

**EAST AYRSHIRE COMMUNITY HEALTH PARTNERSHIP****COMMITTEE – 15 AUGUST 2011****ALCOHOL AND DRUGS PARTNERSHIP ALCOHOL AND DRUGS STRATEGY 2011-2015****Report by the Chair East Ayrshire ADP****1. PURPOSE**

- 1.1 To advise members of the development of the Alcohol and Drugs Partnership (ADP) strategic plan.
- 1.2 To advise of service developments arising from the ADP strategy.

**2. BACKGROUND**

- 2.1 In January 2008 a Delivery Reform Group to improve alcohol and drug delivery arrangements and ensure better outcomes for service users was established by the Scottish Government. The report launched in April 2009 jointly by Scottish Government, Confederation of Scottish Local Authorities (COSLA), and NHS, recommended that alcohol and drug planning required to be more localised and embedded within local planning structures. Prior to the launch of this report's recommendations, alcohol and drugs planning in East Ayrshire was overseen by a pan Ayrshire Alcohol and Drugs Action Team (ADAT).
- 2.3 In establishing more localised Alcohol and Drug Partnerships the report further recommended that each Alcohol and Drug Partnership produce a strategic plan by the Summer of 2011.

**3. THE ROAD TO RECOVERY**

- 3.1 In developing this local strategy, the Alcohol and Drug Partnership was mindful of the Scottish Government's national drug strategy "The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem". This strategy which received cross party support in the Scottish Parliament shifts the focus of drug treatment from an output focus to an outcome one.
- 3.2 Significant attention in the document is paid to the concept of recovery and the requirement of planners and service providers to engage problem drug users in a process through which an individual is enabled to move on from their problem drug use, towards a drug-free life as an active and contributing member of society.

**4. TACKLING SCOTLANDS RELATIONSHIP WITH ALCOHOL**

- 4.1 Whilst East Ayrshire has higher than average levels of problematic drug use, the biggest impact on safety and health within communities arises from misuse of alcohol.
- 4.2 The strategy "Tackling Scotland's Relationship with Alcohol" published by the Scottish Government seeks to reduce the impact of alcohol on local communities via a range of measures including enforcement, legislation, treatment and education.

## **5 EAST AYRSHIRE ALCOHOL AND DRUG STRATEGY 2011-2015**

- 5.1 In its vision statement, the East Ayrshire Alcohol and Drug Partnership strategy 2011-2015 aspires to East Ayrshire being a place with strong vibrant communities, with a healthy and responsible attitude to alcohol, where sustained recovery from problematic alcohol and drug use is a reality
- 5.2 Unlike previous alcohol and drug strategies which viewed having more people in treatment or even having people in treatment for longer as positive outcomes, the new strategy seeks to initiate a culture change among drug/alcohol services to actively work with service users to enable them to move on from their problem drug/alcohol use towards a drug/alcohol free life as an active and contributing member of society.
- 5.3 The new strategy shifts from services intervening in people's lives to help address problems to services providing support to people to identify their own solutions. In shifting this balance, the emphasis should now be directed towards the service users' strengths and assets rather than their weaknesses and deficits.
- 5.4 The new strategy throughout, promotes a message of hope in that it places at its core that people with drug and alcohol problems have the capacity to recover and have the ability to lead more rewarding and enriched lives. In doing this however, the strategy recognises that services need to be well targeted and integrated.
- 5.5 The strategy is not however solely concerned with those directly affected by the impact of alcohol and drugs. There is a clear recognition that any strategy must also seek to support and develop initiatives that reduce the impact of drugs and alcohol in future years and ensure law enforcement activities to enable safe communities to thrive are facilitated and endorsed.
- 5.6 In addressing alcohol and drug misuse in East Ayrshire a careful balance between supporting people move on from a life of alcohol and drug dependency and the wider societal impact will require to be negotiated. One element should not be considered more important than the other as they are all interlinked and interdependent.

## **6. FINANCIAL IMPLICATIONS**

- 6.1 Of the £1,607,540 allocated by Scottish Government to NHS Ayrshire and Arran in 2010/11 for drug treatment, £565,670 (35%) was spent in East Ayrshire.
- 6.2 Of the £2,527,029 allocated by the Scottish Government to NHS Ayrshire and Arran in 2010/11 for alcohol treatment, £885,692 (35%) was spent in East Ayrshire.
- 6.3 The allocation of this ring fenced monies is directed by Scottish Government via NHS Ayrshire and Arran, prior to 2010/2011 the vast majority of this spend was on treatment services through the NHS services. The establishment of Alcohol and Drug Partnerships and the development of the Alcohol and Drug Strategy will see responsibility for decisions on spend being directed through the Alcohol and Drug Partnership with NHS retaining financial governance and accountability.

- 6.4 The devolvement of ring fenced drug and alcohol allocations to local Alcohol and Drug Partnerships has resulted in a small surplus becoming available for year 2010-2011. It is proposed to utilise this surplus to support agencies, services and organisations develop systems, protocols, procedures and skills towards more person centred, recovery orientated interventions.
- 6.5 The devolvement of resources has also facilitated opportunities to target current resources in response to demand. In terms of the Alcohol and Drug Partnership support team it is proposed there is a transfer of current personnel which will in turn free up resources to establish two new social work posts to work with NHS addiction service colleagues providing a more joined up response to people affected by alcohol and drug misuse. This can be facilitated by redirecting existing resources.

## **7. POLICY/LEGAL IMPLICATIONS**

- 7.1 The Alcohol and Drug Strategy reflects the aspirations of the Scottish Government's national strategies "The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem" and "Tackling Scotland's Relationship with Alcohol"

## **8. COMMUNITY PLANNING IMPLICATIONS**

- 8.1 The Alcohol and Drug Strategy reflects the priorities of the Improving Health and Wellbeing and Improving Community Safety Themes of the Community Plan.

## **9. RECOMMENDATIONS**

- 9.1 Committee is asked to:
- i) approve the East Ayrshire Alcohol and Drug Partnership – "Alcohol and Drug Strategy"
  - ii) otherwise, note the content of the report.

**Eddie Fraser**  
**Chair East Ayrshire ADP**

### **LIST OF BACKGROUND PAPERS**

1. East Ayrshire Alcohol and Drugs Partnership "Alcohol and Drug Strategy" 2011-2015

**ABBREVIATIONS USED IN THIS REPORT**

ADAT – Alcohol and Drugs Action Team

ADP – Alcohol and Drugs Partnership

COSLA – Confederation of Scottish Local Authorities

CPP – Community Planning Partnership

**EAST AYRSHIRE ALCOHOL AND DRUG PARTNERSHIP  
ALCOHOL AND DRUG STRATEGY 2011 – 15**

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Date of Review:-

Who By:-

## FOREWORD

*“Something’s got to change – we may have a drug problem but I am still human”*

National and local data illustrate that drug and alcohol issues are a significant contributory factor in ill health across East Ayrshire. East Ayrshire Alcohol and Drug Partnership face a number of challenges in addressing the complex issues which arise for both the individual and their community as a consequence. The impact of alcohol and drug use extends beyond an individual’s health, the consequences affect individuals, families (particularly children) and communities in a range of physical, financial, psychological and social ways.

East Ayrshire Alcohol and Drug Partnership recognise that successfully addressing such challenges are not the responsibility of any one group and will require a variety of partnerships and services to work together in order to deliver on our aspirations for the people of East Ayrshire.

Our vision is:

*“East Ayrshire will be a place with strong vibrant communities, with a healthy and responsible attitude to alcohol, where sustained recovery from problematic alcohol and drug use is a reality”*

Our overarching aims reflected in the strategy include:

- To ensure people with alcohol and drug problems have the capacity, with support from well targeted, integrated and informed services, to pursue more rewarding and enriched lives beyond their use of alcohol/drugs.
- To support the people of East Ayrshire to be the heart of their communities, within which they should feel safe, included, respected and free from harm caused by alcohol and drug use.

- To support children and Vulnerable Adults living in East Ayrshire to be safe and protected from the effects of others' alcohol/drug use,
- To reduce the impact of alcohol and drugs for everyone in East Ayrshire and support a change in culture to one where alcohol is used responsibly and our communities positively support their members who have recovered from alcohol/drug dependency

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## People who Use Services and Families Views

*“not always person centred, one size doesn’t fit all”*

In developing this strategy we spoke to over 80 people who currently use a range of support services across East Ayrshire. Their views were vital in informing how the Alcohol and Drug Partnership can best meet their needs, what currently works well for them, where they consider there to be gaps and what outcomes they would wish for themselves.

People told us that the services they currently received were good but there were issues with respect to communication and multi agency working where they required to see multiple members of staff from different agencies,

We were told that there could be better information about where to go for help and what actual help was available with respect to addiction.

We also heard that people’s personal goals were to be free from addiction, stop taking methadone, access employment and in some cases resume the care of their children.

In order to achieve these outcomes people said peer to peer support groups and having someone to talk to was important, particularly someone who understood their position.

