions for consideration in the new local strategy.

3. Delegates

3.1 The invite to attend was circulated widely and included representatives from all the key organisations, local councillors, wider community stakeholders and services. A maximum of 100 places was allocated and a total of 98 attended (appendix 2).
The packs included: -

- Programme
- Copies of the presentations
- Delegate list
- Membership form for the Scottish Drugs Recovery Consortium
- Feedback and pledge form (appendix 3)

4. Presentations

4.1 The morning session was chaired by Mr Ian Latimer, Chief Constable, Northern Constabulary and Sponsor of the Highland Alcohol & Drugs Partnership.

4.2 Presentations *(included in delegate packs and available on request)* delivered were: -

- 'The Problem with Alcohol & Drugs'

Dr Margaret Somerville, Director of Public Health and Chair of Highland Alcohol & Drugs Partnership

- 'What's Happening in Highland?'
  Suzy Calder, Substance Misuse Strategy & Implementation Manager, Highland Alcohol & Drugs Partnership
- 'Key Messages for Recovery'
  Dougie Paterson, Director, Scottish Drugs Recovery Consortium
- Update on the Road to Recovery (verbal presentation)
  Mr Fergus Ewing MSP

5. Marketplace

5.1 A range of professionals participated in providing information and displays, these included: -

- Child Protection
- Action for Children
- Youth Action Teams
- Health Promoting Schools
- Harm Reduction Services
- Treatment Services
- Criminal Justice Services
- Homeless Services
- Northern Constabulary
- HMP Inverness
- APEX Scotland

5.2 Delegates were asked to consider 4 key questions however; feedback received included much more general comment. There was good interaction with the thought wall with a wide range of feedback (appendix 4).

In order to maximise responses, delegates were also provided with a 'Feedback and Pledge' form which they could complete at the event or complete and send in. This form was subsequently circulated electronically to all those in attendance.

6. Feedback

6.1 The 'thought wall' was the most successful method of gaining feedback from the participants in the day. There was a broad range of feedback with particular focus on service delivery, embedding recovery, improving the range of services available and ensuring integrated care pathways exist for those accessing treatment and support from any point of entry. There is a need to consider the range of medical interventions available and equity of access to these e.g. detoxification. Recovery focussed interventions and appropriate focus on outcome measures were highlighted as very important.

6.2 There were a number of comments regarding the need to engage and develop appropriate activities and interventions for young people and that these should be available across Highland. This included a review of

resources, training for teachers and enhancing the range of diversionary activities. There was also a suggestion to consider family based initiatives.

6.3 Further suggestion included the need to enhance communication and improve partnership working to ensure a clear link between strategic and operational issues. There was a suggestion that there is currently a gap in knowledge at operational level on what the strategic direction is. In addition to this, suggestions were also made about developing a planned programme of social marketing targeting specific messages for specific target groups. The issue of language and stigma should be addressed within all communication processes.

6.4 Feedback also highlighted a need to improve joint working practices with the wide range of existing services across Highland. Many identified that there was limited knowledge of the roles of some of the agencies in place. Suggestions include a need to consider providing a more comprehensive service directory and having regular network events to share information and news on new developments. These should include a wide range of services that may have a primary or secondary role in working with alcohol and drug issues. There was also a suggestion to undertake a mapping of young people services and voluntary sector provision.

6.5 There were a number of different agencies and services in attendance with a wide range of experience and involvement in this area of work. Knowledge of services was highlighted as a key requirement and in line with this, a broader training strategy to include awareness raising through to skills based training is required.

6.6 Issues were highlighted on the use of drug and alcohol allocation with a need to evaluate what's worked, what's not and where the resource should be targeted in the future. Reference was made to agreeing commissioning arrangements within local planning and integration processes. A number of local initiatives have developed through joint working practices and have not relied upon additional resource. It was suggested that it's time to consider best practice models that exist and seek to replicate these across Highland where appropriate.

6.7 A series of questions were posed, including;

- Should there be a Safer Injecting Room in Communities (+ Supervised)?
- Why can't staff of support agencies be trained to carry Naloxone?
- What support to be given to those who have completed initial TREATMENT – Do we offer sufficient support to compliment initial TREATMENT?
- Despite all the essential talk about outcomes, are we still too eager to ignore quality and look at numbers?
- No lead nurse for CPN(A)'s? Who mediates strategy and practice and policy developments?

