



North Ayrshire Alcohol and Drug Partnership

A Strategy for the Future
2011 - 2015

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Foreword

Situated on the Clyde Coast, North Ayrshire encompasses many of the attributes which have made Scotland world renowned - beautiful scenery, fascinating history, attractive sport and recreation facilities.

Whilst surrounded by this natural beauty, North Ayrshire has not escaped the wide ranging social problems which have affected much of Scottish society over the last few decades.

Industrial decline and the subsequent increase in unemployment, the impact of crime and associated anti-social behaviours, and most significantly, the increase in substance misuse and dependence have all contributed to the problems facing North Ayrshire's communities.

North Ayrshire Alcohol and Drug Partnership (ADP) recognises the cross cutting nature of substance misuse and dependency and the negative impact that this has upon the lives of individuals, families and communities.

Reflecting the importance of the recovery process, the North Ayrshire ADP has been developing a four-strand approach:

- a substance misuse strategy
- an action plan
- a workforce development strategy
- a joint commissioning toolkit

All of which will require effective partnership working at the ADP and the Community Planning Partnership and better engagement with individuals and communities.

The **Strategy** will provide the overarching strategic direction for North Ayrshire taking account of the of Scottish Government strategies, *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem* (2008) and *Changing Scotland's Relationship with Alcohol: A Framework for Action* (2009). Both documents provide clear direction for Alcohol and Drug Partnerships and service providers for future approaches to be adopted to appropriately address the needs of people affected by their own, or others, substance misuse. The key themes of these national strategies are fully endorsed in our local strategy.

The **Action Plan** will explain how we will achieve and deliver on the jointly agreed objectives in conjunction with the local Single Outcome Agreement (SOA), whilst achieving high level National outcomes and HEAT targets.

The **Workforce Development Strategy** will set out how partner organisations will train, re-train and support the workforce to delivering the action plan.

The **Joint Commissioning Toolkit** will ensure that all residents of North Ayrshire who require it will have access to efficient, recovery-orientated service provision, which is needs led, appropriately targeted and provides a wrap around model of care.

The aspiration of the North Ayrshire ADP is that through effective partnership working and community engagement, the vision outlined in this strategy will become a reality.

Sheena Gault
Chair of North Ayrshire Alcohol and
Drug Partnership

Carol Fisher
Vice Chair of North Ayrshire Alcohol
and Drug Partnership

1. PURPOSE OF THE STRATEGY

1.1 The purpose of this strategy is to:

- Demonstrate how we will work in partnership to provide well designed services to achieve our vision
- Describe how we intend to respond to a range of alcohol and drug issues in North Ayrshire, reduce harm and promote recovery
- Describe how we will engage with people whose lives are affected by alcohol and /or drugs including children affected by parental substance misuse
- Demonstrate how we will deliver services in an open, transparent and cost effective manner through the development of the Commissioning Strategy
- Describe how an outcome focussed approach will deliver sustainable and demonstrable change.

1.2 Strategic Context

North Ayrshire Alcohol and Drug Partnership (ADP) is part of the governance and accountability arrangements of the Community Planning Partnership (CPP) and Community Health Partnership (CHP). These planning arrangements set out the key local priorities in accordance with the Scottish Government Concordat Single Outcome Agreement (SOA) commitments and National Outcome Indicators.

In December 2010 the CPP Board approved three shared priorities:

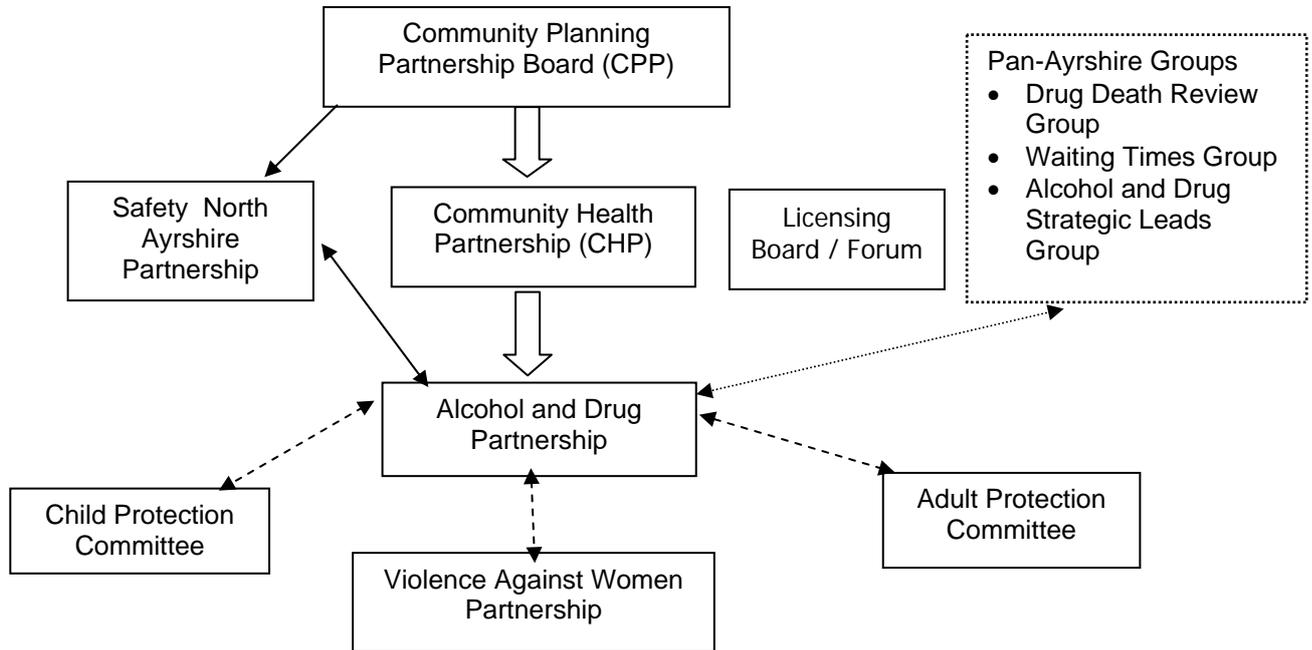
- Tackling Worklessness
- Tackling Health Inequalities
- Tackling Community Safety

The CHP priorities are;

- Shifting the balance of care.
- Tackling Health Inequalities.
- Improving Health and Wellbeing

The ADP contributes to national outcome 6 'We live longer, healthier lives'

The diagram below illustrates how North Ayrshire ADP contributes to this process:



In addition the ADP contributes to the following outcomes and performance measures;

- National Outcome 7 : We have tackled the significant inequalities in Scottish society
- National Outcome 8 : We have improved the life chances for children, young people and families at risk
- National Outcome 9 : We live our lives safe from crime, disorder and danger
- National Outcome 10 : We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others

H4 - Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/11.

