

## South Ayrshire Alcohol and Drug Partnership

Alcohol and Drug Strategy

2011-2015



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## Glossary

Throughout this strategy and its supporting documents the terms '**alcohol and drug misuse**' and '**substance misuse**' are used interchangeably.

**Harmful Drinking** refers to drinking at a level which has caused evidence of physical, social and/or psychological harm.

**Hazardous Drinking** refers to drinking above a level that may cause harm in the future, but is not currently causing clear evidence of harm.

- ABI**            **Alcohol Brief Intervention:** a short, evidenced-based, structured conversation about alcohol with a client that seeks in a non-confrontational way to motivate and support a client to think about and/or plan a behaviour change relating to their alcohol use. ABIs are most effective with hazardous drinkers.
- ARBD**            **Alcohol-Related Brain Damage** is the physical injury to the brain caused by heavy alcohol use and lack of proper nutrition.
- ADP**            **Alcohol and Drug Partnership:** a thematic group of the Community Planning Partnership. The ADP is a multi-agency partnership which provides the strategic leadership for alcohol and drug issues.
- CJA**            **Criminal Justice Authority:** a group of key partners creating an integrated approach with a shared task, to reduce reoffending and create safer communities.
- CoSLA**            **Convention of Scottish Local Authorities:** the representative voice of Scottish local government which also acts as the employers' association on behalf of all 32 Scottish Councils
- CPC**            **Child Protection Committee:** a strategic partnership involving the main statutory and voluntary organisations in the area. Its purpose is to ensure that local agencies work together to protect children from harm and keep them safe.
- CPP**            **Community Planning Partnership:** the partnership which coordinates the Community Planning process. Community Planning is the process "*by which the public services provided in the area of the local authority are provided and the planning of that provision takes place*".<sup>1</sup>
- CSP**            **Community Safety Partnership:** a thematic group of the Community Planning Partnership. The CSP works with partners and the community to make South Ayrshire a safer, healthier and more confident place.
- GIRFEC**            **Getting it right for every child** is a national programme that aims to improve outcomes for all children and young people. GIRFEC is implemented locally in South Ayrshire.

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<sup>1</sup> Local Government in Scotland Act 2003. <http://www.legislation.gov.uk/asp/2003/1/contents>

<b>HEAT</b>	<b><i>Health Improvement, Efficiency, Access and Treatment:</i></b> these are the National Health Service (NHS) key objectives, targets and measures that reflect Ministers' priorities.
<b>HRPP</b>	<b><i>High Risk Pregnancy Protocol</i></b> is followed when one or more stated circumstances (including substance misuse), exists in the household of a pregnant woman.
<b>HWL</b>	<b>Healthy Working Lives</b> award programme supports employers and employees in developing health promotion and safety themes in the workplace in a practical, logical way that is beneficial to all.
<b>JP Courts</b>	<b><i>Justice of the Peace Courts:</i></b> an integral part of Scotland's criminal justice system.
<b>PPF</b>	<b><i>Public Partnership Forum:</i></b> the method through which patients and community members express their views to the Community Health Partnership (a thematic group of the Community Planning Partnership).
<b>ROSC</b>	<b><i>Recovery Orientated System of Care:</i></b> the locally agreed model of recovery-focused service provision which supports person-centred and self-directed approaches to care that build upon the strengths and resilience of individuals, families and communities.
<b>SIGN</b>	<b><i>Scottish Intercollegiate Guidelines Network</i></b> develops evidence-based clinical practice guidelines for the NHS in Scotland.
<b>SOA</b>	<b><i>Single Outcome Agreement:</i></b> the means by which the Community Planning Partnership agrees their strategic priorities for their area. The SOA expresses those priorities as outcomes to be delivered by the partners, while showing how those outcomes should contribute to the Scottish Government's National Outcomes.

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South Ayrshire's Alcohol and Drug Strategy (2011–15) has been developed in partnership with a wide range of stakeholders, including people affected by alcohol and drug misuse, members of the community and professionals. The strategy has been written for the people of South Ayrshire and continuous consultation and feedback will be an essential part of the delivery of the strategy.

We have produced a separate document containing background information on the Alcohol and Drug Partnership (ADP). In addition, a separate supporting Outcomes Framework and an Implementation Plan have been developed. The Outcomes Framework has also been developed detailing specific indicators which will measure progress towards achieving the outcomes. The Implementation Plan has been developed as a 'working document' which details the key actions required to deliver the outcomes in the strategy. All supporting documents are available on request by contacting the ADP Development Officer at [adp@south-ayrshire.gov.uk](mailto:adp@south-ayrshire.gov.uk)

## 1. Introduction

South Ayrshire's Alcohol and Drug Partnership (ADP) has developed an ambitious four year strategy (2011–2015) aimed at working with individuals and local communities to identify their strengths and assets to ultimately reduce the impact of alcohol and drug misuse on individuals, families and communities.

The strategy provides an assessment of local needs and identifies key outcomes relating to drugs and alcohol misuse, their place within the wider framework of priority outcomes contained within Single Outcome Agreements (SOAs) and how their achievement will be measured.

The views of individuals, families, local communities and partner organisations are an essential part of the strategy development and a range of consultation activities were embedded from the outset. A number of stakeholder events and focus groups were held and over 450 people responded to a consultation questionnaire. The views gathered have been incorporated into the strategy.

Our local strategy takes a whole population approach to tackling substance misuse. For alcohol use this requires a shift away from a marginal approach which targets only those drinking at harmful levels to focusing more upstream at reducing average population consumption, as described in *Changing Scotland's Relationship with Alcohol: A Framework for Action (2009)*<sup>2</sup>.

In relation to drug misuse, the whole population approach requires working with our partners to ensure our communities are supportive of recovery. In addition to this, the *Road to Recovery (2008)*<sup>3</sup> recognised that everyone in Scotland should be aware of the consequences of drugs so that no one in Scotland uses drugs in ignorance.

South Ayrshire's Alcohol and Drug strategy recognises that factors such as socioeconomic circumstances, other existing lifestyle risk factors and health conditions have a role to play in determining the harm resulting from alcohol and drug misuse. This strategy has been considered in the context of national and local strategies which are focused on addressing these issues.

It is also important to recognise that the degree to which South Ayrshire is successful in effectively tackling alcohol and drug misuse locally will be dependent on the implementation of the national alcohol and drug strategies, such as the introduction of a minimum per unit price for alcohol.

We recognise the significant amount of good work that has been undertaken by a wide range of partner agencies and community groups and we intend to continue to develop our partnerships and put the needs of local communities at the heart of delivering this strategy.

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<sup>2</sup> Changing Scotland's Relationship with Alcohol: A Framework for Action (Scottish Government, 2009) <http://www.scotland.gov.uk/Publications/2009/03/04144703/0>

<sup>3</sup> 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>

## South Ayrshire Alcohol and Drug Partnership and Child Protection Committee Joint Commitment: Statement of Intent

### Working together to protect South Ayrshire's children

In South Ayrshire the ADP and the Child Protection Committee (CPC) recognise that they share cross cutting issues relating to the impact of alcohol and drug misuse for children. Both are partnership groups and have primary responsibilities in ensuring that agencies and services are delivering good outcomes and improvements in the activities that they are carrying out.

*The National Guidance for Child Protection in Scotland (2010)* identifies children affected by parental and other carer alcohol and/or drug misuse as being among the most vulnerable in society. It recommends that ADP's and CPC's collaborate to ensure that they have strategic and operational links that help increase the ability of services to identify and properly respond to children, including unborn babies, who are at risk of harm due to parental or other carers misuse of substances.

In South Ayrshire our collaborative approach is delivered in a number of ways. We have CPC representation on the ADP and ADP representation on the CPC. Both groups' primary planning mechanisms, the ADP Strategy for 2011-15 and the CPC Business and Action Plan 2010-13 reflect the issue of Children Affected by Parental Substance Misuse (CAPSM) as outlined in *Hidden Harm - Next Steps: Supporting Children Working with Parents (2006)*, *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)*.

Our joint response is led by an ADP work stream, 'Protection: Children and Families Affected by Others Substance Misuse', whose membership brings together those who work primarily with adults or children or both. This enables us to ensure that cross cutting issues are considered and addressed. The product of this groups work is incorporated into the ADP and CPC's activities.

As we continue our collaborative work we will:

- Ensure that practitioners continue to be sensitive to the issues of parental and other carer substance misuse and respond accordingly to ensure better outcomes for children.
- Use the GIRFEC practice model to ensure that the safety and well-being of children is fully considered and addressed.
- Continue to identify ways to improve our strategic and operational response to children affected by parental and other carer substance misuse.



