

Aberdeenshire Alcohol and Drug Strategy 2020-2025

This Strategy outlines Aberdeenshire Alcohol and Drug Partnership's (ADP) high-level vision to prevent and reduce the risk and harm from alcohol and other drugs across Aberdeenshire.

About the development of this Strategy

This Strategy was developed collaboratively with key stakeholders to support a whole-system approach to ownership and implementation. Those involved include community members, including young people, representatives from local strategic partnerships, statutory and voluntary sector organisations.

The need to think and do things differently to improve the lives of people, families and communities was identified as a priority throughout our engagement process to develop this Strategy. People told us the strategy must represent more than 'words on a page'. It is therefore purposefully ambitious and challenging and will seek to lead the way in changing *how* future work to reduce risk and harm from alcohol and drugs is designed, developed, delivered and evaluated.

The vision, principles and outcomes identified here will require the collective commitment and energy of all those involved in the ADP to lead the change we seek to achieve.

The policy context

A number of national strategic developments underpin the development of this Strategy. These include the publication of Rights, Respect and Recovery¹ and the Alcohol Framework² which set out a series of national outcomes and priorities to reduce risk and harm from alcohol and drugs in Scotland. These outcomes seek to support the delivery of the national public health priority '*A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs*' as identified in the Public Health Reform Programme³. Alongside this, the Public Bodies (Joint Working) (Scotland) Act 2014⁴ is key to the development and delivery of services to reduce harm from alcohol and drugs at local level.

The Scottish Government has also produced their Partnership Delivery Framework⁵ and the Ministerial Priorities and Improvement Goals which aim to ensure a consistent approach to planning and reporting is taken across all ADPs. As part of this, the Scottish Government identified the need to work collaboratively to shift the focus towards preventing ill health and reducing inequalities to improve Scotland's public health record. They note that this will require a different way of working that supports everybody as part of a wider system to move towards a shared vision for public health.

Our updated Partnership Agreement⁶ describes how this new way of working in Aberdeenshire will support a whole-system approach to local implementation of this

¹ [Rights, Respect and Recovery](#), 2018, Scottish Government.

² [Alcohol Framework 2018: Preventing Harm](#), 2018, Scottish Government.

³ Public Health Reform, [Scotland's Public Health Priorities](#), 2018, Scottish Government and COSLA.

⁴ [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#), Scottish Parliament.

⁵ [National Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Other Drugs](#), 2019, Scottish Government and COSLA.

⁶ Aberdeenshire Alcohol and Drug Partnership Agreement 2019.

Strategy where we will embed our principles and commitments within a range of local strategies and plans, including the Community Justice Plan, Children's Service Plan, as well as continuing to lead on the alcohol priority within the Community Planning Partnership's Local Outcome Improvement Plan 2017-2027.

About Aberdeenshire Alcohol and Drug Partnership

The purpose of Aberdeenshire's Alcohol and Drug Partnership (ADP) is to lead and coordinate a whole-system approach to better plan, deliver and improve services for those affected by alcohol and drugs, and to monitor the effectiveness of approaches to reducing risk and harm. The ADP brings together a range of stakeholders including representatives from a range of local strategic partnerships, statutory and voluntary sector organisations, as well as community members and people with lived experience.

To support the implementation of this strategy and its accompanying delivery plan in a way that enables a whole-system approach, ADP partners will be fully involved in the selection, refinement, incorporation and monitoring of key outputs for delivery in their strategies and business plans.

About alcohol and drugs in Aberdeenshire

Whilst rates of alcohol and other drug related risk and harm in Aberdeenshire are lower than in other areas of Scotland, we must remember the wider context of these figures. Latest figures from 2018 show that drug deaths in Scotland are at the highest level ever recorded⁷. These figures imply that Scotland has the highest rate of drug deaths per capita in both the UK and Europe. Alongside this, the proportion of people dying because of alcohol remains markedly higher in Scotland than the rest of the UK⁸. Figures for 2018 for Aberdeenshire show that the numbers of people dying because of alcohol⁹ and other drugs¹⁰ are at historically high levels.

