



**Perth and Kinross
Alcohol and Drugs Partnership
Strategy**

2012 - 2015

November 2011

Consultation Draft

Foreword from the Chair

The Scottish Government has commissioned several reports which have placed a clear emphasis on recovery. The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem (Scottish Government 2008) is to effect cultural change within treatment services and communities. The Scottish Government's 'Changing Scotland's Relationship with Alcohol: A Framework for Action' (2009) also aims to change Scotland's relationship with alcohol. This shift to a more recovery-focused system of care will require Alcohol and Drug Partnerships to be able to demonstrate, and indeed will be held to account, via Community Planning Partnerships for a range of recovery based outcomes which focus on areas that recovery adds to an individual's life rather than what problems treatment has reduced.

I therefore commend this strategy to you as I believe recovery has to be at the heart of the treatment ethos and the methods proposed here are about supporting workers and clients to move towards a recovery model and to encourage an increasingly community-focused approach to client empowerment and long-term change. This cannot be done in isolation we need the engagement of all our community planning partners but also essentially communities; if recovery is to become a reality with Perth and Kinross.

This Strategy is a working document and is developed throughout its 3-year life. Feedback is sought on a continuous basis through consultation with carers and other stakeholders through carer conferences. Carers and other stakeholders are involved, as a matter of course, in to help develop the Action Plan. There is a shorter summary Strategy. It is available in Braille, large print and in some minority languages, upon request. Please use the contact details below for further information or copies.

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1. Introduction

This is the Perth and Kinross Alcohol and Drugs Partnership Strategy 2011-2014
The Strategy:

- Sets out Perth and Kinross Alcohol and Drugs Partnership's strategic framework for the future development of services, through which providers can operate, so that needs and demands can be met more effectively with available resources.
- Provides an overview of the alcohol and drug use in Perth and Kinross.
- Establishes a shared understanding of the issues and priorities where some form of intervention is required and sets out actions on how these issues and priorities will be addressed by the Partnership.
- Sets out aims and objectives, and shows how progress will be monitored and impact evaluated.
- Identifies how the Strategy contributes to the achievement of national priorities and those identified in the Community Plan and Single Outcome Agreement.

The Strategy sets out what Perth and Kinross Alcohol and Drugs Partnership is planning to do, in co-operation with other stakeholders, to address the above issues over the three-year period 2012-2015. Efforts were made in the preparation of the Strategy to take account of the views of all stakeholders and we would welcome any further comments that you may have.

2. Strategic Planning Framework

2.1 Strategy Framework

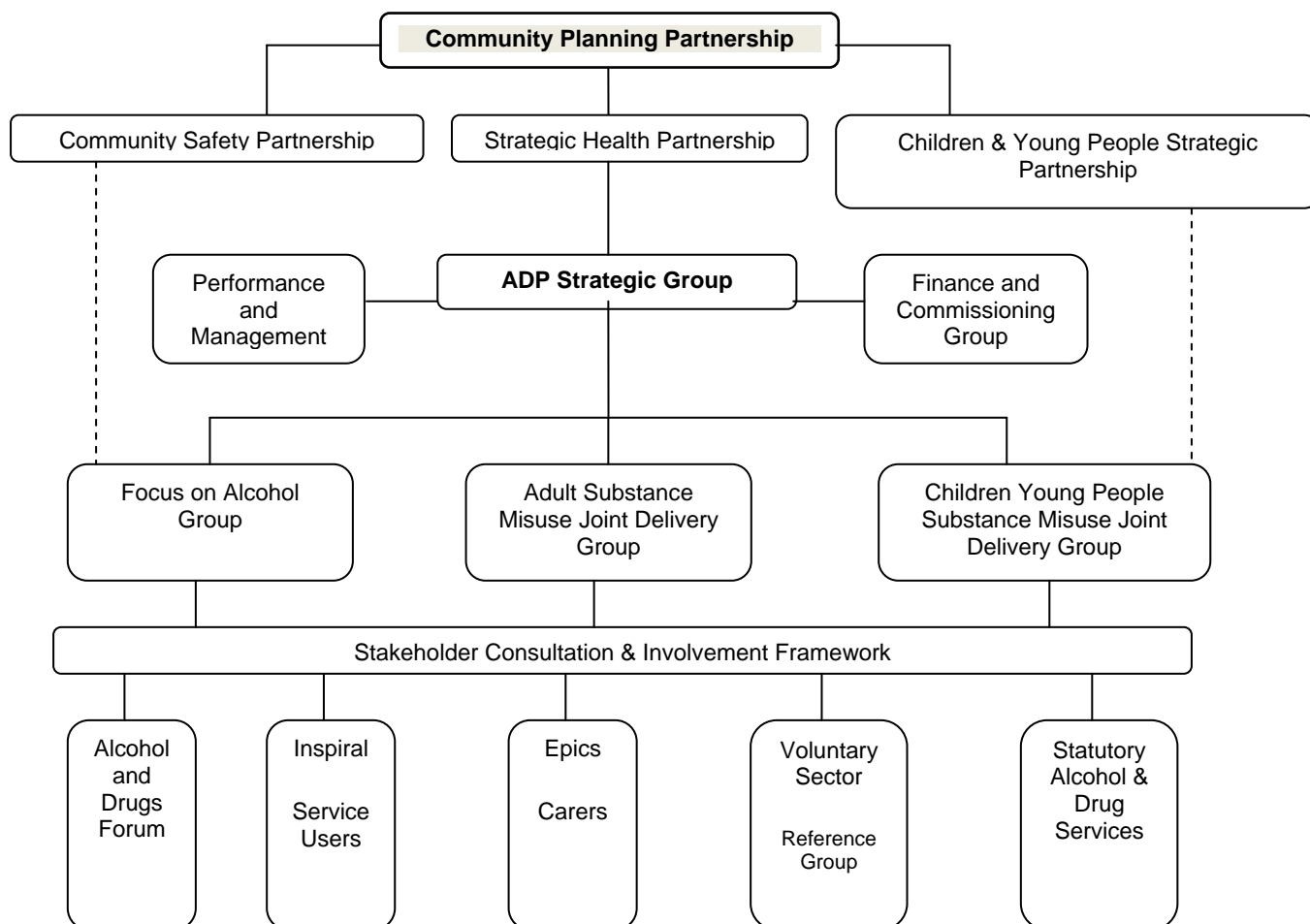
This strategy framework sets out the vision and key priorities for the Perth and Kinross Alcohol and Drugs Partnership (ADP). Being part of the Perth and Kinross Community Planning Partnership (CPP), the ADP aims to promote the Recovery twelve point pledge contained within the ADP "Vision of Recovery" strategy (2011 - 2014) by providing the infrastructure and environment to make this a reality with Perth and Kinross.

The ADP aim is to provide the strategic direction by the design, delivery and evaluation of drug and alcohol services across Perth and Kinross. This will ensure that services are needs led, based on evidence of what makes a difference, and delivered in effective and efficient way. A key component of this approach is that services are designed around the needs and aspirations of the people who use them. The ADP is driven by the principle of recovery. This has the objective of moving people from where they find themselves when they first engage with services, to a level of recovery which is appropriate to them. Recovery can mean a move towards abstinence, stability, self development or employment.

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This strategic, evaluation and engagement will be provided by the following group's structure and shown in figure 1.

Figure 1: ADP Planning Structure



2.2 Main Strategic Drivers

The strategy for the Alcohol and Drug Partnership is informed by external and internal strategic drivers which, in turn, reflect the inappropriate use of substances upon those who misuse them, their families and the wider community. Chief amongst these strategic drivers are:-

- 'Changing Scotland's Relationship with Alcohol. A framework for action' 2009 which sets out the Scottish Government's key proposals in relation to Alcohol Misuse.
- The Scottish Government's 'A Road to Recovery: a new approach to tackling Scotland's Drug Problem' – 2008 which sets out a shift in approach for current drug treatment practice, cutting through traditional approaches and philosophies of harm reduction and abstinence with a new emphasis upon 'Recovery' as the goal in every case.

- 'Getting our priorities right' – policy and practice guidelines for working with Children and Families affected by problem drug use, (Scottish Government, 2001). More recently, 'Getting it Right for Every Child and Young Person' – emerging Scottish Government strategy in relation to the wider roles and responsibilities of all those who come into contact with children and young people;
- Mental Health Strategy for Scotland 2011-15' - consultation document from the Scottish Government. Mention is made of the increasing use of medication in the treatment of Depression – while the co morbidity of Substance Misuse and Mental Health problems is well-documented;
- 'Reducing re-offending Evidence Review' published by the Scottish Government 2011 which notes, inter alia, the role for Substance Misuse Support Services in supporting desistance from future offending behaviour; and
- 'Equally Well Report of the ministerial task force on Health and Equalities' Scottish Government 2008 which places particular emphasis on the role of Alcohol and Drug Partnerships in ensuring that resources are targeted at deprived groups to communities and support the concept of recovery.

The strategy's aim is to implement these strategic drivers at a local level. The Scottish Government's 'Changing Scotland's Relationship with Alcohol: A Framework for Action' (2009) set out four main areas of focus and these were:

- Reducing Consumption;
- Supporting Families and Communities;
- Developing Positive Attitudes Positive Choices; and
- Improving Support and Treatment.

The Scottish Government's "Framework for Action" seeks to rebalance Scotland's relationship with alcohol. It sets out a whole population approach to addressing alcohol use in which individuals need to reflect on their own drinking and how it impacts on themselves and others, as this will be the most significant factor in achieving change.

Research identifies that action on price and availability are the most significant levers to reducing alcohol consumption and achieving culture change. The ADP will work closely with the Licensing Board and Forum in Perth and Kinross to identify areas where there is over-provision of alcohol; as well as working closely with governmental partners. Binge drinking and problem drinking can have a significant adverse impact on the family and communities. The ADP will continue to work closely with both the Children Protection Committee and the Community Safety Partnership in reducing this harm.

The Scottish Government's Road to Recovery: A New Approach to Tackling Scotland's Drug Problem (2008) sets out a shift in approach to drug treatment, cutting through the traditional approaches and philosophies of harm reduction and abstinence with a focus on recovery. Recovery is seen as a process whereby service

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users move towards a drug-free life as an active and contributing member of society. This approach requires a cultural shift in the way that services are commissioned and delivered with service user aspirations as an individual and family member placed at the centre of their care. The 'Road to Recovery' set out five main areas of focus and these were:

- Better treatment to promote recovery;
- Better drugs education and information;
- More choices and chances for young people;
- Better outcomes for children affected by family substance misuse; and
- Better enforcement.