While all views are important in developing an alcohol and drug strategy, building on this communication is vital to undertake a journey with respect to addressing our complicated relationship with alcohol and drugs in partnership

## The Community Views

*“A clear no tolerance approach to drug/alcohol abuse. A good look at the methadone prescribing in this area - are the numbers excessive? Is there not another model that would prevent the numbers of pale faced, drug addicted young people who seem to be a lost generation?”*

While there is a range of views about how people affected by alcohol and drug dependence can be best supported to address their difficulties, there are also strong views expressed by the wider community and local businesses about the impact of alcohol and drug misuse on their lives and livelihoods.

Liaison meetings between businesses in East Ayrshire and Community Planning partners have focussed discussions around the perceived impact of relatively high numbers of people accessing services provided within the town centres whose behaviour may be considered threatening by some members of the public.

During the review of the Community Plan in 2010, public consultations regularly identified the impact of alcohol and drug misuse on health and on their communities as being a priority.

Individual interviews by the police of householders within local communities consistently identified drunk and disorderly behaviour as being their priority for police action while the supply of drugs and drug use was also a matter of concern.

In addressing alcohol and drug misuse in East Ayrshire a careful balance between supporting people move on from a life of alcohol and drug dependency and the wider societal impact will require to be negotiated. One element should not be considered more important than the other as they are all interlinked and interdependent.

## Executive Summary

*“if everyone put their heads together there would be much more effective package of care”*

From national and local data available to the Alcohol and Drug Partnership it is apparent that:-

1. There are rising trends in both alcohol and drug mortality and morbidity over the past decade in East Ayrshire.
2. East Ayrshire has considerably greater morbidity than its comparator authorities with the fifth highest drugs prevalence in Scotland and the third highest rate in Scotland for acute hospital discharge rates with acute alcohol intoxication.
3. The impact on East Ayrshire of alcohol and drug use is considerable, in terms of children affected by others use including during pregnancy, domestic abuse, and wider societal crime linked to alcohol and drugs.
4. Significant levels of vulnerable adults are experiencing harm related to drugs and alcohol.
5. Positive work is taking place protecting vulnerable children and adults from the impact of alcohol and drugs but we recognise the need for continuous improvement.
6. Extensive educational and prevention opportunities are available across the authority but they are under utilised

In order to tackle the complex agenda with respect to alcohol and drug dependence, East Ayrshire Alcohol and Drug Partnership have adopted an outcomes based approach which is dependent on the involvement of individuals, their families/carers and communities in order to build on existing strengths within communities and within people themselves.

Enhancing the involvement of individuals directly affected by alcohol/drug use will embed individual recovery and treatment into service activity whilst seeking also to

help communities recover from the devastating and damaging effects of alcohol and drugs. We will do this by:-

- Providing a range of choices through both specialist alcohol and drug services and other community based opportunities
- Providing hope and supporting aspirations of those commencing or continuing on their recovery journey from alcohol or drug dependence.
- Putting service users, their families, carers and their communities at the centre of all we do, using their knowledge and experience to influence our approach
- Developing a skilled and competent workforce who will be care coordinators and facilitators for individuals, families and communities
- Celebrating and supporting people who have moved on from problematic alcohol/drug use as well as providing support to those at the start of their journey
- Establishing a network of community and strategic 'recovery champions' who are visible across the whole system within all organisations and in each locality of East Ayrshire
- Working with the whole population to reduce average consumption of alcohol
- Providing educational opportunities for young people and adults to allow them to recognise the impact of their own alcohol and drug use on their families and communities
- Working to reduce the stigma experienced by individuals with problem alcohol/ drug use and their families
- Supporting a range of law enforcement interventions to enhance community safety and wellbeing.

The links between alcohol/drug use and offending behaviour are well recognised. East Ayrshire Alcohol and Drug Partnership will work in partnership with Criminal Justice Social Work Services and the South West Scotland Community Justice Authority to address factors that contribute to a chaotic lifestyle and to challenge offending behaviour. A focus on recovery can have a positive benefit on a reduction in re-offending behaviour.

## Background and Strategic Context

The Scottish Government has commissioned several reports which have consolidated the view that a radical new approach is needed to address the needs of people affected by alcohol and drug problems. This new approach would do more than simply offer a stabilising influence and reduce alcohol and drug-related harms, but would actually enable individuals to recover from their addiction, rebuild their lives and play an active role within their family, local community and wider society.

The Scottish Government's Delivery Reform Group's report on the future of local partnership arrangements<sup>1</sup> included recommendations to improve the existing alcohol and drug delivery and accountability arrangements, to ensure better outcomes for those experiencing problems with alcohol/drug misuse or dependency. Central to delivery and accountability was the formation of local Alcohol and Drug Partnerships which would be embedded within local planning structures via community planning partnerships.

Alcohol and Drugs Partnerships are challenged to oversee the delivery of the two key national strategies

1. The Road to recovery: A New Approach to Tackling Scotland's Drug Problem (2008)  
<http://www.scotland.gov.uk/Resource/Doc/224480/0060586.pdf> and;
2. Changing Scotland's Relationship with Alcohol: A Framework for Action (2009)  
<http://www.scotland.gov.uk/Resource/Doc/262905/0078610.pdf>

Both of these strategies signal the need to ensure that local delivery of alcohol and drugs services are effective, efficient, accountable and able to contribute to national and local outcomes.

During 2010, an East Ayrshire Needs Assessment for Alcohol and Drug services for adults in East Ayrshire was led by the Assistant Director of Public Health from NHS Ayrshire and Arran. This reported that there had been rising trends in both alcohol

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<sup>1</sup> Scottish Government (2009) - A New Framework for Local Partnerships on Alcohol and Drugs

and drug use in East Ayrshire during the past ten years. The Needs Assessment also concluded there were a wide range of services provided but information on their effectiveness is limited. In addition, it was noted that commissioning and planning had been based on a functional model of treatment and care however this was being reviewed to incorporate a recovery focussed model of care.

This strategy sets out how East Ayrshire Alcohol and Drug Partnership will deliver the two key national strategies for drugs and alcohol utilising the 2010 needs assessment intelligence for the benefit of people and communities within East Ayrshire. This strategy spanning the years 2011-2015, follows on from and has been built upon the previous Community Planning Alcohol and Drugs Pledge 2008-2010 and the previous Alcohol and Drug Action Team strategic plan.

This Alcohol and Drugs Partnership Alcohol and Drug Strategy forms part of the overall East Ayrshire Community Plan and the action plan delivers local outcome 2 of the Improving Health and Wellbeing Action Plan which seeks to reduce alcohol and drug related harm and local outcomes 1 and 2 of the community safety plan (crime and antisocial behaviour tackled and the fear of crime and antisocial behaviour reduced, preventative and diversionary activity delivered)

Like many areas in Scotland, East Ayrshire face major social and health challenges in relation to problematic alcohol/drug use.

Whilst drug and alcohol use are problematic across the whole of Scotland evidence tells us that they have a greater impact on people living in deprived areas.

This strategy recognises that those who use alcohol and drugs, those in recovery, and their wider communities have significant strengths and assets. Through the implementation of this strategy the Alcohol and Drugs Partnership seek to build on these strengths and assets in order to improve the lives of everyone in the community.

Building on and utilising these strengths and assets requires a considerable shift in emphasis for partners in East Ayrshire. This change of emphasis will seek to encourage a cultural change within treatment services, increasing service providers

aspirations to encourage their service users to move on towards an alcohol/drug free life as active and contributing members of society. This shifting emphasis will also see the Alcohol and Drug Partnership invest in and support educational and preventative initiatives which will seek to break the cycle of continual alcohol and drug related problems in our communities.

Within this strategy, unlike previous ones, there is no assumption that having more people in treatment or even having people in treatment for longer are positive outcomes. Ultimately, the question is how many of those who seek help receive meaningful choices in a timely way, and do they receive recovery-oriented care that helps them to achieve their goals around the psychological aspects of recovery (wellbeing, quality of life, coping, self-esteem and self-efficacy) and social functioning (including relationships, family engagement, training and employment and domestic arrangements).

This “*Recovery Oriented System of Care*” will require the Alcohol and Drug Partnership to be able to demonstrate a range of recovery based outcomes which focus on the above areas which add to an individual’s life, rather than the problems which being engaged in treatment sought to minimise.

This strategy further supports the national direction which aims to prevent drug use, encourage the responsible use of alcohol, and use early intervention to prevent future problem alcohol or drug use. The Road to Recovery (2008) recognised that everyone in Scotland should be aware of the consequences of drugs so that no one in Scotland uses drugs in ignorance. Changing Scotland’s Relationship with Alcohol: A Framework for Action (2009) supports a shift away from a marginal approach targeting only those drinking to harmful levels to shifting upstream to reduce average population consumption

## **Current Activity**

**Barnardo's AXIS East Ayrshire works in partnership with various organisations to deliver early alcohol intervention sessions to primary and secondary pupils throughout East Ayrshire. Interactive tools and resources are used to illustrate the negative impact that alcohol can have. This includes both the short and long term health and social effects that alcohol can have on a young person's life. The aim of the sessions is to provide young people with relevant information and advice that would allow these individuals to make informed choices. Sessions also provide the young people with an interactive experience and an informal environment to ask any questions they may have regarding alcohol.**

The publication of *The Road to Recovery* in May 2008 and *Changing Scotland's Relationship with Alcohol: A Framework for Action* in March 2009 both signalled the need to ensure that local delivery of alcohol and drugs services were effective, efficient, accountable and able to contribute to national and local outcomes.

