



Alcohol & Drug Partnership  
*gabh an rathad eile*

# Outer Hebrides Alcohol & Drug Partnership

Co-ordinating action to prevent and reduce problem drinking and  
substance use

## Annual Report 2011 – 2012



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# 1. General Overview

This report outlines the work of the Outer Hebrides Alcohol & Drug Partnership from 2011 - 2012 to meet its strategic priorities, highlights its key achievements and progress towards core and local outcomes and demonstrates how these link to the Outer Hebrides Single Outcome Agreement (SOA).

The Outer Hebrides Alcohol & Drug Partnership (ADP) vision is that the “*Outer Hebrides is a healthy community where the problems of substance use are prevented and reduced*”.

## i. Strategic Priorities

Our aim is to “prevent problems arising from substance use and reduce problems and harm caused by substance use”.

The Outer Hebrides ADP works towards this vision through the following strategic priorities:

1. **Early Years – including:**  
Children, Children affected by parental substance use
2. **Early intervention - including:**  
Young people, Families and young people affected by substance use  
Vulnerable groups, Harmful and hazardous drinkers and substance users
3. **Problem drinkers and substance users –covering:**  
Dependent Drinkers and Substance Users  
Persistent heavy drinkers and persistent substance users
4. **Assisting in the promotion of a healthy Outer Hebrides - such as:**  
Promoting positive attitudes, Promoting positive choices

## ii. Key achievements and issues

2011 – 2012 saw the Outer Hebrides ADP carry out the following key activities:

- **Development and publication of 2011 – 2015 Strategy**

During 2011 – 2012 the Outer Hebrides ADP developed a new 2011 - 2015 strategy, a copy of which can be accessed on our website [www.outerhebadp.co.uk](http://www.outerhebadp.co.uk). This strategy sees a greater emphasis on early years and early intervention as priorities for development over the forthcoming funding period, whilst also developing services for those who are problem alcohol and substance users and promoting positive attitudes and choices throughout the Outer Hebrides. Our new strategic priorities represent a shift to focusing funding on preventative work, particularly in relation to early years and families work and also represent a focus on developing recovery based services. Our 2011 – 2015 strategic priorities take into account local need and national priorities as given in the Road to Recovery, Changing Scotland's Relationship with Alcohol: A Framework for Action, Scottish Government National Core Outcomes, QATS and the Outer Hebrides Single Outcome Agreement.

- **Community consultations**

Following the publication of the Outer Hebrides Alcohol & Drug Partnership (ADP) 2011 – 2015 strategy, a series of community consultations were held across the islands of the Outer Hebrides in

Barra, Uist, Harris and Lewis – to inform and consult with local communities regarding the future developments of services based on the new strategic priorities and outcomes for 2012 – 2015 and to discuss possible challenges this may present. A full copy of this report can viewed on our website [www.outerhebadp.co.uk](http://www.outerhebadp.co.uk).

- **Outer Hebrides Alcohol and Drugs Needs Assessment**

A needs assessment within the Outer Hebrides to assist with future planning was also carried out.

The importance of Alcohol and Drug Partnerships carrying out Needs Assessments has been highlighted in a number of national reports, for example, by the Quality Alcohol Treatment and Support report published by the Scottish Government. One of the key recommendations in this publication was that:

*‘All Alcohol and Drug Partnerships and commissioned services must have, and review on an ongoing basis, robust needs assessments and Equality Impact Assessments (EqIAs) to ensure the needs of all groups within their community are identified and met, paying particular attention to those most at risk of harm’<sup>1</sup>*

It was emphasised that each ADP should carry out a regular, robust needs assessment that goes further than only seeking support for previous decisions to deliver particular services. A needs assessment ought to look at the prevalence of substance misuse in each area, as well as assessing the type of substance use that is occurring. Additionally, it should deal with the provisions that already exist for addressing local issues as well as any gaps in service provision. In addition to identifying the needs of those with substance issues, the needs assessment should identify the needs of those affected by problems substance use including families and local communities.

The objectives of the Need Assessment were:

- To describe the prevalence of alcohol and/or drug use in the Outer Hebrides population
- To identify the extent that the lives of the population of the Outer Hebrides have been affected by alcohol and/or drug use
- To identify gaps and areas of unmet need in current service provision
- To provide evidence based recommendations for the development of local specialist services
- To produce evidence based recommendations for policy and planning

It is planned that the information collected will assist the Outer Hebrides ADP to deliver services that:

- meet the needs of the local community
- are accessible and seamless
- have adequately trained staff
- are outcomes based
- are recovery based

A full copy of the General Needs Assessment and Youth Needs Assessment can be accessed on our website [www.outerhebadp.co.uk](http://www.outerhebadp.co.uk).

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<sup>1</sup> Quality Alcohol Treatment and Support, (QATS), SMACAP Essential Service Working Group, 2011.

- **Development of early years and early intervention work**

Recovery is a process through which an individual is enabled to move on from the substance use towards a substance free life and become an active and contributing member of society. However preventing substance use is more effective than treating established problems, so we have taken a broad approach to reducing substance use as evidenced in our strategic priorities by concentrating not only on problem drinkers and substance users but by also concentrating on early years, early intervention and assisting in the promotion of a healthy Outer Hebrides by providing accurate and credible information and inputs on substance use to help reduce it.

- **Development of monitoring and evaluation procedures**

During this year, we have developed and implemented a new system for recording the work of services in order to ensure effective monitoring and evaluation is taking place.

We have revised the required 6 monthly and annual monitoring forms into a Monitoring Form and a separate Outcomes Database which are designed to capture both quantitative and qualitative data. These are designed to provide us with comprehensive information and to gather baseline information from which we can measure the effectiveness of funded services and build up a picture of who is accessing services, what the local trends are and what support they require. This information allows us to effectively evaluate services and also measure funded services against national and local outcomes. When services submit Monitoring Form and Outcomes Database the ADP Support Team carry out SWOT analysis on each; this information along with a collated report on all services are then taken to the ADP Committee for discussion and to inform funding decisions.

As this was the first time these new monitoring and evaluation procedures were used it was found that the degrees of completion varied across all the services with many sections of the Outcomes Database being left blank. The Outer Hebrides ADP endeavour to address this issue in the coming year to ensure that data recording is consistent across all services. Additionally, the Outer Hebrides ADP are looking to develop local targets for services to meet.

We plan that the monitoring and evaluation information gathered, along with the community consultations and needs assessment information, will assist us to plan development of services around community need throughout the Outer Hebrides.

- **CAPSM research paper written and presented to ADP Committee**

The purpose of the paper was to assess the need for the development of services for Children and Parents Affected by Substance Misuse (CAPSM) in the Outer Hebrides and the need to review the guidelines for professionals taking into account good practice based on evidence of effectiveness. The paper concluded with the recommendation that the Western Isles Child Protection Committee be requested to form and lead a short life working group with its partners taking cognizance of the research papers in the attached bibliography. The ADP agreed the recommendation and the paper was forwarded to the CPP.

### iii. Local context

#### Demographic Information

- **Population profile**

The latest annual mid-year population estimate for the Outer Hebrides, as calculated by the General Register Office for Scotland, was 26,080. *Table 1* shows how the Outer Hebrides population is distributed across age groups.

*Table 1: Population distribution across the Outer Hebrides by age, 2011*

|                | Population Size | 0-14           | 15-64           | 65+            |
|----------------|-----------------|----------------|-----------------|----------------|
| Outer Hebrides | 26,080          | 4,031<br>(15%) | 16,318<br>(63%) | 5,731<br>(22%) |

The proportion of Outer Hebrides residents aged 14 years and under is similar to the Scottish average. Fifteen percent (15%) of the Outer Hebrides population fall into this age range compared to 16% of the Scottish population.

The proportion of Outer Hebrides residents aged 65 years and over is higher than the Scottish average. Approximately twenty-two percent (22%) of the Outer Hebrides population fall into this age range compared to 17% of the Scottish population.

The proportion of working age adults (15-64 years) in the Outer Hebrides is lower than the Scottish average; 63% compared to 67% in Scotland.

Life expectancy for females in the Outer Hebrides is better than the Scottish average for females. However, life expectancy for males in the Outer Hebrides is worse than the Scottish average.

*Table 2: Life expectancy at birth by Local Authority and Scotland, 2008-2010*

|         | Western Isles | Scotland |
|---------|---------------|----------|
| Males   | 74            | 75.8     |
| Females | 82            | 80.4     |

The standardised birth rate in the Outer Hebrides is lower than that for Scotland overall, 9 births per 1,000 population in the Outer Hebrides compared to the Scottish average of 11.3 per 1,000 population. However the birth rate in the Outer Hebrides did increase between 2009 and 2010 by approximately 3.5%.

*Table 3: Number of births by Local Authority and Scotland, 2010*

|                           | Western Isles | Scotland |
|---------------------------|---------------|----------|
| Number of births          | 235           | 58,791   |
| Annual change             | 3.5%          | -0.4%    |
| Rate per 1,000 population | 9.0           | 11.3     |



The standardised death rate in the Outer Hebrides is higher than the Scotland average – 13.7 deaths per 1,000 population compared with 10.3 deaths per 1,000 population.

*Table 4: Number of deaths by Local Authority and Scotland, 2010*

|                           | Western Isles | Scotland |
|---------------------------|---------------|----------|
| Number of deaths          | 359           | 53,967   |
| Annual change             | 1.99%         | 0.21%    |
| Rate per 1,000 population | 13.7          | 10.3     |

The Outer Hebrides population is projected to decrease by approximately 11% by 2035 compared to an increase in Scotland's population of about 10% in the same period. There is a predicated decrease in the number of children and working age people, whereas it is expected that there will be an increase in the number of pensionable age people. The 0-15 year old population is expected to decrease by about 34%, the 16-64 year old population is expected to decrease by 20%, whereas the 65+ year old population is expected to increase by 22%.

A large proportion (79%) of the population of the Outer Hebrides is classified as living in a very remote rural area (i.e. area with a population of less than 3,000 people, and with a drive time of over 60 minutes to a settlement of 10,000 or more), and the remainder (21%) of the population of the Outer Hebrides is classified as living in a very remote rural town (i.e. settlements of between 3,000 and 10,000 people, and with a drive times of over 60 minutes to a settlement of 10,000 or more).

- **Scottish Index of Multiple Deprivation (SIMD)**

The Scottish Index of Multiple Deprivation (SIMD) presents a picture of multiple deprivation across Scotland. It is the Scottish Government's official tool for identifying small area concentrations of multiple deprivation and is relevant for the targeting of policies and resources aimed at tackling areas where there are concentrations of multiple deprivation. The SIMD index identifies the relative level of deprivation experienced by all 6505 'communities' or data zones that make up Scotland. Interest is focused on those data zones that are considered to be in the 5% most deprived nationally.

The SIMD is calculated from considering a range of life circumstances of the people of Scotland including health, education, access to services, housing and crime. The individual weighted scores for each of these 'domains' or dimensions of deprivation are combined to produce an overall deprivation score or ranking.

The Outer Hebrides has the highest percentage (85%) of all Community Health & Social Care Partnership (CHaSCP) areas for people living in the 15% most 'access deprived' areas of Scotland. In comparison only 14.2% of the Scottish population are living in the 15% most deprived areas of Scotland. Similarly the percentage of people living in the 15% most 'access deprived' areas in Orkney and Shetland were much higher than the national average (Orkney: 67.2%; Shetland: 75.2%).

In 2010, the percentage of the total population of the Outer Hebrides who were income deprived was 15.1%, exactly the same as the national level. The percentage of people living in Orkney and Shetland who were income deprived was somewhat lower than that of the Outer Hebrides and the national average (Orkney: 10.2%; Shetland: 8.5%).

- **Employment**

Between October 2010 and September 2011, 65.2% of the working age population in the Outer Hebrides were employed; this is lower than the Scottish average (Scotland: 70.7%). The proportion of working age people in the Outer Hebrides who were unemployed was lower than the Scottish average (Outer Hebrides: 7%; Scotland: 7.9%).

In the Outer Hebrides the proportion of working age adults claiming Job Seekers Allowance was lower than the Scottish average (Outer Hebrides: 3.4%; Scotland: 4.2%).

2.6% of Incapacity benefits/severe disablement allowance claimants in the Outer Hebrides cited alcoholism as their main condition. This compares to the Scottish average of 3.1%. In the Outer Hebrides, 4% of Employment and Support Allowance claimants cited alcoholism as their main condition. In comparison an average of 3.8% across the whole of Scotland cited alcoholism as their main condition. Similar proportions of Disability Living Allowance (DLA) claimants in the Outer Hebrides and across the whole of Scotland cited alcoholism and/or drug abuse as their main disabling condition.

## **Alcohol and Drug Prevalence Data**

- **Alcohol Consumption**

The UK government produced sensible drinking guidelines recommending safe weekly limits based on units of alcohol. The current recommended weekly limit is 21 units for men and 14 units for women. High levels of alcohol consumption have been linked with many harmful consequences both for the individual and the wider community.

Data on alcohol consumption for the Outer Hebrides (combined with Shetland and Orkney), suggests that the average weekly alcohol consumption level for males in this area is the lowest in Scotland. The average weekly alcohol consumption levels for females is slightly lower than those seen in Scotland as a whole.