Kenny Leinster  
Chair, South Ayrshire ADP



Joanne Sharp  
Acting Chair, South Ayrshire CPC



## **2. Where are we now?**

### **2.1 The Impact of Alcohol and Drug Use in South Ayrshire**

The first phase of our Local Needs Assessment for Alcohol and Drugs was completed in October 2010. The needs assessment provided data on the local impact of alcohol and drugs in South Ayrshire. The key findings are summarised below and the full report is available on request from the ADP Development Officer.<sup>4</sup>

- There are rising trends in both alcohol- and drug-related deaths and illness over the past decade.
- There are large differences between the number of alcohol-related deaths and drug-related deaths per year both nationally and in South Ayrshire.
- Alcohol-related deaths in South Ayrshire have increased from 38 per 100,000 in 2000 to 48 per 100,000 in 2007 for males and from 7.0 to 12.4 per 100,000 for females.
- Nationally, drug-related deaths have continued to rise between 1999 and 2009. In South Ayrshire the number of drug-related deaths has increased from 4 per year in 1999 to 8 per year in 2009, though there are fluctuations from year to year.
- Heroin/morphine and methadone are the drugs that contribute most to drug-related death in South Ayrshire.
- A review into the factors contributing to drug-related deaths in Ayrshire and Arran showed alcohol to be present in 55% of toxicology reports on drug-related deaths between 2002 and 2007. In addition, drug-related deaths were found to occur typically among single males in their thirties (mean 31 years), who died in their own home or another flat/house with other people present.
- South Ayrshire has the highest rate of acute intoxication discharges per 10,000 discharges in Scotland – 155/10,000, which is more than three times the rate in Dumfries & Galloway (44/10,000) and more than twice the rate of the Scottish average (77/10,000) and in Perth & Kinross (61/10,000) respectively.
- The Scottish Health Survey (2003) for Lanarkshire, Ayrshire and Arran, Dumfries & Galloway (estimated population of 873,290 people), showed that the estimated prevalence of harmful drinking for this region is 25.9% and the estimated prevalence of alcohol dependence in this area is 6.5%.
- The Drug Prevalence Study (2009) estimated that South Ayrshire has approximately 1,055 problem opiate drug users. This figure is lower than the national prevalence rates which has increased between 2003 and 2008. In South Ayrshire the number has not changed significantly over the same time period.
- The majority of drug-related discharges in Ayrshire & Arran over the last 10 years were for opioids, followed by stimulants other than cocaine, cannabinoids and multiple drug use.
- The areas of highest multiple deprivation are experiencing considerably greater levels of substance misuse and addiction problems.
- The gap between affluent and deprived communities in relation to acute hospital discharges for alcohol-related diagnosis has widened over 10 years (1999–2008).

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<sup>4</sup> A Needs Assessment for Alcohol and Drug Services for Adults in South Ayrshire: Phase 1 Treatment & Recovery (October 2010)

- The number of patients seen by GPs with alcohol or drug misuse issues has increased over time. Almost twice as many males as females had alcohol or drug misuse problems. The number of new patients seen by GPs with alcohol or drug misuse issues is not as great as those seen by specialist services.
- Of the referrals to NHS Ayrshire & Arran Addiction Services between 2005/06 to 2008/09, a total of 1,855 assessments were undertaken for residents of South Ayrshire. Of the 1,855 assessments, 75% (1,397) were for alcohol, 22% (415) were for drugs, and 2% (43) were for both alcohol and drugs. Heroin was the most commonly reported illegal drug of misuse across the Health Board area. The number of assessments for alcohol alone for people living in South Ayrshire has increased in this period.
- The impact on society of alcohol and drug use is considerable. It is very difficult to calculate the number of children and family members who may be affected by others' substance misuse. In August 2010 there were 41 children on South Ayrshire's Child Protection Register (excluding temporary registrations from other local authorities). Of these 41 children, 22 (51%) were directly affected by their parents/carers alcohol or substance misuse.
- There is considerable evidence to indicate that alcohol and drugs contribute significantly to rates of general crime, such as assault and theft. For example, in Scotland, the offender was perceived to be under the influence of alcohol in 58% of violent offences.<sup>5</sup>
- From 2004/05 to 2008/09, the average annual number of recorded crimes directly related to alcohol or drugs in Ayrshire was 4,066, of which 1,141 (28%) were in South Ayrshire.
- Of all recorded crimes related to alcohol or drugs in South Ayrshire, 69% are related to drugs (possession and/or supply), 19% are related to drink-driving offences, 9% are related to drunkenness offences and 3% are related to licensing offences. At the same time, there has been a 25% decrease in recorded crime directly related to alcohol or drugs in South Ayrshire.
- Strathclyde Police crime statistics database shows that the number of domestic abuse incidents in South Ayrshire increased from 1,093 in 2006/07 to 1,219 in 2009/10. From 2006/07 to 2008/09, of the domestic abuse incidents in South Ayrshire, 56% were influenced by alcohol, 0.8% by drugs and 2.6% by a combination of alcohol and drugs.
- The average number of racist incidents reported to police in South Ayrshire from 2006 to 2009 was 58 per year. Of these, 39% were influenced by alcohol (higher than the Strathclyde average) and less than 0.5% were affected by drugs, either alone or in combination with alcohol (lower than the Strathclyde levels).
- Alcohol and drugs are known to be a major factor in fire casualties and fatalities<sup>6</sup>. In recent years the number of recorded fire fatalities that are directly related to alcohol or drugs within South Ayrshire has increased.

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<sup>5</sup> Scottish Crime & Justice Survey (Scottish Government 2009)

<http://www.scotland.gov.uk/Publications/2009/12/14120636/0>

<sup>6</sup> Scotland Together Report (Scottish Fire Service 2009)

[http://www.strathclydefire.org/media/42937/Scotland\\_Together\\_07\\_09\\_09.pdf](http://www.strathclydefire.org/media/42937/Scotland_Together_07_09_09.pdf)



## 2.2 Feedback from the Stakeholder Consultation

Gathering the views of a wide range of stakeholders was an essential part of the strategy development and a series of consultation events took place, including stakeholder events, a public consultation questionnaire, and a number of targeted focus groups.

A variety of stakeholder events took place, including an initial strategy development day in October 2010 which was attended by over seventy stakeholders. The event aimed to identify specific challenges and begin to develop a set of agreed local outcomes and actions to address the challenges.

At the South Ayrshire Community Planning Partnership (CPP) annual Community Conference in October 2010, the ADP took part in 'fast chat' sessions, arranged to enable delegates to find out first-hand about the work of the CPP Theme Groups and put forward views and ask questions about services. Over 160 people attended the conference.

Members of the ADP facilitated a discussion group at the South Ayrshire Public Partnership Forum (PPF) annual event in October 2010. The discussion group received information on the role of the partnership and the impact of alcohol and drugs on the community, and discussed priority areas for action.

Between February and March 2011, local residents of South Ayrshire had the opportunity to complete a public consultation questionnaire looking at the effect of alcohol and drugs on their community. The questionnaire looked at the impact on the population of South Ayrshire as a whole and not just those with a recognised alcohol or drug problem. In addition, eleven focus groups were held to look at specific areas of the strategy.

This consultation involved a wide variety of groups and more detailed information can be found in Appendix 1. All of the information gathered during the consultation phase was used to inform the local strategy and the key findings are summarised below.

### *Consultation questionnaire – key findings<sup>7</sup>*

- A total of 451 responses were received. Of the 81% that were resident in South Ayrshire, 137 were male and 281 were female.
- The most common age ranges for the respondents were 35–44 (90) and 45–54 (103). However, there was a good split across all age categories including 65 returns from individuals under 18 years of age and 28 returns from over 65 year olds.
- The majority of respondents lived in Girvan (131), Prestwick (46), Ayr South (43), Ayr Town Centre (37), Ayr North (35) and Troon (32). The high numbers received from the Girvan area were due to a very proactive approach taken by a service provider in the area.
- The majority of respondents were either employed in South Ayrshire (166), unemployed (56), students in South Ayrshire (45), or retired (34).

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<sup>7</sup> Questions included in the consultation questionnaire were not compulsory and the numbers responding varied for each question.

- On a scale of 1 to 7 where 1 is 'no effect' and 7 is a 'large effect', 59% of respondents across South Ayrshire stated that alcohol impacted on their community at 5 or above. Respondents rated the impact of alcohol higher in Girvan and Ayr Town Centre at 69% and 62% respectively, and lower in Prestwick and Troon at 41% and 53% respectively.
- Alcohol-related antisocial behaviour, crime/vandalism, violence and drunkenness were recorded most frequently as the impacts on the community.
- 47% of respondents rated the impact of illegal drug misuse on their communities as 5 or above. Respondents rated Girvan, Ayr Town Centre and Ayr North higher at 63%, 54% and 51% respectively, and lower in Ayr South, Troon and Prestwick at 40%, 31% and 28% respectively.
- Crime/vandalism and family breakdown were identified as the most common impacts on the community.
- 61% of respondents felt that there were groups in the community more affected than others. These included teenagers/young people, unemployed, those from areas of deprivation, vulnerable groups and families.
- In terms of whose responsibility it is to address the effects of alcohol and drugs, the most common responses were Strathclyde Police (338), Scottish Government (292), South Ayrshire Council (278), the Local Community (244), NHS (242), Individuals who have recovered from alcohol or drug problems (207) and You as an Individual (202). Other responses included Everyone's (36), family and parents (15) and schools/educational establishments (10).
- The respondents overwhelmingly agreed with the long-term outcomes the ADP were hoping to achieve in the strategy.
- The most frequent responses to '*How do you think that you as an individual could help achieve these changes in your community?*' were 'by setting a good example to my children, young people, and others', and 'volunteering or supporting community projects'. A number of individuals also said they were unsure or did not think they could have an impact as an individual.
- The most frequent responses to '*If you were part of a group of community members tasked with helping to achieve these changes in your community, what services would you deliver?*' were 'providing stimulating or educational pastimes', 'educating everyone', 'providing training and awareness raising sessions' and 'assisting in counselling and family support'.
- The most frequent responses to '*how would you encourage others to become involved?*' were 'by using a marketing strategy involving posters, campaigns and the media, by providing talks in schools or public places, by raising awareness of the impact on the community and by word of mouth.
- The most frequently stated assets in the community that could be used to deliver services were buildings, community groups, the natural environment, partner organisations and funding.
- Examples of support required to develop services in the community were support from agencies, community groups, funding and training.
- The majority of respondents felt that services should be delivered in partnerships including schools, businesses, communities and volunteers.