Using this philosophy, East Ayrshire Alcohol and Drug Partnership developed specific outcomes which reflect the Alcohol and Drug Partnership overarching aims and will inform commissioning of new services and projects as well as reviewing Service Level Agreements with existing providers. This strategy for years 2011-2015 will

- Describe how we intend to proactively address the range of alcohol and drug issues in East Ayrshire, in order to reduce harm and promote recovery
- Describe how we will engage with people whose lives are affected by alcohol or drugs including children affected by others alcohol/drug misuse, and use their experiences to inform our practice
- Demonstrate how we will work with partners to offer well designed services to achieve our vision of a recovery oriented system of care
- Demonstrate how we will deliver services in an open, transparent and cost effective manner
- Describe how an outcome focussed approach will deliver sustainable and demonstrable change and recovery

- Demonstrate how we will use an upstream approach, utilising prevention and early intervention activities to help avoid the continued increase in alcohol and drug related issues within East Ayrshire.
- Support law enforcement measures to ensure the impact on the wider community of alcohol and drug misuse is minimised.

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## Community Planning and Outcomes

Community Planning is about a range of partners in the public and voluntary sectors working together with commerce and our local communities to better plan, resource and deliver quality services that meet the needs of people who live and work in East Ayrshire and make a positive difference. Figure 1 illustrates how East Ayrshire Alcohol and Drug Partnership contributes to this process

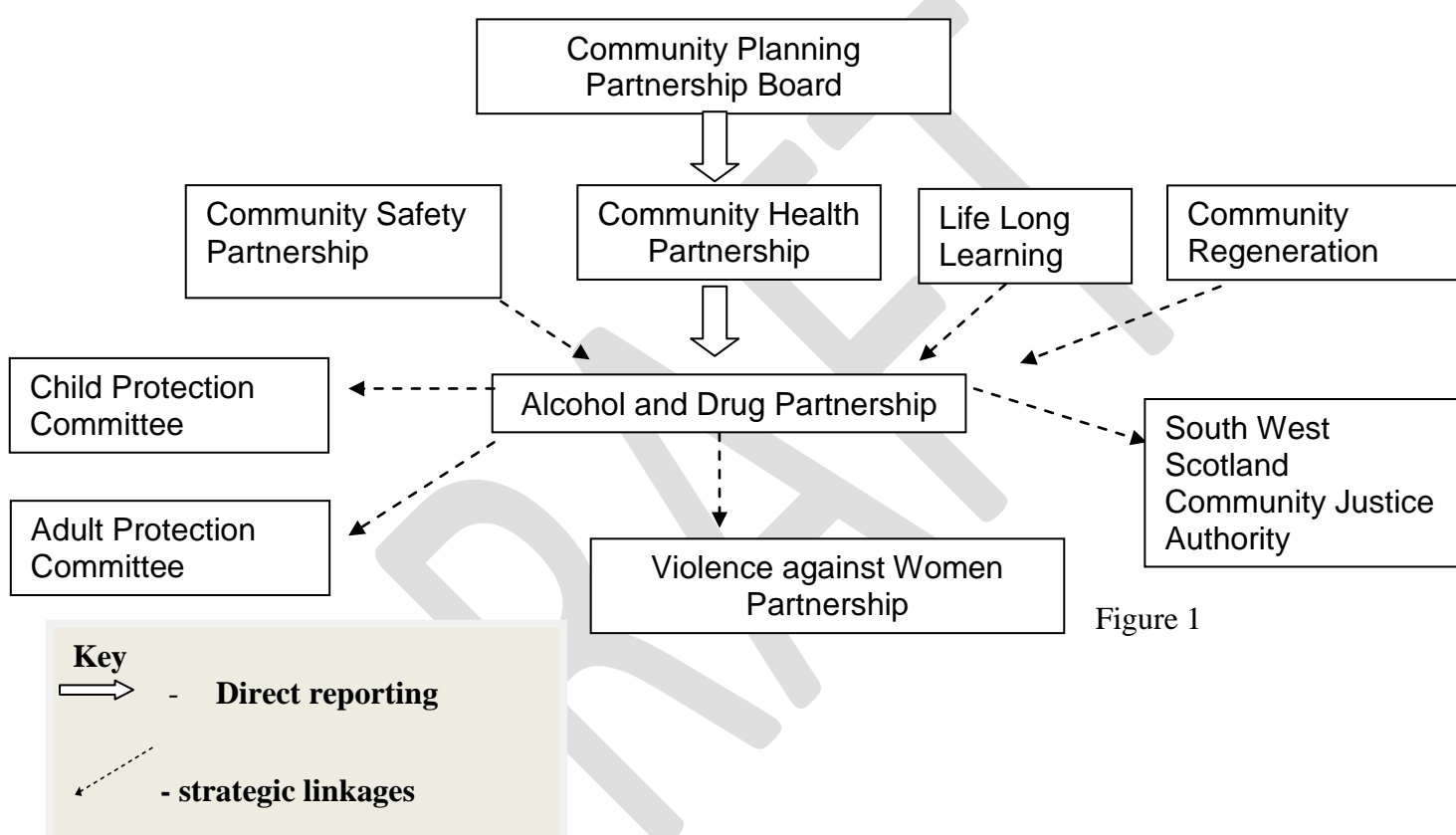


Figure 1

The structure above is overseen via well established East Ayrshire governance and accountability arrangements. Each partner agency ensures, through a cycle of Community Planning reviews, that the Alcohol and Drug Partnership Strategy tracks progress of key work stream planning set to improve outcomes for all of East Ayrshire's citizens.

The planning arrangements set out the key local priorities over the next four years in accordance with the Scottish Government Concordat Single Outcome Agreement commitments and national outcome indicators; they also take account of the Child

and Adult Protection Committee Business Plans, the Children and Young People's Services Plan priorities and the four year planning cycle.

In shaping the priorities within this strategy and subsequent plan, East Ayrshire Alcohol and Drug Partnership have been guided by five high level national outcomes as well as local outcome 2 of the Improving Health and Wellbeing Action Plan and local outcomes 1 and 2 of the Community Safety plan.

### **National Outcomes**

1. We live longer, healthier lives.
2. We have improved the life chances of children, young people and families at risk.
3. We live our lives safe from crime, disorder and danger.
4. We have tackled the significant inequalities in Scottish society.
5. We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.

In addition, Scottish Government has developed seven core outcomes specifically for delivery by Alcohol and Drug Partnership's in relation to alcohol and drugs. These seven outcomes are detailed in the table on page 26

### **Local Outcome 2**

Alcohol and Drug Related Harm Reduced

The vision and high level outcomes will be achieved and measured through the delivery of the action plan with its five key work streams supported by a range of intermediate and service delivery outcomes.

The key to the successful achievement of the vision and high level outcomes is an effective partnership approach and the strategic linkage across the Community Planning structure. This partnership approach includes statutory services, independent sector agencies, service users, their families /carers and communities.

East Ayrshire Alcohol and Drug Partnership views the involvement of service users, former users, and members of the wider community in the delivery of the strategy and the design of recovery services as central to the overall vision.

## **Key Legislative and Policy Drivers**

There are a range of legal frameworks which have influenced the shape of this strategy and action plan, and indeed within which the partners operate. These are provided in these statutory instruments:

- The Misuse of Drugs Act 1971
- The Children (Scotland) Act 1995
- Human Rights Act 1998
- Adults with Incapacity (Scotland) Act 2000
- The Regulation of Care Act (Scotland) 2001
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Licensing (Scotland) Act 2005
- Adult Support and Protection (Scotland) Act 2007
- Criminal Justice and Licensing (Scotland) Act 2010

This legal framework is supported by national guidance and service specific reports including:

- Changing Scotland's Relationship with Alcohol: A Framework for Action (Scottish Government 2009)
- The Road to Recovery (Scottish Government 2008)
- Getting Our Priorities Right: Good Practice Guidance for working with Children and Families affected by Alcohol/drug Misuse (Scottish Executive 2003)
- Hidden Harm (ACMD 2003)
- Hidden Harm (Scottish Executive 2004, 2006)
- Rights, Relationships and Recovery: The Report of the National Review of Mental Health Nursing in Scotland (Scottish Executive 2006)
- Getting it Right for Every Child (Scottish Government 2007)
- Ayrshire and Arran Health and Homelessness Action Plan 2011-2012

- National Outcomes and Standards for Social Work Services in the Criminal Justice System (Scottish Government (2010))
- East Ayrshire Community Plan, Improving Community Safety Action Plan 2011-15
- A Needs Assessment for Alcohol and Drug Services for Adults in East Ayrshire

The context of the strategy reflects the Community Planning agenda, including the Single Outcome Agreement; the five national overarching objectives to make Scotland wealthier and fairer, smarter, healthier and safer, as well as the fifteen National Outcomes.

