

FIFE 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
Stephen Moore	Executive Director	Social Work Service	DAAT Joint Commissioning Group
Dr Alex Baldacchino	NHS Lead Clinician, Consultant Psychiatrist	NHS Fife	DAAT Drug Related Deaths Monitoring and Prevention Group
Ray Myers (Up to May 2006)	Team Leader (Representing Fife Alcohol Forum)	Social Work Service (Criminal Justice Service)	DAAT Communities Task Group
Fiona Digan (Up to March 2006)	Progress2Work Manager (Representing Fife Drugs Forum)	Apex Fife	DAAT
Robert Grant	Service Manager (Representing Voluntary Sector)	Drug & Alcohol Project Levenmouth	Treatment Task Group Rehabilitation Task Group DAAT
Jim Carr	Service Manager (Representing Voluntary Sector)	West Fife Community Drug Team	Treatment Task Group DAAT
Jim Bett (From May 2006)	Service Manager (Representing Fife Alcohol Forum)	FASS	DAAT Treatment Task Group Rehabilitation Task Group
Bill Lawrie	Superintendent	Fife Constabulary	DAAT Joint Commissioning Group

Dr Margaret Hannah	Consultant in Public Health Medicine	NHS Fife	DAAT Joint Commissioning Group
Cllr Theresa Gunn	Elected Member	Fife Council	DAAT
Graham McArthur	Regional Manager	Scottish Drug Forum	DAAT Joint Commissioning Group
George Cunningham	General Manager	NHS Kirkcaldy/Levenmouth Community Health Partnership	DAAT

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

Task Groups: Young People, Communities, Treatment, Rehabilitation and Availability. The Alcohol Care Pathways Group is a sub-group of the Treatment Task Group

Sub Groups: Joint Commissioning Group, Drug Related Deaths Monitoring and Prevention Group, Homeless Service Planning Group

Overdose Intervention Training Group is a sub-group of the Drug Related Deaths Group

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

Community Safety Partnership
Child Protection Committee
Health and Well Being Alliance
Sustainable Communities
Community Health Partnerships
Health and Social Care Partnership

DAAT's Task Group membership includes representatives from all the specialist substance misuse services including Voluntary Sector, Fife Council Services (Education, Social Work, Housing, Community Services, including Employability Team), Elected Member, NHS Fife Mental Health Directorate, Community Pharmacist, Child and Adolescent Mental Health Service, Community Midwives and Public Health Nurses), Fife Constabulary (Drug and Alcohol Liaison Officers, Drug Squad)

In addition, other sub-groups include members from Scottish Prison Service, Ambulance Service, Homeless service providers, St. Andrew's University, Choose Life Strategy Group, BBV Task Group

DAAT is represented on Child Protection Committee, Safer Communities Management Group, Fife Homeless Group, Joint working group on Licensing Issues, Alcohol Research Group, Substance Misuse and Pregnancy Group.

A.2 ADAT support funding

A.2.1 Total Support Allocation:

2006-7 allocation (£): £168,963

Carry forward (£): None

Total (£): £168,963

A.2.2 Breakdown of Support Allocation Spend

Category of Spend	Scottish Executive Funding Expenditure (£)	Funding from other sources (£)	Total (£)
Salaries	£80,638		£80,638
Staff costs	£582		£582
Forum/meetings	£1,700		£1,700
Seminars/conferences/events	£1,363		£1,363
Training	£3,680		£3,680
Miscellaneous spending	£1,469		£1,469
Consultancy Fees	£14,901		£14,901
Total	£104,333		£104,333

A.2.3 Other Ring-fenced funding

Funding stream	Allocation	Amount spent (£)
Communications Funding (alcohol and drugs)	NONE	

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:

To achieve targets set as part of the Performance Contract with Scottish Executive.
To Reduce Waiting Times for specialist services.
To begin a process of review, prompted by the Scottish Executive's Stock Taking Exercise, of the key characteristics that make for a successful DAAT and how well DAAT is meeting the needs of people in Fife affected by substance misuse.
To make the joint commissioning process more robust by placing a greater emphasis on outcome measures.
To increase the awareness of all staff and volunteers in specialist substance misuse services of their individual and corporate responsibilities in relation to Child Protection.

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

Fife Community Plan
Integrated Children's Services Plan
Child Protection Committee Action Plan
Joint Health Improvement Plan
Community Safety Strategy

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)

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

Feedback received via DAAT Task and Sub groups about emerging trends, increasing or diminishing problems, gaps in provision in particular geographical areas. Specific evaluation or needs assessment carried out by specialist services.