- The services respondents were most aware of in their community were Turning Point, NHS, Neverassume, AA and Ayrshire Council on Alcohol. However, a significant number of respondents were not aware of any services in their community.

#### *Focus Groups – key findings*

- A total of eleven small focus groups were held with established groups in the community. Each group focused on a specific area of the strategy.
- Alcohol was seen to have a more significant impact on communities than illegal drug misuse.
- Those involved in the focus groups believed that alcohol was seen as culturally acceptable and is ingrained within communities.
- Drinking alcohol in moderation was seen as acceptable, and the social and economic benefits of this were acknowledged.
- It was felt that the visible effects of drunkenness were more apparent in young people. However, this may be because it is hidden behind closed doors among adults.
- The negative impact of parental alcohol and drug misuse on young people and its contribution to family breakdown was recognised during the focus groups.
- Elderly people and families were identified as being affected by alcohol and drug misuse; specific effects identified included fear and intimidation.
- Drug misuse was felt to have a significant impact on self confidence and could cause social outcasting of individuals and families.
- Girvan, Maybole and North Ayr were seen as the most affected by alcohol and drug misuse.
- Early intervention was recognised as essential to reduce the impact of alcohol and drugs misuse.
- Increased awareness among parents and families of the impact of alcohol and drugs was viewed as important.
- It was believed that increased awareness was required around the law and alcohol, particularly on underage sales, purchasing alcohol if drunk and agent purchasing.
- It was felt that consistent education should be provided from an early age in order to try to change our current culture.
- Lobbying the government for legislative changes to achieve culture change in relation to alcohol use was viewed as important by the focus groups. Suggestions included the introduction of minimum pricing, reducing the advertising of alcohol including sponsorship of sports teams, and tougher penalties for sales to underage children.

### **3. Where do we want to be?**

#### **3.1 Strategic Vision**

The overarching strategic vision for South Ayrshire's Alcohol and Drug Strategy is:

*The population of South Ayrshire are able to build on their strengths to reduce alcohol and drug misuse to the benefit of individuals, families and communities.*

This strategy identifies key priorities to be addressed within South Ayrshire, following the assessment of need and local consultation. The Alcohol and Drug Partnership (ADP) utilised the local information to develop five priority workstreams which will contribute to achieving the overarching vision:

- A whole population approach to prevention and education
- Enforcement, availability and safer environments
- Children and families affected by others' substance misuse
- Developing a Recovery Orientated System of Care
- Communication, engagement and workforce development.

#### **3.2 Links between national and local strategic influences**

##### *South Ayrshire Single Outcome Agreement*

The Single Outcome Agreement (SOA) for 2009-2012<sup>8</sup> sets out the vision of the South Ayrshire Community Planning Partnership (CPP) and identifies the strategic objectives which the partners are committed to jointly delivering. As one of the Thematic Groups of the CPP structure, the ADP is responsible for the delivery of objectives and actions from the SOA and reporting the progress in implementing these action plans directly to the Community Planning Board.

The ADP is responsible for Local Outcome 11: People are protected from the harmful effects of alcohol and drugs. The outcomes detailed within this strategy will be incorporated into the SOA when it is reviewed in 2012.

##### *National Core Outcomes*

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 seven core outcomes for ADPs for 2011–12<sup>9</sup>. The core outcomes are intended to sit alongside those being developed by ADPs and have been incorporated into this strategy.

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<sup>8</sup> South Ayrshire Single Outcome Agreement 2009–2014 <http://www.south-ayrshire.gov.uk/single-outcome-agreement>

<sup>9</sup> ADP Core Outcomes: Discussion Paper, ADP Chairs Event (March 2011)

## *Health Improvement, Efficiency, Access and Treatment Targets*

The Local Delivery Plans set out a delivery agreement between the Scottish Government Health Department and each NHS Board, based on the key Ministerial targets. Local Delivery Plans reflect the Health Improvement, Efficiency, Access and Treatment (HEAT) Core set – the key objectives, targets and measures that reflect Ministers' priorities for the Health portfolio.

There are two HEAT targets related to Alcohol and Drug Treatment Services:

- **H4** – Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention (ABI), in line with SIGN 74 guidelines by 2011/12.
- **A11** – By March 2013, 90% of clients will wait no longer than three weeks from referral received for appropriate drug or alcohol treatment that supports their recovery.

In addition to the national documents referred to in the Introduction and Section 3.2, a number of key national and local documents and Legal Frameworks have shaped the development of the local alcohol and drug strategy (further details can be found in the Strategy Supporting Document).

### **3.3 Individual and Community-Based Asset Approach**

The changing demographics in Scotland, for example an aging population and the increased awareness of the alcohol and drug problem in Scotland, mean that more people are likely to be in need of support. New ways of working are going to be required if the inequalities in health and wellbeing are not to get worse. Effective local service delivery is dependent on effective local decision-making and this can only be achieved by empowering local individuals and communities<sup>10</sup>.

The ADP recognises the strengths, assets and capabilities of every individual and the feeling of being valued and connected when these skills are used. The partnership is committed to taking an asset-based approach within the strategy, both on an individual and community-based approach. By working with local residents to identify strengths and assets rather than focusing on deficiencies, the partnership hopes to empower the community to implement a sustainable community project to give the feeling of achievement whilst improving the local community.

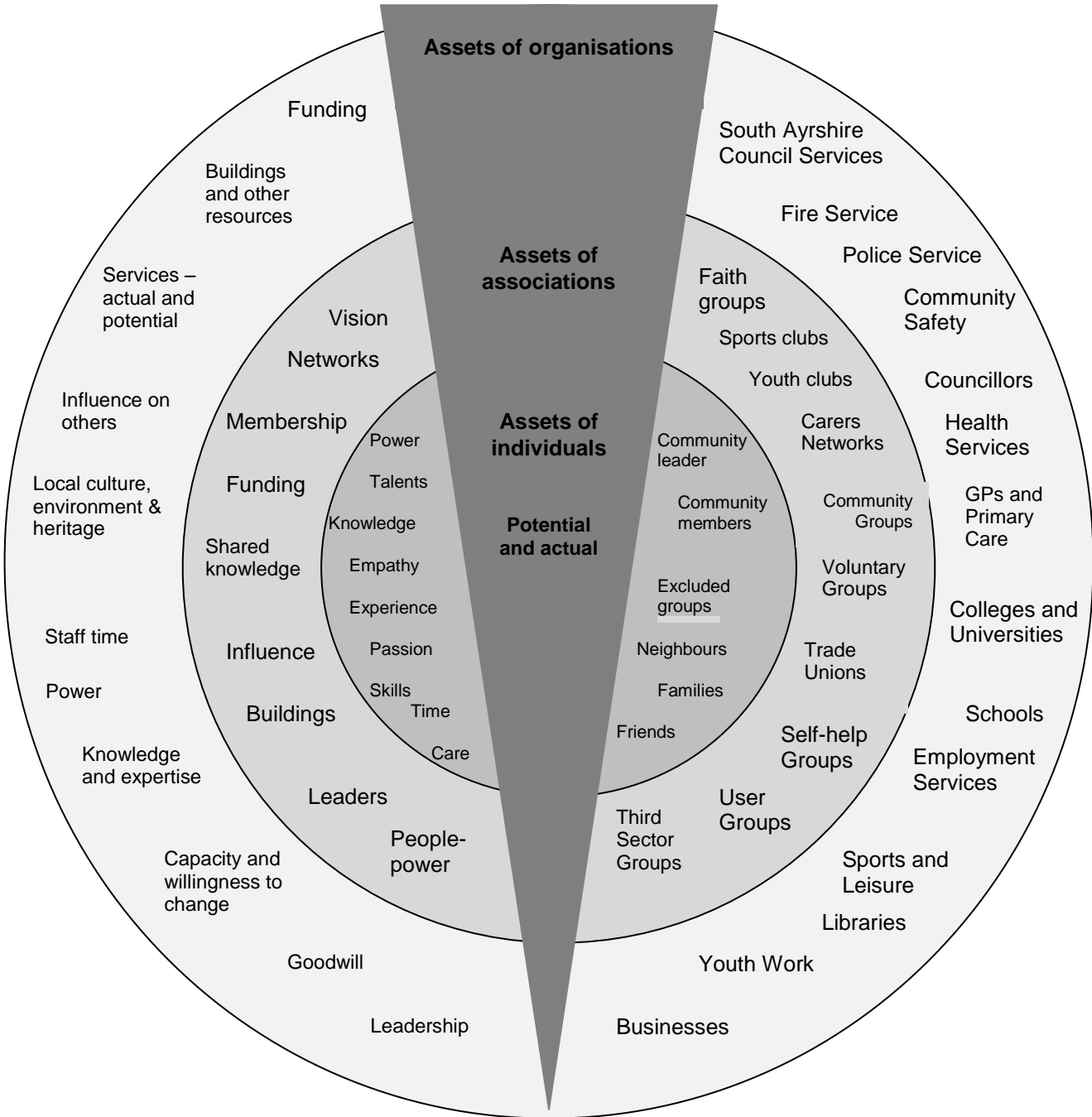
**Figure 1** provides an example of Assets Map for individuals, associations and organisations.

