

## 1. NATIONAL CONTEXT

The Scottish Strategy “Tackling Drugs in Scotland: Action in Partnership” (HMSO 1999) is the main strategic document related to drugs misuse. This is based on the UK strategy “Tackling Drugs Together to Build a Better Britain” (HMSO 1997).

The Scottish Strategy has four main pillars covering Young People, Communities, Treatment and Availability. The Strategy’s Action Plan aims and objectives are as follows:

<b>Young People</b>	to help young people resist drug misuse in order to achieve their full potential in society	to reduce the proportion of people under 25 reporting use of illegal drugs in the last month and previous year
<b>Communities</b>	to protect our communities from drug related anti social and criminal behaviour	to reduce levels of repeat offending amongst drug misusing offenders
<b>Treatment</b>	to enable people with drug problems to overcome them and live healthy and crime free lives	to increase participation of problem drug misusers including prisoners in drug treatment programmes which have a positive impact on health and crime
<b>Availability</b>	to stifle the availability of illegal drugs on our streets	reduce access to drugs amongst 5-16 year olds

The Scottish Advisory Committee on Alcohol Misuse (SACAM) will have in place later this year a national Alcohol Strategy. This document will provide national strategic direction in relation to alcohol misuse.

## 2. LOCAL CONTEXT

The Ayrshire Alcohol and Drug Action Team (ADAT) is the main formal planning and co-ordinating body for alcohol and drug services in Ayrshire. ADAT provides strategic lead through the “Alcohol and Drug Action Plan” (ADAT 2000) and its structure of Steering Group and sub group networks, which were formed following the restructure of ADAT in 1998. ADAT is accountable to the Scottish Executive for developing and implementing strategy. ADAT prepares Annual Corporate Action Plans which form the main reporting mechanism for assessing progress between the ADAT and the Scottish Executive.

The overarching principle of ADAT is the provision of an integrated approach to reducing alcohol and drug related harm for people living in Ayrshire and Arran. It achieves this through current prevention, promotion, treatment and care services and by the further development of activity through the following areas of action:

- *Further develop the range and quality of services for young people*
- *Further development of support to families and carers*
- *Joint working with Licensing Boards, Licensed Trade and Enforcement Agencies*
- *Development of Service Standards and Performance Indicators*
- *Ensure alcohol and drug misuse is addressed within the wider context of Area Regeneration, Social Inclusion and Housing*
- *Further development of services for older people*
- *Further development of recording procedures and information systems across specialist and non specialist services and across agencies*
- *Develop additional services where need outstrips resources*

## Best Value

Services operate within a Best Value Framework. In March 2000 South Ayrshire Council undertook a Best Value Review of alcohol and drug services. The review identified that needs were being met in our area but it also identified a 15 point service improvement plan linked to the ADAT action plan reflecting the need for continuous improvement.

## 3. ACHIEVEMENTS SINCE THE LAST COMMUNITY CARE PLAN:-

### Objective

- *Progressive preventative measures to reduce risk and harm to individuals, families and carers.*

ACTION	1998/2001	OUTCOME
<b>Basic Drugs Awareness Course for front-line staff</b>	12 courses x 150 staff	Oct 99-Dec 00 , 10 courses were Delivered to various groups including Housing staff, Social Workers, Behaviour Support Teachers, Youth Workers, Community Workers Foster Carers, Children's Panel Members and Clerical Staff. Course validated and evaluated by ADAT Training Forum
<b>Target Leisure</b>	Evaluate Project	Evaluation by ADAT 2000 Mainline funded. Initiative extended to Maybole.
	Extend Initiative to Ayr	Scotland Against Drugs Challenge Funding obtained to develop Initiative in Kincaidston Ayr for 1 year 2000/2001
<b>Harm Reduction Strategy</b>	Audit of current activity	Restructuring of ADAT 1998. Publication of ADAT 3 year Alcohol and Drugs Action Plan 2000 Implementation of modernisation of addictions services across Ayrshire

## Additional Achievements

Over the course of the last Plan there have been many additional developments in the drugs and alcohol field. These have been as a direct result of changes in need in the area, changes in how services are delivered, the implementation of strategic direction from the Scottish Executive and increased funding for drugs services.

