Alcohol and Drugs Partnership Strategy
2012 – 2015
Scottish Borders Alcohol and Drugs Partnership
Strategy for 2012 – 2015

Foreword from Chair
In my role as chair of the Scottish Borders Alcohol & Drugs Partnership (ADP), I am pleased to present this important document for your consideration. It sets out the strategic priorities to be delivered by the Partnership over the next three years.

Borders Alcohol and Drug Partnership is committed to tackling the problems associated with and the impact of substance misuse in the Scottish Borders. Alcohol misuse is much more prevalent than drug misuse and remains the biggest challenge facing individuals, families and communities here in the Scottish Borders. The alcohol problem resulting from excessive consumption impacts across all ages and sections of society. There are significant local cultural attitudes surrounding embracing alcohol which can be impacted on by evidenced based interventions. Drug misuse, although not as prevalent in the Borders as alcohol misuse, still significantly affects communities and continues to blight lives.

While patterns of drug and alcohol use are different we need to adopt a ‘whole population approach’ for substance misuse generally. This approach would see an increase in emphasis on prevention and early intervention, and a strengthening of recovery orientated care for those already experiencing problems and put the person at the centre. It would be driven by strengthening the link between the ADP and the wider community planning framework which is tackling broader issues such as inequality, poverty, unemployment, a holistic social approach, family support and importance of aspiration.

The greatest problems, however, are more often linked with areas of social deprivation and it is for that reason that we need to ensure that our strategies impact directly on those most in need.

If we are to be successful in tackling these problems we need to help society adopt new attitudes and ensure services work together to deliver evidenced based interventions and meet the needs of the local communities they serve.

Through the implementation of this strategy The ADP is committed to reducing drug and alcohol problems amongst young people, adults and the harmful impact on communities. (SOA)

Eric Baijal
Chair, Scottish Borders Alcohol & Drugs Partnership
**Who are we?**

The Scottish Borders Alcohol & Drugs Partnership (ADP) is part of a national network, and we are tasked with delivering a reduction in the level of drug and alcohol problems amongst young people and adults in the Borders, and reducing the harmful impact on families and communities. We are committed to working with the Scottish Government and local communities to tackle the problems arising from substance misuse.

The ADP reports quarterly to the local CHCP Joint Planning and Delivery committee which is responsible for monitoring performance of joint working in Borders. Borders community planning structures are realigning in Borders and will be structures around four broad programme areas including ‘Early Intervention and Prevention’ and ‘Place and Communities’. ADP work will be reflected in both of these programme boards.

The ADP is made up of representatives from the following organisations:

- NHS Borders (Public Health, Mental Health, NHS Borders Addiction Services, Borders General Hospital)
- Scottish Borders Council (Elected Members, Education Dept, Social Work Dept, Community Safety Partnership)
- Lothian & Borders Police
- Lothian & Borders Community Justice Authority
- Drug & Alcohol Voluntary Organisations

It is currently chaired by the Joint Director of Public Health for NHS Borders and Scottish Borders Council.

**The problem**

Drugs and alcohol misuse pose significant problems across Scotland and in the Scottish Borders. An overview of problems is described in the recently published Scottish Borders Strategic Assessment (2011)

**Alcohol**

The Scottish Schools Adolescent Lifestyle and Substance use Survey (SALSUS) shows that weekly alcohol consumption amongst 13 year olds and 15 year olds in the Scottish Borders has decreased between 2006 and 2010. The percentage for 13 year olds has fallen from 8% to 5% (14% nationally) and for 15 year olds from 39% to 17% (34% nationally) (SALSUS 2010).

Alcohol consumption amongst adults in the Scottish Borders show that 36% of men and 27% of women are drinking above recommended guidelines (Scottish Health Survey 2008). There are signs that excessive alcohol consumption is increasingly

---

1 Scottish Borders Strategic Assessment, June 2011

2 Scottish Schools Lifestyle and Substance Use Survey (SALSUS), 2010

3 Scottish Health Survey 2008, September 2009
contributing to ill-health with alcohol-related illness and deaths in particular now regarded as a major public health issue.

The more recent Scottish Health Survey (2010)\textsuperscript{4} provides national data showing a continuing decline in the proportion of individuals drinking above the recommended guidelines. For men, this equates to a fall from 33\% to 27\%, for women from 23\% to 18\%. Local data is not yet available.

