



Highland Alcohol and Drugs Partnership

"Working in partnership to reduce drug and alcohol related harm and promote recovery"

Local Delivery Plan

2015 – 2018

www.highland-adp.org.uk

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1. ADP Partner Organisations

Highland Alcohol & Drugs Partnership (HADP) is the multi-agency partnership responsible for the development of comprehensive, needs led and outcomes based strategy to reduce drug and alcohol related harm. The key partner agencies actively involved in HADP are NHS Highland, Highland Council, Police Scotland, HMP Inverness and the Scottish Fatalities Investigation Unit within the Procurator Fiscal Service. Since 2010 HADP has been guided by a Memorandum of Understanding outlining the roles and responsibilities of the partnership and the individual agencies represented. This is reviewed on a bi-annual basis. HADP are currently linked to six locality based drug and alcohol forums that provide the main vehicle for Third sector and community involvement. A forum chairperson represents the interests of the forums, which meet with HADP on a quarterly basis. All key partners have been directly involved in producing the HADP strategy and currently monitor and support the implementation of the action plan.

Role

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 priorities;
- 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 the strategy and action plan and monitors the spend across the agencies;
- Reviews and updates the strategy and action plan in light of changing national policy, changing local needs and evidence of effectiveness;

Geographical Area

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; Police Scotland, Northern Division 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.

2. Governance

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 Local Delivery Plan standards. Locally, HADP sits within the 'Safer Highland' strand of the Community Planning Partnership and local governance arrangements apply within that framework.

The HADP strategy group minutes are reported on a quarterly basis to the 'Safer Highland' leadership group for scrutiny. In addition, the HADP chairperson requests that the NHS Highland board, the integrated health and social care committee and the Community Planning Partnership endorse the annual report. Work will be undertaken to strengthen the HADP relationship with the integrated health and social care committee and to ensure regular feedback from the

Community Planning Partnership. In 2015/16 the HADP chair will also be the Safer Highland chair which will ensure improvements in local accountability routes.

3. Financial Accountability

HADP works toward an agreed financial framework that sets out the following key elements for financial governance and accountability:

Commissioning

1) Members will collectively agree the commissioning strategy to be employed in furthering the objectives of the HADP, resulting in one member commissioning specific services on behalf of all members.

Accountability & Funding Arrangements

- 1) Accountability for the use of the Scottish Government funding rests with the Chief Executive of NHS Highland.
- 2) The ADP Chair is expected to deploy funding in a way which reflects both national strategic outcomes and local needs assessments.

Budget & Resources

- 1) The HADP Chair has the authority to top slice earmarked recurring funding in order to fund specific area wide initiatives.
- 2) The strategy group will review the use of the ADP's earmarked recurring funding on an annual basis and propose any changes to its application, based on the strategic outcomes sought for the following financial year. These proposals must be ratified by strategy group members and must also be agreed by the ADP Chair.
- 3) Should slippage on individual items of funding be consistent for more than one financial year, funding will be withdrawn and redeployed, except in exceptional circumstances and in consultation with the NHS Highland senior management team.
- 4) ADP members are not permitted to make cash releasing savings from earmarked recurring drug and alcohol funding.
- 5) Best endeavours should be used to avoid accumulating under spends in any financial year.
- 6) Quarterly summary reports will be submitted by the NHS aligned Finance Manager and these will include a narrative describing the main budget variances as well as recommending any remedial action should over spends occur.
- 7) On an annual basis a senior operational representative from each funded member will be expected to give a presentation of how funding has been used within their organisation, as well as explaining any significant budget variances.
- 8) Annual accounts will be produced in a form that the HADP directs.

Audit

1) The Chief Internal Auditors of NHS Highland shall have the right of access to the accounting records of the HADP and the authority to review the financial controls of the ADP, if required.

Categorisation

From 2015/16 work will be undertaken to progress the identification of the HADP earmarked resources and NHS core funding under the categories of prevention and treatment/recovery. It will be requested for partner agencies to identify drug and alcohol resources from core budgets for inclusion in future annual reporting. From 2016/17 further work will be advanced to provide more detailed identification and categorisation of resources.

4. Summary of Key Changes

The current HADP strategy contributes to the delivery of the Alcohol Framework, Road to Recovery, SOA and Public Bodies Act 2014; through focusing on achieving outcomes in the four key areas of; Recovery, Maximising Health, Protecting Communities and Children and Families. The action plan sets out the activities being undertaken to implement the strategy with quarterly progress reports from lead officers submitted to the strategy group on specific areas of delivery.

The strategy is currently being updated through a process of strategic needs assessment and community consultation. Although, it will ensure emerging issues and priorities are reflected, the strategic outcomes are unlikely to undergo any major revision. The current strategic outcomes are listed below with a brief summary of the work being undertaken and planned by HADP partners to achieve the results required.

Recovery Outcome

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

The waiting times standard will be sustained in the longer-term, and the current Demand Capacity Activity & Queue (DCAQ) process across substance misuse services will support Recovery Orientated Systems of Care (ROSC) to progress from development to being in place and enhancing further. Although, there is currently no electronic performance management system in place, ROSC will gradually be evidenced in Highland through the recovery outcomes tool element of Drug and Alcohol Information System (DAISy). A local programme of work will continue to be progressed to reduce anonymous records submitted to the Scottish Drugs Misuse Database (SDMD), and will continue to be informed by Information Services Division (ISD) guidance on consent issues. Substance misuse services will progress embedding of the quality principles and work collaboratively with service users as well as family and recovery mutual aid groups to feed in to the commissioning of services and local and national policy. Priority will be accorded to establishing mechanisms and forums for service users to actively contribute to strengthening policy and practice. Recovery orientated events, employability and educational opportunities will be developed in partnership with the Third Sector to increase opportunities available for moving on and making a positive contribution to local communities. The integration of ROSC into Service Level Agreements (SLA's) will be further enhanced and monitored to provide additional evidence of ROSC.