- Why is it that so many addicts (particularly offenders) are maintained on a Methadone programme as opposed to an effective Reduction Programme?

6.8 General feedback on the overall event was extremely positive, comments include; informative, good networking opportunity, good to see decision makers participate in the event, inspirational and marketplace a great idea.

7. Panel Discussion

7.1 The panel discussion was chaired by Mr Fergus Ewing MSP. There were 4 questions submitted for the panel discussion in the afternoon and some additional questions were taken from the floor.

7.2 The panel members were: -

- Dr Margaret Somerville, Director of Public Health and Chair HADP
- Dougie Paterson, Director, Scottish Drugs Recovery Consortium
- Bill Alexander, Director of Social Work Services
- Supt Ian Arnott, Northern Constabulary
- Hugh Fraser, Director of Education, Culture & Sport
- Cllr Jaci Douglas, Political Champion for Alcohol & Drugs
- Angus MacVicar, Governor, HMP Inverness
- Suzy Calder, Substance Misuse Strategy & Implementation Manager, HADP

7.3 Questions and answers

Q.1: WHY WERE AGENCIES SUCH AS 'FOR THE RIGHT REASONS' AND 'NARCOTICS ANONYMOUS' NOT INVITED TO THE STRATEGY DAY?

Answer: No service was specifically excluded, there was a great deal of interest and the vent was over subscribed. There will be an opportunity for further engagement. Acknowledged that there was a need to look at assisting these organisations as much as we can and there should be a link to the professional services. SDRC has a remit to assist services to break down barriers and support engagement, if services join SDRC they will receive an invite to attend event on 24th March at Inverness Caledonian Stadium, these services would be welcomed.

Q.2: WHAT MORE CAN WE DO TO SUPPORT RECOVERY IN SERVICES?

Answer: It's important to recognise that many people will recover without accessing any service. Key elements may include asking people at the point of entry how they view their recovery, this can be framed in a variety of ways, based on why the individual attended and what they'd like to achieve. There's a need to understand what helps people to recover, what's their 'recovery capital'? This would involve what support networks do they have, what skills do they possess etc.. More should be doe to ensure that people who use services have the opportunity to be involved in determining how services could help.

Subsequent comments:
Is there a need for a project like LEAP (Edinburgh) which links accommodation and activity that supports route into employment. A local session for Housing Support Officers included a presentation from LEAP, had a significant impact on staff in terms of highlighting that recovery is possible. Lessons could be learned from projects both locally and nationally. Housing has a role to play in supporting recovery.

Q.3: WE WORK WITH A LOT OF YOUNG PEOPLE WHO BINGE DRINK – OTHER ACTIVITIES BORE THEM. IS THERE A NEED FOR A VOLUNTARY SERVICE FOR YOUNG PEOPLE TO STOP THE BOREDOM?

Answer: There have been significant strides made in terms of work with young people over the years. Strategies should include both universal and targeted activity where appropriate. There is concern that work could potentially be diluted given the challenges in sustaining long term funding for projects, this could give rise to children being attracted in to negative activities therefore there is a real need to engage with communities in addressing the needs identified.

Subsequent comments:
Arts and Culture Development. There has been cuts in the Arts in Highland and these cuts can and do affect communities, often not immediately noticeable. Youth Projects need to look at effect on this. Work with young people with specific needs. Numbers should not be important.

Transport can be an issue in rural areas and as such services need to consider how young people can gain access to events.

Q.4: IN THIS DAY AND AGE IS IT RIGHTLY UNACCEPTABLE FOR CERTAIN DEROGATORY LANGUAGE TO BE USED WHEN TALKING TO MEDIA OR GROUP – WHY DO THEY GET AWAY WITH IT?

Answer: To date language has not been challenged. There are lessons to be learned from the 'See Me' campaign. There has been a culture of blame associated with drug users particularly and the media ted to report on the negative image, there is a need to influence the media. SDRC are currently drafting media guidelines and recruiting media volunteers of people who have recovered as part of the process of changing this.

Q.5: WHAT WAYS CAN WE EMPLOY TO HEALTH CARE WORKERS TO ENCOURAGE HEALTH LIFESTYLE IN TERMS OF DRINKING?

Answer: Alcohol Brief Interventions should be encouraged; it should be part and parcel of everyone's job as it is everyone's problem. Alcohol is a huge problem in the Health Service. Upstream work will reduce the problem and health professionals should be trained to do that.

