



Lanarkshire ADAT

ALCOHOL & DRUG ACTION TEAM

Report to : NHS Lanarkshire Board
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Title : Lanarkshire Alcohol & Drug Action Team (ADAT) Report

1 PURPOSE OF REPORT

This report has been prepared to inform NHS Lanarkshire Board of the key strategic priorities which Alcohol and Drug Action Teams are required to address and to advise of progress being made in achieving performance targets as set out by the Scottish Executive.

2 BACKGROUND

The Lanarkshire Alcohol and Drug Action Team (ADAT) was set up in 1995 following the recommendations of the Scottish Drugs Task Force Report. Its original aim was to work at a local level to coordinate and plan action to reduce harm arising from drug misuse. In 2004 its remit was extended to incorporate harm arising from alcohol related problems.

The principle aim of the ADAT is to improve the planning and management of services across agencies in order to bring a focus to service delivery. This approach is facilitated through a Corporate Action Plan, which is a single national planning and accountability tool for all substance misuse activity within an ADAT area and forms part of the accountability framework required by the Scottish Executive.

3 GOVERNANCE & ACCOUNTABILITY

ADATs are required to report on progress annually, via the Corporate Action Plan towards achieving Scottish Executive targets. These targets may be considered under three broad headings:

- Young People, Children & Families
- Adults within the Treatment & Care System
- The Wider Community.

The targets specific to each of these areas are as set out in the table below.

