

## **6. ALCOHOL AND DRUGS PLANNING FRAMEWORK**

### **6.1 Analysis of Local Position**

6.1.1 The Alcohol and Drug Partnership (ADP) in Renfrewshire has responsibility for local planning of alcohol and drug services. ADPs are the new planning and implementation structures embedded within Community Planning. The group is co-chaired by the Director of Social Work and the Director of the Community Health Partnership and is accountable to Community Planning Leadership. The ADP is represented by:

- Social Work
- Community Health Partnership
- Voluntary Services
- Education and Leisure
- Community Safety
- Strathclyde Fire and Rescue
- Strathclyde Police
- Housing
- Service Users
- Community Planning
- Acute Hospital

The key challenges for the ADP in the coming year will be to review the current drug and alcohol strategy in light of the new delivery arrangements set out by Scottish Government. The Alcohol and Drugs Delivery Reform Group has set out a new framework which should be applied to the review of local strategies. This will ensure that the revised strategy is based on a robust assessment of need and delivery of action that is based on clear outcomes.

6.1.2 Other multi-agency groups which feed into the ADP and support the on-going work includes:

- Drug Deaths Group
- Renfrewshire Addiction Forum
- Operational Managers Group
- Employability/Mental Health Group
- Prevention and Education Group
- SURF (user involvement group)

### **6.2 Numeric Analysis**

#### **6.2.1 Alcohol**

##### **Levels of Consumption**

- NHS Greater Glasgow and Clyde's (NHSGGC) Health and Wellbeing Survey was carried out in 2008. The survey identified that among those who completed the survey in Renfrewshire (8,278 respondents) nearly 40% of males and 25% of females exceeded the recommended weekly alcohol limits who had a drink in

- the last week
- While a significant number of secondary school children in NHSGGC and Scotland either do not drink alcohol or drink only occasionally, there appears to be a significant number of young people, among those who do drink, who drink to excess. Renfrewshire CHP's Health and Wellbeing Survey of Secondary School Age Young People was carried out at the end of 2008. The Survey reported that overall 40% of pupils had never drunk alcohol, whereas 14% drank once a week or more, increasing to 25% of upper school pupils who drank more than once per week
- The findings from the local SALSUS (2006) show the prevalence of smoking, drinking and drug use among 13 and 15 year olds attending both state and independent schools in Renfrewshire. Part of the survey asked young people a number of questions about their consumption of alcohol:
  - 10% of 13 year olds and 27% of 15 year olds reported that they usually drink alcohol at least once a week
  - All pupils who had ever had an alcoholic drink were asked whether they had ever been really drunk – 37% had never been really drunk, 16% had been drunk once, 21% had been drunk 2-3 times, 14% had been drunk 4-10 times and 13% had been drunk more than 10 times
  - 14% of pupils reported that they had five or more drinks on the same occasion four times or more in the last 30 days.

### Health Effects

- In 2007/08 there were 1,584 general acute inpatient discharges, 1,421 emergency admissions to an acute hospital and 279 psychiatric inpatients discharges (2006/07) with an alcohol related diagnosis in Renfrewshire
- The alcohol related death rate per 100,000 population in 2007 was 79.2 in males and 22.6 in females in Renfrewshire, which is higher than the national average. In Scotland the rate is 60.6 for males and 22.1 for females
- Alcohol related brain damage rate per 10,000 in acute hospital admissions in persons aged 35 plus across NHSGGC in 2007/08 was:
  - Age 35-44 – males 1.0 and females 0.3
  - Age 45-54 – males 1.8 and females 2.1
  - Age 55-64 – males 16.6 and females 3.8
  - Age 65-74 – males 13.7 and females 2.0
  - 75 plus – males 8.5 and females 0.7

### Primary Care

There is evidence to suggest that one to one screening and brief interventions in primary care is effective in enabling people who drink alcohol to excess to reduce their alcohol consumption. In 2008/09 NHSGGC provided training and resources to enable primary care staff to help patients decrease their alcohol consumption. A total of 191 primary care staff in 186 practices across NHSGGC were trained by the end of March 2009 to deliver the programme. In Renfrewshire there were 4,499 patients screened and 942 brief interventions delivered.

#### 6.2.2 Drugs

- The national prevalence study carried out in 2006 estimated that the number of

- problem drug users in Renfrewshire was 2,083 (1.84%) and Scotland was 55,328 (1.62%). The estimated number of drug injectors was 1,024 (0.90%) and for Scotland was 23,933 (0.71%)
- The number of new individuals attending treatment services in 2007/08 in Renfrewshire was 377 with the majority reporting the use of heroin (228) (Information Services Division)
  - Renfrewshire drug service activity for 2008/09 reports 630 referrals; 305 being new cases
  - In 2008 there were 27 drug related deaths – heroin was involved in the majority of deaths
  - In 2008, 501 individuals were prescribed methadone as part of the local enhanced service
  - In 2008, 545 were prescribed methadone from Renfrewshire Drug Service
  - According to the most recent local SALSUS (2006) report carried out in Renfrewshire, pupils were asked if they had ever used drugs and 8% of 13 year olds and 26% of 15 year olds reported having used or taken drugs and 3% of 13 year olds reported using drugs in the last month compared with 11% of 15 year olds.
  - Based on those who had used drugs, the average age of pupils when they first tried using drugs was 13 years old
  - The most commonly reported drug used in the previous month and in the last year was cannabis at 11%
  - In Renfrewshire's Health and Wellbeing Survey of Secondary School Age Young People (2008) 4% of lower school pupils and 24% of upper school pupils reported taking drugs in the last year

### **6.3 Health Gaps and Key Issues**

- 6.3.1 A key issue leading to inequality in Renfrewshire has been the absence of a comprehensive community alcohol service. This has led to long waiting times for existing alcohol services and a disjointed care pathway for patients. Whilst recognising the need to target services within Renfrewshire, our key priority for year one is to establish the Joint Community Alcohol Service.
- 6.3.2 In drugs services, we want to promote the recovery agenda, ensuring that services and supports are in place to allow people to move on and recover from problem drug use.
- 6.3.3 In all addictions services we need to address both prevention and early intervention in tandem with strengthening services. This will be challenging in the current financial climate.

## 6.4 Outcomes Table

### Alcohol and Drugs

Outcome	Actions/Activity required 2010/11	Change/Progress/Performance indicator
<p>Deliver efficient and economic services</p>	<p>Further develop Financial Framework which reflects agreed priorities, evidence of need and affordability</p> <p>Develop and implement Performance Framework incorporating all relevant plans, SOAs and HEAT targets</p> <p>Produce a mapping of local recovery pathways and identify gaps and unmet need, areas of development and enhance local provision to improve outcomes and inform funding</p>	<ul style="list-style-type: none"> <li>- Waiting/referral to treatment times (against HEAT target).</li> <li>- Number of screening and brief interventions undertaken (against HEAT target)</li> <li>- Review and further develop current information systems across all partner agencies</li> <li>- Production of Performance Framework for alcohol and drugs</li> <li>- Mapping of recovery care pathways completed</li> </ul>
<p>Deliver care in the right setting</p>	<p>Develop an integrated alcohol team which will provide a range of services and interventions to individuals and their families</p> <p>ABIs being undertaken by appropriate staff groups</p>	<ul style="list-style-type: none"> <li>- Integrated Alcohol Team developed and implemented by April 2010</li> <li>- Number and range of staff trainers</li> <li>- Number of interventions delivered</li> </ul>

### Alcohol and Drugs

Outcome	Actions/Activity required 2010/11	Change/Progress/Performance indicator
	<p>Consolidate and evaluate Hepatitis C prevention and treatment services in line with Hep C Action Plan</p> <p>Ensure appropriate utilisation of GP enhanced care for drug misuse.</p> <p>Review individual care plans to incorporate recovery focus</p> <p>Develop service monitoring and evaluation for drug services to provide ongoing review for workers and supervisors and ensure care plans are current and relevant to individuals stage of recovery</p> <p>Evaluate care pathways for stimulant users</p> <p>Increase employability skills and educational opportunities amongst alcohol users and reduce unemployment</p>	<ul style="list-style-type: none"> <li>- Evaluation report and implementation of recommendations</li> <li>- Review of specialist caseload and negotiate appropriate return of cases to GP enhanced service</li> <li>- Achievement of waiting times targets</li> <li>- Number of care plans which are recovery focussed and establishing a target number for increasing this number</li> <li>- Develop information systems</li> <li>- Evidence of care plan reviews</li> <li>- Pathway developed and implemented</li> <li>- Number of clients accessing service</li> <li>- Number of clients accessing employability and educational services</li> </ul>
<p>Deliver better care through early intervention</p>	<p>Local Alcohol and Drug Strategies incorporate 12 core elements of the NHS GGC Prevention and Education</p>	<ul style="list-style-type: none"> <li>- Inclusion of 12 core elements in Alcohol and Drug Strategy</li> </ul>

