



Item No 14

Alcohol and Drug Strategy: A framework for partnership action **2011 – 2014**

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Foreword from the Chair

On behalf of the Edinburgh Alcohol and Drug Partnership (EADP) I am pleased to introduce to you the Alcohol and Drug Strategy: A Framework for Partnership Action 2011 – 2014.



The misuse of alcohol and drugs affects many people across Edinburgh. For some this is direct and personal, whilst for others the effects can be more general. This strategy provides a clear framework for planning and developing a response which is relevant for the people of Edinburgh and makes Edinburgh a better and safer place to live, work and visit.

EADP was formed in November 2009 as the forum to take forward local planning around alcohol and drug issues. As chair of this forum and as Director of Health and Social Care I have seen the far-reaching impact that alcohol and drug use can have on individuals, families and communities. It is clear to me that it will take significant partnership action to support individuals and their families into their recovery and to make communities that are affected by alcohol and drug use stronger and safer.

The partnership comprises a broad range of organisations and stakeholders (listed in Appendix 1 of this document) who bring a wealth of knowledge and experience to its work. The role of the partnership, and my role as chair, will be to ensure that there is a coordinated approach within the framework set by this strategy.

This is a living document, central to which are the accompanying annual action plans. They will guide the strategy's implementation, and are subject to review and revision as necessary in response to an ever changing environment.

We believe this strategy will make a real difference to many people's lives in Edinburgh. On behalf of all of the agencies and stakeholders who input to the work of EADP, I commend this strategy to you.

Peter Gabbitas

Chair Edinburgh Alcohol and Drug Partnership

Introduction



Like other urban areas in Scotland, the city of Edinburgh faces major social and health challenges in relation to substance use. These have been highlighted in a number of national and local publications and are usefully summarised in the two key national strategy documents:

1. Changing Scotland's Relationship with Alcohol: A Framework for Action (2009)
2. Road to recovery: A New Approach to Tackling Scotland's Drug Problem (2008).

This strategy sets out how EADP will deliver these two national strategies for the benefit of people and communities within Edinburgh.

The vision

The vision for EADP is as follows:

We intend to be a city which promotes a healthy and responsible attitude to alcohol and where recovery from problem alcohol and drug use is a reality.

This vision is supported by three high level outcomes which will be used to plan and deliver the strategy:

1. Children, young people and adults' health and wellbeing is not damaged by alcohol and drugs
2. Individuals and communities affected by alcohol and drugs are safer
3. More people achieve a sustained recovery from problem alcohol and drug use.

Given the nature of the alcohol and drug use and the impact it has on individuals, families and communities, the strategy has been set for a three year period. Some actions will continue over the life of the strategy whilst others will evolve and adapt in light of local experience and as the national strategies develop and are delivered.

Partnership working to address alcohol and drug use is the strength of EADP. The issues related to alcohol and drug use are cross

cutting to the extent that no single agency can deliver the whole or parts of the strategy without engaging with partners and other stakeholders. EADP provides the forum for facilitating partnership working to address alcohol and drug issues.

EADP will continue to develop its relationship with the Edinburgh Partnership and its subgroups which include the Community Safety Partnership and the Children and Young People's Strategic Partnership. Clear accountability arrangements will be sought with these partnerships to ensure the delivery of the relevant parts of this strategy.

Service users and local communities are also key stakeholders in the delivery of this strategy. The partnership will continue to develop the ways that it engages with communities in Edinburgh to help find solutions to the problems related to alcohol and drug use. This includes the involvement of service users in the design and delivery of treatment and recovery services.

Main drivers

As has been noted, the purpose of the strategy is to implement the national alcohol and drug strategies at a local level.

Changing Scotland's Relationship with Alcohol: A Framework for Action (2009)

- Reducing Consumption
- Supporting Families and Communities
- Developing Positive Attitudes Positive Choices
- Improving Support and Treatment

The Scottish Government's "Framework for Action" seeks to rebalance Scotland's relationship with alcohol. It sets out a whole population approach to addressing alcohol use in which individuals need to reflect on their own drinking and how it impacts on themselves and others, as this will be the most significant factor in achieving change.