For individuals who are experiencing problems with alcohol and drug misuse the ADP will be implementing a Recovery Orientated System of Care, which is discussed further under Section 4.4.

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<sup>10</sup> A Glass Half Full: How an Asset-based Approach Can Improve Community Health and Wellbeing, Improvement & Development Agency (2010) <http://www.idea.gov.uk/idk/aio/18410498>

**Figure 1:** An example of an Asset Map for individuals, associations and organisations (adapted from Glass Half Full 2010)<sup>11</sup>



<sup>11</sup> A Glass Half Full: How an asset-based approach can improve community health and wellbeing (Improvement & Development Agency 2010) <http://www.idea.gov.uk/idk/aio/18410498>



### 3.4 Taking a Whole Population Approach

South Ayrshire's Alcohol and Drug Strategy requires to be considered in the context of how services, strategies and action plans which are focused on addressing the wider determinants of population health and wellbeing will make a significant contribution to achieving long-term outcomes. These include parenting programmes, employability services, the Health and Homelessness Action Plan, Sexual Health Strategy, Choose Life Strategy, Hepatitis C Action Plan, workplace health programmes, and community safety programmes.

Our strategy takes a whole population approach to tackling substance misuse. This requires working with our partners to ensure that our communities are supportive of recovery. In addition to this, the *Road to Recovery (2008)*<sup>12</sup> recognised that everyone in Scotland should be aware of the consequences of drugs so that no one is Scotland uses drugs in ignorance. In relation to alcohol, this approach requires 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)*<sup>13</sup>.

A whole population approach to tackling alcohol misuse is based on the following evidence-based assumptions.

- The majority of alcohol-related disease in the population is experienced by those with a moderate level of risk exposure. Therefore focusing only on harmful drinkers will not reach the majority of those likely to develop alcohol-related diseases.
- Behaviours are shaped by social norms in families, communities, social networks and society more generally and these in turn are shaped by the social, economic and cultural environments in which people live. Positively influencing social norms makes it easier for individuals to change their behaviour.
- Reducing overall population consumption will have a positive effect on those who are drinking harmfully and at most risk, as their consumption will also decrease.
- Reported consumption levels in the whole population are high in Scotland and are known to be underreported, adding further weight to the need to take a whole population rather than a solely targeted approach.

**Figure 2** shows South Ayrshire's Outcomes triangle detailing the high level and intermediate outcomes the ADP is working towards and links to the National Outcomes. The Intermediate Outcomes detailed in the Outcomes Triangle are predominately the National Core Outcomes.

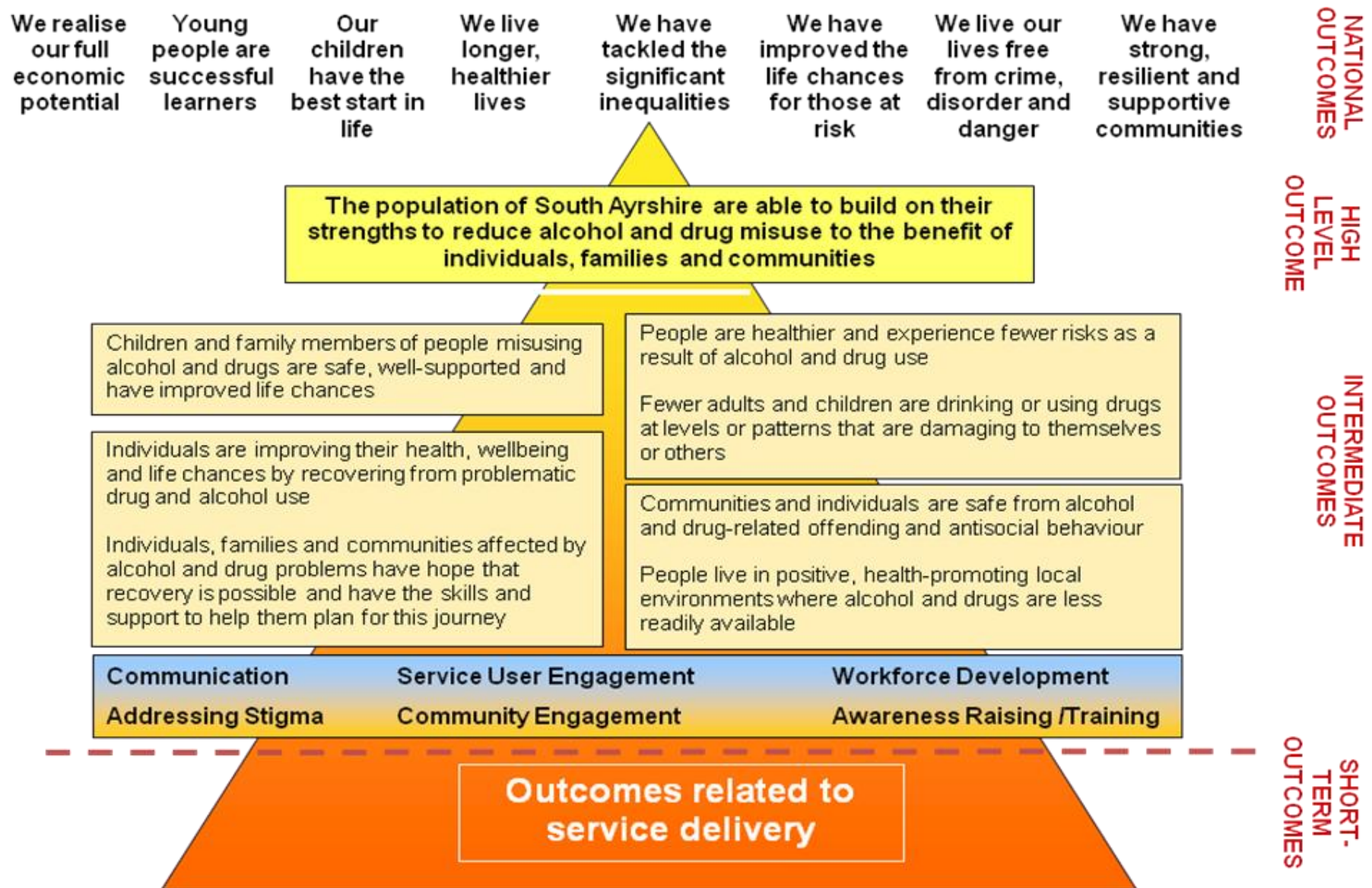
All Intermediate and Short-Term Outcomes are detailed in Figures 3–7. The supporting Outcomes Framework and Implementation Plan have been developed with our partners detailing indicators to measure performance and key actions required to deliver the outcomes detailed in the strategy.

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<sup>12</sup> 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>

<sup>13</sup> Changing Scotland's Relationship with Alcohol: A Framework for Action (Scottish Government, 2009) <http://www.scotland.gov.uk/Publications/2009/03/04144703/0>

**Figure 2 South Ayrshire’s Alcohol and Drug Outcomes Triangle**



## **4. How will we get there?**

### **4.1 A Whole Population Approach to Prevention and Education**

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.

#### *Restricting Availability and Creating Safer Environments*

Research conducted by the World Health Organisation (2003) 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 4.2 Enforcement, Availability and Safer Environments.

#### *Decreasing Demand*

In decreasing demand, education and support is required to empower individuals, families and communities to acquire the knowledge, attitudes and skills required to avoid or reduce their consumption and bring about a change in societal norms and culture. In the context of an asset-based approach this also means supporting individuals, families and communities to harness, grow and develop the skills, knowledge and resources they possess to bring about positive change.

Individuals and families require support to change their behaviour, reduce their consumption and increase the age at which young people start drinking alcohol. Examples of activities include: targeted social marketing campaigns; parental substance misuse programmes; and substance misuse education in schools. Emphasis requires to be placed not only on educating people on the risks associated with alcohol and drugs but also on empowering individuals and communities to take action to effect change on wider influencing factors which impact on the whole population. This includes: alcohol overprovision; the availability of alternative meeting places to alcohol outlets; provision of alternatives to alcohol and drugs as a leisure time occupation; and provision of alternatives to alcoholic drinks within social gatherings.

#### *Reducing Harm*

As part of an overall approach to prevention and education, there is also a need to ensure a focus on the prevention of further harm to those whose alcohol and drug misuse is putting them at significant risk. This includes ABIs which are effective in reducing consumption in those who are drinking at hazardous levels<sup>14</sup> and diversionary activities supporting those at risk of harm to engage in alternative leisure activities. There is also a need to prevent further harm in those who are already engaged in high risk behaviours through interventions such as overdose training, the Take Home Naloxone programme and injecting equipment provision.

Elements of this whole population approach to prevention and education are threaded through the themes of the strategy.

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<sup>14</sup> See Glossary for definition.

### *What's currently being done?*

Over the past four years South Ayrshire has supported national and local campaigns including: Alcohol Awareness Week (AAW), aiming to promote sensible alcohol consumption; drink-driving campaigns; and more targeted work including the local Catch Up Drinking campaign targeting bar staff and Rock not Roll, targeting older people.