Inverness has the largest custody suite in Inverness and there are gaps – Police Officers are not Health Professionals. Work should include help to break the cycle of crime, early intervention is key to that. Short term sentencing doesn't always provide enough time to do any kind of intervention which will put them on the recovery road.

There's an opportunity to challenge the language and review the interventions offered within the prison, a commitment was made to investigate the terminology used across HMP Inverness and engage in changes if required. There is a lot of work that happens within the Links Centre that seeks to engage with a range of professionals to support the transition back in to communities, should there be a community version?

Subsequent comments:
Concern raised that the Designated Place was closed and that this was an area that could have picked up on supporting behaviour change.
There has been little evidence of service user involvement and a suggestion was to dedicate some spaces to this in any future event.

Q.6: WHAT HAPPENS NEXT? HOW DO WE REACH WIDER GROUPS AND IS THERE A TIMESCALE TO THE COMMITMENT OF NEXT STAGE?

Answer: There will be a report drafted on the outcome of today and this will be considered at a joint meeting of the HADP Strategy Group and HADP Delivery Group on 10th March. Thereafter the HADP will meet again in April and frame the new strategy; further opportunities will exist for people to feed in the future. A final report with the new strategy will then be submitted to Safer Highland.

Highland Alcohol and Drugs Partnership

Strategy Consultation Day - Friday 18th February 2011

Centre for Health Science, Old Perth Road, Inverness IV2 3JH

PROGRAMME

9.30	**REGISTRATION – Tea/Coffee** *(in Street Space)*
Chair: **Mr Ian Latimer,** *Chief Constable, Northern Constabulary*	
10.00am	**Welcome and Introduction**
10.15am	**Dr Margaret Somerville** *Director of Public Health, NHS Highland/Chair, Highland Alcohol & Drugs Partnership*
10.45am	**Outcome of the Needs Assessment** *Suzy Calder, Substance Misuse Strategy & Implementation Manager*
11:15am	***Refreshment Break***
11.30am	**Mr Dougie Paterson** *Director, Scottish Drugs Recovery Consortium*
12.15-2pm	**Lunch and Consultation via Marketplace** *Brief introduction* *Marketplace is held in the Multipurpose Room* *A buffet lunch is served in the Street Space*
Mr Fergus Ewing MSP, **Minister for Community Safety: Arrives 1pm** ***Chair*: Mr Fergus Ewing**	
2.00pm	**Road to Recovery – Scottish Government update**
2:15pm	**Panel Discussion**
2:45pm	**Summary and Closing Remarks**
3.00pm	**END**

Highland Alcohol and Drugs Partnership

Strategy Consultation Day – 18th February 2011

Total Number of Attendees	**98**
Highland Councillors	6
Housing	2
Housing Associations	2
CPNA's	9
Community Safety	1
Health Promoting Schools	1
Public Health/Health Promotion Specialists	9
Public Health Practitioner	1
Criminal Justice	3
Youth Action Teams	4
Social Work	1
Police	6
GP	1
Prison	2
APEX	2
Child Protection	1
Women's' AID	2
ABI Early Intervention	3
Crossreach/Beechwood House	4
Consultant Psychiatrist Addictions	1
Homeless Trust	3
Harm Reduction Service	3
Substance Misuse	1
Action for Children	3
Drug and Alcohol Forum	1
Young People's Projects	2
Youth Development	1
Community Health Partnership	2
Community Safety	1
Crossroads	1
Home Carers/Home Support	2
Substance Misuse	2
Children 1st	1
MAPPA	1
Mental Health & Learning	1

ADP	7
Scottish Government	3
Key speakers	2

Strategy Day 18th February 2011
Feedback Form

Name:	
Designation:	
Agency:	
Email:	

Key Issues

Please use this form to provide any further feedback you may wish to give on key issues, service provision or partnership working in the following areas.

Young People

Adult Services

Enforcement/Community Safety

New Developments

Any other general comments

Event Effectiveness

Please rate the effectiveness of this event for encouraging contributions to HADP's future strategy *(Please circle)*

0	1	2	3	4	5	6
Not Effective						*Very effective*

Partnership Pledge ✍

What can you do for the partnership?

For HADP to develop requires partners to get involved. We urge you to briefly set out what contribution you can make to working in partnership to tackle drug and alcohol problems in Highland.

My contribution to HADP is…..