Some of the achievements so far are reflected in the Case Studies which follow. These Case Studies show the real difference made to peoples' lives. We have used the Scottish Strategy framework to illustrate the breadth of development.

## 3.1 YOUNG PEOPLE

### Education

In January 2000 the Scottish Executive introduced an annual survey of drug education in all schools. All schools are now required to describe their procedures for managing incidents of drug misuse, to give details of what type of drug education they provide and how it fits with national and local advice.

Packs of information from the Scottish Executive on "How to manage drug incidents in schools" have been issued to all Secondary schools across South Ayrshire. The guidelines provide schools with the necessary background and information to help them develop their policies in advance of any drug-related incident. They also enable schools to identify what school staff need to know about the management of drug incidents and provide easily accessible advice on the handling of incidents.

All Secondary Schools in South Ayrshire now include drug education as an integral part of the Personal and Social Education programmes.

Over the past year, all Primary School Head Teachers have undertaken a two day in-service course in drug education.

The final Report from the School Drug Safety Team has been published and makes recommendations on what is effective drug education in school and related teacher training needs.

### Target Leisure

Target Leisure has been successful in identifying and engaging with young people involved in alcohol or drugs misuse, at risk of involvement or affected by a parent/carer's use of alcohol or drugs.

The Project is based in Girvan and offers young people the opportunity to become involved in alternative leisure activities at a crucial stage in their lives. It aims to promote positive lifestyles, enhance employment skills and promote social inclusion. Since last year it has been mainline funded and extended to the Maybole area.

From funding received from the Scottish Executive to the Social Inclusion Partnership areas for tackling drugs misuse, Girvan SIP has allocated £15,000 to Target Leisure to develop preventative programmes with young people. This has helped to support core and sessional staff and consolidate activities.

## Case Study

*At the age of 16 B left school with no job prospects, no ambition, lack of self esteem and not much confidence. The boys he knew became involved in heavy drinking, smoking and drugs such as cannabis. They spent their time hanging around street corners, generally making a nuisance of themselves creating graffiti etc. B did not want to continue to go down this road and instead, got involved at Target Leisure, subsequently he gained certificates in canoeing, golf and football coaching. B went on to work with Target Leisure in a part time capacity and left when he moved on to full time employment. He has told staff there, "If it hadn't been for Target Leisure I wouldn't have been able to do any of this".*

## Kincaidston Youth Café

The model of Target Leisure was extended to Kincaidston, in Ayr where the youth café was launched last year, funded on a partnership basis for one year initially, by Scotland Against Drugs.

## [Girvan Social Inclusion Partnership Tackling Drugs Initiative](#)

The Girvan Social Inclusion Partnership has contributed funding towards the commissioning of a needs assessment of young people across Ayrshire. This work will link with young people and the Youth Parliament.

The SIP funding has also supported the Letterbox Project and Oasis Girvan Youth Trust to enhance the ability of these Projects to provide quality information and create a good environment to engage with young people. The money has also been used to purchase packages of motivational training.

## 3.2 COMMUNITIES/AVAILABILITY

### North Ayr Social Inclusion Partnership Tackling Drugs Initiative

Funding to the North Ayr Social Inclusion Partnership has allowed a range of programmes to be developed including intervention, aftercare and rehabilitation to support people from the North Ayr 'High Ground' areas, who experience high levels of poverty and have problems with drug misuse. The work is being taken forward through the Bridge Project and the North Ayr Family Centre. A range of methods and activities are used including Pacific Institute Training, Family Conferencing, Women's Programme, Peer Education Programme and Community Awareness Raising.

### Healthy Living Centre Bid

There is no specific emphasis on addiction work within the Bid, however the project will work in partnership with the Bridge Project and Ayrshire Council on Alcohol where the need arises. A decision on the Healthy Living Centre Bid is expected by summer 2001.

### South Ayrshire Community Safety Partnership

The South Ayrshire Community Safety Partnership consists of Strathclyde Police, South Ayrshire Council, Strathclyde Fire Brigade and the local Health Boards and was formed in 1998. After undertaking a comprehensive community safety audit of South Ayrshire, the Partnership identified that Drugs and Alcohol would be a key priority for future partnership working and a sub group on drugs and alcohol was formed.