Enhanced public protection learning opportunities will be progressed to support practice development for responding to cross-cutting issues. Aligned to the Workforce Statement and partner agencies learning and development policies, the substance misuse core competencies will be utilised to; maximise the potential of the substance misuse workforce, improve skill standards and the quality of training and strengthen the effectiveness of mentoring and coaching support. Collaboration will continue with nationally commissioned organisations such as STRADA, SDF, CREW 2000 and SFAD to identify and respond effectively to the learning and development needs of the workforce. Their knowledge and resources will be employed to support development of bespoke local drug and alcohol awareness sessions, including Novel Psychoactive Substance (NPS) use that will be delivered regularly by partner agencies. HADP

will continue to proactively refer to NPS as opposed to 'legal highs' and promote that all local communications do likewise. Work will also be undertaken to source and promote on-line learning opportunities to increase the accessibility of learning and development opportunities in rural areas. The skills and experience of local practitioners will continue to be utilised for delivery of a substance misuse induction programme. It will support recently qualified nurses to enter the field as well as bolster current workforce capacity and also contribute to the future sustainability of services, particularly in rural areas.

Drunk and incapable people will be managed in accordance with national guidance with innovative responses developed locally in partnership with Police Scotland, NHS and Scottish Ambulance Service (SAS). The key aim statement to reduce drug related deaths will be enacted through interagency working to effectively administer a non-fatal overdose alert system, whilst improving prevention measures through reviewing drug related deaths. High risk interventions will be expanded with a shift in emphasis more toward a population focus. This will encourage greater access to essential services for people with drug and alcohol problems and promote uptake of naloxone including both the intra-muscular and intra-nasal options by families, Police and GP's. A whole family approach will be taken to the prevention and review of drug related deaths with the needs of children and families gaining higher priority. An Opiate Replacement Therapy (ORT) plan will be progressed and through implementation it will provide; a comprehensive overview of ORT, identify individual care pathways, link to social inclusion and anti-poverty strategies, increase the primary care options and choices available for ORT in line with national frameworks and service specifications and contribute to local and national research wherever possible.

Maximising Health Outcome

Health is maximised and communities feel engaged and empowered to make healthier choices regarding alcohol and drugs

The alcohol brief interventions standard will continue to be sustained and embedded in priority settings in order to tackle hazardous and harmful drinking. Efforts will continue to improve recording systems particularly in ante-natal settings and encourage ongoing adherence to the *Women Pregnancy and Substance Misuse Guidelines*. Training capacity will be expanded across all priority settings and social media and on-line training resources will be utilised to support ongoing delivery. To consolidate embedding, partnerships will be strengthened with local colleges and universities to include ABI's as routine practice in nursing, health and social care courses, and support will be provided to managers to promote ABI delivery within staff supervision. Development of wider setting delivery will be promoted in youth, police, prison and fire service settings with bespoke training provided, whilst opportunities will be sought for peer delivery of ABI's to older adults. Delivery of ABI's to address health inequalities will be increased through targeted support to primary care practitioners in areas of deprivation, identified through collaboration with public health to ensure both populations and geographies are reflected. Alternative options to the current Locally Enhanced Service (LES) agreement will also be explored in order to adjust investment to more effectively address health inequalities.

NPS will be a priority for the HADP communication strategy and will be incorporated in to all awareness raising campaigns. Findings from emerging research, the national review and the NPS scoping exercise will inform targeted preventative activities and service development initiatives. The on-line substance misuse toolkit, will provide resources to increase drug and alcohol awareness, including NPS related risks to parents, young people and professionals. The number of site hits will be regularly monitored and ongoing initiatives undertaken to improve access and usefulness, such as promotion at youth diversionary events including Safe Highlanders and Rock Challenge. Collaboration will be ongoing with CREW 2000 to utilise training and on-line resources that will be incorporated in to all annual awareness campaigns particularly during the summer festival and winter festive periods. Work will continue to formalise joint working with NHS, Police and Trading standards to deliver joint initiatives. Monitoring and sharing of information on local trends will continue through existing networks and both the ORT and drug death prevention and review groups. Innovative service developments such as the drop-in service in Caithness will

continue to be developed with learning on effective interventions cascaded across services to inform practice. Assessment and support to poly drug and NPS users will continue to be provided by substance misuse services, where use is problematic.

Support will be ongoing for the schools prevention and education strategy through promotion of the substance misuse framework developed to support the Curriculum for Excellence and linked to lesson plans and other resources accessible via the toolkit. Diversionary initiatives including Safe Highlanders, undertaken by all primary seven pupils and Rock Challenge, with participation of over six hundred primary and high school pupils, will be further developed to expand young people's knowledge and engagement with positive activities. They will also contribute to addressing social exclusion and health inequalities through community development activities and partnership working with the Third Sector to promote generic opportunities for families and young people. Social marketing approaches will continue to be developed to address issues such as underage drinking and parental modelling.

Work aimed at reducing overall alcohol consumption will continue with ongoing and proactive representation on the licensing forum. Licensing applications will continue to be monitored and responded to appropriately and partnership working will be undertaken to produce an improved and updated overprovision policy. Joint initiatives with licensees will also be progressed to promote sensible drinking and non-alcoholic initiatives. Presentations to local stakeholders including councillors will be ongoing to raise awareness of alcohol-related harm and the benefits of reducing; the availability, affordability and accessibility of alcohol and the need to challenge cultural acceptance of excessive consumption. The promotion of work place alcohol policies will be strengthened through collaboration with employers through the Healthy Working Lives initiative, and further asset building will be undertaken with communities to strengthen their awareness and capacity to reduce alcohol related harm.

Protecting Communities Outcome

Individuals and communities are protected against drug and alcohol related harm

Public protection and community safety will continue to be prioritised through joint working on prevention, early intervention, diversionary and enforcement initiatives to ensure that people, places and communities are safer and that drug and alcohol related offending and anti-social behaviour are addressed. Partnership working between Police Scotland and Licensee's through operation respect and pub watch will be sustained to tackle alcohol related offending in and around licensed premises. The current level of licensed premises checks will also be maintained and test purchasing operations to tackle underage drinking will be ongoing. Drink driving campaigns will be supported to raise awareness of the lower 50mg limit and byelaws will be enforced in areas prohibiting alcohol, whilst links will be strengthened with substance misuse services to consolidate potential referral routes for persistent offenders to access support services. The management of drunk and incapable people will be aligned to the national memorandum of understanding and drug enforcement activity will continue to focus on disrupting supply, including NPS once appropriate legislation is in place. Partnership working with Trading Standards, to consider application of consumer safety legislation will be continued in order to tackle head shops. Taking an assets-based approach will help to utilise community intelligence in order to increasing the numbers of offences being reported for the supply of drugs.