Name……………………………………………………………………………

Please email this form to:
maureen.doig@nhs.net or send to:

Highland Alcohol and Drugs Partnership
2 Ardross Terrace
Inverness
IV3 5NQ

Thought Wall comments

General feedback
Very informative day. Good to network and get a broader understanding of the wider implications of service provision
The conference today was very encouraging, especially Dougie from the Scottish Drugs Recovery Consortium. We at CCast Highland want to work in partnership with other agencies – I believe for this to work there has to be mutual trust and respect between the agencies whether voluntary or statutory. My experience so far is that the medical professional and the Police are happy to work with the 'Voluntary' Sector groups (because of lack of funding – resources etc) but the level of appropriate Information sharing only goes on way from the Voluntary Sector → Strategy. This needs to be addressed if these partnerships are the way forward and success is the goal. CCast Highland is a new support service covering the Ross-shire/Sutherland area and we can make referrals for anyone moving into or back to that are.
Important to allow responsible drinking. More legislation not necessarily helpful. May antagonise/disengage.
Helpful to engage fully with Primary Care/GPs as this will allow access to family support due to the generalism of Primary Care. Confidentiality is important.
Round ups Education sessions both in schools and workplaces Alcohol presentations at Cardiac rehabilitation and Falls Prevention classes. Speaking on Nevis radio community slot.
There is a huge scope for alcohol work in the Lochaber area and agencies are happy to talk about it and to integrate services as it is a problem which either directly or inadvertently for the majority of the population. The Lochaber Drug and alcohol forum would like more HDAP input. If someone from HDAP could possibly come to a meeting or comment on the minutes, give some e-mail contact that would be appreciated. The consultation day was interesting; it gave good general information and networking potential.
I would have liked a minimap of the Market area with a main contact and contact details for the agencies involved.
It will be great to see what comes of this meeting i.e. is information about the thought wall to be published?
Being very new to the services I felt a little unsure who was the right person to start talking to at the market place and no one approached me, despite my interest being shown by my reading material at the specific stall.
These appear to be taking a real hit with the budget constraints that are

current. Whilst I appreciate that the government budget has not been reduced, services cannot say the same.
Loved the ‘Recovery’ message. Felt I could really get behind that. It is easy to be jaded after working with vulnerable groups with chaotic lifestyles for 10 years but it was good to reflect on the amazing successes we have had with individuals and not to constantly think about the problems and the revolving door. Thanks for that. I thought the speakers were all inspirational. It was really good to see key decision makers really involved for the whole day. The marketplace was a great idea. The lunch was awesome and healthy. The networking was an excellent opportunity to speak to people I don’t often get the chance to because of time constraints.
Hindered by financial pressures – embargo a “New Development” Need to change practice to release resource to help “doing it differently”
TRUST + RESPECT FOR VOLUNTARY SECTOR CHARITABLE ORGANISATION PARTNERS – Two-way street – Information only goes 1 way!!!
Cut out the Politically Correct Bull---t and call a spade a spade. Honesty and openness is what people want when they are coping with serious lifestyle challenges.
Lack of community police involvement in Lochaber (with due respect to funding costs), if more preventative work could be done with agency involvement this is always beneficial - kids especially who see officers without being in trouble.
HADP should work more closely with local organisations such as Narcotics Anonymous and For the Right Reasons. These organisations also need to be integrated more into the Highland Drug Strategy.
It would have been useful here to have had a presentation or presence from pilot projects taking place in the Highlands involving Young People and Health issues and young people as Peer Educators making videos of for their peers, to encourage them to stop smoking for example, or to be safe when drinking and /or having sex. Such projects do exist here!!
Relating to local forums there needs to be more central support for these from HADP. HADP is invisible to most local agencies and professionals. HADPO needs to be more in touch with operational staff and voluntary sector – the local forms have no idea what the Strategy is.
Develop planned programme of social marketing targeting the key issues for target groups.
Capture drug and alcohol issues in commissioning arrangements as per

planning and integration.
Network/pathway children/young people alcohol/drug use/misuse (prev-treatment care)
Across – Health, YAS, Social Work, Maternity etc.etc.

Wide ranging review of use of voluntary organisation funding to determine how we should best divert resources for Drug and Alcohol issues.

1. Service providers – health etc – need to have range of methods of getting the views and experiences of people who use services. E.g. good/stigma etc and why may not use services. Service user feedback is vital – what was good/poor.
2. How do we involve colleagues e.g. from NHS Acute Sector – in these types of events?