*Table 5: Estimated usual weekly alcohol consumption level by Health Board and sex*

|                                  | Male mean units per week | Female mean units per week |
|----------------------------------|--------------------------|----------------------------|
| Ayrshire & Arran                 | 19.3                     | 9.2                        |
| Borders                          | 18.2                     | 9.3                        |
| Dumfries & Galloway              | 17.6                     | 8.6                        |
| Fife                             | 17.5                     | 8.3                        |
| Forth Valley                     | 20.1                     | 7.2                        |
| Grampian                         | 17.2                     | 8.9                        |
| Greater Glasgow & Clyde          | 21.6                     | 9.2                        |
| Highland                         | 19.8                     | 8.4                        |
| Lanarkshire                      | 23.4                     | 8.1                        |
| Lothian                          | 21.5                     | 11.9                       |
| Orkney, Shetland, Outer Hebrides | 15.3                     | 7.8                        |
| Tayside                          | 19.7                     | 8.3                        |
| <b>SCOTLAND</b>                  | <b>20.3</b>              | <b>9.1</b>                 |

Data from the *Scottish Health Survey (2003)* suggests that excessive drinking is generally less common in the Outer Hebrides (combined with Shetland and Orkney) than in Scotland as a whole. The percentage of male residents in the Outer Hebrides (combined with Orkney and Shetland)



consuming over the recommended level of alcohol units per week is lower than the Scottish average. This holds both for the percentage of males drinking over 21 units per week and for the percentage of males drinking over 50 units per week. The percentage of women in the Outer Hebrides (combined with Orkney and Shetland) drinking over 21 units per week is lower than the Scottish average, whereas the percentage of women drinking more than 35 units per week was higher than the Scottish average. However, it has been found that there is a higher percentage of total abstainers (non-drinkers) in the Outer Hebrides than in Scotland as a whole (both men and women).

*Table 6: Estimated weekly alcohol consumption percentage of individuals consuming over recommended amounts, by Health Board and sex*

|                                  | Males       |            | Females     |            |
|----------------------------------|-------------|------------|-------------|------------|
|                                  | 21+ units   | 50+ units  | 14+ units   | 35+ units  |
| Ayrshire & Arran                 | 29.6        | 8.1        | 22.1        | 6.1        |
| Borders                          | 30.1        | 6.2        | 25.0        | 1.8        |
| Dumfries & Galloway              | 28.6        | 8.3        | 21.9        | 3.6        |
| Fife                             | 31.9        | 6.3        | 22.3        | 4.1        |
| Forth Valley                     | 33.8        | 9.7        | 16.3        | 2.7        |
| Grampian                         | 27.9        | 6.6        | 23.3        | 4.0        |
| Greater Glasgow & Clyde          | 36.7        | 11.3       | 24.1        | 4.8        |
| Highland                         | 35.2        | 8.0        | 21.1        | 4.1        |
| Lanarkshire                      | 36.3        | 9.5        | 19.1        | 3.2        |
| Lothian                          | 39.9        | 9.1        | 31.5        | 6.0        |
| Orkney, Shetland, Outer Hebrides | 18.6        | 7.7        | 17.1        | 5.2        |
| Tayside                          | 32.4        | 6.8        | 21.9        | 4.1        |
| <b>SCOTLAND</b>                  | <b>34.1</b> | <b>8.8</b> | <b>23.4</b> | <b>4.5</b> |

- **Drug Use**

Scotland has a long standing and serious drug problem. An estimated 52,000 people are problem drug users; 40-60,000 children are affected by the drug problem of one or more parent; and there were 485 drug related deaths in 2010. This has a significant impact on individuals, families and society – with an estimated economic and social cost of £2.6 billion per annum.

In 2010/11, 30 ‘new’ individuals in the Outer Hebrides were reported to the Scottish Drug Misuse Database (SDMD), a rate of 150 individuals per 100,000 population. This compares to the national rate of 219 individuals per 100,000 population. The rate of individuals reported to the SDMD in the Outer Hebrides increased by 100% between 2009/10 and 2010/11, where the national rate fell by 9% in the same period.

The main source of referral in the Outer Hebrides was by a health service (such as GP or mental health). However, across the whole of Scotland the main source of referral was self referral followed by health.

In 2010/11, 73% of individuals reported using illicit drugs and 50% reported using prescription drugs. In Scotland during the same period, 74% of individuals reporting using illicit drugs and 44% reported using prescription drugs.

In the Outer Hebrides in 2010/11, 57% of individuals reported having alcohol related physical health problems and 33% had mental health problems. This compares to 16% and 26% nationally. Twenty (67%) of the new individuals reported in the Outer Hebrides reported having consumed alcohol in the previous month, this compares to 37% nationally.

The majority (53%) of new individuals in the Outer Hebrides in 2010/11 were unemployed. The proportion of new individuals across Scotland who were unemployed was higher than that recorded in the Outer Hebrides (67%). The majority of individuals in the Outer Hebrides and across Scotland reported funding their drug use through benefits, 59% and 70% respectively. More than half of the new individuals in the Outer Hebrides reported that they live alone; this differs slightly to national findings where the majority (35%) of individuals reported that they live with other drug users and 34% reported that they live alone. The number of new individuals in the Outer Hebrides who have dependent children was below the permissible level for reporting, whereas 41% of individuals in Scotland reported living with dependent children.

Data is available on the prevalence of problem drug use for 2009/10. The number of drug users aged between 15-64 years for all ADPs across Scotland has been estimated from the prevalence data. There were approximately 130 problem drug users in the Outer Hebrides. The estimated prevalence of problem drug use in the Outer Hebrides increased from 0.38 in 2006 to 0.81 in 2009/10. The prevalence rate in the Outer Hebrides is lower than the national prevalence rate (1.71).

## **Alcohol and Drug – Health Harm**

- **Alcohol – Health Harm**

Evidence from clinical and epidemiological studies shows a relationship between heavy drinking and certain clinical presentations (e.g. injuries, physical and psychiatric illnesses, frequent sickness absence) and social problems. The extent of health related harm due to alcohol misuse in the Outer Hebrides can be seen in this section.

Patients can be admitted to acute hospitals with alcohol related issues, either as a primary or underlying cause. The number of alcohol related acute hospital data gives an idea of the scale of the alcohol problem within the local population. Alcohol related discharges are classed into three broad categories: mental & behavioural disorders, alcoholic liver disease and gastro-intestinal disease due to alcohol misuse.

In recent years the rate of hospital discharges (alcohol related/attributional conditions) in the Outer Hebrides has been significantly higher than the national average. Between 2007 and 2009 an average of 1,334 people per 100,000 population per year were discharged from hospital with an alcohol related diagnosis in the Outer Hebrides. This compares to the national average of 1,088 people per 100,000 population per year over the same period.

Between 2006/07 and 2010/11 the number of alcohol related general acute inpatient discharges in the Outer Hebrides fell by 36.5%. Although it can be said that the number of alcohol related discharges has fallen in recent years it can be seen that the number of discharges in the Outer Hebrides is still above the national average and it is in fact one of the highest in Scotland. This illustrates that the Outer Hebrides is one of the worst areas in Scotland with respect to alcohol related hospital discharges. The reduction in alcohol related discharges is likely to be due to the fact that people are now being treated in the community rather than in hospitals.

*Table 7: Rate of general acute inpatient discharges with an alcohol related diagnosis, 2006/07 to 2010/11*

|         | Outer Hebrides                           | Scotland                                 |
|---------|--|--|
|         | Rate of discharge per 100,000 population | Rate of discharge per 100,000 population |
| 2006/07 | 1,715                                    | 737                                      |
| 2007/08 | 1,322                                    | 788                                      |
| 2008/09 | 1,135                                    | 763                                      |
| 2009/10 | 976                                      | 710                                      |
| 2010/11 | 1,014                                    | 695                                      |

Table 8 shows details of specific diagnoses of alcohol related hospital discharges in the Outer Hebrides and Scotland. The Outer Hebrides recorded a lower proportion of discharges due to mental and behavioural disorders and a higher proportion of discharges due to alcoholic liver disease. The number of discharges relating to the toxic effects of alcohol was below the permissible level for reporting for the Outer Hebrides.

*Table 8: General acute inpatient discharges with an alcohol related diagnosis, specific diagnosis, 2010/11*

|   | Outer Hebrides | Scotland |
|---|----------------|----------|
| All mental & behavioural disorders due to alcohol | 66%            | 73%      |
| Alcoholic liver disease                           | 27%            | 17%      |
| Toxic effect of alcohol                           | *              | 11%      |

\* Indicates that values have been suppressed due to the potential risk of disclosure and to help maintain patient confidentiality

In 2010, there were 8 alcohol related deaths in the Outer Hebrides (38.5 deaths per 100,000 population). The rate of alcohol related deaths in the Outer Hebrides in 2010 was higher than the national average – 38.5 deaths per 100,000 population in comparison to 30 deaths per 100,000 population.

- **Drugs – Health Harm**

The number of general acute inpatient discharges with a diagnosis of drug misuse in the Outer Hebrides between 2006/07 and 2010/11 was below the permissible level for reporting. It can be seen that the rate of discharges per 100,000 population in the Outer Hebrides is lower than the Scottish average. Furthermore, it can be seen that the number of drug related discharges in the Outer Hebrides has been decreasing in recent years.

*Table 9: General acute inpatient discharges with a diagnosis of drug misuse, 2006/07 to 2010/11*

|         | Outer Hebrides                           | Scotland                                 |
|---------|--|--|
|         | Rate of discharge per 100,000 population | Rate of discharge per 100,000 population |
| 2006/07 | 43                                       | 98                                       |
| 2007/08 | 44                                       | 111                                      |
| 2008/09 | 31                                       | 119                                      |
| 2009/10 | 28                                       | 115                                      |
| 2010/11 | 28                                       | 123                                      |

Over recent years the number of drug related discharges from the psychiatric ward in the Western Isles Hospital has consistently been below the permissible level for reporting. The standardised

rate shows that the rate of discharges in the Outer Hebrides is lower than the Scottish average. It is important to remember that there is no psychiatric hospital in the Outer Hebrides and there is only an Acute Psychiatry Unit which has been reducing its bed numbers steadily over recent years. Therefore, caution must be taken when interpreting the data and when making comparisons to national data.

*Table 10: Rate of psychiatric discharges with a diagnosis of drug misuse per 100,000, 2005/06 to 2009/10*

|         | Outer Hebrides                           | Scotland                                 |
|---------|--|--|
|         | Rate of discharge per 100,000 population | Rate of discharge per 100,000 population |
| 2005/06 | -  | 34                                       |
| 2006/07 | 7  | 29                                       |
| 2007/08 | -  | 28                                       |
| 2008/09 | 5  | 30                                       |
| 2009/10 | 19                                       | 30                                       |

Between 2006 and 2010 there was an annual average of 1 drug related death in the Outer Hebrides (0.05 deaths per 1,000 population). The average rate of drug related deaths in the Outer Hebrides between 2006 and 2010 was lower than the national average – 0.05 deaths per 1,000 population in comparison to 0.10 deaths per 1,000 population.

## Alcohol and Drugs - Social Harm

### • Alcohol – Social Harm

Alcohol problems are a major concern for public health in Scotland. Although drinking in moderation can have beneficial effects on some groups of people, such as protection against coronary heart disease in middle-aged men, excessive alcohol consumption can lead to a range of health and social problems. Short-term problems such as intoxication can lead to risk of injury and is associated with violence and social disorder. Alcohol can also lead to mental health problems in the long term, for example, alcohol dependence and increased risk of suicide. There are also wider social and economic costs of excessive alcohol consumption. Excess drinking can cause families to break down; it can result in crime and disorder, especially at weekends; it causes loss of productivity through sickness; and it can cause financial difficulties.

Alcohol misuse is estimated to be costing Scottish taxpayers around £3.56 billion per year. Averaged across the population, the £3.56 billion figure means alcohol misuse could be costing every Scottish adult about £900 per year.

Estimated costs for Scotland are:

- Health services                      £268.8 million
- Social care                            £230.5 million
- Crime                                    £727.1 million
- Wider economic costs            £865.7 million
- Human costs                          £1.46 billion

An average of approximately 72 drunkenness offences per year was recorded in the Outer Hebrides in the last ten years.

*Table 11: Drunkenness offences by Local Authority and Scotland, 1999/00 to 2008/09*

| Year    | Outer Hebrides | Scotland |
|---------|----------------|----------|
| 1999/00 | 91             | 7,620    |
| 2000/01 | 68             | 7,789    |
| 2001/02 | 52             | 7,764    |
| 2002/03 | 57             | 7,279    |
| 2003/04 | 46             | 7,534    |
| 2004/05 | 47             | 7,234    |
| 2005/06 | 62             | 6,984    |
| 2006/07 | 74             | 6,664    |
| 2007/08 | 93             | 6,702    |
| 2008/09 | 124            | 6,045    |

During 2010/11, 879 drunkenness offences were recorded by Northern Constabulary police. The rate of drunkenness offences per 100,000 population in the Northern Constabulary police area was significantly higher than in any other police area in Scotland and more than twice as high as the national average.

*Table 12: Drunkenness offences by Police Force, 10/11*

| Police Force        | No of drunkenness offences | Rate of drunkenness offences per 10,000 population |
|---------------------|----------------------------|--|
| Strathclyde         | 3,099                      | 14   |
| Northern            | 879                        | 30   |
| Grampian            | 564                        | 10   |
| Lothian & Borders   | 383                        | 4  |
| Tayside             | 362                        | 9  |
| Fife                | 280                        | 8  |
| Central             | 113                        | 4  |
| Dumfries & Galloway | 85                         | 6  |
| <b>SCOTLAND</b>     | <b>5,765</b>               | <b>11</b>  |

An average of approximately 92 drink driving offences per year was recorded in the Outer Hebrides in the last ten years.

*Table 13: Drink driving offences by Local Authority and Scotland, 1999/00 to 2008/09*

| Year    | Outer Hebrides | Orkney | Shetland | SCOTLAND |
|---------|----------------|--------|----------|----------|
| 1999/00 | 77             | 38     | 50       | 10,094   |
| 2000/01 | 80             | 40     | 58       | 10,758   |
| 2001/02 | 94             | 34     | 39       | 11,476   |
| 2002/03 | 73             | 40     | 73       | 11,838   |
| 2003/04 | 99             | 44     | 66       | 11,571   |
| 2004/05 | 91             | 49     | 65       | 11,061   |
| 2005/06 | 117            | 43     | 54       | 11,257   |
| 2006/07 | 104            | 59     | 68       | 11,704   |
| 2007/08 | 107            | 38     | 48       | 10,697   |
| 2008/09 | 73             | 33     | 50       | 9,800    |

During 2010/11, 581 drink driving offences were recorded by Northern Constabulary police. The rate of drunkenness offences per 10,000 population in the North Constabulary police area was the highest out of all police area in Scotland and higher than the Scottish average.