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

Young People Needs Analysis

SECTION C:

Support and Treatment Tables

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

West Fife Community Drugs Team	DA	150,591 (N) 53,647 (L)	355	1098	3978	38	2	4	4	4	4	4	4	4	4	4	4				x	x						x	x	x	x	x			x		x
Fife Youth Drug Team	DA	308,509	82	105	1846	40	1	2	4	2	4			4								x					x	x	x	x	x			x		x	
Fife Alcohol Support Services 1-1 Counselling and Family Support	A	249,116 (N) 67,238 (L) 119,700 (O)	552	805	2169	236	5	4	4	4	4	4	4	4	4	4						x		x	x				x	x	x			x		x	
Fife Alcohol Support Services Tel Advise and counselling			750	750	750	750	5	4	4	4	4	4	4	4	4	4											x	x		x			x		X		
Fife Alcohol Support Services Alcohol Education			392	392	392	392	4	4	4	4	4	4	4	4	4	4											x						x				
Fife Alcohol Support Services Support Groups			17	27	138	15	5	4	4	4	4	4	4	4	4	4						x		x	x			x	x		x		x		x		
Drug Court Supervision and Treatment Team			182	71		52	5	4	2	4	4	4	4	4	4	4	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
PARS	D		167	361	3848	33	5	4	4	4	4	4	4	4	4	4	√	√					√	√	√	√	√	√	√	√	√	√	√	√	√	√	
CAT & ALNT	A		491	649	1981	246	5	4	3	3	4	4	5	3	4	4	√						√	√	√	√	√	√	√	√	√	√	√	√	√	√	
CDT & CHANT	DA		723	1158	7333	426	3	4	2	2	4	4	2	2	4	4	√	√					√	√	√	√	√	√	√	√	√	√	√	√	√	√	
HRC	D		716	3032	15816	N/A	4	4	4	4	4	4	2	2	4							√	√			√	√		√	√	√	√	√	√	√	√	
Time 4 U Service	DA	19,000 (N) 17,000 (L) 4,188 (O)	16	16	156	9	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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First: ** The formation of the new Prescribing and Rehabilitation Service (PARS) has had an effect on this figure. A number of clients who would normally have been referred to the Mainstream Service were referred to PARS instead.

Clued-Up Project: The figure total attendances is made up of:- One to one support sessions – 128, Workshops – 146, Drop in at Clued Up – 868, Drop in at Schools – 679, Condom distribution and pregnancy test – 110, Group work – 181, Homeless Unit Drop in – 569, Homeless one to one support sessions – 544, Detached Youth Work Contacts – 3708.

FYDT: Also carry out specific work with schools when requested 654 pupils e.g. 6th Year Conference – 90 Waid.

West Fife Community Drugs Team	DA	144	621	1461	24	2	4	4	4	4	4	4	4	4				x	x					x	x	x	x	x		x		x	
Fife Youth Drugs Team	DA	20*	60			1	2	4	2	4			4						x					x	x	x	x	x		x		x	
Fife Alcohol Support Services 1-1 Counselling and Family Support	A	235	489	734	71	5	4	4	4	4	4	4	4	4				X		x	X				x	X	X		x		X		
Fife Alcohol Support Services Tel Advise and counselling		276	276	276	276	5	4	4	4	4	4	4	4	4										X	X		X		X		X		
Fife Alcohol Support Services Alcohol Education		91	91	91	91	4	4	4	4	4	4	4	4	4										X					X				
Fife Alcohol Support Services Support Groups		4	16	40	1	5	4	4	4	4	4	4	4	4				x		X	x			x	X		x		x	X		x	
Drug Court Supervision and Treatment Team		58	25		12	5	4	2	4	4	4	4	4	4	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
PARS	D	40	368	1224	19	5	4	4	4	4	4	4	4	4	✓	✓					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
CAT	A	146	284	814	94	5	4	3	3	4	4	5	3	4	✓						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
CDT & CHANT	DA	322	644	2919	167	3	4	2	2	4	4	2	2	4	✓	✓					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
HRC	D	213	3032	5431	N/A	4	4	4	4	4	4	2	2	4			✓	✓			✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
Time 4 U Service	DA	6	6	75	0	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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First: ** The formation of the new Prescribing and Rehabilitation Service (PARS) has had an effect on this figure. A number of clients who would normally have been referred to the Mainstream Service were referred to PARS instead.

