



Reducing Drug and Alcohol Related Harm in
Highland: Core Indicators

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Introduction

Highland Alcohol & Drugs Partnership (HADP) is the multi-agency partnership responsible for the development of comprehensive, needs led and outcomes based strategy for preventing and reducing drug and alcohol related harm. The current membership includes Highland Council, NHS Highland, Police Scotland, Third Sector, Crown Office, Scottish Prison Service, Scottish Fire and Rescue Service and local drug and alcohol forums.

The role of HADP is to:

- Implement an alcohol and drugs strategy informed by local needs assessment;
- Reduce inequality and harm via activity ranging from prevention through to recovery;
- Deliver quality services that support recovery and involve service users and families;
- Provide a commissioning framework and direct funding towards agreed priorities;
- Regularly report on performance and measure progress against a set of indicators;
- Respond to changing national and local priorities.

Core Indicators

The core indicators provide a framework for reporting the partnerships performance and progress towards reducing alcohol and drug related harm and inequalities. There is a focus on achieving outcomes in the four key delivery areas of the HADP strategy:

- Communities are fairer, healthier and better informed with reduced levels of substance use and related harm
- Children, young people and families are successful, well-protected and have improved life chances
- Individuals supported by families and communities have improved health and wellbeing by recovering from problematic drug and alcohol use
- Communities have reduced availability of drugs and alcohol and are safe from associated offending and anti-social behaviour

These align to the national drug and alcohol outcomes at Scottish Government level (see Appendix 1). Further information is available in the [HADP Strategy 2017-20](#) and [Local Delivery Plan 2015-18](#).

Methods and Data Sources

National Indicators

The main data source for national indicators are the Alcohol and Drugs Profiles produced by Information Services Division (ISD) and published by the Scottish Public Health Observatory (ScotPHO) using a on-line profiling tool. These contain over 40 indicators collated from a wide range of published statistics relating to drug and alcohol use. Comparative information is available for each NHS Board and ADP area. The profiles draw upon data sources including the National Records of Scotland, Scottish Morbidity Records (SMRs), Scottish Health Survey, Scottish Crime and Justice Surveys, and the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS). Further information is available from the ScotPHO website and accompanying technical document.^{1, 2}

Local Indicators

Local indicators are drawn from both published national data and local management reports collated by HADP. National data sources include Police Scotland, the Scottish Prison Service and Children's Social Work Statistics. Local data sources include the Highland Council Performance Survey, Highland Council Lifestyle Survey and Highland Substance Awareness Toolkit monitoring reports.

Interpretation

There are over 60 indicators set out in the accompanying table and these are published at different times throughout the year. The "HADP current value" column shows the latest year for which information is available as at 31st August 2016. Comparative information for a benchmarking reference (Aberdeenshire ADP) and the national value are also shown where these are available. This helps provide some indication of where Highland performs relative to other areas.

Trend information has been assessed as 'improving', 'maintaining', or 'declining' depending upon the desired direction for improvement. 'No trend' refers to indicators with insufficient data to make an assessment. The 'Target' column shows improvement targets that have been set based upon statistical analysis of trend data, local knowledge and agreement with partners.

The performance commentary provides a brief summary of progress for each indicator. Where reference is made to statistical significance this means that the 95% confidence intervals calculated for the indicator do not overlap. Confidence intervals describe the range of uncertainty associated with an estimate and mean that there only a 5% probability (or less than one in twenty) that the results could have occurred by chance. See ScotPHO Technical Report for further information.