Alongside this, some communities in Aberdeenshire are experiencing disproportionately higher levels of risk and harm than others. We recognise that health, social and economic inequalities not only contribute to these higher levels of risk, but also cause further vulnerabilities which combine to impact on the lives of people, families and communities. The need to address inequalities is therefore seen as central to this strategy.

⁷ [Drug-related Deaths in Scotland 2018](#), National Records of Scotland

⁸ [Monitoring and Evaluating Scotland's Alcohol Strategy, Monitoring Report 2018](#), NHS Health Scotland.

⁹ [Alcohol-specific Deaths in Scotland 2018](#), Table 5, National Records of Scotland

¹⁰ [Drug-related Deaths in Scotland 2018](#), Table C1, National Records of Scotland

Our vision

An Aberdeenshire which is healthy and resilient where fewer people and families experience harms from alcohol and other drugs.

Our mission

To collectively lead, learn and improve how we develop and deliver joined-up approaches and services that put people at the centre, and where those affected by alcohol and other drugs are treated with respect, understanding and kindness.

Our values and principles...

Adopt a radical kindness¹¹ approach to all we do, treating people with dignity, compassion and respect.

Recognise and respond to the complexity of real life and the multiple needs and assets everyone has.

Protect and fulfil people's human rights to address stigma and ensure equal and assertive access to services when needed.

Recognise the importance of preventing risk and intervening early.

Enabled by

Regular engagement of people, families and communities to ensure we understand key challenges and are getting things right.

Use of appropriate language that recognises the complex reasons that contribute to the risk and harm caused by alcohol and other drugs and reduces stigma.

Give equal focus and attention to prevention and early intervention.

System-wide collaboration is key to developing and delivering joined-up approaches and services that reduce risk and harm and address health and other inequalities. People do not live 'single-issue lives' and single-issue services are no longer appropriate.

Integration of ADP principles and priorities across all relevant partners' strategies and workstreams to reduce, rather than add to, complexity.

Review of governance arrangements of the ADP Committee to ensure focus is on learning to support strategic decision-making and implementation.

Review of commissioning and funding arrangements to ensure they are focussed on supporting people, reducing risk and harm, and enabling joined-up working.

Promote a culture of learning, listening and reflection with people and within organisations, services and teams, to ensure we are delivering the right things in the right ways.

Putting our shared principles and values at the heart of service and workforce development, with priority given to demonstrating the principles in practice and achievement of outcomes.

Use a broad evidence-base to inform our decision making including external best practice alongside internal data and qualitative insights.

Develop recovery-oriented systems of care that are evidence-based and trauma informed.

¹¹ [Kindness](#), Carnegie UK Trust

Our priorities and commitments

Prevention and early intervention

We recognise the importance of intervening early to ensure less risk and harm is experienced. Shifting the focus upstream is a challenge we must address.

Our commitments:

- Refocus Aberdeenshire's Local Outcome Improvement plan on the development and delivery of a range of whole-population approaches to reduce the number of people who use alcohol in a harmful way.
- Extend the capacity of our harm-reduction services to reduce the risks of drug use.
- Help people, parents and carers, children and families who are impacted by alcohol or drug use to be safe, included and supported as quickly as possible from joined-up services taking a whole-family approach.
- Develop services to support women and reduce risks to children yet to be born.
- Review and modernise the programme of alcohol and drug education in our schools and other settings.
- Increase the proportion of ADPs preventative spend to 15%, in line with Christie Commission's recommendations on public service reform.

Reshaping services and support

An accurate understanding of current and future demand on services is critical and must be based on deeper insight into assets and needs of people, families and communities.

