

Argyll & Bute Alcohol and Drug Partnership Strategy 2013-2016



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Vision

The Argyll and Bute Alcohol and Drug Partnership's vision is to work in partnership to prevent and support recovery from the harmful use of alcohol and drugs.

Aim

The Argyll and Bute Alcohol and Drug Partnership (ADP) aims to:

- Maintain a clear partnership approach, with trust and honesty among all partners
- Develop and implement an alcohol and drugs strategy based on the analysis of local needs and circumstances
- Ensure services in Argyll & Bute are commissioned in line with this strategy in an open and transparent way
- Monitor the progress of the strategy through an agreed performance outcomes and frameworks
- Ensure that the budget is aligned to the strategic direction of the ADP
- Ensure the strategy is in line with national policy balanced with local need and evidence of effectiveness.
- Engage with service users and practitioners in reviewing the effectiveness of this strategy and developing the next stages of our strategic development.

Introduction

The problematic use of substances, both legal and illegal, is a major concern in Scotland. While the majority of residents in Argyll & Bute do not misuse drugs and consume alcohol responsibly, significant proportions have a problematic relationship with these substances, especially alcohol, causing harm to themselves and others. Due to the level of impact nationally, the Scottish Government has stated that alcohol misuse is the biggest public health challenge that the nation faces¹.

In March 2009, the Scottish Government published *Changing Scotland's Relationship with Alcohol: A Framework for Action*. The 'Framework' addresses issues around reducing alcohol consumption, tackling the damaging impact alcohol misuse has on our families and communities, encouraging positive attitudes and positive choices and improving the support and treatment available to tackle problem alcohol use. The *Framework for Action* recognised that alcohol misuse is much more prevalent across Scottish society than previously recognised. As a result the Framework adopts a whole population approach, as well as recognising that some vulnerable groups require a more targeted approach.

The drugs strategy, *The Road to Recovery*, was published in May 2008. This sets out a significant programme of reform to tackle Scotland's drug problem. Central to the strategy is the concept of recovery - a process through which individuals are enabled to move on from their problem drug use towards a drug-free life and become active and contributing members of society. The drugs strategy and the alcohol Framework both signalled the need to ensure that local delivery of alcohol and drugs services was effective, efficient, accountable and able to contribute to national and local outcomes.

In January 2008, the Scottish Government established a Delivery Reform Group with the remit of recommending improvements to the then existing Alcohol and Drug Action Teams (ADAT). In 2009, they published *The National Framework for Alcohol and Drugs Partnerships* (ADPs) which sets out the new arrangements for the strategic governance of alcohol and drugs services across Scotland. This framework provides an emphasis on securing accountability across the wide range of agencies involved in tackling alcohol and drugs issues at a Local Authority level. In particular, there is a focus on ensuring participation from partner agencies at a strategic level to ensure there is commitment to taking forward the strategic direction of the development of alcohol and drug related services. The ADP was to be embedded into the local Community Planning structures.

The Argyll & Bute Alcohol and Drug Partnership (A&B ADP) is co-terminus with Argyll & Bute Council, although some strategic partners cover a wider geographical spread that may impact on the decisions taken at the Argyll & Bute ADP, for example Strathclyde Police (National Police Service from April 2013).

Argyll and Bute Context

Argyll & Bute is one of the 32 unitary council areas of Scotland and is the second largest geographical council area. Argyll & Bute covers 6,909 km² (2668 square miles) of the west coast and borders West Dunbartonshire to the east, Stirling to the north-east and Highland to the north. The 2011 mid-year estimated population was 89,950. The Scottish Government Urban-Rural Classification 2009-10 places 52% of the population in 'rural' areas and 45% of these are in 'remote rural' locations. Almost 80% of people live within 1km of the coast and 96% within 10km. Argyll & Bute has 25 inhabited islands, with 17% of the total population living on an island.ⁱⁱ

Strategy Development

The Argyll & Bute ADP Strategy has been developed with support from two key pieces of work; the Needs Analysis undertaken during 2011 and a Development Day held in May 2012 with all ADP partners.