### **Current Activity**

**Early years practitioners in East Ayrshire have adopted 'The Solihull Approach' in order to better support parents in a creative and consistent way. Development of this shared approach and language has been effective in a multitude of settings from individual practice through to group settings.**

**One of the strengths of developing this approach locally is that it is not viewed as an assessment process to decide upon an intervention. It is a way of working and thinking which helps families to process their own emotions and anxieties, which in turn restores their abilities to think and enables them to help their child to cope with his or her emotions or anxieties. This ultimately facilitates the relationship between parent and child and supports the parent to work with their child's behaviour.**

## Identifying the Challenge – What Do We Know

Whilst the link between deprivation, poverty and problematic drug and alcohol use is a complex one, we know that problems associated with drugs and alcohol are more apparent and acute in communities where there are high levels of deprivation and poverty. The Scottish Index of Multiple Deprivation (SIMD) presents a picture of multiple deprivation across Scotland.

- In SIMD 2009, 11 (3.4%) of the 325 data zones in the 5% most deprived data zones in Scotland were found in East Ayrshire.
- East Ayrshire has a significantly higher proportion of the population considered income deprived than the national average.
- East Ayrshire has seen an increase in the percentage of their data zones in the 15% most health deprived since 2006

Additionally,

- Across East Ayrshire, life expectancy in East Ayrshire is worse than the Scottish average for both males and females.
- East Ayrshire has a higher than average percentage of the population claiming job seekers allowance and a higher than average percentage of lone parents claiming income support.

National research conducted by the University of Glasgow<sup>2</sup> revealed that Scotland has an estimated 55,328 individuals misusing opiates and / or benzodiazepines in the year 2006. This corresponds to 1.62% of the population aged between 15 and 64. East Ayrshire has an additional challenge given that the estimated prevalence in East Ayrshire is estimated at 1834 problematic drug users or 2.32% of the population aged between 15 and 64. This prevalence suggests that of the 32 local authority areas in Scotland, East Ayrshire has the fifth highest prevalence rate.

Furthermore, over the past ten years, East Ayrshire has seen drug related deaths rise from six in 1999 to twelve in 2009; mirroring the rise in drug related deaths nationally.

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<sup>2</sup> Hay G, Gannon M, Casey J and McKeganey N (2009) - Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland

Whilst alcohol related deaths (underlying cause) in Scotland have dropped by 15% between 2005 and 2009 the data shows that this is not a consistent trend. East Ayrshire data shows a similar trend with alcohol related deaths in females dropping from 14 in 2006 to 12 in 2007 before rising again to 14 in 2008. The 9 alcohol related deaths in females in East Ayrshire in 2009 was the lowest death rate since 2005.

Alcohol related deaths in males in East Ayrshire show a similar trend with 20 alcohol related deaths in 2006, 27 alcohol related deaths in 2007, 16 deaths in 2008 and 22 deaths in 2009. Using the European Age Standardised Rate per 100,000 population data, alcohol related death rates in males in East Ayrshire are nearly three times higher than alcohol related death rates in females in 2009 (32.8 deaths per 100,000 population in males, 12.1 deaths per 100,000 population in females)<sup>3</sup>

Drinking and drug use in children and young people illustrates that the challenges faced in tackling alcohol and drug related harm apply across all populations. 13% (61) of 500 young people recently surveyed in East Ayrshire admitting to ever having used drugs. More significant however was the result that 60% (278) of young people do not know where to go if they needed help with drugs.

Whilst drug use in East Ayrshire remains an issue, the survey of young people revealed that many more are using alcohol on a regular occasion with 27% (86) drinking at least once a week.

Of the young people who drink, a significant number of young people drink with friends, (48% or 224). Similarly to drugs, 39% (179) young people have no idea where to go if they need help with alcohol.<sup>4</sup>

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<sup>3</sup> Information Services Division NHS (2011) – Alcohol Statistics Scotland 2011

<sup>4</sup> East Ayrshire Council and NHS Ayrshire and Arran (2009) - smoking, drinking and drug use among young people in East Ayrshire

## **Current Activity**

**Match Fit and Dance Fit programmes delivered by a partnership of East Ayrshire Council active schools, Kilmarnock Football Club and Y Dance provides opportunities for vulnerable young people to engage in fun active activities whilst learning about body physiology, healthy eating and impact of alcohol and drugs. The programmes encourage the young people to engage with their parents, relatives and carers as well as seeking out community opportunities and facilities to continue their football training and dancing once the formal programme ends**

The Hidden Harm report highlights the plight of a vulnerable section of our society, children, whose voice, too often, goes unheard. It is estimated that there may be as many as 41,000-69,000 children in Scotland affected by parental drug use, which equates to 4-6 per cent of under 16s. In East Ayrshire, this could mean that as many as 1800 children are living in households where problematic drug use is an issue.

The issue of children affected by parental drug use is further compounded in East Ayrshire by an increasing rate of female drug users becoming pregnant with East Ayrshire reporting 101 maternities recording drug misuse in the period 2006/7-2008/9, a rate of 25.7 maternities per 100,000 population. A rate of almost three times the Scottish average of 9.8 maternities per 100,000 population and leaving East Ayrshire as the second highest level of drug misuse maternities in Scotland.<sup>5</sup>

In the financial year 2009/10 there were 39,408 drug-related offences (mainly Misuse of Drugs Act 1971) recorded by Scottish police forces, which is a rate of 759 per 100,000 population. Seventy-four per cent of drug-related offences were for possession with a further 23% for possession with intent to supply.

During this period, Strathclyde Police recorded 849 drug related offences in the East Ayrshire area with 592 (70%) being for possession and 224 (30%) being for possession with intent to supply. These 849 drug related offences represent a rate of 706 offences per 100,000 population placing East Ayrshire below the national average in terms of drug related offences.

However, the link with alcohol, drugs and crime disorder and danger is more complex than just specific drug related offences. For example, we know for example

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<sup>5</sup> Information Services Division (2010) – Drug Misuse Statistics Scotland 2010

that of the 178 persons accused of homicide in Scotland in 2007/08, only 13% (19) were reported not to have been under the influence of alcohol or drugs. We further know that 49% of the prison population reported being drunk at the time of their offence.

### **Current Activity**

**The Criminal Justice and Licensing (Scotland) Act 2010 introduced the Community Payback Order (CPO) for offences committed on or after 1<sup>st</sup> February 2011.**

**A Community Payback Order (CPO) with a condition of Drug treatment provides Courts with an alternative sentencing option to a custodial sentence or a Drug Treatment and Testing Order, where an individual has not established a chronic history of drug misuse. It puts the needs of the individual at the centre of their care and treatment. Similarly, a CPO with a condition of Alcohol Treatment is imposed where the Court is satisfied that the dependency on alcohol requires support and may benefit from treatment, and that arrangements can be made for the treatment to take place.**

Within East Ayrshire crimes of domestic abuse continue to rise with 1273 incidents of domestic abuse recorded by the police for 2009-10. Research <sup>6</sup>has indicated that at least 62% of domestic abuse cases are related to alcohol. By using this data in an East Ayrshire context, it could mean that at least 789 domestic abuse incidents in East Ayrshire were alcohol related. We do however recognise that alcohol is not an excuse for domestic violence although it is a significant factor in incidents reported to the police.

Data from East Ayrshire adult protection committee appears to suggest that there are other vulnerable sections of the community being harmed or at risk of harm from the problematic use of alcohol either their own use or the use of others. The adult protection committee report that of the 134 adult support and protection referrals received in 2010, 40% had alcohol use as a factor with a higher proportion of females (57%) than males (43%) affected.

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<sup>6</sup> Gilchrist, E., Johnson, R., Takriti, R. Weston, S., Beech, A. & Kebbell, M. (2003) DV offenders: characteristics and offending related needs, Findings 217, London: Home Office.

### **Current Activity**

Proactive joint work by Strathclyde Police domestic abuse unit and Women's aid is ensuring that women affected by alcohol related domestic abuse are being provided by high quality support and protection and are therefore not featuring in adults at risk referrals. NHS Ayrshire & Arran is committed to tackling gender-based violence, including domestic abuse. A new patient information leaflet on domestic abuse was produced in March 2011, highlighting support services, and disseminated the NHS and appropriate partners. NHS Ayrshire & Arran has run a three year programme of training to enable staff in six key areas to implement routine enquiry on domestic abuse

### **Current Activity**

Strathclyde Fire and Rescue is currently working with a range of Community Planning Partners to provide Home Fire Safety Visits to vulnerable members of the community who may be at risk of fire in their home. Initiatives include working with families to create bespoke fire action plans for their home, fitting smoke alarms where appropriate and fitting deaf detectors for hearing impaired and profoundly deaf people.

## **Delivering the Strategy**

In delivering on this strategy to reduce alcohol and drug related harm, East Ayrshire Alcohol and Drug Partnership will ensure progress and achievement is delivered in a robust and measureable way which ensures that partners, stakeholders, service users, their families, carers and the wider community are clear about what difference the strategy will achieve.

In doing this, East Ayrshire Alcohol and Drug Partnership will work to develop and implement an outcomes based reporting framework with identified service delivery outcomes that link strategically to both national and local planning structures, in order to ensure the best possible level of service for citizens of East Ayrshire.

