



DUMFRIES AND GALLOWAY ALCOHOL AND DRUG ACTION TEAM

CORPORATE ACTION PLAN 2007-8

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SECTION A:

Alcohol and Drug Action Team details and support funding

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
David Strang	Chief Constable	Dumfries and Galloway (D&G) Constabulary	ADAT Chair (until March 2007) Chair, Sub-Group Chairs Group (until March 2007)
Nigel Ironside	Governor	HMP Dumfries	ADAT Member
Allan Monteforte	Operations Manager	D&G Criminal Justice Service (CJS)	ADAT Member Chair, Communities Sub-Group to October 2006 Member, Sub-Group Chairs Group
Angela Roberts	Chief Executive	Alcohol and Drugs Support South West Scotland (ADSSWS)	ADAT Member Member Treatment Sub-group
Chris King	Head of Strategic Planning and Commissioning	D&G Council / NHS D&G	ADAT Member Member Sub-Group Chairs Group
Joy Harkness	Development Officer	D&G Federation of CVS	ADAT Member
Derek Anderson	Strategy and Development Officer	D&G Council, Housing Services	ADAT Member
John Waterhouse	Consultant Psychiatrist	NHS D&G	ADAT Member Chair, Treatment Sub-Group Member Sub-Group Chairs Group Member Integrated Care Pathways Group Member Drug Death Review Group
Brian Anderson	Head of CID	D&G Constabulary	ADAT Member Chair, Availability Sub-Group Member Sub-Group Chairs Group Chair, Drug Death Review Group
Billy Bentley		Scottish Enterprise, D&G (SEDG)	ADAT Member
Tom Dysart	Area Procurator Fiscal	Crown Office and Procurator Fiscal	ADAT Member

		Service (COPFS)	Member Drug Death Review Group
Hazel Thompson	Manager, Befriending Service	ADSSWS	ADAT Member Chair, Dumfries & Lower Nithsdale Forum Member, Communities Sub-Group Member, Staff Development Sub-Group
Stanford Johnston	Chair	Scottish Licensed Trade Association (SLTA)	ADAT Member
Alex Haswell	Group Manager	D&G Council, Corporate Support and Governance	ADAT Member
Beth Smith	Chief Social Work Officer	D&G Council, Social Work Services	ADAT Member Member, Sub-Group Chairs Group
Biba Brand	Manager	Scottish Drugs Forum	ADAT Member
Julie Currie	Public Health Practitioner	NHS D&G	ADAT Member Chair, Wigtownshire Forum Member, Communities Sub-Group
Sharon Walker	Public Health Practitioner	NHS D&G	ADAT Member Chair, Stewartry Forum Member, Communities Sub-Group
Mike McLurg			ADAT Member Chair, Upper Nithsdale Forum Member, Communities Sub-Group
Tommy Sloan	Councillor	Leader D&G Council	ADAT Member
Jane Maitland	Councillor	D&G Council	ADAT Member
Wilma Paterson	Councillor	D&G Council	ADAT Member
Kath Lord-Green	Service Manager	Turning Point Scotland	ADAT Member Member, Treatment Sub-Group Member, Training, Employability and Employment (TEE) Sub-Group Member, Integrated Care Pathways Group
Hugh Robertson	Manager, Sunrise Project	ADSSWS	ADAT Member Chair, TEE Sub-Group

			Member, Sub-Group Chairs Group Member, Integrated Care Pathways Group
Heather Brash	Board Member	NHS D&G Board	ADAT Member
Lindsay Abrines	Regional Reporter	D&G Children's Panel	ADAT Member

Support Team			
Jim Parker	Lead Officer Substance Misuse	D&G Council / NHS D&G ADAT Support Team	ADAT Member Member Sub-Group Chairs Group Member Treatment Sub-Group Acting Chair, Children and Young People (CYP) Sub-Group Chair, Transitions Group Chair, Integrated Care Pathways Group
Jackie Davies	Research and Information Officer	ADAT Support Team	ADAT Member Member, Treatment Sub-Group Member, Availability Sub-Group Member, Drug Death Review Group Member, Integrated Care Pathways Group
Kevin Flett	Policy Officer	ADAT Support Team	ADAT Member Acting Chair, Communities Sub-Group Acting Chair, Staff Development Sub-Group Member Sub-Group Chairs Group Member, TEE Sub-Group Member, Treatment Sub-Group Member, Integrated Care Pathways Group Chair, Education Group
Lorrain Lowe	Project Officer	ADAT Support Team (secondment from NHS D&G)	ADAT Member Chair, Annandale and Eskdale Forum Member, Integrated Care Pathway Group

Barbara McArthur	Community Engagement Officer	ADAT Support Team	Member, Communities Sub-Group Member, TEE Sub-group
Margaret Woodward	Administrator	ADAT Support Team	

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

<p>Standing Groups</p> <ul style="list-style-type: none"> Availability Sub-Group Children and Young People Sub-Group Communities Sub-Group Staff Development Sub-Group (formed December 2006) Training, Employability and Employment Sub-Group Treatment Sub-Group Sub-Group Chairs Group <p>Short Life Working Groups</p> <ul style="list-style-type: none"> Drug-Death Review Group Education Group Integrated Care Pathways Group Transitions Group

A.1.3 Please list the ADAT's partners for 2006-7 in the space below:

<ul style="list-style-type: none"> Aberlour Alcohol and Drugs Support South West Scotland Alcohol Focus Scotland Apex Scotland 	<ul style="list-style-type: none"> Lochbank Trust Loreburn Housing Association Lowland Care NHS Dumfries and Galloway
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Bethany Christian Trust	NCH
Building Healthy Communities Initiative	Phoenix House
Careers Scotland	Scottish Ambulance Service
Community Pharmacies	Scottish Association of Alcohol and Drug Action Teams
Crown Office and Procurator Fiscal Service	Scottish Drugs Forum
Customs and Excise	Scottish Enterprise Dumfries and Galloway
Domestic Abuse Strategy Group	Scottish Licenced Trade Association
Dumfries and Galloway College	Scottish Prison Service
Dumfries and Galloway Community Safety Partnership	Scottish Training in Drugs and Alcohol
Dumfries and Galloway Constabulary	South West Rape Crisis
Dumfries and Galloway Council	Stewartry Family Support Group
Dumfries and Galloway Federation of Councils of Voluntary Service	Turning Point Scotland
Dumfries and Galloway Fire and Rescue Service	Women's Aid
First Base Agency	Working For Families Initiative
Hollywood Trust	YMCA Dumfries
Independent Living Support	You Are Not Alone Family Support Group
Integrated Substance Service	Youth Enquiry Service
Job Centre Plus	

A.2 ADAT support funding

A.2.1 Total Support Allocation:

2006-7 allocation (£):	120,048
Carry forward (£):	31,666

Total (£):

151,714

A.2.2 Breakdown of Support Allocation Spend

Category of Spend	Scottish Executive Funding Expenditure (£)	Funding from other sources (£)	Total (£)
Salaries	73,665	38,800	112,465
Staff costs	2,430		2,430
Forum/meetings	2,101		2,101
Seminars/conferences/events			
Training	3,183		3,183
Miscellaneous spending	70,335		70,335
Total	151,714	38,800	190,514