A11 - By March 2013, 90% of clients will wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.

National Core Outcomes for alcohol and drugs:

The Scottish Government has established a collaborative programme of work in support of local outcomes and indicators. This has included the development of an initial set of 7 core outcomes for ADPs for 2011-12¹. The core outcomes are intended to sit alongside those being developed by ADPs and have been incorporated into this strategy.

¹ ADP Core Outcomes: Discussion Paper, ADP Chairs Event (March 2011)

1.3 Vision of the ADP

The vision for the ADP is that:

'The harmful effects of alcohol and drug misuse in North Ayrshire are reduced'

The ADP as part of its consultation identified four key priorities areas for focus within this strategy which will contribute to achieving the vision

- Prevention – Change knowledge, skills and attitudes
- Protection – Children affected by others substance misuse
- Recovery – Treatment and support
- Communities – Enforcement, availability and safer communities

1.4 Key National Influences

There are key national influences that shape the strategy and action plan, including the legal framework within which partners operate these statutory instruments including:

- The Children (Scotland) Act 1995
- Adults with Incapacity (Scotland) Act 2000
- The Regulation of Care Act (Scotland) 2001
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Licensing (Scotland) Act 2005
- Adult Support and Protection (Scotland) Act 2007
- Criminal Justice and Licensing (Scotland) Act 2010

These are supported by national guidance in a range of documents including:

- Changing Scotland's Relationship with Alcohol: A Framework for Action (Scottish Government 2009)
- The Road to Recovery (Scottish Government 2008)
- A New Framework for Local Partnerships on Alcohol and Drugs (Scottish Government & COSLA 2009)
- Getting Our Priorities Right: Good Practice Guidance for working with Children and Families affected by Substance Misuse (Scottish Executive 2003)
- Hidden Harm (ACMD 2003)
- Hidden Harm (Scottish Executive 2004, 2006)
- Rights, Relationships and Recovery: The Report of the National Review of Mental Health Nursing in Scotland (Scottish Executive 2006)
- Getting it Right for Every Child (Scottish Government) 2007

2. INTRODUCTION

North Ayrshire's Alcohol and Drug Partnership - A Strategy for the Future 2011-15 has been developed in partnership with a range of stakeholders within the Community Planning Partnership.

It is a three year achievable strategy that works with and within communities to reduce the harmful effects of alcohol and drug misuse on individuals, families and communities.

Increasing trends in alcohol consumption mean that many of us are now drinking above sensible guidelines. Over recent years, increased consumption has been influenced by factors such as the decline in the relative cost of alcohol; increased availability and changing cultural attitudes.

It is clear that alcohol is no longer a marginal problem. Nor is it one that affects only binge drinkers or those who are dependent on alcohol. There is a need to develop an approach which will focus on the needs of the whole population and have both a protective effect on vulnerable groups and reduce the overall level of alcohol problems.

Over the last few decades, similar to the whole of Scotland, drug misuse in Scotland has become more wide spread. This has led to the economic, health and social consequences of drug use no longer only impacting upon the individual, but also being experienced by the children and families of substance misusers as well as by society as a whole.

"*The Road to Recovery*", the National Drug Strategy published by the Scottish Government in 2008, references recent studies which concluded that there is an estimated 55,000 problem drug users currently in Scotland². This equates to 1 in 50 of our population aged between 15 and 54 experiencing or creating medical, social, psychological, physical or legal problems because of their use of opiates such as heroin and other drugs³.

Similarly the most recent estimation states that at present in Scotland there are between 40-60,000 children affected by the drug problem of one or more parent and the associated risk factors which accompany drug misuse.

The Scottish Government have estimated that drug misuse has an estimated economic and social cost of £2.6bn per annum⁴.

North Ayrshire's Alcohol and Drug Partnership has adopted a whole population approach to tackling substance misuse. For alcohol this means a shift away from a marginal approach targeting only those drinking to harmful levels to shifting upstream to reduce average population consumption, as described in *Changing Scotland's Relationship with Alcohol: A Framework for Action (2009)*⁵.

² The Road to Recovery (Scottish Government) (2008) pg 1.

³ The Road to Recovery (Scottish Government) (2008) pg 1.

⁴ The Road to Recovery (Scottish Government) (2008) pg 6.

⁵ *Changing Scotland's Relationship with Alcohol: A Framework for Action* (Scottish Government, 2009) <http://www.scotland.gov.uk/Publications/2009/03/04144703/0>

For drug misuse this means working with our partners to ensure our communities are supportive of recovery. In addition to this the *Road to Recovery (2008)*⁶ recognised that everyone in Scotland should be aware of the consequences of drugs so that no one uses drugs in ignorance.

North Ayrshire's Alcohol and Drug Partnership recognises the significant amount of work undertaken by a wide range of partner agencies and community groups. We wish to continue this work in partnership with the needs of individuals, families and communities affected by alcohol and drugs central to the delivery of the strategy.

⁶ The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem (Scottish Government, 2008) <http://www.scotland.gov.uk/Publications/2008/05/22161610/0>

3. HOW DO WE GET THERE?

3.1 PREVENTION – CHANGE KNOWLEDGE, SKILLS AND ATTITUDES

Prevention and education in the context of a whole population approach is primarily concerned with reducing supply and demand and minimising the harm associated with alcohol and drugs.

World Health Organisation (2003) research found that measures which control availability of alcohol such as distribution and sales and those which tackle price, production and trade have the greatest impact on both consumption and harm and are the cheapest to implement and sustain. This work is considered further in Section 3.4 Communities - Enforcement, Availability and Safer Communities.

North Ayrshire ADP recognises the social acceptability of alcohol use, as a result the partnership believes it is necessary to address the alcohol use across the whole population, and not solely those considered to have alcohol problems. Education is an important tool for increasing the awareness of the effects of alcohol and drug use on individuals, families and communities, and the risks associated with even low levels of alcohol or drug use.

The inclusion of substance misuse in Curriculum for Excellence is a positive step toward ensuring that all young people in North Ayrshire are aware of the risks associated with alcohol and drug use. However it is recognised in both Curriculum for Excellence and wider literature that preventative information should be delivered to young people in a range of settings and formats in order to reinforce messages delivered in educational establishments. Prevention of substance misuse through education is not only important for young people. The North Ayrshire ADP also recognises the importance of educating the wider adult population on the risks of substance use, in particular alcohol use. North Ayrshire ADP intends to achieve this through the delivery of targeted, audience appropriate messages.

Early interventions play an important role in reducing the harmful effects experienced by substance misuse in North Ayrshire. Alcohol Brief Interventions⁷ are an evidence based, effective intervention for adults drinking alcohol at hazardous levels. Young people however require more in depth person centred interventions to tackle early substance misuse.

The availability of positive alternatives to alcohol and drug use is essential to reduce the level of substance use. Age appropriate activities including diversionary activities for young people and increase in non-alcohol involving activities for adults will contribute to a reduction in alcohol consumption.