### Strathclyde Police

A number of Spotlight Initiatives focused on drugs, crime and community safety. Co-ordinated police activity undertaken in this way was successful in reducing crime in the Strathclyde Police Force area to its lowest level in twenty years. We know that the use of the media in promoting these public awareness events also led to a reduction in the fear of crime in local communities.

The Spotlight on 'Housebreaking and Drugs' initiative involved a concentrated combination of high profile policing, surveillance and intelligence with invaluable support from partner agencies.

Local action included drugs seminars for local school children, several high profile convictions and confiscation of many thousands of pounds worth of illegally held controlled drugs.

It is known that almost 30% of total recorded crime in the Strathclyde Police Force area, involving the theft of or from a vehicle, is also linked to a drug related offence. In these cases vehicle crime is usually committed to finance a drug addiction.

During the course of the Spotlight on 'Vehicle Crime and Drugs' nearly £3 million pounds worth of controlled drugs were seized and over 840 people were charged with drug dealing throughout the Strathclyde Police Force area. Local police activity was similarly successful within South Ayrshire where staff were committed to the aims of the initiative.

Tackling drug related crime was also an integral part of the 'Safer Streets' initiative and South Ayrshire played host to several multi-agency days of action.

### 3.3 TREATMENT

#### Substitute Prescribing Programme

Changes to the methadone programme over the last two years have meant that a number of Service Users have achieved their goal of becoming drug free. The programme overall has a high success rate in stabilising chaotic drug users. The Ayrshire programme guarantees counselling, pharmacy and medical support for each individual. The current programme offers two attempts at reduction over 9 months duration each attempt. Those still requiring substitute prescribing may then be put on a maintenance prescription.

#### Access to services

Bridge Project provides counselling and support services to people who have an alcohol or drug problem in South Ayrshire. During the last year the Project has increased access to services to people who, for various reasons, do not avail themselves of centre based services. These people are usually most in need and have a multiplicity of problems. This Service User group includes people who have a physical disability, mental health problem, women with children under five, and people who live in rural areas. The service is taken out into the community, either in designated clinics or into the person's own home. This accounts for 8% and 17% of the current service which was previously all centre based. This approach has been very successful and it is planned to further extend this.

The following case study is an example of good practice involving an integrated care approach.

## Case Study

*S is a 24 year old woman who presented to the agency along with her partner, a heroin user who had been attending for many years. S was 6 months pregnant, and had been using illegal methadone for 3 years and occasionally used heroin.*

*S was given an immediate appointment to be assessed and referred to the substitute prescribing clinic the following week. A Care Plan was drawn up for S involving maternity services, her mother and the prescribing doctor. She was prescribed 40mls of methadone daily and had intensive input from her worker who visited her at home several times a week. S was stabilised on her prescription and ceased using illegal drugs. She gave birth to a healthy baby. Split up with her partner a short time afterwards. She continued to have regular input from her worker and began to attend the women's group. S benefited greatly from this. She began to participate in group activities, her self esteem increased and she was able to reduce her prescribed methadone. She did this successfully and was referred to the home detox team for the final part of her withdrawal from drugs. She has now completed home detox and is drug free. She continues to have visits from her worker and still attends the group for additional support.*

*S's case underlines the necessity for a multi agency approach to tackling drug problems and demonstrates the impact that an integrated strategy can have on the life of an individual.*

## Outreach Review

A review of Outreach and Detached Work was undertaken across Ayrshire through ADAT. The review considered the role of outreach/detached work in a local and national context. This included attention to the significant changes in service developments, how services are delivered and requirements to evidence effectiveness. From the review, the following areas for improvement were identified:-

- ***Consistency in staff grades, job descriptions and job titles (Community Drugs Worker) across all services.***
- ***Promotion of joint working between staff from different agencies delivering care using an integrated care model (e.g. joint protocols)***
- ***Modernising the service in line with the national targets of young people, chaotic drug users and rehabilitation***

## Bridge Project Review

This was a joint review undertaken with East Ayrshire Council and the Primary Health Care NHS Trust. It considered the entire service provided by Bridge Project, which had undergone various changes and developments since the last Community Care Plan. The review identified the need to resource and specify the South Ayrshire service, develop ways of rehabilitating Service Users, improve procedures and quality standards.