'Getting it Right for Every Child and Young Person' – the Scottish Government's emergent strategy in relation to the wider roles and responsibilities of all those who come into contact with children and young people. Every child and young person in Scotland is on a journey through life: experiencing rapid development and change as they make the transition from childhood through adolescence and into adulthood.

As they progress, some may have temporary difficulties, some may live with challenges that distract them on their journey and some may experience more complex issues. No matter where they live or whatever their needs, children and families should know that they can find help and that the right support will be available to them. We all want our children and young people to be fully supported as they grow and develop to be:

- Healthy - experiencing the highest standards of physical and mental health, and supported to make healthy safe choices;
- Achieving - receiving support and guidance in their learning – boosting their skills, confidence and self-esteem;
- Nurtured - having a nurturing and stimulating place to live and grow;
- Active - offered opportunities to take part in a wide range of activities – helping them to build a fulfilling and happy future;
- Respected - to be given a voice and involved in the decisions that affect their well-being;
- Responsible - taking an active role within their schools and communities;
- Included - receiving help and guidance to overcome social, educational, physical and economic inequalities; accepted as full members of the communities in which they live and learn; and
- And above all, to be safe protected from abuse, neglect or harm.

There is a clear need to work with key partners to ensure the appropriate services and structures are in place particularly in relation to early year's interventions.

Mental Health Strategy for Scotland 2011-15' – consultation, the philosophy contained within the document is replicated within the "Road to Recovery" drugs

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strategy. It is the mental health field which set the template for recovery within the substance misuse field. This is clearly seen within the following:

- Eliminating stigma;
- Focusing on early years and childhood interventions;
- Workforce development;
- Promotion of recovery across all partners and communities;
- Service users involved with service redesign;
- Roles of families and carers as part of a system of care;
- Person centred care across organisational boundaries; and
- Reduction of waiting times to access services.

It is this joint agenda between mental health and substance misuse which will allow far more joint working to meet common goals.

The “Reducing Re-offending Evidence Review” highlights the drive by government to promote “desistance from crime among young people and adults”. In simple terms this means supporting individual’s motivation to change their criminal lifestyle; thereby reducing crime and contributing to community safety. It is recognised that offending behaviour generally starts in adolescence and is aggravated by substance misuse. One of the key factors in persistent offending is dependant substance misuse. The review clearly highlights the relationship between recovery capital and its role in promoting desistance. It is this relationship with recovery which affords opportunities for partners and communities to collaborate to achieve similar goals.

The Equally Well Report of the ministerial task force on Health and Equalities’ (Scottish Government 2008) places particular emphasis on the role of Alcohol and Drug Partnerships in ensuring that resources are targeted at deprived groups in communities and support the concept of recovery. The relationship between substance misuse and deprivation has a greater impact on already disadvantaged communities. Within these communities, alcohol and drugs misuse poses significant challenges to:

- Development;
- Levels violence;
- The rates of unemployment;
- Mental health and physical health; and
- Family relationships.

The strategy recognises the need to have a “radical cross cutting” approach to addressing these challenges. Unlike other strategies which merely highlight the need for collaborative working. Equally Well provides a particular model, to tackling the collective challenges. This locality approach can be adopted to allow inter agency work at community level to take place. This has already started in Perth and Kinross and we are in the process of extending this model to particular localities. This locality working is the platform on which we will start to take forward a recovery focused approach. Whilst acknowledging that each of the strategies noted earlier have

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specific goals, a common theme across all of these strategies is the role and promotion of recovery and the engagement of communities.

The ADP recognises that moving to, and promoting, a more responsive recovery culture will not be a straightforward process. Recovery in different guises is already taking place; in such settings as Mental Health and Criminal Justice work.

However, there is a need to embed this wider recovery philosophy amongst those working in the drugs and alcohol field and to establish the importance of all services embracing a recovery-focused philosophy. This in turn will require a culture change in terms of integration and partnership working across services. If substance misusers are to access a full treatment and care package then service provision must be inclusive and integrated. Consequently treatment and recovery services need to consider how to access and develop service responses to meet the broad range of needs that service users have beyond their need for alcohol and drug treatment. Within this there is strong recognition of the detrimental impact that parental alcohol and drug use can have on children. There is a need to consolidate and improve the response that families receive from services with a clear focus on improving outcomes for children. The national approach to supporting and working with children and young people “Getting it right for Every Child” (see appendix 4) will be applied to ensure appropriate interventions in relation to children and young people.

The strategy also places an emphasis on protecting communities by disrupting drug markets. Enforcement activity needs to be complemented by community assurance and resilience building. This includes looking at reducing demand through educational and recovery based approaches. The Equally Well locality approach of joint working allows scope for these interventions to be introduced as part of greater locality interventions.

2.3 Monitoring Progress

The multi-agency Performance and Management Group and ADP Delivery Groups will monitor progress on an ongoing basis. These Groups will meet on a quarterly basis and will report progress to ADP Strategic Group. Set out below are the main areas showing how we will measure the positive impact and success of this strategy. We will monitor impacts on the following:

- Numbers of clients by age;
- Service information;
- Client information;
- Access to services;

A full performance framework will be developed and implemented.

2.4 Equalities

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The ADP strives to encourage equal opportunities and diversity, responding to the different needs and service requirements of people regardless of sex, race, colour, disability, age, nationality, marital status, ethnic origin, religion or belief, sexual orientation or gender re-assignment.

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3. The Partnership's Vision

The vision of Perth Kinross ADP is:

'To promote a healthy and responsible attitude to alcohol and where recovery is a real and achievable for people and communities affected by drugs and alcohol'.

This vision will be supported by three high level outcomes and these are that:

- Children, young people and adult's health and well being are not damaged by alcohol and drugs;
- More people achieve a sustained recovery from problem alcohol and drug use;
- Individuals and communities affected by alcohol and drug use feel safer.

4. Identifying Our Priorities

In March 2009 Audit Scotland published a review of drug and alcohol services in Scotland. The report highlighted that, although substance misuse is found across society, people living in deprived areas are more likely to suffer serious health problems as a result of their or others' substance misuse. Variations exist in the range and accessibility of services and spending decisions are often not based on evidence of what works or on a full assessment of local needs.

However, the local needs assessment carried out by the ADP identified a clear link with deprivation areas in Perth and Kinross and children and young people impacted by parental substance use. There are communities in Perth & Kinross where there are higher concentrations of problems related to alcohol and drug use. These same communities also experience higher levels of crime, abuse and neglect of children and mental health difficulties. In short, they are the communities where health inequalities are most manifest and where substance misuse has its greatest impact. We need to respond to these challenges and to ensure that resources are directed towards the individuals, families and communities affected by these issues. There is a need to target resources within particular areas with a focus on locality delivery. The Equally Well model lends itself to this style of intervention.

4.1 Prevention

The term prevention can be used in various ways. It can refer to activities aiming to prevent people from commencing substance use, activities aiming to delay first time use, and activities aiming to slow down the rate at which people use substances. It can also refer to activities intending to prevent people from developing problematic or risky patterns of substance use.

In 2006 the UK's Advisory Council on the Misuse of Drugs (ACMD), published the document, "Pathways to Problems" outlining an analysis of why people take illegal drugs and what factors can lead some people to regular or problematic use. Clearly there is a wide range of complex factors involved.

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Many young people experiment and take drugs – including tobacco, alcohol and cannabis – for a variety of reasons, without progressing further. These young people come from all social backgrounds. The most important factors determining whether people experiment appear to be early year's experiences, family relationships and circumstances, and parental attitudes and behaviors. From the late teens onwards, the progression from experimentation to regular and then problem drug use appears to be strongly linked to socio-economic disadvantage linked to deprivation.

In terms of preventing alcohol misuse, the Perth & Kinross ADP supports the Scottish Government's approach developed to bring lasting social and cultural change adopting a whole population approach. This includes encouraging people to become more aware of what they are drinking and promoting sensible drinking guidelines.

The strategy has three high level outcomes, against which the success of the strategy will be measured. The context and the priorities supporting each outcome are shown below under each heading.

4.2 Outcome 1: Children, young people and adults' health and wellbeing is not damaged by alcohol and drugs.

There are areas of Perth and Kinross that have a higher concentration of problems related to alcohol and drug use. We need to respond to these challenges and ensure resources are directed towards the individuals, families and communities affected by these issues.

National and local research suggests that fewer children are starting to drink alcohol before the age of sixteen however those that do drink are drinking more. Perth and Kinross has a number of organisations involved in the delivery of alcohol and drug education/prevention in schools and the community. This includes well developed partnerships in some areas which are integrated into the community. Further work is needed to ensure that this work is focused on areas where substance use and the associated problems are likely to be more prevalent.

Perth and Kinross has seen an increase in alcohol-related hospital discharges particularly within 50 – 54 age range. Alongside this there is evidence to suggest that a large proportion of the adult population drink more than the recommended daily and weekly limits. This is not a problem limited to Perth and Kinross, although limits here are lower than national average. Scotland has the highest levels of alcohol purchased per capita in the UK. There needs to be a significant change to people's behaviour and attitude towards drinking if there is to be a reduction in the impact that alcohol use has on people's health and wellbeing. It is also clear that parental substance misuse, both national and local, has a significant impact on children. The problems associated with parental substance misuse are reported as increasing and further work must be done to understand the size and scale of the problem and to determine how it should be addressed.

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To deliver outcome 1: Children, young people and adults' health and wellbeing is not damaged by alcohol and drugs, our priorities are:

- **We enable more people living in Perth and Kinross to adopt a more responsible approach to alcohol by:**
 - ⇒ Promote a prevention agenda “whole population approach” to alcohol use to affect the culture of how we drink and how much we drink;
 - ⇒ Working with the licensing Board/ Forum and other key stakeholders; and
 - ⇒ Supporting the delivery of ‘brief interventions’ to people at risk of developing alcohol problems.

- **We will enable people to have access to appropriate treatment within the national waiting times guidelines for drug and alcohol services:**
 - ⇒ By monitoring waiting times and supporting services to meet these;
 - ⇒ By monitoring SMR25a & 25b forms and supporting services to complete these returns;
 - ⇒ Promote service collaboration;
 - ⇒ Develop an approach to work with clients with complex needs;
 - ⇒ Review the progress of the alcohol detoxification project; and
 - ⇒ Identify locality area for multi – agency approach to tackle issues relating to deprivation and substance misuse.