⁷ Alcohol Brief interventions can help people reduce drinking at levels considered "risky" or "hazardous". An ABI is generally restricted to four or fewer sessions, each session lasting from a few minutes to 1 hour, and is designed to be conducted by professionals who do not specialise in addictions treatment. It is most often used with people who are not alcohol dependent, and the goal may be moderate drinking rather than abstinence. The content and approach of ABIs vary depending on the severity of the persons alcohol use.

The ADP understands the importance of the population in North Ayrshire having good mental wellbeing and supports activities which will provide the opportunity for individuals in North Ayrshire to develop and learn new skills, improve their wellbeing, thus enabling them to make informed positive decisions about their future.

There is a strong association between substance misuse, especially alcohol misuse, and the risk of suicide. In 2007 The National Forum on Drug-Related Deaths Annual report clearly highlighted the following recommendations:

- Suicide prevention should be incorporated within the ethos of reducing drug related harm and becomes a key priority for the attention of ADPs (sic), drug agencies and related services
- Action to prevent suicide should include prioritising suicide prevention training for front line agencies and developing greater awareness of heightened risk factors for drug users, particularly in relation to intentional overdose

There is also a need to prevent further harm in those who are already engaged in high risk behaviours through interventions such as drug overdose training, provision of Take Home Naloxone (THN)⁸ and injecting equipment programmes.

The Challenges

The Alcohol Profile for Ayrshire and Arran, last produced by ISD in 2006, stated 40% of the male population of Ayrshire and Arran admitted to having drunk more than 4 units on their heaviest drinking day in the previous week, whilst 22% of men confirmed that they had been binge drinking on their heaviest drinking day (more than 8 units)⁹.

30% of the female population of Ayrshire and Arran reported exceeding the daily benchmark (3 units) in the previous week, and 12% of women reported binge drinking in the previous week (more than 6 units)¹⁰.

In 2010, the Health and Wellbeing CHP Profile for North Ayrshire reported that North Ayrshire had the 4th highest statistic of hospital admissions for alcohol-related condition in Scotland¹¹. Only Orkney, North Glasgow and North East Glasgow CHP areas are higher.

The number of alcohol-related acute hospital discharges for the North Ayrshire have increased by 80% from 1999 to 2008. In 2008/09 there were 1,506 alcohol related acute hospital discharges.¹²

⁸ Naloxone is a chemical compound that reverses the effects of opiates such as heroin. It has been used in clinical settings as an emergency treatment for opiate overdose for 40 years. THN programmes involve the prescription of Naloxone to people at risk of opiate overdose, accompanied by a compulsory training session. Programmes also provide training for others, including friends and family, in Naloxone administration.

⁹ Alcohol Profile for Ayrshire and Arran, ISD Scotland (2006).

¹⁰ Alcohol Profile for Ayrshire and Arran, ISD Scotland (2006).

¹¹ Health and Wellbeing Profile – North Ayrshire CHP (2010).

¹² ISD Alcohol-related Hospital Statistics (2010) (Page 8, Table 3B)

Of the 1,506 alcohol related acute hospital discharges to the North Ayrshire locality in 2008/09 1,169 displayed mental and behavioural disorders due to the use of alcohol, 245 were due to alcoholic liver disease and 354 were due to the toxic effects of alcohol.¹⁰

Drug-related discharges from North Ayrshire increased in males from 84 to 255 and in females from 22 to 126 from 1999 to 2008. This represents a three-fold increase in drug-related discharges in males and almost a six-fold increase drug-related discharges in females.¹³

The gap between most and least deprived has widened with the SIMD1: SIMD5 ratio increasing from about 12:1 in the 1999-2003 period to about 15:1 in 2004-2008 time period¹⁴

The Confidential Enquiry into Suicide and Homicide by people with Mental Illness stated that "It is likely that alcohol and drugs lie behind Scotland's high rates of suicide and homicide. For example, one report states that of the 1373 patient suicides there was a history of alcohol misuse in 785.... and a history of drug misuse in 522a quarter of patient suicides had "dual diagnosis".¹⁵

The SALSUS study showed that out of those pupils who undertook this survey in North Ayrshire, 57% of 13 year olds and 84% of 15 year olds reported that they had had an alcoholic drink, whereas 38% of 15 year olds and 16% of 13 year olds had drunk alcohol in the last week.¹⁶ Of those surveyed, 10% of 13 year olds and 34% of 15 year olds reported that they usually drink at least once a week (including those who drink every day and twice a week).¹⁷

What's Currently Being Done

North Ayrshire has consistently supported National Alcohol Awareness Week locally. This has been jointly organised through the Alcohol and Drug Partnership and the Safer North Ayrshire Partnership.

Alcohol and drug education for young people has been delivered in schools throughout North Ayrshire. Curriculum for Excellence will continue to ensure that substance misuse education is provided as part of the school curriculum from early years through to senior school.

Campus police officers within the secondary school environment engage with young people through various types of structured activities as part of the life of the school as well as linking young people into existing diversionary activities and liaising with other professionals.

NHS Ayrshire and Arran Addiction Services Prevention and Services Support Team offer a range of addictions related training to staff and community groups across Ayrshire and Arran. Training available ranges from basic alcohol and drug awareness

¹³ North Ayrshire ADP Needs Assessment Local Report (2010) (page 28-29)

¹⁴ North Ayrshire ADP Needs Assessment Local Report (2010) (page 30)

¹⁵ The Confidential Enquiry into Suicide and Homicide by people with Mental illness 2008

¹⁶ SALSUS North Ayrshire (2006) (Page 25)

¹⁷ SALSUS North Ayrshire (2006) (Page 27)

to more specialist courses including harm reduction and injecting equipment provision.

The Scottish Government set a HEAT target for NHS Ayrshire and Arran in April 2008 to deliver a set number of ABIs before March 2011 within three priority settings (primary care, Accident & Emergency and antenatal services).

The HEAT target was achieved and has now been extended nationally until March 2012. Work within the A& E Liaison Service and the Specialist Midwives delivering Brief Interventions aimed at reducing tobacco and alcohol use in pregnant women has been recognised nationally.

Ayrshire and Arran have been building capacity for delivery of ABIs by training not only staff in priority settings but other employees and volunteers who can deliver ABIs.

Strathclyde Fire and Rescue currently work with a range of Community Planning Partners to provide Home Fire Safety Visits to vulnerable members of the community who may be at risk of fire in their home. Initiatives include working with families to create bespoke fire action plans for their home, fitting smoke alarms where appropriate and fitting deaf detectors for hearing impaired and profoundly deaf people.

Introduction of the National Take Home Naloxone programme is underway locally with staff trained to provide overdose awareness sessions and provision of Naloxone (a drug used to counter the effects of opiate overdose to enable people to seek urgent medical help) to people at risk of overdosing and dying from drug use.