The Scottish Health Survey (2010) shows higher rates of alcohol consumption in more advantaged groups with 60\% of men drinking above recommended limits compared to 44\% in the most deprived groups. For women there were 46-49\% of women in more advantaged groups drinking above recommended limits compared with 29\% in the more deprived groups.

Over the past five years the average annual rate of alcohol hospital discharges has remained fairly consistent. However, Scottish Borders rate per 100,000 of population has increased by 1.5\% compared to Scotland at 0.2\% and alcohol-related hospital discharges have disproportionately come from deprived areas (Alcohol Statistics Scotland 2011)\textsuperscript{5}.

In 2009, Scottish Borders had the lowest rate of deaths caused by alcohol-related diseases in Scotland (16.3 per 100,000) but this is showing fluctuations (Alcohol Statistics Scotland 2011).

A Needs Assessment of Drug and Alcohol Problems in the Scottish Borders\textsuperscript{6} carried out in 2009 (Figure 8) estimated that there were 4,600 people locally aged 15 – 55+ years with an alcohol dependency, of which over 11\% were accessing treatment (higher than the Scottish rate of 8\%). Whilst many choose not to access treatment, the number of people seeking help from specialist alcohol services has risen year on year from 397 (2008/9) to 583 so far in 2011/12.

The same report identified that an average of around 210 drunk driving offences are recorded in the Scottish Borders every year, representing just over a tenth of all (drink driving) offences recorded throughout the Lothian & Borders Police area.

Drugs
Drug consumption is less prevalent than alcohol. Amongst young people the level of drug use in the month prior to the survey has remained consistent with 2006 figures at 2\% for 13 year olds (3\% nationally). For 15 year olds there has been a decrease from 18\% to 6\% (11\% nationally) (SALSUS 2010)\textsuperscript{7}.

\textsuperscript{4} Scottish Health Survey 2010, September 2011
http://www.scotland.gov.uk/Publications/2011/09/27084018/0
\textsuperscript{5} Alcohol Statistics Scotland, 2011
\textsuperscript{6} Figure 8 Consultancy. Needs Assessment of Drug & Alcohol Problems in Scottish Borders, 2009
http://www.badp.scot.nhs.uk/professionals/publications--guidelines/local-publications
\textsuperscript{7} Scottish Schools Lifestyle and Substance Use Survey (SALSUS), 2010
A national report ‘Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland’⁸ (Hay et al 2009) estimated there were around 580 people with a drug dependency locally. The table below shows that roughly two thirds of problem drug users are male with an increasing number of older drug users, which is consistent with the national picture. This reinforces the need for a stronger recovery approach to support people to move on from their drug problem.

<table>
<thead>
<tr>
<th>Estimated</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>35-64</td>
<td>140</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>380</strong></td>
<td><strong>190</strong></td>
</tr>
</tbody>
</table>

* Checking results with ISD due to disparity with overall total.

Individuals accessing drug treatment services are above the Scottish national trend with 185 new individuals reported in 2009/10. Numbers have increased over the last four years which is in contrast to a decrease nationally (Scottish Drug Misuse Database).

Scottish Borders has the fourth-lowest average rate of drugs deaths in Scotland over the last five years. Whilst every death is a tragedy for the individual and family the numbers locally continue to remain small with annual fluctuations. (General Registrar Office for Scotland 2010 ⁹).

With regard to drug-related offending, the number of individuals charged with specific offences relating to drug misuse fell from 583 in 2009/10 down to 381 over 2010/11 (Source: Lothian & Borders Police data).

**Parental substance misuse**
A parent’s drug or alcohol problem can significantly affect their ability to parent and impact negatively on their children. The percentage of adults accessing adult drug and alcohol services who have dependent children ranged from 32% and 67% in the 2009 Figure 8 report and is an important priority for adult and children’s services.

**What is going to change?**
The partnership has made significant progress in addressing drug and alcohol problems, for example we have commissioned new services to work with families, and services for people with alcohol problems are benefiting from increased investment and improved service delivery. More needs to be done however and we need to change how we do things to deliver real and lasting outcomes for individuals, families and communities.

We will work together with local communities to ensure;

- People live in positive, health-promoting local environments where alcohol and drugs are less readily available;

---

• Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others;
• Those people at greatest risk of developing drug and alcohol problems are identified earlier to ensure they do not escalate;
• People are healthier and experience fewer risks as a result of alcohol and drug use;
• Resources are targeted at populations considered “at risk” or “hard to reach”;
• Individuals are improving their health, wellbeing and life-chances by recovering from problematic drug and alcohol use;
• Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people engage in recovery focussed work throughout treatment and that their recovery continues on into sustained achievement of long term goals;
• Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances;
• Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour;

Why are we doing this?

