Shetland Alcohol and Drug Partnership

Strategy

April 2011 – March 2014
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1. Introduction

This strategy sets the direction for the development, delivery and review of services in Shetland for those who experience problems arising from substance misuse. Substance misuse includes alcohol, illicit drugs, prescribed medication and solvents. The strategy also encompasses support for children and young people who have problems arising from their own or others substance misuse including that of their parents.

This document was developed within the context of existing planning processes taking account of both local and national objectives. It is being reviewed in 2011 in the context of the changing picture both nationally and locally as service providers move to an outcome focused approach.

Because of the many issues arising from the use and misuse of alcohol and drugs there is no single service that addresses the comprehensive range of needs. A number of agencies and organisations are involved from those providing medical and social interventions through criminal justice measures to education, prevention, protection and controls and diversionary activities.

1.1. Role of SADP

The role of the Shetland Alcohol and Drug Partnership is to plan, coordinate and stimulate local action on alcohol and drug misuse. The current membership consists of:

- (Chair) Director of Community Care, Shetland Islands Council/NHS
- (Vice Chair) – Community Alcohol and Drugs Services Shetland (CADSS)
- Director of Public Heath – NHS
- Shetland Area Commander – Northern Constabulary
- Vice Chair of Shetland Alcohol and Drug Forum
- Chair of Shetland Alcohol and Drug Forum
- Shetland District Officer - Highland & Islands Fire & Rescue Service
- Sheriff (and Observer) – Scottish Courts
- Director of Children’s Services – Shetland Islands Council
- Executive Manager Housing – Shetland Islands Council
- Councillor/Elected Member, Shetland Islands Council x 2
- Procurator Fiscal (observer)
- Chief Social Work Officer, Shetland Islands Council.
- Executive Director of Mental Health, Shetland Islands Council/NHS
2. Strategic Long Term Aim

The Shetland Alcohol and Drug Partnership aims to ensure that everyone in Shetland is able to live and participate in a safe, vibrant, tolerant, inclusive, fair and healthy community. Its members will work to reduce the harmful effects of substance misuse and promote positive change for the people of Shetland, its economy and environment.

3. National and Local Policy Objectives

3.1 National Context

The development of the national strategic plans for both alcohol and drugs has provided ADPs with a definitive framework for planning local service provision.

‘Changing Scotland’s Relationship with Alcohol; a framework for action’ focuses on 4 key areas:

- reduced alcohol consumption;
- supporting families and communities;
- positive public attitudes, positive choices;
- improved treatment and support.

‘The Road to Recovery’, the Scottish Government’s 2009 drugs strategy, aims to achieve:

“a new approach to tackling problem drug use based firmly on the concept of recovery. Recovery is a process through which an individual is enabled to move-on from their problem drug use towards a drug-free life and become an active and contributing member of society.”

The Scottish Government has also agreed the Single Outcome Agreements of which two directly relate to the work of the ADP:

- reduce the rate of alcohol related hospital admission by 2011 (National Indicator 18)
- decrease the estimated number of problem drug users in Scotland by 2011 (National Indicator 29)

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1 Changing Scotland’s Relationship with Alcohol; a framework for action (2009) Scottish Government
2 The Road to Recovery (2008) Scottish Government
NHS Boards within Scotland have performance targets agreed with the government. These are set within categories of Health Improvement, Efficiency, Access and Treatment, known as HEAT Targets.

Health Improvement Target H4 refers specifically to alcohol misuse:
- 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.

Access Target A11 refers to both alcohol and drug misuse:
- By March 2013, 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.

A number of other HEAT targets are also relevant to substance misuse:
- Reduce suicide rate between 2002 and 2013 by 20%
- Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services from March 2013; and 18 weeks referral to treatment for Psychological Therapies from December 2014.
- To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E between 2009/10 and 2013/14.

Achieving a number of the national outcomes would be significantly supported by addressing the problems associated with problem substance misuse and would in turn support people to address these problems. More and better employment opportunities, children having the best start in life, longer and healthier lives, tackling inequalities, strong resilient communities and high quality and responsive public service will all contribute to reducing the harm caused by substance misuse.

3.2 Local Context:
The Alcohol and Drug Partnership is the lead strategic body for alcohol and drug issues in Shetland (SADP). It is located within the community planning structures in Shetland and functions as part of the Community Planning Partnership. This allows for increasing joint planning and for addressing issues across the planning structures.

Within Shetland alcohol and drug issues are addressed within a number of local plans and strategies. These include:
- Integrated Children’s Services Plan
- Child Protection Plan
- Adult Support and Protection Plan
The Alcohol and Drug Forum brings together representatives from services and organisations with an interest in alcohol and drugs. This group is accountable to the ADP both for carrying out the actions required by the ADP and for bringing relevant issues to the attention of the ADP.

Besides the ADP and the Forum there is a small working group which meets annually; the Fund Disbursement Group that meets to discuss funding proposals in detail, match proposals against national and local priorities within resources and make recommendations to the full ADP.

At present there is also a group designated to investigate Drug Related Deaths and a small working group piloting the National Naloxone Programme.

4. Facts and figures:

4.1 Alcohol:
In 2009 the estimated volume of pure alcohol sold in Scotland equated to 1,190 units a year for every adult (16 and over) in Scotland.