The logic model on the next page details the outcomes North Ayrshire ADP - A Strategy for the Future action plan will work towards achieving.

PREVENTION : CHANGE KNOWLEDGE, SKILLS AND ATTITUDES

| Short Term Service Outcome | Intermediate Outcomes | Core Outcome (CO) | Local Outcomes (SOA) | National Outcome (NO) |
|---|--|---|--|--|
| <p>People have knowledge of recommended limits for alcohol and where it should be avoided People understand information and health literature. People in specific target groups have knowledge of the consequences and risks of alcohol consumption and drugs use</p> | <p>Increased knowledge and changed attitudes to alcohol, drinking and drugs People are health literate Reduced acceptability of hazardous drinking and drunkenness and drug taking behaviour</p> | <p>People are healthier and experience fewer risks as a result of alcohol and drug use (CO 1)</p> | | |
| <p>Young people have the skills to limit alcohol consumption and avoid drug taking Dissociation of alcohol with glamour, attractive lifestyle and children/young people</p> | <p>Reduced Alcohol consumption in adults and young people</p> | <p>Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others (CO 2)</p> | <p>The harmful effects of alcohol and drug misuse are reduced (North Ayrshire Outcome 6)</p> | <p>We live longer, healthier lives (N.O.6)</p> |
| <p>Individuals engage and participate in age appropriate social activity, positive lifestyle and community activities</p> | <p>Reduced drug prevalence</p> | | | |
| <p>Staff groups have increased knowledge and skills</p> | <p>Increased identification and awareness of the impact of alcohol and drug taking in pregnancy</p> | | | |
| <p>Parents have increased knowledge and engagement</p> | | | | |
| <p>Increased awareness amongst pregnant women</p> | <p>Reduced alcohol and drug related harm and death, including suicide.</p> | | | |
| <p>Drug related harm and overdose reduced Alcohol related harm and suicide reduced</p> | | | | |

3.2 PROTECTION – CHILDREN AFFECTED BY PARENTAL SUBSTANCE MISUSE

Getting our Priorities Right (GOPR) was first published in 2001. This policy and practice guideline for working with children and families affected by problem drug use acknowledged that not all families affected by problem drug use will experience difficulties. However the exposure of children and young people to the risks factors associated with parental substance misuse may have significant and damaging consequences. These can include children and young people not reaching their full potential at school, taking on the role of caregiver to young siblings or parent(s), being placed at physical risk, developing their own physical and mental health problems, including developing their own substance misuse issues. This policy has since been expanded to include families affected by alcohol misuse.

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 and other adults who come into contact with the child or have an influence over the child's life also need strong support to tackle and overcome their alcohol and / or drug problems and promote the child's full potential.

North Ayrshire's Parenting and Family Support Strategy outlines the need for parenting and family support services within North Ayrshire to work together more effectively to plan, develop and deliver a range of services targeted to create an integrated approach to improve the life chances of children and families.

The Challenges

*Hidden Harm*¹⁸ estimated that there were between 41,000 and 59,000 children in Scotland with a problem drug using parent. This equates to 4-6 per cent of under 16s. In North Ayrshire, this could mean that between 968 and 1462 children under 16 are living in households where problematic drug use is an issue.

The Scottish Executive estimated that there were around 80,000 to 100,000 children are affected by parental alcohol misuse¹⁹. This equates to 8.8 - 11 per cent of under 16s. In North Ayrshire, this could mean that between 2129 and 2662 children under 16 are living in households where alcohol misuse is an issue.

What's Currently Being Done

The Rory resource is available through the Health Information and Resources shop. This resource is aimed at primary school children and aims to discuss the issue of parental substance misuse in a child friendly way.

Services in North Ayrshire have implemented the High Risk Pregnancy Protocol. Referrals are made to Social Services who will then initiate appropriate pre birth actions.

¹⁸ Advisory Council on the Misuse of Drugs (2003), *Hidden Harm – Responding to the needs of children of problem drug users*, p10

¹⁹ Scottish Executive (2003) *Getting Our Priorities Right*, p12

North Ayrshire are introducing the Solihull Approach which is an integrated model of working for care professionals working with families who are affected by emotional and behavioural difficulties. It is an early intervention model that can also be used for prevention and group work. The model incorporates three concepts of containment, reciprocity and behaviour management.

Children 1st 4ward Steps Project is a dedicated project working with and supporting pregnant women, who have substance misuse issues. The focus of the service's work is to improve the quality of life for vulnerable children and families who are affected by substance use, including alcohol. The service is targeted at pregnant and new mothers and other family members including partners, extended family members and other children within the household.

North Ayrshire Young Carers Project is a dedicated project working with and supporting children and young people²⁰, whose lives have been negatively affected by a range of reasons but including familial alcohol and / or drug use. The project offers young carers practical advice and support, including accessing recreation and leisure opportunities and educational provision.

The logic model on the next page details the outcomes North Ayrshire ADP - A Strategy for the Future action plan will work towards achieving.

²⁰ The age range for this service is 8 – 18 years old.

PROTECTION : Children Affected by Parental Substance Misuse

| Short Term Service Outcome | Intermediate Outcomes | Core Outcome (CO) | Local Outcomes (SOA) | National Outcome (NO) |
|---|--|---|--|--|
| <p>Baseline established for children affected by parental substance misuse People being referred under High Risk Pregnancy Protocol (HRPP) understand why they are being assessed and have access to information on HRPP High risk pregnancies are identified and assessed within agreed timescales</p> | <p>Children affected by parental substance misuse are identified through services</p> | <p>Children and family members of people misuse alcohol and drugs are safe, well-supported and have improved life-chances (C.O 4)</p> | <p>The harmful effects of alcohol and drug misuse are reduced (North Ayrshire Outcome 6)</p> | <p>We live longer, healthier lives (N.O. 6) We have tackled the significant inequalities in Scottish Society (NO 7) We have improved the life chances for children, young people and families at risk (NO 8)</p> |
| <p>Service users have improved parenting skills Parents in touch with services have an awareness of the impact of their substance misuse on their children Children in touch with services have a positive relationship with their substance misusing parents</p> | <p>All high risk pregnant women are identified and assessed</p> | | | |
| | <p>Children affected by others substance misuse access early intervention services</p> | | | |
| <p>Awareness of parenting programmes within North Ayrshire in line with the North Ayrshire Parenting & Family Support Strategy</p> | <p>Physical needs and emotional wellbeing of children under 5yrs affected by parental substance misuse are met.</p> | | | |
| | <p>Opportunities to enhance resilience and wellbeing for children affected by parental substance misuse are increased</p> | | | |
| <p>Sibling and family support groups in North Ayrshire are supported Knowledge of services available for children and young people affected by others</p> | <p>Young people affected by parental substance misuse supported to move from targeted into universal services</p> | | | |
| <p>Training delivered to staff on the impact of others substance misuse on children and young people Improvement in processes to support communication between services</p> | <p>Children and families affected by substance misuse receive appropriate support when required in a non stigmatising way Workforce is confident and competent in dealing with parental substance misuse and its impact on children</p> | | | |

3.3 RECOVERY – TREATMENT AND SUPPORT FOR INDIVIDUALS

The national alcohol and drug strategies, 'Changing Scotland's Relationship with Alcohol' 2009 and 'The Road to Recovery' 2008 signalled a change in the national strategic direction for those with alcohol and other drug problems from targets which measured engagement and maintaining people in treatment to recovery focused, person centred, outcomes.