In 2011, the Argyll & Bute ADP commissioned Professor Neil McKeganey to undertake a needs assessment. The aim of the needs analysis was to collate and examine information and planning in relation to substance misuse services; assess inputs, outputs and reach of each service and identify differences and gaps in services and coverage; evaluate impact against the agreed objectives of each service; and provide an evidence base of information to identify key outcomes for drug and alcohol services in Argyll & Bute. The needs analysis was published in January 2012ⁱⁱⁱ.

The quantitative data in the needs analysis highlighted a lack of national prevalence data in problem alcohol use. However, there has been an increase in alcohol related mortality amongst men and women in Argyll & Bute in the last ten years, with Argyll & Bute council area ranked 16th worst out of 32 council areas in Scotland in 2009/10 for general acute hospital and day case discharge for alcohol related diagnosis, with 2.1% of the total Scottish discharges in this time period.

In 2011, the latest prevalence figures for problem drug use in Scotland estimated that there were 770 problem drug users in Argyll & Bute which was a 40% increase from 2006. Argyll & Bute was therefore placed 23rd out of 32 council areas in terms of the overall prevalence with first place having the highest prevalence.

Statistics on the use of alcohol amongst young people in Argyll & Bute show that there is a higher than average experimentation and use of alcohol than the rest of Scotland. The average for 13 year olds in Argyll & Bute who consumed a whole alcoholic drink was 51% compared to the Scottish average of 44% and for 15 year olds it was 84% compared to the Scottish average of 77%.

These findings have been correlated by local research looking at drinking by young people in three schools in Argyll & Bute. The research found that 94% of the 215 respondents had consumed alcohol on at least one occasion, and 20% had consumed alcohol before the age of ten. It also highlighted that boys drank more than girls, but girls binge drink more than boys. The average number of units the respondents consumed in each session was 11 units of alcohol which is more than 1.75 times the UK average and more than 2.5 times the European average.^{iv}

There is currently a lack of quantitative data at a localised level across Argyll & Bute that allows the differences within the council area to be identified. There is also a lack of data to provide trends and patterns across the council area, as well as nationally. This information gap will need to be addressed as a priority to ensure the performance monitoring of the Strategy at both local and council areas.

The needs analysis also undertook qualitative research amongst partners, service providers and service users within Argyll & Bute. Service users reported positive feedback on the service provision for both statutory and third sector services, but reported gaps in provision across and between the geographical areas within Argyll & Bute, for example provision of advice on injecting safely and lack of onward referral to other services to receive additional advice. Service providers all highlighted their client centred ethos and were supportive of greater integration with other services. However, there was little evidence to the researcher of structured service plans to ensure integration of services but there was feedback on the need for better working relationships between agencies. The strategic partnership working was seen as often tense especially between the statutory and third sector partners, and there was a criticism of the lack of open and transparent working.

The Strategy Development Day welcomed representatives from partner organisations from across Argyll & Bute. The day was focused on “where we want to be in 2015” and looked at the priorities for actions, strengths and challenges for the ADP. The Development Day also looked in more depth at the recommendations from the Needs Analysis.

The partners who attended the Development Day requested that the Strategy would require actions on statistical information, service mapping, and clarity on the partnership working. These issues are identified in the Strategy outlined below