### **Workforce Development**

#### Work stream 2.1- Recognise and build on the skills off all stakeholders within the Alcohol and Drugs Partnership

Crucial to delivering this alcohol and drug strategy is developing a workforce that can deliver the key actions. This covers the spectrum from prevention through to embedding the recovery philosophy.

The Alcohol and Drug Partnership, will work to deliver the Scottish Government and CoSLA's "Supporting the Development of Scotland's Alcohol and Drug Workforce" launched in December 2010. This statement sets out the actions required to deliver the alcohol and drug workforce requirements and outlines the important roles of those directly involved in workforce development.

East Ayrshire Alcohol and Drug Partnership will identify the workforce development needs in line with this strategy and work with partners to provide appropriate training

## Prevention

Work stream 2.2 – Education: preventing alcohol and drug use in young people

Work stream 2.3 – Prevention community focussed: positive attitudes, positive choices

Work stream 2.4 – Prevention, Early Intervention: Supporting families and communities

As well as supporting those experiencing alcohol and drug problems, East Ayrshire Alcohol and Drug Partnership is committed to support and develop initiatives that seek to reduce the impact of alcohol and drug use in future years.

Changing Scotland's relationship with alcohol and The Road to Recovery, both emphasise the importance of drug and alcohol education which provide opportunities to pass on facts, explore attitudes and, crucially, foster the skills needed to make positive decisions and lifestyle choices.

### Young people

Whilst schools have a role to play in educating young people about drugs and alcohol, and indeed often provide the first line of defence, they cannot do it alone.

The range of complex issues that lead young people into engaging with drugs and alcohol means that there is also a role in preventing alcohol and drug use for parents, youth workers, and indeed other young people.

East Ayrshire Alcohol and Drug Partnership further recognise that education alone will not prevent or reduce the impact of alcohol and drug use, therefore the Alcohol and Drug Partnership view the provision of a range of activities for children and young people in the areas of sports, and leisure opportunities that helps them develop personally and physically as central to the prevention agenda. These sporting and leisure opportunities will seek to address both participation and diversion and aim to increase the likelihood of positive long-term outcomes for those

### **Current Activity**

**East Ayrshire's Community Health Improvement Partnership (CHIP) team provide a range of opportunities including the CHIP van, the Communities activity on prescription initiative, and leading on Alcohol Awareness Week, for individuals to address their drinking habits and at the same time make small improvements to their overall lifestyle.**

A change in the current culture is required if the impact of alcohol and drug harm in East Ayrshire is to be reduced in future years. We need to work with communities, challenge their attitudes in relation to their own alcohol consumption and increase knowledge across all age groups to enable individuals to make informed choices about their personal alcohol and drug use. Currently many people within East Ayrshire are drinking alcohol at a hazardous levels who may not be aware of the risks of drinking at this level, it is important that these individuals are identified through either statutory and community services and provided with appropriate information and support to make a behaviour change.

### Early Intervention

Within our communities many people are currently affected by their own or others alcohol or drug use. We recognise the benefits of early intervention for individuals, their families/ carers and communities. We will continue our work to deliver Alcohol Brief Interventions to those drinking at hazardous levels which are evidence based way of reducing consumption. We recognise the importance of providing support to children, families and carers affected by others alcohol and/ or drug use in order to reduce the negative impact this behaviour has as early as possible.

### **Current Activity**

**The prevention and service support team within NHS addiction services and East Ayrshire Council education have devised and developed a comprehensive robust and evidence based education programme for schools (SPICE). This resource with linkages to the Curriculum for Excellence has been recognised as good practice by Scottish Government and Learning Teaching Scotland.**

## Treatment and Recovery

*“want away from drug life completely”*

### Work stream 2.5 – Treatment and Recovery: Promoting Recovery

A shift in emphasis toward recovery is required by partners and service providers in East Ayrshire. This will mean a shift away from a focus, primarily, on reduction of personal and social pathology, towards a model based on improving the quality of life of an individual through the development of recovery supportive communities and services.

The Executive Summary of the Road to Recovery states that “central to the strategy is a new approach to tackling problem drug use based firmly on the concept of recovery”. The report goes on to assert that the explicit purpose of all treatment services is recovery, which in turn is characterised as an “aspirational person-centred process”.

The Road to Recovery makes clear that recovery should be the explicit aim of all services that what we now regard as ‘treatment’ must integrate with a wide range of local services including the development of Recovery Networks and within this there is a commitment to build and strengthen advocacy services. Fundamentally, the new strategy requires a culture change so that the required recovery journey is “a process through which an individual is enabled to move on from their problem drug use towards a drug-free life as an active and contributing member of society”

In practice, this means that a crucial and key task for professionals is in empowering and engaging with service users, rather than attempting to find cures to their problems. In order to empower and engage, we must recognise that one worker alone will lack the resources and expertise required, it therefore requires all of those involved in the partnership to work together around the individual.

Fundamentally the recovery agenda is about hope, it is about giving communities ownership of their own problems and recognising that our roles are to provide some expertise (prescribing and detoxification, delivering evidence based psychosocial

and psychological interventions, develop and deliver educational interventions) but primarily to act as guides, facilitators and coordinators of recovery journeys. However, without working actively with communities to build better environments, restore expectations of employment, promote the benefits of education, and promoting the value of living positively, these recovery journeys will be unlikely to succeed.

### Sustaining recovery journeys

The recovery journey is owned by the service users, their families and their communities. The big things that will promote sustained recovery are stability in housing, relationships and activities (the latter being primarily, but not only through employment)

We now require to change from an 'expert' model of treatment to a partnership model in which the user owns their recovery journey and is the judge of progress. In making this fundamental shift, it is a further requirement that the recovery outcomes are not developed or owned by the service. It is fundamental that in sustaining the recovery journey, the outcomes achieved along the journey are established and owned by the service user.

### Celebrating success

We must celebrate our recovery successes and work with them so they become our community partners. If we accept that recovery is not just about treatment then we also need to accept that the key resources in promoting recovery are the natural peer leaders in families and communities. This means that what counts as 'treatment' becomes more blurred as each individual success is a potential recovery icon in their local community and our support for them is key to enabling recovery to spread.

### Developing Recovery champions

The Alcohol and Drug Partnership will seek to establish a network of community therapeutic and strategic 'recovery champions' who are visible across the whole system within all organisations and in each locality of East Ayrshire. These individuals will be key to the successful integration of service users within community based support structures (e.g mutual aid groups), existing health and social care providers and independent sector organisations. In essence they will be

the nucleus of a network of interconnected cells developing multiple connections across and within each locality of East Ayrshire.

### Recovery in Practice

Previously services in East Ayrshire were delivered in line with the acute care model of service provision, constructed upon a three tiered system of treatment provision (phased model of treatment and rehabilitation). This model sought to describe service user journeys in and through services. With the recognition that recovery requires more than just specialist addiction service support the Alcohol and Drug Partnership has adopted a Recovery Oriented System of Care model (ROSC) (appendix 2)

The new ROSC model has the following strategic vision at its heart:

- Recovery is possible and at the centre of all services we provide
- People will own their own recovery and service staff will facilitate their recovery journey
- People in recovery will support others along the path to recovery
- Communities will support their members through recovery.

The ROSC helps people take charge of their own recovery and is well suited to the asset based community development approach as a ROSC depends on and needs the input of peers and support within communities.

The experiences of those in recovery and their family members contribute to the ongoing process of services improving. (A Recovery Orientated System of Care for Ayrshire & Arran, February 2010)

### **Current Activity**

**The Occupational Therapy service within NHS Addiction Services currently provide one to one or group interventions to service users, initially 50 years and over living in East Ayrshire, who have conditions due to problematic alcohol use which has significant impact on their ability to function safely and /or independently, which has resulted in individuals experiencing falls.**

**The programme focuses on motivating and supporting service users to move toward recovery by improving health and social functioning in partnership with other addictions services.**

Formal treatment is, however, only one component of recovery from problematic alcohol/drug use and one which may not be required by all individuals who have alcohol/drug-related problems. Indeed, formal treatment should rarely be the first resort for individuals experiencing alcohol and drug problems and the recovery model would suggest that the initial task is to look at community resources as the fundamental building blocks in generating recovery.

A crucial element of recovery for the individual is choice. The prospective service user must have access to accurate and meaningful information – and this must also be made available to members of local communities who will often provide the signposts for those seeking help. Information should include opportunities for meaningful activities including work, volunteering and educational opportunities that enhance social networking.