Scottish Government define recovery as *“a process through which an individual is enabled to move on from their problem drug (alcohol) use, towards a drug-free²¹ life as an active and contributing member of society...[and] is most effective when service users' needs and aspirations are placed at the centre of their care and treatment”²²*.

Previously services across North Ayrshire were commissioned and delivered in line with the agreed Function Model of Treatment and Care. This phased model approach described and put in place services ranging from brief intervention packages at pre-phase 1 through to moving on services at phase 3 across Ayrshire. It was designed to identify pathways for service users through each of the phases. It largely focused on specialist addiction service provision, was limited to commissioned and provided services and was designed to respond to crisis and / or chaos with the outcomes focusing on symptom reduction and harm minimisation.

It is recognised that achievements gained from the development and utilisation of ways of working can be used to move forward to the newly developed Recovery Orientated System of Care (ROSC) for Ayrshire and Arran.

The ROSC will deliver the following strategic vision:

- Recovery is possible and at the centre of all services we provide.
- People will own their own recovery and service staff will facilitate their recovery journey.
- People in recovery will support others along the path to recovery.

A ROSC supports people to take charge of their own recovery by providing a number of key care elements, including individual person centre flexible services. It is strengths based, includes peer support and assertive linkages to communities of recovery and incorporates the experiences of those in recovery and their family members in the ongoing process of systems-improvement.

North Ayrshire ADP has agreed that the financial year 2011-12 will be a transition year and existing service provision will be reviewed against the key systems of care elements of the ROSC with services being delivered in line with the ROSC from April 2012 onwards.

The Challenges

Information on the prevalence of harmful drinking and of alcohol dependence is not

²¹ For the purpose of this definition Alcohol is considered to be a drug as recovery is possible from a range of legal and illegal substances.

²² *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem* (Scottish Government, 2008) (p23).

available per ADP area. Prevalence data has been estimated from the Scottish Health Survey (2003) for six geographical regions, one of which comprises of Lanarkshire, Ayrshire and Arran, Dumfries & Galloway, and makes up an estimated population of 873,290 people²³.

The estimated prevalence of harmful drinking for the region which includes Ayrshire and Arran is 25.9%. This suggests that there are 226,182 people with harmful drinking habits in the region.

The estimated prevalence of alcohol dependence in this region is 6.5%, which suggests that there are 56,764 people who are alcohol dependent living in the region²⁴. By applying these percentages to North Ayrshire we can estimate that there are 28,734 people with harmful drinking habits and 7,211 people who are alcohol dependent in North Ayrshire.

In 2007, the Centre for Drug Misuse Research estimated North Ayrshire had approximately 1808 problem drug users²⁵ this converts to a local prevalence rate of 2.57%²⁶, considerably greater than the national prevalence rate of 1.98%.

The number of drug-related deaths in North Ayrshire has increased three-fold from 4.7 per 100,000 per year in 1999 to 14 per 100,000 per year in 2009²⁷. This means in 1999 there were 5 drug related deaths rising to 15 in 2009.

7,123 assessments were undertaken by specialist addiction services in 2009-10, 2,936 (41%) were for residents of North Ayrshire 73% (2,149) were for alcohol, 25% (738) were for drugs, and 2.3% (67) were for both alcohol and drugs.²⁸

What's Currently Being Done

A range of commissioned and provided treatment and support services are currently in North Ayrshire with some services provided on an Ayrshire wide basis.

NHS Ayrshire and Arran Addiction Services through the Community Addiction Team provide specialist services for people who have co-existing mental health, alcohol and / or drug problems. Loudoun House is a 12 bedded residential unit which provides a residential and day service for clients throughout Ayrshire with an addiction or substance misuse problem and a mental health problem. The unit also provides access for up to 6 out-patients per week.

North Ayrshire Council, through its specialist addiction service, also provides a range of services to people to people with alcohol and /or drug problems including those with Alcohol Related Brain Damage (ARBD). Addiction staff work closely with colleagues in Children and Families and Criminal Justice services.

The following support is available for people with alcohol and / or drug problems:

- assessment and care management

²³ Scottish Alcohol Needs Assessment (2009)

²⁴ North Ayrshire ADP Needs Assessment Local Report (2010) (page 9)

²⁵ The term problem drug use in this research only relates to opiate use

²⁶ Estimating the national and local prevalence of problem drug misuse in Scotland (2009), http://www.drugmisuse.isdscotland.org/publications/local/Prevalence_2009.pdf

²⁷ General Registry Office for Scotland Drug Related Deaths 2009

²⁸ North Ayrshire ADP Needs Assessment Local Report (2010) (page 31)

- alcohol counselling
- alcohol and drug relapse management support
- psychosocial support
- occupational therapy interventions
- diversionary / alternative activities
- Community Alcohol Rehabilitation Services (CARS)
- Self Management and Training Recovery (SMART)
- Alcoholics Anonymous
- Narcotics Anonymous

The following treatment options are available for people with alcohol and / or drug problems:

- community based alcohol and drug detoxification
- in-patient alcohol detoxification²⁹
- substitute prescribing medication for drug dependency
- alcohol and drug antagonists to help maintain abstinence
- Take Home Naloxone provision

Ayrshire and Arran are meeting the HEAT A4 Access to drug treatment target. This means over 90% of clients were offered an assessment appointment within 2 weeks of the date of referral and over 90% of clients were offered a treatment appointment within 2 weeks of the date a care plan was agreed. This target has now been extended to include access to alcohol treatment.

NHS Ayrshire and Arran Addiction Services also provide a backpacking injecting equipment service across North Ayrshire. Services include the provision of needles and other injecting equipment, wound care advice and treatment, blood borne virus testing, vaccination and treatment support and specific harm reduction strategies.

The national Take Home Naloxone programme aimed at reducing the number of fatal overdoses in Scotland is being rolled out.

The logic model on the next page details the outcomes North Ayrshire ADP - A Strategy for the Future action plan will work towards achieving.

²⁹ **In-Patient Detoxification - Ward 1E Crosshouse Hospital** There are currently 4 beds for alcohol detoxification within Psychiatric Acute Admissions on the Crosshouse Hospital site. These beds are accessed by clients, throughout Ayrshire who are assessed by Primary Care Addictions Team to require more complex clinical management while they are in the process of alcohol detoxification. The beds are currently managed by Adult Psychiatry.