- **We will work with Tayside Drug related Deaths Group to understand the issues related to drug related deaths and promote best practice interventions;**
 - ⇒ Provide and promote overdose prevention to relevant stakeholders; and
 - ⇒ Provide and promote naloxone training to relevant stakeholders;

- **We will work with services and other stakeholders to ensure appropriate training is available to promote best practice and recovery:**
 - ⇒ The ADP will continue to co-ordinate and support the multi – agency substance misuse training;
 - ⇒ The ADP will continue to work in partnership with P & K Child Protection Committee (CPC) to develop training around “Getting it Right for Every Child”, with Mental Health and Criminal Justice; and
 - ⇒ The ADP will continue to work with partners to create a recovery orientated integrated system (ROIS).

- **We will reduce the harm to children and young people affected by parental substance misuse by:**

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- ⇒ Providing effective prevention approaches and early intervention based around “Getting it right” principles; and
- ⇒ Building parenting skills and family capacity to support children.

- **We will reduce the harm related to young people’s substance by:**

- ⇒ Providing effective prevention inter-agency substance misuse education for children and young people; and
- ⇒ Delivery integrated services which meet the needs of young people.

- **We will develop services for young people, adults and families that are equitable, readily accessible and designed around their needs by:**

- ⇒ Identifying and undertaking needs assessment priorities to ensure that services are based on accurate information and the right services are in place to meet local needs; by developing a culture of continuing service improvement; and
- ⇒ Involving young people, families and service users in the design of new and evaluation of existing services.

4.3 Outcome 2: More people achieve a sustained recovery from problem alcohol and drug use.

Perth and Kinross has a comprehensive treatment system for people with alcohol and drug problems, which is made up of providers from the voluntary sector, Perth and Kinross Council and NHS Tayside. Local needs assessment work suggests that further capacity is currently needed within this system to address the level of need. This can be seen in the ability of agencies to achieve the projected five weeks waiting time targets for people entering treatment in April 2012. Currently this sits at 73% of people achieving this time scale. Additional capacity can be generated by closer links between referring agencies to ensure appropriate referrals between agencies.

A key priority in Road to Recovery is to affect cultural change within treatment and other services used by those with alcohol and drug problems, to raise the aspirations of service users to move towards a drug free lifestyle. Alongside this there is a clear requirement to make recovery the focus of all services. In Perth and Kinross, we need to ensure that there is an integrated approach to the provision of services such as housing, employability and family support within treatment services. There needs to be recognition that these can be the factors that move people on and into recovery, rather than issues that can only be addressed when someone is in recovery.

There is a developing recovery community in Perth and Kinross which offers people in recovery the opportunity to benefit from peer support. This is still in its early

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stages and further work is needed to develop it and link the recovery community better with the treatment system.

It has been well documented and identified in the ADPs “Vision of Recovery” and highlighted by the recovery pledge (see appendix 1) that people in recovery provide others with living proof that change is possible. This can provide the catalyst for change, when people’s motivation to change their substance misuse behaviour is high.

Recovery orientated support services will need to use these opportunities to engage people into their community services by providing swift and easy access when it is required.

To deliver outcome 2: More people achieve a sustained recovery from problem alcohol and drug use, our priorities are:

- **We will enable people with substance problems to recover from them and live healthy lives by:**

- ⇒ Adopting a recovery ethos and culture within service providers;
- ⇒ Services embed recovery within their organisations;
- ⇒ Promoting the importance of education, training, volunteering and employment; and
- ⇒ Promoting recovery across community planning by working collaboratively with key partnerships and committees.

4.4 Outcome 3: Individuals and communities affected by alcohol and drug use feel safer.

Perth and Kinross is a safe area with relatively low levels of antisocial behaviour and crime. Nevertheless drugs and alcohol-related antisocial behaviour, violence and crime can have a significant impact on the quality of life in our communities. Tackling offending behaviour, including any alcohol or drug dependency issue that sustains offending, is a high priority. The ADP acknowledges that alcohol and drugs cut across many of other community planning agendas and will work with these partners to address these issues. This includes alcohol-related crime and disorder, and the use of crime to fund a drug use. Addressing drug and alcohol issues would contribute directly towards preventing a significant volume of crime and antisocial behaviour. This approach needs to be consolidated through delivery at local level.

To deliver outcome 4: Individuals and communities affected by alcohol and drug use feel safer, our priorities are:

- **We will protect communities from the harmful effects of substance misuse by:**

- ⇒ Working with partners to provide services for offenders whose offending is related to alcohol and drug use;

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- ⇒ Supporting effective enforcement in prison and communities;
- ⇒ Working with partners to provide effective diversionary activities; and
- ⇒ Working closely with stakeholders to challenge gender-based violence.

5. Consultation and Involvement

This comprises several main interest groups including service users, carers, voluntary sector providers and statutory services. The mechanisms for consulting each group are well established with effective two-way communication links embedded into the local strategic planning process.

5.1 Service Users

Inspiral is the main service user involvement group in Perth and Kinross. Currently it is managed by PLUS Perth, which is a long established local mental health service user group. This arrangement ensures that the new organisation has sufficient guidance and support to develop into a sustainable and effective group.

Inspiral works for the advancement of wellbeing, the hope of recovery towards healthy lives free from substance misuse, the relief of those in need by reason of disadvantage, the promotion of active citizenship and wider community development.

Established in June 2011, Inspiral is involved in service development in a range of ways. Its key objectives are:

- To utilise the lived experience of its members to promote recovery from substance misuse;
- To promote and support local and regional 'Recovery' networks and participate in the objectives of 'Recovery Scotland';
- To assist and advise service providers with the development of peer support systems and mentoring for people who have experienced drug and/or alcohol problems; incorporating such initiatives into local plans to identify 'Recovery Champions in the community';
- To give people who have experienced substance misuse a voice at local and national meetings, events and conferences;
- To convene focus groups to gain views about substance misuse services and report these views back to for the purpose of making services more person-centred;
- To deliver training and awareness raising activities to challenge the stigma and misinformation associated with substance misuse; this may include contact with the media for which training and support is provided; and
- To provide accurate information about what is going on within substance misuse services locally and nationally.

Effective consultation mechanisms involving service users are planned to generate the following outcomes:

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- Provision of a range of suitable opportunities where service users can share their expertise regarding what is effective and ineffective, raise concerns, hold services to account and pursue key issues;
- Service users will feel more valued and heard; contributing to better working relationships with professionals;
- Effective service user involvement will bring enhanced confidence and self-esteem; this in turn will contribute to sustained recovery;
- Service users will be able to influence service provision and strategic planning; both nationally and locally; and
- Shifting power balances will enable active involvement in treatment, helping people to move away from the role of passive recipients.

Similarly for service providers and commissioners, effective involvement will create the conditions for:

- Providers being better equipped to meet the needs of service users because services are shaped by 'customers' views and experiences;
- Embedded service user involvement which contributes to a healthy culture and environment where all stakeholders can express opinions freely and decisions are made in a transparent way;
- Providers having the opportunity to utilise feedback from service users to evaluate performance and to verify outcome measures;
- A resource to be utilised in training programmes and to aid reflective and progressive practice;
- The identification of issues and gaps in service provision; and
- Bringing evidence and information to the service review process, including assurances regarding the fit between provision and people's needs.

5. 2 Carers

Volunteer carer representatives have, and will continue to participate in several key activities to support local plans for the strategic development of substance misuse services and to progress the Recovery agenda. To date, the contribution of carers to local service improvements has included the following:

- Providing accidental overdose/first aid training
- Delivering sessions on general awareness and Recovery stories to a range of staff and community groups
- Representing carers at local and national forums
- Involvement in the ADP Adult Substance Misuse Delivery Group and the Alcohol and Drug Forum
- Presentations and contributions to a Local Conference on Recovery for the ADP (2010), a Stakeholder Event for the Substance Misuse Strategy (Aug 2010) and Highland House Launch Oct 2010.

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Wider carer consultation and involvement remains a strategic priority, and to this end there will be an effort to increase the number of carer representatives. Additionally there will be consideration of new alliances and partnerships in order to build resilience, to widen scope and increase efficacy. Future plans for a strengthened carer's involvement group include the following:

- Increased membership;
- Further develop training programmes and research projects in collaboration with partner agencies;
- Train and develop the capacity of the volunteer workforce; and
- Increase the general level of involvement and representation at ADP meetings and in strategic planning forums.

5.3 Voluntary Sector Services

The Voluntary Sector Strategic Reference Group was formed in 2009 by then Adult Delivery Group to create a formal mechanism for effective voluntary sector representation and stakeholder engagement at a strategic level within the Perth and Kinross Joint Planning and Commissioning Framework for Substance Misuse Services. This forum provides an opportunity for engagement, consultation and joint action on all issues of shared relevance to voluntary sector organisations working in the locality. It also forms a reference point for the strategic development of the voluntary sector within the overall infrastructure of service providers.

Over the course of the last three years, the Reference Group has raised the profile of the work of the voluntary service providers in the locality and of collective strategic issues facing this sector. It acts as a central source of reference for voluntary sector representatives within local partnership structures. Regular meetings enhance their strategic role and create an opportunity for the exchange of ideas, sharing of information and practical co-operation.

The membership is confined to organisations that operate within a significant degree of specialisation and dedication to the provision of services to people directly affected by substance misuse; including unpaid carers, families and children of substance misusing parents. Whilst the core aims of the organisation may be generic, a considerable and substantial proportion of the people using all or part of the services are people significantly affected by substance misuse issues, e.g. homeless person's provision. Representatives of the Reference Group attend ADP Meetings, Strategic Planning Groups and the Alcohol and Drug Forum

5.4 The Statutory Sector Workforce

For the directly managed workforce, incorporating Health, Criminal Justice Services, and Housing & Community Care; involvement and consultation is the responsibility of designated operational line managers who form the two-way communication link

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between the Strategic Group and front-line staff teams. The ADP Development Officer acts as conduit between Carers and Service User groups to engage with statutory services.

In addition to these essential operational links, the Alcohol and Drug Forum provides another important opportunity for substance misuse workers to generate ideas and recommendations for the strategy and service improvements. The position and function of the Forum was reviewed in May 2011. The Forum now has a flatter structure which should bring about the generation of inclusive ideas and build sustainable solutions that all agencies and professionals can embrace.