¹ <http://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool>

² http://www.scotpho.org.uk/opt/Reports/Technical_Report_Drugs&Alcohol.pdf

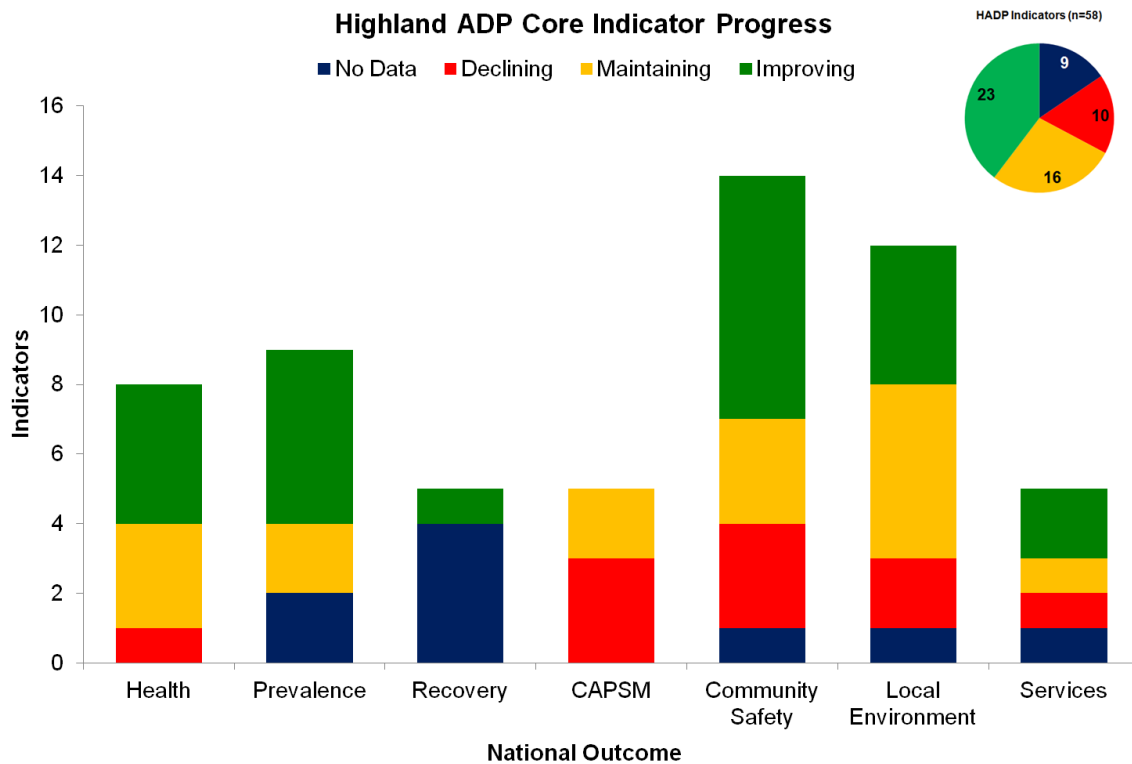
Assessment Summary

The following chart provides an overall summary of the partnerships performance and progress towards the national and local core indicators for reducing alcohol and drug related harm and inequalities in Highland.

There are 58 indicators in total, reporting progress across the 7 national outcomes:

- 23 indicators show improvement and/or on target
- 16 indicators maintaining or no significant change
- 10 indicators declining and/or off target
- 9 indicators where there is no data or no comparison is possible

Figure 1: Highland Alcohol and Drugs Partnership Core Indicator Progress as at 31st August 2017



Highland ADP Performance Framework and Core Outcome Indicators 2016/17

Indicator	HADP Current Value	National Current Value	Benchmark Current Value	Trend	Target	Performance Commentary
National Outcome 1: Health						
People are healthier and experience fewer risks as a result of alcohol and drug use						
Drug related hospital discharges EASR per 100,000 population	77.1 2015/16	142.8 2015/16	39.7 2015/16	Maintaining	Reduce rate to 60 per 100,000 by 2017/18	Small increase in rate of drug related hospital discharges in Highland from 67.6 in 2014/15 to 77.1 in 2015/15 is equivalent to approximately 20 stays. Performance remains in upper quartile and significantly better than national rate.
Alcohol related hospital discharges EASR per 100,000 population	605.7 2015/16	664.5 2015/16	282.2 2015/16	Improving	Reduce rate to 575 per 100,000 by 2017/18	In Highland the rate of alcohol related discharges was 605.7 per 100,000 population in 2015/16 compared with 642.9 in 2014/15. The overall trend is improving, although Highland and Scotland rates are significantly higher than the benchmark.
Alcohol related deaths EASR per 100,000 population	28.0 2016	23.8 2016	11.2 2016	Maintaining	Maintain rate below 20.0 per 100,000 by 2018	There were 70 alcohol related deaths in 2016, the highest number of deaths in a single year since 2010. The long-term downward trend has levelled and further monitoring is required to determine whether this is becoming an upward trend.
Drug related deaths EASR per 100,000 population	10.9 2015	13.5 2015	5.3 2015	Declining	Reduce rate to 6.5 per 100,00 by 2018	There were 19 drug related deaths in 2016, a decrease of 5 from the previous year. The overall trend in drug related mortality in Highland is increasing similar to the national rate. The small number of deaths means the rate has year on year fluctuations.
Hepatitis-C positives among people who inject drugs	30.4% 2013/14	57.5% 2013/14	51.6% 2013/14	Maintaining	Reduce to 25% by 2017/18	In 2013, 30.4% of people in Highland who inject drugs tested positive for the hepatitis C antibody. The current value lies in the