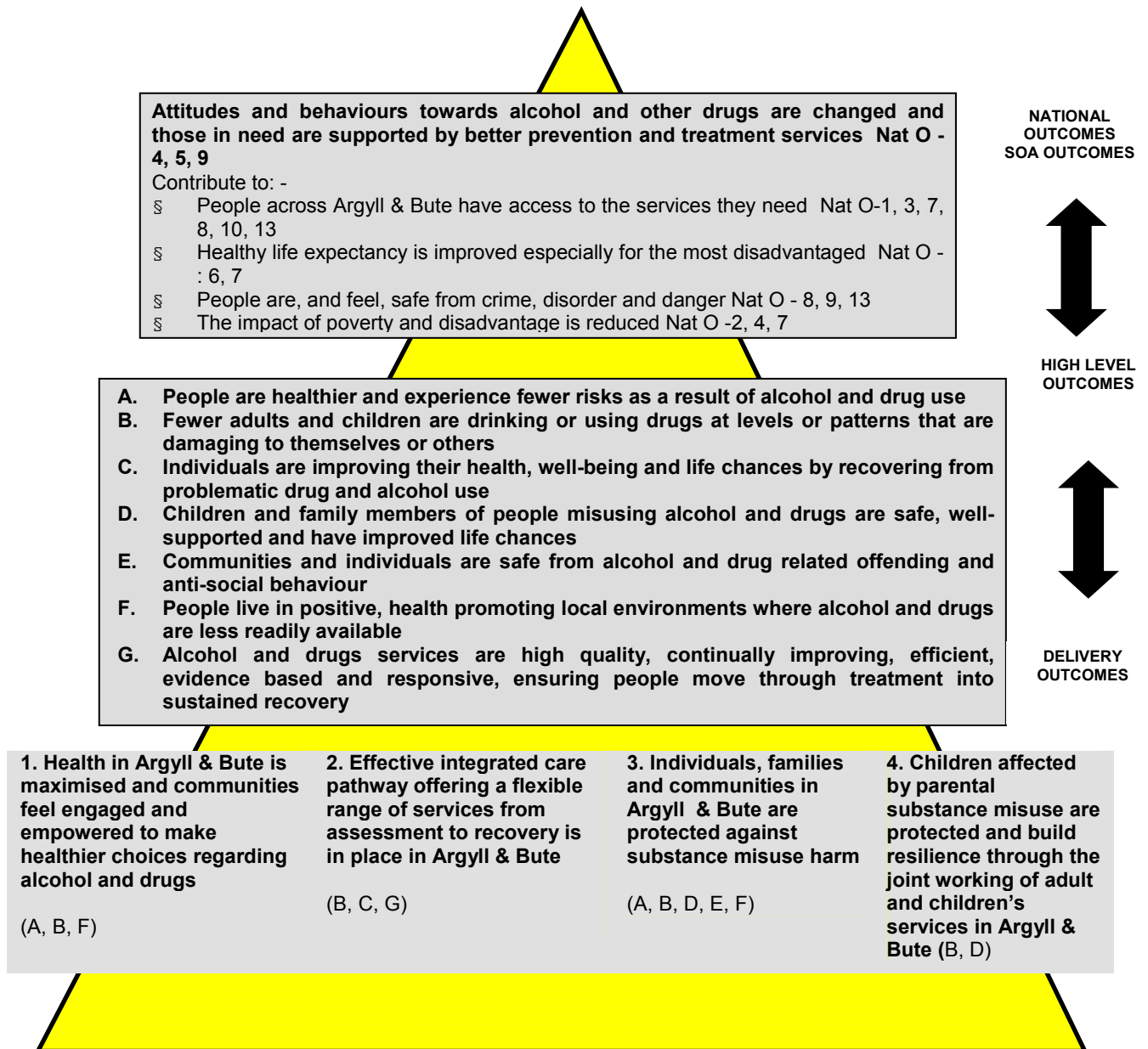
Our Priorities

The Argyll & Bute Alcohol and Drug Partnership (ADP) priorities for 2013-2016 are:

- Health in Argyll & Bute is maximised and communities feel engaged and empowered to make healthier choices regarding alcohol and drugs
- Effective integrated care pathway is established, offering a flexible range of services from assessment to recovery is in place in Argyll & Bute
- Individuals, families and communities in Argyll & Bute are protected against substance misuse harm
- Children affected by parental substance misuse are protected and build resilience through the joint working of adult and children's services in Argyll & Bute

These priorities form part of the outcomes framework for Argyll and Bute ADP shown below in Figure 1. They form part of the delivery outcomes that will underpin the seven core outcomes for Alcohol and Drug Partnerships set by the Scottish Government that are shown in the middle of the triangle and listed separately in Appendix 1, and contribute towards the delivery of the high level Scottish Government outcomes to create a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth^v.

Figure 1: Argyll & Bute ADP Outcomes Framework



Priority One: Maximised Health in Argyll & Bute

Maximising health for residents of Argyll & Bute is a complex process that will require a number of different, inter-related strands to ensure individuals and communities have accessible information, knowledge and skills to make positive choices on their health. Preventing the problematic use of alcohol and drugs is more cost effective and desirable than treating established problems.