- This equates to an average of 22.9 units being consumed per week, which is greater than the Scottish Health Survey estimated average weekly consumption for men and women in 2008/09 combined of 12.7 units per week.
- The Scottish Health Survey shows that the average number of units consumed weekly by both men and women has fallen since 2003. For men, the average usual weekly consumption in 2003 was 20.3 units compared to 17.5 in 2009. For women the figure fell from 9.1 units in 2003 to 7.8 in 2009.
- For 2008/09 combined, normal strength beer (8.7 units) and wine and spirits (3.8 units each) accounted for most of the estimated mean weekly alcohol units consumed by men (17.6 units). For women, wine (4.2 units) and spirits (2.3 units) accounted for most of the estimated mean weekly alcohol units consumed (8.2 units)
The Scottish Health Survey does not break down the data into geographical areas and therefore it is not specific to Shetland. However, through the work currently being undertaken by Primary Care Staff and the Substance Misuse Service using the FAST screening tool, more specific and useful information is being gathered. This data will be presented to the ADP on an ongoing basis to ascertain whether Shetland follows national trends.

In 2008/09, there were 147 alcohol related acute hospital discharges for Shetland residents. As small numbers influence the overall picture for alcohol related discharges it is perhaps important to note that since 2004/05 the highest number has been 172, whilst the lowest was 133. Scotland, as a whole, experienced an annual increase in the number of alcohol related discharges between 2002/03 and 2008/09, with figures rising from 37,505 to 41,922. The acute hospital data should be seen in the context of overall admission patterns. In Shetland these are well below the Scottish average and are in fact the lowest across the whole of Scotland.

During January to December 2010 Shetland Police reported the following incidents:

<table>
<thead>
<tr>
<th></th>
<th>Apr - June 10</th>
<th>Jul - Sep 10</th>
<th>Oct - Dec 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Seizures from Young People</td>
<td>8</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Drink Driving Offences</td>
<td>5</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Drunk &amp; Incapables</td>
<td>2</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Generic Alcohol Related Incidents</td>
<td>128</td>
<td>101</td>
<td>118</td>
</tr>
<tr>
<td>Licensed Premises Checks</td>
<td>235</td>
<td>251</td>
<td>258</td>
</tr>
</tbody>
</table>

Below is data from Community Alcohol and Drugs Services Shetland (CADSS) for April to Dec 2010 showing the numbers of clients within the service.
4.2 Drugs
The table below is the needle exchange data collated by CADSS. Between 2007 and 2010 there was a substantial increase in the uptake of this service. This may indicate that there was an increasing amount of Heroin used in Shetland during this period. However, more recently (since January 2011) the uptake of the needle exchange service has been decreasing, which may be seen as an indicator for a decreasing use of Heroin in Shetland.
### Needle Exchange

<table>
<thead>
<tr>
<th></th>
<th>2007/08</th>
<th>2008/09</th>
<th>2009/10</th>
<th>2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needles given  out</td>
<td>7,643</td>
<td>13,964</td>
<td>20,375</td>
<td>19,604</td>
</tr>
<tr>
<td>Needles returned</td>
<td>6,337</td>
<td>12,144</td>
<td>18,441</td>
<td>16,535</td>
</tr>
<tr>
<td>Return Rate</td>
<td>83%</td>
<td>87%</td>
<td>91%</td>
<td>84%</td>
</tr>
</tbody>
</table>

There have been a number of successful seizures recently in Shetland of Class A drugs, predominately Heroin. Coupled with the recent expansion of the substitute prescribing service, this could go some way to explain the reduction of the numbers of needles distributed. However, SADP and the Forum will continue to gather information and respond accordingly to any new issues arising.

As we can see from CADSS client profile data (2008-2011) there has been an increase in the number of clients with issues around usage of Opiates, Benzos, Stimulants, Cannabis and Alcohol.

<table>
<thead>
<tr>
<th>Drug Issue</th>
<th>No of CADSS clients 2008/09</th>
<th>No of CADSS clients 2009/10</th>
<th>No of CADSS clients 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opiates</td>
<td>106</td>
<td>128</td>
<td>130</td>
</tr>
<tr>
<td>Benzos</td>
<td>66</td>
<td>78</td>
<td>88</td>
</tr>
<tr>
<td>Stimulants</td>
<td>40</td>
<td>36</td>
<td>54</td>
</tr>
<tr>
<td>Cannabis</td>
<td>59</td>
<td>80</td>
<td>93</td>
</tr>
<tr>
<td>Alcohol</td>
<td>151</td>
<td>173</td>
<td>185</td>
</tr>
<tr>
<td>Injecting</td>
<td>61</td>
<td>80</td>
<td>79</td>
</tr>
</tbody>
</table>

SADP continues to receive this information on a regular basis and ensures the planning and use of resources is in line with the local need.

### 4.3 Young People:

Data from CADSS school research with S5 students indicates that there is an increasing number of young people in Shetland that don’t use alcohol. However, the
number of alcohol units consumed by those that are drinking is increasing.