*Table 14: Drink driving offences by Police Force, 2010/11*

| Police Force        | No of drunkenness offences | Rate of drunkenness offences per 10,000 population |
|---------------------|----------------------------|--|
| Strathclyde         | 3,164                      | 14   |
| Lothian & Borders   | 1,183                      | 12   |
| Grampian            | 862                        | 16   |
| Northern            | 581                        | 20   |
| Tayside             | 581                        | 14   |
| Fife                | 527                        | 14   |
| Central             | 469                        | 16   |
| Dumfries & Galloway | 196                        | 13   |
| <b>SCOTLAND</b>     | <b>7,563</b>               | <b>14</b>  |

- Drugs – Social Harm**

In 2010/11, 98 drug related offences were recorded in the Outer Hebrides. This represents a decrease of more than 30% since 2006/07. Since 2006/07 the rate of drug related offences per 100,000 population in the Outer Hebrides has been below the Scottish average, and in recent years it has been significantly below the average.

*Table 15: Rate of recorded drug related offences, 2006/07 to 2010/11.*

| Year    | Outer Hebrides               | Scotland                     |
|---------|------------------------------|------------------------------|
|         | Rate of offences per 100,000 | Rate of offences per 100,000 |
| 2006/07 | 554                          | 829                          |
| 2007/08 | 532                          | 792                          |
| 2008/09 | 492                          | 822                          |
| 2009/10 | 229                          | 759                          |
| 2010/11 | 374                          | 658                          |

Of the 98 drug related offences recorded in the Outer Hebrides in 2010/11, a large proportion (85%) was for possession; 11% was for possession with intent to supply and the remainder were for other drug related offences. The proportion of offences falling into the category for possession in the Outer Hebrides was slightly higher than the Scottish average, which stands at 78%.

*Table 16: Recorded drug related offences: Type of offences, 2010/11.*

|                                  | Outer Hebrides |            | Scotland      |            |
|----------------------------------|----------------|------------|---------------|------------|
|                                  | Number         | %          | Number        | %          |
| Possession with intent to supply | 11             | 11         | 6,144         | 18         |
| Possession                       | 83             | 85         | 26,960        | 78         |
| Other                            | 4              | 4          | 1,243         | 4          |
| <b>Total</b>                     | <b>98</b>      | <b>100</b> | <b>39,408</b> | <b>100</b> |



## 2. Outer Hebrides ADP Expenditure 2011 - 2012

### i. Expenditure 2011-2012

#### ALLOCATION: 2011 - 12

|  | £                        | Alcohol           | Drugs             |
|--|--------------------------|-------------------|-------------------|
| Alcohol Allocation                               | 498,440.00               |                   |                   |
| Drug Treatment Services (DTS/HH/DMP)             | 119,000.00               |                   |                   |
| ADP Support Funding                              | 85,903.00                |                   |                   |
| <b>Sub Total paid to Western Isles NHS Board</b> | <b>703,343.00</b>        |                   |                   |
| Carried forward monies 2010 - 2011               | 50,000.00                |                   |                   |
| <b>Sub total</b>                                 | <b><u>753,343.00</u></b> |                   |                   |
| <b>Total ADP Funding</b>                         | <b><u>753,343.00</u></b> | <b>498,440.00</b> | <b>119,000.00</b> |
|  |                          |                   | <b>85,903.00</b>  |
|  |                          | <b>25,000.00</b>  | <b>25,000.00</b>  |

#### EXPENDITURE: 2009-10 Western Isles ADP

|   | Allocation | Balance           |
|---|------------|-------------------|
| <b>Committed Expenditure - Essential Services:</b>            |            |                   |
| ADP Support Officers  | 96,623.00  | <b>656,720.00</b> |
| Travel and Subsistence  | 3,935.00   | <b>652,785.00</b> |
| Other expenses  | 959.00     | <b>651,826.00</b> |
| Partner Service Delivery SMW/Co-ordinators U&B & L&H          | 70,026.00  | <b>581,800.00</b> |
| Public Information, Campaigns, Projects                       | 3,935.00   | <b>577,865.00</b> |
| NHS (BI's: Alcohol Liaison Nurse, Well North, Data Collection | 130,000.00 | <b>447,865.00</b> |
| CnES Drug Support Worker                                      | 37,000.00  | <b>410,865.00</b> |

**Total** **342,478.00** **132,926.50** **209,551.50** **342,478.00**

#### Committed Expenditure - Core Services

|                                |            |
|--------------------------------|------------|
| Crossreach/Lifestyle/Bridge    | 410,865.00 |
| Action for Children - Pathways | 71,032.00  |
| Caladh Trust                   | 29,880.00  |
| Cothrom                        | 32,330.00  |
| Hebrides Alpha                 | 7,795.00   |
| Caraidean Uibhist              | 30,450.00  |
| Home Detox Lewis               | 14,000.00  |
|                                | 37,000.00  |

|   |                   |            |                   |                   |
|---|-------------------|------------|-------------------|-------------------|
| Children and Mental Health Services - 37,952                  | 37,952.00         | 150,426.00 | 37,952.00         |                   |
| CPC and ICAD (Children and Family Service)                    | 88,000.00         | 62,426.00  | 88,000.00         |                   |
| <b>Young People (Prevention and Education):</b>               |                   |            |                   |                   |
| Third Sector Hebrides - Comhla                                | 13,000.00         | 49,426.00  |                   | 13,000.00         |
| Community Education - StreetWork Project                      | 10,000.00         | 39,426.00  | 10,000.00         |                   |
| Community Education - Uist and Barra - Radical                | 3,000.00          | 36,426.00  | 3,000.00          |                   |
| Voluntary Action Harris - Youth Café - 4,000                  | 2,000.00          | 34,426.00  | 2,000.00          |                   |
| Hebrides Alpha - Supported Accommodation                      |                   | 34,426.00  |                   |                   |
| Northern Constabulary - Drugs Dog                             |                   | 34,426.00  |                   |                   |
| <b>Total</b>  | <b>376,439.00</b> |            | <b>363,439.00</b> | <b>13,000.00</b>  |
|   |                   |            |                   | <b>376,439.00</b> |
| <b>Remaining Unallocated Funding For Development Projects</b> | <b>34,426.00</b>  |            | <b>27,074.50</b>  | <b>7,351.50</b>   |
| <b>Development Projects</b>                                   |                   |            |                   |                   |
| Alcohol Testing Order - SW, CnES                              | 6,510.00          | 27,916.00  | 6,510.00          |                   |
| Caraidean Uibhist   |                   | 27,916.00  |                   |                   |
| Action For Children   |                   | 27,916.00  |                   |                   |
| Western Isles Foyer - Life Shaper Programme                   | 3,744.00          | 24,172.00  | 3,744.00          |                   |
| Northern Constabulary - Drug Dog                              | 8,000.00          | 16,172.00  | 8,000.00          |                   |
| Hebrides Alpha Supported Accommodation                        | 6,700.00          | 9,472.00   | 6,700.00          |                   |
| <b>Total</b>  | <b>24,954.00</b>  |            | <b>24,954.00</b>  | <b>0.00</b>       |
|   |                   |            |                   | <b>24,954.00</b>  |
| <b>Total Spend</b>  | <b>743,871.00</b> |            | <b>521,319.50</b> | <b>22,251.50</b>  |
|   |                   |            |                   | <b>743,871.00</b> |
| <b>Balance of Remaining Funding</b>                           | <b>9,472.00</b>   |            | <b>2,120.50</b>   | <b>7,351.50</b>   |
|   |                   |            |                   | <b>9,472.00</b>   |
|   |                   |            |                   | <b>£9,472.00</b>  |

### The underspend of £9,472 was vied to the Western Isles NHS for Accommodation costs and associated costs

The ADP Committee allocated the £50,000 carry forward from 2010/11 to 2011/12 to be split between staffing costs and a development fund for local agencies to apply to. The Development Fund allowed agencies to bid for small grants to fund short term development pieces of work under the strategic priorities of Early Years and Early Intervention. Four local agencies were successful and received a total of £24,954.00.

In all, fourteen new services and initiatives have been initiated by Outer Hebrides ADP partners since 2004 and a further fifteen have been supported during 2011 – 2012.

Six services were fully funded and a further 14 partly funded, further information provided in the table above. All services were targeted at reducing alcohol and drug related harm through relevant prevention and treatment services and encouraging safe and sensible attitudes to alcohol by the promotion of personal and community responsibility throughout the Outer Hebrides. The Outer Hebrides ADP consulted with a wide range of partners, services and the community during 2011-2012, in order to determine how the Outer Hebrides should respond to the challenges faced by individuals, families and local communities with respect to alcohol and drugs and in order to ensure funding is being targeted in an appropriate way.

## ii. Service reporting

Each initiative, post or project funded is managed via a Service Level Agreement with the ADP. Funding for each initiative is agreed on the proviso that outcomes for the initiative or project directly relate to the objectives, goals and desired outcomes for the ADP. Each initiative is required to provide evidence of project planning and monitoring of progress through performance and outcome indicators. Regular reports on progress and effectiveness are submitted to the ADP who will monitor these against the agreed local action plan.

Given the centrality of the Single Outcome Agreement system and the role for partners in the identification, pursuit and achievement of shared outcomes we have developed Terms and Conditions of Grant, Memorandums of Understanding, Service Level Agreements and Monitoring Forms to operate effectively within an outcomes based environment.

The SLA contains a range of outcomes (set out under themes: recovery, prevention, children affected by parental substance misuse, and enforcement and availability) which are used:

- to demonstrate and illustrate how drugs and alcohol services can have a positive impact on communities and individuals, and so contribute to achieving high-level and national outcomes;
- to ensure that decisions on the mix of treatment and rehabilitation services are informed by evidence, including how they meet the identified need;
- in commissioning services, and putting in place performance management arrangements to track progress; and
- to communicate the impact of activities to the public.

The Outer Hebrides ADP is accountable to the Scottish Government for the use of allocated funds.

### 3. Actions and Activities

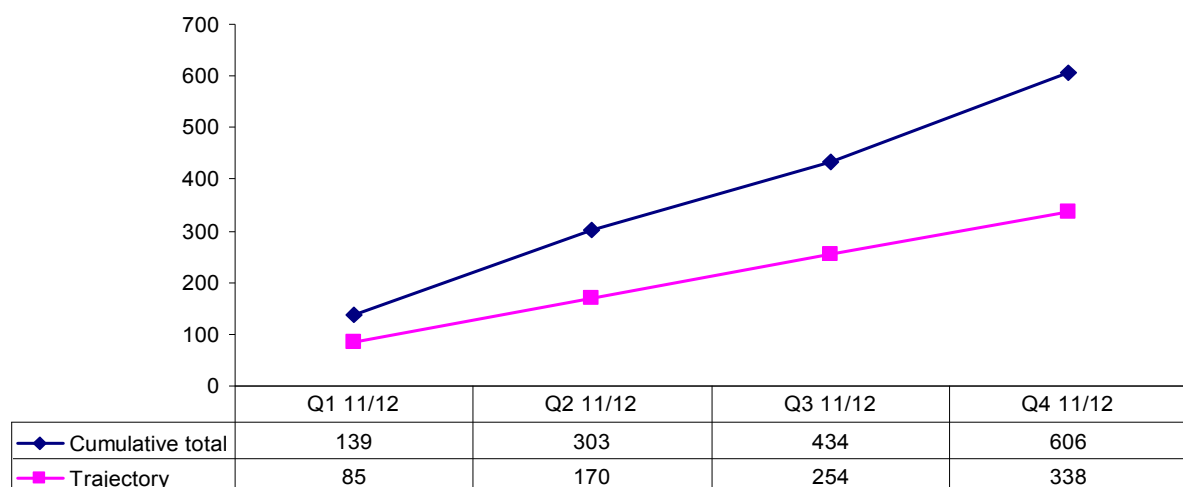
**HEAT H4: Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines during 2011/12.**

The Scottish Government had set a HEAT H4 target of cumulative total of 722 alcohol brief interventions (ABIs) to be carried out in the Outer Hebrides over the three year period April 2008 and March 2011. By March 2010, NHS Western Isles had already exceeded this target and had delivered 1,108 alcohol brief interventions. Therefore a new target of delivering 1,654 brief interventions by March 2011 was set. At the end of March 2011, a total of 1,643 alcohol brief interventions had been delivered in the Outer Hebrides.

The Scottish Government decided to add an extension year (2011/12) to continue to build on this work, with the aim of supporting the long-term embedding of ABIs. The Outer Hebrides was set a target of delivering 338 ABIs during 2011/12. The target is based on the number of ABIs required to address the remaining 25% of the at-risk population (the 2008/09 – 2010/11 interventions targeted 75% of the at-risk population); and 25% of the number of brief interventions delivery nationally in year 1 of the target.

The target for 2011/12 was achieved and exceeded with 606 ABIs being delivered. Additionally, during 2011/12 top up training sessions and advice was offered to all primary care, antenatal and A&E professionals to assist them in delivering ABI's to meet the Western Isles target.