Research identifies that action on price and availability are the most significant levers to reducing alcohol consumption and achieving culture change. Some of these measures may need to be implemented nationally by the Scottish and/or the UK Governments. EADP will work closely with the Licensing Forum in Edinburgh to identify areas where there is over-provision of alcohol as well as working closely with governmental partners.

Binge drinking and problem drinking can have a significant adverse impact on the family and communities. EADP will continue to work closely with both the Children and Young People's Strategic Partnership and the Community Safety Partnership in reducing this harm.

Road to Recovery: A New Approach to Tackling Scotland's Drug Problem (2008)

- Better treatment to promote recovery
- Better drugs education and information
- More choices and chances for young people
- Better outcomes for children affected by family substance misuse
- Better enforcement.

Road to Recovery sets out a shift in approach to drug treatment, cutting through the traditional approaches and philosophies of harm reduction and abstinence with a focus on recovery. Recovery is seen as a process whereby service users move towards a drug-free life as an active and contributing member of society. This approach requires a cultural shift in the way that services are commissioned and delivered with service user aspirations as an individual and family member placed at the centre of their care. Consequently treatment and recovery services need to consider how responses are developed to meet the broad range of needs that service users have beyond their need for alcohol and drug treatment. Within this there is strong recognition of the detrimental impact that parental alcohol and drug use can have on children. There is a need to improve the response that families receive from services with a clear focus on improving outcomes for children.

The strategy also places an emphasis on protecting communities by disrupting drug markets. Enforcement activity needs to be complemented by community assurance and resilience building. This includes looking at reducing demand through educational and recovery-based approaches.

Identifying the challenge

In June 2010 EADP published a major needs assessment document that focused predominantly on treatment for and recovery from problem alcohol and drug use. Further work has since been completed assessing the need relating to homelessness and problem substance use, with a report published in January 2011.

These two key documents, along with a range of other national and local research, have given a clear benchmark as to the current position which is outlined below.

Outcome 1: Children, young people and adults' health and wellbeing is not damaged by alcohol and drugs

There are areas of Edinburgh that have a higher concentration of problems related to alcohol and drug use and supply. We need to respond to these challenges and ensure resources are directed towards the individuals, families and communities affected by these issues. However, if we are to change this landscape we must continue to prevent difficulties arising from substance misuse.

National and local research suggests that fewer children are starting to drink alcohol before the age of 16 however those that do drink are drinking more. Edinburgh has a number of organisations involved in the delivery of alcohol and drug education in schools and the community. This includes well developed partnerships in some areas which are integrated into the community. Further work is needed to ensure that this work is focused on areas where substance use and the associated problems are likely to be more prevalent.

Edinburgh has seen a 33% increase in alcohol-related hospital discharges since 2003. Alongside this there is evidence to

suggest that a large proportion of the adult population drink more than the recommended daily and weekly limits. This is not a problem limited to Edinburgh, Scotland has the highest levels of alcohol purchased per capita in the UK. There needs to be a significant change to people's behaviour and attitude towards drinking if there is to be a reduction in the impact that alcohol use can have on people's health and wellbeing.

It is clear that parental substance misuse can have a significant impact on children. The problems associated with parental substance misuse are reported as increasing and it is a priority that further work is done to understand the size and scale of the problem and to determine how it should be addressed.

Outcome 2: Individuals and communities affected by alcohol and drug use are safer

Edinburgh is a safe city with levels of antisocial behaviour and crime falling steadily in recent years. Nevertheless drugs and alcohol-related antisocial behaviour, violence and crime can have a significant impact on the quality of life in our communities. Tackling offending behaviour, including any alcohol or drug dependency issue that sustains offending, is a high priority.

EADP acknowledges that alcohol and drugs cut across many aspects of community safety work. This ranges from alcohol-related disorder, the commission of crime to fund a drug use and/or the involvement of serious and organised crime groups in supplying illegal drugs. Addressing drug and alcohol issues would contribute directly towards preventing a significant volume of crime and antisocial behaviour.