The 'New' Alcohol and Drug Forum is moving forward with these broad objectives:

- Sharing and promoting innovative practice that supports and promotes the Recovery agenda and shapes the local ADP strategy;
- Identifying local trends, gaps in services and proposing recommendations for solutions and improvements;
- Identifying workforce training and development needs to ensure staff teams are equipped to face new challenges and needs ; and
- Collaborating with service users and carers to challenging stigma and discrimination; promoting increased public knowledge of drug/alcohol issues by hosting seminars, information sharing events and supporting campaigns.

6. Financial Framework

The ADP funding is directly provided by the Scottish government through NHS Tayside. This funding is provided for ADP support, alcohol and drug services. This funding is over and above the funding allocated by the Local Authority and NHS for the provision of substance misuse services. The projected expenditure is highlighted in the following tables:

Table 1 : ADP Support Funding 2011/12	£
ADP support Funding	84,864
Service User Engagement Funding (NHS Tayside)	7,000
Previous year under spend	39,366
Total	131,230
Table 1a: ADP Support Expenditure	
Leaflets/Printing/Adverts	1,800
Training/accommodation/memberships	1,600
Catering/phones/miscellaneous	3,800
Travel	1,800
Co-ordinator	54,000
Development Officer	15,000
Administration Support (part time)	7,200
Service User Involvement	18,000
Carer Involvement	5,500
Needs Assessment Post	8,900
Uncommitted	13,630

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Total	131,230
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Table 2: ADP Drugs Misuse & Treatment Funding	£
Funding	118,008
Previous year carry forward	46,799
Total	164,807
Table 2a: ADP Drugs Misuse & Treatment Expenditure	
Moving On (Recovery/Training) Service	75,450
Drug Related Deaths Analyst Capacity (part funding, shared resource with other Tayside ADPs)	2,549
Health Intelligence Post (part funding shared resource with other Tayside ADPs)	5,900
Streets Ahead Project (Youth Work with at risk groups)	30,000
Information Systems (SUMIT)	40,000
Uncommitted	10,908
Total	164,807

Table 3: NHS Drugs Funding Tayside	£
Funding Available	1,750,000
Table 3a: NHS Drugs Expenditure	
Tayside Substance Misuse Service	1,430,000
Consultant Psychiatrist & Support (50%)	70,000
Psychological Therapies	161,000
Non – Medical Prescribing (Nursing Staff)	89,000
Total	1,750,000

Table 4: Local Authority - Drugs & Alcohol Misuse Funding	£
Funding Available	1,371,256
Table 4a: Local Authority Drugs & Alcohol Misuse Expenditure	
Social Work Drug and Alcohol Team	531,866
Service level Agreement Tayside Council on Alcohol	13,069
Criminal Justice Services (CJS) Arrest Referral	204,572
CJS Drug treatment & Testing Orders (DTTO's)	584,899
CJS Throughcare	36,850
Total	1,371,256

Table: 5: ADP Alcohol Misuse Funding	£
Alcohol Misuse – 2005 allocation	149,005
Alcohol Misuse – 2008 allocation	163,417
Non Reoccurring -Alcohol Misuse – 2010 allocation (Prevention & Community Engagement – Focus on Alcohol)	80,000
Non Reoccurring - Children & Young People	41,250
Non Reoccurring - Previous year carry forward	259,859

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	Total	693,531
Table 5a: ADP Alcohol Misuse Expenditure		
Tayside Council on Alcohol (TCA) (2005 allocation)		23,000
TCA Rural Counselling (2005 allocation)		27,810
Social Work Team (2008 allocation)		135,917
Non Reoccurring - Health Promoting Schools (2008 allocation)		5,000
Non Reoccurring - Barnardos Hopscotch (Children affected by parental substance misuse Project) (2008 allocation)		41,250
Moving on Service (Recovery/Training) Service (2005 allocation)		10,000
Improving Access to Services – Local Authority (2005 allocation)		61,000
Improving Access to Services – NHS (2005 allocation)		36,000
Non Reoccurring - Change is a Must Project (Intensive Family Intervention)		131,000
Non Reoccurring - Prevention & Communication Engagement – Focus on Alcohol		138,500
Non Reoccurring - Prevention & Communication Engagement – Focus on Alcohol – Development Officer		21,500
Anchor House Residential Rehabilitation Project		19,500
Uncommitted		43,054
	Total	693,531

Table 6: NHS Alcohol Funding Tayside	£
Funding Available	1,441,286
Table 6a: NHS Alcohol Tayside Expenditure	
Tayside Alcohol liaison Service	211,861
Tayside Alcohol Community Service	542,448
SBI Primary Care	150,000
SBI Community Pharmacy	20,000
Psychological Therapies	160,592
New consultant plus admin (50%)	24,000
Implementation Support	31,745
Information Systems (SUMIT)	78,000
TCA – Additional Interventions & Counselling	145,000
Uncommitted	77,640
	Total
	1,441,286

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7. Translating Priorities into an Action Plan

No.	High Level Activity/ Milestones	Resource/ Action Requirement	Performance/ Proxy Indicator	Timescales	Lead Officers
Outcome1; Children Young people and Adults health and well being is not damaged by alcohol and drugs					
Priority - We enable more people living in P & K to adopt a more responsible approach to alcohol by					
1	Promote a prevention agenda "whole population approach" to alcohol use to affect the culture of how we drink and how much we drink	Focus on Alcohol – Development of series of seasonal information events aimed at particular groups. E.g. Scone Palace music event	Number of alcohol information campaigns Number of media articles and engagement Scottish Health Survey (Adult alcohol use) ISD – Alcohol & Deprivation ISD – General acute inpatient discharges	2012 -2013	FOA Lead – R Ross/ L. McLaughlin
2	Working with the Licensing Board, Forum and other key stakeholders Working with the Licensing Board, Forum and other key stakeholders	Focus on Alcohol – Further develop existing and wider engage Focus on Alcohol/ Licence Board/Forum - Review and develop work around West Dunbartonshire model "over provision statement"	Number of new premises involved in "Best Bar None". Number of premises upgrade their status from bronze, silver to gold "over provision statement" SALSUS Survey (13 & 15 year old alcohol use) Scottish Health Survey (Adult	2012 -2013 2012 -2013	FOA Lead – R Ross/ L. McLaughlin L McLaughlin / I Innes

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No.	High Level Activity/ Milestones	Resource/ Action Requirement	Performance/ Proxy Indicator	Timescales	Lead Officers
		regarding existing licence premises within P & K	alcohol use)		
3	Support the delivery of 'alcohol brief interventions' (ABI's) to people at risk of developing alcohol problem	NHS Training - To provide further training to services and expand the range of agencies delivering ABI's	Number of training sessions to targeted providers Heat Target 4 – number of ABI's being delivered in the area	2012 -2013	ABI Group – Neil Fraser
Priority - We will enable people to have access to appropriate treatment within the national waiting times guidelines for drug and alcohol services					
4	Monitoring waiting times and supporting services to meet these;	ADP Performance & Management Group – The groups reviews figures at meetings	National Waiting Time target frameworks	2012 -2013	Ian Smillie/ Caroline Snowdon
5	Monitoring SMR25a & 25b forms and supporting services to complete these returns	ADP Performance & Management Group – The group reviews figures at meetings	Numbers of SMR25 & 25a's completed	2012 -2013	Ian Smillie/ Caroline Snowdon
6	Promote service collaboration	Adult Delivery Group – further develop the local triage approach to clients entering services	Numbers of triage meetings	2012 -2013	TBC
7	Develop an approach to work with clients with complex needs	Adult Delivery Group – Look to strengthen work with mental health services	Protocol developed	2012 -2013	TBC
8	Review the progress of Community Alcohol Detoxification Pilot	Adult Delivery Group – Continue to work with partners	Number of clients successful completion	2012 -2013	TBC

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No.	High Level Activity/ Milestones	Resource/ Action Requirement	Performance/ Proxy Indicator	Timescales	Lead Officers
9	Identify locality area for multi – agency approach to tackle issues relating to deprivation and substance misuse	Adult Delivery Group – work with partners to identify area for multi agency approach	Area identified Plan developed	2012 -2013	TBC
Priority - We will work with Tayside Drug Related Deaths Group to understand the issues related to drug related deaths and promote best practice interventions					
10	Provide and promote overdose (O/D) prevention training to relevant stakeholders	Adult Joint Delivery Group – The group supports and identifies stakeholders for training	Number of drug deaths (GROS) figures Police and ambulance attendances figures for non fatal overdose Number of training sessions	2012 -2013	Ian Smillie /
11	Provide and promote naloxone training to relevant stakeholders	Adult Joint Delivery Group – The group supports and identifies stakeholders for training	Number of drug deaths (GROS) figures Police and ambulance attendances figures for non fatal overdose Number of training sessions	2012 -2013	Ian Smillie /
Priority – We will work with services and other stakeholders to ensure appropriate training is available to promote best practice and recovery					
12	The ADP will continue to co-ordinate and support the multi – agency substance misuse training	Adult/CYP Delivery groups – review STRADA training opportunities and engage in appropriate training for example motivational interviewing and relapse prevention	Number of courses Number of people attending	2012 -2013	Ian Smillie /

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No.	High Level Activity/ Milestones	Resource/ Action Requirement	Performance/ Proxy Indicator	Timescales	Lead Officers
13	The ADP will continue to work in partnership with P & K CPC to develop training around "Getting it right" and other stakeholders	Adult/CYP Delivery groups – review implications of "Getting Our Priorities Right" review recommendations.	Number of courses Number of people attending	2012 -2013	Ian Smillie /Ross Drummond
14	The ADP will continue to work with partners to create a recovery orientated integrated system (ROIS)	Adult/CYP Delivery groups – Develop recovery system approach	Framework completed Number referrals between agencies and community	2012 -2013	TBC
Priority – We will reduce the harm to children and young people affected by parental substance misuse					
15	Providing effective prevention approaches and early intervention "Getting It Right for Every Child" practice model	Children Young People Substance Misuse Implementation Group – Review existing prevention/ intervention approaches to establish gaps	Mapping completed Recommendations reviewed	2012 -2013	A Irvine / L Mclaughlin
16	Building parenting skills and family capacity to support children	Change is Must Project – Support at risk families by providing intervention with parents	Number of families referred Number of successful interventions	2012 -2013	A Irvine/ L Mclaughlin
Priority – We will reduce the harm related to young peoples substance misuse					
17	Providing effective prevention inter-agency substance misuse education for children and young people	Children Young People Substance Misuse Implementation Group – Review existing inter agencies approaches to	Mapping completed Recommendations reviewed	2012 -2013	A Irvine/ L Mclaughlin