**NHS Western Isles ABI delivery 2011/12**

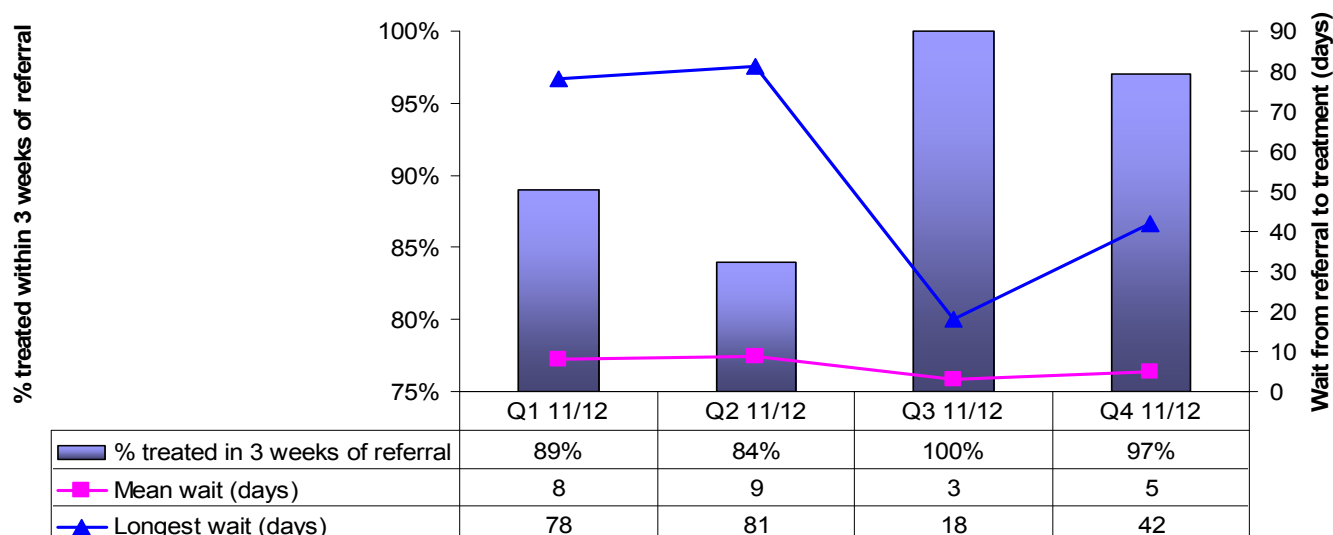


**HEAT A11: By March 2013, 90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.**

All Tier 3 and 4 services in the Outer Hebrides report on their waiting times information to the ADP. All services were trained in the use of the new web-based system and the Outer Hebrides ADP went live with this system on 1<sup>st</sup> February 2011 – two months ahead of schedule. In order to maintain data quality and ensure that services are updating the information on a regular basis local reports are run on the web-based system on a monthly basis. Services are contacted 2 weeks before the reports are run to remind services that all the information contained in the database must be up to date. All services submitting data for SMR's 25 and drug and alcohol treatment waiting times were offered continued help and support throughout 2011/12.

In the Outer Hebrides in 2011/12 the majority of clients (92% at the end of March 2012) were seen and assessed within twenty one days of referral to a specialist drug or alcohol treatment service. In 2011/12 the average number of days a client had to wait between being referred to a service and starting treatment was 6 days. The longest wait between referral and treatment commencing was 81 days.

#### HEAT A11: Outer Hebrides 2011/12 Referral to Treatment within 3 weeks



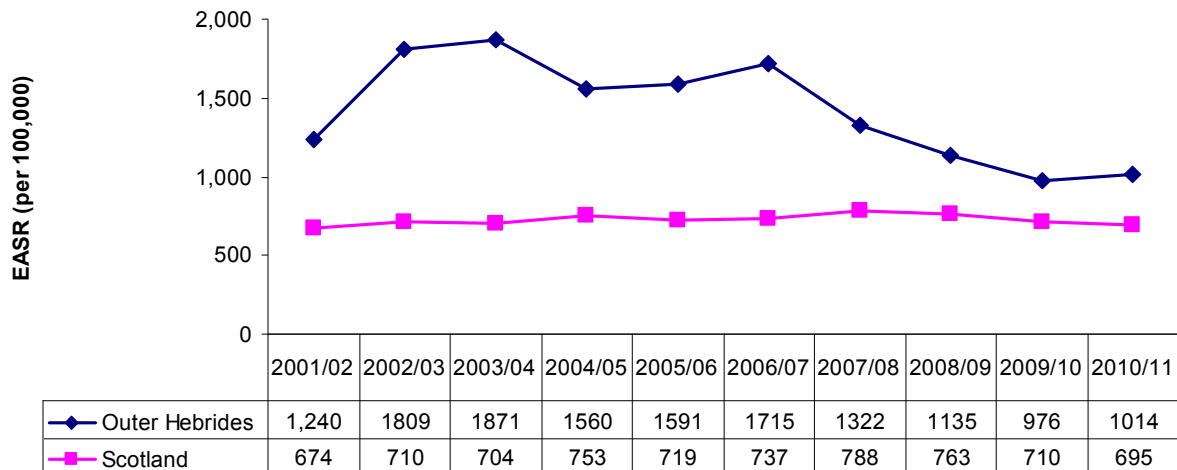
- Hospital Discharge Rates**

In the last five years the number of alcohol related discharges from general acute hospitals in the Outer Hebrides has been declining. Overall there was a 41% decrease in the rate of alcohol related discharges in the Outer Hebrides. In the five year period 2006/07 to 2010/11 the number of alcohol related discharges from general acute hospitals in the Outer Hebrides initially fell, from 468 alcohol related discharges in 2006/07 (a rate of 1,715 discharges per 100,000 population) to 285 alcohol related discharges in 2009/10 (a rate of 976 discharges per 100,000 population). In 2010/11 the number of alcohol related discharges rose slightly again, with 297 alcohol related discharges (a rate of 1,014 discharges per 100,000 population).

Although it can be said that the number of alcohol related discharges has fallen in recent years it remains the case that the rate of hospital discharges in the Outer Hebrides is still above the national average and is one of the highest in Scotland. In 2010/11 the rate of alcohol related discharges in the Outer Hebrides was 1,014 discharges per 100,000 population, in comparison the rate of discharges across Scotland was 695 discharges per 100,000 population.

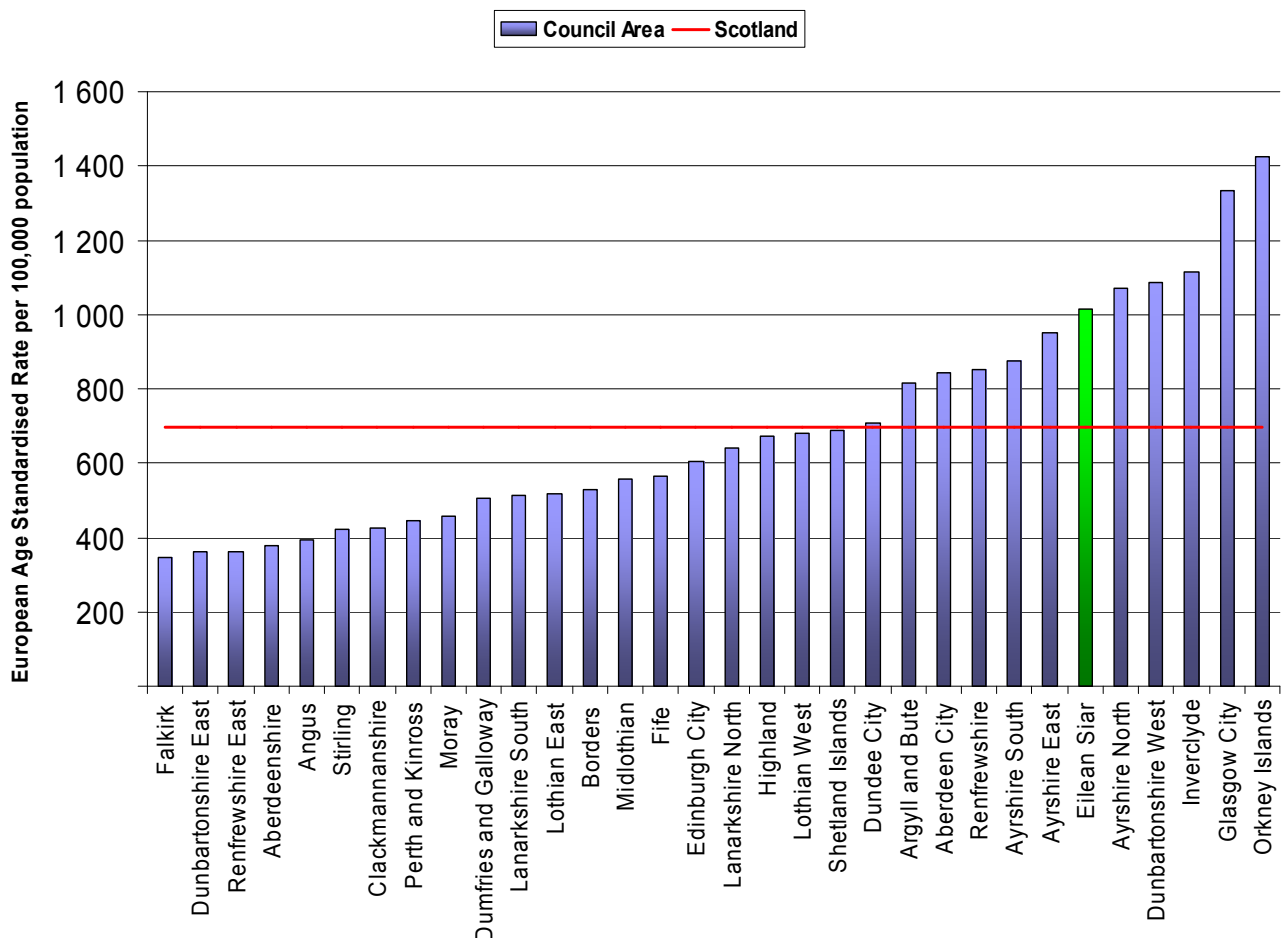


### General acute inpatient and day case discharges with an alcohol related diagnosis in any position



The rate of alcohol related hospital discharges from general acute hospitals in the Outer Hebrides is one of the highest in Scotland. There are 32 council areas across Scotland, and the Outer Hebrides has the 6<sup>th</sup> highest rate of alcohol related discharges from general acute hospitals.

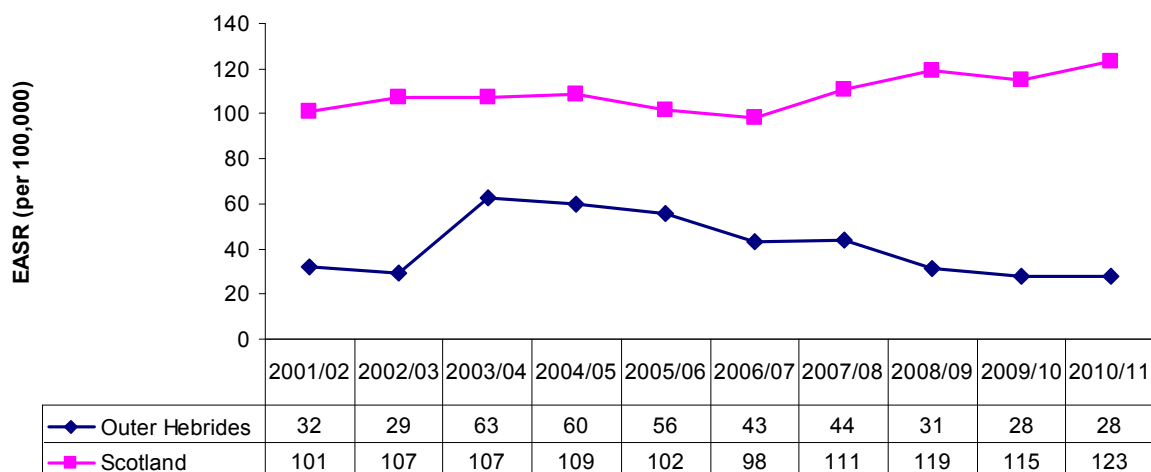
### General acute inpatient discharges with alcohol related diagnosis 2010/11



In the last five years the rate of drug related discharges from general acute hospitals in the Outer Hebrides has been declining. In the five year period 2006/07 to 2010/11 the rate of drug related discharges from general acute hospitals in the Outer Hebrides fell from 43 discharges per 100,000

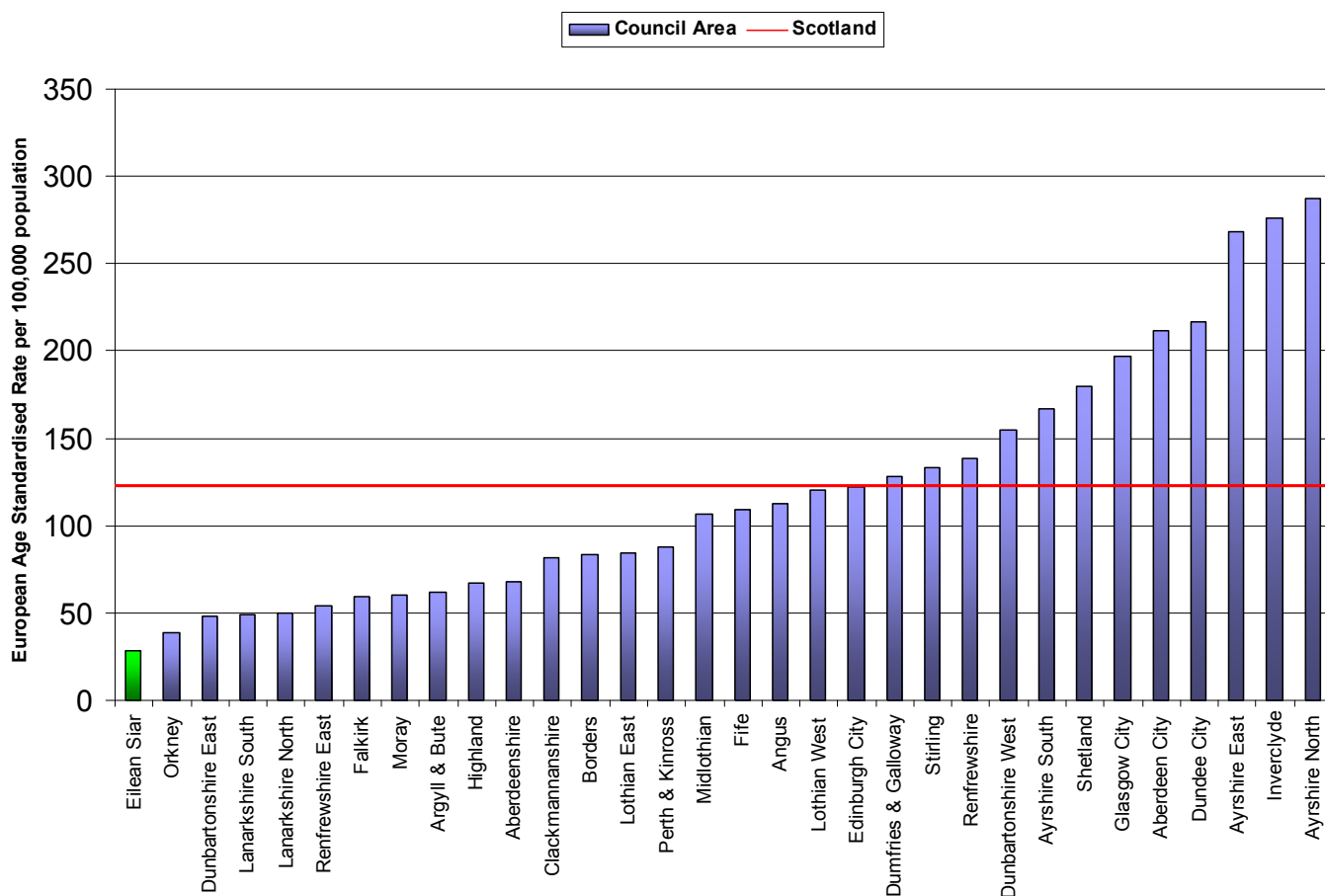
population in 2006/07 to 28 discharges per 100,000 population in both 2009/10 and 2010/11 – a decrease of 35%. Over the same period the rate of drug related discharges across the whole of Scotland has increased by more than 25%.