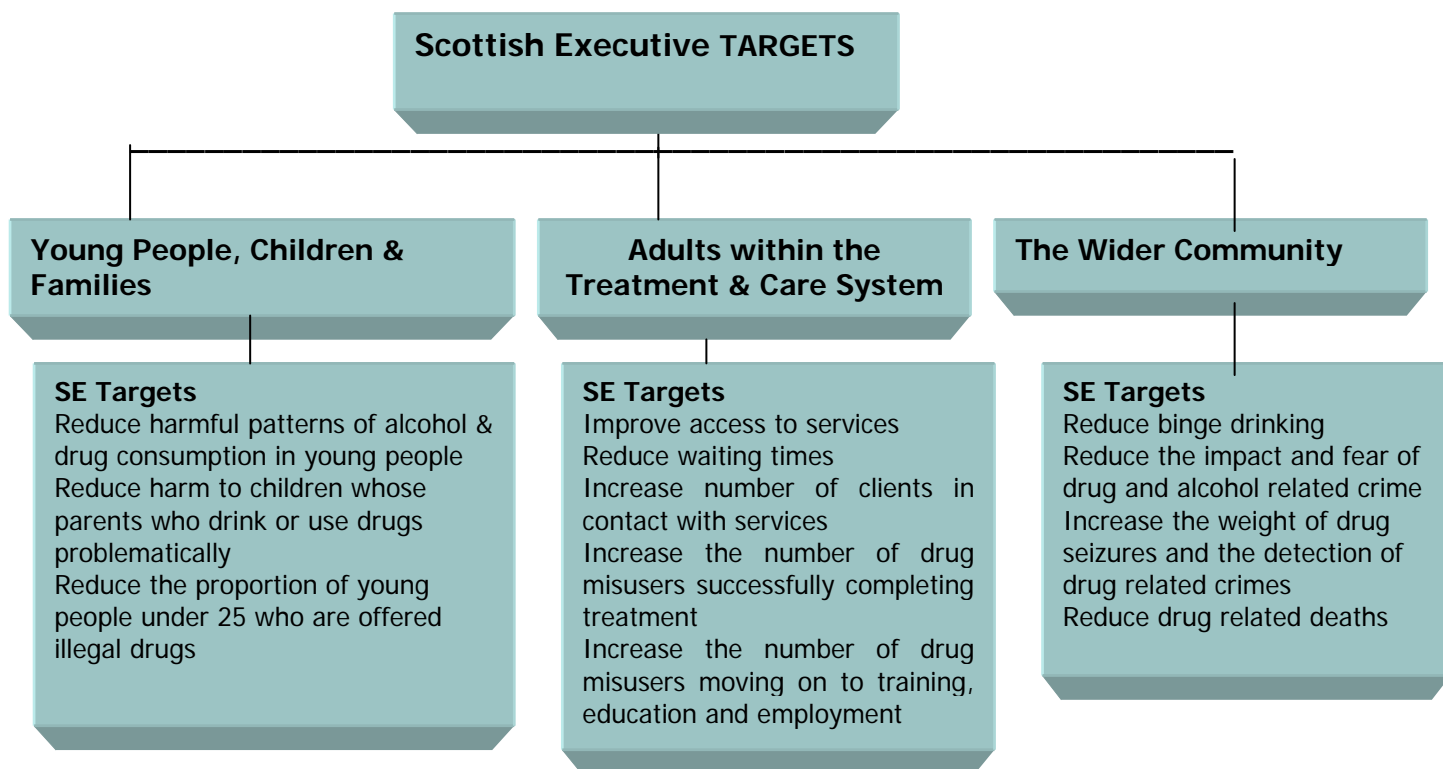


Figure 1 Scottish Executive Targets for Alcohol and Drugs

Performance information that relates to these targets is used by the Executive to indicate, at the beginning of each financial year, the numbers expected to access, remain and flow through the range of services within the Lanarkshire Board Area. It is also used as the basis for responses to ministerial requests on service activity (e.g. waiting times, number of services within the area). These national targets are also linked to the local improvement targets (LITs) that are used to regulate performance against the core objectives set by the Scottish Executive under the Joint Future Agenda.

4 IMPLEMENTING THE PLAN

It is acknowledged that both alcohol and drug misuse are multi-factorial issues, and any work to address them has to be cross-sectoral. It is also clear that the achievement of any one outcome is dependent on the input from a range of organisations and sectors and that to a certain extent there is an argument for shared accountability. In order to achieve these targets, the Lanarkshire ADAT have developed a three year strategy which is implemented through existing core structures, where they exist, e.g. Integrated Children's Services Substance Misuse Sub-Groups, South Lanarkshire Joint Future Management Group (Alcohol and Drugs); North Lanarkshire Partnership Board (Addictions), Community Safety Partnership Sub-Groups etc.

In order to assure that the Corporate Action Plan is fully implemented gaps in such structures are augmented by existing or newly created ADAT sub-groups and short-life working groups. These include:

- Implementation and Finance
- Critical Incident and Drug Death Review
- Communication

- Education
- Voluntary Sector Network
- Employment

The ADAT sub-groups are chaired by an ADAT member and include key stakeholders who can reflect and influence operational delivery and can progress priorities. The sub-groups have developed “terms of reference” and have developed work plans, underpinned by an appropriate financial governance and accountability framework. Performance, financial and progress reports are presented to the ADAT quarterly in order to ensure that the strategy is being implemented.

5 SCALE OF THE PROBLEM

5.1 Alcohol

National and local research suggests a general upward trend in excessive drinking. Indicators point to particular increases in consumption for key groups. Many alcohol related problems reflect not only how much an individual drinks, but also the manner in which it is done, i.e. behaviour and consequences associated with binge drinking and intoxication. Overall the cost, in financial terms of these consequences is some £20 billion a year in the UK. For the individuals affected the harm can be devastating – up to 1,000 suicides a year can be linked with alcohol misuse.

It is important to realize that alcohol related harm is not just about the amount consumed – it is also about other lifestyle factors and is heavily influenced by deprivation. Alcohol problems are often both a symptom and causal factor in social exclusion and impaired opportunities. These can further accelerate social and health related problems. When ranking Scotland’s census data zones by deprivation the alcohol related death rate in the worst 20% was three and a half times that in the best 20%. Alcohol related deaths are on the increase in Scotland, including Lanarkshire. Latest figures from 2005 show they have reached their highest figure since 1990 and have increased by 50% since 1999. Although it is difficult to accurately translate the social cost of alcohol misuse some preliminary work has concluded that in Lanarkshire:

- **It is estimated that there is one alcohol related death each working day.**
- **Alcohol misuse costs industry approximately £14 million annually, with £2 million being spent to cover the cost of absenteeism, £2 million lost through poor work performance and £10 million on lost production through premature death**
- **£14 million is spent on policing alcohol related crime**
- **Alcohol is a factor in some 42% of traffic deaths, 40% of drowning and 46% of deaths in fires.**

5.2 Drugs

A survey conducted in 2004 suggests that more people are admitting to at least some act of drug taking, at some point in their lives, rising from 18% in 1993 to 24% in 2004. However, the results relating to current drug taking are more stable. The proportion who had taken drugs in the last year has risen by just 1% between 1993 and 2004.

The most commonly used drug remains cannabis with only a minority of people using harder drugs such as heroin or crack cocaine. There is evidence, however, of an increasing group, across all socio-economic classes, regularly using cocaine. This is reflected in the rise in number of seizures and increased quantities of Cocaine since 2003. The price of this substance also fell by 20% between 2004 and 2005 indicating that the market for both Cocaine and Crack Cocaine is growing in Scotland, including Lanarkshire.

In Lanarkshire it is estimated that in 2003 there were 3,806 Problem Drug Users (PDUs), a fall from the previous estimate of 5,076 in the year 2000. With a problem drug use prevalence of 1.27%, Lanarkshire is below the Scottish average prevalence of 1.84%. The Hamilton/Blantyre area has the highest estimated number of PDUs (878), followed by Cumbernauld (606), Motherwell (595) and Wishaw (590).

Drug use causes a range of health, social and psychological harm, these include:

- Overdose or unintentional injury (which might lead to premature death)
- Other general/primary health care issues, sexual health and dental health
- Increased risk through co-morbidity (e.g. alcohol and/or drug use combined with mental health problems)
- Septicaemia, wound infections and other infections resulting from injecting
- Spread of blood borne viruses (BBV) via injecting or sexual activity
- Drug associated crime (estimated in Lanarkshire at £88 million per year)

5.3 Young People

The effect alcohol and drug use on young people is particularly evident and has been the source of widespread concern, particularly due to the significant rise of illicit drug use since the 1970's. The probability of a young person developing problems through substance use has been found to increase directly with the number of risk factors that they experience e.g. individual biography, personality; familial; environmental/contextual and educational factors. Scottish surveys of young people have shown an increasing incidence of drinking, getting drunk and drug use. This is mirrored within Lanarkshire where:

- 68% of 13-year-olds and 87% of 15-year-olds had tried alcohol compared with 69% and 88% nationally.
- 23% of 13-year-olds and 44% of 15-year-olds had drunk in the previous week.
- Almost half of 13 year old pupils and almost three-quarters of 15 year old pupils have been offered drugs at some point.
- 8% of 13-year-olds and 25% of 15-year-olds claimed to have used drugs in the last month with cannabis being the most commonly used substance
- The proportion of young people reporting use of heroin in the past month fell steadily between 2000/01 to 2003/04, however increased by 71% in 2004-05.

6 PROGRESS TOWARDS MEETING SCOTTISH EXECUTIVE TARGETS

6.1 Young People, Children & Families

The impact of anti-social behaviour on public services such as police, fire, ambulance and transport, and also on the general public, is acknowledged. Activities, which aim to address this issue, especially within the community setting, are to be encouraged.

Under age drinking is a concern for everyone and needs to be addressed at many levels. Particular emphasis is placed on the development of local partnerships to address this issue, linking with the ADAT Communication Sub Groups as well as Community Safety Partnerships and Strathclyde Police's Youth Alcohol Strategy.

Illicit drug use is harmful and carries a wide range of risks, whether it is experimental or 'recreational'. Efforts will continue to promote and support appropriate harm reduction strategies to reduce the impact of drug use.