These strands include prevention strategies including awareness raising, education and community engagement; embedding screening and information on alcohol and drugs in primary care services, other health services and social setting, and engagement with the Licensing Board in regard to overprovision, temporary licenses and the geographical distribution of licensed premises.

Whole population approaches to reduce alcohol related harm were included in the Scottish Government's Alcohol Bill which had legislative measures including regulation of price, restrictions on promotions and availability, and public awareness campaigns. This was part of the Scottish Government's programme developed through the *Changing Scotland's Relationship with Alcohol* framework document which seeks to promote a cultural change to the nation's relationship with alcohol.

The Needs Analysis identified that alcohol related mortality for Argyll & Bute had increased in the last ten years and that young people in Argyll & Bute were drinking above the average for Scotland. Therefore, there needs to be a focus on everyone's behaviours in Argyll & Bute, as most alcohol related harm does not come from those with severe alcohol dependency problems. While binge drinking can cause acute harm and antisocial behaviours that affect the community, the most harm is caused by those who consume above average levels of alcohol over long periods of time that is detrimental to long-term health. Developing a low alcohol consumption culture and reduced acceptability of drunkenness across the entire population will reduce the level of harm in our communities.

The Licensing (Scotland) Act 2005 offers opportunities for greater engagement with Licensing Boards and Forums at a local level. The ADP and partners need to maximise these opportunities to provide evidence and expertise to the Licensing Board to ensure the Polices and Overprovision Statements in Argyll & Bute can impact on the availability and accessibility of alcohol locally.

The terms drug use, dependence and addiction are not interchangeable. It is not always possible to predict who might misjudge the balance between risk and benefit of using drugs and lead to dependency, addiction and problematic drug use which can increase negative long-term health, criminal justice or social consequences. Therefore the provision of trusted and credible

information to help people make informed choices about drug use is relevant to all citizens, not just problematic drug users.

Prevention use a wide range of different evidence based methods for both targeted interventions and whole population approaches. The aims are multiple and include the reduction of initiation to risky behaviours including drug and alcohol use; reduce the number of people at risk of moving to problematic use of drugs and/or alcohol; improving community attitudes and values to drugs and/or alcohol; increasing individual and community resilience; improving the wellbeing of vulnerable populations; and reducing the harm caused by drugs and alcohol to the individual and communities. All these different elements need to be developed further into a comprehensive prevention plan that looks at all aspects. This will be supported by the models being developed by NHS Health Scotland.

The ADP needs to engage with the different services involved in education from nursery schools through to secondary and youth services to develop appropriate curriculum, in terms of both content and delivery methods, to develop knowledge and skills for positive choices on alcohol and drugs. Schools currently provide knowledge and skills on alcohol and drugs within their curriculum. The proposed curriculum development will need build on current work in schools, evaluating its effectiveness and identifying gaps. It should be developed in partnership with teachers, students and parents/carers to ensure a holistic delivery increasing knowledge sharing within families and communities. Youth Services will also need to be a key partner in working with young people outside the educational framework.

There is existing and emerging evidence of the need for and value of joined up working in areas of health including the impact of inequalities and supporting those most vulnerable in society. The ADP needs to ensure that cross agenda working at both practice and policy levels are in place to address a number of different issues, for example the Sexual Health and Blood Borne Virus Framework.

The ADP will also have to widen its engagement with the wider community within Argyll & Bute. There are many means of accessing different groups within the community, for example carers' groups, older people's forums, health and wellbeing networks, and parent and toddler groups. The ADP needs to develop different ways of support information sharing and capacity building within these community groups to build resilience, knowledge and skills within the wider community.

The ADP will continue to work with primary care services to support staff in delivery of high quality screening and information on alcohol and drugs within their practices. The Scottish Government's HEAT targets on alcohol brief intervention (ABI) have increased screening and interventions to reduce alcohol consumption within the general population. We need to continue to work with all GP practices to increase the delivery of the ABI programme within Argyll & Bute and to build on the trusted relationship developed by primary care staff with patients to support the concept of "every contact

counts” whole population approach to information and support on alcohol and drugs. Also there is a need to develop further links with other NHS and other health settings, to embed every contact counts into the wider health workforce and further develop the ABI programme into wider, evidence-based settings.