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No.	High Level Activity/ Milestones	Resource/ Action Requirement	Performance/ Proxy Indicator	Timescales	Lead Officers
		establish what is provided			
18	Delivering integrated services which meet the needs of young people	Children Young People Substance Misuse Implementation Group – Review current ways of working and establish any gap	Review completed Recommendations	2012 -2013	A Irvine/ L McLaughlin
Priority – We will develop services for young people, adults and families that are equitable, readily accessible and designed around their needs					
19	Identifying and undertaking needs assessment priorities to ensure that services are based on accurate information and the right services are in place to meet local needs; by developing a culture of continuing service improvement	ADP Needs Assessment Resource – Develop needs assessment around service provision related to parental substance misuse and homelessness	Needs Assessment Report	2012 -2013	A Irvine/ L McLaughlin
20	Involving young people, families and service users in the design of new and evaluation of existing services	Service Users – Work with service users to review existing service provision and access to identifying gaps	Review completed Recommendations	2012 -2013	L McLaughlin/ I Smillie
Outcome 2: More people achieve a sustained recovery from problem alcohol and drug use					
Priority – We will enable people with substance misuse problems to recover from them and live healthy lives					
21	Adopt a recovery ethos and culture within service providers	A scoping exercise to be carried out with service providers to establish	Number of services reviewed	2012 -2013	Ian Smillie/ Andy Rome

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No.	High Level Activity/ Milestones	Resource/ Action Requirement	Performance/ Proxy Indicator	Timescales	Lead Officers
		service recovery orientation			
22	Services embed recovery within their organisations	Number of services with developed recovery plan	Number of recovery plans implemented	2012 -2013	Ian Smillie/ Andy Rome
23	Support and promote the Employability Network and Moving On Service	Adult Joint Delivery Group – ensure services work with employability network and moving on service	Develop working protocol Develop referral targets	2012 -2013	TBC
24	Promote recovery across community planning by working collaboratively with key partnerships and committees	ADP – ADP partners champion recovery within the community planning framework	Recovery is reflected within community planning groups plans	2012 -2013	Ian Smillie / P & K partnerships group
Outcome 3: Individuals and communities affected by alcohol and drugs use feel safer					
25	Work with partners to provide services for offenders whose offending is related to alcohol and drug use	Children Young People Delivery groups/ Youth Justice Partnership – Reduce young people's offending Adult Delivery Group / Community Justice Authority (CJA) Implementation Group –	% of young people not re offending within 1 year of police warning being used % of adults on community payback orders related to drugs	2012 -2013	Ian Smillie/ Andy Crichton Ian Smillie/ Chris Johnston

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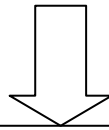
No.	High Level Activity/ Milestones	Resource/ Action Requirement	Performance/ Proxy Indicator	Timescales	Lead Officers
		Reduce adult offending	or alcohol		
26	Supporting effective enforcement in prison and communities	Adult Delivery Group / CJA Implementation Group	Number of drug finds in prisons Number of warrant issued to search premises for drugs in the community	2012 -2013	Ian Smillie / Chris Johnston
27	Working with partners to provide effective diversionary activities	Children Young People Implementation Group/ Youth Justice Partnership – Support diversionary activities aimed at young people	Reduction of youth disturbance calls	2012 -2013	Liam McLaughlin / Andy Crichton
28	Working closely with stakeholders to challenge gender-based violence	Adult Delivery Group / Violence Against Women Partnership – Support campaigns and interventions aimed at domestic violence	Tayside Police – domestic violence figures % domestic violence perpetrators referred to perpetrator programmes	2012 -2013	Ian Smillie/Karen McMillan

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8. SOA and ADP National /Local Outcome Relationship Diagram

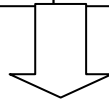
Perth and Kinross Single Outcome Agreement Key Action Areas

SOA - 4. Our area will provide well paid employment opportunities for all	SOA - 6. Our young people will attain achieve and reach their potential	SOA - 7. Our children will be nurtured and supported and have the best start in life	SOA - 8. Our communities and people experiencing inequalities... Improved quality of life chances	SOA - 9. Communities will be safer	SOA - 10. Our people will have improved health and well being	SOA -11. Our communities will be vibrant and active
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ADP National Outcomes

1. Local environment: People live in a positive health promoting local environment where alcohol and drugs are less readily available SOA No's - 4,8,11	2. CAPSM: Children and Family members of people misusing drugs are safe, well supported and have improved life chances SOA No's - 6, 7, 8, 10	3. Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others SOA No's - 8, 10, 11	4. Health: People are healthier and experience fewer risks of alcohol and drug use SOA No's - 6, 7,8,9,10,11	5. Services: Alcohol and drugs services are high quality, continually improving, efficient evidence based and responsive, ensuring people move through treatment into sustained recovery SOA No's - 6, 10, 11	6. Recovery: Individuals are recovering from problematic drug and alcohol use SOA - 4, 6, 7,8,9,10,11	7. Community Safety: Communities and individuals are safe from alcohol and drug related offending and anti social behaviour SOA - 8, 10, 11
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ADP Outcomes

1. Children, young people and adult's health and well being are not damaged by alcohol and drugs ADP National Outcome No's1, 2, 3, 4,	2. More people achieve a sustained recovery from problem alcohol and drug use ADP National Outcome No's -1, 6	3. Individuals and communities affected by alcohol and drug use feel safer ADP National Outcome No's1, 7
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9. Perth and Kinross ADP Partners

Perth and Kinross ADP leads on co-ordinating and driving this strategy forward. It will only succeed if the following partners, agencies and groups play a role in delivering the strategy:

- Perth and Kinross Council.
- Perth and Kinross Licensing Board.
- Perth and Kinross Licensing Forum.
- NHS Tayside.
- Service users, carers and family members.
- Tayside Police.
- Tayside Fire and Rescue Service.
- Crown Office and Procurator Fiscal Service.
- Job Centre Plus.
- Scottish Prison Service.
- Community Justice Authority.
- Scottish Ambulance Service.
- The Voluntary sector.
- Business and commerce, including on and off sales licensed premises.
- Neighbourhood and community groups in Perth and Kinross.
- Members of the public.
- Children and young people.
- Perth and Kinross Community Planning Partnership.
- Perth and Kinross Child Protection Committee.
- Scottish Drug Recovery Consortium.
- Health Scotland.
- Healthy Working Lives.
- Scottish Government.

10. Key Documents

- P and K ADP (2011) Needs Assessment of Drug and Alcohol Problems in Perth and Kinross.
- P and K ADP (2011) Directory of Services
- Perth and Kinross Community Plan Update and Single Outcome Agreement 2008-2011
- Scottish Government (2011) Commission for the Future Delivery of Public Services (Christie Report)
- Scottish Government (2011) Alcohol Statistics Scotland 2011
- Scottish Government (2010) Drug Misuse Statistics Scotland 2010
- Auditor General for Scotland (2009) Drug and Alcohol Services in Scotland, Edinburgh; Audit Scotland
- Scottish Government (2009) Licensing Act 2009
- Scottish Government (2011) Mental Health Strategy for Scotland 2011-15' – consultation
- Scottish Government (2001) 'Getting our priorities right' – policy and practice guidelines for working with Children and Families affected by problem drug use.
- Scottish Government (2011) 'Reducing re-offending Evidence Review'
- Scottish Government (2009) Scottish Alcohol Needs Assessment
- Scottish Government (2009) Promoting Positive Outcomes: working together to prevent antisocial behaviour in Scotland
- Scottish Government Changing Scotland's Relationship with Alcohol: a framework for action (2009)
- Scottish Government (2009) Alcohol and Drugs Delivery Reform Group - Final Report
- Scottish Government (2009) Road to recovery: A New Approach to Tackling Scotland's Drug Problem
- Scottish Government (2008) Changing Scotland's Relationship with Alcohol: a discussion paper
- Scottish Government (2008) Equally Well: the report of the ministerial task force on health inequalities Scottish Government
- Scottish Government (2008) Early Years Framework
- Scottish Government (2008) Costs of Alcohol Use and Misuse in Scotland

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- Scottish Government/Health Scotland (2008) Scottish Health Survey 2003: revised alcohol consumption estimates
- Scottish Public Health Observatory (2008) How Much are People in Scotland Really Drinking? A review of data from Scotland's routine national surveys
- Social Work Inspection Agency (2009) Guide to Strategic Commissioning
- UK's Advisory Council on the Misuse of Drugs (ACMD) 2006 *Pathways to Problems*

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Appendix 1: Recovery Pledge

ADP Twelve Point Pledge:

- We will provide **all** drug and alcohol users with **hope** that recovery is an achievable goal.
- We do not accept that clients get **stuck** or are too **chaotic** to move forward in a direction they want.
- We will support the notion of peers as **beacons of recovery** who will provide inspiration to those who are starting their journey.
- We will support **communities of recovery** which is user and peer, as well as carer led.
- We accept that the role of professionals **will diminish over time** and move from directing to facilitating, and embrace the reality that recovery is people led rather than service led..
- We will support the **active participation** of the clients and carers in recovery.
- We acknowledge that people have the right to their **own journey of recovery**.
- **Recovery is a holistic approach which involves a broad church of attitudes** and will involve more agencies than have traditionally been involved within the treatment model.
- Perth and Kinross ADP will support the “Recovery Strategy” **through effective communication** of the benefits of Recovery to the individual, and the community.
- We also pledge to support individuals, communities and organisations in putting a **face to recovery, to ensure that people’s stories have a platform to be heard**.
- The ADP will work with our Partners in the Community Planning Partnership to create an environment where recovery flourishes and **actively promote the “Recovery Agenda”**
- Our final pledge is that we will support **recovery as a reality**.

These will be our guiding principles which we will strive to achieve over the next few years. We welcome the challenge that these principles bring to our partnership.

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Appendix 2: Needs Analysis Summary

1. Needs and Demands Trends

1.1 Introduction

This section provides an overview needs assessment of the requirements for alcohol and drug services in Perth and Kinross. This is to help ensure that all drug and alcohol services are based on an assessment of local need and that they are evaluated to ensure value for money. A full needs analysis is available on request. This assessment is based on a 'desk top' review of national data sets on prevalence and trends in the consumption of alcohol and drugs and, where available, information from related services within the Tayside and Perth and Kinross area.

