



**PROPOSALS FOR THE ALLOCATION OF  
ALCOHOL RESOURCES FROM AYRSHIRE AND  
ARRAN ALCOHOL AND DRUG ACTION TEAM**

**BOARD MEETING - 18 SEPTEMBER 2008**

**1. PURPOSE OF REPORT**

- 1.1 To present to the Community Planning Partnership (CPP) Board for consideration proposals to be submitted to Ayrshire and Arran Alcohol and Drug Action Team (ADAT) in respect of the indicative funding allocation made to Community Planning Partnerships by ADAT through NHS Boards Public Health allocation for Alcohol Misuse 2008/09.

**2. BACKGROUND**

- 2.1 Additional resources for alcohol misuse were announced by the Scottish Government earlier this year. For 2008/09, the Ayrshire and Arran Health Board area was allocated £1,775,000. This 2008/09 allocation represents an increase on the 2007/08 alcohol allocation of approximately £1M.
- 2.2 As Scottish Government route this money via ADAT, discussions at the meeting of 27 August 2008 led to each of the three Community Planning Partnerships in Ayrshire receiving an initial indicative sum for 2008/2009 of £250,000.
- 2.3 Following discussion with partners and stakeholders, five proposals have been developed for submission to ADAT.
- 2.4 The ADAT has indicated that successful proposals will receive resources following the next meeting on 23 October 2008.

**3. Community Planning Alcohol and Drugs Pledge 2008-2011**

- 3.1 The five proposals have been developed in order to address the issues identified within the Alcohol and Drugs Pledge specifically young people and older people's use of alcohol. The precise rationale and the strategic context for the proposals is attached as appendix 1.

**4. PROPOSALS**

- 4.1 The five proposals for submission to ADAT include:

- Appendix 2 – Alcohol Support to Children and Young People using alcohol.
- Appendix 3 – Schools Alcohol Education Co-ordinator.
- Appendix 4 – Newstart programme addressing alcohol related offending.
- Appendix 5 – Identification of older people with problem alcohol use
- Appendix 6 – Multi agency pre referral group

4.2 Indicative costs for these five proposals over the three year period are:

<b>Proposal</b>	<b>2008/09 £</b>	<b>2009/10 £</b>	<b>2010/2011 £</b>
Young People's Alcohol Support	40,000	80,000	80,000
Alcohol Education Co-ordinator	19,800	39,300	40,600
NewStart	8,250	31,500	32,800
Older People's Services	10,000	27,000	35,000
Multi agency pre referral group	46,000	93,000	94,000
<b>Total</b>	<b>£124,050</b>	<b>£270,800</b>	<b>£282,400</b>

4.3 Any additional posts created under these proposals would be the subject of job evaluation and consultation with trade unions.

4.4 In addition, the Ayrshire Children's Services Senior Officer's Group is, in response to the recent Needs Assessment exercise carried out by ADAT, in the process of preparing a number of funding bids to be submitted to ADAT for consideration. Further work will take place between the CPP Board meeting of 18 September 2008 and the closing date for the submission of bids to ADAT to ensure a co-ordinated and strategic approach to the submission of all bids.

## **5. RECOMMENDATIONS**

5.1 It is recommended that the Board:

- i) consider the rationale and strategic context for the proposals attached at appendix 1;
- ii) agrees to submit proposals at appendix 2 - 6 to the next meeting of ADAT scheduled for 23 October 2008; and
- iii) otherwise, notes the content of the report.

**Elizabeth Morton**  
**Depute Chief Executive/Executive Director of Corporate Support**  
**East Ayrshire Council**  
**17 September 2008**

**COMMUNITY PLANNING IN EAST AYRSHIRE  
PROPOSALS FOR THE ALLOCATION OF ALCOHOL RESOURCES FROM  
AYRSHIRE AND ARRAN ALCOHOL AND DRUG ACTION TEAM**

**INTRODUCTION**

Over the two years from 1 April 2008 to 31 March 2010, Community Planning Partners pledged to focus increased attention and resources on making a difference to the issues caused by the misuse of alcohol and drugs in East Ayrshire. Community Planning Partners see the misuse of alcohol and drugs as everyone's issue and everyone's responsibility, with Community Planning as a key driver for change. Ours will be a local response to local issues.

Alcohol and drugs are a significant and growing problem in Scotland in terms of mortality, morbidity and social harm. Scotland has seen increasing levels of alcohol consumption to excessive levels over the last 50 years. Alcohol and drug issues do not just affect individuals; they also affect families, friends, communities, employers and East Ayrshire as a whole.