Both of the above reviews were closely linked together. The focus was on creating a more flexible community-based service with a structure for career development and a clear integrated approach to treatment and care.

## Ayrshire Council on Alcohol (ACA) - Positive Steps

ACA provides counselling and support services to people who have alcohol problems in our area. Funding was received through New Futures to develop a Positive Steps Project which aims to begin the process of rehabilitating people. It is directed at preparing people for work who are between the ages of 16 and 36, are socially excluded with alcohol misuse as a predominant contributory factor. The Project aims to help people to become 'opportunity ready' to take up training and sustain it. This is done through personalised action plans. The following case study is a good example of this process.

### Case Study

**D is a 32 year old male who has a long-standing history of alcohol misuse. He has been on the detox programme approximately 8 times and has been a service user at Ayrshire Council on Alcohol on a number of occasions.**

*D identified barriers to taking up new training or employment and these were as follows:*

- ***Alcohol misuse***
- ***Criminal record***
- ***Mental Health problems***
- ***Long term ill health/in receipt of Incapacity Benefit***
- ***Lack of transport***
- ***"Not being trained in what they need nowadays - computers and stuff"***
- ***Lacking in confidence/self-esteem***

*Afraid of trying anything new and faced with the possibility of failing, D decided to focus on his alcohol counselling and building up his confidence. He committed himself to attending Positive Steps two days a week for four weeks to take up computer familiarisation. D maintained his attendance and met his own targets of typing a letter, setting up an e-mail address, sending an e-mail and finally accessing the computers at the library.*

*At his review he said, "I have been able to work one-to-one in a place where I felt comfortable and knew I would be allowed to go at my own pace. I feel I have taken a major step."*

## Harm Reduction Service

The Harm Reduction Service has re-focused across three areas of activity in line with the ADAT Action Plan. These areas include:

- ***developing specialist clinics at centres***
- ***extending the support and range of services provided through counselling drug projects***
- ***the creation of community based services.***

Within South Ayrshire a range of developments has either taken place or is at the consultation stage. A community based needle exchange service now operates within areas of South Ayrshire to provide a service to service users unable to access static clinics i.e. those living in remote areas, those with particular needs or people with a disability. This service, operated under strict guidelines, is now over subscribed. It is intended to further develop and build on the success of the current scheme.

The Harm Reduction Service will also link to the reviews currently taking place described elsewhere in this document. It will look at extending other services, as appropriate, including increasing care at home and the potential for drop - in services to deal with some of the more chaotic drug users. The following case study is an example of the refocused services in practise.

## Case Study

**L is 19 years old. She is a lone parent with 2 daughters living in a small village near Ayr.**

*She had a relationship with R whom she discovered was an injecting drug user. She was concerned but her main concern was that she didn't want R to bring his "stuff" into the house, nor to inject there.*

*A friend told her that R, had been sharing needles whilst injecting. She was then extremely concerned. She phoned the local drug project who gave her information and referred her to the Harm reduction Team.*

*Within a few days, a nurse from the Women's service visited L at home and spent some intensive time explaining about blood borne viruses and any potential risks to her. L decided to undertake a test for HIV and Hepatitis. Following an anxious wait, L found out that her tests were negative. R also accessed the Harm Reduction service and was able to obtain clean injecting equipment, receive advice on safe injecting practices, HIV and Hepatitis and general health matters.*

*The relationship has since broken up - R is still in contact with the local drug project and Harm Reduction Services.*

## Blood Borne Viruses

The Hepatitis C virus is spread by contaminated blood or blood stained body fluids. Injecting drug users are the group most at risk as the virus is not easily spread amongst the general population. Focusing on this target group is therefore of critical importance in preventing the spread of Hepatitis C. Continued success with this group locally, depends on effective needle exchange programmes.

Within Ayrshire and Arran there have been no new reported cases of HIV infection through injecting drug use in the last two years. This does not, however, reflect the national picture, which indicates that people are still being infected through this route.

## Integrated Care

The Best Value Review considered areas of good practice. These included: Backpacking Needle Exchange, Criminal Justice Addiction Worker, Target Leisure, Methadone Programme, Home Detox Service, Bridge Project Youth Drop-in, home visits to women in North Ayr, Dual Diagnosis Team, Addictions Common Database and ADAT Training Forum. All reflected specific and broad areas of good practice and identified that good partnership working reduced bottlenecks, assisted in the flow of information and achieved better Service User outcomes.