Indicator	HADP Current Value	National Current Value	Benchmark Current Value	Trend	Target	Performance Commentary
						upper quartile and is statistically significantly lower than the national and benchmark value.
Number of Substance Awareness Toolkit website hits	2325 Apr-Aug 2017	-	-	Improving	Increase to 12,000 hits by 2017	The redesigned substance awareness toolkit went live in March 2017. The previous site achieved a cumulative total of 21,000 hits in 2 years.
Schools involved with Rock Challenge	21 2017	-	-	Improving	Increase number of participants from most deprived areas by 25% by 2017	In 2017, 21 schools (7 primary schools and 14 secondary schools) and 1348 young people participated in the Rock Challenge diversionary initiative. This is an increase of 1 school and 333 (33%) pupils over 2016.
Young people involved with Rock Challenge	1348 2017	-	-			
Rock Challenge participation in most deprived areas	n/a	-	-			
Drank alcohol before Rock Challenge	6%	-	-	Improving	Maintain positive evaluations of Rock Challenge	Post event evaluations for secondary pupils continue to be positive. They show that almost all pupils drinking alcohol or using drugs before participating in Rock Challenge stopped or reduced their use.
Alcohol stopped or reduced use through Rock Challenge	81%	-	-			
Used drugs before Rock Challenge	<1%	-	-			
Drugs stopped or reduced use through Rock Challenge	100%	-	-			
National Outcome 2: Prevalence						
Fewer adults and children are drinking or using drugs at the levels or patterns that are damaging to themselves or others						
Estimated prevalence of problem drug use amongst population aged 15-64	0.88 2012/13	0.67 2012/13	1.74 2012/13	Maintaining	Reduce to 0.75 by 2018	In Highland, the estimated prevalence of problem drug users in the population aged 15-64 years was 0.88%, similar to 0.91% in 2009/10. Highland prevalence lies in the upper quartile and is statistically significantly

Indicator	HADP Current Value	National Current Value	Benchmark Current Value	Trend	Target	Performance Commentary
						better than the Scotland value.
Proportion of individuals exceeding weekly drinking guidelines	27.0% 2012-15	25.8% 2012-15	-	Improving	Reduce to 25% by 2018	The proportion of adults in NHS Highland exceeding the current recommended weekly limits of 14 units is 27.0%, an improvement of 1% from 2008-12. This is not statistically significantly different from the national average. No ADP level data is available.
Proportion of individuals 'binge' drinking	15.6% 2012-15	19.5% 2012-15	-	Improving	Reduce to 15% by 2018	The proportion of adults estimated to 'binge' drink in NHS Highland has improved from 17.1% in 2008-2011 to 15.6% in 2012-2015. This is statistically significantly lower than the Scotland average. Data is only available at Health Board level.
Proportion of individuals problem drinking	14.5% 2012-15	19.5% 2012-15	-	No trend	Reduce to 12% by 2018	The proportion of individuals with potential problem drinking in NHS Highland is estimated to be 14.5%. This is statistically significantly better than the national prevalence of 19.5%. Revised indicator based on score of 8+ AUDIT scale.
Percentage of 15-year old pupils who used illicit drugs in the last year	13.9% 2013	15.5% 2013	14.3% 2013	Improving	Reduce to 10% by 2018	In 2013, 13.9% of 15-year old pupils in Highland reported they had used illicit drugs in the last year, compared with 19.5% in 2010. These figures are in line with the national and benchmark values and there is no statistically significant trend. Next update due 2018.
Percentage of 15-year old pupils who used illicit drugs in the last month	7.9% 2013	9.4% 2013	5.9% 2013	Improving	Reduce to 6% by 2018	The proportion of 15-year old pupils in Highland who reporting using illicit drugs in the last month decreased from 12.8% in 2010 to 7.9% in 2013. The Highland percentage is not statistically different to either the benchmark or national value. Next