Policy context
Scotland’s drug strategy, ‘The Road to Recovery’ set out a new approach to tackling problem drug use, reforming the way that drug services are planned, commissioned and delivered by placing a stronger emphasis on outcomes and on recovery. It recognises recovery is a process helping people move towards a drug-free life and become and active and contributing member of society.

The national alcohol strategy ‘Changing Scotland’s Relationship with Alcohol – A Framework for Action’ (2009) calls for the adoption of a Whole Population Approach (WPA). This approach aims to reduce alcohol consumption at all levels as evidence shows that if you reduce alcohol consumption, you reduce harm. This is in recognition that the impact on society, for example on illness, death and public disorder, is generated by broad sections of society, not just those with an alcohol dependency, so a much more comprehensive approach is required.

The national alcohol strategy combines both legislative and policy changes to influence this population shift. The Licensing (Scotland) Act 2005 came into full effect on 1 September 2009. It aimed to overhaul the existing licensing arrangements and established five licensing objectives, all of which have the potential to impact on health and well-being including “Protecting and Improving Public Health”. Legislative changes were also introduced via The Alcohol etc (Scotland) Act 2010 and included:

10 The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem, May 2008: http://www.scotland.gov.uk/Publications/2008/05/22161610/0
- A ban on quantity discounts
- Restrictions on alcohol display and promotions in off-sales
- Mandatory Challenge 25 age verification policy
- Powers to introduce a social responsibility levy on license holders
- Health Boards to be notified of premises license applications
- Annual Chief Constable reports to be provided.

Evidence is also being sought by the Scottish Parliament's Health & Sport Committee on the principles of the Alcohol (Minimum Pricing) (Scotland) Bill\(^\text{15}\), which was introduced on 31 October 2011. The main purpose of the Bill is to introduce a minimum price of alcohol below which alcohol must not be sold on licensed premises. The minimum price will be set according to the strength of the alcohol, the volume of the alcohol and the minimum price per unit.

National drug and alcohol policies are analysed in the ‘Melting the Iceberg of Scotland’s drug and alcohol problem: Report of the Independent Enquiry’ (2010)\(^\text{16}\). It argues that alcohol and drug misuse is a consequence of the general acceptance of substance misuse in Scotland and calls for a whole population approach to address the multiple influencing factors. The adoption of a more personalised approach to supporting those with problems is also advocated by building a ‘circle of care’ around clinical interventions.

Subsequent evidence contained in the ‘Quality Alcohol Treatment Services’ Report (2011)\(^\text{17}\) takes this further by advocating a stepped-care, recovery-focused approach to alcohol treatment and support that meets the unique needs of individuals, and which is embedded into normal practice.

The ADP and services it commissions will also embed the Healthcare Quality Ambitions\(^\text{18}\) and incorporate a person-centred, safe and effective approach to treatment and support.

In addition to this, NHS Boards and ADPs are working towards specific targets, including those around the delivery of alcohol brief interventions (HEAT H4)\(^\text{19}\) and improving access to drug and alcohol services (HEAT A11)\(^\text{20}\) and gathering information to support psychological therapies HEAT target.

\(^{15}\) Alcohol (Minimum Pricing) (Scotland) Bill, October 2011 [http://www.scottish.parliament.uk/parliamentarybusiness/Bills/43354.aspx](http://www.scottish.parliament.uk/parliamentarybusiness/Bills/43354.aspx)
\(^{18}\) Healthcare Quality Ambitions, The Scottish Government, May 2010
More recently, the Drugs Strategy Delivery Commission (DSDC) has delivered its first report (2011) assessing implementation of Scotland’s drugs strategy. This focuses on the three key areas of Children Affected by Parental Substance Misuse; Care, Treatment and Recovery; and Governance and Accountability, and includes a number of recommendations on each key area (the areas of prevention and enforcement will be considered over 2011/12).

Notable successes include the protection of ring-fenced funding to support care and treatment, a reduction in waiting times for accessing drug services, implementation of the Naloxone programme to reduce drug-related deaths, and improved child protection guidance regarding parental substance misuse.