Alcohol and drug education for young people has historically taken place in schools throughout South Ayrshire. The introduction of Curriculum for Excellence in August 2010 aims to ensure that substance misuse education is an integral part of whole school curriculum, starting at early years and working through to S6.

A peer education programme is currently being rolled out in secondary schools and youth groups, where young people are informed and are able to make the right decisions about alcohol. Peer educators are trained to sustain the ongoing dissemination of information and reinforce messages of positive alternatives to alcohol.

There are 43 workplaces in South Ayrshire registered with the Healthy Working Lives (HWL) Award Programme, including the two largest employers, NHS Ayrshire & Arran and South Ayrshire Council. The HWL's award requires each workplace to develop an alcohol and drugs policy and provide information and activities highlighting the adverse effects of alcohol and drugs, at the Silver level of the Award. The HWL's team is currently piloting a new scheme for small workplaces called "Small Workplaces, Big on Health".

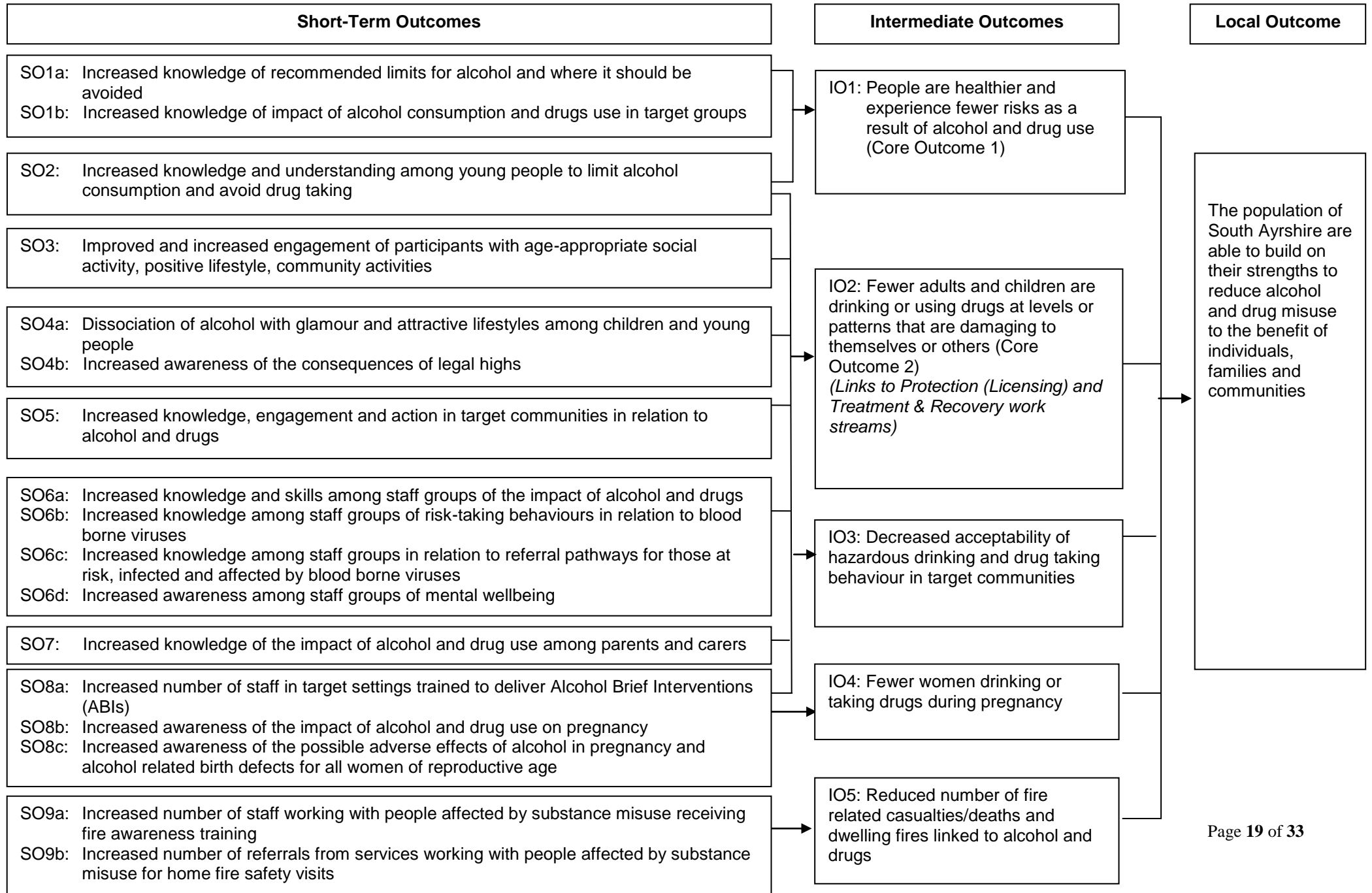
The Prevention and Service Support Team is part of NHS Ayrshire & Arran's Addiction Services. They offer a comprehensive portfolio of addictions-related training to staff and community groups across Ayrshire and Arran. Training available ranges from basic alcohol and drug awareness to more specialist courses including harm reduction and injecting equipment provision.

The Scottish Government set a HEAT target for NHS Scotland in April 2008 to deliver a set number of ABIs within three priority settings (primary care, A&E and antenatal) before March 2011; this HEAT target has now been extended until March 2012. Ayrshire & Arran are building capacity for delivery of ABIs by training not only staff in priority settings but also other employees and volunteers who can deliver ABIs. In addition, Specialist Midwives are delivering Brief Interventions aimed at reducing tobacco and alcohol use in pregnant women.

Strathclyde Fire and Rescue is currently working 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.

**Figure 3** details the key outcomes South Ayrshire ADP are working towards achieving for A Whole Population Approach to Prevention and Education.

**Figure 3: A Whole Population Approach to Prevention and Education**



## 4.2 Enforcement, Availability and Safer Environments

South Ayrshire has one of the lowest crime rates in Scotland. However, the significant links between alcohol and drug misuse and offending behaviour are recognised.

South Ayrshire has a good track record of joint work between local communities, the community safety partnership and Strathclyde Police and we will continue to work in partnership to ensure that local communities and individuals are safe and feel safe.

The partnership recognises that our approach to recovery has much in common with work to reduce reoffending being taken forward by Criminal Justice Social Work Services and the South West Scotland Community Justice Authority. We will work together to address alcohol and drug misuse that is a factor in individuals, to address other factors that contribute to a chaotic lifestyle and to challenge offending behaviour.

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 and we will therefore work with partners to lobby and influence Ministers appropriately. The partnership will work to support the Licensing Board and Licensing Forum to examine overprovision and what impact, if any, this has on communities in South Ayrshire. In addition, we will work with partners on measures such as test purchasing and tackling agent sales, and build on the good foundation of training and enforcement to create a safer environment in our communities.

Domestic abuse is a significant problem within South 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 other agencies 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.

### *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 Criminal Justice Authority (CJA) to consider a new model for early intervention addressing alcohol misuse which could be rolled out across South West Scotland.

The delivery of ABIs in criminal justice settings is currently being piloted and evaluated nationally. Criminal Justice Social Work staff in Ayrshire are being trained in the delivery of ABIs with offenders and will be able to learn from the national evaluation.

It is a requirement of the Licensing (Scotland) Act 2005 that all staff receive mandatory training covering specific areas of the legislation. In addition, South Ayrshire Licensing Board has stated in their policy statement that they 'expect' a member of staff with a



personal licence to be on duty at all times. 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 underage persons are coordinated and delivered by local officers on an 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 South Ayrshire.

South Ayrshire Community Safety Partnership (CSP) has worked on a number of initiatives aimed at increasing safety within the town centre at weekends to tackle issues linked to alcohol and violence. These have included the provision of taxi marshalls, additional policing, improved lighting and the projection of community safety messages in the town centre, as well as specific initiatives aimed at raising awareness of the impact of alcohol misuse. A similar initiative runs during the summer months in the shore area (Safe Ayr Shore), to tackle antisocial behaviour issues related to drinking in public, and to ensure that the shore area is safe for visitors and residents.

The CSP utilises a problem-solving approach to engage with local communities to address community safety and antisocial behaviour issues in their area. Some of this work is focused on antisocial behaviour linked to alcohol and drug misuse in local communities and the supply of alcohol, and has been successful in involving communities and partners in identifying positive responses, which respond to local needs and issues.