### Alcohol and Drugs

Outcome	Actions/Activity required 2010/11	Change/Progress/Performance indicator
	<p>(health improvement) model</p> <p>Provide early intervention for young people consuming alcohol</p> <p>Early identification of children and young people affected by or involved in substance misuse</p> <p>Reduce hazardous or at risk drinking by young people through raising awareness and education by referral to early intervention screening group</p>	<ul style="list-style-type: none"> <li>- Numbers referred to Young Person's Service</li> <li>- Number of staff attending GOPR training</li> <li>- Number of children identified within specialist addiction services</li> <li>- Reduction in numbers identified by SALSUS</li> </ul>
Focus on the most vulnerable people	<p>Develop Alcohol Related Brain Damage Action Plan</p> <p>Review Drug Related Deaths Action Plan</p> <p>Implement recommendations identified by GGC alcohol deaths report-</p> <ul style="list-style-type: none"> <li>- early identification</li> <li>- gender sensitive,</li> <li>- addressing non-compliance,</li> <li>- strengthening effective treatment and</li> <li>- joint working</li> </ul> <p>Ensure equalities sensitive services</p>	<ul style="list-style-type: none"> <li>- Production of Alcohol Related Brain Damage Action Plan</li> <li>- Number of drug related deaths</li> <li>- Number of Naloxone provided and number of individuals trained.</li> <li>- Achieve number of screenings using the setting appropriate screening tool and appropriate alcohol brief intervention</li> <li>- Number of alcohol related deaths</li> <li>- Number of females accessing services</li> <li>- Number of DNAs</li> <li>- Number of EQIAs completed</li> </ul>

### Alcohol and Drugs

Outcome	Actions/Activity required 2010/11	Change/Progress/Performance indicator
	Substance misuse services address barriers to access through a range of targeted services	<ul style="list-style-type: none"> <li>- Number of satellite clinics and outreach services</li> </ul>
Prevent ill health	<p>Further develop local drug and alcohol strategy with all relevant partners</p> <p>Further develop and maximise use of resource attached to Acute Alcohol Liaison Service</p> <p>Roll out of NHSGGC Acute Addiction Action Plan</p>	<ul style="list-style-type: none"> <li>- Production of a Drug and Alcohol Strategy</li> <li>- Number of referrals from Accident and Emergency</li> <li>- Number of alcohol related admissions to acute hospital/psychiatric hospital</li> </ul>
Improve access	<p>Involvement of service users and communities within local planning structures</p> <p>Develop, implement and audit care pathways between community-based services and specialist/acute services</p> <p>Reduce waiting times for access to alcohol services and maintain targets for drug services (Current waiting times for alcohol services: referral to assessment 10 weeks; assessment to treatment 2 weeks)</p>	<ul style="list-style-type: none"> <li>- Attendance at relevant groups and where appropriate involvement in service re-design and evaluation</li> <li>- Evidence care pathways and carry out regular audits</li> <li>- Waiting/referral to treatment times (against HEAT target)</li> </ul>
Improve services	<p>Ensure compliance with national standards for drug and alcohol services</p> <p>Develop Workforce Training Strategy in line with whole population approach to</p>	<ul style="list-style-type: none"> <li>- Implementation of the National Quality Standards across all alcohol and drug services</li> <li>- Production and implementation of Workforce Training Strategy</li> </ul>

### Alcohol and Drugs

Outcome	Actions/Activity required 2010/11	Change/Progress/Performance indicator
	alcohol and recovery approach to drugs	<ul style="list-style-type: none"> <li>- Local services able to evidence integrated multi-disciplinary workforce model</li> <li>- Recovery approach in service delivery</li> <li>- PDPs in place for substance misuse workforce and other relevant locally defined staff group(s)</li>   <li>- Waiting time targets to be achieved by March 2011:               <ul style="list-style-type: none"> <li>- Referral to assessment &lt; 21 days =80%</li> <li>- Treatment 1 Intervention&lt; 14 days =70%</li> <li>- Treatment 2&lt; 14 days = 70%</li> <li>- Treatment 3&lt; 14 days = 80%</li> <li>- Treatment 4&lt; 14 days = 80%</li> </ul> </li> </ul>

## **6.5 Finance and Workforce**

- 6.5.1 Renfrewshire has benefited from new recurring investment of £706,000 in alcohol and £126,000 in the drugs services over the period from 2008/09 – 2010/11. Plans for investment have been developed with partners and approved through ADP. The ADP will monitor spend against these plans and through the performance framework ensure that delivery of proposals are outcome focussed and cost effective. A financial framework is in the process of being finalised.
  
- 6.5.2 Alcohol and drug services are at different stages of service integration. Further work requires to be undertaken to develop further integration proposals. Renfrewshire Social Work are currently involved in a 'Transforming Social Work' review and an addiction work stream has been identified, which will help inform the future direction.