RECOVERY : Treatment and Support for Individuals

| Short Term Service Outcome | Intermediate Outcomes | Core Outcome (CO) | Local Outcomes (SOA) | National Outcome (NO) |
|---|--|---|--|---|
| <p>Service user engaged in the planning and delivery of services. Individuals, family and carers fully involved and participate in planning for their own recovery Services make appropriate referrals to other support or treatment services. Services assertively link to mutual aid groups.</p> <p>Reduced / ceased / stabilised illicit drug use Reduced / ceased / controlled alcohol use Reduced / ceased /stabilised on substitute medication Risk of deaths as a result of opiate overdose reduced Reduction in chaotic or risky behaviour Reduction in drug use and drug related harm Reduction in alcohol use or alcohol related harm Services user have improved / no deterioration in health</p> <p>Service users have improved/no deterioration in social functioning/personal relationships Service users are more involved/included in their community Higher proportion of service users are living in safe, settled and appropriate accommodation Service users have improved financial status and stability Service users have improved employability status (e.g. moved into voluntary work / training / education/ employment) Service users have an increased awareness of work/training opportunities open to them Service users have an improved understanding of their rights and responsibilities</p> <p>Recovery champions are utilised to promote and support recovery Increase peer-based recovery support which promotes active participation in local communities</p> <p>Promotion of recovery success at individual, family and community levels is increased to show recovery is possible</p> <p>Increase in the number of staff trained in recovery based practices</p> | <p>North Ayrshire develops services and community support networks to ensure the integration of the principles of a Recovery Orientated System of Care</p> <p>Increase in the number of individuals with substance misuse problems achieving stabilisation, reduction in alcohol and drug use and moving towards abstinence</p> <p>Improved general health of individuals with substance misuse problems</p> <p>Improved mental health of individuals with substance misuse Problems</p> <p>Improved life circumstances as part of sustained recovery i.e. improved family relationships, housing, employability and social networks</p> <p>Recovery communities are an integral part of service options in North Ayrshire Individuals, families and communities affected by alcohol and drug problems understand recovery is possible and have the skills and support to help them plan for this journey</p> <p>Staff working in services supporting individuals with substance misuse problems feel confident to deliver a range of flexible interventions to meet the needs of the service user</p> <p>Improved links and joint working protocols between specialist and non specialist statutory, 3rd sector and community groups</p> | <p>Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use (C.O. 3)</p> <p>Alcohol and drug services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery (C.O. 7)</p> | <p>The harmful effects of alcohol and drug misuse are reduced (North Ayrshire Outcome 6)</p> | <p>We live longer, healthier lives (N.O. 6)</p> <p>We have tackled the significant inequalities in Scottish society (N.O. 7)</p> <p>We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others (N.O.10)</p> |

4.4 COMMUNITIES – ENFORCEMENT, AVAILABILITY AND SAFER COMMUNITIES

The significant links between alcohol and drug misuse and offending behaviour are well recognised. In North Ayrshire approximately 70-80% of service users in Criminal Justice Social Work have a background of alcohol and drugs use linked to their offending behaviour.

North Ayrshire ADP and the Safer North Ayrshire Partnership will continue to plan and work in partnership around the issues of anti-social behaviour and nuisance as a consequence of alcohol and / or drug misuse.

North Ayrshire ADP will work in partnership with Criminal Justice Social Work Services and the South West Scotland Community Justice Authority to address factors that contribute to a chaotic lifestyle and to challenge offending behaviour. We recognise that by focusing on recovery this can have a positive benefit on reducing offending and re-conviction.

In respect of alcohol licensing, we recognise that many of the changes which we would like to see require legislative change at a Scottish or UK level. However there are a number of areas locally that North Ayrshire ADP can work on with the North Ayrshire Licensing Board and Licensing Forum as part of the Public Health agenda. This includes examining overprovision of licensed premises and what, if any, impact this has on communities in North Ayrshire and continuing to support measures such as test purchasing and tackling agent sales.

Domestic abuse is a significant problem within North Ayrshire. While we recognise that alcohol is neither an excuse for, nor a cause of, domestic abuse it is a significant factor in incidents reported to the Police. The ADP will work with the Violence Against Women Partnership to reduce the harmful impact of alcohol in cases of domestic abuse providing opportunities for both perpetrators and victims to address their alcohol and drug misuse.

A key part of work within communities will be developing actions to improve the knowledge and understanding across the whole population about drug and alcohol use. The ADP also wishes to show that recovery is possible and reduce the levels of fear, blame and stigma and positively promote recovery stories.

The Challenges

The total number of recorded crimes and offences in Ayrshire and Arran is approximately 60,000 per year, with slightly more than a third of these occurring in North Ayrshire.³⁰

From 2004/05 to 2008/09, the average annual number of recorded crimes directly related to alcohol or drugs in Ayrshire and Arran was 4,066, of which 1,624 (40%) were in North Ayrshire.³⁰

³⁰ North Ayrshire ADP Needs Assessment Local Report (2010) (page 35)

Crimes due to alcohol or drugs represent 16% and 14% respectively of all recorded crime in North Ayrshire.³⁰

In North Ayrshire on average, 70% of crimes are related to drugs (possession and/or supply), 15% are related to drink-driving offences, 12% are related to drunkenness offences and 3% are related to licensing offences.³⁰

In North Ayrshire, Strathclyde Police recorded Domestic Violence cases in 2007/08 as 1,065 per 100,000 population, which exceeds the Scottish average of 965 per 100,000 population³¹.

Strathclyde Police confirmed that in the case of the people involved in domestic abuse incidents in North Ayrshire, 40% of victims and 68% of the accused were under the influence of alcohol or drugs at the time of the incident.³¹

What's Currently Being Done?

Community Payback Orders have been introduced as a disposal available to the courts for offences committed on or after 1st February 2011. This new order combines unpaid work by the offender with a programme of interventions to challenge their offending behaviour and address issues of alcohol or drug misuse.

During 2009/10 an Arrest Referral scheme based in the JP Courts operated across Ayrshire. While funding for the scheme has now ended the ADP is working with partners from South West Scotland CJA to consider a new model for early intervention and diversion.

Criminal Justice Social Work staff in Ayrshire have been trained in the delivery of alcohol brief interventions with offenders. A national pilot of this scheme is currently being undertaken.

It is a requirement of the Licensing (Scotland) Act 2005 that all staff receive mandatory training covering specific areas of the legislation. The Licensing Standards Officer undertakes regular premises visits to check on compliance and any concerns are reported to the Licensing Board. The Local Licensing Forum meets regularly and the Board has recently updated their policy statement after a wide consultation. Regular operations in respect of test purchasing of alcohol by under age persons are coordinated and delivered by local officers on intelligence led basis, relative to off sales premises.