Studies are also undertaken regarding drug use amongst young people. The most common drug used is tobacco, followed by a small number who state they have tried gases and solvents. However, this information is collected via self completed surveys within Schools. To date we have no evidence, other than anecdotal, to suggest that this level of gas and solvent use is actually taking place. The ADP will continue to monitor data and respond accordingly.

5. Current activity and areas for action

In recognition that there is no single solution or approach to tackling drug and alcohol issues, the following section is set out under the following headings:

- Prevention
- Enforcement
- Support
• Treatment
• Recovery
• Quality Assurance

Under each of these headings, a picture is developed of the current situation, projects and services in place. Gaps or areas to be developed are then identified, followed by the outcomes we would like to see under each heading.

5.1 Prevention:
We believe that preventing drug and alcohol misuse is more effective than treating established problems. There are a huge range of agencies and initiatives who play a role in preventing drug and alcohol misuse in Shetland.

Health improvement aims to prevent illness and promote health, through a variety of approaches, for example:
• increasing knowledge of harmful substances,
• increasing skills in using alcohol and drugs appropriately
• influencing attitudes to alcohol and drugs,

Health improvement has a key role in influencing public policy, whether it is at an organisational level, local authority level or national level, for example, in supporting employers to develop alcohol and drug policies or lobbying government on issues like minimum pricing for alcohol.

Health improvement also recognises that alcohol and drug misuse not only affects the health and wellbeing of the individuals themselves, but also has a major impact on family relationships, communities and society as a whole. Improving health in Shetland also means addressing some of the underlying broader issues such as poverty that may lead to harmful behaviours and prevent health improvement.

A number of programmes are already in place:

Drink Better is a programme based on a social marketing approach, which aims to change the culture of alcohol misuse in Shetland, from one where people drink to get drunk to one where people drink more moderately for the enjoyment of it. Part of this is about getting people to talk about alcohol in a realistic and objective way. This programme is now well recognised by the Shetland community and we have a good baseline of data and drinking patterns in order to target specific groups with specific messages.

Alcohol Brief Interventions (ABIs) – An ABI gives a patient the opportunity to discuss their drinking if they wish to, understand how drinking may be affecting their health,
and explore how they feel about changing their drinking behaviour. ABIs help to raise awareness of the issue of alcohol and of the harm that excessive drinking causes. Raising awareness and getting people to talk about their drinking behaviour will contribute to changing the alcohol culture in Shetland, increase referrals into services, and reduce harm from alcohol in Shetland. It has taken some time to embed this approach within Shetland but we are getting to the stage where the majority of primary care and other frontline staff are routinely offering brief interventions.

Alcohol and drug awareness training is delivered to a variety of workplaces through the Healthy Working Lives programme. Workplaces are increasingly recognising the role that a well developed Drug and Alcohol Policy plays in the prevention of alcohol and drug problems at work and a number of workplaces are supported in developing these.

An audit of alcohol and drug education programmes in schools has been completed and the recommendations are currently being implemented in line with the Curriculum for Excellence Health and Wellbeing priorities. A wide number of agencies are involved in the delivery of this programme.

Community Alcohol and Drugs Services Shetland (CADSS) are involved in early intervention and prevention work through awareness raising sessions for professionals and public, Schools/Young People education sessions and individual work etc.

Housing Outreach is part of the Council’s Housing Service. Their role is to provide Housing Support services to vulnerable people who are homeless or at risk of homelessness, and/or who have difficulties maintaining their accommodation. Housing support includes personal support e.g. help with alcohol or drugs awareness.

5.1.1 Areas for development:

Support for people who don’t currently access primary care services; the Well North programme is being rolled out across Shetland. This involves identifying people who are not in contact with services (focused initially in areas of deprivation) and offering health checks – this programme will be used to identify people who are drinking at harmful levels in order to offer support.

Both the Shetland Parenting Strategy and the Shetland Children’s Plan identify the need to support parents and the children of parents who are misusing substances (alcohol, drugs or tobacco), and to intervene at the earliest possible stage to prevent
any problems worsening. In particular we need to develop work with Looked After Children and their carer’s.

Pre-conceptual care and preparation for healthy pregnancies is another area that will be developed over the next couple of years.

Work has begun (in partnership with police, environmental health, tourism agencies and the Licensed Trade) to develop a pub award which promotes sensible drinking and drinking for taste rather than to get drunk.

We also need to look at the overlap between substance misuse and mental health issues. The National Policy for Mental Health Improvement is being launched at the beginning of September 2011, followed by a three-month consultation period. Locally, planning days have been scheduled to agree the approach we should be taking within Shetland. This will form part of the ongoing work of the Shetland Mental Health Partnership in conjunction with the ADP.

5.1.2 Proposed Local outcomes:

- Reduced levels of harmful drinking and drug use.
- Improved awareness of the population of alcohol and drug issues that affect individuals, families and communities.
- Increased skills and knowledge among young people in managing risks & reducing their own harm from substance misuse
- Increase the numbers of people who have the knowledge they need to reduce harm from alcohol misuse; more harmful drinkers receive help more quickly; reduce alcohol related problems, illness and deaths

5.1.3 Core Outcomes:

1. HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use.
2. PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.

5.2 Enforcement

We believe both alcohol and drugs have the potential to cause harm to individuals and society. In line with the Scottish Government’s ‘Road to Recovery’ strategy Shetland ADP believes that we must continue to take steps through law enforcement to reduce the harm and protect communities. A number of agencies are involved in enforcement activities as well as multi-agency groups.
Northern Constabulary in Shetland is committed to working together with the community and partner agencies, including Dogs Against Drugs, to increase the identification of people who are engaged in the supply of illegal drugs in the islands and also to reduce the availability of and harm caused by illegal drugs.