Work with the Criminal Justice system has also been enhanced over the last year with the development of the Ayrshire Criminal Justice Addiction Worker post. This has allowed for better integration of support to those within the criminal justice system who also have a drug problem. The following example from Criminal Justice shows how service user outcomes can be optimised through such an approach.

## Partnership Working - Case Study

**An 18 year old woman who had been looked after by the Local Authority had been convicted at Ayr Sheriff Court on a number of occasions. She was homeless, had a serious drug addiction and consequently led a chaotic lifestyle. It looked likely that she would receive a custodial sentence.**

*During the period of the Social Enquiry preparation, the Criminal Justice Social Worker, in partnership with the Harm Reduction Team, was able to expedite her access to a GP who prescribed to stabilise her dependency. A referral was also made to the Bridge Project where she was seen, assessed and accepted on to the methadone programme within one week. On her return to court for sentencing, she received a Probation Order as an alternative to custody and with support she was accepted under the Homeless Persons' Legislation and offered accommodation.*

*She has continued to maintain a stable lifestyle in the community with the support of services provided by a range of Criminal Justice and addiction agencies.*

## 4. WHAT REMAINS TO BE ACHIEVED?

While we have achieved in accordance with the last plan, gaps in service have been identified. These gaps include the need for:

- ***rehabilitation and after care services for Service Users***
- ***improved links with Children and Family services where young people and children are in families where parents or carers have an addiction problem***
- ***services for young people to address the decreasing age at which young people are entering a drug career and the rapid progress to injecting behaviours***
- ***involvement of Service Users in the decision making processes and structures***
- ***strengthening of partnership links, integrated care and co-ordination of all services***
- ***co-ordination of national objectives and local targets via ADAT***
- ***improvement in communication and information between service Providers, referring agencies and Service Users***
- ***increased access to services specifically for 'hard to reach' and socially excluded groups/individuals***
- ***the process of the modernisation of drug and alcohol services to continue***

## 5. ACTION PLAN 2001-2004

### 5.1 YOUNG PEOPLE

**Objective** - To assist young people in South Ayrshire to resist alcohol/drugs misuse in order to achieve their full potential in society.

WHAT WE ARE DOING	WHAT THIS WILL AIM TO ACHIEVE
<b>Continue and expand Target Leisure and Kincaidston Youth Cafe initiatives depending on availability of existing and new funding</b>	<ul style="list-style-type: none"> <li>Promote positive lifestyles, enhance employment skills and promote social inclusion.</li> </ul>
<b>Each school to develop a drugs policy. Recommendations of the School Drug Safety Team to be implemented</b>	<ul style="list-style-type: none"> <li>Ensure that drug incidents in schools are properly handled and that there is consistency in approach.</li> <li>Ensure that children and young people receive good drug education as a part of the curriculum.</li> </ul>
<b>Needs assessment for Young People to be commissioned as a joint venture between Social Inclusion Partnerships, Addiction Services and Children and Families Adolescent Mental Health</b>	<ul style="list-style-type: none"> <li>Will identify the context of alcohol and drugs in the lives of young people e.g. teenage pregnancies, depression, social exclusion and potential service developments to address unmet need.</li> </ul>
<b>Develop services for children of drug misusing parents/carers</b>	<ul style="list-style-type: none"> <li>To meet gaps in provision through funding from Children's Change Fund, Lloyds TSB and Scotland Against Drugs Challenge Fund.</li> </ul>
<b>Development of Specialist Clinics</b>	<ul style="list-style-type: none"> <li>To address the issues of the numbers of young people taking drugs at an earlier age and to reduce the rapid progress to injecting.</li> </ul>
<b>Safer Scotland National Drugs Campaign April - August 2001</b>	<ul style="list-style-type: none"> <li>Reduce the acceptability and incidence of drug misuse amongst children and young people.</li> <li>Participation of young people in South Ayrshire in a wide range of youth activities.</li> <li>Provide information and awareness raising on drug trends to parents and school children.</li> </ul>

## 5.2 COMMUNITIES/AVAILABILITY

**Objective** - to protect our communities in South Ayrshire from alcohol/ drug related anti social and criminal behaviour. To stifle the availability of illegal drugs on our streets.