Key Actions

- Build strong partnership with Licensing Forum and Licensing Board members to ensure expertise of ADP partners is used to support decision making on licensing policies and applications
- Develop local evidence to support the development of Licensing Board policies and overprovision statements
- Develop a prevention action plan for Argyll & Bute that ensures evidence based best practice is used
- Develop educational curriculum for use in all schools in Argyll & Bute that builds on evidence based best practice
- Continue to engage with primary care and other health settings to make every contact count in relation to ABIs and the provision of trusted information on drugs and alcohol
- Build and develop strong local networks through which alcohol and drugs information can be disseminated to the wider community

Priority Two: Integrated Care Pathways

The Needs Analysis highlighted the lack of structured service plans for integration and the need to provide greater integration between services. Therefore, the ADP needs to bring together partners to develop integrated care services within Argyll & Bute that recognises that people who have problematic drug and alcohol use also have a range of other difficulties in their lives. Therefore a range of treatment, care and support services will be needed to help individuals move along a recovery journey and to improve their relationships with their family, friends and the wider community.

Recovery is a deeply personal, unique and voluntary journey of change to regain control and move towards a stable and fulfilling life free from addiction. It can be considered to be constructed upon four founding principles: a sense of hope, a sense of purpose, a positive identity and a feeling of belonging. Recovery journeys differ between people and can occur at different times in a person's life. Therefore, services need to provide person-centred care that combines medical, psycho-social interventions and integrates across different organisations to focus on shared outcomes.

The ADP needs to develop a coherent recovery journey that is flexible to respond to individual needs but outlines the range of service involved in supporting recovery journeys and provides integration across organisations to ensure seamless support. This will enable people who are ready to start their recovery journey to be supported across the many different areas of their lives, for example housing to mental health, detoxification to money management. There needs to be clear referral pathways for services to understand how to access the different elements of the journey.

The ADP will need to lead the re-orientation of services to become outcomes focused with an overarching Recovery Oriented System of Care with clear routes into, through and out of the system as people progress with their recovery. There is a need to ensure treatment services are reaching all those who need support, working to reach those at risk of unplanned admission to hospital, working with criminal justice to ensure those in need are treated and develop alternative ways of engaging those with problematic use of drugs and/or alcohol who are unlikely to access traditional services. Services need to meet the needs of people, however challenging they may be.

Services need to be developed in line with the Scottish Ministerial Advisory Committee on Alcohol Problems (SMACAP) Essential Services Working Group: Quality Alcohol Treatment and Support (QATS)^{vi} stepped care approach embedding the Healthcare Quality Ambitions. Service provision must also ensure that the Health improvement, Efficiency, Access to services and Treatment (HEAT) target A11 Drug and Alcohol Treatment Waiting Times. The Scottish Government has set the A11 target so that by March 2013, specialist drug and alcohol services (tier 3 and 4) in all ADP areas will have 90% of their clients will wait no longer than three weeks from referral to treatment.^{vii}

As addiction and problematic use does not just affect the individual but also their families, it is important that families have a role in the recovery journey. There is a need to develop opportunities for couples, families and carers to be both involved in and received support along the recovery journey.

To support the Argyll & Bute recovery journey, clear information sharing protocols between agencies and organisations are needed. Those that are already in place, will need to be updated to ensure a seamless sharing of information, and the use of the Shared Single Assessment should be embedded, so that service users do not need to repeat standard information required to support their journey.

There is also a requirement to ensure data is used to underpin service delivery, service quality, support best practice development and ensure that outcomes are the focus. The ADP needs to ensure that the service models and delivery within Argyll & Bute is the best that can be delivered. Therefore, tools such as benchmarking and comparing ourselves with statistical neighbours are important to ensure that we are delivering the best for our service users and their families.

Services also need to exist within a wider recovery community where peer support and mutual aid is readily available and accessible. The ADP needs to support the development of service user groups in each locality independent of all services that can ensure a clear service user voice in design, delivery and focus of local services, and provide peer support and mutual aid. These service user groups should reflect the different geographical locations but not services, and should be independent. They should be supported by the ADP but run by and for service users, not services, and to develop capacity and capability to be independent.