1.2 Alcohol Consumption

The UK Government has produced sensible drinking guidelines recommending safe weekly limits based on units of alcohol. The current recommended weekly limit is 21 units for men and 14 units for women. High levels of alcohol consumption have been linked with many harmful consequences, both for the individual and the wider community. Data on alcohol consumption for Tayside suggest that the average weekly alcohol consumption level for males in this area is slightly lower than the national average in Scotland. Average weekly alcohol consumption levels for females in Tayside are slightly lower to those seen in Scotland as a whole.

Table 1: Estimated Usual Weekly Consumption Level by Gender

Area	Male mean units per week	Female mean units per week
Scotland	20.3	9.1
Tayside	19.7	8.3

Source: Scottish Health Survey (2008), Revised Alcohol Consumption Estimates 2003 (Scottish Government)

Data from the Scottish Health Survey suggests that excessive drinking in Tayside is less than Scotland as a whole. As seen in Table 2 below, the percentage of males resident in Tayside consuming over the recommended level of alcohol units per week is lower than the Scottish average. This holds both for the percentage of males drinking over 21 units per week and for the percentage of males drinking over 50 units per week. The percentage of women in Tayside drinking over 14 units per week is lower than the Scottish average but only slightly lower in the 35 unit's consumption range.

Table 2: Estimated Weekly Alcohol Consumption, Percentage of Individuals Consuming Over Recommended Amounts, by Gender

Area	Male 21+ units	50+ units	Female 14+ units	35+ units
Scotland	34.1	8.8	23.4	4.5
Tayside	32.4	6.8	21.9	4.1

Source: Scottish Health Survey (2008), Revised Alcohol Consumption Estimates 2003 (Scottish Government)

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1.3 Effects of Deprivation Alcohol and Drug Consumption

Deprivation has been linked to problem drug use in that individuals who are socially and economically disadvantaged are perceived as most at risk of developing drug problems. Consumption over the daily recommended limits in one episode is higher for individuals in the most deprived communities. Nationally this shows that individuals living in the most deprived communities are approximately six times more likely to be admitted to hospital as a result of alcohol misuse than individuals in the least deprived areas. This trend of a higher proportion of people admitted to hospital is reflected locally.

Table 3: Perth and Kinross General Acute In-patient and Day Case Discharges with Alcohol-Related Diagnosis, By Deprivation Category (2006/07 - 2008/09)

Year	Deprivation Quintile					Total
	Least Deprived		Most Deprived			
	5	4	3	2	1	
2006/07	76	203	196	193	162	830
2007/08	91	215	152	178	159	795
2008/09	106	210	146	237	138	837

Source: General acute inpatient and day case discharges with an alcohol-related diagnosis, in any position; deprivation category by age group by SMID: 2006/07 - 2008/09

1.4 Alcohol Consumption (Health Impact)

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

Table 4: Perth and Kinross General Acute In-patient and Day Case Discharges with Alcohol-Related Diagnosis, By Age Group (2006/07 - 2008/09)

Age Group/ Year	2006/07	2007/08	2008/09
Under 15 Years	-	10	-
15-19 Years	40	40	-
20-24 Years	35	45	46
25-29 Years	-	34	40
30-34 Years	46	36	39
35-39 Years	67	68	77
40-44 Years	93	73	57
45-49 Years	73	96	101
50-54 Years	91	70	114
55-59 Years	116	117	101
60 Years and over	232	206	223
Total	830	795	837

Source: Number of alcohol hospital discharges by SIMD: 2006/07 - 2008/09

Table 5: Perth and Kinross Alcohol Psychiatric Hospital Discharges (2006/07 - 2008/09)

Year/Nos.	2006/07	2007/08	2008/09
Perth and Kinross	184	154	152

Source ISD 2010 (SMR01)

This trend seems to remain stable across the three year period although they are higher than comparable local authority areas.

Table 6: Alcohol Related Deaths (underlying cause) Standardised Death Rate per 100,000 Population by ender (2006/07 - 2008/09)

Area/Gender	Year			
	2006	2007	2008	2009
Perth and Kinross				
Male	22.9	17.4	26.4	20.7
Female	15.5	12.3	8.1	16.6
Scotland				
Male	38.5	35.2	35.0	30.0
Female	17.2	14.8	14.7	14.4

Source: GROS 2009

In 2009, thirty-three alcohol related deaths were recorded in Perth and Kinross with eighteen were men and fourteen were women. Even though men's deaths are higher they are still lower than the Scottish average rates while the women's rate follows closely to the national average.

1.5 Alcohol Consumption (Social Harm)

Table 7: Perth and Kinross Drunkenness and Drink Driving Offences (2006/07-2008/09)

Nos./ Percent	Year		
	2006/07	2007/08	2008/09
Drunkenness			
Perth and Kinross	69	46	65
% of Scotland Total	1.0%	0.7%	1.1%
Drink Driving			
Perth and Kinross	338	318	255
% of Scotland Total	2.9%	3.0%	2.6%

Source: Scottish Government Justice Department

The numbers of these offences are relatively high when compared to other local authority areas similar to Perth and Kinross.

1.6 Alcohol and Young People

In the most recent survey (2006), In Perth and Kinross, 55% of 13 year olds and 85% of 15 year olds reported that they had had an alcoholic drink. This difference by age is significant. Of those pupils who had drunk alcohol, the average age when they drank more than a small

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amount of alcohol was 12 years old. 74% of all pupils felt that it was 'ok' to 'try drinking to see what it's like' (61% of 13 year olds compared to 87% of 15 year olds).

In the previous week, 35% of 15 year olds and 13% of 13 year olds reported that they had drunk alcohol. There was no significant difference in the proportion of boys and girls who had had an alcoholic drink in the last week (22% of boys and 24% of girls reported drinking in the last week).

Pupils who had had an alcoholic drink were asked where they usually obtained alcohol. Around half of those who had an alcoholic drink (53%) reported that they "never buy alcohol". Pupils could report more than one source. The most common sources for purchasing alcohol by pupils were from a friend/relative (32%) from a shop (10%) and from an off – licence (8%).

1.7 Drugs - Community Use

In 2008/09 a survey conducted by the Scottish Crime and Justice Unit was taken forward through a series of 16,000 self reported surveys with the general public. This survey identified cannabis as the most widely reported drug ever used at 22.9%. This reduces in reported use per year, to 6.2% and halves relating to monthly use to 3.5%. The next most widely used drug is cocaine at 2.7% per year and 1.2% per month. Overall the survey identified that men have higher levels of use at 31.3% in comparison to women at 20.4%.

Table 8: Scotland's Adult Community Drug Use (2008/09)

Adults Drug Use	%
% who have used drugs at some point in their life	25.6%
% who have used drugs at some point in the last year	7.6%
% who have used drugs at some point in the last month	4.4%

Source 2008 – 09 Scottish Crime and Justice Survey

The survey identified cannabis as the most widely reported drug ever used at 22.9%. This reduces significantly in reported use per year, to 6.2% and halves relating to monthly use to 3.5%. The next most widely used drug is cocaine at 2.7% per year and 1.2% per month. Overall the survey identified that men have higher levels of use at 31.3% in comparison to women at 20.4%. With regard to people already engaged with substance misuse services, 66% reported using heroin 34% reported using diazepam, 30% reported using cannabis (2,459 individuals), 9% reported using cocaine (and 3% reported using crack cocaine).

Of those individuals who reported heroin as their main drug of misuse, 34% reported additional illicit diazepam use, 17% reported using cannabis, 8% reported illicit methadone use and 6% reported using di-hydrocodeine. Heroin was less commonly reported in the drugs profiles of younger people. More than two thirds in all age groups over 25 years reported using heroin compared to less than a third (31%) aged 15 to 19 years old, and 58% of 20 – 24 year olds.

Table 9: Problematic Drug Users and Drug Injectors, 2006

Area	Problematic Drug Users	Drug Injectors
Tayside	4,195	1,254
Perth and Kinross	873	193

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Source 2006 National Prevalence Study

These surveys provide an estimate of the drug use within Perth and Kinross. Although they do not give an accurate figure they do provide a picture of the trends and patterns of drug use in the area.

What can be established is that people in the community are more likely to have limited drugs use. Those who do use regularly are in the minority. Their drugs of choice are likely to be cannabis and cocaine. Those people who have a problematic use and engage with services, their drug use is based around benzodiazepines and heroin.

1.8 Drugs (Health Impact)

It appears that there has been a significant drop in clients reporting to services within Perth and Kinross. This can be related to a reduction of services completing and returning SMR25 reporting forms. This should be resolved in the future as all returns now are collected electronically.

Table 10: Perth and Kinross New Patients/ Clients and Acute In-patient and Day Case Discharges with a Diagnosis of Drug Misuse (2007/08 - 2009/10)

Nos./Year	2007/08	2008/09	2009/10
New individual patients/ clients	236	258	102
Acute in-patient and day case discharges with a diagnosis of drug misuse	110	99	106

Source ISD 2010 (SMR25) / Source ISD 2010 (SMR01)

The number of psychiatric discharges remained almost the same over the three year period. The proportion of male and female discharges across Scotland has remained stable over the same period, with rates for males consistently more than double the numbers and rates for females. Even though there is no direct information regarding gender breakdown for Perth and Kinross it is unlikely that we are significantly different from the rest of the country.

1.9 Drug Related Deaths

In Scotland 2009, there were 545 drug-related deaths identified. The majority of these drugs related deaths occurred in those aged 44 years old and under (80%). Those aged between 25 - 44 years old inclusive accounted for more than two thirds of drug-related deaths (67%). Men accounted for 76% (413) of the 545 drug related deaths in 2009. In Perth and Kinross drug related deaths have reduced from sixteen in 2008 to five in 2009 then 3 in 2010.

1.10 Drug Related Offences

Table 11: Perth and Kinross Drug Related Offences (2009/10)

No's/Rate	Possession with intent to supply	Possession	Other	Total
Nos.	173	655	34	862
Rate per 100,000 pop.	119	449	23	591

Source: The Scottish Government - Director-General Justice and Communities - Recorded Crime series

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In 2008/09 within Perth and Kinross the following social work criminal justice interventions took place:

- Diversions from prosecution – Nil.
- Probation orders commenced with drug treatment education – 37.
- Drug Treatment Testing Order – 10.