Our commitments:

- Strengthen our recovery-oriented systems of care to ensure they are evidence-based, high quality and provide a range of support to reduce harm and enable recovery.
- Work collaboratively across sectors and partners to ensure there is 'no wrong door' to accessing support, when and how people need it.
- Develop a shared understanding of need and demand on services currently and in the future by identifying constraints to delivering more person-centred responsive services.
- Review, evaluate and adjust our recovery pathways to respond to an aging population, emerging needs and latest evidence-based practice.
- Ensure people who are especially vulnerable to harm from alcohol or other drugs, including children and young people, are better supported and protected.
- Maximise the opportunity for diversion from the justice system at every step of the community justice pathway.
- Strengthen health and social care support in prison and custody settings to ensure equality and consistency of access and develop proactive linkages of those in remand with the community.

Engagement and collaboration

People's lives are complex, as are our systems of support. Recognising and responding to this complexity requires a more collaborative way of working.

Our commitments:

- Integrate the principles and commitments of the ADP with key partners' strategies and plans to ensure joined-up approaches to reducing risk and harm.
- Support cross-organisational workforce development to deepen understanding of the complex issues in people's lives.
- Create a culture of learning in the ADP and in organisations to support an on-going approach to needs assessment, performance and quality improvement.
- Continue to engage and involve local communities, including young people, families and those in recovery, to ensure they have power and influence over the work of the ADP and its partners.
- Continue to support the development of our network of recovery communities to provide critical pathways of support for those in recovery.

Tackling inequalities

Our communities experience the impacts of drug and alcohol harm differently and have varied experiences of accessing support and care. We need to narrow the inequality gap while protecting those most at risk.

Our commitments:

- Work with strategic partners to tackle stigma and inequalities that some communities experience related to alcohol and other drugs and improve equality of access to support.
- Advocate and safeguard human rights across all services to make a positive difference to people's everyday lives and contribute to a more equal Aberdeenshire.
- Be more innovative in tackling the barriers to people's meaningful engagement with services.
- Work alongside our partners in the recovery community network to continue to celebrate recovery and reduce stigma in our local communities.

Effective use of resources

With limited resources available, it is critical we consider how best to plan, develop and deliver our services, drawing on a wider range of assets and building a culture of collaboration and joint learning and improvement.

Our commitments:

- Improve coordination and collaboration to make best use of reducing resources.
- Ensure our approach to commissioning enables collaboration among providers and flexible, responsive forms of support drawing on the 'light touch' regime.¹²
- Work with partners to improve data collection and analysis to improve collective understanding of alcohol and drug risk and harm and prioritise our efforts.
- Use financial modelling and benchmarking against other areas to minimise overall cost from alcohol and other drug demand to public services.

¹² [Everything You Need to Know About Procurement Reform and Social Care](#), 2018, Coalition of Care Providers in Scotland

How we will know we are making the difference we seek to achieve

- Increased action on approaches to prevention and early intervention to reduce the risk from alcohol and drugs.
- Improved health and well-being for those accessing support, with overall harm caused by alcohol and drugs decreasing.
- Improved access to, and uptake of, services and support for all those who need it, when and how they need it – with 'no wrong door' to accessing support.
- Improved understanding of the complexities of alcohol and drug risk and harm across the wider workforce.
- ADP principles and commitments are shared across key strategic plans and partnerships, including Children's Services Plan and Community Justice Outcome Improvement Plan, Community Planning Partnership LOIP and Health & Social Care Strategic Plan.
- Improvements in health and well-being in communities disproportionately affected by alcohol and drug risk and harm.

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Measuring our outcomes:

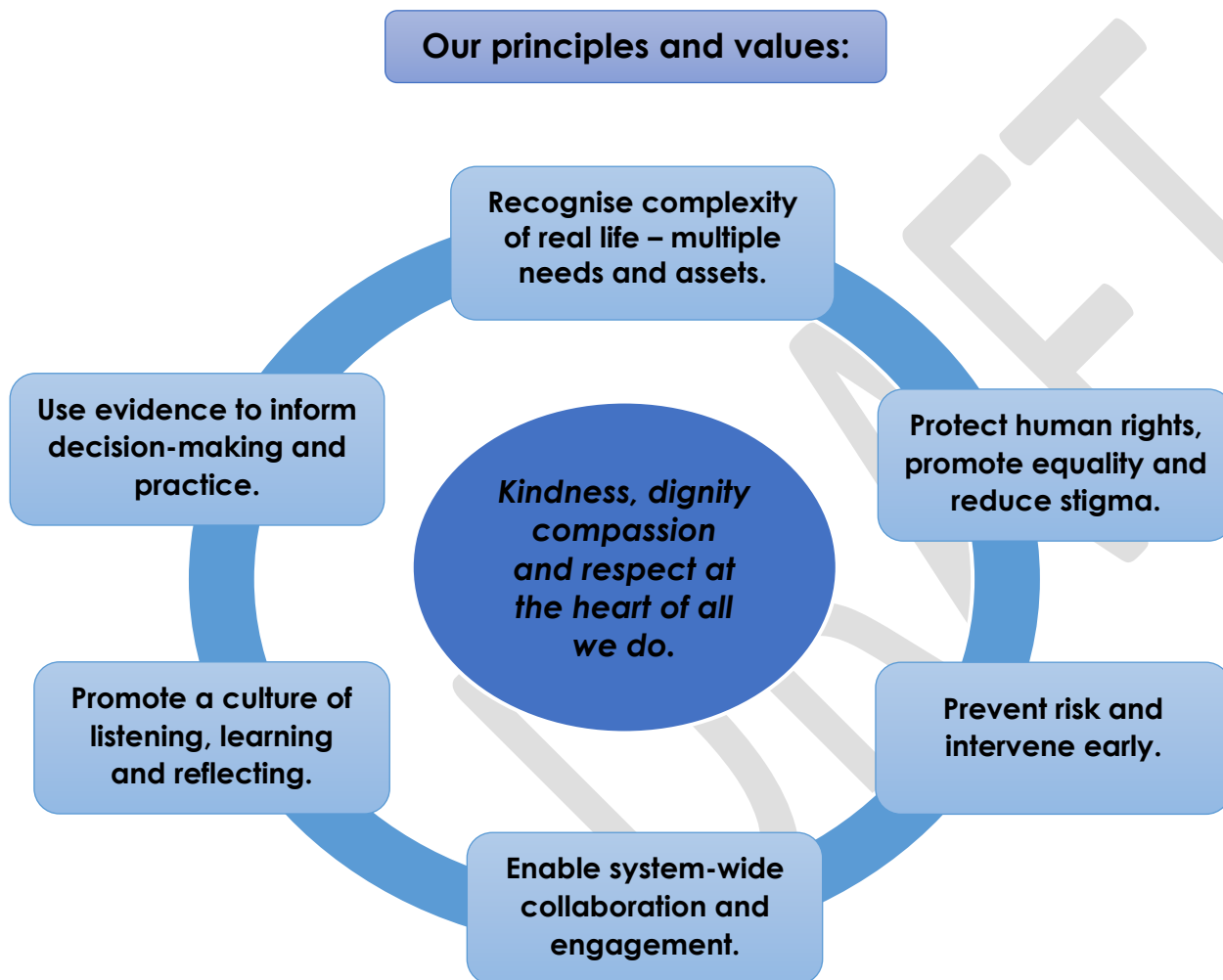
	Outcome	Measure	Baseline	10 year target
Alcohol				
1.	Prevention: Fewer adults regularly drink more than 14 units per week.	The proportion of adults estimated by the Scottish Health Survey to be drinking at or below 14 units per week	2014/2015/2016/2017: 79%	90% or more
2.	Prevention: Alcohol Brief Interventions continue to be delivered in 'priority settings' and 'wider settings'.	Count of delivered ABI in Aberdeenshire per year.	FY 2018/19 Priority Settings: 1207 Other: 2236 Total: 3443	A minimum of: Priority Settings: 2202 Other: 551 Total: 2753
3.	Safety: Fewer people drink and drive.	Cases of alleged driving under the influence of alcohol recorded by police	2018/19 FY: 176	100 or less
4.	Safety: Fewer home fires occur because alcohol may have been a factor.	Count of dwelling fires suspected by SFRS to have alcohol as a contributing factor.	2018/19: 11	No more than 5
5.	Mortality: Fewer people die because of their alcohol use.	The 5-year rolling average alcohol-related death rate per 100,000 population.	2014/19 FY: 9.2	Half the prevailing Scottish average
6.	Inequalities: Disadvantaged communities experience no greater alcohol related deaths rates than affluent communities.	Ratio between 5-year moving annual average alcohol-related death rate in SIMD quintiles 1 and 5.	2014/19 FY: 2.5	Equality
7.	Morbidity: Fewer people are admitted to hospital due to alcohol.	Hospital in-patient stays due to Alcoholic Liver Disease.	2017/18: 202	100 or less
8.	Engagement: More people in need access specialist alcohol treatment.	The proportion estimated dependent drinkers (SHS AUDIT Score ≥ 20) accessing specialist alcohol treatment and support services.	2018/19: 36.2%	50% or more
9.	Engagement: Those experiencing difficulties due to alcohol can readily access the help they need unhindered by stigma	The % of people who waited longer than 3 weeks from referral to get specialist help for an alcohol problem.	2018/19 FY: 9.1%	1% or less
10.	Recovery: People in treatment drink less alcohol.	The % of substance use clients recording an improvement in their alcohol use at six months review.	Available following implementation of the national Drug and Alcohol Information System (DAISy)	75%
Drugs				
11.	Prevention: Fewer people suffer problematic drug use.	Estimate of the number of people using opiates and benzodiazepines problematically between ages 15 to 64.	2015/16: 1,200 (95% CI 1,100- 1,400)	800 or less