**General acute inpatient and day case discharges with a drug related diagnosis in any position**



The rate of drug related discharges in the Outer Hebrides has consistently been below the national average and in 2010/11 it was the lowest in the whole of Scotland.

**General acute inpatient discharges with drug related diagnosis 2010/11**



- **SALSUS** (The Scottish Schools Adolescent Lifestyle and Substance Use Survey)

In the Outer Hebrides in 2010, 34% of 13 year olds and 71% of 15 year olds reported that they had had an alcoholic drink. Compared with 2006, there has been a decrease in the proportion of pupils who had ever had an alcoholic drink (from 52% of 13 year olds in 2006 to 34% in 2010 and from 92% of 15 year olds in 2006 to 71% in 2010). The proportion of pupils in the Outer Hebrides who have ever had a proper alcoholic drink is lower than the national average (34% of 13 year olds in the Outer Hebrides compared with 44% nationally and 71% of 15 year olds compared with 77% nationally).

Fifteen percent (15%) of 13 year olds and 28% of 15 year olds reported that they had had an alcoholic drink in the week prior to the study. Compared with 2006, there has been an increase in the proportion of 13 year olds and a decrease in the proportion of 15 year olds who reported having had a drink in the week prior to the study (from 12% of 13 year olds in 2006 to 15% in 2010, and from 39% of 15 year olds in 2006 to 28% in 2010). The proportion of 13 year olds in the Outer Hebrides who reported having had a drink in the week prior to the study is higher than the national average, while the proportion of 15 year olds reporting this is lower than the national average (15% of 13 year olds in the Outer Hebrides compared with 14% nationally, and 28% of 15 year olds compared with 34% nationally).

When asked about their usual drinking habits, 4% of 13 year olds and 14% of 15 year olds in the Outer Hebrides reported that they usually drink at least once a week. Compared with 2006, there has been a decrease in the proportion of pupils who reported that they usually drink at least once a week (from 7% of 13 year olds in 2006 to 4% in 2010, and from 25% of 15 year olds in 2006 to 14% in 2010). The proportion of pupils in the Outer Hebrides who reported that they usually drink at least once a week is lower than the national average (4% of 13 year olds in the Outer Hebrides compared with 12% nationally, and 14% of 15 year olds compared with 27% nationally).

In the Outer Hebrides in 2010, 12% of 13 year olds reported that they had been offered drugs as had 35% of 15 year olds. Compared with 2006, there has been a decrease in the proportion of pupils reporting that they had been offered drugs (from 23% of 13 year olds in 2006 to 12% in 2010, and from 44% of 15 year olds in 2006 to 35% in 2010). The proportion of pupils in the Outer Hebrides who have ever been offered drugs is lower than the national average (12% of 13 year olds in the Outer Hebrides compared with 16% nationally, and 35% of 15 year olds compared with 42% nationally).

When asked if they had ever used or taken drugs 5% of 13 year olds and 15% of 15 year olds reported having used or taken one or more different types of drugs. Compared with 2006, there has been a decrease in the proportion of pupils reporting that they had ever used or taken one or more different types of drugs (from 8% of 13 year olds in 2006 to 5% in 2010, and from 25% of 15 year olds in 2006 to 15% in 2010). The proportion of 13 year olds in the Outer Hebrides who reported that they had ever used or taken one or more different types of drugs is the same as the national average while the proportion of 15 year olds reporting this is lower than the national average (15% of 15 year olds in the Outer Hebrides compared with 21% nationally).

In the Outer Hebrides, 2% of 15 year olds reported that they used or took drugs at least once a week, whereas none of the 13 year old pupils reported that they used or took drugs at least once a week. Compared with 2006, there has been no change in the proportion of pupils reporting that they used or took drugs at least once a week. Additionally, the proportion of pupils in the Outer Hebrides reporting that that they used or took drugs at least once a week is the same as the national average.

## Activity Report

### Early Intervention - Prevention and Education:

- Outer Hebrides ADP in partnership with Comhairle nan Eilean Siar's Education Department have developed 5-14 and S3-S6 health education guidelines and study programmes in accordance with the Curriculum for Excellence.
- The ADP actively support a wide range of local youth cafes, clubs and drop-in centres, including Pointers, Harris Youth Café, Barra Youth Café and the Streetwork Outreach team and Action for Childrens Pathways Project and Hillcrest residential unit for looked after young people.
- The ADP Development Officer delivers regular preventative and educational programmes in local primary, secondary schools and youth work settings throughout the isles for staff, pupils and parents.
- The ADP contributed to local Hi-Fires courses which were run in partnership with Highlands and Islands Fire Service, Community Learning and NHS Western Isles Health Promotion.

### Problem Drinkers and Substance Users - Service Provision:

- The ADP has supported the evaluation of the Integrated Care System, management protocols contributing to the provision of effective shared care arrangements and integrated substance misuse services.
- The ADP has funded the development and implementation of a Community Detox Nurse post with NHS Western Isles, as recommended in the Western Isles Alcohol Needs Assessment (2009).
- All services are now signed up to a Terms and Condition of Grant agreement, a Service Level Agreement (SLA) based on local and national outcomes, and individualised 6 month and annual monitoring forms based on their SLA. Service visits are carried out on an annual basis by the ADP Support Team to discuss performance and any issues which may be evident through the services monitoring forms.
- For examples of current practice by the one of the ADP funded services, Community Nurse (Alcohol), please see Appendix 3, Case Study.

### Integrated Care Pathway:

- After initial utilisation of the above which was launched in 2005, the document has become outdated due to development in service areas. It was agreed that a robust review was needed to ensure that clients are assessed and referred to the correct services to prevent duplication. It was agreed that the Substance Misuse Coordinators would take this work forward, initially examining ADP core and funded services and then involvement of external agencies. The new document will include new services such as the substance misuse detox post, needle exchange facility, DTTO procedures and contracts with local pharmacies for daily pick up.

### Assisting in the Promotion of a healthy Outer Hebrides:

- Campaigns focusing on sensible drinking, staying safe and drink driving campaigns which took into account evaluations from previous campaigns. Articles, adverts and radio interview in local press and community newspapers(cumulative circulation of 21,000). Contributed towards raised awareness of alcohol issues and sensible drinking attitudes within the local community. Positive verbal feedback from community.
- Supported national and local campaigns throughout the year. Materials distributed to relevant outlets:
  - Promotion of Healthier Scotland's national 'Alcohol Behaviour Change Toolkit' involving use of the suggested promotional materials in local press throughout the year during summer, local festivals and Christmas campaigns

- Christmas campaign: articles and adverts in local press and community newsletters and local radio coverage to promote sensible drinking and an anti drink driving message, including advice to ensure people are not driving when over the legal limit on the 'morning after'
- International Women's Day: an activity day held at a local college in partnership with NHS Health Promotion Dept, NHS Dietetics Dept and Community Learning. Mocktails, Quiz, Fact sheet etc
- Inputs on alcohol and drug awareness delivered at local college. Contributed towards raised awareness of sensible drinking attitudes targeted at specific target groups e.g. young people, women. As a result the ADP has been asked back to carry out further inputs with students.
- Positive feedback and ongoing requests for further inputs and distribution of materials, (Unit Measure glasses etc).
- Implementation of suitable initiatives targeting identified groups, e.g. women, drivers, young people. For example alcohol awareness days, drug and alcohol roadshow held in partnership with Community Learning and Northern Constabulary and events at venues, music events and community events focusing on sensible drinking messages and drugs awareness. Included focused small group inputs; displays, mocktails and quizzes at large community events, talks at schools and youth groups. Resulted in positive feedback and ongoing requests for further inputs and distribution of materials, (Unit Measure glasses etc).
- Increased number of work places trained in the use of alcohol/drug policies in liaison with Healthy Working Lives, for example NHS Western Isles Drug and Alcohol Policy training for managers and staff.
- The ADP is working to a communications strategy and regularly produces information bulletins about harm reduction, awareness-raising and communications work.
- The ADP works in partnership with the Community Safety Partnership in tackling substance misuse within the community, tackling under age drinking, promoting responsible sale of alcohol and improving partnership working by ensuring that strategies are dovetailed. The ADP contributes to the Outer Hebrides Community Safety Partnership winter and summer safety booklets which are distributed throughout the islands.
- The ADP has worked with the Domestic Abuse Forum in the planning of a strategic and operational plan for the Outer Hebrides.
- The ADP has delivered alcohol and drug inputs in partnership with Highlands and Islands Fire Service in HIFires courses in which young people participate in a 10 week fire safety course.

## Issues taken into consideration in 2011 – 12:

- **Young People:**  
Prevention and education is essential for influencing long term changes in attitudes towards harmful substance use, particularly with young people. It is therefore essential that we also develop specific services for children and young people.
- **Advice to parents:**  
Parents have an important part to play as positive role models. Parents have a responsibility to ensure that children are introduced to alcohol in a responsible and supervised environment. Evidence from SALSUS 2006 indicates that drinking alcohol in the home is the most commonly cited location by 13 year olds. SALSUS currently cannot answer the question of whether this is responsible, supervised home drinking or otherwise. Legislation states that it is legal to consume alcohol between the ages of 5 and 18 after which young people can legally purchase alcohol. Parents would benefit from advice about what age, in what context, and in what amount, it is considered reasonable to introduce a young person to alcohol.

The Outer Hebrides ADP also supports work to increase parent's understanding of the harms associated with early drinking as a result of having a body not yet fully developed. This makes the body more susceptible to alcohol related damage to organs, brain and bone development. Parents also need advice based on evidence that an early age of first drinking may indicate a higher likelihood of developing alcohol problems later in life. There is evidence to suggest that the later adolescents delay their first alcoholic drink, the less likely they are to become regular consumers.

- **Schools context:**

The Outer Hebrides ADP acknowledges the limitations of knowledge based education on its own to impact on youth drinking behaviour. This is particularly marked when difficult personal circumstances are combined with environments where alcohol is cheap, readily available, and evidence of drunkenness commonplace. In such situations, the expectations placed on school based alcohol education should be more realistic with greater emphasis placed on environmental controls such as price, availability, and advertising.

The Outer Hebrides ADP supports the work of Learning Teaching Scotland in developing cross-curriculum substance education. ADP staff work with schools and Community Education staff to ensure that substance inputs being delivered are in accordance with the Curriculum for Excellence.

- **Alternatives to alcohol:**

A variety of activity based alternatives to alcohol have proven to be successful in areas across Scotland. Unfortunately this type of provision is not uniformly available.

Examples of community based alternatives include:

- Alcohol free dance events for under 18 year olds supported by community police, health and education colleagues.
- Leisure centres should consider reviewing services to cater for the modern interests of young people, e.g. dancing, rock climbing, skate boarding.

The ADP work with community based staff to ensure a wide variety of alcohol free alternatives are available during evenings, weekends and holiday periods

- **Awareness raising campaigns:**

Learning from our experiences with tobacco, awareness raising campaigns can be effective as part of wider policy change to increase public support for potentially unpopular legislative changes. The Outer Hebrides ADP supports this approach to increasing public support for new measures.

- **Workplace:**

Alcohol policies in the workplace are an essential part of changing our relationship with alcohol.

- **Early Years – Pregnancy:**

Considering the impact of Foetal Alcohol Syndrome (FAS) & Foetal Alcohol Spectrum Disorder (FASD) in early year's development, the Outer Hebrides ADP would support any action to highlight the dangers of drinking when pregnant.

Prevention requires a good understanding of the range of permanent birth defects associated with FASD and an increased awareness of the risk of prenatal alcohol exposure among the general public, and in particular women who are pregnant or considering a pregnancy.



- **Children affected by parental substance misuse:**

The Outer Hebrides ADP recognises that the number of children affected by the misuse of alcohol by parents may be an under estimate. Alcohol remains the main drug of choice and this influences our attitudes and perception of the 'hidden' harm to children, disregard for their physical and emotional wellbeing. The Outer Hebrides ADP would ask for greater investment in awareness raising for social care staff, social workers, nursery, school staff and early years staff.

- **Older people:**

The Gender Issues Network on Alcohol identified the issue of older women and alcohol. The Outer Hebrides ADP believes that this is an area for development of work, which is part of the broader hidden harm agenda.