Indicator	HADP Current Value	National Current Value	Benchmark Current Value	Trend	Target	Performance Commentary
						update due 2018.
Percentage of 15-year old pupils drinking on a weekly basis	11.4% 2013	11.6% 2013	11.5% 2013	Improving	Reduce to 8% by 2016	In 2013, 11.4% of 15-year old pupils in Highland reported drinking on a weekly basis, compared to 22.1% in 2010. This improvement is in line with both the national average and benchmark.
Percentage of 15-year old pupils using NPS in the last month	1% 2013	1% 2013	1% 2013	Maintaining	Maintain below 1% by 2016	The estimated proportion of Highland pupils who used NPS in the last month was 1% in both 2010 and 2013. Highland is not statistically different from the benchmark or national average.
Substance Awareness Toolkit website hits on NPS pages	25 Apr-Aug 2017	-	-	No trend	Increase to 400 hits by 2018	There were only 25 website hits on the NPS pages of the on-line substance awareness toolkit in the first 5 months on use.
National Outcome 3: Recovery						
Individuals are improving their health, well-being and life chances by recovering from problematic drug misuse.						
Drug and alcohol treatment recovery outcomes				No trend	-	Highland implemented the Recovery Outcomes (RO) tool in April 2017. Initial data for the 1 st quarter 2017/18 should be available Nov 2017. Full outcomes reporting will be instigated following the implementation of the Drug and Alcohol Information System (DAISy) in April 2018
Recovery from problematic alcohol and drug use				No trend	-	
Mental health and emotional wellbeing in recovery				No trend	-	
Employability or education outcomes in recovery				No trend	-	
Number of SMART Recovery mutual aid groups	7 2017	-	-	Improving	Increase by 100% (6 groups) by 2018	This is a local indicator recording the number of active SMART recovery groups across Highland. The number of groups has increased from 3 in 2015 to 7 in 2017,

Indicator	HADP Current Value	National Current Value	Benchmark Current Value	Trend	Target	Performance Commentary
						thus achieving the target set a year early.
National Outcome 4: CAPSM						
Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances						
Rate of maternities recording drug misuse during pregnancy (3 year rolling average, per 1,000 maternities)	9.8% 2013/14 – 2015/16	13.3% 2013/14-2015/16	10.7% 2013/14 – 2015/16	Maintaining	Reduce 3 year rolling average to 8 per 1,000 by 2018	The rate of maternities with drug use in Highland is relatively stable and shows no notable trend. The Highland rate is statistically significantly better than the national rate, which shows an increasing trend.
Percentage of women drinking 1 or more units of alcohol during pregnancy	1.7% 2015/16	6.4% 2015/16	-	Maintaining	No target - lack of data	In 2015/16, 1.7% of pregnant women reported drinking at least 1 unit of alcohol a week during pregnancy, compared to 1.4% in 2014/15. These are developmental data and interpreted with some caution due to known issues around the self-reporting of alcohol consumption during pregnancy.
Percentage of Alcohol Brief Interventions delivered in ante-natal settings	0.7% 2016/17	3.9% 2016/17	-	Declining	Increase to 2% by 2018	NHS Highland has seen a reduction in the proportion of ABIs delivered in antenatal setting from 2% in 2012/13 to 0.7% in 2016/17. The current value is lower than the national average of 3.9%.
Percentage of 13 and 15 year old pupils who are allowed to drink alcohol at home	80% 2013	83% 2013	75%	Declining	Reduce to 70% by 2018	The proportion of 13 and 15-year old pupils in Highland who reporting being allowed to drink alcohol at home increased from 76% in 2010 to 80% in 2013. The Highland value is not statistically different from either the benchmark or national value.
Child protection cases with parental drug or alcohol use concerns (per 10,000 population aged under 18)	9.7	10.3	6.2	Declining	Reduce to 5 per 10,000 by 2018	In 2016, the rate of child protection cases with an indication of parental drug or alcohol concerns was 9.7, compared to 5.3 in 2015. Although the rate is variable, the actual number of cases averages 36 cases a year.