Clued-Up Project: The figure total attendances is made up of: One to one support sessions – 34, Workshops – 152, Drop in at Clued Up – 431, Drop in at Schools – 134, Condom distribution and pregnancy test – 27, Group work – 24, Homeless Unit Drop in – 161, Homeless one to one support sessions – 362, Detached Youth Work Contacts – 1947.

FYDT: * May be due to Social Work Redesign – Referrals have been slower to come in.

Clued Up Project's Homeless Service		62,074 (N)	30	100	125	2000	5	4	4	4	4	4	2	2 & 3	5					x							x	x	x		x		x			
Clued Up Project's Detached Service		25,000 (L) 11,500 (O)				6000	2 & 3	4	4	4	4	4	4	4	5					x							x				x		x			
West Fife Community Drugs Team	DA	152,000 (N) 46,160 (L)	60	500	1600	5300	2	4	4	4	4	4	4	4	4					x	x						x	x	x	x	x		x			
Fife Youth Drugs Team	DA	312,000 (L)*																																		
Fife Alcohol Support Services 1-1 Counselling and Family Support	A	252,364 (N) 57,856 (L) 99,700 (O)	210	800	1050	2670	5	4	4	4	4	4	4	4	4					X		X	x					x	x	X			x		X	
Fife Alcohol Support Services Tel Advise and counselling			1025	1025	1025	1025	5	4	4	4	4	4	4	4	4												X	X		X			X		X	
Fife Alcohol Support Services Alcohol Education			400	400	400	400	4	4	4	4	4	4	4	4	4												X						X			
Fife Alcohol Support Services Support Groups			20	20	30	180	5	4	4	4	4	4	4	4	4					X		x	X				x	X		x		x	X		x	
Drug Court Supervision and Treatment Team	D	1,200,000 (O)	38	160	130	12000	5	4	2	4	4	4	4	4	4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Fife NHS Addiction Services	DA		400	1500	5000	30000	3	4	2	2	4	4	2	2	4	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	
Time 4 U Service	DA		6	10	10	250	x																				x		x	x						

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 2007	Jan- Mar 2007 Projected If actual not available	Projected Apr 07–Mar 08	
Forth Park Hospital	Methadone Tolerance testing/titration and stabilising	4	17	6	28				

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	
Tayside Alcohol Problem Service	Alcohol Residential Treatment	Montrose	13	4	20	4	2		
Links Project	Detoxification and stabilisation	Edinburgh		1	2				
Inverness	rehabilitation	Inverness				2			

SHARED CARE: (Drugs Only)

Number of GP Practices signed up to local shared care scheme	5 – Benarty, Inverkeithing, Kelty, Lochgelly and Cardenden
Number of pharmacists signed up to local shared care scheme	70
Number of dispensings of methadone mixture	186,145
Number of supervised dispensings of methadone mixture	123,767

NEEDLE EXCHANGE: (Drugs Only)

SERVICE TYPE	NUMBER OF FACILITIES	NUMBER OF NEEDLES / SYRINGES DISTRIBUTED	NUMBER OF NEEDLES / SYRINGES RETURNED
Specialist	11	177834	110520
Outreach	2	129820	84800
Community Pharmacies	14	286280	235100

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
ADULT SERVICES	FASS* & DELTA	FASS* & DELTA
CHILDREN'S SERVICES	WFCDT & DELTA	WFCDT & DELTA

* FASS: Also provides Alcohol Education / Minimal Intervention.

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
Weekly alcohol consumption-men over 21units	PAF/FHALS 01/ SHS03	26%				
Consumed 8(4) units on heaviest drinking day –men	SHS03	27 (45)%				
Weekly alcohol consumption-women over 14 units	PAF/ FHALS 01/ SHS03	11%				