There have been notable rises in the number of new clients presenting to services who live with dependent children. This is possibly due to improvements in detection of such circumstances through new policy and local training implemented through Getting Our Priorities Right (GOPR) and Hidden Harm where over 2,000 employees have been trained. However it should be remembered that 40,000 to 60,000 thousand children are affected by parental substance misuse, with an additional 60,000 to 100,000 estimated to be affected by parental alcohol use in Scotland

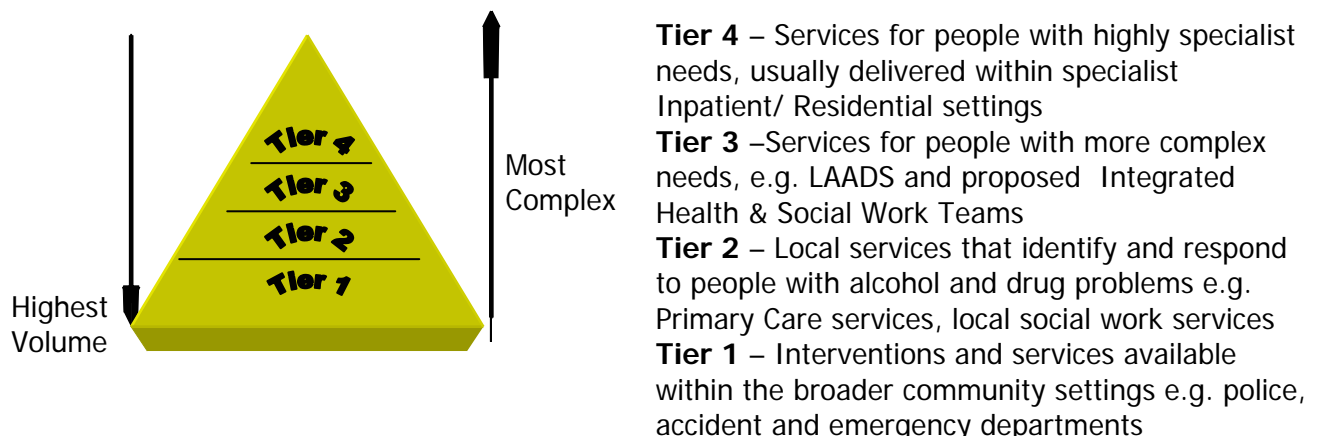
The Lanarkshire population as a whole is 556,114, 30% of which is aged under 25. There are very small numbers presenting to treatment and care services in the under 15 age group, although they have been increasing since 1999/00 possibly due to the increase in services provided for young people (e.g. Rushes). For example in 2004/05 twenty-seven young people aged under 15 attended treatment services compared to one hundred and fourteen in the 15-19 year olds.

Consultation with existing Integrated Children's Strategy Substance Use Sub Groups in North and South Lanarkshire Council has been successful in agreeing a model to progress this agenda. Both groups have agreed that an integrated approach will be delivered via a three strand model namely:

- Universal Education & Prevention
- Children & Young People Affected by Parental Substance Use
- Young People with problematic substance use.

6.2 Adults within the Treatment & Care System

A key element of the Lanarkshire ADAT Alcohol & Drug Strategy (2004-2007) was the development of targeted interventions for adults within the treatment and care system. The central tenet of this approach included the adoption of a four-tiered model of service provision. This tiered system is illustrated in Figure 2.



Services offered now require to be readily accessible and equitable across Lanarkshire and be able to offer the opportunity to tailor individual 'packages' of treatment and care from providing basic information to more structured therapeutic interventions provided by specialist services.

The Joint Future Agenda is the main Scottish Executive policy that outlines joint working arrangements between local authorities and health boards to deliver health, social and voluntary care services in the community. There is now a clearer emphasis on improving client outcomes and the quality and care delivered to clients and their families attending services. In order to implement these changes advocated by Joint Future, Planning and Implementation Groups have been set up within the North and South Community Partnership areas. For example within the North Community Health Partnership, the Partnership Board (Addictions) is working towards a fully integrated, singularly managed service that will take responsibility for delivery of Scottish Executive targets as they relate to adults within the Treatment and Care system.