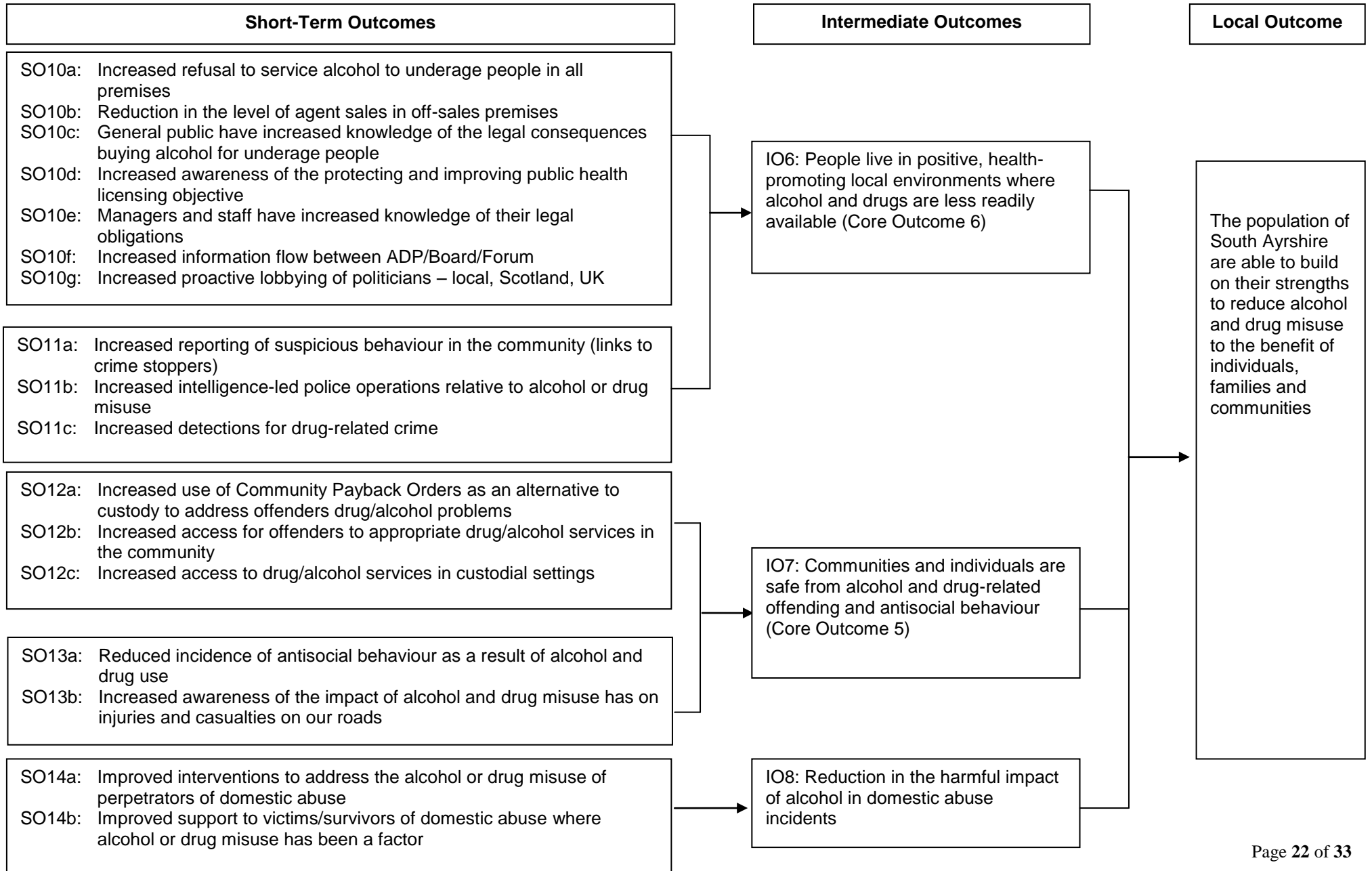
Strathclyde Police take domestic abuse seriously and recognise the part alcohol misuse plays. Local officers routinely carry out Domestic Bail checks, ensuring that conditions placed on accused individuals are being adhered to, with personal visitations being carried out to victims. Proactive warning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

The Caledonian System is being rolled out across South West Scotland during 2011/12. This delivers an accredited programme to a small number of men convicted of domestic violence and who meet the criteria for inclusion. Women and children's workers provide support to the victims.

NHS Ayrshire & Arran is committed to tackling gender-based violence, including domestic abuse. A new patient information leaflet on domestic abuse was produced in March 2011, highlighting support services, and was disseminated through the NHS and appropriate partners. NHS Ayrshire & Arran has run a three year programme of training to enable staff in six key areas to implement routine enquiries on domestic abuse.

**Figure 4** details the key outcomes South Ayrshire ADP are working towards achieving for Protection: Availability, Enforcement, Safer Environments and Communities.

**Figure 4: Availability, Enforcements and Safer Environments**



### 4.3 Children and Families Affected by Others' Substance Misuse

The title of the national audit and review of child protection – “It is everyone’s job to make sure I’m alright”<sup>15</sup> clearly captures the central principle that everyone has a responsibility to care for and protect children and young people.

Parental substance misuse can result in a considerable number of negative effects on the family, and the impact on children living in households where substance issues exist is complex and wide-ranging. However, collaborative practice and communication with a range of agencies who have direct contact with children and families enables identification of children, assessment and, if required, intervention. Good communication and the willingness to work together are key to improving support to children, young people and their parents or carers.

The importance of collaborative practice in producing comprehensive assessments of risk and need in relation to children is crucial to ensure that the right interventions and action plans are in place to meet the needs of a child affected by substance misuse in their family.

Where assessments indicate that it is not safe for an infant or child to remain in the care of a parent due to their substance misuse and or other associated risk factors, the priority given to ensure a child’s safety will always take precedence over the right of a parent to continue to care.

Addressing the loss and stigma experienced for some adults can act as a highly motivating component on the road to recovery, where the adult has been unable to make or sustain the necessary changes previously whilst their child has remained in their care.

The ADP Strategy reflects existing working relationships and will be a springboard to the development of further improvements in joint work and the development of services to meet the unique needs of children and families affected by others’ substance misuse.

#### *What’s currently being done?*

South Ayrshire has adopted the West of Scotland Child Protection Procedures which offers guidance on parental substance misuse.

South Ayrshire ADP and South Ayrshire Child Protection Committee (CPC) share a clear understanding of the potential impact on children and young people who may be affected by others’ substance misuse, in particular those with parental or other carer responsibilities. Senior managers from Social Work and Health are involved in both groups and this ensures that this strategy has a clear focus to support children who may be affected by others’ substance misuse. The CPC’s Business and Action Plan incorporates the shared activity and there is a joint approach to addressing identified

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<sup>15</sup> "It's everyone's job to make sure I'm alright" – Report of the Child Protection Audit and Review (Scottish Government 2002) <http://www.scotland.gov.uk/Publications/2002/11/15820/14009>

areas of practice, policies, procedures and training. This is further supported by the activity of the ADP's Children and Families Affected by Others' Substance Misuse Group.

The Getting It Right for Every Child locality pilots in South Ayrshire began in selected areas in March 2011, with a roll-out across the whole of the authority planned from January 2012. There is particular emphasis and activity in dealing with the protection of children who may be at risk. A High Risk Pregnancy Protocol exists to ensure that these matters are considered and dealt with in a consistent and timely fashion.

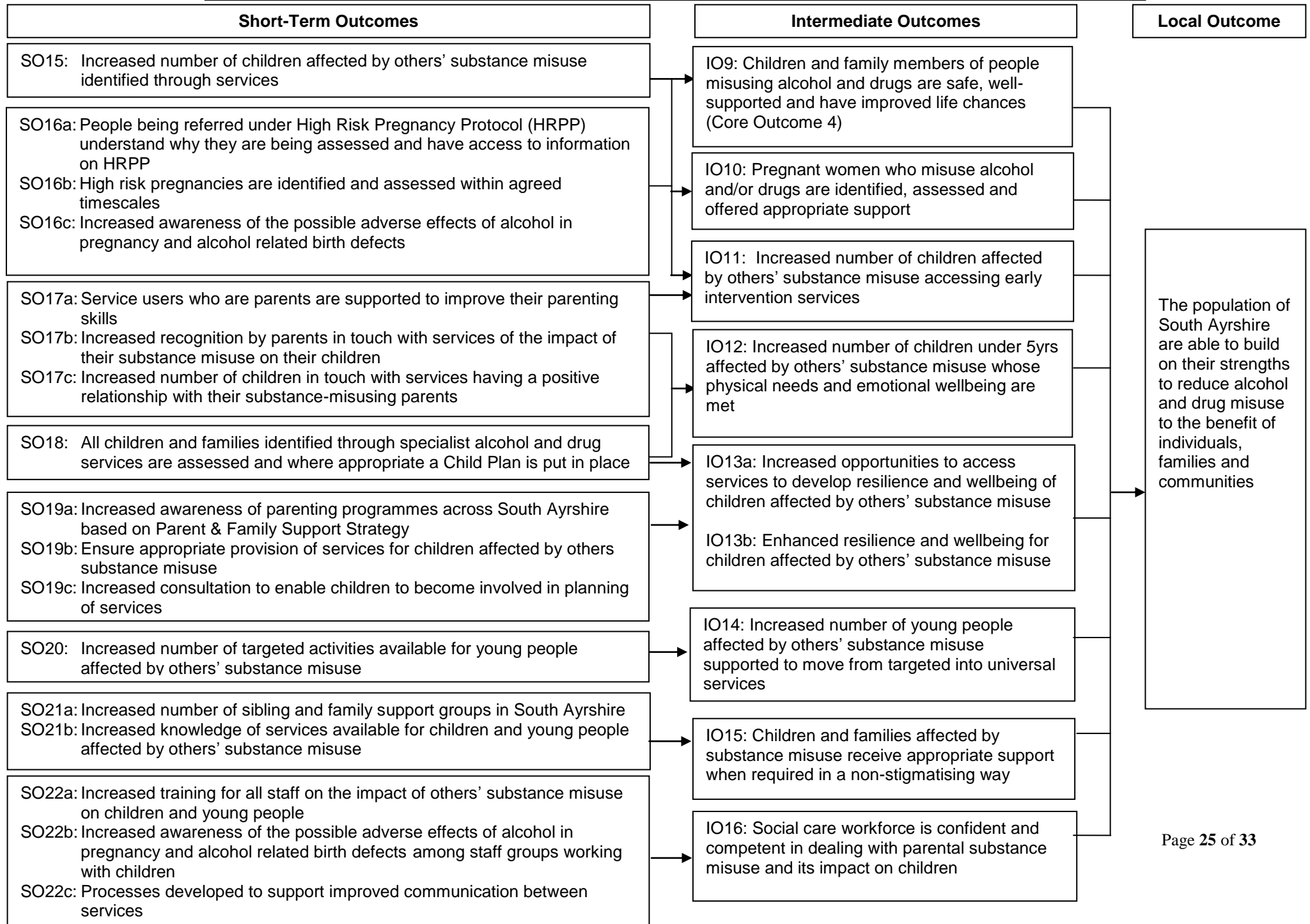
The Rory resource is available through the Health Information and Resources shop. This resource is aimed at primary school children and seeks to discuss the issue of parental substance misuse in a child friendly way.