Edinburgh has a vibrant night time economy. The management of excess drinking and drunkenness can present a challenge for police, NHS, council staff and others involved in community safety. This can become more acute at times when the size of the population increases such as during the Festival and at New Year. Edinburgh has a range of initiatives to help manage the night time economy, including proactive work with licensees, multi agency dispersal plans and street pastors.

Within the night time scene there appears to be an increasing use of legal highs, which at times have resulted in users accessing Accident and Emergency due to related problems. It is currently unclear whether this is likely to be a growing problem or whether it is limited to a group of young people previously/currently using illicit stimulant drugs at weekends and other social events.

Outcome 3: More people achieve a sustained recovery from problem alcohol and drug use

Edinburgh has a comprehensive treatment system for people with alcohol and drug problems, which is made up of providers from the voluntary sector, City of Edinburgh Council and NHS Lothian. Alongside this, a large proportion of GP surgeries are involved in the delivery of pharmacological treatment through a Local Enhanced Agreement with NHS Lothian. Local needs assessment work suggests that further capacity is currently needed within this system to address the level of need.

A key priority in Road to Recovery is to affect cultural change within treatment and other services used by those with alcohol and drug problems, to raise the aspirations of service users to move towards a drug free lifestyle. Alongside this there is a clear requirement to

make recovery the focus of all services.

In Edinburgh, we need to ensure that there is an integrated approach to the provision of services such as housing, employability and family support within treatment services..

There needs to be recognition that these can be the factors that move people on and into recovery, rather than issues that can only be addressed when someone is in recovery.

There is a developing recovery community in Edinburgh which offers people in recovery the opportunity to benefit from peer support. Although there are examples of how this is working effectively, further work is needed on how we link the recovery community better with the treatment system.

Within Edinburgh there has been a history of long waiting times for people accessing treatment for problematic substance use. This is currently being addressed for those with drug problems through the development of open access clinics across the city however the problem still persists for those with alcohol problems. It has been well documented by people in recovery that there are “windows of opportunity” when people’s motivation to change their behaviour around substance misuse is high. Support services will need to use these opportunities to engage people in services by providing swift and easy access when it is required.

The Outcomes of the Strategy

High Level Outcomes

The strategy has three high level outcomes, against which the success of the strategy will be measured.

1. Children, young people and adults' health and wellbeing is not damaged by alcohol and drugs.
2. Individuals and communities affected by alcohol and drugs are safer.
3. More people achieve a sustained recovery from problem alcohol and drug use.

Outcome Indicators

The following indicators will be used to identify whether the strategy has delivered on the High Level Outcomes:

- More adults report that they are drinking within sensible daily and weekly limits
- Increased number of Alcohol Brief Interventions delivered
- Fewer people report drinking to get drunk (binge drinking).
- Fewer people admitted to Edinburgh-based hospitals with alcohol-related illness
- Fewer children required to be "looked after" because of their own or others' alcohol and drug use
- Fewer babies born suffering the effects of fetal alcohol syndrome, fetal alcohol spectrum disorder or dependent on illicit drugs
- Alcohol-related crime and disorder is reduced
- People feel safer in their community
- Drug-related crime will be reduced
- Reconviction rates for drug supply offences is reduced
- By 2013 service users will not wait longer than 3 weeks between referral and treatment start

- Professionals working in substance misuse services understand and support recovery
- More service users complete treatment for alcohol and drug problems and move into recovery
- Recorded alcohol/drug-related deaths are reduced
- More service users and their families/carers are involved in the design, development and delivery of services
- Increase in the number of people in recovery from alcohol and drug problems gaining employment.

Outcomes to support planning

The following Intermediate Outcomes will underpin the development of business plans to deliver on the strategy:

- Adults will drink alcohol more sensibly, less often and get more enjoyment within sensible limits
- If they choose to drink alcohol, children will start drinking alcohol later in life, be well supervised and take fewer unnecessary alcohol-related risks.
- Fewer children will start to use drugs
- Children will be less affected by parental alcohol and drug use and will be able to have the best start in life, be able to make and sustain relationships, and be ready to succeed
- Communities will experience less alcohol and drug-related crime and violence

- People with alcohol and drug problems (and their families and carers) will access the right services when they need them
- The treatment and recovery system of care will be based around the needs and aspirations of service users (and their families and carers).