Embedding creative approaches to education through the Curriculum for Excellence will continue to be delivered and will utilise the lesson plans, information and interactive resources from the substance misuse toolkit, and highlight potential risks associated with alcohol and drugs, including NPS. The signposting initiative where letters are sent to underage drinkers and their parents outlining the potential impact on health and wellbeing and where to access information will be developed to improve young people's access to support services. The substance misuse focus in awareness raising campaigns such as Safe Highlanders will be strengthened and diversionary initiatives like Rock Challenge targeted more toward young people living in deprived communities.

An anti-social behaviour strategy will be implemented which will focus on prevention, integration, engagement and communication and promote a rights and responsibilities ethos to raising public awareness. Operation notebook which involves interagency mediation to resolving reports of anti-social behaviour will be ongoing.

HMP Inverness will be the first prison in Scotland to have staff trained to administer naloxone in overdose situations, and the current pilot will be a precursor for further development across the Scottish Prison Service (SPS). The prison naloxone peer training initiative will continue and the provision of NHS healthcare within HMP Inverness where every prisoner is key worked throughout sentencing and on to release, will be sustained and contribute to achieving seamless throughcare. HMP Inverness will expand their ability to deliver throughcare by increasing the levels of dedicated support in order to strengthen links with community agencies and enhance ongoing engagement on release. Recovery orientated opportunities will be developed including mutual aid groups. These will be supported by SMART Recovery resources and will be delivered in partnership with peer facilitators in HMP Inverness and also in the community by the Criminal Justice Service to people undertaking drug treatment and testing orders. Rolling group work programmes will be sustained and the one to one offer of support to people on a community payback order with a condition of drug and/or alcohol treatment will be continued by Criminal Justice Services.

Children & Families Outcome

Children affected by parental substance misuse (CAPSM) are protected and build resilience through the joint working of adult and children's service

The work of the Early Years Collaborative (EYC) on improving outcomes and the life chances of children will be instructive. In addition, the underpinning principles of Getting It Right For Every Child (GIRFEC) and whole family recovery will inform early intervention and effective partnership working to strengthen the resilience of CAPSM. Multi-agency embedding of the Highland Practice Model will be progressed with the operational practice of children and substance misuse services in adherence with the *Highland Getting Our Priorities Right (GOPR)* guidance, which will be reviewed annually. Collaboration between the ADP and the Child and Adult Protection Committee will continue to be strengthened with shared representation on appropriate structures ongoing in order to sustain direct links between partnerships. Terms of reference will be revised and a memorandum of understanding agreed to formalise the relationship and clarify collaborative arrangements. ADP representation on other public protection partnerships such as violence against women and youth justice will also be reviewed and strengthened.

Systems for gathering more robust local data will be progressed by relevant agencies with the Alcohol and Drugs: Young Peoples Profile updated using the available national and local service data, health intelligence profiles relevant needs assessments and qualitative information. Uptake of Highland (GOPR) training and refresher sessions will be progressed with learning opportunities extended to early years workers through Rory and Lila training sessions to promote best practice for early intervention. The development of on-line training will also be explored and uptake of specialist learning opportunities promoted to strengthen practices relevant to fetal alcohol syndrome and fetal alcohol spectrum disorder.

Updating of the *Women Pregnancy and Substance Misuse* guidelines to include emerging and ongoing drug and alcohol trends will be undertaken and the implementation, monitoring and updating of Highland GOPR guidance will be progressed through a CAPSM working group. The group will also provide guidance and oversight of innovative projects developed in partnership with the Third Sector to advance understanding and effective interventions for strengthening family recovery processes. Building on the work of the EYC, small tests of change methodology will be utilised in partnership with the Third Sector to identify and meet the needs of families. More formal family support initiatives will be strengthened through collaboration with SFAD, including

promoting the Tele-care service to remote and rural communities and partnership working with locally based Al-Anon and Families Anonymous groups. Increased development of support initiatives will promote family inclusive practice and raise the awareness of service providers of the crucial role that families can sometimes play in recovery. A whole family approach from prevention to recovery will be promoted across all HADP work and the needs of children and families will be accorded higher priority in non-fatal overdose and drug related death situations.

5. National and Local Outcomes - Indicators and Priority Actions

Health

<p>ADP National Outcome 1. HEALTH: People are healthier and experience fewer risks as a result of drug and alcohol use: a range of improvements to physical and mental health, as well wider well-being, should be experienced by individuals and communities where harmful alcohol use is being reduced, including fewer acute and long-term risks to physical and mental health, and a reduced risk of or alcohol-related mortality.</p>

<p>HADP Local Delivery Outcomes 2. Highland communities feel engaged are and empowered to make healthier choices regarding alcohol and drugs</p>																	
1. Health															Baseline	Goals	
1.1 Rate of drug related hospital admissions (per - 100,000 population)															2013/14	To increase capacity for naloxone administration to wider settings by 2016.	
97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12			12/13
13.4	12.5	19.7	18.3	19.5	30.2	28.7	38.4	43	38.3	55	76.7	63.5	60.8	85.3	72.8		
1.2 Rate of alcohol related hospital admission (per 100,000 population)															2013/14	To sustain the ABI standard and increase delivery in wider settings by 2018.	
97/98	98/99	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12			12/13
692.9	769.6	840.6	829.5	1039	1089.6	1000.8	953	954	978.5	954.4	894	766.7	720.2	681.7	695.5		
1.3 Rate of alcohol related mortality (per 100,000 population)															2013	To reduce the availability of alcohol by producing a revised overprovision statement by 2016.	
1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011			2012
23.5	22.1	23.5	31.1	27.1	32.2	27.9	27.2	27.9	35.6	28.9	28.5	27.2	28.8	21.6	20		
1.4 Prevalence of hepatitis C among injecting drug users (% based on all injecting drug users tested)															2011/12	To develop peer training opportunities for prisoners in partnership with HMP Inverness by 2017.	
2008/09							2010										
21.6							21.6										36.2