There needs to be ongoing support for youth workers/streetwork/youth projects. These services are not consistent. Needs to be focus away from Inverness within existing resources.

Pricing alcohol probably limited impact on Young People's access to alcohol where the supply is from parents and other means – although education was not high up as an evidence-based intervention, there must be a range of effective interventions at a family level.

The value of self esteem and a sense of self worth so the foundation of a whole range of lifestyle choices that support long term health as well as the process of recover. Good nutrition and physical activity are essential going forward and often neglected. The role that recovery and support services have in promoting good diet and fun through being physically active should not be underestimated.

DEBT must be an enormous problem. With tightening up of Benefits, this can only get worse. The impact of this on the individual the family could be enormous.
There are enormous support needs for this client group to turn addiction into recovery into employment
"Every little helps"
Keep up the good work

Housing – Links with multiple and complex needs assessments (homeless)

USE MISUSE – Can we please think about our use of these terms (and others) when describing individuals, community behaviour and planning how best to utilise valuable resources?
Get in wrong and you stigmatise and direct resources inappropriately.

Communication needs to improve between the strategists and operational staff. One is unaware of the other. E.G. we are working to delivery ABIs (GPs/Nurses etc) but the Early Intervention Workers also delivery ABIs that don't count towards the target. This situation should not have happened. Could HADP link with the Health Improvement groups for example to improve

communication? EIWS have done very well in difficult circumstances.
No User Groups at Present!
The value of self esteem and a sense of self worth is the foundations of a whole range of lifestyle choices that support long term health as well as recovery. Good nutrition and physical activity are essential going forward and often neglected. The role that recovery and support services have in promoting good diet and fund through physical activity should not be underestimated.
Recovery based services should have joint managed and integrated, co-located medical and social work services. Evidence suggests rapid access to a range of interventions is integral to an effective treatment service. 1 Specifically in difficult financial times, I feel more thought can be taken with regards to wasteful use of resources. 2 I'm afraid of too much emphasis on "making do" making potential risk increases.
Funded services to delivery on outcomes – not historical practice including supported services e.g. Council for Alcohol.
Concerned that alcohol monies in past 2 years have not supported development in adult services * Imminent gap following retrial of Substance Misuse Coordinator – which undermines efforts to support partnership working. *Specifically alcohol practitioners post not supported for adult services (other than eventually for ABI. Presentations today have emphasised serious need to address both alcohol and substance misuse together.
Working to improve lives that are affected by alcohol and drug use is about the whole life picture, not just the alcohol and drugs or the immediate timescale around crisis intervention. Therefore, the importance of increasing confidence and self-worth around food and physical activity behaviours cannot be underestimated. How we feel about ourselves is often played out in what we eat or whether we can be bothered to go outside or have fun. Progress in recovery can be pretty well measured by how people regard the importance of, and make positive choices around, nutrition and physical activity. So the key objectives of the Healthy Weight Strategy have a huge contribution to recovery and healthy lifestyle maintenance.
Young people – we delivery courses to vulnerable young people in the Highlands – 20% is substance misuse based – I would like to meet Suzy to discuss our findings.
The conference today was very encouraging, especially Dougie from the Scottish Drugs Recovery Consortium. We at CCast Highland want to work in partnership with other agencies – I believe for this to work there has to be

mutual trust and respect between the agencies whether voluntary or statutory. My experience so far is that the medical professional and the Police are happy to work with the 'Voluntary' Sector groups (because of lack of funding – resources etc) but the level of appropriate Information sharing only goes on way from the Voluntary Sector → Strategy. This needs to be addressed if these partnerships are the way forward and success is the goal. CCast Highland is a new support service covering the Ross Shire/Sutherland area and we can make referrals for anyone moving into or back to that area.
Reduction in spending across the board is an area of concern, and we need not to lose sight of the 'pay off' for service users. We work hard to engage them, which is important, but then recovery can mean they no longer hit priority for any service, effectively making their life situation less manageable without drugs and/or alcohol.
These appear to be taking a real hit with the budget constraints that are current. Whilst I appreciate that the government budget has not been reduced, services cannot say the same.
Working to improve lives that are affected by alcohol and drug use is about the whole life picture, not just the alcohol and drugs or the immediate timescale around crisis intervention. Therefore, the importance of increasing confidence and self-worth around food and physical activity behaviours cannot be underestimated. How we feel about ourselves is often played out in what we eat or whether we can be bothered to go outside or have fun. Progress in recovery can be pretty well measured by how people regard the importance of, and make positive choices around, nutrition and physical activity. So the key objectives of the Healthy Weight Strategy have a huge contribution to recovery and healthy lifestyle maintenance.
Need
The joint agency group (DTTO, SPS, Apex) are running a weekly Impact Group covering motivational problem solving and a mutual/peer support. Very well non funded partnership that has grown and needs a coordinator for 1 day per week to keep this group going.
Can we have a service network – maybe meet quarterly. To share info and developments, look at joined up working and plan ways forward
Antisocial behaviour partnership groups and link to CJS (in local areas) for info sharing.
Include Women's' Aid in Care Pathway to aid joint working
Coordinated working between violence against women services and drugs and alcohol.
Need for recovery to have a much higher profile through all services – treatment support etc.