The ADP will also need to ensure that workforce development is in place across Argyll & Bute to develop high quality, skilled staff to support the recovery journey. This is especially important in Argyll & Bute to ensure that there is equity of service across the geographical diversity. Current skills need to be mapped and a plan to develop the workforce can then be developed.

Key Actions

- Develop a recovery journey that integrates different services into a coherent pathway for service users with clear referral pathways
- Ensure a holistic approach is taken to the journey to engage partners with wider services such as employment, money management agencies, etc.
- Embed Healthcare Quality Ambitions into service provision
- Establish or update Information Sharing Protocols between agencies to create seamless movement between services for service users
- Achievement and maintenance of HEAT A11 drug and alcohol waiting time target
- Develop family support networks
- Develop clear data to allow benchmarking and comparison with other statistically similar drug and alcohol services
- Develop geographically focused, independent service user groups
- Undertake skills audit to develop a workforce development plan

Priority Three: Protection from Harm

Problematic substance use can adversely affect those who misuse alcohol and other drugs as well as their family, children and the broader community in which they live. Alcohol is a particular contributory factor to a wide range of social problems. Until such time that those with problematic drug and alcohol use start on their recovery journey, harm reduction strategies, early intervention and effective public protection arrangements are required to keep them, their children, families and communities safe and ensure the best outcomes for the future.

According to the Scottish Prisoner Survey 2011, half of those who completed a questionnaire (50%) reported being drunk and under half (44%) reported being under the influence of drugs at the time of their offence; a quarter (25%) reported that drinking affected their ability to hold down a job and over one third of prisoners (38%) admitted that their drinking affected their relationship with their family. The survey also found that 20% of prisoners reported that they had used drugs in the month prior to the survey while in prison and 18% reported that they had committed their offence to get money for drugs. One quarter (23%) were receiving treatment for drug use before they were imprisoned and 39% stated that their drug use was a problem for them on the outside^{viii}.

The Scottish Crime and Justice Survey 2010/11 reported that victims perceived the offender to have been under the influence of alcohol in 63% of violent crime and to have taken drugs in 34% of violent crime.

The ADP needs to work with criminal justice services through the Criminal Justice Partnership and the Criminal Justice Authority (CJA) to embed support and recovery in all phases of work, from arrest, custody suites, through the sentencing and aftercare. Closer working with the police is required to support people in custody to access specialist services while in custody locally. There also needs to be more interaction with the court systems to provide expertise and evidence for the use of Community Payback Orders (CPOs) rather than custodial sentences and to ensure that the treatment requirements for those with drug and alcohol problems are included to help individuals address the areas of their lives that require change. The ADP also needs to link with the Scottish Prison Service to provide adequate throughcare and aftercare for liberated prisoners when they return to Argyll & Bute.

The ADP needs to work with Trading Standards and the Police to ensure that existing alcohol laws are enforced in particular selling alcohol to drunken people, underage sales and adults purchasing alcohol for young people. The Challenge 25 scheme is in place in many establishments across Scotland, the ADP needs to work with licensees to ensure this is enforced and support them in safely selling alcohol in the community.

While alcohol and drugs do not excuse domestic abuse, where these are involved the risks to women and children are greater. These risks include

increased severity of abuse by perpetrators and increased dependency on substances as a coping mechanism by victims. The ADP needs to ensure a more coordinated approach is taken within Argyll & Bute to ensure a consistent response to victims and perpetrators of domestic abuse when substance use is an issue.

The integration of social workers into the Argyll & Bute Addictions Team (ABAT) has provided specialist addiction social workers to support social services child and adult protection process where substance misuse is involved. The ADP needs to develop stronger links with the Violence Against Women Partnership and other agencies working to reduce domestic abuse and ensure that the expertise of specialist drug and alcohol services are linked into the provision of support.

Protection from harm is not just about crime and criminal justice. Harm reduction strategies need to be embedded into service provision – for example access to needle exchange programmes to reduce risk from shared needles and enhance the service where evidence highlights the need; blood-borne virus testing and vaccination programmes need to continue to work to increase the level of uptake of testing and treatment; and substitute prescribing services to support services users to stabilise their lives.