Local Indicator: Drug related mortality (per 100,000 population) - Scotpho												2013	To establish a robust system to identify and monitor non-fatal overdoses and devise a local response process by 2016.			
2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	6				
2.4	4.1	3.1	4.2	4.9	5.6	3.4	9.3	6.4	2.6	10.2	6.6					
Local Indicator: People aged 18 and under attending Emergency Departments (ED's) due to alcohol - eHealth												2013/14	To establish early intervention responses for young people aged 16 – 18 attending emergency departments due to intoxication by 2016.			
				2011/12				2012/13								
Male				68				56						50		
Female				84				45				40				
Local Indicator: People aged 18 and under attending Emergency Departments due to drugs - eHealth												2013/14				
				2011/12				2012/13								
Male				39				53						118		
Female				82				77				49				
Local Indicator: Substance Misuse Toolkit – Website hits												Jan – Apr 2015	To increase the number of hits by 30% through including the substance misuse toolkit in all prevention and educational initiatives by 2017.			
No trend data												2763				
Local Indicator: Numbers of schools and young people involved in Rock Challenge diversionary initiative												2015	To increase the numbers of schools and young people from deprived communities participating in diversionary activities by 2017.			
			2011			2012			2013					2014		
Schools			4			11			12					11		
Participants			179			519			561			470			619	
Local Indicator: Rock Challenge diversionary initiative - Post Event Evaluations – Secondary pupils (%)												2015				
				2011		2012		2013		2014						
Drank alcohol before being involved with Rock Challenge				10		8		10		10				7		
Those who had previously drank who have now stopped or reduced use				50		50		70		75				77		
Used Drugs before being involved with Rock Challenge				2		1		1		1				1		
Those who had previously used drugs who have now stopped or reduced use.				50		100		100		100		100				

No.	Priority Actions	Lead Agency
1.	Review and develop a Communication plan that includes: - <ul style="list-style-type: none"> - Awareness raising campaigns - Embedding social marketing techniques and whole population approaches to address culture change - Addressing issues of language and stigma - Media protocol 	HADP Health Improvement Team
2.	Facilitate education initiatives for the whole population	Health Improvement Team
3.	Develop the schools substance misuse prevention and education strategy	Care and Learning Service

Prevalence

ADP National Outcome

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.

HADP Local Delivery Outcome

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

2. National Indicator Prevalence				Baseline	Goals
2.1 Estimated prevalence of problem drug use amongst 15-64 year olds, by age group.				2012/13	To increase the resourcing and evaluation of a broad range of preventative initiatives by 2018.
2006		2009/10			
0.73		0.91			
2.2 Estimated prevalence of injecting drug use amongst 15-64 year olds. Injected in the last month (%) - SDMD				2012/13	To strengthen outreach capacity for enabling vulnerable and chaotic drug users to engage with harm reduction and treatment services by 2018.
2008/09	2009/10	2010/11	2011/12		
34	41	25	28		
2.3 Percentage of 15 year old pupils who usually take illicit drugs at least once a month (%)				2013	To increase the number of young people from deprived communities participating in diversionary initiatives such as Rock Challenge by 2017.
2006		2010			
9		12.8			
2.4 Percentage of 15 year old pupils who have taken an illicit drug in the last year. (%)				2013	To deliver six public awareness-raising campaigns promoting sensible drinking by 2018.
2006		2010			
18		19.5			
2.5 The proportion of individuals drinking above daily and/or weekly recommended limits (%)				2008-2011	To collaborate with members of the licensing forum and local licensees to deliver two initiatives that promote low and non-alcoholic drinks available to the public by 2017.
4-year aggregate.					
40.5					
2.6 The proportion of individuals drinking above twice daily (binge drinking) recommended limits				2008-2011	To deliver ten presentations to local stakeholders and councillors to raise awareness of whole population approaches and the benefits of reducing availability by 2018.
4-year aggregate.					
17.1					
2.7 The proportion of individuals who are alcohol dependent				2008-11	To reduce dependency by supporting whole population approaches to reducing the; affordability, availability, accessibility and acceptability of alcohol use by 2018.
4-year aggregate					
8.4					
2.8 Proportion of 15 year olds drinking on a weekly basis (weekly mean consumption in units) (%)				2013	To apply social marketing to raising the awareness of 400 families of strategies for reducing underage drinking by 2016.
2006		2010			
25		22.1			

Local Indicator: Used at least one NPS in the last month, 13 and 15 year olds (%) - SALSUS				2013	1	To utilise the NPS scoping exercise to inform targeted preventative activities and service development initiatives by 2018.
2006		2010				
-		1		2013	As shown	To inform practice by cascading learning on effective interventions from innovative service developments such as the drop-in service in Caithness by 2015.
Local Indicator: Pupils were asked "When it comes to NPS which of these statements best describes you last week?" (%) Highland Lifestyle Survey						
No trend data						
	P7	S2	S4	As shown	To continue assessing and supporting poly drug and NPS users through substance misuse services where use is problematic from 2015.	
I took a 'legal' drug which was for recreational use	-	2.5	3			
Local Indicator: Substance Misuse Toolkit hits on NPS pages				Jan – Apr 2015	96	To increase the number of quarterly hits to the on-line substance misuse toolkit and provide resources to increase the NPS awareness, of parents, young people and professionals by 2016.
No trend data						
						To promote the on-line substance misuse toolkit through six youth diversionary initiatives including Safer Highlanders and Rock Challenge by 2018.
						To conduct nine Facebook chats on drug and alcohol issues, including NPS use by 2018.
						To incorporate on-line resources into six awareness-raising campaigns, particularly during the summer festival and winter festive periods by 2018.
						To formalise partnership working with NHS, Police and Trading Standards to monitor and share intelligence on local trends by 2016.
						To share NPS information and enforcement

		intelligence through existing networks and the drug death prevention and review group from 2015 to 2018.
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No.	Priority Actions	Lead Agency
1.	To conduct data analysis to support HADP priorities and reporting requirements	HADP
2.	Strengthen information systems to gather more robust local data on CAPSM, children in services and family support initiatives	Care and Learning Service HADP

Recovery

ADP National Outcome

3. RECOVERY: Individuals are improving their health, well-being and life chances by recovering from problematic drug misuse: 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.