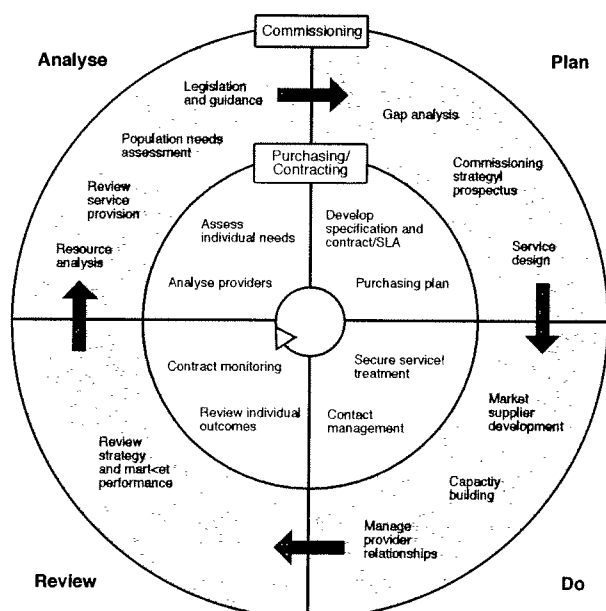
How we will monitor progress?

- We will report on the key outcome indicators using existing and new data as required
- We will develop annual action plans to deliver on the strategy which will be monitored quarterly
- We will involve service users in the performance management of contracts and service level agreements to ensure a high quality service
- We will regularly review services to ensure that they provide best value
- We will identify risks to the delivery of the strategy and take appropriate remedial action.

Business Planning

EADP will use an annual business planning cycle based on the Social Work Inspection Agency (SWIA) and Institute of Public Care (IPC) Joint Commissioning Model for Public Care. This is set out in figure 1.

Figure 1: Joint Commissioning Model for Public Care.



- **Analyse:** Annual needs assessment work to benchmark the delivery of the strategy. This will include a full assessment of need in relation to problem alcohol and drug use, as the EADP has responsibility for the effective commissioning of these services. Alongside this the EADP will contribute to and lead on other pieces of needs assessment work that are relevant to the strategy.
- **Plan:** Annual business planning to deliver on the strategy. This will be the development of an annual business plan for each EADP subgroup. The EADP will also work with other partnerships to ensure business planning is aligned with the strategy
- **Do:** Implement the business plan throughout the year. This will be through standing subgroups and short term task groups.
- **Review:** An annual review of progress. This will be supported by quarterly progress reviews which will identify any risks to delivery.

Appendix 1: Stakeholders

EADP leads on co-ordinating and driving this strategy forward. It will only succeed if the following partners, agencies and groups play a role in delivering the strategy:

- City of Edinburgh Council
- Edinburgh Licensing Board
- Edinburgh Licensing Forum
- NHS Lothian
- Service users, carers and family members
- Lothian and Borders Police
- Lothian Fire and Rescue Service
- Crown Office and Procurator Fiscal Service
- Job Centre Plus
- Capital City Partnership
- Scottish Prison Service
- Community Justice Authority
- Scottish Ambulance Service
- The Voluntary sector in Edinburgh
- Business and commerce, including on and off sales licensed premises
- Neighbourhood and community groups in Edinburgh
- Members of the public
- Children and young people
- Edinburgh Community Safety Partnership
- Edinburgh Children and Young People's Strategic Partnership
- Coalition of Drug and Alcohol Agencies in Lothian (CDAAL)
- The Scottish Drug Recovery Consortium
- Health Scotland
- Healthy Working Lives
- The Scottish Government
- The UK Government

Appendix 2: Key Documents

EADP (2011) A Review Of The Substance Misuse Needs Of Homeless People In Edinburgh And How Well These Needs Are Met By Existing Services. Figure 8

EADP (2010) Needs Assessment of Drug And Alcohol Problems In Edinburgh. Figure 8

EADP (2009) Directory of Services

Edinburgh City Community Plan Update and Single Outcome Agreement 2008-2011

Scottish Government (2009) Licensing Act 2009

Scottish Government (2009) Scottish Alcohol Needs Assessment

Scottish Government (2009) Promoting Positive Outcomes: working together to prevent antisocial behaviour in Scotland

Scottish Government Changing Scotland's Relationship with Alcohol: a framework for action (2009)

Scottish Government (2009) Alcohol & Drugs Delivery Reform Group - Final Report

Scottish Government (2009) Road to recovery: A New Approach to Tackling Scotland's Drug Problem

Scottish Government (2008) Changing Scotland's Relationship with Alcohol: a discussion paper

Scottish Government (2008) Equally Well: the report of the ministerial task force on health inequalities Scottish Government

Scottish Government (2008) Early Years Framework

Scottish Government (2008) Costs of Alcohol Use and Misuse in Scotland

Scottish Government/Health Scotland (2008) Scottish Health Survey 2003: revised alcohol consumption estimates

Scottish Public Health Observatory (2008) How Much are People in Scotland Really Drinking? A review of data from Scotland's routine national surveys

Social Work Inspection Agency (2009) Guide to Strategic Commissioning

Appendix 3: Glossary of Terms

The following terms are taken to have the following meaning:

Abstinence

The approach of completely stopping the use of alcohol or other drugs.

Binge drinking

Refers to a pattern of consumption where excessive amounts of alcohol (double the daily recommended guidelines) are consumed within a limited time period, often though not exclusively, with the intent of achieving intoxication.

Brief intervention

A short evidence-based conversation about alcohol consumption with a patient/service user that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or risk of harm.

Carer

Someone who voluntarily helps another person who cannot manage without their support, due to illness, fragility, disability or use of alcohol or other drugs.

Edinburgh Children and Young People's Strategic Partnership

The partnership which commissions and coordinates the work of various organisations to ensure that children and young people have the best start in life, be able to make and sustain relationships, and be ready to succeed.

Edinburgh Alcohol and Drug Partnership (EADP)

The partnership which commissions and co-ordinates the work of various agencies to create a healthier, safer and more responsible Edinburgh city free from harm due to alcohol and other drugs.

Coalition of Drug and Alcohol Agencies in Lothian (CDAAL)

The partnership that brings together and supports voluntary sector services who work to support people with alcohol and drug issues.

Commissioning

The systematic process of specifying, choosing and monitoring services on the basis of identified need, to deliver particular outcomes under contract or service level agreement.

Community

A group of people with a common interest or identity, such as geographic, ethnic, cultural, religious, sexual orientation or health status.

Community Planning

Directed through the Edinburgh Partnership which performs the community planning function for the city utilising input from a range of challenge forums, one of which is the EADP.

Edinburgh Community Safety Partnership

The Partnership that looks to coordinate the activities various agencies to reduce crime and disorder in Edinburgh.

Dependence

A cluster of physiological, behavioural and cognitive phenomena causing a desire, often strong and sometimes perceived as overpowering, for continued alcohol use, despite having persistent social or interpersonal problems caused, or exacerbated by the effects of the substance. When use of the substance is discontinued this results in withdrawal symptoms.

Drug

A synthetic or natural chemical substance that affects one or more biological processes. In this context, psychoactive drugs alter mood, emotion, or state of consciousness and affect function of the brain. Drugs include legal substances such as prescription medicines, solvents, glues, alcohol and tobacco, etc. Other drugs such as opiates, psycho stimulants, depressants, hallucinogens and steroids, etc, may be illegal to use and possess unless lawfully prescribed.

Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Spectrum Disorders (FASD)

The adverse effects of prenatal alcohol exposure on the developing fetus and child lie within a continuum and represent a spectrum of structural anomalies, and behavioural and neurocognitive impairments. The range of phenotypes associated with FASD vary in severity and clinical outcome depending on the level, pattern, and timing of maternal alcohol consumption.