Drug related deaths in Scotland are increasing, and opiates are implicated in or potentially responsible for 35% of these deaths. The ADP needs to continue to implement a systematic in-depth investigation for every drug-related death in Argyll & Bute.

Naloxone is a prescriptive drug that temporarily reverses the effects of opiate overdose. The Naloxone programme seeks to provide Naloxone kits to opiate users to be used in the event of an overdose. The ADP needs to develop a comprehensive Naloxone programme to embed Naloxone training to opiate users, family members, and key staff.

Key Actions

- Work in partnership with Criminal Justice to develop strong links between specialist services and criminal justice agencies from arrest to throughcare.
- Build relationship with Trading Standards to support work on enforcing alcohol laws
- Develop links to licensees to support enforcement of alcohol laws
- Develop strong partnership with the Violence Against Women Partnership to provide specialist expertise to support their work with victims of domestic abuse
- Build on current harm reduction work and extend where required programmes such as needle exchange and blood-borne virus testing and treatment
- Develop Naloxone programme to train service users, family, friends and staff and roll out delivery to ensure those at risk of opiate overdose have access to Naloxone

Priority Four: Children and Young People

Children who live with parents who have alcohol or drug problems are among the most vulnerable in society. Problematic substance use can cause serious disruption to family life and has a major impact on health and wellbeing.

These children are entitled to help, support and protection, within their own families wherever possible. Sometimes they will need agencies to take prompt action to secure their safety. Parents too will need strong support to tackle and overcome their problems and promote their children's full potential. The welfare of the children need to be paramount and agencies need to assess the needs of children of substance misusing parents, and provide services to safeguard their welfare^x. *Getting Our Priorities Right* (GOPR) provides guidance to support this work and needs to underpin work with children affected by parental substance misuse.

The Scottish Government has set out a clear strategy for children, including those in families affected by substance misuse, in the *Getting It Right For Every Child* (GIRFEC). GIRFEC is focused on ensuring that irrespective of where they live or what their needs are, children, young people and families should know what support is available to them and that the services providing that support put the needs of the child, young person or family at the centre. It promotes a shared approach and responsibility across agencies to build solutions with and around children, young people and families, to enable children and young people to get the help they need when they need it, to support a positive shift in culture, systems and practice, and to work together to improve life chance for children, young people and families^{xi}.

Parents are the single most important factor in a child's wellbeing and it is critical that services increase the capacity for parents to provide wellbeing. Working in partnership, specialist services need to ensure that GIRFEC guidelines are embedded in the Single Shared Assessment and where appropriate joint working is quickly established to support the family during the recovery journey.

Children Affected by Parent Substance Misuse (CAPSM) is an important area of work, current national estimates for children affected by parental drug misuse are 40-60,000. Of these, 10-20,000, are estimated as living with at least one affected parent. We also estimate that around 65,000 children may be affected by parental alcohol misuse^{xii}. However, local data is patchy in Argyll & Bute to accurately identify the local need; data from child protection where substance misuse is a factor provides some information but does not give the full picture.

The ADP needs to ensure that strong relationships are in place with Children and Families Services and that specialist services are involved in child protection case conferences. Closer working with the Child Protection

Committee (CPC) will ensure that the cross cutting issues relating to the impact of alcohol and drug misuse for children are shared. The *National Guidance for Child Protection in Scotland*^{xiii} recommends that collaboration between the ADP and the CPC is at both operational and strategic levels. The ADP needs to work closer with the CPC to ensure these links are embedded into services within Argyll & Bute.

Young people in Argyll & Bute are drinking at levels higher than the Scottish average. Therefore it is important that young people are engaged early to build resilience and skills for positive choices. Diversionary projects are a valuable means of both helping young people breaking the cycle of problematic behaviour and supporting them to change the direction of their lives and futures.

Some young people face increased risks of developing problems with drugs or alcohol, for example looked after children, young offenders and those with parents who misuse drugs or alcohol. These groups will require targeted support. A collaborative approach from all organisations working with young people, strong relationships to share best practice and referrals to other services need to be developed to provide holistic support for their needs.