Indicator	HADP Current Value	National Current Value	Benchmark Current Value	Trend	Target	Performance Commentary
National Outcome 5: Community Safety						
Communities and individuals live their lives safe from alcohol and drug related offending and anti-social behaviour						
Number of offenders given a Drug Treatment and Testing Order (per 10,000 population aged 16-70)	0.7 2015/16	1.4 2015/16	0.4 2015/16	Maintaining	Increase uptake	There were 12 DTTOs issued in Highland in 2015/16. The rate has fluctuated between 0.7 and 1.0 per 10,000 population for each of the last 5 years. Uptake of DTTOs in Highland is below the national average, although not significantly so.
Number of Community Payback Orders issued where alcohol and/or drug treatment required (per 10,000 population aged 16-70)	2.2 2015/16	1.1 2015/16	-	Declining	Increase uptake	There were 36 CPO requirements issued for alcohol or drug treatment in Highland during 2014/15, compared to 59 in 2014/15. The Highland rate is double the Scotland rate, which may reflect variation in local policies and practice.
Number of attempted murder and serious assaults per 10,000 population	6.6 2015/16	7.5 2015/16	3.7 2015/16	Improving	Reduce to 3.0 per 10,000 by 2018	In 2015/16, there were 6.6 per 10,000 population attempted murder and serious assault offences in Highland, compared to 3.4 in 2015/16. Overall rates are decreasing and have halved over the last 10 years.
Number of common assaults per 10,000 population	103.2 2015/16	109.1 2015/16	76.5 2015/16	Improving	Reduce to 90 per 10,000 by 2018	There were 2415 cases of common assault in Highland in 2015/16, a rate of 103.2 per 10,000 population. This is statistically significantly better than the Scotland average but worse than the benchmark. The overall trend is improving.
Number of cases of vandalism per 10,000 population	76.3 2015/16	96.1 2015/16	54.8 2015/16	Improving	Reduce to 48 per 10,000 by 2018	There were 76.3 cases of vandalism in Highland per 10,000 population in 2015/16, compared with 66.7 in 2014/15. The overall trend in vandalism is decreasing, and Highland rates are statistically significantly better than the Scotland average.

Indicator	HADP Current Value	National Current Value	Benchmark Current Value	Trend	Target	Performance Commentary
Number of cases of breach of the peace per 10,000 population	85.0 2015/16	115.8 2015/16	39.5 2015/16	Improving	Reduce to 77 per 10,000 by 2018	Highland shows an overall decrease in breach of the peace rates, with on average 85.0 cases per 10,000 population in each of the last 2 years. Breach of the peace rates in Highland are significantly lower than the Scotland average.
Percentage of victims of crime reporting the offender was under the influence of alcohol	13% 2014/15	21% 2014/15	-	No trend	No target	In 2014/15 13% of victims of crime reported the offender was under the influence of alcohol. Data is now available at the Highlands & Islands Police Division level. Previous reports for Northern Police Force Division are not comparable. Biannual.
Percentage of victims of crime reporting the offender was under the influence of drugs.	2% 2014/15	12% 2014/15	-	No trend	No target	In 2014/15 2% of victims of crime reported the offender was under the influence of alcohol. Data is now available at the Highlands & Islands Police Division level. Previous reports for Northern Police Force Division are not comparable. Biannual
Number of Drink Driving Offences per 10,000 population	16.2 2015/16	10.2 2015/16	9.7 2015/16	Maintaining	Reduce to 9.5 per 10,000 by 2018	There were 16.2 drink driving offences in Highland per 10,000 population in 2015/16, compared with 14.0 in 2014/15. The overall trend in drink driving rates has stabilised whereas in Scotland overall they have continued to improve.
Individuals using illegal drugs in the last month while in prison	17% 2015	24% 2015	-	Improving	Reduce to 15% by 2017	In 2015, 17% of prisoners surveyed in HMP Inverness reported using illegal drugs in the last month of their sentence, compared to 23% in 2013.
Individuals receiving help/treatment for drug use while in prison	24% 2015	24% 2015	-	Improving	Increase to 25% by 2017	In 2015, 24% of prisoners surveyed in HMP Inverness reported receiving help and/or treatment for drug use during their sentence, compared to 21% in 2013.