## **Developmental Work: During and Beyond 2011 - 2012**

During 2011 – 2012 the Outer Hebrides held two development days for partner members to review the information collected and collated from the community consultation, needs assessment and outcomes database in order to develop a structured approach for funding services for 2011 – 2015.

This will enable the Outer Hebrides ADP to maintain and deliver outcome based, accessible and equitable services for drug and alcohol users and those affected across the Outer Hebrides, in order to fulfil our strategic priorities, aims and overall vision of the Outer Hebrides being a healthy community where the problems of substance use are prevented and reduced.

## 4. Core and Local Outcomes and Indicators

### • Core Outcomes

**Health:** The Outer Hebrides has experienced an annual decrease in drug related hospital discharges and continues to be much lower than the national average.

Although the figures for alcohol related hospital admissions show that the Outer Hebrides is consistently higher than the Scottish average, the rate is actually decreasing annually.

Alcohol related mortality in the Outer Hebrides is slightly higher than the national average.

**Prevalence:** The drug prevalence rates in the Outer Hebrides for the population aged between 15 and 64 years has increased in recent years, however remains below the national average.

The proportion of 15 year old pupils in the Outer Hebrides who usually take illicit drugs at least once a month and at least once a year is lower than the Scottish average. However the proportion of pupils who usually take drugs at least once a month has gone up in recent years.

The Outer Hebrides has experienced a decrease in the weekly drinking levels amongst 15 year olds and continues to be lower than the national average.

**CAPSM:** The rate of maternities recording drug use in the Outer Hebrides has consistently been below the permissible level for reporting and continues to be lower than the Scottish average.

**Community Safety:** The percentage of clients who report funding their drug use through crime and the percentage of offenders given a DTTO who are reconvicted within one year is below the permissible level for reporting.

The Outer Hebrides has experienced an annual decrease in the Anti-Social Behaviour rate and continues to be lower than the national average.

Northern Constabulary rates show that the number of crimes where the offender was under the influence of alcohol or drugs is decreasing, however it is still higher than the Scottish average. It is important to note that this data does not apply solely to the Outer Hebrides.

**Local Environment:** The Outer Hebrides has experienced an annual increase in the percentage of 15 year old pupils being offered drugs and it is also found to be higher than the national average.

The Outer Hebrides has experienced an annual increase in the percentage of the population perceiving drug misuse and alcohol abuse to be a negative aspect of their neighbourhood. However it remains lower than the Scottish average.

**Services:** Due to small numbers it is expected that there will be fluctuations in the percentages of clients waiting three weeks between referral to a service and treatment commencing. However the Outer Hebrides remains much lower than the national average.

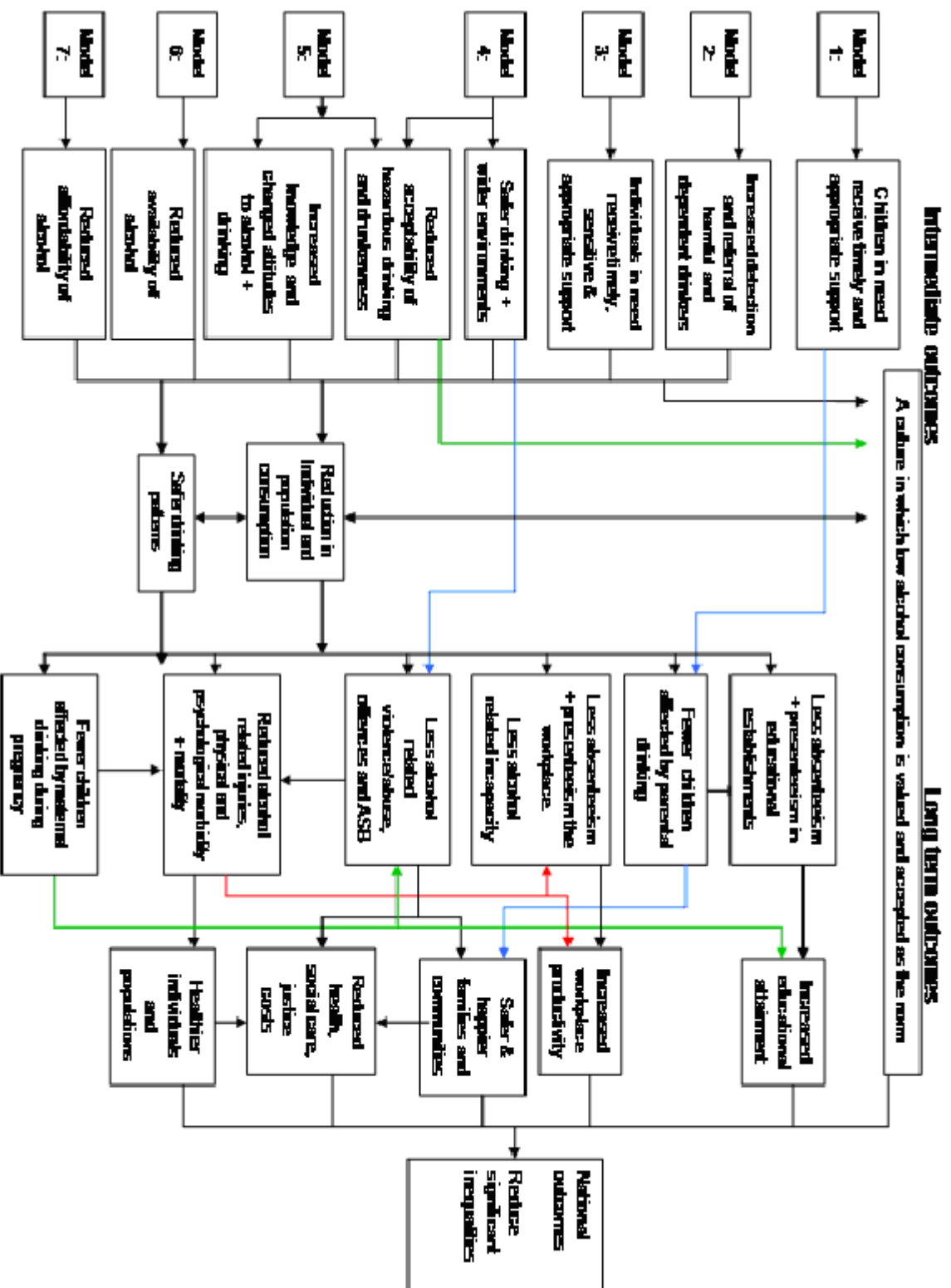
- **Local outcomes**

During 2011/12, the Outer Hebrides ADP developed a new system for recording the work of services. This system was designed to give the Outer Hebrides ADP a picture of who is accessing services and the effectiveness of funded services in aiding clients' recovery.

It was acknowledged by the Outer Hebrides ADP that not all services routinely gather all the information that was asked for in the Outcomes Database. However, services were asked to fill out as much information as possible at this time. Services were also told that from this point forward they would be expected to routinely collect all this information for future reporting purposes.

The information gathered in 2011/12 has been used to form a baseline by which services will be evaluated against in the future. Below is a brief summary of the information gathered in 2011/12.

- 63% of clients accessing services in 2011/12 were male and 37% were female.
- 88% of the clients accessing services in 2011/12 were alcohol clients and the remaining 12% were drug clients.
- The majority (28%) of the clients accessing services in 2011/12 were aged  $\leq 15$  years
- 34% of clients accessing services in 2011/12 reportedly stopped consuming alcohol and the majority of these clients had stopped consuming alcohol for 1-3 months.
- Additionally, 18% of clients had reduced their alcohol consumption significantly during 2011/12.
- 1% of clients accessing services in 2011/12 reportedly stopped using illicit drugs and the majority of these clients had stopped using illicit drugs for 1-3 months.
- Additionally, 1% of clients had reduced their illicit drugs use slightly and 1% had reduced their illicit drug use significantly during 2011/12.
- 2% of clients accessing services in 2011/12 reportedly stopped using prescription drugs and an equal proportion of these clients had stopped using illicit drugs for 6 months or more and for 3-6 months.



## 5. Governance and financial accountability

### i. Partnership contributions

Through partnership, the Outer Hebrides ADP has remained committed to promoting positive change by addressing all aspects of drug and alcohol use in the Outer Hebrides.

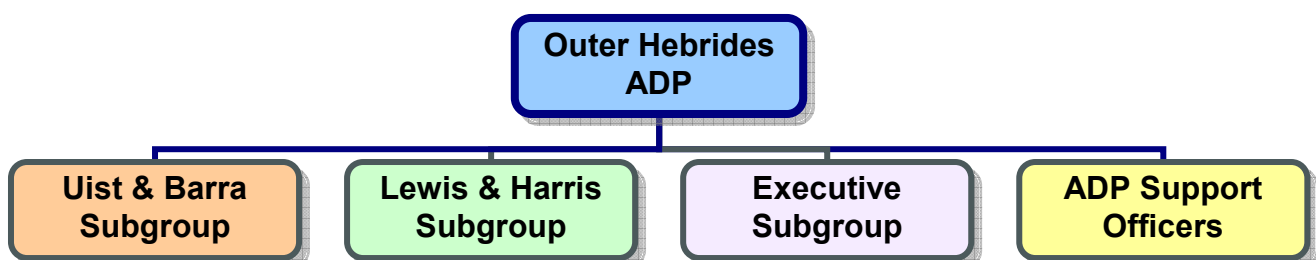
The Outer Hebrides ADP consists of representatives from:

- NHS Western Isles
- Northern Constabulary
- Comhairle nan Eilean Siar
- The Third Sector
- Service users

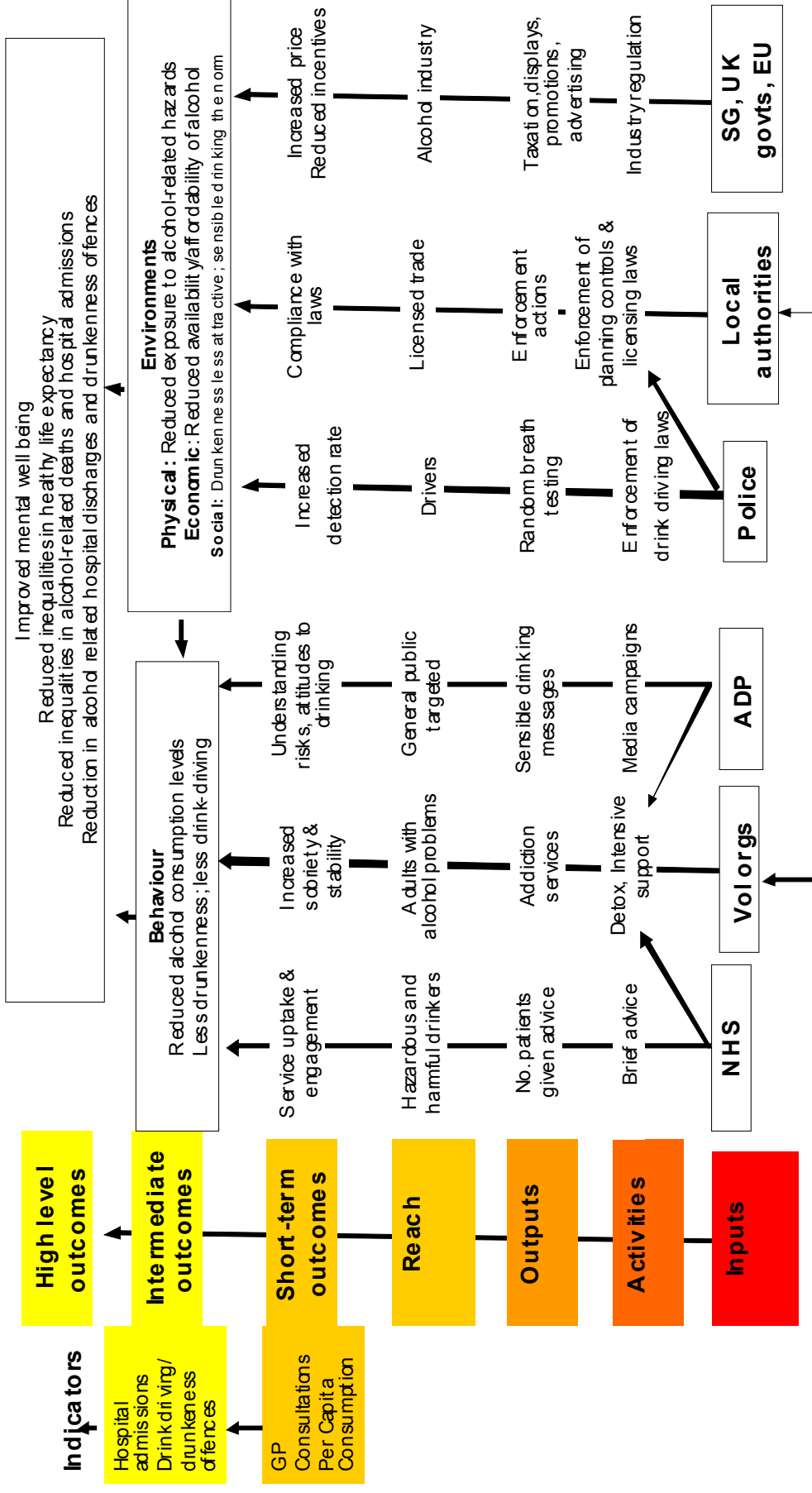
The Outer Hebrides ADP support team consists of a full time Coordinator, part time Development Officer, part time Substance Misuse Information and Research Officer and part time Administrator.

The Outer Hebrides ADP sits within the Outer Hebrides Community Planning Structure and works with local partners to agree how the dedicated funding to support local alcohol and drugs partnership processes may be best deployed. Accountability for delivering on substance misuse outcomes is based on holding each partner to account for their contribution to the achievement of shared outcomes, based on effective partnership working. This requires meaningful joint design and delivery of local strategies by all ADP partners.