### **Current Activity**

**SMART Recovery peer led meetings are now prevalent throughout East Ayrshire. Recently, a group of these service users came together and were successful in obtaining a grant from The National Lottery Awards for All Programme. By obtaining a plot of land via Kilmarnock college, these service users now have established an allotment growing fruit and vegetables for use by their families, friends, carers and the wider community.**

### **Law Enforcement**

#### Work stream 2.6 – Protection: Reducing consumption and Law Enforcement

East Ayrshire Alcohol and Drug Partnership notes that The World Health Organisation's European Charter on Alcohol proposes that each Member State should: "Promote health by controlling the availability, for example for young people, and influencing the price of alcoholic beverages, for instance by taxation"<sup>7</sup>. With the UK being a signatory to this charter, East Ayrshire Alcohol and Drug Partnership will continue to develop and support initiatives in partnership with Strathclyde police that

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<sup>7</sup> World Health Organisation 1995 – European Charter on Alcohol

seek to reduce young people's access to alcohol. The WHO charter is not just about young people though. With research<sup>8</sup> illustrating that price is a key determinant in alcohol consumption, and with alcohol being reported as now being cheaper than water, East Ayrshire Alcohol and Drug Partnership supports Scottish Government's proposals to re-introduce minimum pricing legislation. The Alcohol and Drug Partnership will continue to work with East Ayrshire Council's liquor licensing forum in examining ways of promoting the protecting public health objective contained within the Licensing (Scotland Act 2005).

The Improving Community Safety Theme of the Community Plan outlines a range of actions relating to tackling alcohol and drug related crime. Including regular reporting to the East Ayrshire Licensing Board with respect to premises which give cause for concern, intelligence led youth alcohol action plans implemented during key times such as school holidays and the development of community intelligence with respect to identifying those concerned in the supply of controlled drugs

In addition, East Ayrshire Alcohol and Drug Partnership will continue to work with Strathclyde Police in reducing the supply and demand for drugs controlled via the Misuse of Drugs Act 1971.

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<sup>8</sup> University of Sheffield 2008 - Independent Review Of The Effects Of Alcohol Pricing And Promotion

## Resources

Audit Scotland published a report on *Drug and alcohol services in Scotland* in March 2009.

The report identified, for the first time, how much the public sector spends on drug and alcohol services in Scotland. It assessed whether evidence of need or what works determined how this money is spent and what impact the money has had.

The report found that:

- Scotland has high levels of drug and alcohol misuse compared to the rest of the UK and Europe,
- in 2007/08 the public sector in Scotland spent £173 million on drug and alcohol services but the wider costs to society are estimated at £5 billion a year,
- spending decisions are not always based on evidence of what works or what is needed,

A mapping exercise of Health and Social care expenditure in Ayrshire for the same period recorded direct spend of over £6million per year on alcohol and drug services from these sectors alone.

The Ayrshire partnerships over the period 2011/12 will undertake further analysis to detail spend and impact across all sectors.

While resources relating to Alcohol and Drug interventions have on the whole been directed through health authorities the establishment of Alcohol and Drug Partnerships has facilitated a partnership approach to targeting resources to meet local need as identified and agreed by all members of the partnership.

During 2011/12, in East Ayrshire this has seen £1.4million funding commitment agreed by the partnership to support continued treatment programmes and commissioned services. In recognition of the shift in focus of service delivery to encompass a recovery model, a change fund of £160,000 has been identified by the Alcohol and Drug Partnership to support activities which will facilitate and evidence this move and in turn inform a Commissioning Strategy 2012/2015 reflecting the aspirations of this strategy.

## Conclusion

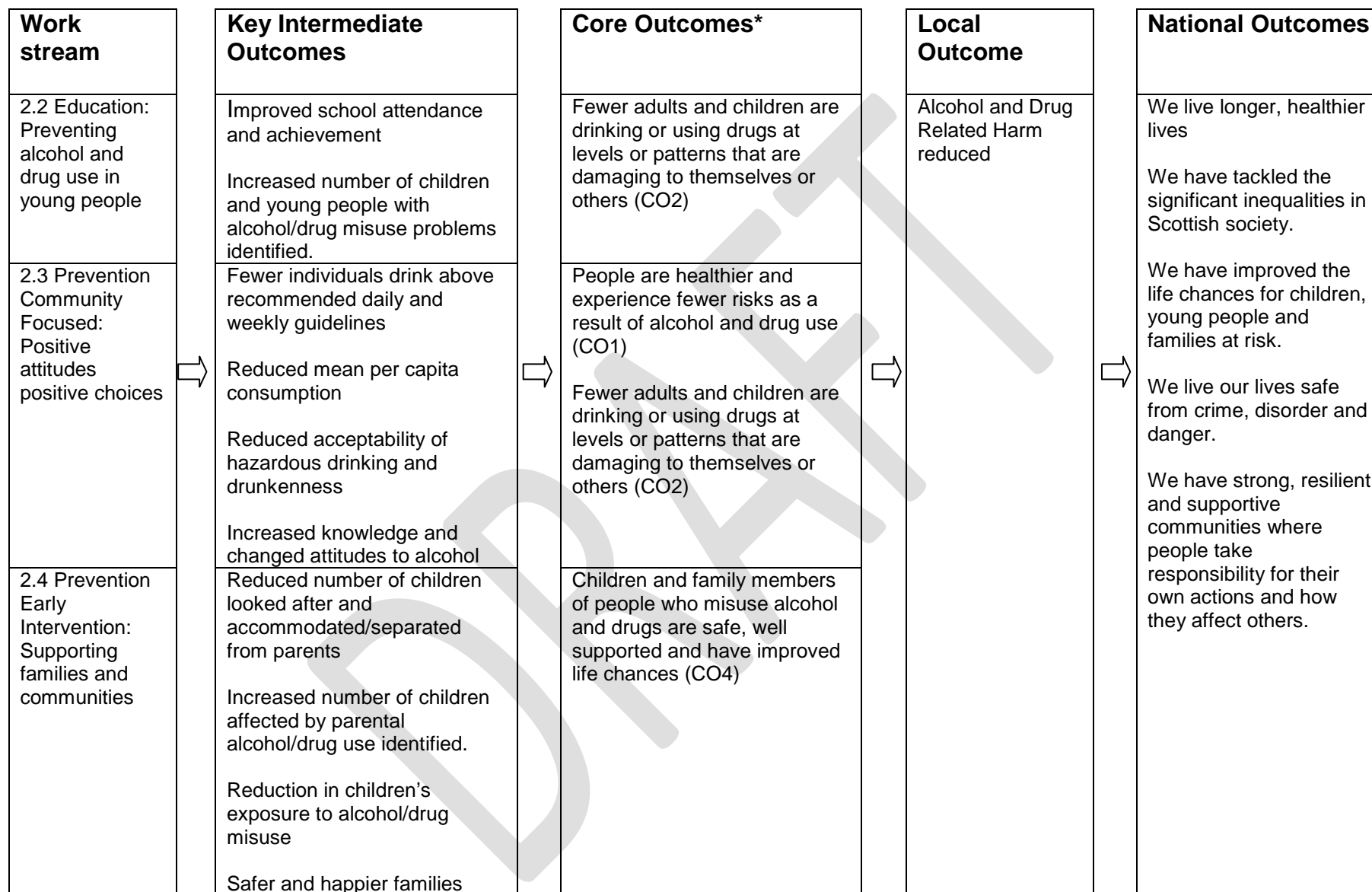
*“short term goal to get stable, through time get back into work and have a life again”*

The development of East Ayrshire Alcohol and Drug Partnership Alcohol and Drug strategy was based upon an extensive process of partnership working, engagement, consultation, and evidence gathering; as well as examining the national and local strategic landscape within which the strategy will sit.

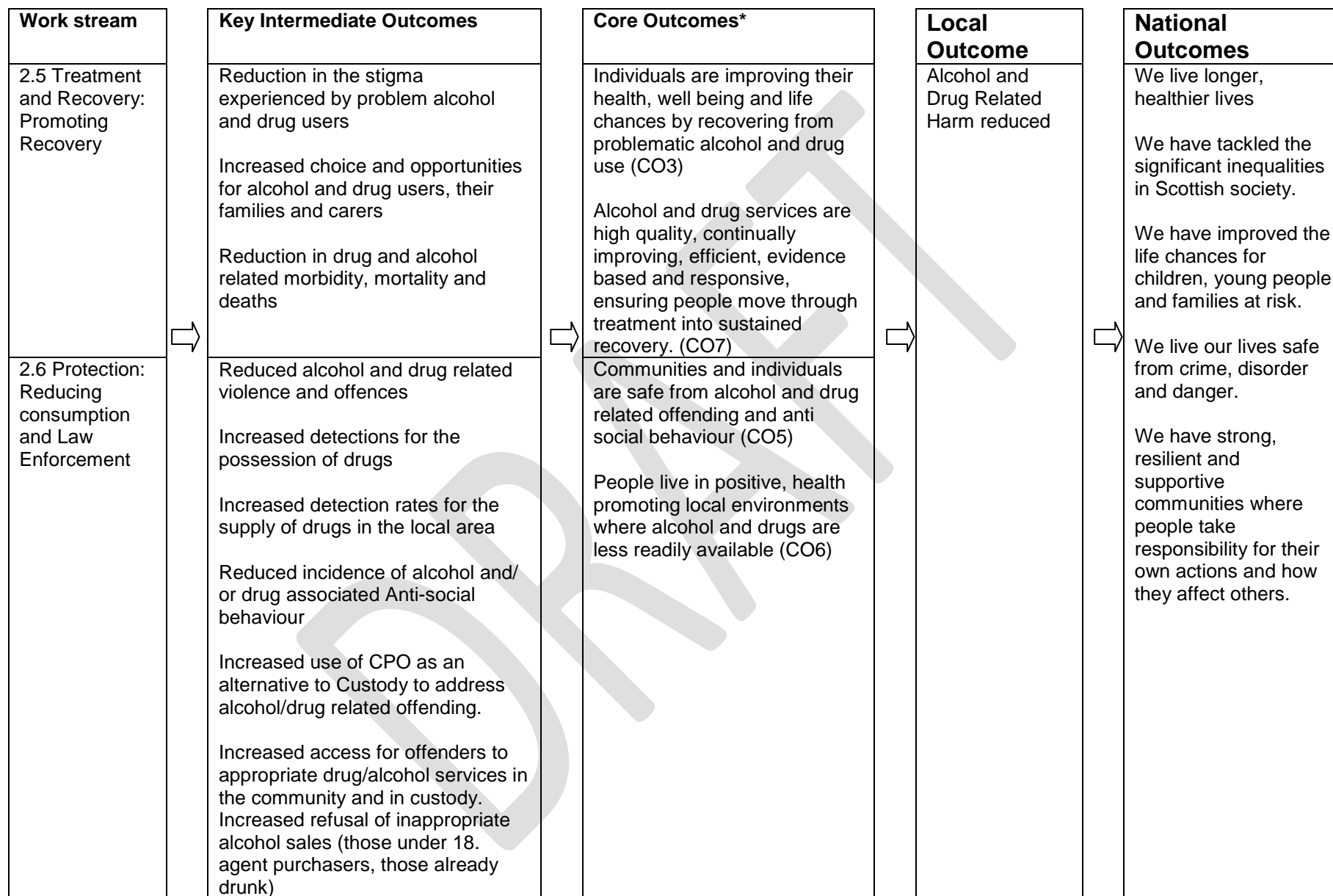
The strategy is a challenging one with significant changes proposed in how the alcohol/drug landscape will develop over the four years of the strategy. Whilst challenging, the strategy provides a robust reference point to all who have an interest in the field of drug and alcohol by setting out to benefit not only the lives of problem drug/alcohol users, but also their families, carers, and the communities in which they live.