Indicator	HADP Current Value	National Current Value	Benchmark Current Value	Trend	Target	Performance Commentary
Individuals concerned about drug use on release from prison	34% 2015	24% 2015	-	Declining	Increase to 25% by 2017	In 2015, 24% of prisoners surveyed in HMP Inverness reported being worried that drug taking will be a problem on release, compared to 16% in 2013.
Individuals drunk at the time of their offence	41% 2015	41% 2015	-	Improving	Reduce to 40% by 2017	The proportion of prisoners in HMP Inverness reporting being drunk at the time of their offence improved from 59% in 2013 to 41% in 2015, in line with the national average.
Individuals receiving help/treatment for alcohol use while in prison	18% 2015	14% 2015	-	Declining	Increase to 25% by 2017	In 2015, 18% of prisoners surveyed in HMP Inverness reported receiving help for alcohol problems during their sentence, a decrease from 27% in 2013.
Individuals concerned about alcohol use on release from prison	28% 2015	17% 2015	-	Maintaining	Reduce to 20% by 2017	In HMP Inverness, 28% of prisoners surveyed in both 2015 and 2013 reported they were worried alcohol would be a problem on release. The 2015 value is higher than the national position of 17%.
National Outcome 6: Environment						
People live in positive, health promoting local environments where alcohol and drugs are less readily available						
Percentage of 15 year old pupils who have been offered drugs in the last year	33.7% 2013	35.6% 2013	29.3% 2013	Improving	Reduce to 30% by 2016	The proportion of pupils aged 15 offered drugs has decreased significantly between 2006 (45%) and 2013 (34%). The current value is in line with the benchmark and national average.
Percentage of people perceiving that drug misuse / dealing is very or fairly common in their neighbourhood	4.0% 2015	11.6% 2015	7.6% 2015	Improving	Reduce to 5% by 2018	Highland has one of the lowest rates of perceived drug misuse in Scotland, albeit based on a small sample size. The 2015 rate of 5.7% is statistically significantly better than the national average.

Indicator	HADP Current Value	National Current Value	Benchmark Current Value	Trend	Target	Performance Commentary
Percentage of people perceiving that rowdy behaviour is very or fairly common in their neighbourhood	5.7% 2015	10.7% 2015	6.4% 2015	Maintaining	Reduce to 4% by 2018	The percentage of people perceiving that rowdy behaviour is common has reduced since 2007. The latest Highland value is in the upper quartile and is statistically significantly better than Scotland.
Rate of Premise licences in force (per 10,000 population aged 18+)	63.6 2015/16	38.5 2015/16	30.8 2015/16	Maintaining	Reduce to 60.0 per 10,000 by 2018	In 2015/16, the number of premise licenses in force per 10,000 population aged 18 and over was 63.6, compared to 64.6 in 2014/15. Highland has significantly more premise licenses compared to Scotland.
Number of new Premise License applications refused on grounds of overprovision	0 2016/17	14 2016/17	1 2016/17	Maintaining	Increase cumulative number of refusals to 10 by 2018	There were 40 new premise license applications received in 2016/17 (30 on-sale and 10 off-sale). There were no refusals reported on the grounds of overprovision, as a number of non-compliant applications were withdrawn.
Proportion of people concerned about alcohol abuse in their local area	70% 2016	-	-	Stable	Decrease	In 2016, 70% of Highland residents surveyed reported feeling concerned about alcohol abuse in their local area, compared to 69% in 2015.
Proportion of people concerned about drug abuse in their local area	65% 2016	-	-	Declining	Decrease	In 2016, 65% of Highland residents surveyed reported feeling concerned about drug abuse in their local area, compared to 58% in 2015.
Proportion of people concerned about serious organised crime in their local area	44% 2016	-	-	Declining	Decrease	In 2016, 44% of Highland residents surveyed reported feeling concerned about serious organised crime in their local area, compared to 36% in 2015.
Proportion of people concerned about road safety in their local area	80% 2016	-	-	Stable	Decrease	In 2016, 80% of Highland residents surveyed reported feeling concerned about road safety in their local area, compared to 78% in 2015.