Consumed 8(4) units on heaviest drinking day –women SHS03	SHS03	19 (32)%				
Estimates of GP & Practice Nurse consultations for alcohol misuse- Male patients	ISD PTI**		(2004) 4850 28.4 per 1000 pop			
Estimates of GP & Practice Nurse consultations for alcohol misuse- Female patients	ISD PTI**		(2004) 2450 13.2 per 1000 pop			
Hospital admissions for acute intoxication	ISD SMR01				326	
Acute inpatient discharges with alcohol related diagnosis	ISD SMR01	Number 1718 EASR* 475	Number 1615 EASR* 437	Number 1989 EASR* 542	Number 2043 EASR* 543	
Alcohol related deaths-males	GROS	(2002) Number 87 EASR* 46.6	(2003) Number 71 EASR* 38.1	(2004) Number 74 EASR* 38.5	(2005) Number 87 EASR* 43.8	
Alcohol related deaths-females	GROS	(2002) Number 37 EASR* 17.2	(2003) Number 39 EASR* 18.6	(2004) Number 37 EASR* 17.2	(2005) Number 43 EASR* 20.0	
psychiatric inpatient discharges with alcohol related diagnosis	ISD SMR01	215	N/A			

*EASR: European Age Standardised Rate per 100 000 population

**PTI: Practice Team Information is based on a sample of GP practices, representative of the population

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		
Fife Licensing Boards to develop Fitness and relevant operational polices in anticipation of the new Licensing Act by March 2007.	Yes			Readiness to implement the new Licensing Act particularly in relation to health and community engagement	
Distribute and publicise publications at key locations within Fife in support of national alcohol campaigns.	Yes			Increased awareness of impact and services available locally	

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

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
Deliver training to members of new Licensing Boards on health implications and other consequences of alcohol problems.	Fife Council	By March 2008
Monitor alcohol related problems relating to Licensed premises and receive reports form local licensing officers on progress.	Environmental Services	By March 2008
Participate in the newly established Licensing Forum.	DAAT	As soon as Local Forum is established.

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	478	522	470	391	
Drunk & incapable	Fife Police Statistics		512	486		
Drunk driving offences	Scottish Executive Recorded Offences Data	851	825	659	744	
Blood alcohol above prescribed limit	Fife Police Statistics		590	490		

Consumption alcohol in designated place	Scottish Executive Recorded Offences Data	385	347	810	920	
Fairly/very common-people who have been drinking or using drugs are in area	Making Fife Safer Survey 2003		(2003) 52%			
Drinking/using drugs fairly common in neighbourhood	Scottish Household Survey		26%			
Aspects of neighbourhood disliked-alcohol abuse	Scottish Household Survey			(2005) 17 %		
Aspects of neighbourhood disliked-drug abuse & dealing	Scottish Household Survey			(2005) 21%		
Residents' perceived problem in area of: -Rowdy/drunken behaviour -People using/dealing drugs -Solvent abuse/glue sniffing/drug abuse -Drunk/drug driving	Fife Police Community Consultation		41.5%	45.6%	46.1%	
			29.8%	37.3%	32.7%	
			26.3%	28.4%	26.8%	
			25.9%	28.1%	28.4%	
Number of DTTOs	CJ social work statistics		71 2.9 per 10000 pop	80 3.2 per 10000 pop	64 2.5 per 10000 pop	

Drug treatment & testing assessments	CJ social work statistics		131 individuals 6.6 per 10000 pop	97 individuals 4.6 per 10000 pop	87 individuals 4.0 per 10000 pop	
Drug Treatment and Testing Orders –age 25 or under	CJ social work statistics				32 50% of all DTTOs	
Drug related offences	SE criminal Justice stats	1944 554 per100000 pop	1804 512 per100000 pop	1886 532 per 100000 pop	2137 599 per 100000 pop	
Drug offences	Fife Police		1915	2010		

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		
Develop a communication strategy by March 2007. To deliver a consistent programme of awareness raising and information sharing to target communities.	Yes		Ongoing	Task group communication strategy in place. Consistency in delivery of communications.	Initial priority proved to be a much bigger piece of work than originally anticipated. Key learning centres on identification of key partners, scoping the work more accurately, and agreeing at the outset who will lead and take responsibility to carry out the work.
Consider the feasibility of developing an arrest referral scheme and report to DAAT by October 2006.	Yes		Ongoing	Pilot Street Referral approved by DAAT and will be implemented in Levenmouth area during 07-08.	No decision on pilot arrest referral scheme in Kirkcaldy for under 25s.

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

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
Evaluate the impact of the consistent message paper for professionals dealing with key alcohol issues.	DAAT	By March 2008
Receive evaluation reports on the outcome and impact of the Street Referral Scheme.	DAPL and Fife Constabulary	By March 2008

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
Drinking alcohol in last week-13 yr olds	SALSUS 2002/04 Fife SALSUS 06	22% (Fife)	20% (Scotland)		18% (Fife)	
Drinking alcohol in last week-15yr olds	SALSUS 2002/04 Fife SALSUS 06	48% (Fife)	40% (Scotland)		33% (Fife)	
Average consumption over 7 days 13 yr olds	Fife SALSUS 06	10 units			16 units	

Average consumption over 7 days 15 yr olds	Fife SALSUS 06	14 units			14 units	
Average consumption over 7 days-boys	SALSUS 2002/04 Fife SALSUS 06		13units (Scotland)		14 units (Fife)	
Average consumption over 7 days-girls	SALSUS 2002/04 Fife SALSUS 06		11 units (Scotland)		14 units (Fife)	
Hospital discharges alcohol misuse-males 0-24 years	SMR01			10% of male total 125		
Hospital discharges alcohol misuse-females 0-24 years	SMR01			14% of female total 97		
Perceived problem in area-Alcohol abuse-young people	Fife Police Community Consultation		49.2%	52.9%	55.1%	
Fife Youth Drug team new clients	Fife Youth Drug team		107	129		

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		
Recruit 6 additional young people and train twelve young people to deliver a minimum of six peer awareness support sessions to community based young people groups by March 2007.	Yes			Increased awareness amongst those who have trained as peer educators and the target audience. Lack of dedicated worker has limited the number of sessions delivered to date.	
Implement Test Purchasing Scheme Fife wide to take in all off sales. Scheme to commence in June 2006 and run for twelve months.	Yes			All Licensees made aware of the Pilot and their responsibilities in relation to age-restricted products. A number of licenses suspended for a short period of time as a result of the Pilot. Public made aware of the Pilot, its aims and anticipated outcomes as a result of media interest.	
Expand the delivery of school-based education Fife wide to include an additional twelve secondary schools and twelve special needs units.			Ongoing	Consistency of approach and delivery. Fife wide coverage by one organisation means that other services no longer need to deliver the mainstream substance misuse education thus allowing them to concentrate on core business.	Work on a programme for pupils with special needs is at the development stage.

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
Work with partner agencies to highlight the responsibilities on sales and dangers relating to age restricted products.	NHS Fife and Fife Council Trading Standards.	By March 2008
Develop and deliver Boozebusters drama to S2 pupils in all high schools.	Multi agency working group.	By March 2008

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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
Used drugs in last month: age 13 age 15	SALSUS 2002/04 Fife SALSUS 06	(Fife) 5% 23%	(Scotland) 7% 20%		(Fife) 5% 15%	
Under 25 yrs only- first starting use illicit drugs: under 15 15-19 20-24	SDMD			65% 33% 2%	66% 33% 1%	
Under 25 yrs only- % onset problem drug use: under 15 15-19	SDMD			27% 59%	25% 60%	

20-24				14%	16%	
Number of new clients age: under 15 15-19 20-24	SDMD			1025 45 119 235	1218 53 111 261	
Number & % of Under 25 yrs individuals reporting heroin use in last month: under 15 15-19 20-24	SDMD	574 - 7.7% 33.3%	652 - 6.3% 31.3%	694 - 6.6% 25.6%	764 - 5.2% 24.7%	
% of clients under 20 injecting in previous month	SDMD	29	21	16	16	
Population under 15 15-19 20-24	GROS mid year			Male Female 30324 31568 11417 11936 11040 11171	Male Female 31365 30095 12171 11812 11419 11111	

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		
Recruit 6 additional young people and train twelve young people to deliver a minimum of six peer awareness support sessions to community based young people groups by March 2007.	Yes			Increased awareness amongst those who have trained as peer educators and the target audience. Lack of dedicated worker has limited the number of sessions delivered to date.	
Implement Test Purchasing Scheme Fife wide to take in all off sales. Scheme to commence in June 2006 and run for twelve months.	Yes			All Licensees made aware of the Pilot and their responsibilities in relation to age-restricted products. A number of licenses suspended for a short period of time as a result of the Pilot. Public made aware of the Pilot, its aims and anticipated outcomes as a result of media interest.	

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
Support the delivery of STRADA courses.	Ongoing	20 modules have been delivered to 186 participants. Modules offered based on identified need information provided by services.