WHAT WE ARE DOING	WHAT THIS WILL AIM TO ACHIEVE
<b>Review of Alcohol and Drug Forums</b>	<ul style="list-style-type: none"> <li>To streamline and make more effective the work of the South Ayrshire Forum as a part of modernisation of addiction services across Ayrshire.</li> </ul>
<b>Development of the Community Safety Alcohol and Drug Working Group. Community Protection to lead</b>	<ul style="list-style-type: none"> <li>Take forward alcohol and drug issues as they impact on community safety locally.</li> <li>Implement training for licensees and staff in partnership with Ayrshire Council on Alcohol to set professional, responsible standards for commercial servers of alcohol.</li> </ul>
<b>Liaise with Girvan and North Ayr Social Inclusion Partnerships regarding the development of drug initiatives</b>	<ul style="list-style-type: none"> <li>Continue to support the development of services to the Social Inclusion areas, promote consistency of approach and pool budgets where appropriate.</li> </ul>
<b>Improve links with housing</b>	<ul style="list-style-type: none"> <li>Develop partnership rehabilitation initiatives to optimise outcomes for service users who are homeless.</li> </ul>
<b>Continue in partnership to develop additional Funding Bids from available funding sources</b>	<ul style="list-style-type: none"> <li>To develop new services to meet identified gaps in provision.</li> </ul>

## 5.3 TREATMENT

**Objective** - to enable people with alcohol/drug problems in South Ayrshire to overcome them and live healthy and crime free lives.

WHAT WE ARE DOING	WHAT THIS WILL AIM TO ACHIEVE
<b>Review of the Methadone Programme</b>	<ul style="list-style-type: none"> <li>Take forward the recommendations from the Methadone Needs Assessment which includes reviewing the reduction and maintenance programme, models of pharmacy education and training issues.</li> </ul>
<b>Outreach Review Implementation</b>	<ul style="list-style-type: none"> <li>Develop integrated models of care.</li> <li>Creation of two Community Drugs Worker Posts at Bridge Project, Ayr.</li> <li>Create consistency and equity of community addiction work across services.</li> </ul>
<b>Implementation of Bridge Project Review</b>	<ul style="list-style-type: none"> <li>Restructure Bridge Project in line with current needs.</li> <li>Formalise contractual relationship across South and East Ayrshire.</li> </ul>
<b>Development of Rehabilitation and Aftercare Services</b>	<ul style="list-style-type: none"> <li>Encourage service users to become and remain drug free.</li> <li>Create new training and employment opportunities.</li> <li>Develop services to meet identified gaps in provision.</li> </ul>
<b>Access to Services Review</b>	<ul style="list-style-type: none"> <li>A multi agency working group will continue the process of developing flexible services and consider access to services including quality of current services and arrangements for involving "hard to reach" groups/individuals.</li> </ul>
<b>Ayrshire Council on Alcohol</b>	<ul style="list-style-type: none"> <li>Develop a pan Ayrshire contractual arrangement for three years for core services</li> <li>Positive Steps Project to be continued depending on evaluation and available funding.</li> </ul>
<b>Development of one stop women's clinics</b> <b>Development of women's services in North Ayr area</b>	<ul style="list-style-type: none"> <li>Focus on the needs of young female injecting drug users who are vulnerable and currently do not access primary health care services.</li> <li>Provide a range of advice, information services along with primary health care and family planning services.</li> </ul>

WHAT WE ARE DOING	WHAT THIS WILL AIM TO ACHIEVE
<b>Guidelines for Pregnant Drug Users</b>	<ul style="list-style-type: none"> <li>Produce up to date guidelines based on the existing model which will bring consistency across all services.</li> </ul>
<b>Minimise the risk of Blood Borne Viruses infection</b>	<ul style="list-style-type: none"> <li>Promote Harm Reduction.</li> <li>Continue to make available static needle exchanges in drug projects and identified pharmacies across South Ayrshire.</li> <li>Backpacking Needle Exchange Services to be further expanded in the rural areas.</li> </ul>