Shetland Licensing Board in November 2010 published its Licensing Policy Statement
The Licensing Board has recognised its duty to promote the five licensing objectives
- preventing crime and disorder
- securing public safety
- preventing public nuisance
- protecting and improving public health and
- protecting children from harm

Enforcement agencies will continue working in partnership in Shetland to reduce access to and illegal use of drugs and alcohol

5.2.1 Areas for development:
The Local Authority Housing Service is currently drafting an Eviction Policy. This will highlight possible eviction issues for tenants who have committed an offence within their tenancy. SADP will be involved in the consultation process once the draft is completed and will monitor what support will be offered to tenants who are at risk of eviction.

5.2.2 Proposed Local Outcomes:
- Ensure Shetland has fewer drug related deaths
- Reduce the alcohol related harm within the community
- Support for offenders whose tenancy may be at risk

5.2.3 Core Outcomes:
1. HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use.
5. COMMUNITY SAFETY: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour.
6. LOCAL ENVIRONMENT: People live in positive, health-promoting local environments where alcohol and drugs are less readily available.

5.3 Support
5.3.1 Carers
Those who care for and offer support to people with alcohol and drug problems face particular challenges. Whilst sharing characteristics with those who care for people
with other needs there are particular issues that offer a challenge to families and carers and to those who would provide services for them. These include the stigma associated with alcohol and drug problems. Often families and others do not identify themselves as ‘carers’ and may exclude themselves from existing services or feel that they do not wish to share their difficulties with others. The role is often one of supporting a person with problems who may be resistant to help. This can make the role of ‘caring’ very difficult.

Shetland Carers Strategy will provide a framework to assist the development of services for carers and this will integrate with the strategy for alcohol and drugs. The link between alcohol misuse and alcohol related brain damage is well documented. A Knowledge Transfer Project is to be undertaken in Shetland in partnership with the University of Stirling to evaluate and improve provision of an increasing number of alcohol related dementia patients. This Project will report back findings to the ADP at the end of 2012.

5.3.2 Domestic abuse
Shetland Domestic Abuse Partnership is currently chaired by a member of the ADP ensuring links are established across both areas. It is well documented that domestic abuse incidents are often linked to substance misuse issues. Many of the families involved in domestic abuse incidents are vulnerable on an ongoing basis due to both caring capabilities and child protection issues. Joint work has been taking place on bringing together both the GIRFEC (Getting it Right for Every Child) and WYFY (With You For You) processes. Joint assessments now take place where children are involved with any substance misuse/child protection/domestic abuse incidents. An ongoing development is to ensure that adult plans and children’s plans now become a family plan to allow for consistency of care.

5.3.3 Children affected by parental substance misuse
Shetland ADP has consistently prioritised the issue of children affected by parental substance misuse. The Alcohol and Drug Development Officer for the ADP and the Child Protection Officer for the Child Protection Committee meet on a bi-monthly basis to discuss compatible issues.

A recent local Child Protection Serious Case Review highlighted a number of actions for the ADP to take forward in its action plan.

A small working group consisting of CADSS, NHS, Social Workers, Community Care and ADP is currently working on issues regarding the ‘Getting It Right For Every Child’ process and the With You For You single shared assessments for adults.

5.3.4 Areas for development:
‘Mind the Gaps’ and ‘A Fuller Life’ relate to the specific concerns relating to people with both mental health and substance misuse problems. ‘Closing the Gaps’ sets
out ways of delivering better outcomes for all those affected by mental health and substance misuse problems. Additional consideration will be given to this population over the coming year. [http://www.scotland.gov.uk/Publications/2007/12/10141643/0](http://www.scotland.gov.uk/Publications/2007/12/10141643/0)

5.3.5 Proposed Local Outcomes:
- Increase the range of care and treatment interventions to meet needs of the local population.
- Increase access to high quality outcome focused services. The long term outcome being that more people recover more quickly from drug & alcohol misuse.

5.3.6 Core Outcomes:
1. HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use.
2. PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.
4. CAPSM: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life chances.
7. SERVICES: Alcohol and drugs services are high quality, continually improving, efficient, evidence based and responsive, ensuring people move through treatment into sustained recovery.

5.4 Treatment

Alcohol and drug services in Shetland will be delivered in line with the Scottish Governments three principles;
- firstly, recovery should be made the explicit aim of all services providing treatment and rehabilitation for people with problem substance misuse
- secondly, a range of appropriate treatment and rehabilitation services must be available at a local level – since different people with different circumstances inevitably need different routes to recover; and
- thirdly, treatment services must integrate effectively with a wider range of generic services to fully address the needs of people with problem drug use, not just their addiction.