Table 12: Perth and Kinross Drug Offences Perth Sheriff Court (2008/09)

Drug Offences	Number	Custodial Sentence	Aged under 21	Aged over 21
Possession with intent to supply	63	48%	10%	90%
Possession	74	3%	15%	85%

Source: The Scottish Government Justice Department court proceedings database

1.11 Children and Young People Affected by Parental Substance Misuse

Table 13 shows in March 2011 regarding the scale of parental substance misuse. This information provides a snapshot of the scale of the challenges affecting services. It shows the number of children and young people affected by parental substance misuse and the proportion of children and young people within this number with particular needs. There is a direct correlation between the areas with high levels of referrals and the deprivation. The relatively high levels below school age reflect the need for more intervention work at early years to be undertaken.

Table 13: Children and Young People Affected by Parental Substance Misuse (March 2011)

Category	No./% of Children and Young People
Total	482
Children aged 0 – 4 years	34%
Children aged 5 – 11 years	46%
Children aged 12 – 16 years	20%
Children with no social worker	59%
Children affected by Alcohol Misuse (Primary Carer)	35%
Children affected by Drugs (Primary Carer)	22%
Children affected by Both Alcohol and Drugs (Primary Carer)	7%

Source: Perth and Kinross Council

1.12 Access to Substance Misuse Services

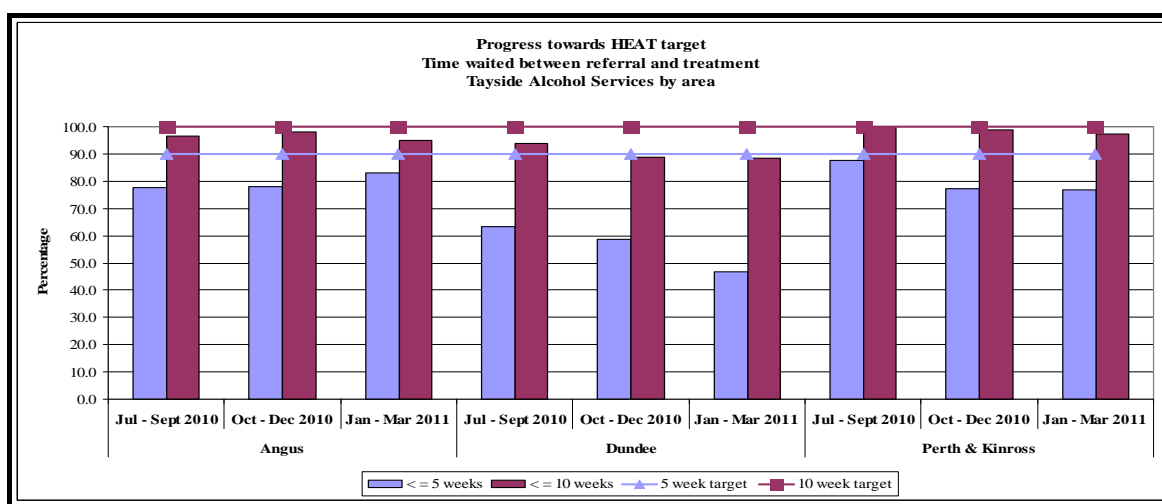
By March 2013, the NHS HEAT target is that 90% of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment. The key performance

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Indicator HEAT target for March 2012 is that 90% of drug and alcohol clients will commence treatment within 5 weeks of referral and no clients will wait more than 10 weeks.

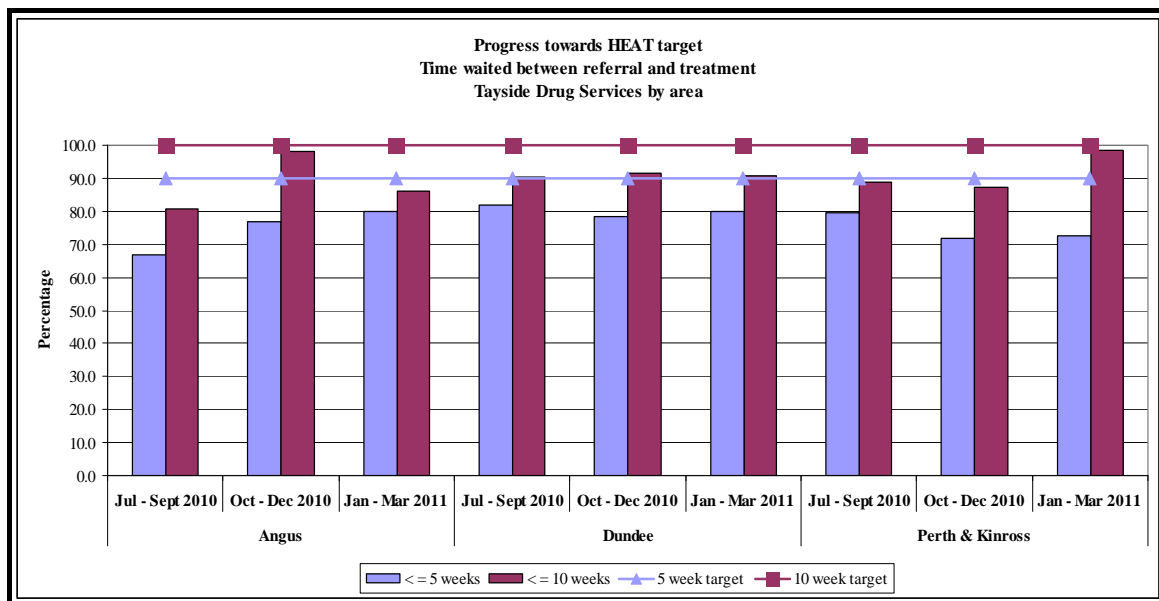
The percentage of Perth and Kinross alcohol clients treated within 5 weeks dropped considerably in the most recently recorded quarter to 76.7% however, 97.3% of clients had been treated within 10 weeks. Of the 17 clients that waited more than 5 weeks, 9 were clients of TCA, 4 were clients of the Drug and Alcohol Social Work Team and 3 were working with TSMS.

Figure 1: Waiting Time Between Referral and Treatment by ADP Area – Alcohol



With regard to drug clients around 73% of Perth and Kinross drug clients were treated within 5 weeks. However, 98.4% were treated within 10 weeks in the most recently recorded quarter shown. Of the 17 clients that waited more than 5 weeks to begin treatment, 35.3% were TSMS clients, 29.4% were Drug and Alcohol Social Work Team clients and 23.5% were clients of ECLIP's.

Figure 2: Waiting Time Between Referral and Treatment by ADP Area - Drugs



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Appendix 3: Directory Drug and Alcohol Services

1. Current Services

1.1 Introduction

A wide range of services are available to people seeking support and recovery from alcohol and drugs, their families and carers. Assessment and care management services are available from Perth and Kinross Council's Housing and Community Care Services and Education and Children's services, Perth and Kinross Community Health Partnership and NHS Tayside. Specific services can take the form of:

- Substance misuse services.
- Blood borne virus (BBV) services.
- Resettlement services.
- Carer's services.
- Recovery orientated services.

A full service directory is available on request.

2. Substance Misuse Services

2.1 Highland House

A range of services available to people co-located within one building this is Highland House, in easy reach Perth town centre. The focus is a 'one stop shop' for people who are addressing the issues that face them around alcohol and drugs. This is the base for several organisations working in the field of substance misuse and services for people BBV (e.g. HIV or Hepatitis C). Most of the organisations operate on an 'outreach basis' which means that staff can travel to provide services from other offices across rural Perthshire. Highland House offer specialist services and/ or advice to anyone over 16 years of age who lives in Perth and Kinross and requires support with any of the following:

- Substance misuse - drugs or alcohol.
- A diagnosis of a BBV (e.g. HIV or hepatitis C).
- Requiring advice or assistance with resettlement following a stay in prison.

Highland House is a unique service fusion between Perth and Kinross Council and NHS Tayside. The philosophy of service provision provided by the two key agencies, co-located within the same building, is important in providing a seamless service of care within Perth and Kinross. The team offers a free service to residents of Perth and Kinross, who are over 16 years of age and who:

- Want and need support to recover from alcohol and/ or drug use.
- Are parents who want and need support to recover from alcohol and/ or drug use.
- Require support to recover from alcohol and/ or drug use as a condition of a Court Order, License, Anti-Social Behaviour Agreement or Order, Release from Prison, Right Track Deferred Sentence or Criminal Justice Risk Management Plan.
- Are leaving prison and want support to tackle alcohol/ drug use when returning to the community.
- Are homeless or are at risk of losing their tenancy due to alcohol/ drug use.

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- Are affected by domestic violence due to own or their partner's alcohol/ drug use.

The team offers advice and information, a listening ear, emotional and practical support; access to counselling (different types such as trauma, person centred, life coaching, cognitive behavioural therapy, relapse prevention, art therapy, family therapy) help with parenting skills; finding new ways to cope; group support; life skills, employability opportunities and access to complimentary therapies.

It also offers training to professionals on a range of topics e.g. substance misuse, blood borne virus, prison resettlement and homelessness. Highland House also offers dedicated support to the families and carers of people with substance misuse issues.

2.2 Alcohol, Drug and BBV Team Open Access Service

This available to people who have concerns about:

- Their own alcohol and/ or drug use or the alcohol and/ or drug use of someone they are caring for and/or a family member.
- Resettlement after a period in prison.
- Homelessness.
- A recent diagnosis of Hepatitis and/or HIV.

The Open Access Service offers:

- General advice and information.
- Practical assistance.
- Support in a crisis and alternative ways to cope.
- Individual needs assessment for services.
- Advice on ways to minimise harm.
- Specialist advice about tackling an addiction.
- Dried blood spot testing for a blood borne virus.

2.3 Barnardos Hopscotch

This service provides support to children and young people affected by parental alcohol and/ or drug misuse. The project delivers its services as part of an inter-agency approach to the whole family. After completing an assessment of the children/ young people's needs; alongside their parents/ carers, we then offer a range of interventions which are tailored to meet specifically agreed outcomes. This could be one-to-one support sessions, group based work and/ or matching up with a befriender/ mentor.

Work in partnership with social work and health agencies assists in supporting parents in tackling their substance misuse. This approach aims to improve parenting skills and ability and to ensure the health and wellbeing of the child/ young person.

2.4 Tayside Arrest Referral Scheme

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Provided by 'Action for Children services' offers access to treatment services and support for people who have been arrested, and where there is a direct link between the offence committed and the person's substance misuse. Services are offered at the point of arrest or soon after.