Throughout 2011 – 2012 a variety of services were in place to address the issues of substance use within the Outer Hebrides as it is clear that due to the changing nature of substance use, no one agency has the skills, resources and expertise to fully address local issues. Thus, the Outer Hebrides ADP and NHS Western Isles have maintained a strong commitment to partnership working as evidenced by the wide variety of agencies that contribute to the work of the ADP by contributing their strengths and maximising interagency resources.



# ALCOHOL Cross-sector Contributions - ADP





One of the principle key features of the Scottish Government's delivery reform is that ADPs are firmly embedded within wider arrangements for community planning.

During 2011 – 2012 we have been creating an environment for the delivery of client-centred actions that achieves lasting change in the lives of individuals across the Outer Hebrides, be they substance misusers, their families, or members of the communities in which they live. The focus on outcomes and the development of Single Outcome Agreements provides a clear opportunity to take steps in preventing and responding to alcohol and drugs misuse. We have developed mechanisms for improving delivery arrangements, taking into account the Concordat between the Scottish Government and COSLA, and the introduction of the SOA.

The Outer Hebrides ADP is now firmly embedded within the CPP and as such now has membership. New governance procedures have been written in line with the Delivery Reform Paper.

## 6. National Support

### i. Meeting with Scottish Government representatives in January 2012

The Outer Hebrides ADP found the meeting with Alcohol and Drug Policy Officers in January 2012 extremely helpful and useful in terms of current development of work. The meeting provided information in the following areas:

- Information on the progress of other ADPs in Scotland on the “Road to Recovery” and the “Changing Scotland’s Relationship with Alcohol” policies and examples of good practice.
- Advice given on suitable national contacts for support with implementation of commissioning approach
- Advice given on tools available to help plan future service planning, e.g. driver diagram and service user journey

### ii. General support and training has been provided by ISD in managing the waiting times database.

### iii. A Train the Trainers course by STRADA is due to be re-delivered following issues with the original course; this is still under negotiation and will take place this year. We aim to work more closely with STRADA to devise a training programme for staff for the coming year as support is needed for local staff to update and maintain skills in order to deliver effective services.

## 7. Outer Hebrides ADP Membership (As At 1 June 2012)

### ADP Members:

| Name                                    | Designation                       | Organisation                 | Member of Workgroup/<br>Subgroup             |
|---|-----------------------------------|------------------------------|--|
| G MacLeod<br>Chairman                   | Chief Inspector                   | Northern Constabulary        | ADP & Exec Subgroup                          |
| G Jamieson<br>Vice Chair                | Chief Executive                   | NHS Western Isles            | ADP  |
| M Stewart                               | Social and Community<br>Services  | Comhairle nan Eilean<br>Siar | ADP  |
| B Chisholm                              | Children & Families<br>Services   | Comhairle nan Eilean<br>Siar | ADP & Exec Subgroup                          |
| E Collier                               | Public Health                     | NHS Western Isles            | ADP & Exec Subgroup                          |
| I MacKenzie                             | Housing Strategy &<br>Development | Housing                      | ADP  |
| M Bremner                               | Member                            | Voluntary Sector             | ADP & Exec Subgroup<br>Uist & Barra Subgroup |
| M Munro                                 | Organiser                         | Harris Voluntary<br>Council  | ADP<br>Lewis & Harris Subgroup               |
| M MacInnes                              | Service User                      | An Caladh                    | ADP<br>Uist & Barra Subgroup                 |
| Vacant –<br>representative<br>requested | Licensing Board<br>member         | Comhairle nan Eilean<br>Siar | ADP  |

### In Attendance:

| Name        | Designation              | Organisation      | Workgroup/ Subgroup |
|-------------|--------------------------|-------------------|---------------------|
| D MacKenzie | Management<br>Accountant | NHS Western Isles | Executive Subgroup  |

### ADP Support Officers:

| Name             | Designation                | Organisation      | Support of Workgroup/<br>Subgroup   |
|------------------|----------------------------|-------------------|---|
| Wendy Ingledew   | ADP Coordinator            | NHS Western Isles | ADP<br>Executive Subgroup<br>Lewis & Harris Subgroup<br>Uist & Barra Subgroup |
| Suzanne MacAulay | ADP Development<br>Officer | NHS Western Isles | ADP<br>Executive Subgroup<br>Lewis & Harris Subgroup<br>Uist & Barra Subgroup |
| Fiona MacDonald  | Health Intelligence        | NHS Western Isles | ADP<br>Executive Subgroup<br>Lewis & Harris Subgroup<br>Uist & Barra Subgroup |
| Vacant           | ADP Administration         | NHS Western Isles | ADP<br>Executive Subgroup<br>Lewis & Harris Subgroup                          |

## Appendix 1:

### Funded Services 2011 - 2012

#### ESSENTIAL SERVICES:

##### Heat 4: Brief Interventions: £110,968:

##### Heat 4: Brief Interventions - Western Isles NHS Board Nursing Service (Alcohol & Mental Health Liaison Nurse): £45,000

###### **Aims:**

To strengthen the ICS for patients by meeting the clinical gaps and supporting multi-agency working, cohesion and continuity between hospital and community care.  
To support unscheduled care admissions in the Acute Assessment Unit.  
To influence culture change within the clinical environment by prioritising target group and staff training.

###### **Target Group:**

A&E presentations with alcohol and/or mental health problems.  
Inpatients with alcohol and/or mental health problems.  
Brain damaged patients at the severe end of the dependency spectrum 2/3 per year.  
Approx 300 annually.

##### Heat 4: Brief Interventions - Well North: £60,000:

###### **Aims:**

To provide locally based brief interventions across the Outer Hebrides in venues accessible to clients with a particular focus on inequalities in health.  
To reduce dangerous alcohol consumption amongst the adult population above the age of 18, by discouraging binge drinking and reducing levels of consumption to safe levels.

###### **Target Group:**

Outer Hebrides adult population aged 40 – 80 years (11,074)  
The Outer Hebrides HEAT targets include the completion of 778 Brief Interventions by March 2011, approximately 260 per year. The project would anticipate meeting half of this target - 130 clients.

##### Heat 4: Brief Interventions - GP Enhanced Service: £13,000:

###### **Aims:**

General practitioners and other primary care health professionals should opportunistically identify hazardous and harmful drinkers and deliver a brief (10 minute) intervention.

###### **Target Group:**

Outer Hebrides population over 16.

##### Heat 4: Brief Interventions - Auditing systems – Data Gathering and Performance Management: £12,000:

###### **Aims:**

To develop a robust and auditable way of recording delivery.

###### **Target Group:**

Outer Hebrides population over 16 who have received a brief intervention.

**Substance Misuse Co-ordinators – Uist & Barra: £47,623 – Lewis & Harris: £11,000 & (£37,000 - paid directly to CnES):**

**Aims:**

Monitoring and updating of the integrated Care System for Alcohol and Drug Users throughout the Outer Hebrides.

Delivery of an assessment care planning and intervention service for any person with an alcohol or drug misuse problem seeking assistance.

**Target Group:**

Any person experiencing problems with alcohol or drug misuse.

**Drug Development Worker - £37,000:**

**Aims:**

To consolidate the Drug Support Worker designated service for drug users attached to the service provided by the Substance Misuse Co-ordinator responsible for case work in Lewis and Harris.

**Target Group:**

Persons over 16 who are misusing prescription or non prescription street drugs and who wish to make changes – case load of up to 30 ideally.

**CORE SERVICES:**

**Crossreach - Lifestyle Centre and Bridge Project Uists: £71,032:**

**Aims:**

To undertake responsibility for the provision and delivery of a counselling and support service to individuals, their families and the wider community, who are experiencing difficulties as a result of alcohol or drug misuse.

To offer a safe environment where people with dependency problems are given the opportunity to discuss their dependencies in a group or one to one.

To provide individuals programmes to meet the assessed need of the individual. These programmes will be designed in consultation with services users, encouraging the development of responsibility and positive behaviour changes.

To take referrals from medical services, Social work department, police, schools and individuals who wish to self refer.

To support individuals to change family situations for the better.

**Target Group:**

Anyone affected by substance misuse or the substance misuse of another – 14 years upwards 2007 – 2008 - 72 referrals - approx 14 people use drop in daily (3640 daily visits per year).

**Action for Children (Pathways Project): £11,880:**

**Aims:**

To provide a needs led through care and aftercare service including a supported lodgings service, to young people from the Outer Hebrides who are moving towards independence from Looked After arrangements.

**Target Group:**

Young people aged 15 – 21 years old both male and female and from diverse and varied ethnic backgrounds who are leaving care of Local Authority.

The project has the capacity to work with 12 young people. In last year 25% rise in referrals. Current client list 14. 6 referrals per year.

### **The Caladh Trust Community Café and Drop in: £32,330:**

#### **Aims:**

To improve the lives of substance misusers and those struggling with other life issues  
To decrease binge drinking  
To increase lifestyle stability, to develop healthier lifestyles, to increase integration into the community  
To encourage more women to access facilities  
To improve employment opportunities

#### **Target Group:**

Adults struggling with addictions life issues  
Drop in – 12 plus (6 new clients – 4 to be women)  
Employment – 3 who have come through the Supported employment programme

### **Cothrom: £7,795:**

#### **Aims:**

To enable alcohol and drug misusers to 'move on' into education, training and employment, and help them become active and contributing members of society, as essential components of their sustained recovery.

#### **Target Group:**

Year 1 – 15 clients who are substance misusers  
Year 2 - 20 clients who are substance misusers  
Most of these clients will be referred on the basis of a specific needs assessment conducted by the specialist referring agency. In each case, Cothrom will develop a detailed training plan with the client to ensure that their needs are being directly addressed, and their progress will be regularly reviewed by client and tutor against their training plan. The addition of one to one mentoring support that the service will deliver will add another avenue to regularly review each client's needs and progress.  
In the case of work placements and supported employment, Cothrom always seeks feedback from the employer.

### **Hebrides Alpha Project – Therapeutic Employment Scheme: £30,450:**

#### **Aims:**

To provide a quality therapeutic opportunity for individuals resident in Lewis and Harris, who are using services to assist in recovery from alcohol/drug and other associated problems.

#### **Target Group:**

Any person male or female, aged 18 – 60 years seeking assistance in recovering from difficulties linked to alcohol or drug misuse and who feel ready to use the therapeutic employment scheme to assist in avoiding such difficulties.  
Approx 20 per year.

### **Caraidean Uibhist (Uist Befriending): £7,920:**

#### **Aims:**

Caraidean Uibhist recognises the importance of people with substance misuse problems getting out of their homes and participating in the life of their communities. While there are support structures in place during the day there is very little support provided at weekends and in the evenings.  
The aim is to reduce isolation and encourage people to take a more active role in their communities and increase confidence, self esteem and life skills.

#### **Target Group:**

### **Home Detoxification Service – Lewis & Harris £37,000:**

**Aims:**

To provide a safe, effective and sustainable home detoxification service for clients in the community.

**Target Group:**

Clients with alcohol/drug problems – all substance misusers

Approx 25 – 30 per year

***Funding withdrawn from Uist & Barra Detox Service during the funding period – due to lack of interest in the post – Job Description and pay scale reviewed for Lewis & Harris post.***

### **Child and Adolescent Mental Health Service: £37,952:**

**Aims:**

To strengthen the integrated care system for young people by meeting clinical gaps and supporting multiagency working, cohesion and continuity within the community.

Provide support and advice to alcohol services re adolescent assessment and planning for need.

**Target Group:**

Young people most at risk of developing alcohol and substance misuse disorders with co-occurring mental health problems up to the age of 16 or school leaving age and the Looked after Children group up to the age of 18 years.

20 approx annually

### **Child Protection Committee (CPC) Inclusion for Children Affected by Alcohol and Drugs (ICAD) (Joint Service): £88,000:**

**Aims:**

The project is designed to meet the continuum of need from acute intervention to prevention. The joint service is part of a proactive strategy to ensure that children and families are fully supported to address the needs arising from the misuse of alcohol and drugs.

The project is designed to provide a universal and targeted service through an integrated delivery model. The focus of the project is putting the child at the centre for the purpose of service delivery. The prevention element of the bid will continue to provide community based opportunities to engage with young people affected by alcohol and drugs in appropriate social contexts to bolster their resilience. This will be facilitated by way of a partnership agreement with Lewis and Harris Youth Club Association (LHYCA), Youth Clubs Uist and Barra (YCUB) and Youth Scotland and delivered through the Education Department learning community model of service delivery.

The acute support service provided through Social Work complements the community based intervention model as it focuses on the most vulnerable young people in the target group. These young people are more likely to be those whose difficulties with alcohol and drugs are more profound.

The two elements of this bid compliment each other by offering different models of intervention from prevention to acute support; the needs of the young person will determine which model is most appropriate.

To provide a universal and targeted service for the whole of the Outer Hebrides.

To provide an integrated approach to service delivery that is community based and/or intensive intervention.

To provide a service and input that is designed around the needs of the child/young person and family.

To build on local cultural traditions to promote social engagement.

To improve the life chances of children, young people and families at risk.



To assist children and young people to realize their full potential within stable and supportive family settings.

To assist people to live longer, healthier lives and to contribute towards the development of safe and resilient communities.

**Target Group:**

Through the joint screening of referrals and the Children's Services Database, young people and families in receipt of these services could number 240 (Ed – 200, CPC – 40).

- All referrals will be logged on the Children's Services Database/Carefirst
- Inclusion Assessment reports/individual care plans, LAC Reviews and Child Protection Reviews will, where appropriate, be developed for users of the service
- Regular evaluations from service recipients

In 30% of Looked After Children, alcohol featured highly as contributing to poor parenting and difficulties experienced by young people as a result.

In 50% of the children currently on the Child Protection Register, alcohol played a significant role in children being at risk.

## **EDUCATION & PREVENTION SERVICES:**

### **Third Sector Hebrides - Comhla: £13,000:**

**Aims:**

- To ensure that young people in the Outer Hebrides who are at risk from substance misuse reach their full potential by participating with the project.
- To continue to offer support to older people who suffer from alcohol related issues in partnership with Substance Misuse Coordinator and the Staran Community Interest Company.