High risk groups – There is currently a review of the dual diagnosis service taking place due to the fragility and vulnerability of the service. Local pathways need to be developed with an aim to ensure clients receive the right referral to the right service at the right time. The aim of the review is to ensure that it exists on a more robust footing.
A number of agencies are involved in the delivery of treatment services in Shetland; NHS Primary Care, NHS Secondary Care i.e. hospital services, Mental Health, CADSS, Social Work, Community Care, and Criminal Justice.

5.4.1 Areas for development

Further development is needed for the Substance Misuse Service to ensure a seamless service for clients. Currently clients move between 2 separate agencies which can cause potential opportunities for delays in accessing treatment, duplication of work and a lack of a clear consistent care plan. Resolving these issues would provide a more effective, cost effective and client centred service. A small working group has been established to resolve these issues which is supported by NHS Clinical Services, Community Mental Health Team and CADSS. This group reports back to the ADP on a regular basis.

A Chief Executive Letter (CEL 41) dated December 2010 highlights a national Memorandum of Understanding (MOU) which has been developed between the Scottish Ambulance Service (SAS) and the Association Chief Police Officers in Scotland (ACPOS), regarding the management of people in the community who are drunk and incapable. The MOU highlights the need for joint working and supporting actions in local areas to enable the delivery of integrated and appropriate services to this vulnerable group. Northern Constabulary are taking a lead on this and are reporting back to the ADP.

Nationally emergency services are not always made aware of drug related overdoses resulting in fatalities. The Scottish Government has been trialling a number of small pilot projects across Scotland and is now ready to roll out the National Naloxone Programme. Locally Shetland only has a small number of Drug related Deaths every year, however, anecdotally there are a high number of ‘near misses’. These deaths are audited regularly to identify any trends/lessons for future. A small working group consisting of CADSS, NHS, Community Mental Health Team, SAS and the ADP is meeting regularly to develop a joint programme ensuring the safe and consistent use of Naloxone in Shetland and to understand the nature of the deaths and the ‘near misses’. This group reports back to the ADP on a regular basis.

5.4.2 Proposed Local Outcomes:
- Fewer drug related deaths in Shetland
- Reduced alcohol related harm within the community
- Increased range of care and treatment interventions to meet needs of the local population.

5.4.3 Core Outcomes:
1. HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use.
2. PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.
3. RECOVERY: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.

5.5 Sustained Recovery

Recovery is a process through which an individual is enabled to move on from their problem drug/alcohol use towards a drug free life and become an active and contributing member of society; Recovery is most effective when service user’s needs and aspirations are placed at the centre of their care and treatment.

Shetland Community Bike Project is a supported employment project based in Lerwick which provides opportunities for clients who are substance free to learn new skills. Although the project is focused on bike repairs, clients are able to access a number of different opportunities to enhance their skills i.e. fork lift truck driving. SCBP currently provides placements for up to 6 clients at a time for a maximum of 6 months. Monitoring information has shown that SCBP has a 60% success rate for client securing sustainable employment once their placement has been completed.

5.5.1 Areas for development

A review of access and available appropriate housing options is to be undertaken over the next year. Currently many of the people who have alcohol and drug issues are housed within close proximity to each other which at times does not help towards recovery.

5.5.2 Proposed Local Outcomes:
- More people recover more quickly from drug & alcohol misuse

5.5.3 Core Outcomes:
1. HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use.
2. PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.
3. RECOVERY: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.

5.6 Quality Assurance and Sustainability

The National Quality Standards have been developed by the Scottish Government; they seek to achieve a consistent level of service delivery across Scotland. They will form the foundation of a process that is intended to enable services to examine and
improve their provision and to provide a benchmark for the level of quality to be reached. In doing so these standards will give services, and staff within them, the reassurance that they are working to nationally recognised criteria.

Service user involvement is a challenge in most areas and this has been evidenced in the initial audit of services in relation to the National Quality Standards for Substance Misuse Services. There has been limited formal involvement of service users to date with the exception of personal contact with individuals or the participation of representatives in specific events. The ADP has begun to address service user involvement but it also remains for individual services to consider how best to involve service users and how best to reflect the outcomes to the ADP and its partners.

The ADP with its partners will also continue to develop the scope and range of its communications activities. Participating in the existing or planned activities by the partner agencies will also allow further possibilities for community engagement.

All commissioned services are obliged to submit quarterly monitoring and financial management information.

### 5.6.1 Areas for development

In order to achieve recovery for individuals, it is essential to have a workforce that is capable of delivering what is needed. The ‘workforce’ includes those who have minimal engagement with people who have alcohol and/or drug related problems but who may nevertheless have a crucial role to play in prevention, awareness raising or recognizing that there is a problem and referring these individuals to appropriate help. It also includes those who work directly with people who have alcohol and/or drug related problems, and who require the skills and knowledge to provide these individuals with high quality, evidence based services and to support their route to recovery.

Shetland ADP will focus on the training needs analysis and workforce development plans over the life of this strategy.

### 5.6.2 Proposed Local Outcomes:

- Clear systems in place for assessing and monitoring the level of drugs and alcohol misuse within Shetland.
- Resources, financial and otherwise are targeted to where they are most needed.
- Clear understanding of effectiveness and cost-effectiveness of various service delivery models and consequences, through performance management arrangements.
• We have in place a competent and adaptable workforce which meets the needs of services individuals, families, communities, organisations and professional groups.
• Improved service user and community engagement to address alcohol and drug issues.