HADP Local Delivery Outcome

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

3. Indicator Recovery	Baseline	Goals
3.1. Percentage reduction in reported drug use whilst in treatment	-	To sustain 90% of people accessing substance misuse treatment from referral within 3 weeks, and for no-one to wait more than six weeks from 2015 to 18.
3.2. Reduction in the percentage of clients injecting in the last month during treatment.	-	
3.3. Proportion of clients who abstain from illicit drugs between initial assessment and 12 week follow up.	-	
3.4. Proportion of clients receiving drugs treatment experiencing improvements in employment/education profile during treatment	-	To work with agencies and services to ensure a seamless transition to the DAISy system by 2016. To continue developing the DACQ improvement process and support recovery orientated systems of care to progress from development to being in place and enhancing further by 2018. To demonstrate evidence of recovery orientated systems of care being in place and enhancing further through the DAISy recovery outcomes tool by 2018.

		<p>To ensure all SLA's reflect ROSC in service specifications and reporting on DAISy and that the NHS lead agency monitoring processes are adhered to from 2016 to 2018.</p> <p>To ensure the quality principles are integrated into the core drug and alcohol competencies and applied to identify and meet learning and development needs by 2017.</p> <p>To deliver four world cafe recovery events across Highland and support subsequent developments in partnership with people in recovery by 2018.</p> <p>To establish mechanisms for service users, families and mutual aid groups to inform the decision-making processes for developing and commissioning services and influencing local and national policy from 2016 to 2018.</p> <p>To increase opportunities for moving on and making a positive contribution to communities by developing recovery orientated employability and educational initiatives by 2018.</p>
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Local Indicator: Number of Mutual Aid meetings available			
	No trend data	2015	To increase the number of SMART Recovery and family support mutual aid groups by 100% by providing dedicated support across a range of localities by 2018.
SMART		3	
Al-Anon		9	
AA		56	
Families Anonymous		1	

No.	Priority Actions	Lead Agency
1.	Review of current services and development of an outcomes based integrated recovery pathway	Substance Misuse Service
2.	Establish a process for managing drunk and incapable people	Police Scotland
3.	Increase engagement with Third sector partners via drug and alcohol forums	HADP

4.	Review and deliver a service user, carer and family strategy	HADP
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Children and Families Affected by Parental Substance Misuse

ADP National Outcome

4. CAPSM/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.

ADP Local Delivery Outcome

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

4. Indicator CAPSM	Baseline	Goals											
4.1. Rate of maternities recording drug use (three year rolling average, per 1000 maternities)		To update the content and encourage ongoing adherence to the <i>Women Pregnancy and Substance Misuse Guidelines</i> by 2015.											
<table border="1"> <tr> <td>05/06 - 07/08</td> <td>06/07 – 08/09</td> <td>07/08 – 09/10</td> <td>08/09 – 10/11</td> <td>09/10 – 11/12</td> <td>2010/11 – 2012/13</td> </tr> <tr> <td>7.2</td> <td>7</td> <td>8.9</td> <td>7.9</td> <td>9</td> <td>7.9</td> </tr> </table>	05/06 - 07/08		06/07 – 08/09	07/08 – 09/10	08/09 – 10/11	09/10 – 11/12	2010/11 – 2012/13	7.2	7	8.9	7.9	9	7.9
05/06 - 07/08	06/07 – 08/09	07/08 – 09/10	08/09 – 10/11	09/10 – 11/12	2010/11 – 2012/13								
7.2	7	8.9	7.9	9	7.9								
4.2. Rate of maternities recording alcohol use (three year rolling average)	Data not available	To deliver three Highland wide and local Pregnant Pause alcohol awareness campaigns by 2018.											
4.3. Number of Child Protection Case Conference where parental drug and alcohol misuse has been identified as a concern/risk (per 10,000 population)		To continue embedding the multi-agency Highland Practice Model in adherence with the <i>Highland Getting Our Priorities Right</i> (GOPR) guidance that will be reviewed annually from 2015 to 2018.											
<table border="1"> <tr> <td>31st July 2012</td> <td>31st July 2013</td> <td>31st July 2014</td> </tr> <tr> <td>9.3</td> <td>7.4</td> <td>7.9</td> </tr> </table>	31 st July 2012		31 st July 2013	31 st July 2014	9.3	7.4	7.9						
31 st July 2012	31 st July 2013	31 st July 2014											
9.3	7.4	7.9											
4.4. Proportion of positive ABI screenings in ante-natal setting		To update the content and include reference to emerging and ongoing drug and alcohol trends in the <i>Women Pregnancy and Substance Misuse Guidelines</i> from 2015 to 2018.											
<table border="1"> <tr> <td>2012/13</td> <td>2013/14</td> </tr> <tr> <td>120 (2%)</td> <td>86 (2%)</td> </tr> </table>	2012/13		2013/14	120 (2%)	86 (2%)								
2012/13	2013/14												
120 (2%)	86 (2%)												

Local Indicator: Individual in service with dependent children (%) - SDMD		To continue embedding the multi-agency Highland Practice Model including the <i>Highland Getting Our Priorities Right</i> (GOPR) guidance that will be reviewed annually from 2015 to 2018.																
<table border="1"> <tr> <td>2008/09</td> <td>2009/10</td> <td>2010/11</td> <td>2011/12</td> <td>2012/13</td> </tr> <tr> <td>33</td> <td>34</td> <td>36</td> <td>41</td> <td>45</td> </tr> </table>	2008/09		2009/10	2010/11	2011/12	2012/13	33	34	36	41	45							
2008/09	2009/10	2010/11	2011/12	2012/13														
33	34	36	41	45														
Local Indicator: Young people (13 and 15 year olds) who are allowed to drink alcohol at home (%) - SALSUS		To deliver a social marketing campaign that is family-focused and addresses issues including underage drinking, parental modelling and parental supply and acceptance of alcohol use by those under 18 by 2015.																
<table border="1"> <tr> <td></td> <td>2006</td> <td>2010</td> <td>2013</td> </tr> <tr> <td>Yes, always</td> <td>6</td> <td>6</td> <td>3</td> </tr> <tr> <td>Yes, sometimes</td> <td>65</td> <td>70</td> <td>76</td> </tr> <tr> <td>No, never</td> <td>29</td> <td>24</td> <td>20</td> </tr> </table>			2006	2010	2013	Yes, always	6	6	3	Yes, sometimes	65	70	76	No, never	29	24	20	
	2006		2010	2013														
Yes, always	6		6	3														
Yes, sometimes	65	70	76															
No, never	29	24	20															

Local Indicator: GOPR training - levels of confidence and competence			Baseline 80%	To increase the perceived confidence and competence of practitioners participating in Highland GOPR training and develop short refresher sessions by 2016.
	Baseline – 2014/15	Baseline – 2014/15		
	Competence 75%	Confidence 85%		
Local Indicator: Uptake of Rory & Oh Lila learning opportunities and resources			Training currently being organised	To deliver two Rory & Oh Lila training sessions with early years workers and provide resources to promote best practice for early intervention by 2015. To collaborate with the CPC to explore the development of on-line and teleconference training opportunities by 2017. To ensure that the Highland GOPR guidance is being adhered to and updated appropriately through practice development discussions facilitated through the CAPSM working group by 2018.