There are a number of services that work with children and young people who are affected by their own substance misuse or by that of a family member. These services provide a range of support including education around substance misuse, support to make positive choices in relationship to alcohol and drug use, diversionary activities and mentoring.

Kinship Care has been developed and supported in South Ayrshire, and we should recognise that children affected by others' substance misuse is a significant issue in a number of kinship care cases, and that many children are living apart from their birth parents because of parental substance misuse.

**Figure 5** details the key outcomes South Ayrshire ADP are working towards achieving for Children and Families Affected by Others' Substance Misuse.

**Figure 5: Children and Families Affected by Others' Substance Misuse**



#### 4.4 Developing a Recovery Orientated System of Care

The national alcohol and drug strategies, *'Changing Scotland's Relationship with Alcohol'* and *'The Road to Recovery'* signalled a change in 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.

The Scottish Government defines recovery as *"a process through which an individual is enabled to move on from their problem drug use, towards a drug-free 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"*.<sup>16</sup>

Previously, services across South Ayrshire were commissioned and delivered in line with a locally agreed three phase Functional Model for treatment and support services. However, in line with the national drive towards more recovery-focused service provision, a new Recovery Orientated System of Care (ROSC) has been developed.

The new ROSC has the following strategic vision at its heart:

- 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
- Communities will support their members through recovery
- People in recovery support their communities
- People in recovery will have a key role in planning and development of services.

The ROSC helps people to take charge of their own recovery and is well suited to the asset-based community development approach, as a ROSC depends on and needs the input of peers and support within communities. The experiences of those in recovery and their family members contribute to the ongoing process of services improving.<sup>17</sup>

The ADP will spend the 2011/12 financial year reviewing the current provision against the systems of care elements of the ROSC and reshaping services (where required) with the aim of having service provision in line with the ROSC at the start of the 2012/13 financial year.

#### *What's currently being done?*

A range of commissioned and statutory treatment and support services is currently provided across South Ayrshire. The services include support for services users entering recovery including supported drug and alcohol detoxification, alcohol and drug relapse management support, assessment and treatment for those individuals with chaotic alcohol and drug use and those service users who in addition to substance

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<sup>16</sup> 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>

<sup>17</sup> A Recovery Orientated System of Care for Ayrshire & Arran (February 2011)



misuse problems also have mental health problems. In addition, there is rapid access to prescribing of substitute medication for those who require it and appropriate accompanying support. Other services available to support service users in their ongoing recovery journey include alcohol counselling, Alcoholics Anonymous meetings, a Narcotics Anonymous meeting, delivery of ABIs, occupational therapy interventions, community alcohol rehabilitation services and Self Management And Training Recovery (SMART) services.

NHS Ayrshire & Arran Addiction Services also provide access to a 12 bed dual diagnosis residential and day service unit within the grounds of Ailsa Hospital. The unit provides a positive environment with structured one-to-one sessions, group work and activity programmes for individuals with a substance misuse problem and a co-occurring mental health problem.

Crosshouse Hospital also provides four alcohol detoxification beds which can be accessed by individuals who are assessed as requiring more complex clinical management.

An injecting equipment (needle exchange) service is provided by NHS Ayrshire & Arran Addiction Services at various venues across South Ayrshire and in service users homes. Services include the provision of needles and other injecting equipment, wound care advice and treatment, blood-borne virus testing, Hepatitis A and Hepatitis B vaccination and treatment support and specific harm-reduction strategies.

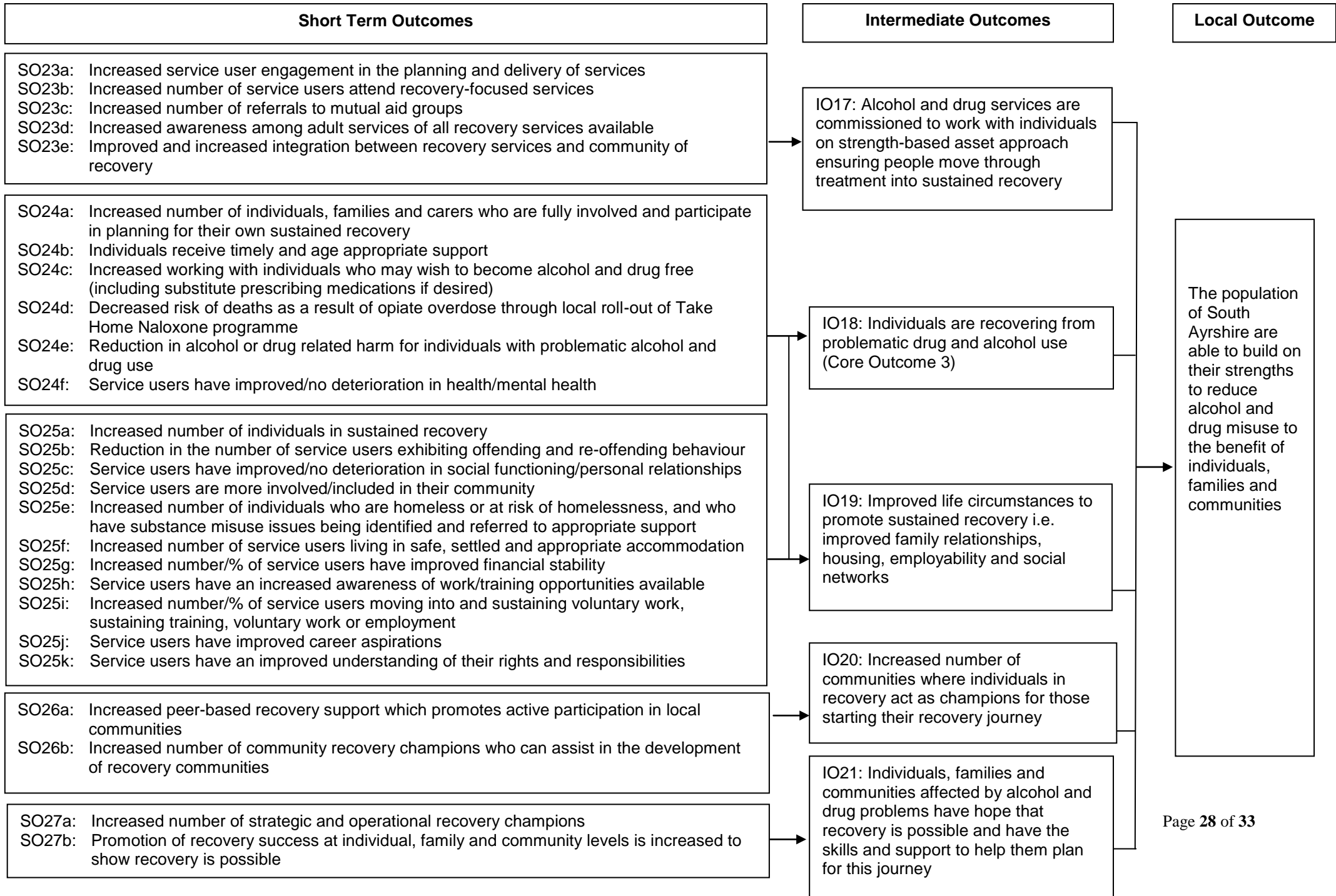
NHS Ayrshire & Arran Addiction Services have recently undergone a comprehensive review and re-structuring of their services into locality-based structures. A positive impact of this review is the achievement of the Drug Treatment Waiting Times Target (HEAT Target). Ayrshire and Arran are now meeting this target and was one of ten Health Boards across Scotland where over 90% of clients were offered an assessment appointment within four weeks of referral and over 90% of clients were offered a treatment appointment within two weeks of the date a care plan was agreed.

South Ayrshire has a dedicated Alcohol-Related Brain Damage (ARBD) service that works with people who have ARBD to provide care, treatment and recovery support to maximise their potential to live as independently as possible.

Services in South Ayrshire are also beginning to roll out the National Take Home Naloxone Programme, aimed at reducing the number of fatal opiate overdoses in Scotland.

**Figure 6** details the key outcomes South Ayrshire ADP are working towards achieving with a Recovery Orientated System of Care.

**Figure 6: Developing a Recovery Orientated System of Care**



## **4.5 Communication, Engagement and Workforce Development**

### *Communication*

Key to the delivery of outcomes in the strategy is effective communication. The partnership are committed to developing a communication strategy which includes communication between services, provision of materials within the local community to help support long-term behaviour change, and the provision of accurate and clear information on the local services available to support individuals and families who experience alcohol or drug problems.