5.6.3: Core Outcomes:
7. SERVICES: Alcohol and drugs services are high quality, continually improving, efficient, evidence based and responsive, ensuring people move through treatment into sustained recovery.

6. Next steps

A planning session is to be held in October 2011 to agree actions to meet these outcomes.
## Appendix 1: Shetland Alcohol and Drug Partnership: Services offered within Shetland (2011)

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>Tier</th>
<th>Treatment Modality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADP Support Team</strong></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Prevention and education through events and campaigns</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Alcohol Brief Interventions</strong></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Delivered through Health Centres, A&amp;E, Maternity, Well North and other settings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community Alcohol and Drugs Services Shetland (CADSS)</strong></td>
<td>1,2,3</td>
<td>1,3</td>
</tr>
<tr>
<td>Early Intervention and prevention, Psychosocial support and Aftercare</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gilbert Bain Hospital</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A&amp;E, Occasional admissions to ward for start of alcohol detox treatment</td>
<td>1,2,3</td>
<td></td>
</tr>
<tr>
<td><strong>Health Centres</strong></td>
<td>1,2,3</td>
<td>1,2</td>
</tr>
<tr>
<td>Advice, support, treatment options, referrals to other services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Improvement</strong></td>
<td>1,2</td>
<td></td>
</tr>
<tr>
<td>Drink Better, prevention and education through events and campaigns, smoking cessation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Advice, Psychosocial support and signposting</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health Department</strong></td>
<td>1,2</td>
<td></td>
</tr>
<tr>
<td>Psychological therapies, dual diagnosis for alcohol, referrals to other services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Shetland Community Bike Project (SCBP)</strong></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Supported employment opportunities</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Substance Misuse Service (SMS)</strong></td>
<td>3</td>
<td>1,2,3</td>
</tr>
<tr>
<td>Substitute prescribing, community detox, Psychosocial support, specialist GP service</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social Work</strong></td>
<td>1,2</td>
<td></td>
</tr>
<tr>
<td>Support for families &amp; individuals at pre-contemplative stage, assessment for residential off island rehab. Direct work with offenders where alcohol and drugs are an identified criminogenic need.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Shetland Youth Information Service</strong></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Support for young people</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Key:**
1,2,3,4 Tier
1,2,3 Modality (Treatment Type)

**Tier 1 Interventions:** Information and advice, screening and referral by generic services

**Definition:**
Include provision of drug-related information and advice, screening and referral to specialised drug treatment
Tier 2 Interventions: Open access, non-care-planned interventions
Definition:
Include provision of drug related information and advice, triage assessment, referral to structured treatment, brief psychosocial interventions, harm reduction interventions (including needle exchange) and aftercare

Tier 3 Interventions: Structured, care-planned drug treatment
Definition:
include provision of community-based specialised drug assessment and co ordinated care planned treatment and drug specialist liaison

Tier 4 Interventions: Drug specialist inpatient treatment and residential rehabilitation
Definition:
Provision of residential specialised drug treatment, which is care planned and care coordinated to ensure continuity of care and aftercare

Treatment Types for Tiers 3 & 4
Code 1 – Structured preparatory and motivational intervention:
Planned intervention that stabilises the client or prepares them for further interventions

Code 2 – Prescribed drug treatment (including detoxification, maintenance or reduction programme:
The prescribing of a substitute drug, (e.g. Methadone, lofexidine, subutex) for facilitating the complete cessation of the use of illicit drugs, controlling withdrawal symptoms or reducing illicit drug use

Code 3 – community based support and/or rehabilitation:
Interventions that have the purpose of tackling the social and psychological problems faced by the client *(such as debt/benefit/relationship and family problems, relapse prevention or employability and training issues) e.g. structured day programmes, counselling, group work.
Clients may be in receipt of other treatment interventions in parallel with community based support and rehabilitation (e.g. substitute prescribing).

Code 4 Residential Detoxification and rehabilitation:
Detoxification and/or rehabilitation that involves the client being admitted to a residential facility or hospital.
Appendix 2: Shetland ADP Funded Services 2010 - 2011

Alcohol and Drug Development Officer
Admin support

Community Alcohol and Drugs Services Shetland (CADSS)
Dogs Against Drugs (DAD)
GPwSI – Dual Diagnosis
Shetland Community Bike Project (SCBP)
Substance Misuse Service (SMS) (NHS)
Specialist Social Worker
Turning Point Craft Initiative

Residential detox and rehab
Substitute prescribing unit costs
## Shetland Alcohol and Drugs Partnership Work Plan.

### 1. Prevention:

<table>
<thead>
<tr>
<th>Aim</th>
<th>Short term outcomes</th>
<th>Core outcomes</th>
<th>Actions</th>
<th>Timescales/Lead</th>
</tr>
</thead>
</table>
| **1.1** Targeted and appropriate programmes in place to reduce alcohol consumption | Increased numbers of people who have the knowledge they need to reduce harm from alcohol misuse.  
Increased understanding among professionals of alcohol use.  
Targeted and appropriate programmes in place to reduce alcohol consumption. | Core Outcome 1: Health: People are healthier and experience fewer risks as a result of alcohol and drug use.  
Core Outcome 2: Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others. | Analyse data and responses from survey.  
Identify 3 priority areas and implement selected targeted programmes.  
Support development of Good Pub Award Scheme | Health Improvement Manager  
March 2012 |
| **1.2** Tackle harmful/hazardous drinking | A greater understanding of the gaps that exist  
An up to date plan to fill the gaps.  
A range of community based programmes/projects in place | Core Outcome 1: Health: People are healthier and experience fewer risks as a result of alcohol and drug use.  
Core Outcome 2: Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others. | Undertake a needs assessment with all stakeholders to support work already undertaken through Drink Better  
To identify and promote existing diversionary activities  
Identify and develop plans for appropriate diversionary activities | Alcohol and Drug Forum Chair  
March 2012 |
| 1.3 Increase delivery of Alcohol Brief Interventions within Primary Care, Maternity, A&E and other appropriate settings | Confident staff delivering ABIs regularly and appropriately  
More people attending services given brief interventions & referred into support services.  
Increased numbers of people who have the knowledge they need to reduce harm from alcohol misuse.  
HEAT target achieved | Core Outcome 1: - Health: People are healthier and experience fewer risks as a result of alcohol and drug use.  
Core Outcome 2: Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others. | Implement action plan for ABIs.  
Embed into Primary Care, A&E, Maternity  
Implement ABIs alongside Well North checks  
Understand use of WYFY in relation to ABIs and ensure WYFY is used where appropriate | Health Improvement Manager/Primary Care Manager March 2012 |
|---|---|---|---|---|
| 1.4 Prevent drug & alcohol use in young people | All Schools deliver high quality, age appropriate and consistent substance misuse education in line with the framework | Core Outcome 1: - Health: People are healthier and experience fewer risks as a result of alcohol and drug use.  
Core Outcome 2: Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others. | Monitor and evaluate the Substance Misuse Education Framework ensuring all Schools are implementing.  
Develop parental involvement with the Framework | Executive Manager of Schools March 2012 |
| 1.5 Raise awareness of alcohol and drug issues across Shetland | Improve the awareness of the population of alcohol and drug issues that affect individuals, families and communities. | Core Outcome 1: - Health: People are healthier and experience fewer risks as a result of alcohol and drug use.  
Core Outcome 2: Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others. | Communicate anti-stigma messages regularly through a variety of means  
Deliver a wide range of public awareness messages to promote recovery.  
Review SADP Communications Strategy to ensure consistent and positive messages are portrayed | Alcohol and Drug Forum Chair Ongoing  
Alcohol and Drug Development Officer Dec 2011 |
| 1.6  | Link with other relevant plans and partnerships | Improved communication and joint planning of services and resources are used more effectively | Core Outcome 1: - Health: People are healthier and experience fewer risks as a result of alcohol and drug use. Core Outcome 2: Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others. | Integrate actions across the different relevant plans Ensure representation is consulted with on other relevant partnerships/groups/committees etc. | ADDO Ongoing |
| 1.7 | Develop local Naloxone Programme | Improve life chances for people who may be at risk of overdosing from opiates | Core Outcome 1: - Health: People are healthier and experience fewer risks as a result of alcohol and drug use. Core Outcome 2: Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others. | Roll out training to relevant professionals and patients. | CADSS SMS Dec 2011 |
2. Enforcement:

<table>
<thead>
<tr>
<th>Aim</th>
<th>Short term outcome</th>
<th>Intermediate outcome</th>
<th>Actions</th>
<th>Timescale/Lead</th>
</tr>
</thead>
</table>
| 2.1 Explore tenancy arrangements for people convicted of illegal activities. | Understanding whether there is a need for the Local Authority to undertake evictions for tenants who have committed an offence within a property | Core Outcome 1: - Health: People are healthier and experience fewer risks as a result of alcohol and drug use. Core Outcome 5: Community Safety: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour. Core Outcome 6: Local Environment: People live in positive, health-promoting local environments where alcohol and drugs are less readily available. | Develop and implement an evictions policy                                                      | Executive Manager Housing  
March 2012                                                                 |
### 3 Support

<table>
<thead>
<tr>
<th>Aim</th>
<th>Short term outcomes</th>
<th>Longer term outcomes</th>
<th>Actions</th>
<th>Timescale/Lead</th>
</tr>
</thead>
</table>
| 3.1 Improve outcomes for people with mental health and substance misuse issues | Understand current services provided for dual diagnosis patients                      | Core Outcome 1: Health: People are healthier and experience fewer risks as a result of alcohol and drug use.  
Core Outcome 2: Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others.  
Core Outcome 7: Services: Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery | Review current services available for people with mental health and substance misuse issues  
Identify gaps and resources needed to plug gaps                     | Mental Health Department Manager  
March 2012                                                             |
### 4. Treatment