Strathclyde Road Policing unit implement and deliver the nationally run annual drink/drug driving awareness campaign over the Christmas period and proactively patrol the roads of North Ayrshire.

Police take Domestic Abuse seriously and recognise the part alcohol misuse plays. Local Officers routinely carryout Domestic Bail checks, ensuring conditions placed on accused individuals are being adhered to, with personal visitations being carried out to victims. Proactive warning letters are sent to persistent offenders.

³¹ North Ayrshire Violence Against Women Strategy 2010 -2013.

The Caledonian System is being rolled out across the South West Scotland Community Justice Authority area during 2011/12. The Caledonian System delivers an accredited programme to convicted perpetrators of domestic abuse and provides support to their victims.

The logic model on the next page details the outcomes North Ayrshire ADP - A Strategy for the Future Action Plan will work towards achieving.

COMMUNITIES : Enforcement, Availability and Safer Communities

| Short Term Service Outcome | Intermediate Outcomes | Core Outcome (CO) | Local Outcomes (SOA) | National Outcome (NO) |
|--|---|---|--|--|
| <p>Increased access for offenders to appropriate drug/alcohol services in the community Increased use of Community Payback Orders to address offenders drug/alcohol problems Increased access to drug/alcohol services in custodial settings</p> | <p>Reduce drug and alcohol related offending reoffending</p> <p>Reduced availability of alcohol</p> <p>Reduced availability of drugs</p> | | | <p>We live longer, healthier lives (N.O. 6)</p> |
| <p>Increased refusal to serve alcohol to underage people in all premises Reduced level of agent sales in off-sales Increase information flow between ADP/Board/Forum</p> | <p>Increased early identification and management of potential flashpoints</p> <p>Fewer intoxicated people in streets/cells</p> <p>Reduced drug and alcohol related antisocial behaviour</p> | <p>Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour (C.O. 5)</p> | <p>The harmful effects of alcohol and drug misuse are reduced (North Ayrshire Outcome 6)</p> | <p>We live our lives safe from crime, disorder and danger (N.O. 9)</p> |
| <p>Improved communication between local services and communities</p> | <p>Increased feelings of safety in communities</p> | <p>People live in positive, health-promoting local environments where alcohol and drugs are less readily available (C.O. 6)</p> | | <p>We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others (N.O.10)</p> |
| <p>Improved interventions for perpetrators of domestic abuse Improved information sharing between services Improved support to victims / survivors of domestic abuse where alcohol and / or drug use has been a factor</p> | <p>Reduce the harmful impact of alcohol in domestic abuse incidents</p> | | | |

4. Delivering the Strategy

The overarching aim of the strategy is to support the population of North Ayrshire to build on their strengths to reduce alcohol and drug misuse to the benefit of individuals, families and communities.

This will require jointly agreed strategic outcomes and actions with partners and members of the community over the next three years and beyond. To achieve the outcomes outlined in the strategy an **Action Plan** will be developed with our partners detailing key actions, who will deliver them and by when. The Action Plan will be reviewed and updated on an annual basis to ensure the actions continue to meet the needs of North Ayrshire.

A robust performance management system will be put in place to ensure that progress towards the outcomes can be demonstrated to our service users, communities and partners.

Progress reports will be submitted to the CPP and CHP and the ADP will receive regular updates at our meetings. This will allow partners to review progress being made towards achieving the outcomes.

4.1 Workforce Development Strategy

The partnership is committed to ensuring we have confident and competent workforce who are united by a shared vision which is focussed on the needs of the individual.

The Scottish Government and CoSLA launched *Supporting the Development of Scotland's Alcohol and Drug Workforce* in December 2010. The statement is 'for anyone who has a role in improving outcomes for individuals, families or communities with problematic drug or alcohol use'. The statement also sets out actions required to deliver the alcohol and drug workforce and outlines the important roles of those directly involved in workforce development.

The ADP will work with partner organisations over the 2011/12 financial year to identify the workforce development needs in North Ayrshire and implement appropriate training.

4.2 Joint Commissioning Strategy

The ADP will be responsible for the allocation of the Alcohol and Drug ring fenced budgets and a Joint Commissioning Strategy will be developed detailing the commissioning priorities based on local need.

The partnership is working towards outcomes based commissioning to meet local identified needs and services will be required to demonstrate effective progress against specific outcomes measurements.

Each service funded by the ADP will be subject to robust performance management and evaluation processes. The Finance, Commissioning and Performance

Management (CPM) sub group will oversee the performance management of these services and provide exception reports to the ADP identifying remedial actions where required.

An Equality and Diversity Impact Assessment has been carried out to ensure the needs of all groups within North Ayrshire are identified and met, paying particular attention to those most at risk of harm.

Section A: Standard Impact Assessment Process Document

NHS Ayrshire & Arran Standard Impact Assessment Process Document



Please complete electronically and answer all questions unless instructed otherwise.

NB Please note this toolkit has been used by the multi-agency membership of North Ayrshire Alcohol and Drug Partnership to impact assess their partnership Alcohol and Drug Strategy.

Section A

Q1: Name of Document “A Strategy for the Future 2011-2014”

Q1 a: Function Guidance Policy Project Service Other, please detail

Q2: What is the scope of this SIA

NHS A&A Wide Service Specific Discipline Specific Other (Please Detail)

North Ayrshire Alcohol and Drug Strategy

Q3: Is this a new development? (see Q1a)

Yes No

Q4: If no to Q3 what is it replacing?

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Carol Fisher, Health Care manager, Specialist Mental Health Services
 Frances Donachie, Specialist Pharmacist in Substance Misuse, NHS Addiction Services
 Eleanor Glen-Kelly, Addiction Development Officer, Ayrshire Criminal Justice Partnership
 Marjorie Adams, Policy and Performance Officer, North Ayrshire Council
 Stephen Brown, Senior Manager Children and Families (Fieldwork Specialist Support, North Ayrshire Council
 Lesley Robb, Information Officer, Alcohol and Drug Partnership Support Team

Q6: Main SIA/EDIA person’s contact details

| | | | |
|-------------|-----------------------------|-------------------|-----------------------|
| Name: | Carol Fisher | Telephone Number: | 01563 885851 |
| Department: | Mental Health Services, NHS | Email: | carol.fisher2@nhs.net |

Q7: Describe the main aims, objective and intended outcomes

The purpose of this strategy is to:

- Demonstrate how we will work in partnership to provide well designed services to achieve our vision
- Describe how we intend to respond to a range of alcohol and drug issues in North Ayrshire, reduce harm and promote recovery
- Describe how we will engage with people whose lives are affected by alcohol and /or drugs including children affected by parental substance misuse
- Demonstrate how we will deliver services in an open, transparent and cost effective manner.
- Describe how an outcome focussed approach will deliver sustainable and demonstrable change

Q8:

(i) Who is intended to benefit from the function/service development/other(Q1a) – is it staff, service users or both?