This pledge which cross cuts all six thematic areas was developed in response to the growing concern among partners about alcohol use particularly among children and young people and is set against the Single Outcome Agreement (SOA) which in East Ayrshire is seen as a management tool that will allow the Community Planning Partnership to:

- further improve the quality of life across our communities; and
- deliver better outcomes for local people.

The SOA aims to deliver the five strategic objectives set out in the Government's Purpose and Economic Strategy which aim to make Scotland Wealthier and Fairer, Safer and Stronger, Healthier, Smarter and Greener. In addressing alcohol use in East Ayrshire, Community Planning Partners will contribute significantly in specifically making Scotland Healthier and Smarter.

**RATIONALE**

Other than limited support available through Social Work Children and Families Services, there is currently no dedicated community alcohol provision for children and young people (Pulford 2008). This lack of provision is set against increasing levels of alcohol use among young people in East Ayrshire (SALSUS 2006). Additionally, given we know that substance use may adversely affect the development of children and young people, (Gilvary 2001) with effects directly and indirectly on individual mental and physical health and educational achievement, on family and the general public there is now significant concern that such support should be made available across East Ayrshire.

In developing such a service, it needs stated that young people have needs that are distinct from adults. Whatever they may sometimes claim, they are reliant on adults for care and guidance. They may display behaviours that are difficult to understand, or that superficially resemble adult normal behaviour.

Vulnerable young people, however problematic, have considerable potential for normal development and for attaining styles of life that will satisfy and please their families and the wider society therefore it is important to develop interventions and services that recognise and appreciate these distinct qualities.

It is not only young people however that are at risk due to excessive alcohol consumption. Indeed, about a third of older people with drinking problems develop them for the first time in later life (Royal College of Psychiatrists (2008). Bereavement, physical ill-health, difficulty getting around and social isolation can lead to boredom and depression. Physical illness may be painful. It can be tempting to use alcohol to make these difficulties more bearable. It may then become part of the daily routine and difficult to give up. There may be less pressure to give up drinking than for a younger person, fewer family responsibilities, and no pressure to go to work each day. These issues coupled with the fact that older people tend not to talk about their drinking, perhaps because of embarrassment (Royal College of Psychiatrists 2008) make this group in society equally as vulnerable as younger people and also require screening and support where indicated.

### **CONCLUSION**

The above evidence suggests that without specific interventions, the problem of alcohol misuse among the most vulnerable in our communities will continue to have a significant impact on their health, safety and general wellbeing. The proposals included with this paper seek to build on this evidence and research and seek to identify, support and assist the most vulnerable in our communities to address their alcohol use and enable them to become fully included members of their community.

## Appendix 2

<b>Title</b> Young People's Alcohol Support
<b>Programme Outline</b>
<p>To support young people under 18 who are experiencing social, legal or health problems related to alcohol use. This initiative will seek to deliver evidence based interventions to young people referred by Social Work, Police and/or Health.</p> <p>The service will offer targeted interventions to vulnerable young people. These vulnerable young people identified by Gilvary (2001) are those young people that are out of school and unemployed, those in local authority care or who are homeless, young offenders and those whose parents are using alcohol/drugs and who have troubled family backgrounds since the risk of drug and alcohol use is concentrated among vulnerable young people who face a multitude of other problems (Didlock and Cheshire 2005).</p> <p>The Initiative will also seek to signpost those young people who may experience from time to time an issue with hazardous use of alcohol.</p> <p>The programme will focus on the provision of behavioural therapy as evidence suggests that this type of intervention is most effective in reducing substance use in young people (Burniston et al 2002).</p>
<b>Assessment of Need</b>
<p>Pulford (2008) reports that during the month of November 2006, 67 children and young people (10-19) presented at Crosshouse Hospital with drug/alcohol problems. With 85% of these presentations for alcohol there would therefore be approximately 680 presentations for alcohol among this age group over a year with over half this number requiring admission. This rate for hospital alcohol/drug discharges is almost double the rate for Scotland as a whole. Pulford (2008) further notes that presentations to Accident and Emergency (A&amp;E) Departments spike sharply at ages 14/15.</p> <p>Whilst the impact of alcohol on the health is a substantial one, there is also considerable impact on the social/family life of young people with 37 children (under 16) being referred to the reporter in 2006 (Pulford 2008).</p>
<b>Aim</b>
<p>To provide a targeted alcohol support service to vulnerable young people in the East Ayrshire Council area.</p>
<b>Outcomes</b>
<ul style="list-style-type: none"><li>• Reduction in alcohol use.</li><li>• Reduction in alcohol related anti social behaviour.</li><li>• Increased engagement in mainstream community support networks.</li><li>• Reduction in issues which adversely affect the welfare of young people.</li></ul>
<b>Financial Estimates</b>
<p>It is proposed to commission this service with an indicative cost of no more than £80,000 per annum</p>