Problem alcohol users and problem drug users can and do recover. Communities impacted by alcohol and drug problems can and do recover. It is this message that all our partners and stakeholders will promote and spread.

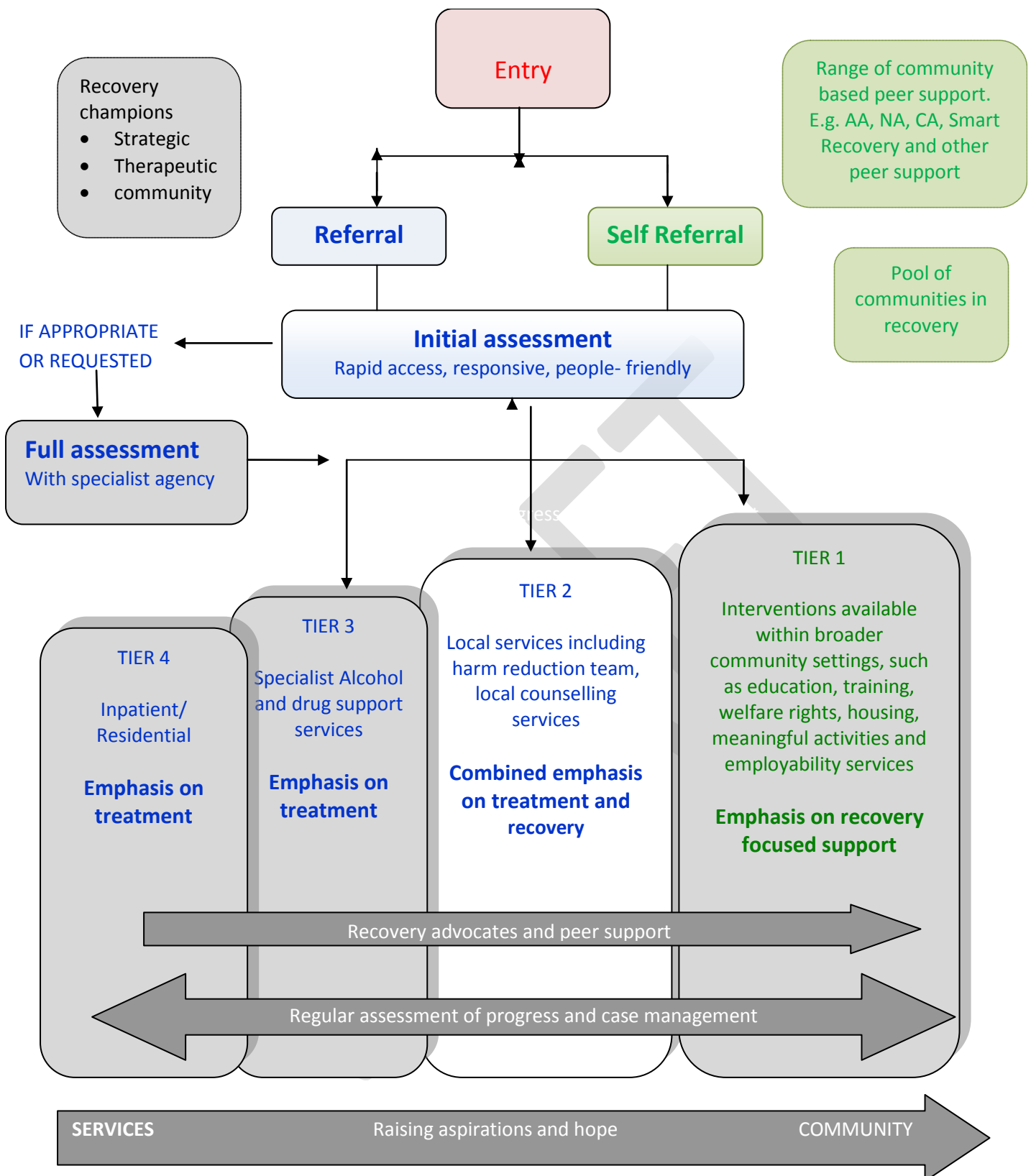
The action plan, at appendix 3 is based upon principles of partnership working, engagement, consultation and set within the Community Planning Governance structure which provides the framework for the measurement of success through output and other performance indicators.



\* National alcohol and drug outcomes



\* National alcohol and drug outcomes



Model above adapted from design by Lanarkshire ALCOHOL AND DRUG PARTNERSHIP and used with kind permission.



# **EAST AYRSHIRE COMMUNITY PLAN**

## **IMPROVING HEALTH AND WELLBEING**

### **ACTION PLAN 2011 – 2015**

**(COMMUNITY HEALTH PARTNERSHIP ACTION PLAN 2011-15)**

## LOCAL OUTCOME 2

## ALCOHOL AND DRUG RELATED HARM REDUCED

### Links to SOA

- National Outcome 6
- National Outcome 7
- National Outcome 8
- National Outcome 9
- National Outcome 11

We live longer, healthier lives

We have tackled the significant inequalities in Scottish society.

We have improved the life chances for children, young people and families at risk.

We live our lives safe from crime, disorder and danger.

We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.

Indicator/s (noting frequency/ type/source)	Baseline at 2006/07	Baseline at 2009/10	Progress Target/s to 2013/14	End target/s Direction of travel
1. Patients hospitalised with alcohol conditions Every 2 years/Scottish Public Health Observatory (ScotPho) – East Ayrshire CHP Health and Wellbeing Profiles	1,106.3 per 100,000 population (1997-99 to 2004-2006)	1,538 per 100,000 population (1997-99 to 2007-09)	<b>Reduction</b> in patients hospitalised with alcohol conditions	<b>Reduction</b> in patients hospitalised with alcohol conditions
2. Deaths per 100,000 population from alcohol related diseases Annual/NHS Ayrshire and Arran (Scottish National Statistics Office)	28.5 per 100,000 population (2006)	25.0 per 100,000 population (2008)	<b>Reduction</b> in deaths from alcohol related diseases	<b>Reduction</b> in alcohol related diseases
Patients hospitalised with drug related conditions Every 2 years/Scottish Public Health Observatory (ScotPho) – East Ayrshire CHP Health and Wellbeing Profiles	153.3 per 100,00 population (2004-2006)	173.0 per 100,000 population (2007-2009)	<b>Reduction</b> in patients hospitalised with drug related conditions	<b>Reduction</b> in patients hospitalised with drug related conditions

**WORKSTREAM 2.1**

Recognise and build on the skills of all stakeholders within the Alcohol and Drug Partnership (ADP)

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Develop the involvement and contribution of the wider partnership	<ul style="list-style-type: none"><li>2 Alcohol and Drug Partnership consultation and engagement events delivered per year</li></ul>	2011-15	CHP Lead Officers for ADP (ADP advisory group)
b.	Increase the knowledge base of the alcohol and drug agenda with the Alcohol and Drugs Partnership stakeholders	<ul style="list-style-type: none"><li>2 information sessions delivered per year within East Ayrshire for local stakeholders</li></ul>	2011-15	