Key Actions

- Ensure that parents are identified during assessment by drug and alcohol services to embed GIRFEC guidelines in the Single Shared Assessment
- Develop local data on children affected by substance misuse
- Build strong links between the ADP and Children and Families Services to ensure shared policy and procedures for child protection
- Further research young people's drinking patterns in Argyll & Bute to understand the reasons for the high level of alcohol consumption locally
- Further develop diversionary activities to support alternatives to substance use and to build capacity and resilience in young people
- Continue to work with vulnerable at risk groups of young people to support their needs and aspirations

Conclusion

The Argyll & Bute ADP Strategy is the first step in the direction of travel for the ADP in the next three years to further develop its role as a strategic commissioner with open and transparent working practices. It also highlights a great deal of work required by the partnership to deliver on the Vision “to work in partnership to prevent and support recovery from the harmful use of alcohol and drugs”. This includes working to create a complete Delivery Plan for the Key Actions highlighted in this Strategy, with more detail including timescales of delivery, performance and outcome measures, and resource allocation requirements.

To achieve this Strategy, the structures of the ADP will need to be reviewed and altered to ensure the aims and priorities can be advanced. The ADP structures need to support this work, involving all partners of the ADP and other organisations who can provide their knowledge and skills to enhance the work of the ADP.

The ADP will also need to work collaboratively to develop data collection for Argyll & Bute. There is a lack of quality data at local level for key indicators and as the priority workstreams are developed, data collection and performance monitoring will also need to be developed. The move to outcome focused delivery must be underpinned with data to ensure that the Strategy’s Key Actions are being delivered within Argyll & Bute.

Good partnership working between the key partners of the ADP and with other agencies is required. Past tensions between partners will need to be resolved and a new way forward found. An open dialogue is required to maintain the direction outlined in this Strategy. All partners are valued within the ADP and professionalism is required by all to deliver the Strategy for the benefit of the community.

Appendix 1: Core ADP Outcomes (set by the Scottish Government)

1. HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use: a range of improvements to physical and mental health, as well as wider well-being, should be experienced by individuals and communities where harmful drug and alcohol use is being reduced, including fewer acute and long-term risks to physical and mental health, and a reduced risk of drug or alcohol-related mortality.

2. PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others: a reduction in the prevalence of harmful levels of drug and alcohol use as a result of prevention, changing social attitudes, and recovery is a vital intermediate outcome in delivering improved long-term health, social and economic outcomes. Reducing the number of young people misusing alcohol and drugs will also reduce health risks, improve life-chances and may reduce the likelihood of individuals developing problematic use in the future.

3. RECOVERY: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use: a range of health, psychological, social and economic improvements in well-being should be experienced by individuals who are recovering from problematic drug and alcohol use, including reduced consumption, fewer co-occurring health issues, improved family relationships and parenting skills, stable housing; participation in education and employment, and involvement in social and community activities.

4. FAMILIES: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances: this will include reducing the risks and impact of drug and alcohol misuse on users' children and other family members; supporting the social, educational and economic potential of children and other family members; and helping family members support the recovery of their parents, children and significant others.

5. COMMUNITY SAFETY: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour: reducing alcohol and drug-related offending, re-offending and anti-social behaviour, including violence, acquisitive crime, drug-dealing and driving while intoxicated, will make a positive contribution in ensuring safer, stronger, happier and more resilient communities.

6. LOCAL ENVIRONMENT: People live in positive, health-promoting local environments where alcohol and drugs are less readily available: alcohol and drug misuse is less likely to develop and recovery from problematic use is more likely to be successful in strong, resilient communities where healthy lifestyles and wider well-being are promoted, where there are opportunities to participate in meaningful activities, and where alcohol and drugs are less readily available. Recovery will not be stigmatised, but supported and championed in the community.

7. SERVICES: Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery: services should offer timely, sensitive and appropriate support, which meets the needs of different local groups (including those with particular needs according to their age, gender, disability, health, race, ethnicity and sexual orientation) and facilitates their recovery. Services should use local data and evidence to make decisions about service improvement and re-design.

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