	Outcome	Measure	Baseline	10 year target
12.	Prevention: First time supplies of take-home naloxone continues to be issued to people at risk in the community.	Cumulative count of first supply of naloxone to people at risk since 2012.	2018/19 FY:556 (first supply)	1200
13.	Mortality: Fewer people die because of their drug use.	The 5-year rolling average drug-related death rate per 100,000 population.	2018: 6.2 per 100,000	4.0
14.	Inequalities: Disadvantaged communities experience no greater drug related deaths rates than affluent communities.	Ratio between 5-year moving annual average drug-related death rate in SIMD quintiles 1 and 5.	2014/19 FY: ??	Equality
15.	Morbidity: Fewer people are admitted to hospital due to drugs.	Rate of drug-related hospital in-patient stays per 100,000 population.	2017/18 FY: 75.95	50.0
16.	Engagement: More people in need access specialist drug treatment.	The proportion of estimated problematic drug users accessing specialist drug treatment and support services.	2018/19: 60%	80% or more
17.	Engagement: Those experiencing difficulties due to drugs can readily access the help they need unhindered by stigma	The % of people who waited longer than 3 weeks from referral to get specialist help for a drug problem.	2018/19 FY: 9.0%	1% or less
18.	Recovery: People in treatment report an improvement in their illicit drug use.	The % of substance use clients recording an improvement in their alcohol use at six months review.	Available following implementation of the national Drug and Alcohol Information System (DAISy)	90%
General				
19.	Those affected by alcohol or other drugs experience less stigma and more of their human rights safeguarded.		tbc	
20.	The lives of children and families affected by alcohol or other drugs are improved.		tbc	

Our Vision: An Aberdeenshire with healthy and resilient communities where fewer people and families experience the risks and harms caused by alcohol and other drugs.

Our Mission: To collectively lead, learn and improve how we develop and deliver of joined-up approaches and services that put people at the centre, and where those affected by alcohol and other drugs are treated with respect, understanding and kindness.

Our principles and values:



Enabled by:

Regular engagement with people, families and communities to ensure we are getting things right.

Use of appropriate language that recognises complex reasons that contribute to alcohol and other drug risk and harm.

Giving equal focus and attention to prevention and early intervention.

Integration of ADP principles and priorities across partners' strategies and workstreams.

Review of ADP Committee governance arrangements.

Review of commissioning and funding arrangements.

Putting shared principles at the heart of service and workforce development.

Developing evidence-based recovery-oriented systems of care.

Appendix:

