



BORDERS DRUG AND ALCOHOL ACTION TEAM

CORPORATE ACTION PLAN 2007-8

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SECTION A:

Alcohol and Drug Action Team details and support funding

(See paragraphs 5 and 6 of the Scottish Executive guidance notes)

A. ADAT details and support funding

A.1 ADAT details

A.1.1 ADAT Members (please complete the table below)

Name	Designation	Organisation	Member of Workgroup/Subgroup
Julie Murray	Coordinator	DAAT, NHS Borders	DAAT, Young Peoples Sub Group, Commissioning Group, Practitioners Forum, Communities Subgroup
Susan Black	Development Officer	DAAT, NHS Borders	DAAT, Young Peoples Sub Group, Commissioning Group, Practitioners Forum, Communities Subgroup
Dr Andrew Riley	Director of Public Health & DAAT Chair	NHS Borders	DAAT
Michelle Ballantyne	Manager BCA Chair Practitioners Forum	Borders Counselling on Alcohol	DAAT, Practitioners Forum, Young Peoples Subgroup
Angela Berragan (Left March 06)	Education Officer	DAAT, NHS Borders	DAAT, Young Peoples Sub Group
Chief Supt Charles Common	Chief Superintendent Vice Chair DAAT	Lothian and Borders Police	DAAT
Stella Everingham	Social Work, Head of Children & Families and Criminal Justice	Scottish Borders Council	DAAT
Cllr Andrew Farquhar	Councillor, Chair of Community Safety Forum, member of Licensing Board	Scottish Borders Council	DAAT, Communities Subgroup
Ruth Glassborow	General Manager, Mental Health Service	NHS Borders	DAAT

Name	Designation	Organisation	Member of Workgroup/Subgroup
Dr Diana Leaver	Child Health & Chair Young Peoples Sub Group	NHS Borders	DAAT, Young Peoples Sub Group
Glenn Rodger	Director of Education	Scottish Borders Council	DAAT
Insp Kenny Simpson	Chair of Communities Sub Group	Lothian and Borders Police	DAAT, Communities Sub Group
Neil Strother	Deputy Director of Finance	NHS Borders	DAAT, Commissioning Sub Group
Dr Mike Kehoe	Consultant Psychiatrist, Borders Community Addictions Team	NHS Borders	DAAT, Practitioners Forum
Leonie Smith	Associate Director of Nursing	NHS Borders	DAAT (Minutes only)
Graeme McArthur	Regional Manager	Scottish Drugs Forum	DAAT
Jackie Dickson	Personal Assistant- DAAT	NHS Borders	DAAT, Young Peoples Sub Group, Commissioning Group, Practitioners Forum

A.1.2 Please list ADAT subgroups and working groups for 2006-7 in the space below:

DAAT Practitioners Forum DAAT Young Peoples Sub Group DAAT Communities Sub Group DAAT Commissioning Sub Group
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A.1.3 Please list the ADAT's partners for 2006-7 in the space below:

Scottish Borders Council
Lothian and Borders Police
Borders Community Addiction Team (BCAT)
Borders Counselling on Alcohol and Substances (BCAS)
Addaction
Turning Point Scotland (Big River Project)
Penumbra Youth Project
Borders Young Carers

A.2 ADAT support funding

A.2.1 Total Support Allocation:

2006-7 allocation (£): £115,077

Carry forward (£): _____

Total (£): £115,077

A.2.2 Breakdown of Support Allocation Spend

Category of Spend	Scottish Executive Funding Expenditure (£)	Funding from other sources (£)	Total (£)
Salaries			110,864
Staff costs			
Forum/meetings			2,582
Seminars/conferences/events			
Training			3,099
Miscellaneous spending			10,166
Total	115,077	11,634	126,711

A.2.3 Other Ring-fenced funding

Funding stream	Allocation	Amount spent (£)
Communications Funding (alcohol and drugs)	Joint bid between Borders College and West Lothian to focus on resources targeting women and alcohol. Bid submitted for approx. £4,000 but no notice sent to DAAT of success or allocation confirmed, and money not allocated directly to DAAT.	
Community Safety Partnership Awards	£8,000 per year for 2005 – 2008 (3 year funding)	£8,000 spent per year for 2005/6, 2006/7. Full £8,000 available for this years interventions
Community Safety Partnership Awards	£16,000 for Education Officer	£16,000 Jan 06 – Jan 07 (Post not commenced until Jan 06)
Scottish Borders Council, Education Dept.	£14,000 for Education Officer	£14,000 Jan 06 – Jan 07(Post not commenced until Jan 06)

Comments relating to DAAT Support Staff costs in response to SE feedback on CAP:

- Expenditure on staff costs exceeds allocated funding, as the allocation has remained static for several years, whereas staff costs have had inflationary increases. Additional costs have been met by NHS Borders
- Staff salary costs increased over 2005-6 as the Development Officer was on long-term sick leave and his post had to be covered from elsewhere.

SECTION B:

Allocation of resources and provision of services

(See paragraph 9 of the Scottish Executive guidance notes)

B. Allocation of resources and provision of services

B.1 Please list the ADAT's key priorities for 2006-07:

- Re-tender of alcohol services for adults - currently delivered by Borders Counselling on Alcohol (BCA)
 - Ensure Reiver Project (young people's drug and alcohol service) sustained through organisational change
 - Strengthening of monitoring and review arrangements for all services (Adults: Big River Project; BCAT) and young people's (Reiver Project; Penumbra)
 - Re-recruit new Consultant for Borders Community Addictions Team (BCAT) and increase post from 0.5 WTE to full-time.
 - Baseline exercise to support implementation of National Quality Standards
 - Revise criteria and referrals pathway for referrals to residential rehabilitation (to continue into 2007/8 now new consultant in post)
- NB. Information on the role and remit of the DAAT Commissioning Group and decision-making process was provided for the Scottish Executive as part of the DAAT stock-take exercise.

B.2 Please list the local strategies considered when allocating resources for 2006-07:

- Other than DAAT plans, local action was influenced by:
- Scottish Borders Council review of contracts to ensure 'best value'.
 - NHS Waiting times targets
 - Integrated Children's Services Plan
 - Community Health & Care Partnership

B.3 Please list any needs analysis carried out which influenced the allocation of resources in 2006-07 and a summary of the key findings:

Needs Analysis	Key findings (please provide no more than 25 words of description for each key finding)
Contract monitoring and 'best value' priorities for BCA	Inability of BCA to implement required changes in service delivery/monitoring to ensure 'deliverability', evidence of positive outcomes and best value for spend.
DAAT Commissioning Group review of current allocation of resources to inform future strategy	Confirmed current priorities and identified gaps in services to be strengthened should additional funding become available.
Analysis of activity data and awareness that existing alcohol services not covered by Addictions Consultant hours.	Evidence of increase referrals and waiting times, plus a need to include alcohol services, helped to secure additional funding (NHS Borders) to increase post from 0.5 WTE to full-time.

Previous needs assessment (2005) carried out into use of residential rehabilitation for Borders residents	Need to review and improve referral criteria and streamline access/assessment processes.
Independent evaluation of Young Carers Project, including their work with young people affected by parental substance misuse)	Supported continuation of funding by Childrens Planning Partnership for 2006/7 and 2007/8.

B.4 Please list any other factors which influenced the allocation of resources in 2006-7 (optional):

B.5 Please list any needs analysis research planned for 2007-8:

- Hidden Harm audit of child protection systems within addictions services (due for completion end May 2007)
 - Waiting times audit/plan for BCAT
 - Review of Big River Parenting Support Project to inform Integrated Children's Services plans/allocation of resources for 2007/8 and beyond.

SECTION C:

Support and Treatment Tables

(See paragraphs 10-12 of the Scottish Executive guidance notes)

Big River Project	D	£247,177	152	75	166 0	41	5	4	4	4	4	4	4	4	4				X	X				X	X	X		X	X		X	X	X
Penumbra	D&A	£29,009	19	15	203	8		4	4	1	4	4	4	4									X		X	X	X		X	X	X		

<p>Specific Group Codes:</p> <p>1= Drug and/or alcohol service dedicated solely to the specific group.</p> <p>2= Drug and/or alcohol service with specialist workers, dedicated clinics, or facilities for the specific group.</p> <p>3= Drug and/or alcohol service which has undertaken specific action to attract specific group.</p> <p>4= Drug and/or alcohol service which treats clients from the specific groups but has no specialist facilities.</p> <p>5= Drug and/or alcohol service which does not treat clients from the specific group.</p>	<p>Dedicated Drug and/ or Alcohol Service – A service with dedicated workers or facilities for supporting alcohol and/ or drug misusers, where the focus of the intervention is on alcohol and/ or drugs during 2006-7.</p> <p>Number of New Clients – Number of clients attending the service for (a) the first time ever or (b) it has been at least six months since their last attendance at the services during 2006-7.</p> <p>Number of Actively Managed Clients – Number of clients for whom treatment and/or dedicated support is being managed in accordance with a care plan at the service during 2006-7.</p> <p>Number of Planned Discharges – Number of clients from each service who completed a treatment or support intervention, or moved from one treatment and /or support provider to another in a planned way during 2006-7.</p>
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Support and Treatment Tables

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NON-RESIDENTIAL SERVICES IN ACTION TEAM AREA:

Table 2 – Projected Numbers: Apr 07 – Mar 08

DEDICATED DRUG AND/OR ALCOHOL SERVICE	REMIT	ANNUAL SPEND	PROJECTED NUMBERS 2007-08				SPECIFIC GROUPS (Enter code 1-5* below)												TYPE OF SERVICE PROVIDED																
			No. of Planned Discharges	New Cases	No. of Actively Managed Clients	Total Attendances	Under 16s	Women	Pregnant Women	Dual Diagnosis	Ethnic Minority Groups	Equality Groups	Psychostimulant Users	Homeless People	Over 65's	Detoxification	Day-Care	Substitute Prescribing	Outreach Clinics	Needle Exchange	Criminal Justice SW Intervention	Prison Throughcare & Aftercare	Aftercare	Education/Training/Employment	Advice & Information	Counselling (Group and 1-1)	Home Visits	Family Support	Volatile Substance Abuse	Mutual Support Groups	Brief / Minimal Interventions	Community Rehabilitation	Crisis Management		
Borders Community Addictions Team (BCAT)	D = A = D&A =		130	300	410	3000	5	4	4	4	4	4	4	4	X		X	X		X				X	X	X									
Borders Counselling on Alcohol (BCA)	(A)	£26,000 (N/L)	51	10	51	150	5	4	4	4	4	5	4	4									X	X	X		X								
Reiver Project	(D & A)	£162,000	130	135	171	700	1	5	5	4	4	4	4	5																					
Borders Alcohol Project for Offenders (BAPFO)	(A)	£20,263	35	49	51	140	5	4	4	4	4	5	4	4						X	X	X	X	X	X										
Big River Project	D	£243,864	22	121	420	1188	5	4	3	4	4	4	5	4					X				X	X			X	X	X	X	X	X	X	X	

Penumbra Mental Health Project	D&A	£29,600	25	30	30	600		4	4	4	4	4	4	4								X		X	X	X		X	X	X		
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<p>Specific Group Codes:</p> <p>1= Drug and/or alcohol service dedicated solely to the specific group.</p> <p>2= Drug and/or alcohol service with specialist workers, dedicated clinics, or facilities for the specific group.</p> <p>3= Drug and/or alcohol service which has undertaken specific action to attract specific group.</p> <p>4= Drug and/or alcohol service which treats clients from the specific groups but has no specialist facilities.</p> <p>5= Drug and/or alcohol service which does not treat clients from the specific group.</p>	<p>Dedicated Drug and/ or Alcohol Service – A service with dedicated workers or facilities for supporting alcohol and/ or drug misusers, where the focus of the intervention is on alcohol and/ or drugs during 2006-07.</p> <p>Number of New Clients – Number of clients attending the service for (a) the first time ever or (b) it has been at least six months since their last attendance at the services during 2006-7.</p> <p>Number of Actively Managed Clients – Number of clients for whom treatment and /or dedicated support is being managed in accordance with a care plan at the service during 2006-7.</p> <p>Number of Planned Discharges – Number of clients from each service who completed a treatment or support intervention, or moved from one treatment and /or support provider to another in a planned way during 2006-7.</p>
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RESIDENTIAL SERVICES IN ACTION TEAM AREA:

SERVICE	REMIT	NUMBER OF BEDS	TOTAL ADMISSIONS			ADMISSIONS FROM ACTION TEAM AREA			DETAIL ANY TARGETED GROUPS
			Apr 2006 to Dec 2006	Jan- Mar 2007 Projected if actual not available	Projected Apr 07–Mar 08	Apr 2006 to Dec 2006	Jan- Mar 2007 Projected If actual not available	Projected Apr 07–Mar 08	
Castle Craig (Private Hospital)	Residential Detox/Rehab. (D&A)	122	255	89	Not available	0	0	N/A	
Huntlyburn House – Psychiatric Unit (Data re. D/A admissions only) *	Detox/Dual diagnosis	1.5	81	25	78 (Full use of available beds)	5		78 (Full use of available beds)	
Teen Challenge	Residential Life skills training for D&A problems	15	35	8	Not available	0	1	Not available	

* **Codes:** F10 - F19 mental and behavioural disorders due to psychoactive substance use

DEDICATED SERVICES USED OUTWITH ACTION TEAM AREA:

SERVICE	REMIT	LOCATION	NUMBER OF CLIENTS REFERRED			NUMBER OF CLIENTS ADMITTED			TOTAL ANNUAL SPEND
			Apr-Dec 2006	Jan-Mar 2007	Projected Apr 07 - Mar 08	Apr-Dec 2006	Projected Jan-Mar 07	Projected Apr 07 – Mar 08	
Tunstall Unit	Alcohol	Sunderland	1 & client applied for extra month	0		1 & current client extra month	0		xxxxx
Phoenix House	Drugs	Glasgow	1	0		1	0		£1008.52
Rainbow House	Drugs & Alcohol	Glasgow	5	2		5	2		£17,206.86
Whim Hall	Residential Nursing Home (Korsakoffs)	West Linton	1	0		1	0		£8,665.64
Huntercombe Centre		Sunderland	2	2		2	2		£24,278.20

SHARED CARE: (Drugs Only)

Number of GP Practices signed up to local shared care scheme	2
Number of pharmacists signed up to local shared care scheme	22
Number of dispensings of methadone mixture	33,000
Number of supervised dispensings of methadone mixture	28,050 (85%)

NEEDLE EXCHANGE: (Drugs Only)

SERVICE TYPE	NUMBER OF FACILITIES	NUMBER OF NEEDLES / SYRINGES DISTRIBUTED	NUMBER OF NEEDLES / SYRINGES RETURNED
Specialist	Big River	4755	3365
Outreach			
Community Pharmacies	Gala Boots	863 (all 1 ml syringes)	276

PREVENTION SERVICES: (Alcohol Only):

How many dedicated alcohol prevention services have been funded by the Action Team using existing monies:		
	Actual 2007-8	Projected 2007-8
<p>ADULT SERVICES DAAT has adopted an approach of integrating alcohol prevention measures within generic health improvement services, rather than establishing specific education/prevention measures dedicated to alcohol alone. It is believed this is more likely to capture those drinking above recommended guidelines at an earlier stage, thus increasing the chance of early identification and intervention.</p> <ul style="list-style-type: none"> ➤ Alcohol screening and brief intervention input has been incorporated into healthy lifestyle advisor projects. These staff receive referrals from GPs of patients with coronary heart disease, diabetes and hypertension etc. who they feel will benefit from lifestyle counselling. ➤ Well-being project (healthy lifestyle project targeting mild mental health referrals from GPs). As above, alcohol screening and brief interventions have been included in this work. ➤ Healthy Working Lives. DAAT is to contribute funding to overall assessment/intervention measures delivered in workplaces using a similar approach to above projects. 	<ul style="list-style-type: none"> ➤ DAAT support staff contribute to overall training for project staff free of charge and provide with a range of relevant literature e.g. targeting women. ➤ £15,000 	<ul style="list-style-type: none"> ➤ STRADA has been approached to take over the delivery of training for primary health care service staff. DAAT is currently negotiating cost. ➤ Not required this year as funding to come from Mental Health budget. ➤ £3,000
<p>CHILDREN'S SERVICES</p> <ul style="list-style-type: none"> ➤ UP2U: Alcohol education/prevention work is a 	<ul style="list-style-type: none"> ➤ DAAT contributed £6,000 	

<p>specific remit of the peer education project based in the Tweeddale (UP2U). This was originally funded by the DAAT via the Changing Childrens Services Fund (CCSF) and Lloyds/TSB. This budget has since become integrated within generic CCSF funding and the project now received funding direct from Scottish Borders Council from a different budget.</p>	<p>during 2006-7 to enable residential training weekends to take place for new volunteers.</p>	
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SECTION D:

ADAT Progress

(See paragraphs 13-24 of the Scottish Executive guidance notes)

D.1 ADAT Progress – Culture Change and Communities

National Priority: Reduce binge drinking

Target: Reduce the incidence of adults exceeding weekly sensible drinking levels from:

- 33% to 31% for men between 1995 and 2005, and to 29% by 2010
- 13% to 12% for women between 1995 and 2005, and to 11% by 2010

D.1.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national priority and target
2. performance over the last 5 years (in statistical terms)

Indicator(s)	Data Source	2003
Percentage of adults who drank over the recommended daily limits (Borders 2003)	Estimates from Scottish Health Survey 2003	48% of men consumed more than 4 units (greater than Scottish figure of 45%), and 27% more than 8 units on heaviest drinking days in last week (greater than the Scottish figure of 26%). 31% of women consumed more than 3 units (slightly fewer than Scottish figure of 32%) and 11% more than 6 units on heaviest drinking days in last week (fewer than the 16% of women across Scotland)
Percentage of adults who drank more than the recommended weekly limits (Borders 2003)	Estimates from Scottish Health Survey 2003	26% of men consumed over the recommended 21 units per week (below the national target of 29%) 15% of women consumed over the recommended 14 units per week (above the national target of 11%)

Data source for all data below: NAIR/ISD (Scotland)

Indicator(s)	2000-1	2001-2	2002-3	2003-4	2004-5	2005-6
Alcohol-related Hospital Discharges (general hospital)		615	618	578	587	599
Alcohol-related inpatient discharged (emergency admissions only)						590
Psychiatric inpatient discharges with an alcohol-related diagnosis	59	70	74	85	89	N/A
Alcohol-related deaths	17	14	19	20	23	28

D.1.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7						
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved	
	Yes	No	Ongoing /partially			
Continue to deliver Servewise training for new licensees across the Borders. Programme to be	Yes		Ongoing	63 licensees have participated in Servewise Training. (4 On sales courses and 1 off sales courses). No	In the feedback for the CAP 05/06 it was noted that Servewise Training would be delivered to 100 licensees.	

co-ordinated by Stephanie Bell of Borders College with regular sessions aiming to cover all areas (8 for on-license and 4 for off-license premises).				<p>training was delivered in the Spring of 07 due to low number of applicants for training.</p> <p>Links with Licensing Boards continue through representation on DAAT Community Subgroup and Scottish Borders Community Safety Forum.</p>	This figure incorporated staff from the targeted inputs, which is separate to Servewise, therefore this target was not an accurate reflection of Servewise licensees attending training.
DAAT staff and Police Licensing Dept. to establish monitoring system to enable early identification of problem premises. Deliver targeted inputs to raise awareness in areas identified by analysis of incidents.	Yes		Ongoing	<p>Database now well established which affords the ability to identify emerging problematic premises. Through this, training has been delivered to all staff (79) and the Licensee of 12 identified premises. This has resulted in a significant reduction in incidents at targeted premises.</p> <p>Staff from the premises find the training very useful and report being more aware of their responsibilities in regard to licensing issues.</p> <p>Due to the success of the project, a member of the training team was asked to speak at "The Violent Crime In Scotland" seminar on the 8th February 2007.</p>	
DAAT to re-organise distribution of 'safer drinking' cards via Staff in A&E Dept. providing information targeting adults who have come through A&E or Community Hospitals whose contact is drink related. Identify named staff to liaise re. effectiveness and level of use of cards by end May, and review progress by end November 2006.				During 2006/7 195 cards were disseminated to adults attending A & E whose contact was drink related. Staff felt that the cards were useful as a resource to sign post adults into services if they felt their drinking was problematic.	

Further training to be delivered by DAAT Support staff on screening for hazardous drinking and brief interventions in primary care (2 sessions planned at 6 monthly intervals).	Yes		Ongoing	2 Training courses delivered for 2006/7 to primary care staff. Discussion with STRADA to include this training within "Managing alcohol problems for generic health staff". Evaluations show that participants have increased their knowledge of alcohol issues and confidence in delivering brief interventions.	
DAAT staff to examine cause of low uptake of new STRADA module on managing alcohol problems for generic health care staff by end June 2006, and identify alternative ways of meeting staff information/training needs.	Yes		Ongoing	There has been an increase in mandatory training (Vulnerable Adults) for health care staff, this has therefore had an impact on staff being released from place of work to attend other training. DAAT support staff have met with STRADA to discuss amending existing module to include screening for hazardous drinking and brief interventions.	
Further develop alcohol related work in primary care: <u>Well-being Project</u> : Continue support of project to ensure inclusion of alcohol-screening questions and offer of brief intervention advice for those drinking above recommended guidelines. DAAT support to take the form of: £5,000 funding, Chair Steering Group, and support evaluation of service.	Yes			Well-being Project Report for April 2006 - January 2007 identified the following: 170 referrals (ave. 17/month) 111 patients engaged (456 appointments) 78 female; 33 male 53 (47%) of those seen in the 21 – 35 age range, and 37 (33%) in the 36-50 age group. This report is awaiting final information to include follow up of clients, but data gathered previously for similar number of patients (127 seen) identified the following: 53% said they drank within recommended guidelines (although many did not know what these were) 31% were concerned about their own drinking	

<p><u>Lifestyle Advisor Support Service (LASS):</u> DAAT to continue to support the inclusion of early identification/intervention of alcohol problems in the role out of healthy lifestyle advisor projects across the Borders (already operating in Kelso and extending to include Hawick, Coldstream, Duns, Earlston and Eyemouth)</p>	<p>Yes</p>			<p>10% were concerned about someone else's' drinking 55 people (43%) accepted brief interventions to address their alcohol consumption</p> <p><u>From Feb 05 – Dec 06:</u> 461 referrals of which there is data on 415 people who chose to improve different lifestyle areas. 148 people chose alcohol in combination with other lifestyle areas. Approximately 120 people completed a programme of lifestyle change of which 36 people provided data on their alcohol consumption. For those 36 people the average weekly alcohol consumption was 9.2 units per week on their first visit to the LASS which reduced to 6.5 units per week for their final visit.</p>	
<p><u>Public events:</u> Promote safer drinking of alcohol in local festivals and events by including a requirement of organisers to contact the Licensing Dept. beforehand to ensure suitable arrangements are in place An events pack will be sent out from April 1st advising good stewarding arrangements; alcohol free alternatives; no alcohol sales to under-agers; first aid provision etc. Training is to be developed end March 2007 and offered next year by police and DAAT staff for those putting on events to reinforce events pack information.</p>	<p>Yes</p>		<p>Ongoing</p>	<p>Information for events packs has been provided for any local communities applying for a liquor license. Further agreement has been reached with Scottish Borders Council Community Grants Officer to ensure that any applications, which involve the sale or consumption of alcohol, will automatically be referred to the Licensing Department. Training will be met by Police Licensing Department/DAAT support staff and/or information leaflet provided as required.</p>	

<p><u>Kelso Rugby Club:</u> The club has recently been successful in gaining SAD funding to deliver rugby sessions for young people as a positive alternative to drug/alcohol use. Training will be provided by DAAT for the Youth Development Officer and volunteers to promote safer drinking / drug messages in their work with young people (June 2006). DAAT Support staff will also then deliver drug & alcohol awareness raising sessions for parents and young people over 2006-7. This work will be delivered in partnership with Police Drug Awareness Officer.</p>	Yes		Ongoing	<p>2 x Drug and Alcohol Quiz Evening's were held at Kelso RFC in January 2007 for parents and young people. 49 persons attended. Evaluations were extremely positive and all who attended enjoyed the evenings. Parents stated they found it beneficial having their children with them at such an event as it was easier to talk about drug and alcohol issues and also made parents realise 'how much young people know about drugs these days'</p>	
<p><u>Under-age drinking in rugby and football clubs:</u> Work with local Rugby Clubs and Licensing Boards is planned to discourage binge drinking by minors at rugby events (see Education & Prevention: 'Reducing hazardous and at risk drinking amongst young people'). The detail of this is still to be discussed, but will commence with presentations to Licensing Boards on the need for actions to tackle under-age drinking in rugby clubs, and proceed with visits to clubs to raise awareness of problems of under-age drinking and their responsibilities as licensees. Work</p>	Yes		Ongoing	<p>7 awareness sessions have been delivered to parents and young people, coaches and volunteers involved in Rugby Clubs. Local Police Licensing Officer has worked with both Licensing Boards and Rugby Clubs to raise awareness with problems associated with the rugby drinking culture amongst the under 18s. We have seen a marked reduction in the number of complaints associated with this and future plans are in place for continued awareness sessions.</p>	

to be delivered in partnership between DAAT Support staff and Police Licensing Dept.					
Continue to highlight the problem of drinking and driving and promote the 'Soft Drink n Drive' branding via the local media and targeting of events. Forge links with the Road Safety Working Group (SBC), which looks at reducing road casualties (of which drink driving plays a prominent part). Continue to raise awareness of 'Soft Drink n Drive' through student awareness sessions delivered by DAAT staff.	Yes		Ongoing	Numbers of positive breath-tests have decreased by 19% compared to last year. We have also noted a rise in the number of calls to both Crime Stoppers and the Police from members of the public reporting this activity. This demonstrates the effectiveness of the continued campaign in educating the community to condone such behaviour. The "Soft Drink n Drive" Working Group is now affiliated to the Scottish Borders Road Safety Working Group and is a standing item on their agenda. This will allow a strategic approach to addressing this continual problem.	
Support local businesses to develop workplace alcohol policies and promote safer drinking messages via Scotland's Health at Work (SHAW) scheme: DAAT support staff will continue to deliver awareness sessions to employers as and when required.	Yes		Ongoing	STRADA are to amend training module on drug and alcohol policies, which was previously commissioned by the DAAT. This will be delivered to local businesses in the Borders to support the implementation of workplace drug and alcohol policies (Oct 07).	
<u>Alcohol misuse amongst people with learning disabilities (PWLD):</u> Further training on alcohol and drug issues is to be offered to learning disability services in September by the DAAT, working in partnership with local specialist services and the police.	Yes			Further training was delivered for 10 LD specialist staff from the Ways to Work Team. This evaluated positively with staff reporting increased knowledge and understanding of alcohol issues for their client group. Also provided an opportunity to identify further issues of relevance for staff e.g. the need for workplace policies and input on the impact of alcohol on prescribed medicines.	

<p>The DAAT Co-ordinator is to complete a study into alcohol issues amongst PWLD by end August, which includes a survey into the nature and extent of the issue amongst local LD services, and an assessment of staff needs re. training, resources etc. (This study forms the dissertation for an MSc in Public Health Practice).</p>	<p>Yes</p>			<p>Study completed. This identified that whilst the number of patients affected by alcohol issues is relatively low, the impact for those concerned is considerable. Problems identified included increased vulnerability and deterioration in physical and emotional health.</p>	
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D.1.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
<p>29 awareness sessions delivered to 349 (estimate as not all numbers were collated) local college students on the risks associated with binge drinking and risky sexual behaviour.</p>	<p>Sept 06 – Feb 07</p>	<p>As a result of the awareness sessions, students (16 – 25 year olds) were made more aware of the risks and potential health issues associated with binge drinking, staying safe on a night out, how Chlamydia is spread, how to put a condom on correctly and where the local GUM clinic is situated.</p>

D.1.4 Planned Action 2007-8:

Briefly outline the key actions that you intend to take during 2007-8. These must be presented in a SMART objective format. DAAT targets groups: young adults and all adults drinking above recommended guidelines (especially women); learning disabilities

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
Continue to deliver Servewise training for new licensees across the Borders. Target of 8 on-sales and 2 off-sales sessions to be delivered.	BC Consultants/DAAT Support Staff/Police	2007/8
Deliver 12 targeted inputs to local staff working in licensed premises to raise awareness in areas identified by analysis of incidents.	DAAT support staff/ Police	2007/8
STRADA module to be made available as part of training calendar on managing alcohol problems for Tier 2 staff operating within Primary Care Services.	STRADA	2007/8
Encourage local communities to promote safer drinking of alcohol in local festivals and events by providing training and resources to staff responsible for the sale of alcohol and event organisers	Police Licensing Dept/DAAT Support Staff	2007/8
Continue work with local rugby clubs in delivering awareness sessions as requested in an attempt to discourage binge drinking by young people	Police Drugs Awareness Officer/Police Licensing Dept/DAAT Support Staff	2007/8
Continue to support local businesses to develop workplace alcohol policies and promote safer drinking messages by delivering awareness sessions and providing information resources.	Healthy Working Lives/DAAT Support Staff	2007/8
<u>Alcohol and People with Learning Disabilities:</u> Recommendations contained within the Health Improvement Programme for PWLD (e.g. for training, information and the introduction of policies and guidance) are being considered by	DAAT/LD Health Improvement Steering Group	2007/8

<p>Health Improvement Working Group for LD services (DAAT is a member) with a view to implementation.</p> <p>Alcohol Focus Scotland, STRADA and an ADAT/Social Work Working Group looking at Co-morbidity issues is also interested in this work with a view to devising training, accessible health promotion literature, and exploring issues of 'best practice'.</p>	<p>DAAT in Liaison with national bodies.</p>	<p>2007/8</p>
<p>Amend 'safer drinking' cards with details of new alcohol service and distribute via Staff in A&E Dept.</p>	<p>DAAT</p>	<p>2007/8</p>
<p>Alcohol specific issues to be incorporated routinely into health promotion activity as part of the healthy working lives initiative with local businesses e.g. assessments, provision of information. Funding being made available to contribute to overall worker time and input.</p>	<p>Health Promotion Dept.</p>	<p>2007/8</p>

D.2 ADAT Progress – Culture Change and Communities

National Priority: Reduce drug and alcohol related crime and reassure communities that effective action is being taken.

D.2.1 Performance

1. the national and local indicator(s) you are using to measure the national priority
2. performance over the last 5 years (in statistics)

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Number of drunkenness offences recorded	Source: Scottish Executive Recorded Offences Data	57	31	44	24	
Number of positive breath tests recorded	Source: Lothian & Borders Police		2003: 268	2004: 204	2005: 222	2006: 177
Drug-related offences recorded by Scottish police forces	Source: Scottish Executive Recorded Offences Data	2002 National: 40,379 Rate: 799 Borders: 647 Rate: 602	2003 National: 40 465 Rate: 800 Borders: 618 Rate: 571	2004 National: 42,384 Rate: 835 Borders: 762 Rate: 697	2005 National: 43,150 Rate: 847 Borders: 828 Rate: 755	
Type of offence: Possession (intent supply) Possession Other Total				2004: 257 479 26 762	2005: 229 583 16 828	2006: 243 417 15 675
<u>DTTO service :</u> Total Orders made: Number of clients: Number orders revoked: Number orders completed: Orders pending:					Total orders: 14 No of clients: 8 Revoked: 7 Completed: 0 Pending: 1	Total Orders: 11 No of clients: 7 Revoked: 3 Completed: 2 Pending: 0

D.2.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
Continue to highlight the problem of drinking and driving and promote the 'Soft Drink n Drive' branding via the local media and targeting of events. Forge links with the Road Safety Working Group (SBC), which looks at reducing road casualties (of which drink driving plays a prominent part). Continue to raise awareness of 'Soft Drink n Drive' through student awareness sessions delivered by DAAT staff.	Yes		Ongoing	Numbers of positive breath-tests have decreased by 19% compared to last year. We have also noted a rise in the number of calls to both Crime Stoppers and the Police from members of the public reporting this activity. This demonstrates the effectiveness of our continued campaign in educating the community to condone such behaviour. The "Soft Drink n Drive" Working Group is now affiliated to the Scottish Borders Road Safety Working Group and is a standing item on their agenda. This will allow a strategic approach to addressing this continual problem.	
Licensing officers will continue to deliver Servewise training in partnership with DAAT and College staff, strengthening links between Licensing Boards and licensees throughout the Scottish Borders.	Yes		Ongoing	63 licensees have participated in Servewise Training. Links with Licensing Boards continue through representation on DAAT Community Subgroup and Scottish Borders Community Safety Forum.	

<p>A multi-agency group has been established (Police Licensing Dept. Licensing Boards & DAAT) to monitor and identify incidents within licensed premises and afford staff awareness sessions where appropriate. Through the development of a robust database, problematic premises will be targeted and offered staff awareness/training to reduce the number of alcohol-related incidents. This will afford an early and effective intervention.</p>	Yes		Ongoing	<p>Database now well established which affords the ability to identify emerging problematic premises. Through this, training has been delivered to all staff and the Licensee of 12 identified premises. This has resulted in a significant reduction in incidents at targeted premises.</p> <p>Staff from the premises find the training very useful and report being more aware of their responsibilities in regard to licensing issues.</p> <p>Due to the success of the project, a member of the training team was asked to speak at "The Violent Crime In Scotland" seminar on the 8th February 2007.</p>	
<p>Resurrect the mobile information service (partnership between Reiver Project and Police) and expand the number of agencies involved to provide a more community based approach to drug and alcohol issues in a rural setting. This service provides communities with greater access to information and services within their own locality.</p>	Yes		Ongoing	<p>Due to a new approach targeting both rural and town communities, there has been a substantial rise in the numbers of both young people and adults accessing this service. On the back of this, dates have already been planned for the forthcoming year.</p> <p>9 towns visited during 2006/7 258 contacts made of which 111 were female and 141 male. Collectively 145 were aged between 11 – 16 years. 138 people requested info on alcohol. 119 people requested info on drugs.</p> <p>To date only the Reiver Project, the Police and the DAAT officer have participated in the service. Other</p>	

				services have indicated an interest but as yet have been unable to commit the time.	
Continue to provide public awareness sessions and utilise media resources to inform communities of local issues and action being taken. Useful websites include Scottish Borders Council Community Safety Forum Website, DAAT Website, Education Dept and Locality Integration Teams	Yes		Ongoing	<p>45 awareness sessions delivered for parents, workplaces and a community group, which is a 50%, increase on last years figures.</p> <p>Information continues to be provided through the Scottish Borders Community Safety Forum website, and we are in the process of developing a new DAAT website. This will enable information to be provided to a larger audience on drug and alcohol information, statistics, services and support available.</p> <p>Information on drug and alcohol issues incorporating education, culture and services available was broadcast on the local radio station "action week". In conjunction with the Community Safety Forum and our local Tesco store we have secured 120 airplays programmed to run throughout 2007 on our local radio station covering drug and alcohol related issues.</p> <p>In combination with local licensed premises we supported the Executive "Anti-Cocaine" campaign and received maximum exposure from local TV, radio and press.</p> <p>Targeted use of local media is incorporated in all initiatives such as "Operation Grenadine – targeting under-age drinking"</p>	

<p>Promote safer drinking of alcohol in local festivals and events by including a requirement of organisers to contact the Licensing Dept. beforehand to ensure suitable arrangements are in place. An events pack will be sent out from April 1st advising good stewarding arrangements; alcohol-free alternatives; no alcohol sales to under-agers; first aid provision etc. Training is to be developed by end March 2007 and offered next year by police and DAAT staff for those putting on events, aiming to reinforce events pack information.</p>	<p>Yes</p>		<p>Ongoing</p>	<p>Information for events packs has been provided for any local communities applying for a liquor license. Further agreement has been reached with Scottish Borders Council Community Grants Officer to ensure that any applications, which involve the sale or consumption of alcohol, will automatically be referred to the Licensing Department. Training will be met by Police Licensing Department/DAAT support staff and/or information leaflet provided as required.</p>	
<p>Continue the deployment of local Community Wardens at identified areas of drug or alcohol misuse allowing targeted interventions and valuable intelligence.</p>	<p>Yes</p>		<p>Ongoing</p>	<p>Identified hotspots from Police intelligence are incorporated into the patrol matrix of local wardens within their respective areas enabling targeted early interventions. This has led to valuable information being obtained as to potential suppliers of both drugs and alcohol. The Community Wardens are also a valuable resource and are involved in a number of local initiatives targeting under-age drinking.</p>	

<p>Review outcomes from Arrest Referral Service (funding ended March 2006) to ensure continuation of promotion of access to specialist services via police for arrestees e.g. provision of information publicising services available and how to seek appointments. A Steering Group has been scheduled to consider issues and report to DAAt by end June 2006.</p>		No			<p>A review of the Arrest Referral Scheme was not possible. This was because the host agency (Big River Project) was experiencing considerable staffing problems and had not been able to organise or contribute any information to a Steering Group.</p>
<p>Continue delivery of DTTO service for drug-related offenders coming through the courts (see treatment services section).</p>	Yes			<p>Partnership working between NHS (BCAT) and Criminal Justice was very successful, however the contract with Big River Project was terminated on 31st December 2006. The appointment of a Team Leader to the DTTO scheme enabled consolidation in partnership working and added direction to the scheme in terms of policy and procedure.</p> <p>The partnership between BCAT and Criminal Justice has proved very successful in providing a holistic and cohesive service to the offenders who are given a DTTO. Using local services has also meant that when offenders finish on their DTTO there is a consistency of prescribing services as they move seamlessly to work directly with BCAT.</p> <p>The partnership with Big River Project was less successful and the Criminal Justice Service are looking at bringing</p>	

				Substance Misuse Services 'in-house' to support Criminal Justice Social Work across all departments.	
SORTED: This is a criminal justice funded service for drug-related offenders delivered by the Big River Project. Since the commencement of the DTTO service numbers referred have dropped and the funding has decreased accordingly. The Head of Service for Criminal Justice will review the level activity of this service by end June and future plans decided.	Yes			Service reviewed and contract terminated during 2006-7. Criminal Justice Service decided to take this work 'in-house' in the meantime. New post of Criminal Justice Officer (Substance Misuse) to be advertised May 2007.	
Borders Alcohol Project for Offenders: This is a service delivered by BCAS for alcohol-related offenders, which had seen a drop in referral over recent years. As the level of activity has now increase it is set to continue to be delivered with referrals encouraged from within the criminal justice service.	Yes			Referrals to and engagement with the project were sustained during 2006-07 (49 referrals during 2006-07) and a three year contract has been agreed between Criminal Justice and BCAS.	
<u>Under-age drinking in rugby and football clubs:</u> Work with local Rugby Clubs and Licensing Boards is planned to discourage binge drinking by minors at rugby events (see Education & Prevention: 'Reducing hazardous and at risk drinking amongst young people'). The detail of this is still to be discussed, but will commence with presentations to Licensing Boards on the need for actions to tackle	Yes		Ongoing	7 awareness sessions have been delivered to parents and young people, coaches and volunteers involved in Rugby Clubs. Local Police Licensing Officer has worked with both Licensing Boards and Rugby Clubs to raise awareness with problems associated with the rugby drinking culture amongst the under 18s. We have seen a marked reduction in the number of complaints associated with this and future plans are in place for continued awareness sessions.	

under-age drinking in rugby clubs, and proceed with visits to clubs to raise awareness of problems of under-age drinking and their responsibilities as licensees. Work to be delivered in partnership between DAAT Support staff and Police Licensing Dept.					
Continue to develop and deliver awareness sessions to young offenders and socially excluded young people accessing the 'APEX' project (this service offers support for young offenders to access employment). Sessions to be delivered by DAAT staff and Police as requested.	Yes		Ongoing	5 awareness sessions delivered to young offenders and socially excluded young people. Further developments have been achieved with Foster Carers and Buddies of vulnerable adults through the delivery of awareness sessions encompassing both health and legal aspects. Future sessions are planned for 2007/8	
DAAT staff to continue to deliver awareness sessions on personal safety issues in relation to drug and alcohol misuse amongst vulnerable groups via local colleges as requested.	Yes		Ongoing	29 awareness sessions delivered to 349 (estimate as not all numbers were collated) local college students on the risks associated with binge drinking and risky sexual behaviour	

D.2.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
<p>Review and update of “The Safe Collection & Disposal of Discarded Sharps Found in the Community Policy”. Training incorporating the new procedures and safe handling of discarded sharps was delivered to relevant frontline staff of local authority, Registered Social Landlords and Community Wardens. To supplement the training, information cards were produced and disseminated to front line staff.</p> <p>Database of discarded sharps has now been created which will allow any “hotspots” to be identified and appropriate interventions applied.</p>	<p>Effectiveness of policy will be monitored and evaluated over the next 12 months and any areas of concern reviewed.</p>	<p>Health and Safety of all frontline staff has been addressed through training and implementation of policy.</p> <p>Organisations are now fully aware of their responsibilities and the part they play in making the Scottish Borders a safer place to live, work and visit.</p>
<p>Support provided for Borders College in the development and implementation of a substance misuse policy for students and day release pupils. This will include training to support all college staff in their understanding and responsibilities of the policy. Training is being provided by STRADA, DAAT support staff and the local peer education service (UP2U)</p>	<p>Policy has been drafted and following consultation will be implemented by Spring 2007. A structured training programme will be delivered over the next 12 months.</p>	<p>All staff will have the ability to recognise substance misuse within the college environment and respond to the needs of the individual and fulfil their legal responsibilities.</p>
<p>A strategic drug and alcohol summit was held on 15th December 06</p> <p>The objectives of which were:</p> <ul style="list-style-type: none"> • The need to learn more about the national framework in relation to drugs and alcohol • To learn more about what is going on locally through our own team and our local policy framework. <p>Discussion and consideration about areas where we need to review and identify areas for new development for the Borders.</p>	<p>The Critical Services Oversight Group is considering recommendations from the day. We await further correspondence on the implications.</p>	<p>This event raised the DAAT profile and the severity of substance misuse problems within the Borders. The implications of the new Licensing Legislation were well documented and the opportunities this provides for all local authorities to address issues within their community.</p>

D.2.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
Partnerships with Scottish Borders Council "Research & Strategic Development Officer – Domestic Abuse" have developed with DAAT Support Staff. A multi-agency training course will be delivered by Scottish Woman's Aid and local agencies (Police & NHS) to ensure that substance misuse services have a solid understanding of the nature and scope of domestic abuse and its impact on those who experience it. This will allow services to have the confidence and knowledge to deal with the issue in their work setting. This training is funded via the Borders Domestic Abuse Working Group.	DAAT/SBC	Summer 2007
All staff (40) from local family centres will have the opportunity to attend training specifically tailored for their needs via STRADA. This will allow higher risk and harder to reach parents to access information via Family centre staff.	DAAT/SBC Family Centres/STRADA	May 2007
3 Awareness sessions planned for Foster Carers by DAAT support staff and Police Drugs Awareness Officer.	Police/DAAT Support Staff	By end of Winter 07

D.3 ADAT Progress – Prevention, Education and Young People

National Priority: Reduce hazardous or at risk drinking by children and young people because of the particular health and social risks.

Target: Reduce frequency and level of drinking from 20% of 12 – 15 year olds to 18% between 1995 and 2006, and to 16% by 2010.

D.3.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national target
2. performance over the last 5 years (in statistics)

Local Data	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Under 16's attending A & E affected by alcohol	Information from Borders General Hospital	44	45	46	55	37 *
Alcohol Referrals to Reiver Project (under 16's)	Statistics from Reiver Project	32	89	115 alcohol and 8 drugs and alcohol	Total Referrals: 101 Alcohol Only: 57 Drug Only: 33 Drug & Alcohol: 11	Total Referrals: 130 Alcohol Only: 94 Drug Only: 15 VSA: 4 Drug & Alcohol: 10 Alcohol & VSA: 2 Alc, Drug & VSA: 4 Other: 1
Number of youngsters who have had alcohol confiscated by Police	Lothian & Borders Police				141	216

* From June 2006 A & E recording changed to a recording system (EDIS), which does not provide an alcohol code

Borders data from SALSUS report (2002) compared to national data (2002 & 2004)

Ever been drunk

	Borders 2002		Scotland 2002		Scotland 2004	
	Age 13	Age 15	Age 13	Age 15	Age 13	Age 15
	%	%	%	%	%	%
Never	45	29	44	23	47	26
Once	23	15	22	16	22	16
2-3 times	17	23	17	24	18	24
4-10 times	11	19	9	17	8	17
More than 10 times	4	15	7	20	6	18

Last occasion of drinking

	Borders 2002		Scotland 2002		Scotland 2004	
	Age 13	Age 15	Age 13	Age 15	Age 13	Age 15
	%	%	%	%	%	%

During the last week	27	48	23	46	20	43
One to four weeks ago	18	23	13	18	12	19
One to six months ago	20	15	19	16	24	18
More than six months ago	11	7	13	7	11	7
Never	23	7	32	12	32	12

Consumed five or more drinks on the same occasion in last 30 days

	Borders 2002		Scotland 2002		Scotland 2004	
	Age 13 %	Age 15 %	Age 13 %	Age 15 %	Age 13 %	Age 15 %
4 or more times	6	11	8	17	7	17
3 times	5	11	6	11	5	11
Twice	8	16	10	15	8	13
Once	13	16	12	16	11	15
Not in last 30 days	28	27	23	24	25	25
Never	38	19	41	19	43	20

Alcohol Profile: Borders 2004:

Table A7: Age standardised rates of alcohol related acute hospital discharges, people aged 0-24: 1997/98-2002/03.

Both sexes	Standardised Rate SCOTLAND	Standardised Rate BORDERS
1997/98	22.0	26.5
1998/99	22.2	28.1
1999/00	23.9	28.0
2000/01	22.7	28.6
2001/02	24.5	31.2
2002/03	24.5	42.7

D.3.2 Key achievements in 2006-7

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (Please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
Complete Inter-agency Guidelines on substance misuse and young people.	Yes			Guidelines have been completed and are to be incorporated into local Child Protection Committee Guidance. In addition, a seminar is planned for June 2007 to support implementation with local services.	

Road Safety Unit – DAAT and Police Drugs Awareness Officer to deliver and evaluate Drug and Alcohol Awareness Session to staff of unit by end of May 2006.	Yes			9 persons attended session in April 2006. Evaluated well and demonstrated that consistent and accurate information is being cascaded to young people regarding the risks of drink and drug driving	
Primary School Education Framework: Finalise and implement regional framework for alcohol and drug education with suitable resources. Create Consultancy will develop and finalise framework by September 2006	Yes			Framework has been successfully completed. Further funding also secured to purchase additional resources to support teachers and school nurses. As the Framework is based on 'best practice' it will promote consistent and quality drug and alcohol education throughout our Primary Schools.	
Training for teachers and school nurses in new Primary School Drug and Alcohol Framework	Yes			Two 3-days training sessions were planned and delivered by Create Consultancy in September and October 2006. 12 teachers, 7 school nurses, 2 retired Headteachers, attended, plus 1 member of peer education group, Police Drugs Awareness Officer and DAAT Education Officer. Both sessions evaluated very well	
Review of Secondary School Framework to be completed by Education Officer and Create Consultancy by end of 2006/7 school term			Ongoing		Following discussions between DAAT Education Officer and Education Department, it was decided that any evaluation of the current framework would be carried out internally using local staff. Discussions are still taking place as how best to progress this piece of work

Non-mainstream drug and alcohol education – to promote inclusion of young people DAAT Education Officer will offer support to teaching staff	Yes			This support has been offered and accepted by some teachers and staff who work with 'harder to reach' young people. 2 visits to staff at Wilton Centre, Hawick took place last year to support teachers to provide input for specific pupils..	
Develop Incidents Policy for local residential unit who care for young people not in mainstream education. DAAT will offer support and advice to the local unit who require policy. This will be achieved by December 2006			Ongoing		DAAT have directed staff at residential unit to Healthy Working Lives who have agreed to assist them in writing policy. Once policy has been finalised, DAAT have offered to train staff in drug and alcohol awareness issues, and signpost onto STRADA which will assist them in implementing policy.
Continue to develop and deliver a programme of awareness raising sessions for parents and community groups. This is delivered by DAAT staff in partnership with local Police Drugs Awareness Officer	Yes			DAAT actively promote these sessions via schools, radio adverts, website and local papers. Sessions always evaluate very well. 35 sessions delivered throughout the year.	
DAAT will support the development and implementation of a new Peer Education Programme in the Eyemouth area by offering drug and alcohol awareness sessions to adult volunteers. To be achieved by end of October 2006			Ongoing	Programme has been successfully set up in Eyemouth but no take up of DAAT drug and alcohol awareness sessions to date.	
An information leaflet informing parents/carers of the schools drug and alcohol incidents policy to be produced and distributed to parents across the Borders and included in information packs for new pupils	Yes			Leaflets produced and distributed within the P7 information packs for June 06. Leaflets will again be disseminated via Information packs to parents in June 07.	

Mobile community drug and alcohol information service to be further developed which will involve the Reiver project and other youth information staff working in partnership with the Community Safety Police Department. Project to be launched in 2006/7	Yes			<p>Due to a new approach targeting both rural and town communities, there has been a substantial rise in the numbers of both young people and adults accessing this service. On the back of this, dates have already been planned for the forthcoming year.</p> <p>9 towns visited during 2006/7 258 contacts made of which 111 were female and 141 male. Collectively 145 were aged between 11 – 16 years. 138 people requested info on alcohol. 119 people requested info on drugs.</p>	
Repeat delivery of 'Safe T in the Park' event with interactive drug and alcohol awareness sessions for fifth year secondary school pupils	Yes			<p>300 5th year secondary school pupils attended Safe T in the Park - an interactive safety event organised in partnership with local agencies. Evaluations identified that the drug and alcohol workshop was the one enjoyed the most.</p>	

D.3.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
2 x Parent's and Young People's Drug and Alcohol Quiz Evenings held at Kelso RFC in January 2007. DAAT Support Staff and the local Police Drugs Awareness Officer led these sessions. A new approach was adopted in an effort to promote positive discussion between parents/carer's and young people by holding an interactive quiz evening. Kelso RFC had	January 2007	49 persons in total attended both events. Evaluations were extremely positive and all who attended enjoyed both evenings. Parents stated they found it beneficial having their children with them at such an event as it was easier to talk about drug and alcohol issues and also made parents realise 'how much young people know about drugs these days'

successfully secured funding from SAD, which, amongst other areas, enabled them to provide a buffet and prizes.		
1 Drug and Alcohol Awareness Session was held at Galashiels RFC for Parents. 2 further sessions for young people were then subsequently held. This was delivered DAAT Support Staff and the local Police Drugs Awareness Officer	November/December 2006	66 persons in total attended all three events and evaluated very well.
Drug and alcohol awareness training day was held in April 2006 for local foster carers and staff from a local young people's residential unit. This day was hosted by DAAT, Police Drugs Awareness Officer and Reiver Project and looked at relevant issues surrounding drugs, alcohol and young people	April 2006	13 people attended this event which evaluated very well and increased foster carers confidence in recognising drug and alcohol issues and what help was available locally
Drug and Alcohol Awareness Session held in March 2007 for young people in conjunction with local youth group 'Apex" for those not in mainstream educations to talk about drug and alcohol issues. This session was led by DAAT Sessional Workers	March 2007	10 young people attended this event and it evaluated positively. This input gave young people the opportunity to speak about drug and alcohol issues in a non-confrontational and informal setting.
In November 2006, reports were received that young people were using alcohol together with unknown tablets in Eyemouth area. In response to these concerns, the DAAT and local school nurse gave awareness sessions to relevant year group at the local secondary school.	November 2006	Approximately 60 pupils attended 3 sessions, feedback was very positive from both teaching staff and pupils. Recent reports have confirmed that this is no longer such an issue of concern in the area which may suggest that the DAAT/School Nurse sessions had positive effect

D.3.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format. Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
<u>' Safe T in the Park'</u> Following the success of previous years, this safety event will again be run in September 2007. This event is multi-agency and offers secondary school pupils an opportunity to learn about drug and alcohol issues in an interactive and enjoyable way. As in previous years, the event will be evaluated	Scottish Borders Community Safety Panel	September 2007
<u>Inter-agency Guidelines on substance misuse and young people</u> These guidelines will be launched at a public awareness raising event in early summer 2007 to ensure a consistent approach is adopted throughout the area	Borders Drug and Alcohol Action Team	Early summer 2007
<u>New Primary School Drug and Alcohol Curriculum</u> This curriculum will begin to be phased into the local 65 schools in specific cluster areas over 2007-2008,2008-2009 with an option to continue into 2009-2010.	Education Department	Implementation will begin in 2007-2008

<p><u>Foster Carer Basic Drug and Alcohol Awareness Raising Sessions</u> 3 sessions to be delivered to local foster carers. These will be delivered by DAAT in partnership with Police Drugs Awareness Officer</p>	<p>Police Drugs Awareness Officer – Lothian and Borders Police</p>	<p>2007</p>
<p><u>Glenview Residential Unit</u> Once the Unit have completed their drug and alcohol incident policy, DAAT will offer drug and alcohol general awareness sessions to staff to support implementation of the policy and signpost onto STRADA courses for more in-depth knowledge.</p>	<p>Borders Drug and Alcohol Action Team</p>	<p>December 2007</p>
<p><u>UP2U Peer Education Project</u> UP2U are planning a training programme, which will support new adult volunteers. Once volunteers have been recruited, DAAT have agreed to provide drug and alcohol awareness sessions in partnership with local police drugs awareness officer and also to offer ongoing support to project</p>	<p>Borders Drug and Alcohol Action Team</p>	<p>December 2007</p>
<p><u>Choices for Life 2007</u> To support the main event in Ingliston in May 2007, Borders DAAT have agreed to support Police Drugs Awareness Officer in any planned local satellite events arranged by Lothian and Borders Police</p>	<p>Police Drug Awareness Officer, Lothian and Borders Police</p>	<p>June 2007</p>

D.4 ADAT Progress – Prevention, Education and Young People

National Priority: Reduce the proportion of young people reporting use of illegal drugs.

Target: Reduce proportion of under 25's reporting use of illegal drugs in the last month and previous year substantially, and heroin use by 25% by 2006.

D.4.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national target
2. performance over the last 5 years (in statistics)

SALSUS (2002):

- 8% of 13 year olds and 20% of 15 year olds had used drugs in the month prior to the survey
- Prevalence of drug use was not significantly different from the reported national prevalence for either age group
- 1% of 15 year olds surveyed (total number = 355) reported heroin use in the last year

SDMD data:

Onset of problem drug use in Borders consistently higher than national average i.e. 30% under 16s locally in 2005 compared to the Scottish average of 7%.

Comment re. feedback on 2006/7 plan re under 16s referrals: increased referrals in 2004/5 reflected increased efforts to improve accessibility of service by linking with police, schools and youth projects.

Indicator(s)	2000-1	2001-2	2002-3	2003-4	2004-5	2005-6
Total numbers of under 25s presenting to services (SDMD)	50	59	26	50	96	65
Percentage of new clients who first used illicit drugs: Under 16 years 15-19 years 20-24 years (SDMD)		39% 50% 5%	43% 40% 15%	45% 38% 11%	60% 32% 4%	42% 40% 10%
Percentage of new clients who report onset of problem drug misuse: Under 16 years 15-19 years 20-24 years (SDMD)	24% 42% 25%	8% 56% 14%	6% 42% 29%	24% 27% 19%	30% 43% 15%	8% 36% 28%
Reiver referrals (under 16s service for drug & alcohol problems)					Total Referrals: 101 Alcohol Only: 57 Drug Only: 33 Drug & Alcohol: 11	Total Referrals: 130 Alcohol Only: 94 Drug Only: 15 VSA: 4 Drug & Alcohol: 10 Alcohol & VSA: 2 Alc, Drug & VSA: 4 Other: 1

D.4.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
Complete Inter-agency Guidelines on substance misuse and young people.	Yes			Guidelines have been completed and are to be incorporated into local Child Protection Committee Guidance. In addition, a seminar is planned for June 2007 to support implementation with local services.	
Road Safety Unit – DAAT and Police Drugs Awareness Officer to deliver and evaluate Drug and Alcohol Awareness Session to staff of unit by end of May 2006.	Yes			Session took place in April 2006. Evaluated well and this session has promoted that consistent and accurate information is being cascaded to young people regarding the risks of drink and drug driving	
Primary School Education Framework –finalise and implement regional framework for alcohol and drug education with suitable resources. Create Consultancy will develop and finalise framework by September 2006	Yes			Framework has been successfully completed. Further funding also secured to purchase additional resources to support teachers and school nurses. As the Framework is based on 'best practice' it will promote consistent and quality drug and alcohol education throughout our Primary Schools.	

Training for teachers and school nurses in new Primary School Drug and Alcohol Framework	Yes			Two three-days training sessions were planned and delivered by Create Consultancy in September and October 2006. In total these were attended by 12 teachers, 7 school nurses, 2 retired Headteachers, 1 member of peer education group, Police Drugs Awareness Officer and DAAT Education Officer. Both sessions evaluated very well	
Review of Secondary School Framework to be completed by Education Officer and Create Consultancy by end of 2006/7 school term			Ongoing		Following discussions between DAAT Education Officer and Education Department, it was decided that any evaluation of the current framework would be carried out internally using local staff. Discussions are still taking place as how best to progress this piece of work
Non-mainstream drug and alcohol education – to promote inclusion of young people DAAT Education Officer will offer support to teaching staff	Yes			This support has been offered and accepted by some teachers and staff who work with 'harder to reach' young people. 2 visits to staff at Wilton Centre, Hawick took place last year.	
Develop Incidents Policy for local residential unit who care for young people not in mainstream education. DAAT will offer support and advice to the local unit who require policy. This will be achieved by December 2006			Ongoing		DAAT have directed staff at residential unit to Healthy Working Lives who have agreed to assist them in writing policy. Once policy has been finalised, DAAT have offered to train staff in drug and alcohol awareness issues and signpost onto STRADA which will assist them in implementing policy
Continue to develop and deliver a programme of awareness raising sessions for parents and	Yes			DAAT actively promote these sessions via schools, radio adverts, local website and sessions always evaluate	

community groups. This is delivered by DAAT staff in partnership with local Police Drugs Awareness Officer				very well. 35 sessions delivered to parents and youth groups over the past 12 months	
DAAT will support the development and implementation of a new Peer Education Programme in the Eyemouth area by offering drug and alcohol awareness sessions to adult volunteers. To be achieved by end of October 2006			No		Programme has successfully been set up in Eyemouth but no take up of DAAT drug and alcohol awareness sessions to date
An information leaflet informing parents/carers of the schools drug and alcohol incidents policy to be produced and distributed to parents across the Borders and included in information packs for new pupils	Yes			Leaflets produced and distributed within the P7 information packs for June 06. Leaflets will again be disseminated via Information packs to parents in June 07.	
Mobile community drug and alcohol information service to be further developed which will involve the Reiver project and other youth information staff working in partnership with the Community Safety Police Department. Project to be launched in 2006/7	Yes			Due to a new approach targeting both rural and town communities, there has been a substantial rise in the numbers of both young people and adults accessing this service. On the back of this, dates have already been planned for the forthcoming year. 9 towns visited during 2006/7 258 contacts made of which 111 were female and 141 male. Collectively 145 were aged between 11 – 16 years. 138 people requested info on alcohol. 119 people requested info on drugs.	
Repeat delivery of 'Safe T in the Park' event with interactive drug and alcohol awareness sessions for fifth year secondary school pupils	Yes			Safe T in the Park was held, with 300 fifth year secondary school pupils attending. This was an interactive safety event organised in partnership with all local agencies. In evaluations, pupils	

				clearly highlight that one of the workshops they enjoyed the greatest was the drug and alcohol	
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D.4.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
<p>2 x Parent's and Young People's Drug and Alcohol Quiz Evening's held at Kelso RFC in January 2007. A DAAT sessional worker and the local Police Drugs Awareness Officer led these sessions. A new approach was adopted in an effort to promote positive discussion between parents/carer's and young people by holding an interactive quiz evening. Kelso RFC had successfully secured funding from SAD, which, amongst other things, enabled them to provide a buffet and prizes.</p>	<p>January 2007</p>	<p>49 persons in total attended both events. Evaluations were extremely positive and all who attended enjoyed both evenings. Parents stated they found it beneficial having their children with them at such an event as it was easier to talk about drug and alcohol issues and also made parents realise 'how much young people know about drugs these days'</p>
<p>1 Drug and Alcohol Awareness Session was held at Galashiels RFC for Parents. 2 further sessions for young people were then subsequently held. These were led by DAAT sessional worker and police drugs awareness officer</p>	<p>November/December 2006</p>	<p>66 persons in total attended all three events and evaluated very well.</p>

Drug and alcohol awareness training day was held in April 2006 for local foster carers and staff from local young people's residential unit. This day was hosted by DAAT, Police Drugs Awareness Officer and Reiver Project and looked at relevant issues surrounding drugs, alcohol and young people	April 2006	13 people attended this event which evaluated very well and increased foster carers confidence in recognising drug and alcohol issues and what help was available locally
Drug and Alcohol Awareness Session held in March 2007 for young people in conjunction with local youth group 'Apex" for those not in mainstream educations to talk about drug and alcohol issues. This session was taken by DAAT Sessional Workers	March 2007	6 young people attended this event and it evaluated positively. This input gave young people the opportunity to speak about drug and alcohol issues in a non-confrontational and informal setting.
In November 2006, reports were received that young people were using alcohol together with unknown tablets in Eyemouth area. In response to these concerns, the DAAT and local school nurse gave awareness sessions to relevant year group at the local secondary school.	November 2006	Approximately 60 pupils attended 3 sessions, feedback was very positive from both teaching staff and pupils. Recent reports have confirmed that this is no longer such an issue of concern in the area which may suggest that the DAAT/School Nurse sessions had positive effect
29 awareness sessions delivered to 349 (estimate as not all numbers were collated) local college students on the risks associated with binge drinking and risky sexual behaviour.	Sept 06 – Feb 07	As a result of the awareness sessions, students (16 – 25 year olds) were made more aware of the risks and potential health issues associated with binge drinking, staying safe on a night out, how Chlamydia is spread, how to put a condom on correctly and where the local GUM clinic is situated.

D.4.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
<p><u>' Safe T in the Park'</u> Following the success of previous years, this safety event will again be run in September 2007. This event is multi-agency and offers secondary school pupils an opportunity to learn about drug and alcohol issues in an interactive and enjoyable way. As in previous years, the event will be evaluated</p>	Scottish Borders Community Safety Panel	September 2007
<p><u>Inter-agency Guidelines on substance misuse and young people</u> These guidelines will be launched at a public awareness raising event in early summer 2007</p>	Borders Drug and Alcohol Action Team	Early summer 2007
<p><u>Parents/Community Drug and Alcohol Awareness Sessions</u> Continue to develop and deliver a programme of awareness raising sessions for parents and community groups. These will be delivered by the DAAT in partnership with Police Drugs Awareness Officer.</p>	Borders Drug and Alcohol Action Team	April 2007-March 2008
<p><u>Foster Carers:</u> 3 sessions to be delivered to Foster Carers on basic drug and alcohol awareness. These will be delivered by DAAT in partnership with Police Drugs Awareness Officer</p>	Police Drugs Awareness Officer – Lothian and Borders Police	July 2007

<p><u>Glenview Residential Unit</u> Once the Unit have completed their drug and alcohol incident policy, DAAT will offer drug and alcohol awareness sessions and signpost onto STRADA to support implementation of the policy</p>	<p>Borders Drug and Alcohol Action Team</p>	<p>December 2007</p>
<p><u>UP2U Peer Education Project</u> UP2U are planning a training programme, which will support new adult volunteers. Once volunteers have been recruited, DAAT have agreed to provide drug and alcohol awareness sessions in partnership with local police drugs awareness officer and also to offer ongoing support to project</p>	<p>Borders Drug and Alcohol Action Team</p>	<p>December 2007</p>
<p><u>Choices for Life 2007</u> To support the main event in Ingliston in May 2007, Borders DAAT have agreed to support Police Drugs Awareness Officer in any planned local satellite events arranged by Lothian and Borders Police</p>	<p>Police Drug Awareness Officer, Lothian and Borders Police</p>	<p>June 2007</p>

D.5 ADAT Progress – Prevention, Education and Young People

National Priority: Reduce harm to children affected by substance misusing parents/carers through improved multi-agency support to parents and children.

D.5.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national priority
2. performance over the last 5 years (in statistics)

Indicator(s)	2001/2	2002/3	2003-4	2004-5	2005-6	2006/7
National data						
SDMD: Percentage of new clients living with dependent children	19%	21%	13%	8%	13%	
SDMD: Percentage of new clients presenting with pregnancy issue	9	11	17	3	17	
SDMD: Maternities recording drug misuse – No numbers available as recorded as >1 but < 5.						
SDMD: Neonatal Discharges Recording Drug Misuse– No numbers available as recorded as >1 but < 5.						

Local data						
Young Carers Project for parental drug/alcohol misuse <ul style="list-style-type: none"> • New referrals • Total active cases • Percentage alcohol related • Percentage drug related 		24	38	38	New 21 Active 66 Alcohol related 62% Drug related 37%	New 15 Active 30 Discharged 51
Big River Project: Parenting Support Project No of referrals (adults) No of children in families	Big River Project Database	N/A	Oct 03-Mar 04 Referrals 11 Children 11	April 04-Mar 05 Referrals 34 Children 24 Re referrals 14	April 05- Mar 06 Referrals 31 Children 28	April 06-Mar 07 Referrals 28 Children 42 Re referrals 04
Number of children and young people on register where parental substance misuse an issue		Social Work caseloads: approx. 117 children living with drug using parents. Child Protection Register: Parental drug use an issue for 37% of the children registered.		48 on the register of which: 20 (alcohol) 11 (drugs) = 31 (64%)	46 on the register of which: 16 (alcohol) 13 (drugs) 1 (both) = 30 (65%)	Up till 14.05.07 there are 57 on the child protection register of which 21 parents have drugs/alcohol issue

D.5.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing/partially		
<p>Big River Project Target 1: To examine work at Eyemouth and explore a creative way of working with the many parents that substance use in this area, including sourcing childcare provision to enable specific drug support groups with families Indicator: A reportable project with support plan and reviews which will measure change for the families in this area Target 2: To work with 15 further individuals in supporting them with parenting issues. Indicator: Database information will confirm the numbers of families and children involved with the project. Anecdotal evidence and file records will confirm the details</p>		No		<p>Awareness with local agencies of the service available from the Big River Project, Parenting Support.</p>	<p>The Big River Project has experienced staffing problems and major difficulties in delivering a robust service over 2006-7. This has now been addressed by the DAAT Commissioning Group in partnership with the new Big River Project Manager and Turning Point Area Manager.</p> <p>Now that more fundamental issues regarding service performance have been resolved, the Parenting Support component of this project is to be reviewed to determine future plans.</p> <p>This process will involve the DAAT and Children & Young People's Planning Partnership and should be completed by Sept. 2007</p>

<p>of this.</p> <p>Target 3: To improve relationships with other agencies in the area and ensure that there is awareness of the work undertaken by the Big River Project</p> <p>Indicator: Improved referrals from a wider range of agencies and improved joint working with these agencies, to be evidenced through database, anecdotal and file records.</p> <p>Target 4: To improve and build on a library of resources and information to support parents with specific difficulties with their children, such as behavioural issues, genetic conditions, attachment issues etc.</p> <p>Indicator: A register of information held to be made available, and notes of which cases these were used in.</p>	<p>Yes</p>		<p>Ongoing</p>		<p>Funding to continue delivery of the service whilst undergoing review has been secured for 2007-8 (Changing Childrens Services Funds/Lloyds/TSB</p> <p>This narrative relates directly to targets 1-3. Big River Project attempted to implement groupwork in Eyemouth to increase the numbers of parents worked with in this area, though there were initial difficulties in setting this up. They approached & sought referrals to this service from social work, health visitors & our own service users in the area. Working with the local integration team funding, places were identified at local nurseries to allow parents to attend the groupwork sessions. Unfortunately no service users took up the service & it was decided with the (LIT) to cease the pilot. Funding was then returned to the (LIT).</p> <p>Big River Project have an inventory of library resources to help support parents, there is also a record of service users who have used & are using this resource, SU's are aware of this resource. The Big River Project has been going through some major changes during this time & a full review of resources & parenting support provision is being undertaken at present.</p>
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<p>Target 5: To explore funding to secure continuation of this valuable project in order to ensure further support for drug using parents</p> <p>Indicator: Funding secured to continue the project.</p>					<p>Initial funding for the project has come from the SBC's Changing Children's Services Fund & Lloyds /TSB. They are in the last phase of PDI funding the maximum award for this period was £10000, which they have secured. This represents the 3rd years funding which was initially £36000. They have not identified further funding. They are however still awaiting a review of the service by SBC to establish whether they recognise a need for the service & will further fund. As part of an ongoing process we are in discussion with our TPS fundraiser. However at this stage it does not look hopeful.</p>
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<p>Young Carers Project: This project is to be evaluated by end September as part of a broader plan to review all DAAT services supported by changing Children's Services Funds. This is to ensure best practice and most effective use of funding over next year and to inform future funding plans. The review is to be carried out by an independent group (being commissioned) but overseen by an inter-agency Steering Group</p>	Yes			<p>Project independently evaluated by 'Leaders at Work'. Need for the service reinforced and recommendations included recruitment of 2 additional workers. Funding agreed by Childrens & Young People's Planning Partnership to agree at same level at present. Potential increase in allocation of funds pending review of other specialist services for children.</p> <p>Specific impact on young carers (YCs) reported:</p> <ul style="list-style-type: none"> ➤ 8 – reduction in parents drug use and increased stability at home ➤ 5 – moved away from crime/drug experimentation to more positive lifestyles plus reduced disruptive behaviour in class and better school attendance. ➤ 1 – acceptance of mothers' drug use and reduction of anger/improved relationship/confidence. <p>General impact for all of improved confidence and less isolation</p>	
<p>Hidden Harm Action Plan: The national action plan has just been launched. The DAAT will consider and implement agreed recommendations in partnership with the Child Protection Committee. This will be used as an opportunity to review existing inter-agency guidelines for the management of pregnant drug/alcohol users and those with</p>	Yes			<p>An audit of child protection procedures is in progress across the range of SW Depts and specialist drug and alcohol agencies. This is a joint process conducted by the Borders Child Protection Committee and the DAAT. The findings will inform a review of existing child protection policies relating to the assessment and management of pregnant drug/alcohol users and those with dependent children.</p>	

dependent children. Timing of implementation will depend on what is contained within the report and the range of topics to be addressed.					
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D.5.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
Young Carers Project: Group 'time out' activity ended to increase provision of 1-1 support and school-based appointments (in line with recommendations included in evaluation of project).	Groups ended Dec. 2006 1-1 and school work from Jan 1 st 2007 – no ongoing.	All service users engaged positively.

D.5.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
Young Carers: ➤ Target 5 families to help increase their recognition of the impact of drug use on their children. ➤ Work with 3 Secondary Schools to develop an appointment system for seeing young carers. See 6 young carers monthly at each school. ➤ Assess all young carers within 6 weeks of referral	Young Carers Project	➤ 6-12 months ➤ By Sept. 07 ➤ 6 weeks/ongoing
Big River Parent Support review: Carry out a review of service delivery and performance and whether this meets identified need in the Borders. Promote service to relevant agencies to encourage referrals	DAAT/Children's & Young People's Planning Partnership Big River Project	By September 2007 By end of June
Hidden Harm (allocation of funding): ➤ Complete audit of child protection processes across SW Depts. And specialist drug and alcohol agencies ➤ Review effectiveness of existing child protection protocols re. parental substance misuse. ➤ Identify and plan to meet identified training needs of staff	Borders Child Protection Committee/DAAT	➤ By end June ➤ To be discussed at CPC/DAAT

D.6 ADAT Progress – Provision of Support and Treatment Services

National Priority: Reduce waiting times for drug treatment and rehabilitation services

D.6.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national priority
2. performance over the last 5 years (in statistics)

Indicator(s)	Data Source	2004-5	2005-6	2006-7
Number and percentage of drug treatment clients seen within 21 days of referral to assessment Quarter 1 (April – June) Quarter 2 (July – Sept) Quarter 3 (Oct – Dec) Quarter 4 (Jan – March)	National Waiting Times Framework	<i>Quarter 1</i> 148 clients: 76%	<i>Quarter 1</i> 114 clients: 36%	<i>Quarter 1</i> 61 clients: 24%
		<i>Quarter 2</i> 36 clients: 54%	<i>Quarter 2</i> 52 clients: 21%	<i>Quarter 2</i> 69 clients: 29%
		<i>Quarter 3</i> 93 clients: 48%	<i>Quarter 3</i> 75 clients: 27%	<i>Quarter 3</i> 87 clients: 39%
		<i>Quarter 4</i> 47 clients: 27%	<i>Quarter 4</i> 110 clients: 27%	<i>Quarter 4</i> Not available
Ready for treatment to structured preparatory intervention - clients offered appointment within 14 days Quarter 1 (April – June) Quarter 2 (July – Sept) Quarter 3 (Oct – Dec) Quarter 4 (Jan – March)	National Waiting Times Framework	<i>Quarter 1</i> 50 clients: 75%	<i>Quarter 1</i> 20 Clients: 32%	<i>Quarter 1</i> 19 clients: 19%
		<i>Quarter 2</i> 21 clients: 55%	<i>Quarter 2</i> 17 Clients: 27%	<i>Quarter 2</i> 28 clients: 26%
		<i>Quarter 3</i> 22 clients: 50%	<i>Quarter 3</i> 28 Clients: 32%	<i>Quarter 3</i> 36 clients: 77%
		<i>Quarter 4</i> 9 clients: 90%	<i>Quarter 4</i> 49 Clients: 32%	<i>Quarter 4</i> Not available

Indicator(s)	Data Source	2004-5	2005-6	2006-7
Ready for treatment to prescribed drug treatment – clients offered appointment within 14 days Quarter 1 (April – June) Quarter 2 (June – Sept) Quarter 3 (Oct – Dec) Quarter 4 (Jan – March)	National Waiting Times Framework	<i>Quarter 1</i> 0 clients	<i>Quarter 1</i> 0 clients	<i>Quarter 1</i> 2 clients: 100%
		<i>Quarter 2</i> 0 clients	<i>Quarter 2</i> 3 clients: 100%	<i>Quarter 2</i> 2 clients: 67%
		<i>Quarter 3</i> 0 clients	<i>Quarter 3</i> 1 client 100%	<i>Quarter 3</i> 2 clients: 100%
		<i>Quarter 4</i> 0 clients	<i>Quarter 4</i> 0 clients	<i>Quarter 4</i> Not available
Ready for treatment to community support / rehabilitation – clients offered appointment within 14 days Quarter 1 (April – June) Quarter 2 (June – Sept) Quarter 3 (Oct – Dec) Quarter 4 (Jan – March)	National Waiting Times Framework	<i>Quarter 1</i> 2 clients: 67%	<i>Quarter 1</i> 9 clients: 64%	<i>Quarter 1</i> 0 clients
		<i>Quarter 2</i> 3 clients: 75%	<i>Quarter 2</i> 1 client: 14%	<i>Quarter 2</i> 3 clients: 20%
		<i>Quarter 3</i> 8 clients: 67%	<i>Quarter 3</i> 2 clients: 18%	<i>Quarter 3</i> 2 clients: 67%
		<i>Quarter 4</i> 0 clients	<i>Quarter 4</i> 49 clients: 58%	<i>Quarter 4</i> Clients
Ready for treatment to structured residential detox/residential rehabilitation – Clients offered appointment within 14 days. Quarter 1 (April – June) Quarter 2 (June – Sept) Quarter 3 (Oct – Dec) Quarter 4 (Jan – March)	National Waiting Times Framework	<i>Quarter 1</i> 12 Clients 48%	<i>Quarter 1</i> 46 Clients 58%	<i>Quarter 1</i> 4 clients: 5%
		<i>Quarter 2</i> 0 Clients	<i>Quarter 2</i> 6 Clients 15%	<i>Quarter 2</i> 25 clients: 25%
		<i>Quarter 3</i> 22 Clients 49%	<i>Quarter 3</i> 23 Clients 23%	<i>Quarter 3</i> 23 clients: 49%
		<i>Quarter 4</i> 16 Clients 42%	<i>Quarter 4</i> 23 Clients 24%	<i>Quarter 4</i> Clients

D.6.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
Residential detox/rehabilitation needs assessment: Consider and implement findings to ensure more rapid assessment and referral of clients. Support access to specialist facility where required if bid for additional funding successful.			Ongoing		This process has commenced and is a focus of action for the Borders Community Addiction Team (BCAT) Steering Group. Progress was delayed as the BCAT Consultant left her post and there was a gap before a new Consultant could be recruited.
Co-morbidity needs assessment: Consider and implement findings to ensure more rapid assessment and referral of clients. Support access to specialist facility where required if bid for additional funding successful.			Ongoing		See above

BCAT: Review impact of additional staff (nursing and medical) on reducing waiting times by end June 2006.	Yes			<p>Impact reviewed by positive change very limited. This has been due to ongoing staffing problems within the team (since resolved) and increasing referrals/demand for methadone.</p> <p>GPs are generally unwilling to take back such clients once stable which results in increasing caseloads for the team. The new Consultant is working with NHS Borders to try and improve this situation.</p> <p>In addition, a member of NHS staff has been allocated to work with BCAT to identify all possible ways of reducing waiting times in the interim.</p>	
Big River Project: Maintain current waiting times of 3 weeks and under for new referrals	Yes			Project has continued to maintain agreed waiting times target of seeing new referrals within 3 weeks.	

D.6.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity

D.6.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
BCAT to continue to strive towards reducing waiting times for new referrals to meet local targets (9 weeks).	BCAT Steering Group	2007/8
Complete implementation of agreed recommendations of residential rehab. needs assessment to improve access.	As above	2007/8
Complete implementation of agreed recommendations of co-morbidity needs assessment to improve access.	As above	2007/8

D.7 ADAT Progress – Provision of Support and Treatment Services –

National Priority: Increase the number of drug misusers in contact with treatment and care services.

Target: Increase the number of drug misusers in treatment and care services by 10% by 2008.

D.7.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national target
2. performance over the last 5 years (in statistics)

*Drug stats. For young people included in Section D4, and for the DTTO service in Section D2.

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
1-1 Contact with Penumbra Referrals	Penumbra Stats	244 1-1's 22 Referrals	263 1-1's 29 Referrals	350 1-1's 39 Referrals	277 1-1's 30 Referrals	205 1-1's 32 Referrals
Big River Project referrals	Local activity data	63 referrals 1670 interventions	89 referrals 2089 interventions	99 referrals 1887 interventions	182 referrals 2286 interventions	182 referrals 1660 interventions
Number of clients seen by BCAT for drug problems	Mental Health Database (EPEX)	93	106	125	145	157
Current caseload on methadone	BCAT data				69	65
Current caseload on methadone (shared care)					N/A	17

On waiting list & meet criteria for methadone					48	42
On methadone (GP care only)					30	30
Estimated number requiring methadone in areas not available until now					35	Prescribing now available across Borders area.

D.7.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
<p><u>DTTO</u>: Continue to deliver DTTO service in partnership between Criminal Justice Service; BCAT; and Big River Project and monitor number of orders made etc. New SW Lead has recently been appointed after previous manager left service.</p>	Yes			<p>The new (temporary) SW manager was appointed on 7th August 2006. The partnership working between NHS (BCAT) and Criminal Justice was very successful, however the contract with Big River Project was terminated on 31st December 2006. The appointment of a Team Leader to the DTTO scheme enabled consolidation in partnership working and added direction to the scheme in terms of policy and procedure.</p> <p>The partnership between BCAT and Criminal Justice has proved very successful in providing a holistic and cohesive service to the Offenders who are given a DTTO. Using local services has also meant that when Offenders finish on their DTTO there is a consistency of prescribing services as they move seamlessly to work directly</p>	

				with BCAT. The partnership with Big River Project was less successful and the Criminal Justice Service are looking at bringing Substance Misuse Services 'in-house' to support Criminal Justice Social Work across all departments.	
<u>Tweeddale drug outreach service development</u> : Big River Project to finalise plans and establish expanded drug outreach service in Tweeddale area, ensuring greater and easier access to harm reduction advice and needle exchange services by end July 2006.		No			The Big River Project has experienced staffing problems and major difficulties in delivering a robust service over 2006-7. This has now been addressed by the DAAT Commissioning Group in partnership with the new Big River Project Manager and Turning Point Area Manager. Plans are now in place to change the way in which needle exchange services are provided in the Borders (see Section D.7.4 below)
<u>Penumbra</u> : DAAT Commissioning Group to work with Penumbra staff to review the services being offered for 16-21 year olds with drug and alcohol problems, and the impact of the services being delivered.	Yes			Service reviewed and identified that referrals have dropped consistently over last 2 years for drug and alcohol specific problems (29 per year). Those presenting were typically using alcohol/cannabis and experiencing relatively low threshold difficulties, as part of a range of complex problems. Separately to this, referrals to the Reiver Project (working with 11-16 year olds) found that many were reluctant to be referred on to Penumbra at 17 years due to association with 'mental illness'.	

				<p>The DAAT Commissioning Group, Penumbra and Reiver Project agreed the following:</p> <ul style="list-style-type: none"> ➤ Penumbra should retain drug funding but use for a generic youth worker post ➤ Penumbra to stop providing an under-used specialist service, but instead enhance generic service provision to ensure all workers equipped to deal with Tier 2 level drug/alcohol problems. ➤ Reiver to extend current age remit up to 18 years. ➤ All young people with specific drug/alcohol problems to be referred to Reiver (11 – 18 years) and thereafter to other existing services. ➤ Benefits: Reduced duplication of services; improves quality, range and accessibility service provision within Penumbra and Reiver Projects. 	
<p><u>Residential rehabilitation needs assessment:</u> The DAAT is to re-consider and implement agreed recommendations of e.g. relating to access mechanisms; assessments; follow-up and relapse prevention; and send out final copy of report to agreed stakeholders.</p>			Ongoing		See Section D.6.2
<p><u>Co-morbidity Needs Assessment:</u> Consider and implement key recommendations in partnership</p>			Ongoing		See Section D.6.2

with the DAAT and Practitioner's Forum. To be discussed at DAAT meeting by end June 2006, and plan for implementing agreed recommendations in place by end August.					
<p><u>Learning Disabilities and alcohol/drug problems:</u> Evaluate training delivered for staff at St Aidans residential service by end May, and plan further sessions based on an inter-agency approach for other LD services (by end July) including community based services, for delivery over rest of 2006-7. The aim is to:</p> <ul style="list-style-type: none"> • Increase knowledge and awareness of drug and alcohol issues • Increase skills in managing problems • Encourage access to specialist services where required. 	Yes		Ongoing	<p>Training and awareness raising presentations delivered to groups of LD specialist staff and awareness levels increased.</p> <p>This work continues to progress with DAAT in regular contact with Managers of specialist LD services across the Borders. Recommendations being considered and implemented via a Joint LD Health Improvement Steering Group of which DAAT is an active member.</p>	
<p><u>Housing:</u> Registered Social Landlords (RSLs) Deliver training sessions for RSL staff by end May 2006 on drug and alcohol issues, including how to refer on and access services for their tenants, and recognising drug-related paraphernalia, plus their legal responsibilities relating to the Drug Misuse Act. Training to be</p>	Yes			18 staff from Berwickshire Housing Association attended an awareness session. Staff noted through evaluation that they were more aware of treatment services available, the variation in alcohol strengths and their responsibilities under the Misuse of Drugs Act.	

delivered by DAAT Support staff and Police (Expert Witness Unit).					
Alcohol services re-tendering process: Recommence process and aim to complete by end December. This will include provision of the pilot intensive home support service, pending successful evaluation.	Yes			Service re-tendered and a new service (to be delivered by Addaction) to become established by 1 st June 2007. Intensive Home Support service did not evaluate positively as referrals remained on caseloads for indefinite periods of time making it difficult to take on new referrals. This was therefore not included in the new contract. New service will be able to increase access to service by providing more focused interventions, and by establishing peer user groups to build sustainability of support systems.	

D.7.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
Reiver Project: Presentations to school year groups	On-going	Short presentations on the project has increased awareness of help available.
Operation Granite: Joint operation between the Reiver Project and the Police.	2 locality areas.	Enabled the project to reach young people who are difficult to engage with. 21 young people were seen on the operational nights of which 16 went on to successfully engage with the project. (NB 3 of those not seen were 17 years of age and therefore out of the projects age range at that time).

D.7.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
Complete transition phase between closure of BCA and commencement of new alcohol service by Addaction (a gradual process between Feb. and June 2007).	DAAT Commissioning Group.	End June
Penumbra: Three full time equivalent members of staff will have specific Drug & Alcohol remits added to their jobs and be supported to access STRADA and other relevant training to ensure equipped for responsibilities.		
Big River/BCAT: An increased allocation of £20, 800 has been attracted from funding to implement the Hepatitis C Action Plan. This will be shared between Big River (extra project worker time) and BCAT (extra nursing time) to enhance needle exchange provision. This will hopefully be enhanced by additional support provided 'in kind' by SBC (mobile bus for Big River). This will increase access to services by: <ul style="list-style-type: none"> ➤ Increasing mobility and geographical areas covered ➤ Including pre & post test discussion and HepB immunisation ➤ Increasing access to general harm reduction information and advice 	DAAT in partnership with Pharmacy/Big River and BCAT	BCAT nursing time (recruiting April – May 2007) Post holder in post from 1 st April 07 Big River (being discussed)

D.8 ADAT Progress – Provision of Support and Treatment Services

National Priority: Increase the number of drug misusers successfully completing treatment.

D.8.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national priority
2. performance over the last 5 years (in statistics)

Indicator(s)	Data Source	2004-5	2005-6	2006-7
No of planned discharges from drug treatment services	Borders Waiting Times Framework	146	196	192
No of planned discharges from alcohol treatment services	Borders Waiting Times Framework	291	427	442
<u>Planned discharges</u> Penumbra stats	Borders Waiting Times Framework	7	11	8
BCAT		74	104	142
Big River		56	81	61

D.8.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
Big River Project: <ul style="list-style-type: none"> • Continue to develop and deliver work with individual families to support them to move on as ready to do so, and to engage with other services. • Continue to consolidate and develop joint working with BCAT and other agencies to increase appropriate referrals between agencies. 			Ongoing	The parenting Support service now has one member full of staff instead of the two previously appointed with cover being provided by other staff team members. This reflects the reduction in Lloyds/TSB PDI monies. The Parenting Support has not been referred to in high numbers however there is work ongoing to address this issue ie. The Parenting Worker will be visiting appropriate agencies to raise the profile of the service with the anticipation of new referrals.	
BCAT: No objective was included in CAP 2006-7 however comments were sourced from BCAT on progress over last year.				In an attempt to improve prescribing across the Borders, recruitment of a part-time GP with special interest took place. Prescribing has now developed in Peebles, parts of Galashiels, Jedburgh, Coldstream, Greenlaw and	

				<p>Duns.</p> <p>BCAT continue to support Shared Care and develop specialist advice and prescribing service for more complex clients through full-time consultant post.</p> <p>BCAT are working with pharmacy and other services to develop local protocols for inpatient alcohol detoxification and community management for alcohol linked to Sign Guidelines 74.</p>	
<p>Penumbra (16-21 years); Service review identified that specialist interventions for young people were not sufficiently focused so many discharges were unplanned. This made it difficult for the project to demonstrate that clients were successfully completing 'treatment', although this agency is not one that provides information, advice and support rather than formal treatment. See Section D.7.2 for more detail.</p>					

D.8.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity

D.8.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
Develop system of clinical audit utilising CHRISTO evaluation tool to review patient progress on 3 monthly basis.	BCAT	Initiate from May 07, review effectiveness November 07.
Develop system of formal patient care plans utilising guidance from national quality standards document	BCAT	Develop by August 07
Develop protocols and systems for stable client prescribing clinics to relieve pressure and increase capacity within specialist CPN caseloads	BCAT	Develop by December 2007
The Big River Project will develop policy & procedures to combine the requirements from Turning Point Scotland's organisational policy & procedure, The Care Commission & the National Quality Standards.	Big River	August 07

<p>Form task level descriptions to ensure staff work to the same format. Streamline service to accommodate reduction in funding, operate appointments at locality-based offices.</p>		
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D.9 ADAT Progress – Provision of Support and Treatment Services

National Priority: Increase the number of people recovering from drug and alcohol problems entering training, education and employment.

D.9.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national priority
2. performance over the last 5 years (in statistics)

Source: Progress2Work (Borders). The increase in numbers for 2006-7 reflects the fact that there has been someone in the post since Feb. 2006 after a gap in recruitment.

Indicator(s)	Data Source	2005-6	2006-7
Referrals to Progress2Work	Progress2Work	58	77
New starts		13	39
No. in to full time employment		3	11
No. with sustained employment (at 13 weeks)		?	6
No. in to training/education		5	5

D.9.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
<p><u>Employment Group:</u> The group is to complete a revised model to develop employability support – an 'Employment for all' model which is being developed by a working group comprising: Scottish Borders Council Scottish Adult Learning Partnership Careers Scotland Scottish enterprise Borders The DAAT Co-ordinator will ensure DAAT treatment and support services are incorporated into this revised model, which will address some of the inadequacies of the current model of support and will provide:</p> <ul style="list-style-type: none"> a single point of entry for workless individuals enabling access to a variety of services that will support their progress into 			Partially	The DAAT is no longer a member of the Employment Group. However, an Employment Strategy has recently been launched to ensure the employment agenda is on all relevant strategies across the Borders. This does not at present contain detailed action points relating to DAAT.	

<p>sustainable employment</p> <ul style="list-style-type: none"> • a more holistic and co-ordinated approach to tackling multiple barriers to employment, and: • a more efficient and effective method of matching workless individuals with employment opportunities and experiences 					
<p><u>Progress 2 Work:</u> The extended contract for the Borders P2W has tasked the provider with achieving a similar number of referrals to last year but with an increase in starts to 35 for 2006-7. Approximately 25% of starts are expected to have an outcome with the main focus being on jobs.</p>	<p>Yes</p>			<p>An increase to 39 starts for 2006-7. Of the 11 sustained jobs, one became a self-employed gardener, one a joiner; three factory jobs, one fisherman, two landscapers and three became labourers. The eleven jobs were all found for men who were in the age group 25-40 except one who was over 40.</p> <p>The P2W worker noted that there is difficulty locally finding jobs due to the increased numbers of European workers. Referrals come from a variety of sources including self-referral, BCAT, Big River and Job Centre Plus</p>	

D.9.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity

D.9.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
<p>P2W worker hours are to be increased from 17.5 to 30 hours per week. The target for 2007/08 will now be 98 referrals, of which there will be at least 48 starts, 21 jobs of which 12 shall be sustained, 17 into training and or education, 5 mainstream and 3 into completion mainstream. The extra hours should ensure that the worker is able to extend the service provided to clients within the Scottish Borders.</p>	<p>Progress2Work</p>	<p>2007/8</p>

D.10 ADAT Progress – Provision of Support and Treatment Services

National Priority: Reduce the number of drug related deaths.

Target: Reverse the upward trend in drug-related deaths and reduce the total number, by at least 25% by 2006.

D.10.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national priority
2. performance over the last 5 years (in statistics)

Indicator(s)	Data Source	2002	2003	2004	2005	2006
Drug related deaths	GRO Scotland in Drug Misuse Statistics Scotland 2006	0	2	2	7	N/A
Selected drugs involved See note below	GRO Scotland in Drug Misuse Statistics Scotland 2006				Heroin/Morphine: 3 Diazepam: 1 Cocaine: 1	
Alcohol related deaths (underlying or contributory cause of death)	GRO Scotland in Alcohol Statistics Scotland 2007	19	20	23	28	N/A

NB: Individual deaths often involved more than one of these drugs. The numbers given are mentions of the drug and should not be added to give total deaths

D.10.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
<u>Drug Death Review Group:</u> Continue to meet as necessary to consider circumstances of drug related deaths with the aim of identifying patterns and supporting improvements in policy and practice.	Yes			Has only had to meet rarely due to limited number of deaths. Where this has happened it has proved helpful in identifying any key issues that need to be addressed. One such death triggered a wider exploration of underlying issues and reported to the Critical Services Oversight Group (CSOG) with Chief Officers for NHS, Council and Police. The report included recommendations for local action, which has been disseminated to key agencies asking for their response. This is being collated at present by the DAAT.	
DAAT and Practitioner's Forum to consider and implement recommendations of national report 'Taking Action to Reduce Scotland's Drug-Related Deaths'.	Yes			Discussed on an ongoing basis as relevant. Going Over DVD widely distributed.	