<b>Title</b> Alcohol Education Co-ordinator
<b>Programme Outline</b>
<p>There is a range of literature suggesting that alcohol/drug education in schools is ineffective (Coggins and Watson 1995) (Paglia and Room, 1999) and has little or no measurable effect on drinking behaviour and problems. However, this evidence relates to the impact on behaviour as opposed to the imparting of knowledge about alcohol that seeks to allow young people the opportunity to make informed choices.</p> <p>Should we close down swimming pools as the provision of them does not appear to have any impact on increased levels of exercise or obesity? This initiative therefore seeks to provide comprehensive and robust information to young people utilising strategies that have been shown to increase not only the credibility of the message but also the take up of the message by young people. Research conducted in the drugs education field (Stead et al 2005) suggests that education as well as having considerable impact on levels of knowledge also impacted on young people's emotions, values and attitudes. Interestingly, Stead et al (2005) further note that drug education appeared to have little impact on young people's skills and behaviour since it failed to help them link and apply information to their own lives: to put it into practice. This may be explained by the fact that teachers who teach drug/alcohol education feel unskilled and unsupported. This programme by providing a dedicated teacher will seek to address this.</p>
<b>Assessment of Need</b>
<p>For year 2005/06, East Ayrshire's secondary schools had a roll of 8,140 (East Ayrshire Council 2006). With 42% of 15 year olds and 20% of 13 year old reporting that they had a proper alcoholic drink in the last week (SALSUS 2006) it is essential that alcohol education seeks to support this substantial number in order to ensure their ongoing safety as a minority of these young people do begin to exhibit hazardous drinking patterns. For example, 19% of 15 year olds and 5% of 13 year olds report having been really drunk more than 10 times (SALSUS 2006). This increase in reported hazardous alcohol use represents an increase on figures obtained in 2002.</p>
<b>Aim</b>
<p>To provide a comprehensive and robust strategic framework for the delivery of alcohol education across secondary schools and community.</p>
<b>Outcomes</b>
<ul style="list-style-type: none"> <li>• Increased support to teachers in PSE.</li> <li>• Increased levels of alcohol education in schools.</li> <li>• Introduction of evidence based delivery methods.</li> <li>• Increased knowledge among young people of the health and social issues relating to alcohol.</li> <li>• Increase linkages between school based alcohol education and community resources in order to provide coherent and consistent prevention messages.</li> </ul>

<b>Financial Estimates</b>			
<b>Year</b>	<b>2008/09 £</b>	<b>2009/2010 £</b>	<b>2010/2011 £</b>
Salaries	7,000	28,000	29,000
Superannuation	1,200	4,500	4,700
National Insurance	600	2,300	2,400
resources	1,000	3,000	3,000
Training/development	10,000	1,500	1,500
<b>Total</b>	<b>£19,800</b>	<b>£39,300</b>	<b>£40,600</b>

<b>Title</b> NewStart
<b>Programme Outline</b>
<p>New Start was developed by The Duke of Edinburgh's Award in Scotland as a pilot project in 1998. The aim of NewStart is to widen access to The Duke of Edinburgh's Award beyond its traditional reach by promoting the Award to organisations working with young people who had, or who were at risk of, participating in offending and/or risk taking behaviour. The Award was promoted as a form of diversionary activity with the aim of enhancing the work of organisations with a focus on reducing and preventing youth crime and promoting community safety.</p> <p>The programme is currently operating in East Ayrshire and managed by the Council's Community Learning and Development section, supported by a Steering Group incorporating various departments from within the council and Strathclyde Police but focussing on offending in general. The proposal seeks to consolidate and expand this programme to specifically focus on alcohol related offending</p>
<b>Assessment of Need</b>
<p>Across Scotland, evidence collected from young people using three different approaches all triangulate to show that participation in NewStart is successful in engaging approximately four-fifths of enrolled participants in positive and pro-social activities that increases their self-esteem and self-worth. (Campbell and Bitel 2005).</p> <p>By the end of March 2005, 517 young people had been enrolled and had been involved in New Start in its first 24 months of operation. Of these, only 34 had dropped out from participation in The Award without the achievement of at least one sectional certificate towards The Award (a 93%retention rate). A total of 21 young people had achieved a Bronze Award at the time of the evaluation, but a further 286 participants had achieved at least one sectional certificate towards The Award.</p> <p>Furthermore, the evidence presented shows that involvement in offending behaviour was reduced by approximately three-quarters among those actively involved in NewStart (Campbell and Bitel 2005).</p> <p>Within the East Ayrshire Council area Community Learning and Development currently have 19 young people on the programme but indicate capacity for 60 young people per annum.</p>
<b>Aim</b>
To reduce alcohol related offending among young people.
<b>Outcomes</b>
<ul style="list-style-type: none"> <li>• Reduction in alcohol related offending.</li> <li>• Reduction in alcohol use.</li> <li>• Increasing self esteem.</li> <li>• Increase involvement in mainstream community support networks.</li> </ul>

<b>Financial Estimates</b>			
<b>Year</b>	<b>2008/09 £</b>	<b>2009/2010 £</b>	<b>2010/2011 £</b>
Salary	6,500	25,000	26,000
National Insurance	500	2,000	2,100
Superannuation	1,000	4,000	4,200
Training	250	500	500
<b>Total</b>	<b>£8,250</b>	<b>£31,500</b>	<b>£32,800</b>

<b>Title</b> Identifying and supporting vulnerable older people with problem alcohol use in East Ayrshire
<b>Programme Outline</b>
To develop a picture of the scale of the problem of alcohol misuse amongst older people in East Ayrshire and to develop the skills of front-line staff to screen, support and signpost older people with alcohol problems.
<b>Assessment of Need</b>
<p>There is limited evidence of the needs of older people experiencing alcohol problems in East Ayrshire but it is postulated that this is more due to the fact that older people experiencing problems related to alcohol use remain hidden for a variety of reasons (Royal College of Psychiatrists 2008). The consensus in the literature is that the scale of the problem is greater than most existing measures would suggest (Lancaster &amp; Dudleston 2001).</p> <p>Whilst local information is not available, a recent report from South Ayrshire Council (2008) collected data from 194 older people and revealed that of the older people surveyed who reported that they drank alcohol, 1 in 6 reported drinking alcohol daily.</p> <p>Sufficient information exists on a national level for us to make tentative projections regarding the prevalence of alcohol problems in Ayrshire and Arran.</p> <ul style="list-style-type: none"> <li>• Within the 65-74 age group it is possible that some 21% of men and 4% of women drink above the recommended limits.</li> <li>• As many as 60% of elderly people admitted to hospital because of confusion, repeated falls, recurrent chest infections and heart failure may have unrecognised alcohol problems.</li> </ul> <p>The ageing population can only increase the importance and, in time, the prominence of this issue. Wood and Bain (2001) point out that the older population in Scotland is growing in both absolute and relative terms.</p> <p>Based on the lowest estimate, some 2,082 people aged 65-74 and residing in the Ayrshire and Arran Health Board area drink above the recommended limits for older people. If these levels were maintained for the over-65 population as a whole, then there would be a total of 3,757 people consuming alcohol above recommended limits.</p> <p>There is also a dearth of alcohol related information specifically targeted at older people.</p>
<b>Aims</b>
<ul style="list-style-type: none"> <li>• To provide evidence and data about the extent of problem alcohol use among older people in East Ayrshire.</li> <li>• To equip front-line staff with the skills to recognise where alcohol is causing difficulties for older people, either directly or indirectly.</li> <li>• To develop the knowledge and skills of front-line staff to support</li> </ul>

older people with alcohol issues and/or to signpost to more specialist services, where indicated.

- To work with NHS colleagues to identify and/or develop health information targeted specifically at older people.
- To contribute to the falls prevention strategy for older people.
- **To work with the Community Health Improvement Partnership and NHS to identify and/or develop health information targeted specifically at older people.**

**Outcomes**

- More accurate evidence of the scale of the problem of alcohol misuse amongst older people in East Ayrshire.
- Improved identification of problem alcohol use amongst older people by front-line staff.
- Better access to information and support for older people experiencing difficulties with alcohol.
- Contribution to the evidence base for drinking and older people.
- Enabling older people to remain safely within their own homes for longer.

**Financial Estimates**

Year	2008/09	2009/2010	2010/2011
Scoping the problem and Developing targeted resources: Commissioning research to establish the scale of problematic alcohol use amongst older people in East Ayrshire; Working with the NHS to identify/develop targeted health information re. alcohol and older people.	£8,000 £2,000		
Training*: Cost of releasing and training 550 Social Work Staff on Alcohol Awareness and Brief Interventions.		£27,000	
Training* and Evaluation: 2 <sup>nd</sup> year of training and impact evaluation.			£27,000 £8,000
<b>TOTAL FUNDING</b>	<b>£10,000</b>	<b>£27,000</b>	<b>£35,000</b>

\* Funding has already been made available to the NHS to provide brief interventions training so costs for provision of trainers has not been taken into consideration. If the NHS does not have the capacity to provide this training within the timescale, additional costs would be incurred in sourcing trainers externally.

<b>Title</b> Multi Agency Pre Referral Group
<b>Programme Outline</b>
<p>The Multi Agency Pre Referral Group was established in June 2008 as a six month pilot.</p> <p>Representatives from Housing, Education, Early Years, EAC Legal Services, the Police and NHS Ayrshire and Arran meet every week to consider non offence referrals from each agency.</p> <p>The group representatives share their own agencies information and agree the lead agency for responding to the specific issues identified.</p> <p>There are anything from 35 – 50 referrals discussed each week, a referral represents one household or family group and does not reflect the number of children actually considered within this forum.</p> <p>The majority of cases discussed highlight alcohol as a key factor with respect to domestic violence, neglect or at extremes physical abuse of children.</p> <p>The overwhelming positive outcomes for families where timeous intervention is afforded through the information sharing available at the group has been highlighted by all partners as a key strength of the process.</p> <p>The administrative and professional demands on each agency on a weekly basis to track the referrals, identify relevant information for submission to the group then progress recommendations following the meetings has been highlighted as an issue which requires to be addressed.</p> <p>An emerging need also identified through this process is the lack of a support service for children and mainly mother's who have been affected by domestic violence and the associated impact of alcohol misuse within the home where the involvement of more targeted services such as Child Protection Services are not required.</p> <p>Initial thoughts have been given to a support service, delivered by an external agency such as Women's Aid who could provide a direct and rapid response to families discussed at the meeting. The service provided would include advice, information and signposting to other more appropriate services. The service would be targeted and focussed specifically at families who were identified within the Multi Agency Pre Referral Group.</p>
<b>Assessment of Need</b>
<p>As of 12 September 2008, 369 families have been discussed within the Multi Agency Referral Group</p> <p>The forum is a valuable and effective means to identify those families and children where alcohol misuse impacts on the lives and children however, the administration of the system pre and post meetings places significant pressures on systems already under pressure.</p> <p>In order to effectively meet the demands of the system it is proposed one team leader post and one administrative post be established specifically for this role.</p> <p>There is also a need to identify a generic response which can react swiftly to referrals where alcohol is a contributory factor to the referral and more specialised resources may not be required at that time.</p> <p>This proposal reflects the National Priority as outlined within Getting It Right for Every Child and the draft National Alcohol Strategy " improve the</p>

identification and assessment of affected children and young people, sharing information amongst organisations where appropriate and to build the capacity, availability and quality of support services” .

#### **Aims**

- To continue to ensure all information for the Pre Referral Group is appropriate, relevant and provided timeously
- To ensure all referrals from the meeting are directed to the appropriate personnel and information systems are updated with respect to the meeting discussions and outcomes.
- To provide a quality monitoring service in terms of following up referrals and ensuring outcomes match identified needs.
- Establish a rapid response service for families discussed within this forum enabling targeted services to respond to the situations which identify most risk.

#### **Outcomes**

- The Multi Agency Pre Referral Group is better able to deliver an effective appropriate and early intervention to households where alcohol misuse has required statutory services to become involved.
- Appropriate interventions are available for families with less complex needs where alcohol is an issue enabling targeted services to prioritise those families at most risk .

#### **Finance**

<b>Year</b>	<b>2008/09 £</b>	<b>2009/2010 £</b>	<b>2010/2011 £</b>
Team Leader	21,000	43,000	44,000
Rapid Response Service	25,000	50,000	50,000
<b>Total</b>	<b>£46,000</b>	<b>£93,000</b>	<b>£94,000</b>