2.5 ECLIPS Moving On Service

Support for individuals aged 16 years and over who wish to access community learning, training, voluntary work, education and employment as part of their recovery from drug and alcohol dependence. The service aims to bridge the gap between treatment services and the community, supporting individuals to develop positive activities to increase personal and social skills.

2.6 WEB Project and Streets Ahead

Streets Ahead Service provides assessment, treatment and intervention services to young people, aged 14 – 25 years, who are experiencing difficulties in relation to their substance misuse (alcohol and illegal drugs).

2.7 Change is a Must

Change is a Must is a multi agency team formed from social work and health care practitioners and works intensively with families affected by parental substance misuse, where there are children from pre-birth to 8 years of age who are deemed to be at significant risk of harm. The team offers comprehensive assessments and individually tailored programmes of support.

2.8 NHS Tayside Substance Misuse Services

Tayside Alcohol Problems Service and Tayside Drug Problem Service are for people who feel that their alcohol or drug use is causing them serious problems. Provided by NHS Tayside, the service provides individualised treatment.

2.9 Tayside Council on Alcohol

Offer services to anyone over the age of 16 years who is affected by their own, or another's alcohol misuse. It provides cognitive behavioural counselling (a form of counselling which helps people understand the links between what they do and how they feel, what they think about themselves and the other people in their lives).

2.10 Perth Connect (PKC Education and Children's Services)

Provides an early intervention service for young people whose use of alcohol or other substances is beginning to be problematic. The current focus is on the rural areas of Perth and Kinross, specifically the Pitlochry and Blairgowrie localities. It aims to support young people to consider the choices they are making around alcohol and other drugs, using an approach which enables them to build on their own strengths and resources

3. BBV Services

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3.1 Perth and Kinross Council Blood Borne Virus Services. This team offers a free service to residents of Perth and Kinross, who are over 16 years of age and who have a diagnosis of blood borne virus. It offers an individual assessment and a personal care plan which aims to help the client identify and work towards personal goals. It offers advice and information, a listening ear, emotional and practical support; counselling (different types such as trauma, person centred, life coaching, cognitive behavioural therapy, art therapy, family therapy); finding new ways to cope; group support; life skills, employability opportunities and access to complimentary therapies. In addition it delivers offer training to professionals on Blood Borne Virus.

3.2 Body Positive

Body Positive exists to empower HIV and HCV positive people and those, directly and personally, affected to eliminate the stigma and isolation they experience. It offers drop-in services, complimentary therapies, general information, individual support, respite fund, support groups, activities and social evenings and 'Footsteps to the Future' service.

3.3 NHS Tayside Hepatitis C Outreach Service

This service consists of nurse specialists offering testing and treatment for Hepatitis C. Referrals accepted from any person working with a client who has Hepatitis or who wishes to be tested for Hepatitis.

4. Resettlement Services

4.1 Prison and Homelessness Resettlement Service

The team offers residents of Perth and Kinross who are over 16 years of age and:

- Who are homeless and have complex needs.
- Are a parent and/ or family, who have become homeless and are in need of support.
- Are returning from prison and would like support to resettle into the community.

The service offers individual assessment and personal care plans that will help the client to identify and help the client work towards individual goals. It offers offer advice and information, a listening ear, emotional and practical support; counselling (different types such as trauma, person centred, life coaching, cognitive behavioural therapy, relapse prevention, art therapy, family therapy) help with parenting skills; finding new ways to cope; group support; life skills, employability opportunities and access to complementary therapies.

5. Carers Services

5.1 Carers Support

This service offers residents of Perth and Kinross who are over 16 years of age and care for someone who uses drugs and/ or alcohol, or has been diagnosed with a blood borne virus, or is in prison. It offers individual assessments, exploring the impact caring has had on their lives. This is followed with an individual carer support plan that identifies personal goals. It delivers advice and information, a listening ear, emotional and practical support; access to

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counselling (different types such as trauma, person centred, life coaching, cognitive behavioural therapy,) finding new ways to cope; group support; life skills and access to complementary therapies.

6. Recovery Orientated Services

6.1 Inspiring Recovery from Addictive Lifestyles (INSPIRAL)

This is a small, informal voluntary group of people who have had direct experience of substance misuse services. A voluntary initiative supported by the ADP. This group is led by people who are recovering from alcohol and substance misuse.

It gives people who have experienced substance misuse a voice at local and national meetings, events and conferences and holds focus groups to gain views about substance misuse services and feed these views back to the services for the purpose of making services more person-centred. It delivers training and awareness raising activities to challenge the stigma and misinformation associated with substance misuse.

6.2 Encouraging Positive Care and Support (EPICS)

This comprises of a voluntary group of experienced and committed carers of people who have a substance misuse problems. To ensure the views and needs of the carers of people with substance misuse problems are recognised and reflected in local services and development plans.

It offers training to a wide range of professionals, community groups and other organisations, to raise awareness and give factual information about wider issues concerning substance misuse. It works in partnership with Perth and Kinross Council, NHS Tayside and a range of voluntary sector organisations, to promote the development of personalised support for carers of people with substance misuse problems. It obtains the views of carers, and act as representatives in a range of meetings and events, to ensure that decisions taken are well informed and consistent with carers needs and for those they care for.

6.3 Churches Action for the Homeless (CATH)

CATH provides emergency accommodation and support to those aged over the age of 16 years who are homeless or under threat of homelessness. Support is provided by a team of trained development workers to those who have multiple and complex needs including those who may still currently be addressing issues of alcohol and/ or substance misuse and mental health issues. It delivers support either directly or collaboratively by engagement with other appropriate agencies.

6.4 Anchor House

Anchor House provides emergency accommodation and support to those over the age of 16 years who are homeless or under threat of homelessness. Support is provided by a team of trained development workers to those who have multiple and complex needs including those who may still currently be addressing issues of alcohol and/ or substance misuse. It also delivers a community detoxification service.

6.5 Alcoholic Anonymous

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Alcoholic Anonymous is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. It is self-supporting. Alcoholics Anonymous works within the 12 steps. Members view alcoholism as a progressive illness with a combination of spiritual, emotional (or mental) and physical components.

6.6 Phoenix Futures

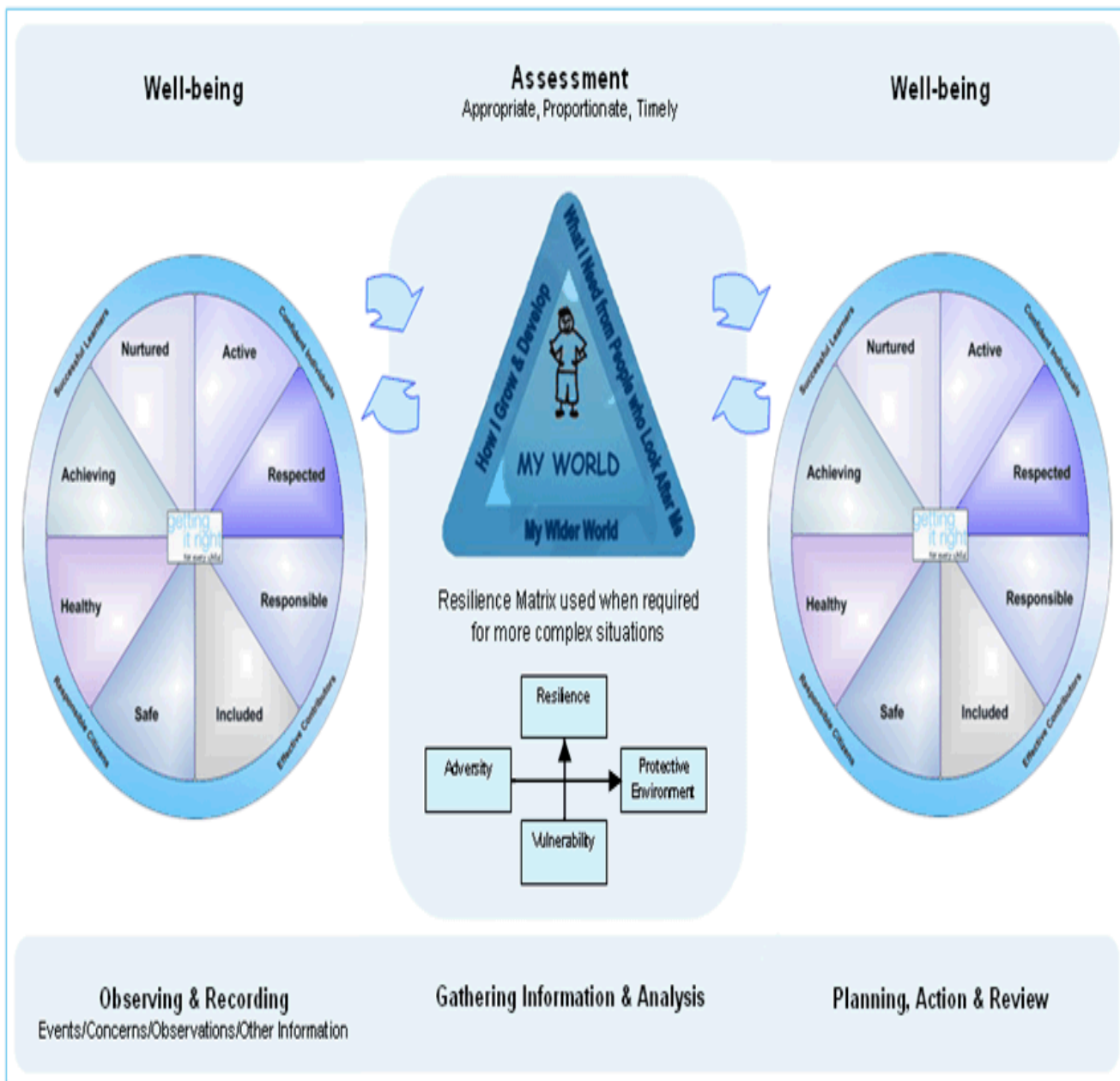
Phoenix Futures runs the innovative Enhanced Addiction Casework Service (EACS) in 13 Scottish prisons, providing support for those in prison who wish to address their alcohol and drug use. The EACS offers:

- Harm reduction advice and information.
- Drug and alcohol assessment within five days of referral.
- One to one motivational support and counselling.
- Alcohol group work.
- Pre-release group work
- Smoking cessation advice and support.
- Family information sessions.
- Referral to other prison based and community services.

These are provided in partnership with the Scottish Prison Service and the Local Authority Throughcare Addiction Services.

Appendix 4

Getting it Right for Every Child Practice Model



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