Recovery Communities to be developed and recognised over and above simply mutual aid groups
Alcohol Awareness Community Programmes would help.
Focus on People recovering moving away from treatment to employment – other activities – and for resources to be re-directed to support this.
Improve links with and between Primary Care
7 day a week alcohol detox – could adopt Skye patient gap directive with alcohol practitioner support. Gap – Opiate detox Lofexidine limited efficacy better locality options Subutex Detox.
7-day alcohol community detox. Opiate debate. Subutex – no pharmacy supervision. Alternative to Methadone Subutex/Suboxone. Revisit minimum pricing for alcohol.
Alternative to Methadone Subutex/Suboxone issues of pharmacy supervision of dispensing
Dual Diagnosis – no designated service.
Young people – we deliver courses to vulnerable young people in the Highlands – 20% is substance misuse based – I would like to meet Suzy to discuss our findings.
Helpful to engage fully with Primary Care/GPs as this will allow access to family support due to the generalism of Primary Care. Confidentiality is important.
More service provision which relates to family support and community capacity building.
I strongly advocate the need for a central record of all youth activities taking place in Highland, including voluntary run activities. This would help us to know what we have and manage it and focus on key areas. Agree with Mr Paterson approach, we need to look wider and focus our effort not only on treatment but further suggest through support groups community support, etc this for both alcohol and drugs. As per Dr. Somerville's presentations, should we not focus our effort on enforcement – alcohol strategies and control policies, as looks like they are more effective than education. How about we carry a mapping exercise of all voluntary groups in Highland focussing on alcohol/drugs but as well as other associated issues. Very good event , well done!
New and better information and resources are needed for doing work with

youths and info for parents whose kids are drinking and where to go for help. In Lochaber there are good links between street-workers, the police, youth action team and health and round-ups and follow up education sessions have thus far proven successful. Recovery is promoted & links with voluntary and other agencies are strong. I found it beneficial to hear from Dr Somerville about the Framework for Action.
From the market place it was good to speak to the Community Safety workers in the market place, however this showed there are services we don't know much about – could there be some sort of Highland directory.
From a Harm Reduction perspective, it would be useful if we could develop more robust communication with TEC services re discarded needles found in Highland area. If we had this, HR services could work on reducing the problem through local exchanges.
We need everyone to deliver ABI's, not just NHS Staff. The people we really need to delivery ABIs to in my opinion don't go to their GP and rearely see anyone else from the NHS. - What about Youth Workers - Leisure Staff - Housing etc. etc.
Commitment from all agencies in addressing the needs of clients who are assessed as having multiple and complex needs and are homeless.
Commitment from agencies through early intervention when clients are engaging in anti-social behaviour as a result of addiction/mental health issues.
Multi-organisational approach needs further development, currently clients feel they are fobbed into another agency rather than seeing it as a pathway.
Investment in early intervention pre-birth to address parenting capacity risk assessment currently midwives are extremely stretched to delivery core care. Investment in specialist role such as previous "Sure Start Midwife' posts would support and promote engagement
In current resource constraints NHS staff are only supported to undertake "mandatory training" for universal services to undertake roles that include understanding issues around alcohol and drugs importance of workforces development and training to support frontline staff in universal services requires investment and support.
Understanding within acute NHS services that social risk in terms of health inequalities is as important as medical risk – and in fact that they are usually intertwined.
Create understanding of each others roles, responsibilities and expertise across agencies. Becoming more evident as partnerships develop – supports