Regular snapshot audits of treatment services are conducted by the ADAT to estimate the number of clients in treatment. The most recent data suggests that there are around 2,100 clients receiving substitute prescribing treatment in Lanarkshire, representing approximately 55% of the estimated number of problem drug users.

Waiting times to access services were affected by restructuring in April 2005 when the Lanarkshire Drugs Service (LDS) merged with the Community Addiction Teams (CATs), to create the Lanarkshire Alcohol & Drugs Service (LAADS). This new structure seems to have reduced waiting times with a median wait of 22 days for drug users and 26 days for alcohol users to access treatment services.

6.3 The Wider Community

Binge drinking is a difficult target to measure. Although the Scottish Health Survey does show a decrease in the percentage of men drinking over the recommended weekly sensible drinking limit (21 units) from 32% in 1995 to 30% in 2003 and therefore on course to meet the national priority target of 31% by 2005. The % of females drinking over the recommended weekly sensible drinking limit (14 units) has increased from 11% in 1995 to 12% in 2003 but is still on course to meet the national priority of 12% by 2005.

Interventions to reduce binge drinking will focus on improving the identification process (e.g. "Keep Well", implementation of SIGN Guideline "Treatment of Hazardous Drinking in Primary Care), improved information to access services, and encouraging local businesses to adopt workplace alcohol policies.

The majority of deaths both nationally and locally involve opiates whilst cocaine related deaths continue to increase nationally. Like other DAT areas Lanarkshire has formed a Critical Incident Group to pool and analyse information on drug-related deaths (DRDs) in order to identify risk factors and opportunities for intervention. This includes training staff, drug users and their family and friends in the administration of Naloxone, the management of the unconscious patient and basic life support as part of a risk reduction strategy.

Drug and alcohol related crime have been increasing at different rates over the last five years. Drugs offences have increased by 65% between 2000 and 2004. These figures reflect an increased enforcement commitment from both South Lanarkshire and North Lanarkshire police. North and South Lanarkshire Police are also concentrating efforts on the seizure of drug related criminal assets and in 2005, £1.25M worth of cash and property were taken from criminals involved in the supply of controlled drugs. Police activity is therefore focussing on intervention at the "victim" end and disruption at the dealer end.

Prosecutions for alcohol offences have also increased dramatically over the last five years, (up 110%) reflecting specific Police initiatives such as the North and South Lanarkshire Police Youth Alcohol Strategies, which place great emphasis on tackling street drinking and associated anti-social behaviour and disorder. The Youth Alcohol Strategy also focuses on off licences and Licensees who sell and 'agents' who supply alcohol to underage young people.

7 FINANCIAL INFORMATION

A key responsibility for the ADAT is to co-ordinate the allocation and targeting of resources. Prior to the allocation of new resources from the Scottish Executive to support the Drug (2001-02) and Alcohol (2004-05) Strategies there were three main sources of dedicated revenue: NHS Lanarkshire (3.7m), North Lanarkshire Council (1.06m) and South Lanarkshire Council (1.17m).

The Scottish Executive allocated the following additional drugs and alcohol funding to Lanarkshire between 2001 and 2005:

	£
ADAT Drug Treatment Allocation	1,590,892 per annum
ADAT Alcohol Treatment Allocation	814,000 per annum
North Lanarkshire Council: Drug Rehabilitation Allocation	436,000 per annum
South Lanarkshire Council, Drug Rehabilitation Allocation	408,000 per annum
Total	3,248,892 per annum

Allocation of additional drug monies is now subject to a set of conditions established through performance contracts between ADATs and the Scottish Executive. These contracts form part of the Corporate Action Plan. In practice this means that the ADAT is required to sign an agreement with the Scottish Executive detailing the impact additional resources will be expected to have in meeting these targets. Any services that are commissioned by the ADAT are now required to have a quality specification and a performance reporting system, which enables the ADAT to demonstrate progress towards national targets.

8 Conclusions

NHS Board members are asked to note the content of this report (which will be augmented by a presentation at the Board meeting on 22nd November), with specific reference to the ADAT's strategic priorities and the progress being made towards achieving Scottish Executive performance targets.