The Comhla provides secondary intervention for 16 – 25 year olds who wish to move away from their own substance misuse or that of someone associated with them, i.e. friends and family.

Comhla offers mentoring support, volunteer mentor/befrienders, and volunteer work placements through partnership work with Project Scotland, signposting to other services, advocating for beneficiaries, drug alcohol education and training opportunities.

**Target Group:**

20 and 30 young people, 80% of whom will have barriers of some kind; however a large percentage of whom will have drug and alcohol issues.

### **Community Education (The Streetwork Project) £10,000:**

**Aims:**

To provide a service which will have the ability and resources to make contact with young people not currently using or accessing existing provision. Through the maintenance and development of the existing service the detached youth work project will be able to work with a varied group of young people in both rural and urban settings. More developmental work with specific client groups which would include a young women's group involved in risk taking behaviours.

**Target Group:**

Young people aged 12 – 25. Approx 1,000 per annum This would include young people who are disengaged and engaging with the street work team on a regular basis. The same young people may be accessing the service more than once.

### **Community Education Service – Uist and Barra – Radical £3,000:**

**Aims:**

To assist young people in developing self confidence, self esteem and self- regulation so that they can keep themselves healthier both physically and mentally.

The project will show young people that they can go out and have fun without alcohol.

Achievement through learning for young people.

Young people will be able to make informed choices around using drugs/alcohol regarding harm reduction and keeping themselves safe.

**Target Group:**

Young people aged 11 – 18 living on Uist and Barra – (300)

**Voluntary Action Harris - Youth Café £2,000:**

**Aims:**

To reduce the level of young people's substance abuse and to provide them with a safe and substance free environment in which to meet and socialize.

**Target Group:**

Young people over 12 – (50 in all)

**DEVELOPMENT SERVICES:**

**Foyer – Lifeshapers Programme: £3,744**

**Aims:**

To provide support for vulnerable young people in the Outer Hebrides aged between 16 – 20 years old who are homeless or in housing need, and/or who require life skills training and support and who may have or are at risk of developing substance misuse issues, via access to the Lifeshapers Programme.

**Target Group:**

Young people in the Outer Hebrides aged between 16 – 20 years old who are homeless or in housing need, those who require life skills training and support and who are at potential risk of developing substance misuse difficulties.

**Action for Children – Children and Families Support Services: £18,000**

**Aims:**

Provide activity based parenting sessions which will enable parents with substance misuse issues to engage more positively with their children. This will improve the quality of attachments between the parent and child and enhance the parent's self esteem, confidence and parenting ability. Age appropriate play will also enhance the child's overall physical, emotional and cognitive development.

To provide short periods of childcare whilst the parents attend necessary appointments in relation to substance misuse if required.

Use an accredited parenting programme (triple P or Webster Stratton) to enhance parent's capacity to work in partnership with local agencies to improve outcomes for the children and their families.

**Target Group:**

Pre birth to 5 years

18 families to access the service

**Caraidean Uibhist - £6,080**

**Aims:**

To support service users to maintain positive lifestyles that do not revolve around alcohol misuse. Support social interaction with other members of the community in a supportive alcohol free environment.

Fulfil the need for each individual to have friends; to have someone who takes an interest in them and to gain all of the related benefits that these bring.

Opportunities for older people to participate and contribute as fully as they can in their communities and interact with their families.

To support older people to contribute to their community as volunteers and acknowledge they may need stimulation and challenge as part of recovery and rehabilitation from alcohol issues to retain their physical and mental well being.

**Target Group:**

People aged 50+ who are or have experienced difficulties with alcohol misuse.

20 – 25 people to access the service, 8- 10 who will be new clients.

**CnES - Drug Testing Orders: £6,510**

**Aims:**

To provide a random programme of breath testing throughout the working week which reduces the likelihood of offenders successfully managing to continue alcohol use undetected.

Increased programme of breath testing to help clients address their alcohol issues effectively.

Supervise progress in preventing lapse or relapse into problematic alcohol use.

**Target Group:**

Acute alcohol and drug users who have committed offences as a result of their alcohol use and who have had a DTTO imposed at court.

**Northern Constabulary Drug Dog - £8,000:**

**Aims:**

Provision and training of Drugs Dog re detection of drugs.

**Target Group:**

Outer Hebrides

**Hebrides Alpha – Supported Accommodation - £6, 7000:**

**Aims:**

A residential service designed specifically to support alcohol and drug users to recover from serious substance misuse issues.

**Target Group:**

Alcohol and drug users with persistent dependency needs and associated problems.

## Appendix 2: Outer Hebrides ADP Outcomes Database



Outer Hebrides

**Alcohol & Drug  
Partnership**

# Outer Hebrides ADP Outcomes Database

**Service Name:** \_\_\_\_\_

**Time Period:**

APRIL 2011 - MARCH 2012

**If you have any questions  
please contact:**

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**Substance Misuse Information & Research Officer**

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## SECTION 1

| Sex<br>(active service users) | Number                  |                      |                      |                      |
|-------------------------------|-------------------------|----------------------|----------------------|----------------------|
|                               | Alcohol Service<br>User |                      | Drug Service<br>User |                      |
|                               | April 11-<br>Sept 11    | Oct 11 -<br>March 12 | April 11-<br>Sept 11 | Oct 11 -<br>March 12 |
| Male                          |                         |                      |                      |                      |
| Female                        |                         |                      |                      |                      |

| Age Range*<br>(active service users) | Number                  |                      |                      |                      |
|--------------------------------------|-------------------------|----------------------|----------------------|----------------------|
|                                      | Alcohol Service<br>User |                      | Drug Service<br>User |                      |
|                                      | April 11-<br>Sept 11    | Oct 11 -<br>March 12 | April 11-<br>Sept 11 | Oct 11 -<br>March 12 |
| ≤ 15 years                           |                         |                      |                      |                      |
| 16-24 years                          |                         |                      |                      |                      |
| 25-34 years                          |                         |                      |                      |                      |
| 35-44 years                          |                         |                      |                      |                      |
| 45-54 years                          |                         |                      |                      |                      |
| 55-64 years                          |                         |                      |                      |                      |
| 65-74 years                          |                         |                      |                      |                      |
| 75+ years                            |                         |                      |                      |                      |

\* Age at 30 September 2011

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## SECTION 2

| Number of Active Service Users- Primary Problem      | Guidance   | Number            |                   |
|--|--|-------------------|-------------------|
|  |  | April 11- Sept 11 | Oct 11 - March 12 |
| Drugs & Alcohol                                      | Number of service users who have both drug and alcohol misuse problems   |                   |                   |
| Drugs  | Number of service users with a drug problem  |                   |                   |
| Alcohol  | Number of service users with a alcohol problem   |                   |                   |
| Over the counter drugs                               | Number of service users with an over the counter drug problem (this is drugs either supplied by the GP or purchased at the pharmacy)   |                   |                   |
| Parental/Carers Substance Misuse                     | Number of service users (i.e. children or young people) who have a parent or main carer with substance misuse problem                  |                   |                   |
| Substance misuse of a significant other              | Number of service users who are a close relative or friend of someone who has a substance misuse problem                               |                   |                   |
| Carers for individuals with substance misuse problem | Number of service users who are carers for people with substance misuse problems, or have a family member affected by substance misuse |                   |                   |
| Total Number of Active Service Users                 | The total number of service users in this 6 month period.  |                   |                   |

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## SECTION 3

| Active Service User Information                              | Guidance  | Number               |                   |                    |                   |
|--|---|----------------------|-------------------|--------------------|-------------------|
|  |   | Alcohol Service User |                   | Drug Service User  |                   |
|  |   | April 11 - Sept 11   | Oct 11 - March 12 | April 11 - Sept 11 | Oct 11 - March 12 |
| Number of service users who live with children               | Total number of service users who live, full time, with children in their household.  |                      |                   |                    |                   |
| Number of children in service users household                | Total number of children known to live in active service users' households.   |                      |                   |                    |                   |
| Number of service users/partners who are pregnant            | Total number of service users who are pregnant, or have a partner who is pregnant.  |                      |                   |                    |                   |
| Number of service users who have Right of Access             | Total number of service users who live with children in their household on a part time basis (i.e. as a right of access).   |                      |                   |                    |                   |
| Number of service users who have housing issues              | Total number of service users who are experiencing issues with housing (i.e. not homeless but are struggling to maintain their current housing situation).              |                      |                   |                    |                   |
| Number of service users who have employment/education issues | Total number of service users who are experiencing issues with employment/education (i.e. may not be able to continue in employment/education due to substance misuse). |                      |                   |                    |                   |

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## SECTION 4

| Current Alcohol Intake  |                      |                      |
|---|----------------------|----------------------|
|   | April 11-<br>Sept 11 | Oct 11 -<br>March 12 |
| Number of service users who have stopped consuming alcohol          |                      |                      |
| Of these how many have stopped for:                                 |                      |                      |
| 6 months or more  |                      |                      |
| 3-6 months  |                      |                      |
| 1-3 months  |                      |                      |
| Less than a month   |                      |                      |
| Number of service users who have reduced their alcohol consumption: |                      |                      |
| Slightly  |                      |                      |
| Significantly   |                      |                      |
| No Reduction  |                      |                      |

| Current Illicit Drug Usage   |                      |                      |
|--|----------------------|----------------------|
|  | April 11-<br>Sept 11 | Oct 11 -<br>March 12 |
| Number of service users who have stopped using illicit drugs                   |                      |                      |
| Of these how many have stopped for:  |                      |                      |
| 6 months or more   |                      |                      |
| 3-6 months   |                      |                      |
| 1-3 months   |                      |                      |
| Less than a month  |                      |                      |
| Number of service users who have reduced the amount of illicit drugs they use: |                      |                      |
| Slightly   |                      |                      |
| Significantly  |                      |                      |
| No Reduction   |                      |                      |

| Current Prescription Drug Usage   |                      |                      |
|---|----------------------|----------------------|
|   | April 11-<br>Sept 11 | Oct 11 -<br>March 12 |
| Number of service users who have stopped using prescription drugs                   |                      |                      |
| Of these how many have stopped for:   |                      |                      |
| 6 months or more  |                      |                      |
| 3-6 months  |                      |                      |
| 1-3 months  |                      |                      |
| Less than a month   |                      |                      |
| Number of service users who have reduced the amount of prescription drugs they use: |                      |                      |
| Slightly  |                      |                      |
| Significantly   |                      |                      |
| No Reduction  |                      |                      |

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|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <p><b>PREVALENCE:</b></p> <p>Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others</p>  | Are alcohol dependent   |  |  |  |  |
|   | Are currently stable  |  |  |  |  |
|   | Are intravenous drug users  |  |  |  |  |
|   | Have reduced their risk-taking behaviour  |  |  |  |  |
|   |   |  |  |  |  |
| <p><b>CAPSM:</b></p> <p>Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances</p>  | Improved their parenting skills   |  |  |  |  |
|   | Providing an improved supportive environment for children                                 |  |  |  |  |
|   | Participating in family activities  |  |  |  |  |
|   | Experiencing improved protection of children  |  |  |  |  |
|   | Children affected by substance misuse with improved school attendance rates               |  |  |  |  |
|   | Children affected by substance misuse with improved their school attainment               |  |  |  |  |
|   | Children affected by substance misuse with improved self-confidence and resilience skills |  |  |  |  |
|   | Increased number of children having positive relationship with parents                    |  |  |  |  |
|   | Improved accommodation profile for SU with children living with them                      |  |  |  |  |
|   | Improved illicit drug/alcohol profile for SU with children living with them               |  |  |  |  |
| <p><b>SERVICES:</b></p> <p>Alcohol and drug services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery</p>  | Increased understanding of the impact of substance use has on carers/family               |  |  |  |  |
|   |   |  |  |  |  |
|   | New referrals received  |  |  |  |  |
|   | Returning referrals   |  |  |  |  |
|   | Referrals to other agencies   |  |  |  |  |
|   | Discharges from the service   |  |  |  |  |
|   | Unplanned discharges from the service   |  |  |  |  |
|   | Initial care plans agreed   |  |  |  |  |
|   | Have an individual focused care plan  |  |  |  |  |
|   | Care plans reviewed   |  |  |  |  |
| <p><b>COMMUNITY SAFETY:</b></p> <p>Communities and individuals are safe from alcohol and drug related offences and anti-social behaviour</p>  | Care plans completed  |  |  |  |  |
|   |   |  |  |  |  |
|   | Report funding their drug use through crime   |  |  |  |  |
|   | Are on a DTO/probation  |  |  |  |  |
|   |   |  |  |  |  |
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## Appendix 3:

### Outer Hebrides ADP Case Study: Community Nurse (Alcohol)

Ms A presented via GP initially requesting assistance regarding alcohol misuse which was also affecting another health condition. She had been alcohol dependent for a number of years where the longest period of abstinence was 2 weeks.

Following assessment using tools such as Severity of Alcohol Dependence Questionnaire and Sainsbury Risk Assessment Tool she commenced on a supported home detoxification. This involved nurse prescribing of medication for withdrawal symptoms, anti emetic medication and a 3 night course of sleep medication. Nurse visits 2-3 times a day for 5 days allowed for regular assessment using Clinical Institute of Withdrawal Assessment (CIWA) scoring to ensure symptom management within safe clinical practice. Support continued using motivational interviewing techniques and referral for counselling with local organisation Crossreach.

With support from both services she remained abstinent for 5 months until a short relapse of 7 days following relationship issues. She presented at A&E through the night requesting assistance and, following referral, she was again assisted by the home detox service on the same day in a non judgemental and supportive manner, which was highly important when her confidence was low. Similar prescribing interventions followed and Ms A has now remained abstinent for 4 months, is in part time employment with significant general health improvement and self assurance that she has lacked for a significant number of years. Relapse prevention work has assisted with maintaining sobriety and involvement with child protection services is no longer deemed necessary.

## Contact Details

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