No.	Priority Actions	Lead Agency
1.	Work jointly with the Child and Adult Protection Committee to develop and implement local responses to national guidance	HADP CPC
2.	Support the ongoing development of the <i>Women, Pregnancy and Substance Misuse Guidance</i>	Care and Learning Service Substance Misuse Service
3.	Develop more formal family support interventions for those affected by alcohol and drug issues	Care and Learning Service HADP

Enforcement & Availability

ADP National Outcome

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.

ADP Local Delivery Outcome

3. Individuals and communities are protected against substance misuse harm

5. Indicator Community Safety					Baseline	Goals
5.1. Percentage of new clients at specialist drug treatment services who report funding their drug use through crime. (%)					2011/12	To demonstrate evidence of recovery orientated systems of care being in place
2006/07	2007/08	2008/09	2009/10	2010/11		

27.4	28.2	31.4	22.6	32.1	18.7	and enhancing further through the DAISy recovery outcomes tool by 2018.		
5.2. Percentage of offenders given a DTTO who are reconvicted within one year (%)						2013/14	To support criminal justice services to develop SMART recovery groups as part of the CJS substance misuse team remit and promote the benefits of DTTO's to sheriffs by 2016.	
2006/07	2007/08	2008/09	2009/10	2010/11	2011/12			2012/13
0.9	1.5	1.2	0.7	1.3	0.7			1.0
5.3. Number of anti-social behaviour offences per 10,000 population						2012/13	To implement an anti-social behaviour strategy focused on prevention, integration, engagement and communication promoting a rights and responsibilities ethos to raising public awareness by 2017. To continue developing operation notebook involving interagency mediation for resolving reports of anti-social behaviour from 2015 to 2018.	
	2009/10	2010/11	2011/12					
Serious Assault	7.8	7.6	8.3	7				
Common Assault	124.7	114	113.4	104				
Vandalism	158	131.2	117.9	95				
Breach of the Peace	Not available	Not available	70.4	36.5				
5.4. Number of Community Payback Orders issued where alcohol and/or drug treatment required, and proportion that are successfully completed. (Highland NCJA Area)						2013/14	To sustain a rolling group work programmes and continue to offer one to one work to all clients with a CPO with a condition of drug and/or alcohol treatment from 2015.	
2012/13								
54						69		
5.5. Proportion of victims of a crime who reported that offender was under the influence of alcohol/drugs. (Northern Division area including HADP area). (%)						2012/13	To sustain partnership working between Police Scotland and Licensee's through operation respect and pub watch to tackle alcohol related offending in and around licensed premises from 2015 to 2018.	
	2009/10	2010/11						
Alcohol	32	28	23					
Drugs	8	15	5					

Local Indicator – Drink Driving Numbers						2014/15	To reduce incidences by raising awareness of the lower 50mg limit through national and local campaigns and enforcement initiatives led by Police Scotland by 2018.
2009/10	2010/11	2011/12	2012/13	2013/14	5 year average		
504	443	423	404	369	428.6	329	
Local Indicator – Prisoner Survey HMP Inverness – Drugs (%)						2013	To sustain ongoing provision of NHS healthcare within HMP Inverness with every prisoner key worked throughout
				2011			
Use of illegal drugs in the 12 months prior to prison				59		60	

Use of illegal drugs in the last month while in this prison	9	23	sentencing and on to release from 2015. To increase the ability of HMP Inverness to enhance prisoner throughcare and strengthen linkage with community supports and services from 2015.
Received help/treatment for drug use during sentence	31	21	
Local Indicator – Prisoner Survey HMP Inverness – Alcohol (%)			
	2011	2013	
Drunk at the time of my offence	52	59	
Received help/treatment for alcohol problems during sentence	33	27	
Worried that alcohol will be a problem on release	26	28	

No.	Priority Actions	Lead
1.	Sustain input to local community safety initiatives	Police Scotland
2.	Support HMP Inverness in the development of drug and alcohol related work	HMP Inverness Substance Misuse Service
3.	Support criminal justice services manage persistent offenders and include in integrated recovery pathway	Criminal Justice Service
4.	Maintain ongoing support and input to enforcement activity	Police Scotland

Environment

ADP National Outcome

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.

HADP Local Delivery Outcome

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

6. Indicator Local Environment			Baseline	Goals
6.1. Percentage of 15 year olds who have been offered drugs in the last year.(%)				To increase the number of quarterly hits to the on-line substance misuse toolkit and provide resources to increase the drug awareness, of parents, young people and professionals by 2016. To sustain drug enforcement activity focused on disrupting supply and increase participation in three Rock Challenge diversionary initiatives by 2018.
2006	2010		2013	
45	40.9		33.7	
6.2. Percentage of people perceiving drug misuse or dealing to be common or very common in their neighbourhood (%)				To sustain drug enforcement activity focused on disrupting supply and implement the Safer Highland anti-social behaviour strategy by 2017.
2007/08	2009/10	2012	2013	
10.3	8.4	8.5	6.7	
6.3. Percentage of people perceiving rowdy behaviour as very/fairly common in their neighbourhood (%)				
2007/08	2009/10	2012	2013	
11.7	8.9	9.8	4.8	
6.4. Number of premise and occasional licences in force per annum and the overall capacity of premise licences (per 10,000 population)				To reduce the availability of alcohol by compiling and lobbying for a revised overprovision statement by 2016 and continue to monitor and respond to applications appropriately by 2018.
2011/12	2012/13		2013/14	
64.5	65.3		65	
6.5. Number of new applications for premise or occasional licences, and proportion refused on the grounds of overprovision				
New premise license			2012/13	
			13	
Proportion refused on the grounds of overprovision			2011/12	
			1	
			2012/13	
			0	