An essential part of the Communication Strategy will be developing actions to improve the knowledge and understanding among the general public about drug and alcohol dependency. The strategy will also develop actions to show recovery is possible, to reduce the levels of fear, blame and stigma, and work with local media to positively promote recovery stories.

In addition, there is a need to raise awareness among the public and local agencies that reducing the harm associated with alcohol misuse, in particular, requires a reduction in consumption across the whole population of South Ayrshire and not just in those drinking to hazardous levels. This requires individuals being more aware of their own drinking and parents being more aware of their children's relationship with alcohol; collective action by communities to reduce demand and bring about a change in culture; and environmental measures to reduce local availability.

### *Engagement and Continuous Improvement*

The partnership are committed to developing alcohol and drug services which are high quality, continually improving, efficient, evidence-based and responsive, ensuring that people move through treatment into sustained recovery.

By developing a local engagement framework we will ensure that the experiences of people in recovery, their families and the local communities are incorporated in the ongoing process of systems improvement. In addition, we will continue to engage with a wide range of stakeholders and communities to both inform and engage them in the delivery of the strategy.

The partnership are working towards outcomes-based commissioning to meet local identified needs, and services will be required to demonstrate effective progress against specific outcomes measurements. All services will be subject to standardised performance management and evaluation arrangements.

### *Workforce Development*

The partnership are committed to ensuring that we have a confident and competent workforce which is united by a shared vision, focused 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.<sup>18</sup> 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 South Ayrshire and implement appropriate training.

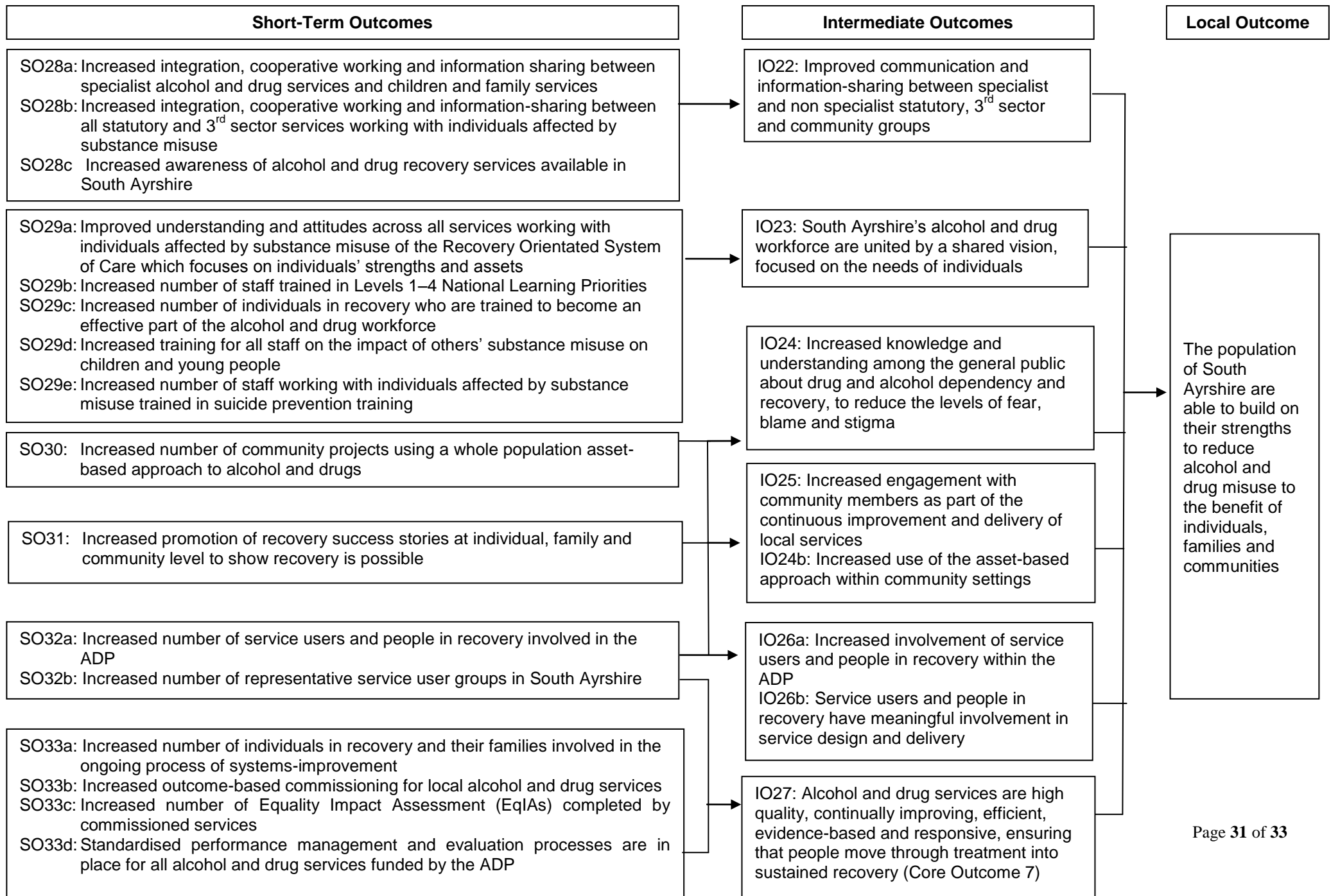
**Figure 7** details the key outcomes South Ayrshire ADP are working towards achieving for communication, engagement and workforce development.

In addition, **Figure 3** and the associated Implementation Plan details the actions and anticipated outcomes the ADP hopes to achieve in the context of changing knowledge, skills and attitudes around alcohol and drugs.

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<sup>18</sup> *Supporting the Development of Scotland's Alcohol and Drug Workforce* (Scottish Government & CoSLA, December 2010) <http://www.scotland.gov.uk/Publications/2010/12/AandD>

**Figure 7: Communication, Engagement and Workforce Development**



## **5. Delivering the Local Strategy**

The overarching aim of the strategy is to support the population of South 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 a four year period. To achieve the outcomes outlined in the strategy an Implementation Plan has been developed with our partners detailing key actions, who will deliver them and by when. The Implementation Plan will be reviewed and updated on an annual basis to ensure that the actions continue to meet the needs of the local community.

Topic specific strategy implementation groups will be responsible for progressing the outcomes and actions within the strategy. A robust performance management system will be put in place to ensure that progress towards the outcomes can be demonstrated to our partners and, more importantly, to our communities and service users. An Outcomes Framework has been developed detailing specific indicators which will measure progress towards achieving the outcomes. A number of additional performance management indicators will be put in place to allow baseline measurements to be established. In addition, data for some indicators will not be available on an annual basis and therefore will be reported mid-way through or at the end of the strategy period.

A mid-year progress report will be submitted to the ADP and regular updates provided to each ADP meeting. This will allow partners to review progress being made towards achieving outcomes. Annual reports will also be provided to the Community Planning Partnership and Scottish Government in relation to the SOA and National Core Outcomes.

The ADP will be responsible for the allocation of Alcohol and Drug Ring Fenced Budget and a Commissioning Strategy will be developed detailing the commissioning priorities based on local need.

Each service funded by the ADP will be subject to robust performance management and evaluation processes and will have a dedicated monitoring officer(s) in place. The Commissioning and Performance Management (CPM) Group will oversee the performance management of these services and provide exception reports to the ADP with remedial actions where required.

An Equality Impact Assessment has been carried out to ensure that the needs of all groups within South Ayrshire are identified and met, paying particular attention to those most at risk of harm. In addition, a Strategic Environmental Assessment was also carried out to consider the likely impact of the actions in the Alcohol and Drug Strategy on the environment, so that steps can be taken to avoid or mitigate the negative impacts.

A copy of all supporting documents can be request by contacting the ADP Development Officer at [adp@south-ayrshire.gov.uk](mailto:adp@south-ayrshire.gov.uk)

## Appendix 1 – Consultation Groups

Gathering the views of a wide range of stakeholders was an essential part of the strategy development and a series of consultation events took place as detailed in Section 2.2.

The consultation questionnaire was distributed through the groups detailed below. A number of the groups below also attended stakeholder events and/or took part in focus groups looking at specific aspects of the strategy.

- Care and Share Group
- Children and Family Services
- Community Councils/Associations
- Community Planning Partnership and related Theme Groups
- Community Safety Problem Solving Groups
- Crime Prevention Panels
- Dialogue Youth
- Girvan Travelling Community
- Hansel Village
- Individuals involved in alcohol and drug treatment and recovery support services
- HMP Kilmarnock
- Local Licensing Forum
- NHS Public Partnership Forum
- Parent Councils
- Secondary School Peer Education Group
- South Ayrshire Tenants & Residents' Associations
- South Ayrshire Senior Forum
- South Ayrshire Youth Forum
- South West Community Justice Authority
- Target Leisure Hak Pak Groups
- Third Sector Services
- University of the West of Scotland
- Youth Services
- Workplaces – including NHS Ayrshire & Arran, South Ayrshire Council, Strathclyde Police, and Strathclyde Fire Service

In addition, a press release was issued raising awareness of the consultation questionnaire.

The questionnaire was placed on South Ayrshire Council and NHS Ayrshire & Arran websites.