A.2.3 Other Ring-fenced funding

Funding stream	Allocation	Amount spent (£)
Communications Funding (alcohol and drugs)	10,000	20,948

SECTION B:

Allocation of resources and provision of services

B. Allocation of resources and provision of services

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

(listed By Standing Group)

<p>Availability Sub-Group</p> <ul style="list-style-type: none"> - Reducing Drug related deaths - Reducing the number of under 25 year olds reporting drug use or being offered drugs - Increase detection of the supply of Class A drugs and their seizures - Reducing Drug and Alcohol related crime and reassuring communities - Recovery of Drug related assets 	<p>Training, Employability and Employment Sub-Group</p> <ul style="list-style-type: none"> - Review the work of the sub-group, to include wider social re-integration issues (e.g. housing) - Develop stronger links with Healthy Working Lives - Develop an outcome monitoring system - Encourage the expansion of support services which prepare people for training, education and employment - Encourage the establishing of supported employment projects
<p>Children and Young People Sub-Group</p> <ul style="list-style-type: none"> - Work with partners on the Child Protection Committee to fully develop policies and protocols, information sharing processes and appropriate training in response to the Hidden Harm and GOPR agenda - Through the Education Group work to improve standards in School and community based education and prevention work - Fully establish the Integrated Substance Service for children and young people - Work with Adult service partners in developing transitional services 	<p>Treatment Sub-Group</p> <ul style="list-style-type: none"> - Improve delivery of drug services by implementing the Integrated Drug Service and developing a broader range of approaches to treatment - Improve delivery of alcohol services, by building on the pilot Integrated Alcohol Service, and assessing the needs of specific vulnerable groups - Contribute to the reduction of drug related deaths - Support the continued development of Criminal Justice based initiatives - Further develop partnership working, particularly with regard to Child Protection and transitional services - Build on work being done with high risk groups (e.g. co-morbidity and BBV)

<p>Communities Sub-Group</p> <ul style="list-style-type: none"> - Reconstitute and plan the work of the Sub-Group - Develop links with Building Healthy Communities, SDF and other partners - Establish a Family Support network across the region - Contribute to the reduction of drug related deaths - Through the forums work towards reducing binge drinking through tier 1 activities related to the development of the Integrated Alcohol Service 	<p>Sub-Group Chairs</p> <ul style="list-style-type: none"> - Support the Scottish Executive ADAT stock-take process - Begin to develop clearer Governance structures, to ensure a transparent process for commissioning services - Begin process of updating the ADAT Communications - Establish a Recognised Partners List as a framework for implementing Quality Standards - Establish a Staff Development Sub-Group
<p>Staff Development Sub-Group</p> <ul style="list-style-type: none"> - Develop clear work plan for the group, focussing on: <ul style="list-style-type: none"> o links with other local training strategies o the need for training related to Hidden Harm and GOPR o training which relates to the different needs of workers in tiers 1-4 o the need to retain and develop the local alcohol and drug work force 	

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

“A Picture of our Health? Dumfries and Galloway Health and Lifestyle Survey”, Dumfries and Galloway Health Board, 2000

“Annandale and Eskdale Project Report”, Dumfries and Galloway ADAT, 2006

"Area Community Plans", Dumfries and Galloway Local Rural Partnerships

"Better Neighbourhood Services Fund, Final Report", Dumfries and Galloway Council, 2006

"Caring and Protecting", *Dumfries and Galloway Constabulary Plan (2005-08)*, Dumfries and Galloway Constabulary 2005

"Children and Young People's Services Plan (2005-08)", *Draft Plan*, Dumfries and Galloway Council and NHS Dumfries and Galloway, 2005

"Community Plan", Community Planning Partners, 2004

"Community Promise", Dumfries and Galloway Constabulary, 2006

"Community Safety Strategy", Community Safety Partners, 2001

"Corporate Plan" (2003-2007)", Dumfries and Galloway Council, 2003

"Drug Misuse in Nithsdale – The Needs of Service Users", Dumfries and Lower Nithsdale Alcohol and Drug Forum, 2006

"Dumfries and Galloway Arrest Referral Scheme", Apex Scotland report April 2004 – September 2005, Apex Scotland 2006

"Evaluation of services for children and young people who experience substance misuse problems in Dumfries and Galloway", Partners in Evaluation Scotland, 2005

"Feasibility Study of Direct Access Temporary Accommodation" Jenny Tate Consultancy, Kate Alexander and Tony Homer Consulting, 2004

"Getting it Right" *Minority Ethnic Health and Wellbeing: Needs Assessment*, NHS Dumfries and Galloway, 2005

"Health and Community Care Plan 2006-2007", Dumfries and Galloway Council and NHS Dumfries and Galloway, 2006

"Health and Homelessness Action Plan (2002-05)", NHS Dumfries and Galloway, 2002

"Homelessness Strategy (2003-06)", Dumfries and Galloway Council, 2003

"Local Housing Strategy (2004-09)", Dumfries and Galloway Council, 2004

"No Excuse", (*Domestic Abuse Strategy, 2005-08.*, Domestic Abuse Strategy Group, 2005

"Promoting Positive Citizenship", (*Antisocial Behaviour Strategy, 2005-08*), Community Planning Partners, 2005

"Sexual Health Strategy (Draft)", Dumfries and Galloway Council and NHS Dumfries and Galloway, 2006

"Supporting People Strategy 2004-09", Dumfries and Galloway Council, 2004

"The Abolition of the Priority Need Test: Assessing the Impact in Dumfries and Galloway", Draft Report, Tribal HCH, 2005

"The Exposure of Young People in Dumfries and Galloway to the Misuse of Alcohol and Illegal Drugs", Blake Stevenson Ltd, 2004

"Tobacco Control Strategy for Dumfries and Galloway 2006-2008", Tobacco Control Group, 2006

"Youth Justice Strategy (2004-2006)", Dumfries and Galloway Council, 2004

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)
STRADA Training Needs Analysis	Key recommendations included: <ul style="list-style-type: none">- The ADAT should develop a strategic approach to staff training and development- There needed to be a focus on retention and development of staff- A focus was required on Child Protection training- Attention needed to be given to the needs of Tier 1 services- The ADAT should explore the provision of specialist training for staff
The needs of service users in Nithsdale (funded by SCARF)	The research concluded there was a need for: <ul style="list-style-type: none">- Further research on the wider health needs of service users- Overdose awareness and prevention information- Issues of privacy in pharmacies to be addressed- Clear information to be available on local services- Critical Incident Training

Community Consultation	<p>The consultation gathered information on public perceptions and understanding of alcohol and drug problems, under the headings of:</p> <ul style="list-style-type: none"> - Information and communication about substance misuse - Community experiences (e.g. discarded needles) - Young people and their experience of substance misuse education - Experiences of treatment and support - Controls and the availability of drugs
Evaluation of Services for Children and Young People	<p>The research made recommendations regarding:</p> <ul style="list-style-type: none"> - Further development of school based education and prevention activities - Developing diversionary activities - The development of adequate / integrated services for children and young people

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

Work done on the development of the new three year strategy helped to focus thinking and shape the planning of resource allocation in the short and medium term. New guidance on the governance of the ADAT has begun the process of creating clear commissioning structures, this has had some impact thus far, and will be more clearly reflected in the way that the ADAT allocates resources in the future. The creation of a Recognised Partners List has begun to impact on the way in which the ADAT supports and develops improvements in service provision, and the implementation of Quality Assurance. This will provide a more transparent framework for our partnership working in the future.

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

A follow up is planned to the SCARF funded research project, looking specifically at the health needs of service users on methadone programmes. This will be in the form of peer-led research, and will cover the whole of Dumfries and Galloway.

SECTION C:

Support and Treatment Tables

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

Support and Treatment Tables

Table 1 – Actual Numbers Apr – Dec 2006

NON-RESIDENTIAL SERVICES IN ACTION TEAM AREA:

DEDICATED DRUG AND/OR ALCOHOL SERVICE	REMIT	ANNUAL SPEND	ACTUAL NUMBERS APR 06 – Dec 06				SPECIFIC GROUPS (Enter code 1-5* below)												TYPE OF SERVICE PROVIDED															
			New Clients	No. of Actively Managed Clients	Total Attendances	No. of Planned Discharges	Under 16s	Women	Pregnant Women	Dual Diagnosis	Ethnic Minority Groups	Equally 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	
NHS Specialist Service	DA	£984k (N) £70k(L, DTTO) £184k (ADAT)	635 ¹	769	5590	363	5	4	2	2	4	4	4	4	4	✓	✓	✓	✓					✓	✓	✓	✓			✓	✓	✓	✓	
Alcohol and Drugs Support South West Scotland	DA	£310869 (N) £330017 (L) £74448 (O)	661	1815	14469	74	5	4	4	4	4	4	2	4		✓				✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
APEX Arrest Referral Service	DA	£91827 (L&O)	215	84	224	77	5	4	4	4	4	4	4	4				✓		✓			✓					✓		✓				
APEX 4x4 Structured Day	DA	£82650 (L&O)	50	29	689	9	5	4	4	4	4	4	4	4		✓				✓			✓	✓				✓	✓		✓			
Turning Point Scotland	D	£96636 (N) £225643 (L) £75000 (O)	98	406	7787	42	5	4	4	4	4	4	2	4		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DTTO	D		28	28			5	4	4	4	4	4	5	5						✓			✓		✓						✓	✓	✓	✓
Integrated Substance Service (CYP)	DA	£336,240 (L)	55 ²	107			1	2	4	1	2	2	2	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

¹ 202, no previous contact

² New service, monitoring systems not fully in place, total for year

Specific Group Codes:

- 1= Drug and/or alcohol service dedicated solely to the specific group.
- 2= Drug and/or alcohol service with specialist workers, dedicated clinics, or facilities for the specific group.
- 3= Drug and/or alcohol service which has undertaken specific action to attract specific group.
- 4= Drug and/or alcohol service which treats clients from the specific groups but has no specialist facilities.
- 5= Drug and/or alcohol service which does not treat clients from the specific group.

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.

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.

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.

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.

Specific Group Codes:

- 1= Drug and/or alcohol service dedicated solely to the specific group.
- 2= Drug and/or alcohol service with specialist workers, dedicated clinics, or facilities for the specific group.
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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.

Support and Treatment Tables

Table 3 – Projected Numbers: Apr 07 – Mar 08

NON-RESIDENTIAL SERVICES IN ACTION TEAM AREA:

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	Equally 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		
NHS Specialist Service	DA	£984k (N) £70k(L, DTTO) £184 (ADAT)	400	290	750	5800	5	4	2	2	4	4	4	4	4	✓	✓	✓	✓				✓	✓	✓	✓				✓	✓	✓	✓	✓	
Alcohol and Drugs Support South West Scotland	DA	£340000 (N) £250000 (L) £90,000 [O]	108	896	2645	20931	5	4	4	4	4	4	2	4	✓				✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	
APEX Arrest Referral Service	DA	£101851(L&O)	126	360	150	440	5	4	4	4	4	4	4	4				✓	✓									✓	✓						
APEX 4x4 Structured Day	DA	£59049 (O)	20	60	40	-	5	4	4	4	4	4	4	4	✓				✓										✓	✓			✓		
Turning Point Scotland	D	£96636 (N) £225643 (L) £75000 (O)	50	75	400	10000	5	4	4	4	4	4	2	4	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DTTO	D			35	35		5	4	4	4	4	4	5	5					✓																
Integrated Substance Service (CYP)	DA	£336,240 (L)		60	110		1	2	4	1	2	2	2	5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Specific Group Codes:

- 1= Drug and/or alcohol service dedicated solely to the specific group.
- 2= Drug and/or alcohol service with specialist workers, dedicated clinics, or facilities for the specific group.
- 3= Drug and/or alcohol service which has undertaken specific action to attract specific group.
- 4= Drug and/or alcohol service which treats clients from the specific groups but has no specialist facilities.
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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.

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.

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.

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.

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	2002-3	2003-4	2004-5	2005-6	2006-7
Acute inpatient discharges – diagnosis intoxication	ISD Scotland, SMR01				106	
Consumed 8/6 or more units on heaviest drinking day in last week	Scottish Health Survey	20% (National Average 21%)				
Estimated weekly alcohol consumption	Scottish Health Survey	10.5% (National Average 11.6%)				

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		
Complete recruitment of 2 community based nursing staff. Post 1 (Stewartry) to be filled by end May 2006. Post 2 (Wigtownshire) to be filled by March 2007, but is contingent on funding availability.	✓			Additional capacity has been funded for Cameron House nursing staff in the Stewartry and the post in Wigtownshire has been filled	The additional capacity is not an ideal solution, but allows the workload to be covered in the short term.
The aim is to have 18 (i.e. 50%) of local GP practices involved in screening for alcohol problems and offering appropriate interventions by March 2007.			✓		The target has not been fully achieved, but will be completed in June. The delay was due to problems with the IT systems for GP's
The most effective ways of introducing alcohol screening in Dumfries and Galloway Infirmary will be identified. Options Appraisals with costings will be completed by March 2007.	✓			The development of this approach is being taking place within the wider development of mental health service provision in D&G	
Alcohol screening will be routinely	✓			This has been achieved, and further	

included in assessment of people in contact with the Mental Health Service. Training for members of the Dual Diagnosis network to be delivered in April 2006, and cascaded down to all staff teams. Paperwork will be adapted to incorporate appropriate screening tools by March 2007				developments will take place within the context of the Mental health delivery plan for D&G	
ADAPT (Annandale & Eskdale Forum) will assess the feasibility of bringing the 'BIG WORLD' to Annandale and Eskdale, using drama to take 6 th year students around a virtual but typical Saturday night out highlighting the dangers and hazards that can and generally will present themselves e.g. drug dealing, racially aggravated conduct, drink spiking, a street fight / stabbing, drink driving and domestic violence.	✓			The Big World event was organised in Annandale and Eskdale by Dumfries and Galloway Constabulary in partnership with schools and the local college. 250 senior pupils who will be leaving the area this coming year for work or further education attended. The event focussed on awareness raising, based on role play and other interactive activities. Local evaluation was carried out which scored very highly.	
ADAPT (Annandale & Eskdale Forum) will initiate a Blue Light Disco to provide a safe and supervised environment for 11-13 year olds whilst promoting healthy messages around drugs, drink & anti social behaviour. One pilot project will be run by October 2006, which will be subject to evaluation before further roll out.	✓			Two discos were held, in Moffat and Lockerbie, with an attendance of around 30 at each. Young people were involved in the planning and arranging of the events, along with Dumfries and Galloway Constabulary and Community Learning & Development staff. It is envisaged that further events will be planned for elsewhere in the region	
A Communities Development Day	✓			The development day was held as	

will be run locally in April 2006, with the support of SDF. It is hoped that at least 25 people will attend. The aim is to define the purpose and priorities of the Communities Sub Group, and the involvement of Community Forums.				planned with around 50 people attending. As a result of the event, the work of the ADAT's Communities Sub-Group has been revived and refocused, and a number of the local Alcohol and Drug forums are working more effectively. Fresh ideas were discussed around the issue of Family Support, and a network is being developed to expand and improve this area of work.	
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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
The continued roll out of the alcohol project has included a range of tier 1 activities, largely undertaken by the local forum, this has included Tier 1 training, awareness raising events, information leaflets (Pink Handbags), Designated Driver scheme and local consultations.	Ongoing Activities	A significant degree of partnership working has been achieved at a local level, involving a range of partners through the Local Alcohol and Drug Forums.
Discussion has taken place between the ADAT and the Clerk to the Licensing Boards, this will lead to a strong ADAT involvement in the establishing of Local Licensing Forums, which will be reflected in our actions for next year	ADAT (represented on the Officers Working Group preparing for the implementation of the Licensing Act) - work will be ongoing throughout the coming year.	There will be defined links between the ADAT and local communities with regard to licensing issues.

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.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
At the request of the Council, the ADAT will be instrumental in establishing up to 4 Licensing Forums across Dumfries and Galloway. There will be defined links between the ADAT local forums and the Licensing forums, training will be offered to forum members, and the forums will engage in the process of drawing up local licensing policy statements	Dumfries and Galloway Council ADAT, Communities Sub-Group	Forums established by June 2007 Training completed by September 2007 Policy Statements produced by November 2007
Building on the success of last year it is planned to arrange Blue Lights discos in Sanquhar, Dumfries, Moffat, Lockerbie and Gretna.	ADAPT will lead. Planning will involve Young people and partners from Dumfries and Galloway Constabulary and Community Learning & Development.	Five events will be held in 2007-08
The Big World event will be repeated in Annandale and Eskdale, and planning will take place to roll out the event across D&G	Dumfries and Galloway Constabulary in partnership with schools and the Dumfries and Galloway college.	At least one event will be planned for 2007-08
The ADAT is developing a Family Support Network across D&G. Its remit will include alcohol as well a drugs, and it will be involved in promoting safer drinking and offering support to families affected by other peoples' drinking. The network will aim to have family support groups in place across the region by December 2007, and be itself a fully functioning network by March 2008	ADAT, Communities Sub-Group Annandale and Eskdale Family Support Group First Base Agency Kindred Spirits Support Group NCH, Upper Nithsdale Project Stewartry Family Support Group YANA ADAT Alcohol and Drug Forums	Coverage of whole region by December 2007 Family Support Network fully established by March 2008
As the Alcohol Project continues to be rolled out into all parts of the region, the local forums will continue to develop and instigate a range of Tier 1 activities, including Information and Education promoting safer drinking.	ADAT Alcohol and Drug Forums, LHP's, Dumfries and Galloway Constabulary and other local partners	Each Forum will have an action plan in place and begin activities by December 2007

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

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
Drunkenness offences	Scottish Executive Recorded offences data	44	64	91	90	
Drink Driving offences	Scottish Executive Recorded offences data	266	266	238	293	
Recorded offences of consumption of alcohol in a designated place	Scottish Executive Recorded offences data	15	29	56	22	
Experience of neighbourhood problems (people drinking or using	Scottish Household Survey	Dumfries & Galloway 12% (National average)				

drugs)		23%)				
Aspect of neighbourhood disliked	Scottish Household Survey				Southern Scotland Alcohol 9% Drugs 23% (National Average 14% & 19%)	
Drug related offences, (per 100000 of population)	Scottish Executive Justice Dept	526	624	600	637	
Drug related offences recorded by police (per 100000 of population)					Possession with intent to supply 207 Possession 422 Other 8 Total 637 (National Average 847)	
DTTO Stats						74 orders
Calls to Crimestoppers					278	290

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		
Monitor drink / driving figures to assess trends and patterns. Information gathered will allow for better targeting of resources. This process will continue throughout 2006/07.	✓			Drink / Driving is monitored fortnightly at Divisional Tasking and Co-ordinating meetings where specific actions are issued. The number of these offences have increased from 293 in 05/06 to 326.	
Promote and support the use of Crimestoppers across the area, seeking to maintain public response levels, as well as linking in to national priorities and issue specific campaigns. Figures will be monitored annually.	✓			In 05/06 there were 278 crime- stoppers submissions for the Force. This increased in 06/07 to 290 of which 180 related to drugs. The Crimestoppers logo and telephone number is used in every Press Release and a variety of other Police materials used and issued in the Public domain e.g. every 'marked' police vehicle. It is always referred to in any Police presentation to the public. D&G Constabulary did not participate this year in the limited number of national campaigns	

Increase the number of people prosecuted for drug dealing in accordance with the force's strategic goals.	✓			In 05/06 275 persons were reported for drug dealing this figure increased to 305 in 06/07	
The ADAT will develop a more co-ordinated approach to publicity. A minimum of 3 focussed media campaigns will be delivered by March 2007, involving partner agencies.	✓			During the course of the year three aspects of the ADAT's work were highlighted using the local media, the Commencement of the Integrated Drug Service, the Report of the Pilot Integrated Alcohol Service and the launch of the ADAT strategy. In addition partners have contributed to articles etc in the local press.	
The ADAT and Dumfries and Galloway Constabulary will continue to be involved at various levels with public consultation, with the Lead officer or Area Police Inspectors attending all Local Area Committees during the year, and all community councils being attended by Community Constables by March 2007.	✓			The ADAT Lead officer has regularly attended area committee meetings across Dumfries and Galloway. The police have attended 200 public meetings and 472 Community meetings. Three elected members are members of the ADAT. This all ensures a flow of information at various levels which enhances relationships and allows for direct contact with local communities.	

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
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As part of the development of the ADAT strategy, a community consultation exercise was undertaken, with over 400 responses from across the region from a range of age groups.	One off exercise related to strategy development, but format may be considered again in the future.	Community views on a range of issues relating to substance misuse informed the development of the ADAT strategy.
Over February and March Dumfries and Galloway Constabulary took part in the Safer Scotland Anti Violence Campaign, alcohol offences being one part of this campaign. During the period offences were detected, alcohol seized and high profile visits made to licensed premises in particular 'off sales'	Annual	The campaign was highlighted in the local press with a view to raising awareness and informing the wider public.