Local Indicator: Extent to which Highland Council residents feel concerned about alcohol and drugs (major or minor concern) (%) – Highland Council Performance Survey			2014	To reduce incidences through implementing an anti-social behaviour strategy focused on prevention, integration, engagement and communication by 2017.
	2012	2013		
Alcohol Abuse (e.g. under-age drinking/alcohol related disorder)	65	63		
Serious and Organised Crime (inc. drug crime)	41	37		
Road Safety (inc. drink/drug driving)	81	76	82	
Local Indicator: Accidental dwelling fires where impairment due to suspected alcohol/drugs use was a contributory factor (%) - ISD			2013-14	To promote referrals for home fire safety visits, and deliver an awareness raising campaign by 2018.
2010/11	2011/12	2012/13		
14.5	11.7	13.4	13	To deliver ABI training to the fire service by 2016 in order to enhance their skills for motivating members of the public to reduce their alcohol consumption, where appropriate.
Local Indicator: ADP representation at Highland Licensing Forum – quarterly meeting (%)			2015 to date	To participate in all licensing forum meetings and promote whole population approaches by 2018.
2013		2014		
100		100		100
Local Indicator: Workplaces with an Alcohol Policy			Total no. by 2015	To increase the registered number of organisations with a workplace alcohol policy by through working in partnership with the Healthy Working Lives initiative by 2018.
No trend data				

No.	Priority Actions	Lead Agency
1.	Sustain and develop targeted diversionary activities and promotion of generic opportunities	Police Scotland Health Improvement Team
2.	Increase community based initiatives and community development opportunities	Health Improvement Team

3.	Maintain formal links with the licensing forum and board to promote the public health objective and reduce over-provision	Public Health Team
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Services

ADP National Core 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: 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.

HADP Local Delivery Outcome

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

7. Indicator Services					Baseline	Goals
7.1. Number of screenings (using a validated screening tool) for alcohol use disorders delivered and the percentage screening positive (with % eligible for ABI and % eligible for referral to treatment services)					Data not available	To improve recording systems in ante-natal settings and encourage ongoing adherence to the <i>Women Pregnancy and Substance Misuse Guidelines</i> by 2017.
7.2. The number of alcohol brief interventions delivered in accordance with the HEAT Standard guidance						To increase training capacity across all priority settings through delivery of two bespoke training for trainers courses by 2016.
2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	
75.9	74.2	150.5	148.8	153.8	140.9	To produce a locally developed on-line training course to enhance access to learning and development opportunities, particularly in remote and rural areas by 2016. To strengthen embedding through partnerships with local colleges and universities to include ABI's as routine practice in nursing and health and social care courses by 2018. To increase wider setting delivery in youth, police, prison and fire service settings with bespoke training provided and an effective reporting system devised by 2017.

									<p>To contribute to tackling health inequalities through providing targeted support to primary care practitioners in areas of deprivation to increase delivery by 2017.</p> <p>To scope alternative options to the current locally enhanced service agreement with a view to adjusting investment to more effectively address health inequalities by 2018.</p>
7.3. Percentage of clients waiting more than 3 weeks between referral to a specialist drug and alcohol service and commencement of treatment									<p>To sustain 90% of people accessing substance misuse treatment from referral within 3 weeks and that no-one waits more than six weeks from 2016.</p>
Jan-Mar 2013	Apr-Jun 2013	Jul-Sept 2013	Oct-Dec 2013	Jan – Mar 2014	Apr – Jun 2014	Jul – Sept 2014	Oct – Dec 2014		
82.9	83.6	77.4	83.9	89.6	94	94.4	90.9		
7.4. Number of treatments drug service clients receive at 3 month and 12 month follow-up (and annually after that)								Data not available	<p>To collaborate with agencies and services to ensure a seamless transition to the DAISy system by 2016.</p>

Local Indicator: Opiate Replacement Therapies – local audits					<p>To continue the improvement work currently underway to ensure the availability of options and choice for ORT from 2015.</p> <p>To progress the ORT action plan by addressing the appropriate recommendations and implementing national developments at a local level by 2018.</p> <p>in the local action plan by 2016.</p>
	2011/12		2014		
Methadone			393		
Suboxone			71		
Subutex			2		
Total	566		466		
Local Indicator: Number of naloxone kits issued per 1,000 people with problem drug use aged 15-64 – ISD (Figures include both intramuscular and intranasal naloxone supplies)					<p>To increase awareness of signs of opiate overdose and the administration of naloxone as part of the reducing drug related deaths strategy by 2017.</p> <p>To continue developing the peer trainer initiative through partnership working between the harm reduction service and HMP Inverness by 2018.</p>
	2011/12	2012/13	2013/14		
	169	175	103		

					To report on a formal review and evaluation of the intranasal pilot by 2016.
Local Indicator: Percentage of individuals who have had a near fatal overdose and those engaged with services (%)				Apr 2015	To establish an effective non fatal overdose alert system in partnership with the SAS that can contribute to reducing the risk of drug related deaths by 2016.
	Jan 2015	Feb 2015	Mar 2015		
No. of Overdoses	8	13	9	8	To monitor and adapt the processes of the drug related death prevention and review group in order to identify preventative actions that can reduce the likelihood of drug-related deaths by 2018.
	25	38.5	44.4	62.5	

No.	Priority Actions	Lead Agency
1.	Embed alcohol screening and brief intervention programmes in priority and wider settings	Health Improvement Team
2.	Conduct a training needs analysis and develop a local workforce strategy	HADP
3.	Develop a performance outcome management framework	Substance Misuse Services
4.	Implement a financial framework to support the management, monitoring and allocation of resources in line with HADP priorities	NHS Finance Team HADP

6. Financial Investment

Financial report - Drugs & Alcohol misuse funds - 12 months to 31st March 2015 - version 2