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
Carry out Young People Needs Assessment.	DAAT	By March 2008
Monitor impact of Street Referral Pilot.	DAPL/Fife Constabulary	By March 2008
Monitor impact of new Youth Work Provision in Benarty.	TIBAL/Benarty Cares	Interim report by January 2008

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 - Only dependent children - & Parents - & Spouse/partner	SDMD	7% 1% 10%	7% 1% 10%	8% 1% 9%	7% 1% 13%	
Percentage of new clients presenting issue of pregnancy	SDMD	24%	19%	19%	19%	
Number of maternities recording drug misuse	ISD (SMR02)	6 1.7 per 1000 maternities	47 13.1 per 1000 maternities	39 10.5 per 1000 maternities		

Neonatal discharges recording drug misuse-number Rate per 1000 live births	ISD (SMR11)	18 5.2	11 3.0	17 4.5		
Looked after children (all) % of 0-17 population	Child Protection Statistics			601 0.8%		
Number of children on child protection register (at 31 st mar) aged 0-15: rate per 1,000 pop	Child Protection Statistics	85 1.2	95 1.4	120 1.8	120 1.8	170 2.5

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		
By October 2006, establish a new Fife wide service, which prioritises need for children under 12 years whose parents have alcohol problems.		No	Ongoing		DAAT assessing needs and models of service.
Implement the joint DAAT/Child Protection Committee's Hidden Harm Action Plan to commence with immediate effect.	Yes		Ongoing	Increased awareness of individual and corporate responsibilities in relation to child protection. Improvements made to information system to provide more detail when substance misuse is a significant factor. Additional training for staff in	

				specialist services arranged for May 07.	

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
Improvements to Management Information System that identifies children at risk.	Ongoing	DAAT and CPC better informed about the nature of risk for children living with parental substance misuse.

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
Carry out a scoping exercise to gain a clearer picture of how many children are living with parental substance misuse.	DAAT/CPC	By March 2008

Develop multi-agency protocols to include: <ul style="list-style-type: none"> ▪ Assessment Tool ▪ Risk Assessment Tool ▪ Implementation plan ▪ Training plan 	DAAT/CPC	By March 2008
Appoint external support to assist this process.	CAAT/CPC	By August 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
Referral to assessment within 21days.				2217 66%	1834 33%	
Ready for treatment to structured preparatory & motivational intervention <14 days.				359 87.1%	184 66%	
Ready for treatment to structured prescribed drug treatment<14 days.				207 86.6%	63 61%	
Ready for treatment to structured community support/rehabilitation <14 days.				1172 96.9%	694 88%	

Ready for treatment to structured residential detox/rehabilitation <14 days.				4 100%	0	

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		
Analyse national waiting times initiative data by June 2006 and act on findings.	Yes			Relevant collection of data, with no impact on delivery.	
Reduce waiting times for access to NHS Community Drugs Team to 12 weeks by March 2007.	Yes			Increased accessibility. Target exceeded.	
Evaluate the impact of HCH Allocations by December 2006.		No	Ongoing		Lack of capacity within DAAT Support Team.

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
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Development of PARS, which allows direct access from Treatment to Rehabilitation.	Ongoing	Involvement of Rehabilitation staff at beginning of Treatment programme has led to a decrease in DNA rates and increase in service users remaining within the service.
Development of Fife wide Homeless Service for people with drug and/or alcohol related problems.	Ongoing	Target of 300 people over 12 month period, with no waiting times achieved.

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
Maintain waiting times for access to NHS Addictions Services below 18 weeks.	NHS Fife and DAAT	By March 2008

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
New clients	SDMD	821	996	1040	1218	
Methadone prescriptions: number Rate per 1000 pop.	ISD (PIS+)	13432 38	13867 39	13702 39	13650 38	
Estimated number of people on methadone.	ISD	(2002) 858	(2003) 833	(2004) 897		

+ PIS: prescribing information system

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		
With immediate effect, explore the options to establish low threshold prescribing and other treatment interventions for chaotic opiate dependent intravenous drug users who are unable to access or comply with current treatment interventions.			Partially	Options explored. Redesign of NHS Addictions Services (effective April 07) may provide a partial solution, however, resource implications still to be identified.	
Maintain current level of GP practices signed up to delivering enhanced service for drug users.	Yes			Consolidation of delivery of service. Stable platform from which to operate.	

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
Deliver a specialist service to 300 people who have drug and/or alcohol related problems and are homeless.	Ongoing	Target achieved. Increased access to a particularly vulnerable group. Retained people in treatment. Improved partnership arrangements with homeless providers.
Agreed assessment and referral pathway for alcohol services.		Improved integration of services provision. Recognition of key competencies within agencies.