Indicator	HADP Current Value	National Current Value	Benchmark Current Value	Trend	Target	Performance Commentary
Number of alcohol related house dwelling fires	15 2015/16	-	-	Improving	<20 by 2018/19	In Highland, there were 15 alcohol related house dwelling fires in 2015, compared with 25 in 2014/15. This is a local indicator reported in the Single Outcome Agreement.
Percentage of Highland Licensing Forum meetings with ADP representation	100% 2016	-	-	Stable	Maintain at 100% by 2018	There continues to be ADP representation at all Highland Licensing Forum meetings held in 2016 to raise awareness of the public health objective.
Number of organisations with a workplace alcohol policy	114 2015	-	-	No trend	Increase number by 2018	In 2015 there were 114 organisations with a workplace alcohol policy through working in partnership with Healthy Working Lives.
National Outcome 7: Services						
Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery						
Number of screenings (using a validated screening tool) for alcohol use disorders	53,745 2016/17	-	-	Stable	Increase by 5% by 2018	There were 53,745 alcohol screenings delivered across NHS Highland in 2016/17, a 1% increase on the 2014/15 baseline of 53,131 screenings.
Percentage of alcohol brief interventions delivered in accordance with HEAT standard guidance	134% 2016/17	142% 2016/17	-	Stable	Maintain above 100% of HEAT standard by 2018	There were 4,940 interventions delivered across NHS Highland in 2016/17, achieving 134% of the HEAT performance standard. Highland has achieved the HEAT standard in each of the last six years.
Percentage of clients waiting no more than 3 weeks between referral to a specialist drug and alcohol service and commencement of treatment	81.3% 2016/17	94.7% 2016/17	90.0% 2016/17	Declining	Sustain 90% standard from 2016/17	In 2016/17, 81.3% of drug and alcohol clients were commenced treatment within 3 weeks of referral, compared to 82.9% in 2015/16. Highland ADP is in the lower quartile and one of five areas not meeting the 90% standard.

Indicator	HADP Current Value	National Current Value	Benchmark Current Value	Trend	Target	Performance Commentary
Number of naloxone kits issued per 1,000 people with problem drug use aged 15-64	227.0 2015/16	137.2 2015/16	-	Improving	Maintain rate above 210 per 1,000 by 2018	In 2015/16 there were 454 naloxone kits issued across NHS Highland, a small increase from 434 (5%) on the previous year. The rate is increasing and significantly higher than the national average. These figures include intranasal supplies distributed in Highland excluded from national data.
Percentage of individuals who have had a near fatal overdose engaged with services	-	-	-	No trend	No target due to lack of data	Non-fatal overdose alert system restarted September 2016 due to changes in Scottish Ambulance Service IT system. Further changes planned that should improve data quality.

Appendix 1: Drug and Alcohol Outcomes

CORE OUTCOMES FOR ALCOHOL & DRUG PARTNERSHIPS (ADPs)

- 1. HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use:** a range of improvements to physical and mental health, as well wider well-being, should be experienced by individuals and communities where harmful drug and alcohol use is being reduced, including fewer acute and long-term risks to physical and mental health, and a reduced risk of drug or alcohol-related mortality.
- 2. PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others:** a reduction in the prevalence of harmful levels of drug and alcohol use as a result of prevention, changing social attitudes, and recovery is a vital intermediate outcome in delivering improved long-term health, social and economic outcomes. Reducing the number of young people misusing alcohol and drugs will also reduce health risks, improve life-chances and may reduce the likelihood of individuals developing problematic use in the future.
- 3. RECOVERY: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use:** a range of health, psychological, social and economic improvements in well-being should be experienced by individuals who are recovering from problematic drug and alcohol use, including reduced consumption, fewer co-occurring health issues, improved family relationships and parenting skills, stable housing; participation in education and employment, and involvement in social and community activities.
- 4. FAMILIES: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances:** this will include reducing the risks and impact of drug and alcohol misuse on users' children and other family members; supporting the social, educational and economic potential of children and other family members; and helping family members support the recovery of their parents, children and significant others.
- 5. COMMUNITY SAFETY: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour:** reducing alcohol and drug-related offending, re-offending and anti-social behaviour, including violence, acquisitive crime, drug-dealing and driving while intoxicated, will make a positive contribution in ensuring safer, stronger, happier and more resilient communities.
- 6. LOCAL ENVIRONMENT: People live in positive, health-promoting local environments where alcohol and drugs are less readily available:** alcohol and drug misuse is less likely to develop and recovery from problematic use is more likely to be successful in strong, resilient communities where healthy lifestyles and wider well-being are promoted, where there are opportunities to participate in meaningful activities, and where alcohol and drugs are less readily available. Recovery will not be stigmatised, but supported and championed in the community.
- 7. SERVICES: Alcohol and drugs prevention, treatment and support 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.