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
Dumfries and Galloway Constabulary will continue to monitor drink driving figures. Information will enable the best use of	D&G Constabulary	Ongoing

resources. This process will continue throughout 2007/07.		
Dumfries and Galloway Constabulary will pursue the promotion of Crimestoppers across the region. The aim will be to build on last year's response from the public and link in with nationwide initiatives where possible.	D&G Constabulary	Ongoing
Increase the number of people prosecuted for drug dealing in line the police strategy	D&G Constabulary	Ongoing
The ADAT will develop a revised communication strategy, covering internal and external communication.	ADAT, Sub-Group Chairs	December 2007
The ADAT along with Dumfries and Galloway Constabulary and other partners will continue to be involved at various levels through attendance at Local Area Committees, and community councils.	ADAT Lead Officer D&G Constabulary	Ongoing
See also reference to Local Licensing Forums under Section D1.4		

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)

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Most recent SALSUS figures not yet available						

D.3.2 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 the process of integrating the 3 original services. In order to facilitate the transition of staff and structures, a management group will meet monthly throughout the year 2006/07. The group will report to the Children and Young Peoples Sub Group (ADAT), NHS Dumfries and Galloway and Dumfries and Galloway Councils, Children's Services Sub Group.	✓			The service has been consolidated over the year and a number of key staff posts have been filled. This has ensured that the service has been delivered as planned to vulnerable Children and Young people in D&G. The ISS is represented widely within the structures of the NHS, D&G Council and the ADAT, reporting regularly at a number of levels strategically and operationally.	
A review of the range of services provided for Children and Young people (school drop-ins, VIPers groups, How to Drug Proof your Kids, etc) will be completed by June 2006. This will identify gaps in provision and enable further planning.	✓			As the ISS was formed the range of activities and interventions was reviewed and subsequently developed in response to local need as far as service capacity allowed. The ISS contributes to education and prevention activities and strategies, it offers advice and guidance as well as its specialist interventions, all delivered through joint working with partners in Aberlour,	

				CAMHS, CASMS Youth Justice and others.	
Structures have been developed to deal with issues raised in “Getting Our Priorities Right”, “Its Everyone’s Job ...” and “Hidden Harm”. This will lead to further improvements in practice and joint protocols, which will be produced as soon as possible following publication of the Scottish Executive’s implementation plan for Hidden Harm.	✓			A joint protocol which addresses the issues raised in HH and GOPR has been agreed by the partner agencies and a comprehensive training plan to accompany the protocol is under development. All partners within ADAT and the CPC will sign up to the protocols.	
A working group will be established by April 2006 to consider current provision of education and prevention in school and community settings. This group will develop a strategy for this provision by March 2007.			✓	<p>The group has been established, involving education, public health, ISS, Children’s Services and ADAT. It has met on a number of occasions, and progressed in a number of areas:</p> <ul style="list-style-type: none"> - A scoping Exercise has been undertaken in all schools across D&G to assess what is currently being offered - A draft education policy is under development, covering both the content of Substance misuse education in schools and community settings (linked to the Curriculum for Excellence) and issues surrounding external speakers coming into schools to deliver aspects of the curriculum. - A Recognised Partners List is being 	The remit of the group became broader than initially envisaged, and it is believed that a more comprehensive approach will deliver a better final outcome.

				developed to ensure minimum standards in delivering education	
Also see entries under section D4.2					

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

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.

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
The Education Group will continue its work, delivering a draft education policy for use in local	ADAT Education Group D&G Education Authority	Draft Policy by October 2007 RPL commenced by October 2007

schools and creating a Recognised Partners List (RPL) of agencies/individuals competent to contribute to substance misuse education in schools.	Integrated Substance Service Voluntary sector Dumfries and Galloway Constabulary	
The new GOPR protocols will be enacted and rolled out across the region to all partner agencies. Accompanying the roll out will be a comprehensive training package, delivering training to staff appropriate to their particular needs	ADAT and CPC	Protocols launched June 2007 Training plan established June 2007, subject to ongoing review
Work will be done to identify an appropriate screening tool for use with Children and Young People. This will promote greater awareness and ensure more appropriate referrals from partner agencies in health, education and social work services and the voluntary sector.	ISS and ADAT	Tool identified and if appropriate agreed by December 2007
Also see entry under section D4.4		

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)

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Age group analysis, New individual patients/clients	SDMD				<15 – 8 15-19 – 28 20-24 – 69	
Age at onset of problem drug use amongst new individual patients/clients	SDMD				<15 – 14% 15-19 – 67% 20-24 – 19%	
Age when first used illicit drugs amongst new individual patients/clients	SDMD				<15 – 61% 15-19 – 36% 20-24 – 4%	

Under 25's reporting heroin use in past month amongst new individual patients/clients	SDMD	15-19 – 6.2% 20-24 – 36.4%	15-19 – 7.1% 20-24 – 29.2%	15-19 – 67.5% 20-24 – 39.1%	15-19 – 6.0% 20-24 – 28.0%	
Percentage of pupils who have taken drugs in last month	SALSUS	2002 Age 13 – 7% Age 15 – 24%				
Percentage of pupils who have taken drugs in last year	SALSUS	2002 Age 13 – 11% Age 15 – 36%				

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		
35 police School Liaison Officers will receive training to deliver the "Get Real" toolkit. This will be launched in April 2006, and delivered throughout the year.			✓	All 35 School Liaison Officers have been issued with the Get Real DVD and to date 18 of them have received training specific to their needs. Since November 2006 38 drug awareness presentations have been delivered to Schools or Community Groups by Police Officers and the majority have evaluated very highly. For the whole year 06/07 85 drug education packages were delivered by Police Officers.	Places on training courses run each year at the Scottish Police College are limited, but this is an ongoing programme and all officers will receive the training they require. Officers who have been on the courses have been able to cascade training to their colleagues.
The number of P7 pupils from Dumfries and Galloway attending the Choices for Life event will increase from 1000 (2005) to 1300 (2006). The event will take place in	✓			In 2006 1435 P7 pupils (80% of the region's School rolls) attended Choices for Life in Glasgow. Local evaluations were excellent (as was the National Evaluation)	

June 2006.				
Continue the process of integrating the 3 original services. In order to facilitate the transition of staff and structures, a management group will meet monthly throughout the year 2006/07. The group will report to the Children and Young peoples Sub Group (ADAT), NHS Dumfries and Galloway and Dumfries and Galloway Council's Children's Services Sub Group.	See entry under section D.3.2			
A review of the range of services provided for Children and Young people (school drop-ins, VIPers groups, How to Drug Proof your Kids, etc) will be completed by June 2006. This will identify gaps in provision and enable further planning.	See entry under section D.3.2			
Structures have been developed to deal with issues raised in "Getting Our Priorities Right", "Its Everyone's Job ..." and "Hidden Harm". This will lead to further improvements in practice and joint protocols, which will be produced as soon as possible following publication of the Scottish Executive's implementation plan for Hidden Harm.	See entry under section D.3.2			
A working group will be	See entry under section D.3.2			

established by April 2006 to consider current provision of education and prevention in school and community settings. This group will develop a strategy for this provision by March 2007.	
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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