Staff Service Users Other Please identify Whole Population

(ii) Have they been involved in the development of the function/service development/other?

Yes No

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Comments:

Whilst a number of stakeholders have been consulted, it is the intention is to involve all stakeholders, service users and the population of North Ayrshire during the implementation process of the Strategy.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments:

There are key national influences that shape the strategy and action plan, including the legal framework within which partners operate these statutory instruments include:

- The Children (Scotland) Act 1995
- Adults with Incapacity (Scotland) Act 2000
- The Regulation of Care Act (Scotland) 2001
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Licensing (Scotland) Act 2005
- Adult Support and Protection (Scotland) Act 2007
- Criminal Justice and Licensing (Scotland) Act 2010

These are supported by national guidance in a range of documents including:

- Changing Scotland's Relationship with Alcohol: A Framework for Action (Scottish Government 2009)
- The Road to Recovery (Scottish Government 2008)
- A New Framework for Local Partnerships on Alcohol and Drugs (Scottish Government & COSLA 2009)
- Getting Our Priorities Right: Good Practice Guidance for working with Children and Families affected by Substance Misuse (Scottish Executive 2003)
- Hidden Harm (ACMD 2003)
- Hidden Harm (Scottish Executive 2004, 2006)
- Rights, Relationships and Recovery: The Report of the National Review of Mental Health Nursing in Scotland (Scottish Executive 2006)
- Getting it Right for Every Child (Scottish Government) 2007

North Ayrshire Community Planning Partnership priorities :

- Tackling Worklessness
- Tackling Health Inequalities
- Tackling Community Safety

North Ayrshire Community Health Partnership priorities :

- Shifting the balance of care.
- Tackling Health Inequalities.
- Improving Health and Wellbeing

Q9: When looking at the impact on the equality groups, does it apply within the context of the General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

| What impact has your review had on the following 'protected characteristics': | Positive | Adverse/ Negative | Neutral | Comments Provide any evidence that supports your answer for positive, negative or neutral incl what is currently in place or is required to ensure equality of access. |
|---|----------|----------------------|---------|--|
| Age | Yes | | | The strategy is geared towards a whole population approach and particular actions have been |

| | | | | |
|--|-----|--|-----|--|
| | | | | identified that relate to older people, CAPSM and children who are involved with substance misuse |
| Disability (incl. physical/sensory problems, learning difficulties, communication needs; cognitive impairment) | | | Yes | |
| Gender Reassignment | | | Yes | |
| Marriage and Civil partnership | | | Yes | |
| Pregnancy and Maternity | Yes | | | Provision of Brief Interventions to pregnant women to increase awareness of the impact of alcohol and drug taking in pregnancy. Pregnant women identified by Addiction Services can be referred to maternity services/social work under the high risk pregnancy protocol |
| Race/Ethnicity | | | Yes | |
| Religion/Faith | | | Yes | |
| Sex (male/female) | Yes | | | Local evidence highlights that there is a high prevalence of alcohol misuse in domestic abuse incidents. Any reduction in alcohol misuse, would impact on reducing gender based violence |
| Sexual orientation | | | Yes | |
| Staff (This could include details of staff training completed or required in relation to service delivery) | Yes | | | By raising awareness of training that is available to staff, there will be an increase in knowledge and skills |
| Cross cutting issues: Included are some areas for consideration. Please amend/add as appropriate. Further areas to consider in Appendix B | | | | |
| Carers | Yes | | | |
| Homeless | Yes | | | Ensuring a higher proportion of service users are living in safe, settled and appropriate accommodation there would be an increase in improved life circumstances to promote sustained recovery |
| Involved in Criminal Justice System | Yes | | | Developing links with partners such as Licensing Board and Forum would |

| | | | | |
|---------------------------------|-----|--|-----|---|
| | | | | help to reduce the availability of alcohol which in turn would reduce alcohol related offending |
| Language/ Social Origins | | | Yes | |
| Literacy | Yes | | | |
| Low income/poverty | Yes | | | |
| Mental Health Problems | Yes | | | |
| Rural Areas | | | Yes | |

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes No

Q11: Is a full EDIA required?

Yes No

Please state your reason for choices made in Question 11.

On the basis of the initial impact assessment there are no negative impacts identified.

If the screening process has shown potential for a high negative impact you will be required to complete a full equality impact assessment (see guidelines).

| | | | |
|--------------------------|-------------------------|------------|--------------|
| Date EDIA Completed | 19 / 05 / 2011 | Print Name | Carol Fisher |
| Date of next EDIA Review | Not applicable | | |
| Signature | | | |
| Department or Service | Vice Chairperson NA ADP | | |

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EDIA completed. Send copy to elaine.savory@aapct.scot.nhs.uk

Section C: Quality Assurance

QA Section

Lead authors details?

| | | | |
|-------------|--------------------------------|-------------------|-----------------------|
| Name: | Carol Fisher | Telephone Number: | 01563 885851 |
| Department: | Mental Health and Primary Care | Email: | carol.fisher2@nhs.net |

Does your policy / guideline / protocol / procedure have the following on the front cover?

| | | | | | |
|----------------|-------------------------------------|--|-------------------------------------|-------------|-------------------------------------|
| Version Status | <input checked="" type="checkbox"/> | Review Date | <input checked="" type="checkbox"/> | Lead Author | <input checked="" type="checkbox"/> |
| Approval Group | <input checked="" type="checkbox"/> | Type of Document (e.g. policy, protocol, guidance etc) | <input checked="" type="checkbox"/> | | |

Does your policy / guideline / protocol / procedure have the following in the document?

| | | | | | |
|----------------------|-------------------------------------|----------------------|--------------------------|---------------------|--------------------------|
| Contributory Authors | <input checked="" type="checkbox"/> | Distribution Process | <input type="checkbox"/> | Implementation Plan | <input type="checkbox"/> |
| Consultation Process | <input checked="" type="checkbox"/> | | | | |

Is your policy / guideline / protocol / procedure in the following format?

| | | | |
|------------|-------------------------------------|--------------|-------------------------------------|
| Arial Font | <input checked="" type="checkbox"/> | Font Size 12 | <input checked="" type="checkbox"/> |
|------------|-------------------------------------|--------------|-------------------------------------|

Signatures

| | | | |
|--------------|--------------|-------|----------------|
| Lead Author: | Carol Fisher | Date: | DD / MM / YYYY |
|--------------|--------------|-------|----------------|

Signatures

| | | | |
|----------|--|-------|----------------|
| QA Check | | Date: | DD / MM / YYYY |
|----------|--|-------|----------------|

Once both signatures above are complete the document can be sent to the approving group for approval (**Sections A&C only**).

Once completed please send to the individuals listed below as appropriate.