## 5.4 INFORMATION AND QUALITY

**Objective** - to improve communication, information and quality of information towards optimising outcome

WHAT WE ARE DOING	WHAT THIS WILL AIM TO ACHIEVE
<b>Improve communication and information</b>	<ul style="list-style-type: none"> <li>Develop protocols between social work services (including Community Care, Children and Families and Criminal Justice) aimed at improving quality and co-ordination of services to service users, their children and families where services overlap</li> </ul>
<b>Implement the SMR24 form</b>	<ul style="list-style-type: none"> <li>Offer the potential for a wider flow of information between specialist addiction services, prisons, GPs and other statutory services</li> </ul>
<b>Implement the Christo Outcomes Tool across specialist and non-specialist agencies</b>	<ul style="list-style-type: none"> <li>Create an effective way of measuring the impact of services and service user outcomes</li> </ul>
<b>Updating Corporate Action Plans</b>	<ul style="list-style-type: none"> <li>Measure ADATs progress against the Scottish Executives National Strategy</li> </ul>
<b>Develop ADAT Action Plan</b>	<ul style="list-style-type: none"> <li>Continue to implement areas of action from current plan</li> <li>Update new plan from 2002 onwards</li> </ul>

## 6. ADDITIONAL FUNDING

The following priorities are identified should additional funding become available:-

- *Alcohol services to be developed in line with the National Strategy proposals*
- *Services for older people to be developed along with training programmes for carers and staff*
- *Training and research programmes to be developed to include updating skills of specialist staff and awareness raising/skills development for other professionals*
- *The development of a research programme through the Primary Care NHS Trust Information and Research Team to be supported in line with the Scottish Executive work programme*
- *Arrangements to be put in place to ensure new prison throughcare arrangements are working in concordance with local structures*
- *Health Service treatment programmes to be enhanced where pressure on services is considered greatest*
- *Criminal Justice developments :*
  - *Specialist Substance Misuse Team by 2002. One central team to cover ADAT area.*
  - *Accredited Drug Related Offender Programme.*
  - *Women Offenders Throughcare Worker particularly at the interface between prison and community.*
  - *Sessional Support Staff to help chaotic drug users at vital points in the Criminal Justice System.*
  - *Enhanced Probation enabling "fast track" access to the helping agencies.*
  - *Drug Courts development based on research/evaluation pending government proposals.*
  - *Staff training. Further development of interagency training.*
  - *Further development of interagency work with the Harm Reduction Team, Community Forensic Team and the Criminal Justice Team.*

## SERVICES TO PEOPLE WITH ADDICTION

ACTION	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005	PROVIDER	FUNDING SOURCE
CLINICAL SERVICES		265,000	300,000	309,000	318,270		AAHB
Community Drugs Worker (South Ayrshire)	25,310	25,310	26,070	26,850	27,660	Bridge Project	AAHB
HARM REDUCTION		82,400	84,872	87,418	90,040		AAHB
Ayrshire Council on Alcohol	36,700	74,625	76,863	79,168	81,543	Ayrshire Council on Alcohol	Social Work, Housing and Health/AAHB
INFORMATION RESEARCH & CO-ORDINATION		75,000	76,875	78,796	80,765		AAHB
Target Leisure		20,000				Local Authority	Social Work, Housing and Health
Kincaidston Cafe						Local Authority	Local Authority, SAD Challenge Fund
Girvan SIP Drug Initiative		30,000				Local Authority	Scottish Executive Tackling Drugs Misuse
North Ayr SIP Drug Initiative		60,000				Local Authority	Scottish Executive Tackling Drugs Misuse
BRIDGE PROJECT		152,000					AAHB
<b>RESIDENTIAL CARE</b>							
LOUDOUN HOUSE		92,700	95,481	98,345	101,295		AAHB
Respite Care - 3 placements	1700	1700	1750	1800	1860	Independant Sector	Social Work, Housing & Health
Service Developments		152,320	156,890	161,600	Funding is only guaranteed for 3 yrs	Voluntary Sector	Social Work, Housing & Health
<b>Total</b>	<b>63,710</b>	<b>1,095,055</b>	<b>912,176</b>	<b>973,751</b>	<b>869,058</b>	Voluntary Sector	Children's Change Fund

2000/01 Figures show core spending only