Individuals defined as having FAS – which is the most clinically recognisable form of FASD – exhibit the full phenotype which is characterised by a pattern of anomalies including: CNS dysfunction – damage to the CNS results in the permanent impairment of brain function that may lead to intellectual and developmental disabilities, attention deficits, poor social understanding,

hyperactivity, learning disabilities, poor coordination and planning, poor muscle tone, working memory deficits, receptive language deficits, executive

functioning deficits (e.g. difficulty in organising and planning), and the inability to learn from

the consequences of their behaviour - facial dysmorphism – FAS is commonly associated with abnormal facial features including short palpebral fissures, a thin upper lip vermilion and a smooth philtrum - pre- and post-natal growth deficiency – babies born with FAS are commonly smaller than other babies and typically remain smaller throughout their lives.

Forum

A group of interested individuals (involved in direct delivery of services, volunteering, service users and carers) concerned with supporting the treatment of alcohol, drugs and blood borne virus conditions.

Governance

The system and processes by which agencies are directed and internally controlled to achieve objectives and meet the necessary standards of effectiveness, supervision, accountability, probity and openness.

Harm reduction

Philosophy of reducing harm caused by alcohol and other drugs without necessarily seeking complete abstinence, approaches can include cutting down on alcohol consumption to avoid unnecessary risk.

Intervention to become involved intentionally in a difficult situation in order to change it or improve it, or prevent it from worsening.

Licensing Board

The statutory body under the Licensing (Scotland) Act 2005, responsible for determining applications for liquor and gambling licenses.

Licensing Forum

Required by statute and set up by each local authority to advise the Licensing Board and involving representatives from health, police, social work, youth, residents, and the licensed trade; required to adopt a constitution, to meet regularly and to have at least one meeting per year with the Licensing Board for discussion on a mutually agreed agenda.

Outcome

The identifiable impact on, or consequences for individuals and the community due to the planned actions, interventions or services of EADP or its partners.

Partner

An agency working in cooperation with others as a member of the Alcohol and Drug Partnership to implement this strategy.

Partnership

Collection of partner agencies with mutual understanding, parity of esteem and shared objectives brought together to co-plan and share responsibility for service design to optimise outcomes for service users.

Performance management

Process which contributes to the effective management of services to achieve high levels of performance. It establishes shared understanding about what is to be achieved and an approach to leading and developing services which will ensure that it is achieved.

Problem alcohol and drug use

Is defined as using alcohol and/or drugs to cover up problems, or drinking / drug taking that leads to specific negative outcomes; e.g. trouble with police, absence from work, risks to personal safety, social exclusion etc.

Recovery

A process through which an individual is enabled to move on from their substance use toward a substance free life as an active and contributing member of society. Furthermore it incorporates the principle that recovery is most effective when service user's needs and aspirations are placed at the centre of their care and treatment.

Resources

The labour, skills, information, finance, materials, equipment, supplies or accommodation assets available to plan, implement and deliver goods and services.

Sensible drinking guidelines

Sensible limits for men are 3 to 4 units per day, up to 21 units per week; for women 2-3 units per day, up to 14 units per week. All individuals should aim to have at least 2 alcohol-free days each week. Pregnant women or those trying to conceive should avoid all alcohol.

Service user

A person who uses or could make use of a service.

Single Outcome Agreement

An outcome based approach to define the relationship between the Scottish Government, Local Authorities and Community Planning Partnerships. This is part of the Scottish Government National Performance Framework which set out how each will work in the future towards improving national outcomes for the local people in a way that reflects local circumstances and priorities.

**Statutory sector**

Public agencies funded by government, which have specific legal responsibilities.

Treatment

Procedures that are intended to relieve illness or injury.

Unit of alcohol

A beverage containing 10ml (8gm) of ethanol equals one unit. A half pint of 3.5%abv beer, one 25ml measure of 40% spirit or a small glass (125ml) of 8%ABV wine equals one unit.

Voluntary Sector

Agencies which are not for profit and whose governance is independent of the state.

Wellbeing

A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.



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