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
Monitor and receive reports on pilot 'One Stop Shop' in Glenrothes	Glenrothes YM/YWCA	By December 2007
Achieve Performance Target for Homeless Service	Partnership of NHS and Voluntary Sector	By March 2008
Achieve Performance Target for PARS	NHS Fife and FIRST	By March 2008
Monitor the ability of the re-design NHS Addiction Service to respond positively to individual need.	NHS Fife/ DAAT	By March 2008

Pilot alcohol assessment and referral care pathways.	FASS	By February 2008
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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
Planned discharges over 12 weeks from referral to discharge.	SDMD		301 45.5%	747 66.3%	1051 61.4%	
Planned discharges over 12 weeks from start of treatment.	SDMD		360	379	662	
Total number of planned discharges.	SDMD		661	1126	1713	

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		
Social Work Service and NHS to agree a process commencing May 2006 to combine assessment for treatment and rehabilitation for client requiring Tier 4 services and develop appropriate care plans to address identified need in a holistic manner.			Ongoing		Changes within Local Authority impeded ability to progress. This item will be considered as part of the ongoing review process within NHS.
Develop an integrated care pathway for drug users by March 2007.			Partially	Models of Care identified as part of the re-design of NHS Addiction Service still to be implemented.	

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
Carry out review to identify how well we are meeting the needs of people in Fife affected by substance misuse. This will take into account the outcome recommendations of the NHS CHP Addiction Review Group	DAAT	By August 2007
Complete work to develop outcome measures.	DAAT	By December 2007

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
FIRST.			34	33	97	67
Referrals to Progress2Work.			167	170		
Referrals to Next Steps.			118	89		
Options Plus.			47	91		

Next Steps Satellite provision students entering FE, New Deal or employment.				41%	26%	67%
Works for Us.						

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		
Work with a range of partners such as Life Long Learning and Sustainable Communities to identify and secure funding to maintain current employability provision.			Partially	Next Steps, previously funded by NFF is funded until March 08 via the Community Planning Process	Changes to partnership arrangements: Life Long Learning no longer exists and has been replaced by a new structure, which is still bedding in. Funding from the Big Lottery for Work for Us ceased in September 06 and progress to maintain key elements of the programme have been hampered by the long-term sick absence of a key partner.

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
Receive regular updates on development of Work Force Plus and NEET.	Ongoing	Development of Action Plan for Work Force Plus Opportunity for DAAT to feed into the development of strategy and share information about the needs of those affected by substance misuse
Monitor impact of rehabilitation element of PARS (Prescribing and Rehabilitation Service) to deal with expansion of prescribing service.	Ongoing	Retention of people in service. Exceeded original target number. Continuity of care and seem less approach. Reduction in DNA rate. Strengthened links with partners

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
Explore opportunities to integrate PARS into current pathways.	NHS/FIRST	By September 2007
Explore how best to evidence progress made by service users towards employment, training and education	Employability Pathways for Substance Misusers Group	By March 2008

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.	GROS	(2002) 12	(2003) 12	(2004) 17	(2005) 21	
Drug related deaths-heroin.	GROS	-	-	-	(2005) 17	

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		
Drug Related Deaths Prevention and Monitoring Group will meet 6 times over the next 12 months to review the circumstances surrounding suspected drug related deaths and make a minimum of 2 recommendations to DAAT on future action to reduce deaths to its 2004 level.	Yes			Creation of a database recording the circumstances surrounding drug related deaths, will, in the future, assist with the analysis of trends and strengthen the ability to target interventions and resources more effectively	
Deliver a minimum of 4 overdose intervention-training sessions by March 2007.	Yes			An increase in competency and confidence amongst those staff, volunteers and family members who participated in the Overdose Intervention Training programme. DAAT has approved additional funding to support a yearlong programme, involving a range of partners including Heath Promotion	

				and the Scottish Ambulance Service.	
Overdose Intervention Training Group in collaboration with the Drug Related Deaths Prevention and Monitoring Group to produce an action plan by September 2006.	Yes			Year long training programme in place. For impact see above	

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
Development of database.	October –December 06	Ability to collate and interrogate information to identify trends, key areas for improvement.
Piloting of questionnaire to collate consistent information from a range of services about the circumstances surrounding drug related deaths.	2006-07	Improved data collection, consistency of data collect.