**WORKSTREAM 2.2****Education: Preventing alcohol and drug use in young people**

<b>Actions</b>		<b>Projected Outputs (Linked to Local Outcome)</b>	<b>Timescale</b>	<b>CHP Lead Officer Action Owner</b>
a.	Implement Substance Misuse Education aligned to Curriculum for Excellence in all educational establishments	<ul style="list-style-type: none"> <li>Substance Misuse Education embedded into school curriculum and written into school improvement plans - implemented in all secondary schools</li> </ul>	2012/13	CHP Lead Officers for ADP
b.	Utilise key professional expertise to reinforce lessons on substance misuse	<ul style="list-style-type: none"> <li>Teachers' plans developed with external agencies to support the delivery of lessons on substance misuse</li> <li>At least 2 experts invited by each school per year to support lessons</li> </ul>	2011- 15	
c.	Provide ongoing Continuing Professional Development for staff on basic alcohol and drug awareness	<ul style="list-style-type: none"> <li>All professionals working with young people to participate in basic alcohol/drug awareness sessions - 9 sessions delivered: one per learning community</li> </ul>	2012/13	
d.	Raise awareness of alcohol/drug services available to support young people	<ul style="list-style-type: none"> <li>Information on alcohol and drug services included in existing media available to all schools/educational establishments</li> </ul>	2012/13	
e.	Offer workshops to parents/carers to raise awareness of basic alcohol/drugs	<ul style="list-style-type: none"> <li>1 workshop offered to parents/carers in every learning community</li> </ul>	2012/13	

**WORKSTREAM 2.3****Prevention Community Focused: Positive attitudes positive choices**

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Deliver Alcohol Brief Interventions (ABI)	<ul style="list-style-type: none"> <li>ABIs delivered within primary care settings to meet HEAT H4 target across NHS Ayrshire and Arran</li> </ul>	2011-15	CHP Lead Officers for ADP
b.	Promote positive recovery stories in local media	<ul style="list-style-type: none"> <li>3 positive recovery stories in local media per year</li> </ul>	2011-15	CHP Lead Officers for ADP (ADP Advisory Group)
c.	Increase opportunities for diversion activities for young people	<ul style="list-style-type: none"> <li>25,000 children and young people engaged in positive sport/leisure opportunities per year</li> </ul>	2011-15	CHP Lead Officers for ADP
d.	Deliver whole population alcohol awareness	<ul style="list-style-type: none"> <li>1 national campaign supported locally per year</li> </ul>	2011-15	CHP Lead Officers for ADP (ADP Advisory Group)
e.	Deliver alcohol and drug awareness information and ABIs within communities through the CHIP Team as part of the wider health improvement programme	<ul style="list-style-type: none"> <li>50 Alcohol and drug awareness and information sessions delivered within communities per year</li> <li>200 screening and ABIs delivered in a community setting per year</li> </ul>	2011-15	CHP Lead Officers for ADP

**WORKSTREAM 2.4****Prevention Early Intervention: Children and Families Affected by Parental Substance Misuse**

<b>Actions</b>		<b>Projected Outputs (Linked to Local Outcome)</b>	<b>Timescale</b>	<b>CHP Lead Officer Action Owner</b>
a.	Identify children and young people affected by parental alcohol/drug misuse at an early age	<ul style="list-style-type: none"> <li>Multi-agency training provided to all partnership staff</li> </ul>	2011-15	CHP Lead Officers for ADP (Child Protection Committee/ADP)
b.	Strengthen the focus of adult substance misuse professionals on the impact on children	<ul style="list-style-type: none"> <li>Assessment tools revised to include consideration of impact on children and families</li> </ul>	2011/12	CHP Lead Officers for ADP (ADP Advisory Group)
c.	Review different models of available family therapy	<ul style="list-style-type: none"> <li>Model adopted to reduce the risks and impact of drug and alcohol misuse on users children and family members</li> </ul>	2012/13	CHP Lead Officers for ADP (ADP Advisory Group)
d.	Provide age appropriate alcohol and drug services for children and young people	<ul style="list-style-type: none"> <li>Life opportunities improved through supporting the social, educational and economic potential of children through reduction of impact of parental substance misuse</li> </ul>	2011-15	CHP Lead Officers for ADP
e.	Deliver Alcohol Brief Interventions in maternity services	<ul style="list-style-type: none"> <li>All women presenting to maternity services screened for alcohol related problems</li> </ul>	2011-15	CHP Lead Officers for ADP
f.	Provide overdose awareness and training sessions for families and concerned significant others	<ul style="list-style-type: none"> <li>20 individuals trained per year</li> </ul>	2011-15	CHP Lead Officers for ADP (ADP Advisory Group/Delivery)

**WORKSTREAM 2.5****Treatment and Recovery: Promoting Recovery**

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	Action Owner
a.	Recognise and develop peer mentors, family support groups and networks	<ul style="list-style-type: none"> <li>Network of recovery 'champions' created</li> </ul>	2014/15	CHP Lead Officers for ADP (ADP service delivery group)
b.	Develop a Recovery Oriented System of Care suitable for East Ayrshire's needs	<ul style="list-style-type: none"> <li>Process developed for the implementation of a Recovery Orientated System of Care model</li> <li>Range of alcohol and drug services established which comply with the national HEAT A11 target</li> <li>Feasibility plan for co-located drug and alcohol services produced by ADP</li> <li>200 service users consulted on services that they use through the use of service user evaluation including accessibility of services</li> </ul>	2011/12	CHP Lead Officers for ADP
c.	Undertake a training needs analysis in line with the requirement of the Recovery Orientated System of care	<ul style="list-style-type: none"> <li>Workforce development strategy for a wide range of staff based on the Recovery Orientated System of Care developed and implemented</li> </ul>	2014/15	CHP Lead Officers for ADP (ADP Advisory Group)
d.	Provide easy access to and information about a wide variety of support and recovery options for people with alcohol and/or drug problems	<ul style="list-style-type: none"> <li>Local directory of support and recovery treatment options produced and routinely updated</li> </ul>	2012-15	CHP Lead Officers for ADP (ADP advisory group)
e.	Implement a single shared assessment tool of recovery capital	<ul style="list-style-type: none"> <li>Single shared assessment of recovery capital agreed and in use by all agencies signed up to an information sharing protocol</li> </ul>	2013/14	CHP Lead Officers for ADP (ADP advisory group)

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	Action Owner
f.	Link universal services into the formal alcohol and drug treatment community	<ul style="list-style-type: none"> <li>Access and utilisation of community leisure/further education opportunities increased (0 baseline)</li> </ul>	2013/14	CHP Lead Officers for ADP
g.	Examine the prison healthcare reform recommendations	<ul style="list-style-type: none"> <li>All prisoners offered the option of take-home naloxone on release from the prison estate (naloxone - drug used to counter the effects of opioid overdose)</li> </ul>	2012/13	CHP Lead Officers for ADP NHS Ayrshire and Arran
h.	Develop and implement a take-home naloxone programme for people who use opiates to help prevent drug related deaths	<ul style="list-style-type: none"> <li>500 take-home naloxone kits distributed (25% of current estimated prevalence rate 2009) (Funding currently available to March 2012)</li> </ul>	2014/15	CHP Lead Officers for ADP (ADP Advisory group.)

**WORKSTREAM 2.6**
**Protection: Reducing consumption and Law Enforcement**

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
a.	Tackle alcohol and drug related crime	<b>Alcohol</b> <ul style="list-style-type: none"> <li>• Monitored licensed premises visited, including to ensure compliance with bottle marking scheme</li> <li>• Reports submitted to Licensing Board</li> <li>• Intelligence led youth alcohol action plans implemented during school holiday periods</li> <li>• 1 Test Purchase operation implemented per month to ensure compliance with licensing age restrictions</li> <li>• Stop searches of young people for alcohol implemented</li> </ul>	2011 - 2015	CHP Lead Officers for ADP (Strathclyde Police)
		<b>Drugs</b> <ul style="list-style-type: none"> <li>• Community intelligence developed to: <ul style="list-style-type: none"> <li>– identify those concerned in the supply of controlled drugs</li> <li>– target offenders</li> </ul> </li> <li>• Target packages to deal with drug suppliers increased</li> <li>• Disclosures in relation to drugs supply made to East Ayrshire Council increased</li> </ul>		CHP Lead Officers for ADP (Strathclyde Police)

Actions		Projected Outputs (Linked to Local Outcome)	Timescale	CHP Lead Officer Action Owner
		to allow action to be taken by the Council, as appropriate		
b.	<p>Further implement the Public Reassurance Model within part of Ward 2 focusing on four priority concerns</p> <ul style="list-style-type: none"> <li>- Drunk and Disorderly Behaviour</li> <li>- Drug Dealing and Misuse</li> <li>- Violent crime</li> <li>- Housebreaking and other forms of theft</li> </ul>	<ul style="list-style-type: none"> <li>• Public Reassurance pilot within Ward 2, North West Kilmarnock reviewed and evaluated</li> <li>• Model of 'best practice' for Public Reassurance identified and rolled out to other communities, as appropriate</li> </ul>	2011 - 2015	Strathclyde Police

**For Community Planning purposes this section will be reported through the Improving Community Safety Action Plan**