GIRFEC approach.
Need to get better at listening to people about what works/doesn't for them. There are people out there who have heard these opinions – but where is the forum for sharing the information? How can we given out clients/patients the voice they need?
APEX and other mutual aid services available in remote and rural areas.
Improved links between partner agencies particularly when people are released from Police custody. Everyone who is released from custody should be spoken to by a support worker to establish if they have any issues relating to drug/alcohol./substance use. While giving an advice leaflet may be easy it doesn't create any chance to have contact which forces/ensures that people resolve their behaviour
Early intervention by Health Professional in Police Custody suites for people with problem addictions – Directory to Treatment services. Entry reports to PF (with police custody reports) with addiction assessments to inform bail conditions Increased use of DTTOs and * Strategic Assessment – Cross organisations – of issues
Non police transport to and management of custody suites and early consultation in police custody to address addiction issue and links to services through early referral.
Teachers have said that they do <u>not</u> have the skills to inform or education on drug and alcohol issues.
Integrated care pathway age/stage for drug/alcohol use/misuse. - pregnant women - young people Across health - adult mental health - CAMHS - YAS
There are problems with Young People and addictions and we talk about Diversionary Activities as a prevention method and/or road to recovery but at the same time Arts & Culture Development have been deleted in the Highlands when research shows the importance of these in the context of Health and particularly Mental Health. I think that there is a lot more to Diversionary Activities for Youth than street football…….
Need to pick up kids before offending and provide a structured programme of support similar what is provided for kids after they offend.

My experience to date is that young people don't have enough time to talk through their issues with a adult they trust and who has time – is there room for more 1-2-1 work for young people who aren't "drowning" or labelled with an issue – maybe helpful for early intervention. What is the staff ratio to young people who need help.
Time spent travelling can be used meeting with those who can support smaller charities like us – any advice on VC would be helpful. Mashedyouthproject@gmail.com
To aid recovery when medical treatment is completed. As a support provider, that provides service users with housing support it is support workers who deal with service users on a daily basis, therefore it is imperative that sufficient training is provided enabling them an insight of challenges that may lie ahead of them and coping mechanisms, as support workers have a major role to play again, down to funding.
Gael Og Services to be expanded throughout Highland. Street Football Culture & Sport activities should be available to all Highland towns i.e. Fort William.
A Gap in Family Support Provision - Family Group Conferencing Pilot starting to work in Inverness to empower families and extended family members to get together to make a place that minimises effects of parental substance misuse and help provide safer environment for children to live and grow. Family plan will feed into child's plan. If a family led decision making process not a treatment or therapeutic role. Only available in Inverness so far.

Questions
Should there be a Safer Injecting Room in Communities (+ Supervised)?
Why can't staff of support agencies be trained to carry Naloxone (Too restrictive if to be named by a named person)
What support to be give to those who have completed initial TREATMENT – Do we offer sufficient support to compliment initial TREATMENT?
Despite all the essential talk about outcomes, are we still too eager to ignore quality and look to numbers?
Strategy + cohesive operational policy No lead nurse for CPN(A)????!!! Who mediates strategy and practice and policy developments?
How can clients recover if they are in need of Psychology input. When we have a lack of Psychology Services in the Highlands.
How can initiatives such as Active Referral Scheme (Highland Homeless Trust) be resourced to enable them to continue.
How do we tackle stigma and discrimination by our own staff? Experiences of service users indicate this may be an issue – we need to recognise their stories and have a way of responding. This means getting services which don't participate in such events involved.
As successful (defined as not getting caught) Drug Dealers are amongst the best entrepreneurs in our Society, Can't we make more use of their skills in recovery, training, diversionary activities, making money, re-entry into the "work force".
With predictably few resources (money & people) rising tides of Dementia, in general and alcohol use, in particular, any thoughts about the epidemic of Korsokovs (which the only dementia (apart from high calcium) which is largely treatable.
How can my clients recover if out into B & B Temporary accommodation with other chaotic substance user?
Need to get better at listening to people about what works/doesn't for them. There are people out there who have heard these opinions – but where is the forum for sharing the information? How can we given out clients/patients the voice they need?
METHADONE – Why is it that so many addicts (particularly offenders) are maintained on a Methadone Programme as opposed to an effective Reduction Programme, thus aiding full recovery given the financial cost re – Savings!!

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