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		
Work closer with Choose Life colleagues to gather data that will complement data on drug related deaths.	DAAT/Choose Life	By March 2008
Deliver 25 Overdose Intervention training sessions to professionals, and family and friends of drug users.	Overdose Intervention Training Group (OITG)	By March 2008
Deliver training for trainers course to a minimum of 6 professionals.	OITG	By March 2008
Carry out research to consider if the routine data collected is of sufficient quality to determine the overlap between drug related deaths, overdose episodes and suicides in Fife.	NHS Fife/Dundee University	By March 2008
Develop indicators that assist in the implementation of meaningful actions to reduce drug related deaths.	DAAT	By March 2008

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
Percentage offered drugs. age 13 age 15	SALSUS 02/04 FifeSALSUS06	(Fife) 30% 64%	(Scotland) 33% 63%		(Fife) 24% 51%	
Possession only With intent to supply.	Fife Police			1269 583	1408 670	

Seizures of controlled drugs.	Scottish Executive Drug Seizures	593	586	687	852	
Supply and possession with intent to supply Class A drugs (as per statutory performance indicators).	Police Crime file	282	265	262	239	351

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		
Maintain the weight of Class A drug seizures.	Yes			Need information form Fife Constabulary	
Increase the number of offences for supply and possession with intent to supply by 2%.	Yes			Need information form Fife Constabulary	

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

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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
Increase weight of Class A drug seizures by 10% (by grams and mls).	Fife Constabulary	By March 2008
Increase the number of detections for supply and possession with intent to supply by 10%.	Fife Constabulary	By March 2008
Monitor the number of drug dealers detected.	Fife Constabulary	By March 2008
Monitor the number of targets or problem area profiles concluded for drug dealing offences.	Fife Constabulary	By March 2008

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 (£)
1	Education Initiative	23,884		N/A	23,884	0	23,884
3	Community Drugs Team	190,211		N/A	190,211	0	190,211
3	Local Drug Problem Service	341,997		N/A	341,997	0	341,997
3	Shared Care Education & Training	8,114		N/A	8,114	0	8,114
2	West Fife Community Drugs Team	141,849	8,742 53,647	NHS Fife (Blood Borne Virus) Fife Council	204,238	0	198,010
2	Drug & Alcohol Problem Levenmouth	77,250		N/A	77,250	0	77,250
N/A	Scottish Drugs Forum	7,865		N/A	7,865	0	7,865
3	Development & Training	32,782		N/A	32,782	0	32,782
3	Prescribing	218,999		N/A	218,999	0	218,999

	Service						
3	Homeless Service	86,000		N/A	86,000	0	86,000
3	Homeless Service Levenmouth	67,000		N/A	67,000	0	67,000
3	Homeless Service Clued Up	62,000		N/A	62,000	0	62,000
3	Prescribing Service - FIRST	98,818	1,182	NHS Fife	100,000	0	100,000
3	Waiting Lists	16,395		N/A	16,395	0	16,395
3	Drug Court Supervision & Treatment Team	1,200,000			1,200,000	0	1,200,000
3	Prison Worker		32,459	NHS Fife (Blood Borne Virus)	32,459	0	0
	Total:	2,573,164	42,383		2,615,547	0	2,630,507

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 (£)
3	Community Alcohol Team	264,000		N/A	264,000	0	264,000
2	Alcohol Liaison Nurse Service	90,000		N/A	90,000	0	90,000
3	Homelessness Service	44,035		N/A	44,035	0	44,035
2	Fife Alcohol Support Service	57,000	216,334	NHS Fife	340,572	0	276,579
			67,238	Fife Council			
2	Alcohol Project Levenmouth	26,000		N/A	26,000	0	26,000
1	Education & Prevention for Young People	101,725		N/A	101,725	0	101,725
2	Services for Children With Alcoholic Parents	91,240		N/A	0	-91,240	91,240
	Total:	674,000	216,334		799,094	-91,240	893,579

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 (£)
2	Drug & Alcohol Project Levenmouth		90,566	Fife Council	90,566	0	77,929
1	Drug Education Liaison & Training Agency		93,687	Fife Council	93,687	0	93,687
2	Integration Manager		51,224	Fife Council	51,224	0	54,491
2	Fife Intensive Rehabilitation Substance Misuse Team		363,613	Fife Council	363,613	0	369,070
2	Next Steps		39,000	Fife Council	39,000	0	0
	Total:		638,090		638,090	0	595,177

Service Tiers:

- 3 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 _____