<table>
<thead>
<tr>
<th>Aim</th>
<th>Short term outcomes</th>
<th>Longer term outcomes</th>
<th>Actions</th>
<th>Timescale/Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Improve services for people in Tier 3 services</td>
<td>Substitute prescribing services is robust with clear patient pathways and delivers agreed outcomes to time</td>
<td>Core Outcome 1: - Health: People are healthier and experience fewer risks as a result of alcohol and drug use. Core Outcome 2: Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others. Core Outcome 3: Recovery: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.</td>
<td>Develop substitute prescribing clinic to ensure those who need treatment can access the appropriate medical care Specific actions: - Premises - Sufficient/consistent staffing levels - Pharmacy capacity development - Develop referral pathways - Develop operational policies</td>
<td>Director of Clinical Services March 2012</td>
</tr>
<tr>
<td>Direct access to appropriate services for people in treatment</td>
<td>Core Outcome 3: Recovery: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.</td>
<td>Clear protocols are developed and implemented using WYFY and GIRFEC Promote protocols and monitoring processes through the Forum</td>
<td>All Service providers Ongoing</td>
<td></td>
</tr>
<tr>
<td>Aim</td>
<td>Short term outcomes</td>
<td>Longer term outcomes</td>
<td>Actions</td>
<td>Timescale/Lead</td>
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</tr>
<tr>
<td>4.3 Develop strategy for the management of drunk and incapable people in the community in line with the Chief Executive Letter (CEL 41)</td>
<td>Drunk and incapable people have access to a safe, secure environment for the rescue, examination, treatment, monitoring and are transported to an appropriate place of safety</td>
<td>Core Outcome 1: Health: People are healthier and experience fewer risks as a result of alcohol and drug use. Core Outcome 2: Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others. Core Outcome 5: Community Safety: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour.</td>
<td>Determine level of need in Shetland Develop appropriate referral flowcharts Determine safe appropriate place for managing D&amp;I people. Implement plan ensuring all involved are confident and capable in their roles.</td>
<td>Director of Public Health Dec 2011</td>
</tr>
</tbody>
</table>
## 5. Recovery:

<table>
<thead>
<tr>
<th>Aim</th>
<th>Short term outcomes</th>
<th>Longer term outcomes</th>
<th>Actions</th>
<th>Timescale/Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Promote recovery through all service provision</td>
<td>Increased number of people aware of recovery models in Shetland, services available and how to access them</td>
<td>Core Outcome 3: Recovery: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.</td>
<td>Develop a number of events focusing on recovery during recovery month – Sept 2011 and promote individual/community achievements</td>
<td>Alcohol and Drugs Forum Chair&lt;br&gt;Annually</td>
</tr>
<tr>
<td></td>
<td>People in recovery can access employment opportunities and find ways into work</td>
<td>Core Outcome 3: Recovery: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.</td>
<td>Review support for people to gain/maintain employment&lt;br&gt;Identify resources/shift existing resources to plug gaps</td>
<td>Alcohol and drug Forum Chair&lt;br&gt;March 2012</td>
</tr>
<tr>
<td>5.2 Improve housing opportunities for people with substance use issues</td>
<td>Increase effectiveness of care and treatment interventions to meet needs of the local population</td>
<td>Core Outcome 1: - Health: People are healthier and experience fewer risks as a result of alcohol and drug use. Core Outcome 2: Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others. Core Outcome 3: Recovery: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use.</td>
<td>Review accommodation access and options to promote recovery</td>
<td>Executive Manager Housing&lt;br&gt;March 2012</td>
</tr>
</tbody>
</table>
### 6. Quality Assurance:

<table>
<thead>
<tr>
<th>Aim</th>
<th>Short term outcomes</th>
<th>Longer term outcomes</th>
<th>Actions</th>
<th>Timescale/Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.1 Deliver high quality services that meet the needs of the Shetland community</strong></td>
<td>Services have relevant and appropriate data to allow evaluation of current services and planning for future services</td>
<td>Core Outcome 7: Services: Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery</td>
<td>Develop data standards Identify data that can be shared between organisations Develop and implement methodology for this to happen</td>
<td>ADDO Ongoing</td>
</tr>
<tr>
<td></td>
<td>Services are commissioned in line with CHCP Commissioning Strategy</td>
<td>Core Outcome 7: Services: Alcohol and drugs services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery</td>
<td>Implement monitoring arrangements with service providers in line with National Quality Standards Establish costings on individual client basis with service providers. Ensure Commissioning Strategy is being adhered to Review role of Forum in terms of enabling Service Users to be actively involved in terms of identifying and filling gaps for service development Support stakeholder groups to participate in the Forum</td>
<td>ADDO Ongoing</td>
</tr>
<tr>
<td></td>
<td>Drug related deaths are reported and analysed systematically in order to learn any lessons required and to improve the quality and safety of future services</td>
<td>Core Outcome 1: - Health: People are healthier and experience fewer risks as a result of alcohol and drug use. Core Outcome 2: Prevalence: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to</td>
<td>Develop and implement more robust initial reporting system of drug related deaths to ensure local agencies can be involved in audit process</td>
<td>ADDO Ongoing</td>
</tr>
</tbody>
</table>
themselves or others.
Glossary of terms:

SADP – Shetland Alcohol and Drug Partnership
ADDO – Alcohol and Drug Development Officer
CADSS – Community Alcohol and Drug Services Shetland
CPC – Child Protection Committee
GIRFEC – Getting it Right for Every Child
WYFY – With You For You
SMS – Substance Misuse Service