	Recurrent NHSH Scottish Government Funding for Drug & Alcohol										
	Budgeted Establishment	Alcohol Misuse	Drugs Misuse	Support Costs	Total Budget	NHSH Core Funding	Total Annual Budget	Forecasted annual costs	Year End Variance against earmarked funds	Year End Variance against NHSH core funds	Total year end variance
	wte	£'s	£'s	£'s	£'s	£'s	£'s	£'s	£'s	£'s	£'s
North & West Operational Unit	10.26	307,168	43,400	0	350,568	82,089	432,657	402,677	20,771	9,210	29,980
South & Mid Operational Unit	25.45	937,831	307,586	0	1,245,417	504,659	1,750,075	1,632,373	65,790	51,912	117,702
South & Mid Operational Unit - Mental Health Services	7.73	115,000	112,683	0	227,683	607,538	835,221	900,519	22,732	(88,030)	(65,298)
Hep B Needle Exchange/methadone - NHS H services	0.00	0	22,978	0	22,978	76,022	99,000	99,000	0	0	0
Raigmore - CAMHS & Emergency Department (ABIs)	1.00	13,000	35,000	0	48,000	0	48,000	48,000	0	0	0
Highland Council - Youth Workers & Action For Children Recharge	0.00	74,000	20,000	0	94,000	14,800	108,800	104,850	3,322	628	3,950
Adult Social Care - Beechwood & ISC support for D&A	0.00	0	0	0	0	350,103	350,103	357,884	0	(7,781)	(7,781)
Highland ADP Support Costs	5.80	42,245	0	199,983	242,228	845	243,073	165,402	75,035	2,636	77,671
Voluntary Organisations	0.00	0	0	0	0	53,157	53,157	73,392	0	(20,235)	(20,235)
GP Enhanced Services (funded from core allocation)	0.00	135,087	0	0	135,087	423,347	558,434	546,523	1,449	10,462	11,911
Beechwood Support Services & Out Of Area Referrals	0.00	0	0	0	0	132,301	132,301	132,444	0	(143)	(143)
Total	50.24	1,624,331	541,647	199,983	2,365,961	2,244,860	4,610,821	4,463,064	189,098	(41,341)	147,758

Note - £16,228 budget held in central reserves until required

Note - In addition £88,000 funded to THC for additional YAT posts (through Childrens Services transfer)

Negative Budget Variance = Overspend

In the absence of uplift, the spend is unlikely to significantly change over the next three years as the majority of funding has been invested in substantive posts for a number of years. However, efforts are being made to shift some investment to preventative work whenever flex becomes available. Work is currently underway to scope alternative options to the current ABI LES agreement in order to consider adjusting investment to more effectively address health inequalities.

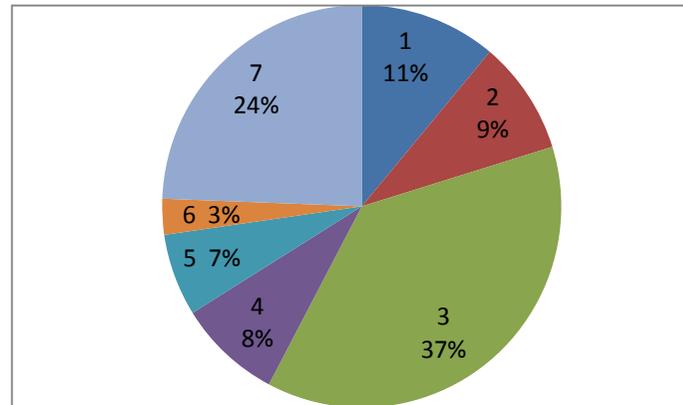
National ADP Core Outcomes and Current Investment

Core Outcomes

1. **Health:** People are healthier and experience fewer risks as a result of alcohol and drug use
2. **Prevalence:** Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others
3. **Recovery:** Individuals are improving their health, well-being and life chances by recovering from problematic drug and alcohol use
4. **Families:** Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life chances
5. **Community Safety:** Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour
6. **Local Environment:** People live in positive, health promoting local environments where alcohol and drugs are less readily available
7. **Services:** Alcohol and drugs services are high quality, continually improving, efficient, evidence based and responsive, ensuring people move through treatment into sustained recovery

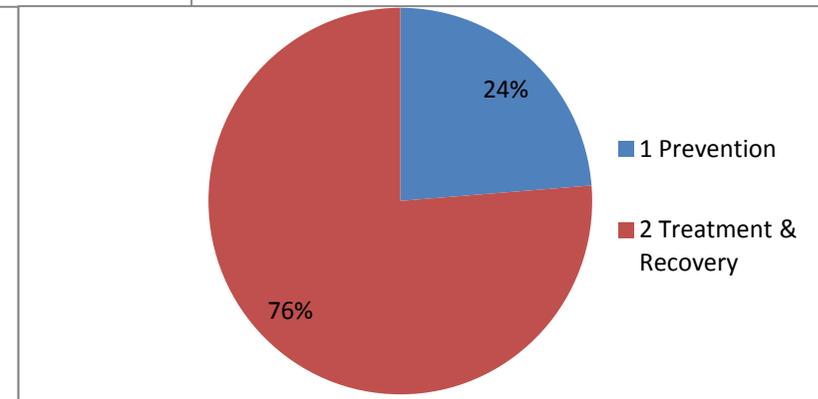
Current Investment

1	11%	510,497
2	9%	422,272
3	37%	1,728,401
4	8%	387,279
5	7%	304,763
6	3%	133,129
7	24%	1,124,481
Total		<u>4,610,821</u>



Category of Spend

1	Prevention	1,093,886	24%
2	Treatment / Recovery	3,516,936	76%
	Total	<u>4,610,821</u>	<u>100%</u>



7. National Support

HADP collaborates effectively with many of the nationally funded organisations and draws on their support to progress the achievement of outcomes. STRADA delivers annual training and HADP is currently negotiating strategic workforce development support and assistance with developing local drug and alcohol awareness training. CREW 2000 will continue to deliver a range of training including NPS sessions and HADP will be utilising the recently developed STRADA and NPS on-line course aimed at generic practitioners. SDF will also continue to deliver more specialised training and are currently negotiating with substance misuse services to provide quality improvement support. The potential to develop an addiction workers training project in Highland will also be explored with support from SDF. SFAD are undertaking research with young people and HADP has been promoting uptake of the Telecare service in remote and rural areas. With a Development Manager in post, HADP intends to strengthen links and future joint initiatives with the nationally commissioned Third Sector organisations.