Continue partnership working with the police and drug treatment services to help promote awareness of the presence of any dangerous batches of drugs on the streets.	Yes		Ongoing	Partnership agreement, which allows the rapid circulation of national information regarding dangerous batches of drugs. This allows treatment services to advise their clients in "real time" thereby reducing the potential risks of drug related deaths.	
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D.10.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
STRADA delivered Fatal and Non-Fatal overdose training for staff although only 4 staff attended.	Completed 21 st August 2006	Participants are now able to identify drugs most commonly associated with overdose, describe signs of overdose and list risk factors associated with drug-related overdose. This will allow participants to explain harm reduction information, which can be used with individuals who are at high risk for accidental overdose.
200 Overdose DVDs were provided to treatment services.	Completed	Staff are now able to use this DVD to ensure that clients are aware of how to respond to an overdose situation appropriately.

D.10.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
Training to be provided to Family Support Group (Quest) by Scottish Drugs Forum on overdose/first aid training	Scottish Drugs Forum	Summer 2007
Response to drug death report from organisations to be collated and taken back to CSOG for action.	CSOG	End June 2007

D.11 ADAT Progress – Protection, Controls and Availability

National Priority: Reduce the proportion of under 25's offered illegal drugs.

Targets:

- Reduce the proportion of under 25's who are offered illegal drugs significantly, and heroin by 25%, by 2006.
- Continuous improvement in the weight of Category A drug seized.
- Continuous improvement in the detection of offences for supply or intent to supply Category A drugs.

D.11.1 Performance

Complete the table below, on the basis of available information, detailing:

1. the national and local indicator(s) you are using to measure the national priority
2. performance over the last 5 years (in statistics)

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Drug-related offences recorded by Scottish police forces	Source: Scottish Executive Recorded Offences Data	2002 National: 40,379 Rate: 799 Borders: 647 Rate: 602	2003 National: 40 465 Rate: 800 Borders: 618 Rate: 571	2004 National: 42,384 Rate: 835 Borders: 762 Rate: 697	2005 National: 43,150 Rate: 847 Borders: 828 Rate: 755	2006 National: N/A Rate: N/A Borders: N/A Rate: N/A
Type of offence: Possession with intent to supply Possession Other Total	Lothian & Borders Police			2004: 257 479 26 762	2005: 229 583 16 828	2006: 243 417 15 675

G Division drug seizures	Source: Lothian & Borders Police			424	546	361
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D.11.2 Key achievements in 2006-7

Objectives should be provided in SMART format. SMART means the objective is Specific, Measurable, Achievable, Realistic and Time bound. Describe the objective in as few words as possible e.g. *'Homelessness service to provide first aid training to 20 clients by March 2006. Clients to provide feedback on training through a brief questionnaire'*.

Briefly summarise the key achievements in 2006-7					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
Lothian & Borders Police will continue with intelligence led policing, concentrating on enforcing class 'A' drugs legislation throughout 2006-7.	Yes			Despite there being a 14% decrease in seizures Police continue to target suppliers and have recorded an increase in supply charges. This has been done through intelligence led operations at targeted individuals.	
Police officers will participate in a full review of the Arrest Referral service to determine future plans, ensuring links between police and treatment services that increase access and aim to reduce drug-related offending behaviour. A Steering Group meeting is planned with report back to full DAAT by end June 2006.		No			Police participated in a full review of the existing Arrest Referral Scheme highlighting their concerns with the service providers. We are still awaiting the findings from the service providers report and future funding opportunities to ascertain the future of this scheme.

Police will continue to refer young people (under 16s) found in possession of illicit drugs directly to treatment services (Reiver Project).	Yes			There has been a 57.5% reduction in the number of under 16s charged with drug related offences and reported to the Children's Reporter. The Police continue to utilise the services of The Reiver Project to provide a diversionary route for these referrals offering support, advice and information.	
Dedicated Drugs Awareness Officer will continue to work with DAAT staff to deliver awareness sessions to students and harder to reach groups including young offenders and socially excluded young people, as requested.	Yes			5 awareness sessions delivered to young offenders and socially excluded young people. Further developments have been achieved with Foster Carers and Buddies of vulnerable adults through the delivery of awareness sessions encompassing both health and legal aspects. Future sessions are planned for 2007/8 29 awareness sessions delivered to 349 (estimate as not all numbers were collated) local college students on the risks associated with binge drinking and risky sexual behaviour	
Drugs Awareness officer will continue to work closely with Locality Integration Teams and DAAT staff to develop and deliver a programme of awareness raising sessions for parent's and community groups, exploring different ways to obtain parental attendance at awareness sessions.	Yes			23 Community awareness sessions delivered incorporating rural communities and hard to reach groups. amount of parent awareness sessions delivered in conjunction with DAAT and Sexual Health Staff. Staff have explored different delivery techniques such as Family Quiz nights, attendance at school parent evenings etc to maximise numbers attending.	
Drugs Awareness officer is to continue to provide input for young people in class on an ongoing basis, and support teaching staff with implementing Drugs Incidents	Yes			To date the DAO has delivered 212 awareness sessions within schools of the Scottish Borders incorporating 8600 pupils. The DAO has provided help, support and guidance to teaching staff	

Policy as incidents occur.				involved in suspected drug related incidents in schools on 8 occasions over the last year.	
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D.11.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
2 awareness sessions delivered in partnership with DAAT support staff and Police Drugs Expert Witness unit to frontline staff working for Registered Social Landlords. The aims of the session are to increase awareness on evidence of drug abuse and their legal responsibilities as landlords.	Ongoing, with a further 120 staff from the largest Registered Social Landlord in the Borders to attend training for 2007/8.	Staff will be more aware of the Health & Safety issues relating to drug misuse, their legal responsibility and reporting routes to partner agencies.
Support the Scottish Executive to deliver an Anti-Cocaine Campaign using local licensed premises.	30 local licensed premises supported this initiative during February 07 with maximum local media exposure.	This initiative raised awareness amongst the community and the targeted audience (16 – 25 year olds)
Use of local media to promote awareness of dangers around substance misuse and also successful recoveries.	24 “Crime Buster Slots” have been dedicated to drug awareness by the Police on the local radio station. In addition, there has been a dedicated “action week” with local partners on the radio regarding drug and alcohol misuse and careful use of the local newspaper regarding significant recoveries and sentences.	This activity continues to reassure communities that a robust and proactive approach is being undertaken by local Police to combat drug misuse within the authority area.
Review and update of “The Safe Collection & Disposal of Discarded Sharps Found in the Community Policy”. Training incorporating the new procedures and safe handling of discarded sharps was delivered to relevant frontline staff of local authority, Registered Social Landlords and Community Wardens. To supplement the training, information cards were produced and disseminated to front line staff.	Effectiveness of policy will be monitored and evaluated over the next 12 months and any areas of concern reviewed.	Health and Safety of all frontline staff has been addressed through training and implementation of policy. Organisations are now fully aware of their responsibilities and the part they play in making the Scottish Borders a safer place to live, work and visit.

Database of discarded sharps has now been created which will allow any “hotspots” to be identified and appropriate interventions applied		The database will provide valuable intelligence of activity related to the misuse of class A drugs allowing effective targeting.
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D.11.4 Planned Action 2007-8

Briefly outline the key actions that you intend to taking during 2007-8. These must be presented in a SMART objective format.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
Lothian & Borders Police will continue with intelligence led policing, concentrating on enforcing class ‘A’ drugs legislation throughout 2007-8	Lothian and Borders Police	Ongoing
Explore discussion with service providers to enable prisoners to be signposted to relevant agencies at point of crisis.	Lothian and Borders Police/DAAT Support Staff/Service providers	Ongoing
Police will continue to refer young people (under 16s) found in possession of illicit drugs directly to treatment services (Reiver Project).	Lothian and Borders Police/The Reiver Project	Ongoing
Dedicated Drugs Awareness Officer will continue to work with DAAT staff to deliver awareness sessions to students and harder to reach groups including young offenders and socially excluded young people, as requested.	Lothian and Borders Police/DAAT Support Staff	Ongoing
Drugs Awareness officer will continue to work closely with Locality Integration Teams and DAAT staff to develop and deliver a programme of awareness raising sessions for parent’s and community groups, exploring different ways to obtain parental attendance at awareness sessions.	Lothian and Borders Police/DAAT Support Staff	Ongoing

Drugs Awareness officer is to continue to provide input for young people in class on an ongoing basis, and support teaching staff with implementing Drugs Incidents Policy as incidents occur.	Lothian and Borders Police	
Awareness sessions will continue to be delivered in partnership with DAAT support staff and Police Drugs Expert Witness unit to frontline staff working for Registered Social Landlords as required	Lothian and Borders Police/DAAT Support Staff	120 staff to attend rolling programme of training over the next 12 months.
Continue use of local media to promote awareness of dangers around substance misuse and also successful recoveries.	Lothian and Borders Police	Ongoing
DAAT Support Staff/Lothian and Borders Police will continue to monitor sharps recoveries and share information gathered via database. Policy will be reviewed in 12 months for effectiveness and any areas of concern to be addressed.	Lothian and Borders Police/DAAT Support Staff	Ongoing

SECTION E:

Drug and Alcohol Direct Spend By Partner Organisations

(See paragraphs 25-29 of the Scottish Executive guidance notes)

E.1 Drug Specific Spend

Tier of Service	Partner Organisation	Scottish Executive Allocation: Drugs 2006-7	Allocation from Partner Organisation 2006 - 7	Breakdown of actual spend in 2006-7	Category of Spend	Underspend/ overspend to 31 March 2007	Projected Spend 2007-8 (£)
		£188,617					
2/3	NHS Borders			9,350	Urinalysis/testing		9,500
2/3	NHS Borders			133,583	Turning Point Big River Project		135,000
3	NHS Borders			12,500	Borders Community Addiction Team (BCAT)		13,000
3	NHS Borders			20,450	GP Sessions (BCAT)		21,000
3	NHS Borders			25,000	Shared Care - Methadone		25,000
				2,500	Drugs Forum		
	Subtotal (NHS/Drugs)			203,383			203,500
		£141,000 'drug rehabilitation'					
2	Local Authority			66,634	Big River Project (Turning Point)		67,967
2	Local Authority			11,250	Big River – (SORTED Project) Criminal Justice Funding	0	0
2	Local Authority			76,180	DTTO Criminal Justice (Inc NHS Borders Service)		78,085
	Subtotals (LA/Drugs)			154,064			146,052
	Total (Drugs)	329,617		357,447			349,552

E.2 Alcohol Specific Spend

Service tier (1 -4*)	Partner Organisation	Scottish Executive Allocation: Alcohol 2006 - 7	Breakdown of actual spend in 2006 -7	Category of Spend	Underspend/ overspend to 31 March 2007	Projected Spend 2007-8
		£280,000				
2/3	NHS Borders		103,928	Alcohol Liaison Nurses		105,000
2/3	NHS Borders		106,818	Borders Council on Alcohol		106,000 (New Service)
1/2	NHS Borders		7,500	Men's Health and other Primary Care		7,500
1	NHS Borders			Workplace health promotion activities		£3,000
	Subtotal (NHS/Alcohol)		218,246			221,500
		No specific alcohol allocation				
2	Local Authority		19,049	Borders Council on Alcohol		20,011 (New service)
2	Local Authority		20,745	Borders Alcohol Project (Criminal Justice funding)		18,613
2/3	Local Authority		20,111	SW Community Support Post (detox Service)		21,000
	Subtotal (LA/Alcohol)		59,905			59,624
	Totals	£280,000	278,151			281,124
1	Lothian & Borders Police		75,000	2 x Police Licensing Officers		

E.3 Combined Drug and Alcohol Specific Spend

(Only for spend which cannot be readily or meaningfully split for either drugs or alcohol and has not been accounted for elsewhere in plan)

Tier Service	Partner Organisation	Scottish Executive Allocation: Drugs and Alcohol 2006-7	Breakdown of actual spend in 2006-7	Category of Spend	Underspend to 31 March 2007	Projected Spend 2007-8
		£468,617 (see pages 101-102)				
3/4	NHS Borders		27,465	BCAT		27,465
3/4	NHS Borders		42,000	BCAT Consultant and Support Sessions		45,000
2/3	NHS Borders		20,350	Reiver Community Support		20,500
4	NHS Borders		31,467	Residential Rehab.		78,085 (split with Local Authority– see below)
	Subtotals (NHS/Drug&alcohol)		121,282			171,050
		£141,000 (see page 101)				
2/3	Local Authority:		61,267	Penumbra SW Posts (2 x 0.5)		63,606
4	Local Authority:		41,576	Residential Rehab.		78,085 (split with NHS Borders – see above)

3	Changing Children Service Funds		28,195	<u>CCSF Projects:</u> • Young Carers	Young Carers now included in generic funding allocation
3			35,710	• Big River Parent support	40,897
2/3			37,398	• Reiver Project	38,335
	Subtotal (LA/drug and alcohol)		204,146		142,838
	Total		325,428		313,888
	Grand total allocation (NHS/LA – drugs & alcohol)		609,617		
	Grand total spend (NHS & LA - drugs & alcohol)		961,026		944,564
1	Lothian & Borders Police		£37,500 (of which £10,000 is funded by SDEA)	Drug & Alcohol Awareness Officer	

Service Tiers:

- 1 Services for the whole community
- 2 Local services that identify and respond to people with substance misuse problems
- 3 Services for people with more complex needs
- 4 Services for people with highly specialised needs

SECTION F:

ADAT certification of Corporate Action Plan

(See paragraph 30 of the Scottish Executive guidance notes)

This is to certify that the ADAT Chair and partners agree the contents of this Corporate Action Plan.

Sign below:

ADAT Chair _____

NHS Chief Executive _____

Director of Social Work _____