As well as these drug and alcohol and NHS specific policies our ADP Strategy also takes cognisance of the Christie Report, 2011 (**add ref). This investigation into the future of public services was done in the context of increasing demand for services and the constraints on public sector spending following the financial and economic crisis of 2007. The Report states that approximately 40% of public spending goes towards ‘negative outcomes’ which ought to be preventable. To address this the Report includes recommendations that:

1. public service organisations work together effectively to achieve outcomes;
2. public service organizations prioritise prevention, reducing inequalities and promoting equality; and

Borders ADP is, as stated, a multi-agency partnership which has clear links to planning structures, this will ensure we work towards Recommendation 1. Recommendation 2’s focus on prevention and reducing inequalities is key to our strategy and we will ensure that our delivery plan for 2012-2015 will move the ADP forward in this theme.

Local needs
Local needs have been identified through a process of needs assessments, reviews of action plans and strategies, monitoring of service delivery and achievement of outcomes, and specific events engaging a broad range of stakeholders. These include:

- Assessing the needs of families affected by substance misuse in the Scottish Borders (2011)
- Mapping the Road to Recovery Event (2010)
- Inter-agency seminars on Early and Effective interventions, where alcohol was identified as one of the top 3 priorities
- An interagency Borders wide Child Protection event examining local responses to parental substance misuse.

---

How will we achieve this change?

**We will deliver a whole population approach by:**
- Strengthening prevention approaches for young people through schools and parents, ensuring those with special needs aren’t overlooked
- Embedding and sustaining local delivery of alcohol screening and brief interventions within normal practice and build evidence for delivery in non-health settings such as social care.
- Supporting informed decision making around licensing, and ensuring such decisions take into account any impact on the health of local communities. Supporting NHS Borders representation on Local Licensing Forum.
- Continuing to work proactively on reducing the availability of alcohol and drugs within our local communities.
- Creating stronger links with the wider Community Planning Partnership, and contributing to delivering on our Single Outcome Agreement.

**We will**
Promote healthier attitudes towards alcohol and drugs by creating positive, health-promoting cultures, for example within organisations for staff and service users, and by reducing the availability of alcohol and illicit drugs.

**We will**
Build on existing work locally and find ways to measure impact and need through: improved data collection and needs assessments, raising awareness; addressing training needs, supporting recovery, and regular communication with local communities through the media.

**We will**
Reduce the impact of drug and alcohol problems on individuals, families and local communities by ensuring equality of access to substance misuse service for drug and alcohol-related offenders, strengthening our response to the more vulnerable groups, such as women offenders and those fleeing violence, and improving supports available for those affected by another’s substance misuse.

**We will**
Work alongside treatment, care and support services to ensure evidenced based recovery interventions aimed at reducing drug and alcohol-related illness and deaths occur as well as ensure testing, advice and immunisation for those at risk from blood-borne viruses. Services will be supported to develop an increased focus on outcome monitoring.

**We will**
Promote recovery from drug and alcohol problems by developing recovery orientated outcomes in service contracts (as set out in our ADP Commissioning Strategy), work with services to identify and address workforce training needs on recovery approaches, and harnessing the support of families and local communities.

**We will**
Improve the health of those with drug problems by implementing our Take Home Naloxone programme to reduce drug-related deaths.
We will
Strengthen strategic links between the ADP, Child Protection and Adult Protection Committees with the aim of co-ordinated action on public protection through key partner agencies to improve joint working and establish mechanisms for reporting developments to the ADP.

We will
Protect children and young people from the harmful impact of parental drug and alcohol use by services working together to strengthen local arrangements for screening, identification, communication and early intervention across adult and children’s services.

We will
Work with services to encourage development of improved mechanisms for service user, carer, and stakeholder involvement on an ongoing basis.

We will
Improve services by assisting them to carry out a Training Needs Analysis of the drug and alcohol workforce and develop a Workforce Development Plan.

How will we know we have been successful?
We will detail how these plans are to be implemented in our annual ADP Delivery Plans\footnote{Scottish Borders Alcohol & Drugs Partnership Delivery Plan 2012-15, May 2012 \url{http://www.badp.scot.nhs.uk/?a=14911}} and Commissioning Strategy for 2012-2015. We will be held accountable for progressing these by the Scottish Borders Community Health & Care Partnership’s Joint Planning & Delivery Group with progress monitored on a quarterly and annual basis.

Further information on any aspects of the plan may be obtained from the ADP Support Team on 01896 825566 or on the ADP website: \url{www.badp.scot.nhs.uk}