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

The number of P7 pupils from Dumfries and Galloway attending the Choices for Life event will increase from 1435 in 2006 (80% of the school roll) to over 1600 in 2007 (over 90%). The event will take place in June 2007.	Dumfries and Galloway Constabulary	June 2007
The process of training police School Liaison Officers in delivering the “Get Real” toolkit will continue. Its use will continue throughout the year.	Dumfries and Galloway Constabulary	Ongoing
Also see entries under section D.3.4		

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)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Percentage of new clients living with dependent children	SDMD	14%	13%	14%	13%	
Percentage of new clients with a presenting issue of pregnancy	SDMD	2%	11%	27%	6%	
Maternities recording drug misuse	SMR02	5	5	10		
Neonatal discharges recording drug misuse	SMR11	10	11	19		

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		
Building on the STRADA Training Needs Analysis, the ADAT will establish a Staff Development Sub Group. This will involve service and training providers in identifying appropriate, accredited training and quality development within services. The group will be in place by December 2006.	✓			The Staff development Sub Group was formed in November 2006. It has drawn together a wide representation of local agencies, with input also from STRADA. It has identified Tier 1 Training, Staff development and retention, Child protection Training and Specialist Training as the key areas for it to focus on in the next 12 months.	
Structures have been developed to deal with issues raised in "Getting Our Priorities Right", "Its Everyone's Job ..." and "Hidden Harm". This will lead to further improvements in practice and joint protocols, which will be produced as soon as possible following publication of the Scottish	See entry under section 3.2				

Executive's implementation plan for Hidden Harm.					
Data collection has been reviewed by the Integrated Substance Service manager. Systems will be developed to meet local needs and national requirements. New systems will be piloted by October 2006.			✓		A new comprehensive data collection system is under development which will meet the needs of internal and external stakeholders.

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

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
See entries under Section D3.4		
The Staff development Sub-Group will produce a clear work plan, focussed on delivering it objectives, including training on Child protection	Staff Development Sub-Group and partner agencies	Plan produced by June 2007 CPC training delivered on an ongoing basis
New data collection systems will be in place by December 2007	ISS in partnership with ADAT	December 2007
Risk assessment pertaining to Child Protection will be incorporated into the revised IDS assessment tools	ADAT	October 2007

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	2002-3	2003-4	2004-5	2005-6	2006-7
National Waiting Times	ADAT All figures are the % of referral to assessment of <21 days			Apr-Jun 85% Jul-Sep 57% Oct-Dec 49% Jan-Mar 45%	Apr-Jun 49% Jul-Sep 45% Oct-Dec 48% Jan-Mar 62%	Apr-Jun 82% Jul-Sep 68% Oct-Dec 85%

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		
An Integrated Drug Service featuring improved joint working and co-ordinated care planning will be fully implemented across the region, in 5 separate localities. Lead agencies will be delivering the service with trained staff from local premises by May 2006. Monitoring of outcomes (using Christo) will be introduced in April 2006, and continue throughout the life of the service. The service will be fully functioning by December 2006 and an evaluation process will begin by end of March 2007.	✓			All the objectives associated with this aspect of work in last year's CAP were achieved, and the evaluation of the service began in March (this exercise will be completed in May, and reported to the main ADAT meeting in June). The new service has delivered on the two agreed targets, those of getting more people into services, and doing so more quickly. Some development is still required regarding the use of Christo.	
Implementation of the Integrated Prescribing Protocols across Dumfries and Galloway. All			✓		Discussion has involved a number of prescribers operating in a variety of settings. Negotiations are still taking

intermediate specialists and GP's involved in shared care, will use a single, agreed prescribing protocol, by end of March 2007.					place, with the aim of developing a consistent and equitable approach across the region.
Achieving the waiting time target of 4 weeks by end of March 2007, will be a key aim of the Integrated Drug Service. Monitoring of progress towards the target will be done on a quarterly basis.	✓			Clients are now seen within 4 weeks of referral. Aim to reduce the waiting times from Referral to Assessment to 2 weeks by December 2007. Progress monitored on a quarterly basis, with reports to Integrated Care Group	
The strategy to encourage GP practices involved in shared care will be subject to review. Additional capacity within current practices will be assessed, and alternatives for service users whose practices do not participate will be considered. All by March 2007.	✓			The review has resulted in discussions about bringing the shared care enhancement into revised GP's contracts, with funding from the NHS.	
Further development of DTTO will include, completion of service guidance (June 2006), completion of service level agreement (July 2006) and a minimum of 30 orders to be in place by March 2007. Wider developments will include partnership working with the new Integrated Drug service and APEX Scotland's 4x4 project	✓			The Service Guidance was completed as planned, with some issues still to be finalised regarding the Service Agreements. At March 2007 the DTTO service was operating at full capacity (34 orders). Frameworks have been developed to link the needs of DTTO service users with the Integrated Drug Service, through the involvement of APEX.	

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
The time from Referral to Assessment will meet the target of less than 2 weeks by Dec 2007	ADAT, Research and Information Officer will lead on the gathering of required information	December 2007
The Integrated Drug Service will introduce new assessment tools and develop its key-worker system. Training will be offered to staff. This will be done by October 2007.	ADAT, Policy Officer is responsible for developing new tools and leading on training staff	October 2007
Further integration of the IDS will lead to co-location of partner agencies, clearer lines of accountability, and improved service delivery. The first co-located team will be in place by December 2007 and provide a model for other areas	ADAT Support Team, IDS partners	December 2007
The use of Christo has been reviewed and reporting processes will be streamlined. This will facilitate the collection of good quality data on the effectiveness of the Integrated Drugs Service and	ADAT Support Team	August 2007

the progress of individual service users.		
Discussion will continue involving the partners involved in prescribing. The aim is to develop a consistent and equitable approach across the region.	NHS Specialist Drug and Alcohol Service	December 2007

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)

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Numbers presenting to SDMD	SDMD	258	203	194	270	
Number of referrals to agencies	ADAT	n/a	n/a	1123	936	1053
Number of pharmacies supervising/dispensing methadone	ADAT	24		27	27	31

Number of needle exchanges	ADAT	5	5	6	6	6
Number of GPs signed up to shared care scheme	ADAT	13		15	15	21
Number of dispensings of methadone	ADAT	31352		83420	79945 (Apr-Dec 2005)	

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		
An Integrated Drug Service featuring improved joint working and co-ordinated care planning will be fully implemented across the region, in 5 separate localities. Lead agencies will be delivering the service with trained staff from local premises by May 2006. Monitoring of outcomes (using Christo) will be introduced in April 2006, and continue throughout the life of the service. The service will be fully functioning by December 2006 and an evaluation process will begin by end of March 2007.				See entry under section D.6.2	
Implementation of the Integrated Prescribing Protocols across Dumfries and Galloway. All				See entry under section D.6.2	

<p>intermediate specialists and GP's involved in shared care, will use a single, agreed prescribing protocol, by end of March 2007.</p>	
<p>Achieving the waiting time target of 4 weeks by end of March 2007, will be a key aim of the Integrated Drug Service. Monitoring of progress towards the target will be done on a quarterly basis.</p>	<p>See entry under section D.6.2</p>
<p>The strategy to encourage GP practices involved in shared care will be subject to review. Additional capacity within current practices will be assessed, and alternatives for service users whose practices do not participate will be considered. All by March 2007.</p>	<p>See entry under section D.6.2</p>
<p>Further development of DTTO will include, completion of service guidance (June 2006), completion of service level agreement (July 2006) and a minimum of 30 orders to be in place by March 2007. Wider developments will include partnership working with the new Integrated Drug service and APEX Scotland's 4x4 project</p>	<p>See entry under section D.6.2</p>

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

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
The activities to reduce waiting times and to increase number entering treatment have been strategically linked together, focused in the creation of the Integrated Drug Service	See entries under section D.6.4	

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	2002-3	2003-4	2004-5	2005-6	2006-7
Number of planned discharges	ADAT			226	402	436
Number of unplanned discharged	ADAT			488	482	508
Number of people engaged in treatment for more than 12 weeks (referral to discharge)	ADAT (National Waiting Times Framework) (* denotes figures revised)			Jan – Mar 05 36%*	Apr–Jun 45%* Jul–Sept 58%* Oct–Dec 49%* Jan-Mar 28%	Apr-Jun 26% Jul-Sep 34% Oct-Dec 35%

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		
Apex Scotland, working in partnership with Working for Families and Criminal Justice will deliver a structured day programme to those with some form of parental responsibility, who have a previous history of substance misuse. It will be delivered over 8 weeks, Monday to Thursday, with time on Fridays for one to one appointments. Up to May 2007, it will be delivered to 60 participants, equipping them with employability, social and life skills in order to move closer to education training or employment. The programme will be monitored regularly using customer satisfaction surveys, one to one	✓			The objectives were achieved, and a total of 77 service users were supported throughout the year. Of these 4 found paid employment, 10 moved to voluntary employment, 1 to full time education and 6 joined training schemes.	

sessions and weekly staff meetings, as well as being monitored along with other WFF projects by Napier University.					
Turning Point Scotland will support service users in temporary supported accommodation as they prepare for mainstream tenancies when appropriate. They will support a minimum of 4 individuals, monitoring and evaluating the success of each move on. This will be achieved through working with partners in homeless persons and local health services in joint assessment, and the initial target will be achieved by the end of April 2006	✓			This is an ongoing activity. 4 service users were supported in their own homes, with 2 having moved through the process and 2 still receiving appropriate support. There is regular monitoring and evaluation of progress with partners in the Homeless Section of the Housing Services Department.	
As part of the establishing of the Integrated Drug Service, the Christo inventory will be used to measure service user progress. All IDS partners will introduce Christo in April 2006, and apply the tool in an integrated way. All partners will use common electronic records by September 2006, and the effectiveness of the tool will be evaluated by March 2007.			✓		Databases were established for each of the localities. Due to processing difficulties, many review scores were not completed. Overall data was incomplete. The Integrated care working group is currently reviewing how all client information is kept and processed. A draft process has been established and should be in place by June 07. Agreed to postpone the evaluation until new process has been approved and implemented for 1 year.
The Integrated Drug Service	See entry under section D.6.2				

<p>featuring improved joint working and co-ordinated care planning will be fully implemented across the region, in 5 separate localities. Lead agencies will be delivering the service with trained staff from local premises by May 2006. Monitoring of outcomes (using Christo) will be introduced in April 2006, and continue throughout the life of the service. The service will be fully functioning by December 2006 and an evaluation process will begin by end of March 2007.</p>	
<p>Implementation of the Integrated Prescribing Protocols across Dumfries and Galloway. All intermediate specialists and GP's involved in shared care, will use a single, agreed prescribing protocol, by end of March 2007.</p>	<p>See entry under section D.6.2</p>
<p>Achieving the waiting time target of 4 weeks by end of March 2007, will be a key aim of the Integrated Drug Service. Monitoring of progress towards the target will be done on a quarterly basis.</p>	<p>See entry under section D.6.2</p>
<p>The strategy to encourage GP practices involved in shared care will be subject to review. Additional capacity within current practices will be assessed, and</p>	<p>See entry under section D.6.2</p>

alternatives for service users whose practices do not participate will be considered. All by March 2007.	
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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
See entries under section D.6.4		

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)

Indicator(s)	Data Source	2002-3	2003-4	2004-5	2005-6	2006-7
Clients moving into employment/voluntary work	Local Service statistics					103
Clients moving into training/education	Local Service statistics					196

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		
Apex Scotland, working in partnership with Working for families and Criminal Justice will deliver a structured day programme to those with some form of parental responsibility, who have a previous history of substance misuse. It will be delivered over 8 weeks, Monday to Thursday, with time on Fridays for one to one appointments. Up to May 2007, it will be delivered to 60 participants, equipping them with employability, social and life skills in order to move closer to education training or employment. The programme will be monitored regularly using customer satisfaction surveys, one to one				See entry under section D.8.2	

<p>sessions and weekly staff meetings, as well as being monitored along with other WFF projects by Napier University.</p>					
<p>Turning Point Scotland will support service users in temporary supported accommodation as they prepare for mainstream tenancies when appropriate. They will support a minimum of 4 individuals, monitoring and evaluating the success of each move on. This will be achieved through working with partners in homeless persons and local health services in joint assessment, and the initial target will be achieved by the end of April 2006</p>	<p>See entry under section D.8.2</p>				
<p>As part of the establishing of the Integrated Drug Service, the Christo inventory will be used to measure service user progress. All IDS partners will introduce Christo in April 2006, and apply the tool in an integrated way. All partners will use common electronic record by September 2006, and the effectiveness of the tool will be evaluated by March 2007.</p>	<p>See entry under section D.8.2</p>				
<p>The Training, Employability and Employment Sub Group will work with colleagues in SHAW to</p>	<p>✓</p>			<p>Representatives from Healthy Working Lives sit on the ADAT TEE Sub-Group. HWL staff are engaged in this aspect of</p>	

develop support to employers in Dumfries and Galloway. This will mean identifying appropriate tools and materials and dissemination, by March 2007.				work, and the ADAT link in where necessary to offer support and advice.	
The Training, Employability and Employment Sub Group will develop and implement with partner agencies, effective monitoring and recording systems to measure outcomes in service users moving into training education or employment. This will be completed by December 2006.			✓		ADAT has gathered some basic information from partner agencies about people moving on into training education or employment. However, is hoped to develop the employment section within the new Integrated Drug Service assessment tool, and to use the IDS system of assessment and review as a means of gathering better quality information than would be possible collecting it in isolation.

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

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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
The TEE sub-group, in partnership with the Integrated Drug Service will develop a monitoring process, linked to the new IDS assessment tools.	ADAT, TEE sub-group, IDS and Support Team	October 2007
The TEE sub-group will assess the feasibility of establishing further supported employment initiatives in the region	ADAT, TEE sub-group	Assessment to be completed by October 2007

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	2002-3	2003-4	2004-5	2005-6	2006-7
Drug Related Deaths	GRO Scotland	9	9	7	7	
Drug Related Deaths (by selected drug)	GRO Scotland				Heroin – 6 Cocaine - 1	

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		
The five local forums will offer in conjunction with SDF a rolling programme of Critical Incident Training. We aim to deliver this twice in each of the five localities by March 2007. The aim is to reduce incidences of fatal and non-fatal overdose by equipping service users and families with basic emergency intervention skills.			✓		It was realised that we didn't have the capacity to deliver the number of sessions we would have liked, and that there would not be the numbers necessary to run all of the sessions. Two events did run, one organised by YANA in the west of the region, and one by the combined local forums, in conjunction with SDF. These have involved linking in with the Scottish Ambulance Service and other local agencies. Further sessions are planned.
The ADAT will continue to supply copies of the "Going Over" DVD to partner agencies for distribution to service users, family members and carers. The aim is to have distributed 500 by September 2006.			✓		Over 400 DVD's were circulated by September 2006, using ADAT and other events and training days as a means of dissemination, since then additional copies continue to be handed out

<p>Drug Death review group to further develop its work and widen its remit to</p> <ul style="list-style-type: none"> - Identify Trends - Look at Factors Surrounding the Drug Deaths - Consider non-fatal overdose - Develop protocols with Accident and Emergency services <p>This work will be ongoing and not time limited.</p>	✓			<p>A Memorandum of Understanding was agreed between D&G Constabulary and NHS Specialist Drug and Alcohol Service, to provide named data on non fatal overdoses. The information was used to check against current service users and their keyworker informed to give advice on preventing further overdose. Those who were not known to service were written a letter with details on how to access services in the region.</p>	
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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
<p>Two service users from the area have been encouraged and supported in attending the National Forum on Drug Deaths.</p>	<p>Ongoing</p>	<p>Primarily this is positive for the individuals' own personal development, but also creates links with national initiatives, and highlights the need for service user involvement.</p>

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.

<p>Key actions for 2007-8</p>

SMART objective	Lead organisation	Timescales
Having reviewed the approach to Critical Incident Training, the five local forums will offer a programme of Critical Incident Training, with training specific to particular groups (e.g. family members, service users, support staff etc) The ultimate aim is to contribute to reducing incidences of fatal and non-fatal overdose.	ADAT Communities sub-group, Local Alcohol and Drug Forums, SDF and SPS	Ongoing
The Drug Death Review Group will continue to meet in response to local drug deaths.	ADAT, D&G Constabulary and other partners	Ongoing

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
Young People ever offered drugs	SALSUS	Age 13 – 34% Age 15 – 67%				
Young people offered individual drugs	SALSUS	Age 13 Cannabis – 23% Stimulants – 12% Psychedelics – 9%				

		<p>Opiates – 5% Solvents – 11% Tranquillisers – 4% Anabolic Steroids – 2% Semeron – 0% Other – 2%</p> <p>Age 15</p> <p>Cannabis – 58% Stimulants – 28% Psychedelics – 17% Opiates – 5% Solvents – 20% Tranquillisers – 11% Anabolic Steroids – 2% Semeron – 2% Other – 1%</p>				
Ease of getting Drugs	SALSUS	<p>Age 13</p> <p>Very easy 12% Fairly easy 21% Fairly difficult 6% Very difficult 4% Impossible 9% Don't know 48%</p> <p>Age 15</p> <p>Very easy 33% Fairly easy 36% Fairly difficult 6% Very difficult 1% Impossible 2% Don't know 23%</p>				

Seizures of controlled drugs	Scottish Executive	427	500	519	675	
Seizures of controlled drugs by type					Cocaine - 23 Crack Cocaine - 3 Heroin - 112 LSD - 0 Ecstasy - 27 Methadone - 1 Other class A - 4 Barbiturates - 0 Amphetamines - 18 Other class B - 5 Cannabis - 471 Temazepam - 2 Benzodiazepines - 32 GHB - 0 Anabolic Steroids - 0 Other class C - 0	

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		
Throughout 2006/07, D&G Constabulary will continue to target those dealing in Category A drugs. This will be achieved through working in partnership with other agencies, and will result in increases in asset recovery, in the weight of Category A drugs that are seized, and in the detection of offences for supply or intent to supply.	✓			The force's target was missed by 1 (0.5%). This year 214 Class A 'supply' offences were detected. £1,127,145 of assets was seized/restrained There have been 120 drug related financial investigations carried out. There were 1,190 drug seizures in Dumfries and Galloway.	

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

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
D&G Constabulary will continue to target those dealing in Category A drugs. This will result in increases in asset recovery, in the weight of Category A drugs that are seized, and in the detection of offences for supply or intent to supply.	D&G Constabulary	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 1-4	Category of Spend	Scottish Executive Allocation: Drugs 2006-7 (£)	Allocation from Partner Organisation 2006-7 (£)	Partner Organisation e.g. NHS Board/Local Authority etc.	Breakdown of actual spend in 2006-7 (£)	Underspend/overspend to 31 March 2007 (£)	Projected Spend 2007-8 (£)
All ⁴	Integrated Treatment Services	482,129		NHS	411,429	70,000 (u)	500,000 ⁵
2	Turning Point Scotland		225,543	Local Authority	225,543		236,000 ⁶
3	Turning Point Scotland		96,636	NHS	96,636		98,000 ⁶
2/3	Turning Point Scotland		75,000	Other	75,000		78,000 ⁶
2	Arrest Referral		91,827	Local Authority/Other	91,827		94,000 ⁶
2	Rehabilitation		82,650	Local Authority/Other	82,650		85,000 ⁶
	Total:	482,129	571,656		983,085	70,000	1,091,000⁶

Notes

⁴ - A range of activities are carried out by IDS partners at different levels, making meaningful breakdown very difficult

⁵ - Spending plans for 2007/08 are not yet finalised, but include accrued carry forwards

⁶ - Estimate

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

E.2 Alcohol Specific Spend

Tier 1-4	Category of Spend	Scottish Executive Allocation: Alcohol 2006-7 (£)	Allocation from Partner Organisation 2006-7 (£)	Partner Organisation e.g. NHS Board/Local Authority etc.	Breakdown of actual spend in 2006-7 (£)	Underspend/overspend to 31 March 2007 (£)	Projected Spend 2007-8 (£)
All		359,000			308,833	40,167 (u)	450,000 ⁷
	Total:	359,000			308,833	40,167	450,000¹

⁷ - Estimate

Service Tiers:

- 2 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

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 1-4	Category of Spend	Scottish Executive Allocation 2006-7 (£)	Allocation from Partner Organisation 2006-7 (£)	Partner Organisation e.g. NHS Board/Local Authority etc.	Breakdown of actual spend in 2006-7 (£)	Underspend/overspend to 31 March 2007 (£)	Projected Spend 2007-8 (£)
3/4	NHS Specialist Service		984,000	NHS	984,000		990,000 ⁸
3	NHS Specialist Service		70,000	D&G Council (DTTO)	70,000		72,000 ⁸
2/3	Alcohol and Drug Support SW Scotland		310,869	NHS	310,869		315,000 ⁸
2/3	Alcohol and Drug Support SW Scotland		330,017	D&G Council	330,017		335,000 ⁸
2/3	Alcohol and Drug Support SW Scotland		74,448	Other (incl Lottery)	74,448		76,000 ⁸
1-3	Integrated Substance Service (CYP)		336,240	D&G Council	336,240		340,000 ⁸
	Total:		2,105,574		2,105,574		2,128,000⁸

⁸ - Estimate

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 _____