



**SHETLAND ALCOHOL AND DRUG  
ACTION TEAM [SADAT]**

**CORPORATE ACTION PLAN 2007-8**

## **CONTENTS**

**Section A: Alcohol and Drug Action Team details and support funding**

**Section B: Performance Contract**

**Section C: Allocation of resources and provision of services**

**Section D: Support and Treatment Tables**

**Section E: ADAT Progress**

**Section F: Drug and Alcohol Direct Spend By Partner Organisations**

**Section G: ADAT certification of Corporate Action Plan**

## **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
Brian Doughty (Chair)	Head of Social Work	Shetland Island Council (SIC)	<ul style="list-style-type: none"> <li>• Educ'alcool steering group</li> <li>• Fund disbursement group</li> </ul>
Mr Brian Gregson (Vice Chair)	Chair	Shetland Community Drugs Team (SCDT)	<ul style="list-style-type: none"> <li>• Educ'alcool steering group</li> </ul>
Dr Sarah Taylor	Director of Public Health	NHS Shetland	<ul style="list-style-type: none"> <li>• Educ'alcool steering group</li> <li>• Fund disbursement group</li> </ul>
Chief Inspector Malcom Bell	Area Commander	Northern Constabulary	
Willie Tait	Councillor	SIC	
Gill Hession	Manager	SCDT	<ul style="list-style-type: none"> <li>• Educ'alcool steering group</li> <li>• Protecting children in families with problem substance use protocol working group</li> <li>• Fund disbursement group</li> </ul>
Dr Helen Ward	Vice Chair: Shetland Alcohol and Drug Forum	GP with Special Interest [GpwSI] NHS Shetland	<ul style="list-style-type: none"> <li>• Alcohol and Drug Forum (merged in June 2006)</li> <li>• Arrest Referral Working Group</li> </ul>
Amanda Pearson	Chair: Shetland Alcohol and Drug Forum	Aftercare and Resettlement Worker- SCDT and Shetland Alcohol Support Services (SASS)	<ul style="list-style-type: none"> <li>• Alcohol and Drug Forum (merged in June 2006)</li> <li>• Educ'alcool steering group</li> </ul>

		Substance Misuse Aftercare and Resettlement Transition Scheme [SMARTS]	<ul style="list-style-type: none"> <li>Protecting children in families with problem substance use protocol working group</li> <li>Arrest Referral Working Group</li> </ul>
Mark Loynd	Assistant District Officer Shetland	Highlands and Islands Fire and Rescue Service (HIFRS)	
Graeme Napier <b>(Observer)</b>	Sheriff	Scottish Courts	
Duncan MacKenzie	Procurator Fiscal	Crown Office and Procurator Fiscal Service	
Jim Reynor	Quality Improvement Manager Education	SIC	
Stephen Morgan	Head of Children's services	SIC	<ul style="list-style-type: none"> <li>Protecting children in families with problem substance use protocol working group</li> </ul>
Chris Medley	Head of Housing and Capital projects	SIC	

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

- Educ'alcool steering group
- Protocol working group for "Protecting children and young people living in families with problem substance use protocol"
- Fund Disbursement Group
- Shetland Alcohol and Drug Forum
- Arrest Referral Working Group

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

Shetland Island Council (SIC)  
NHS Shetland  
Shetland Council of Social Services (SCSS)  
Shetland Youth Information Service (SYIS)  
Shetland Community Halls Association  
Community Planning Partnerships (CPP)  
Educ'alcool  
Shetland Enterprise  
Shetland Community Drugs Team (SCDT)  
Shetland Alcohol Support Services (SASS)  
Northern Constabulary  
Highlands and Islands Fire and Rescue Service (HIFRS)

## A.2 ADAT support funding

### A.2.1 Total Support Allocation:

2006-7 allocation (£): 91,000

Carry forward (£): Nil

Total (£): 91,000

### A.2.2 Breakdown of Support Allocation Spend

<b>Category of Spend</b>	<b>Scottish Executive Funding Expenditure (£)</b>	<b>Funding from other sources (£)</b>	<b>Total (£)</b>
Salaries	66,500		66,500
Staff costs	15,000		15,000
Forum/meetings	1,000		1,000
Seminars/conferences/events	1,000		1,000
Training	5,500		5,500
Miscellaneous spending	2,000		2,000
<b>Total</b>	<b>91,000</b>		<b>91,000</b>

### A.2.3 Other Ring-fenced funding

<b>Funding stream</b>	<b>Allocation</b>	<b>Amount spent (£)</b>
Communications Funding (alcohol and drugs)		

## **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 2007-2008:**

Monitor and evaluate ongoing projects in line with National Quality Standards.

Develop and/ or add to existing tools for gathering data to inform trends and patterns of behaviour.

To ensure the delivery of a minimum of 3 Applied Suicide Intervention Skills Training (ASSIST) sessions and investigate the possibility of delivering Skills-based Training On Risk Management (STORM).

Ensure the coordination of drug and alcohol training across all sectors.

Continue design and implementation of Educ'alcool in relevant stages.

Continue design and consultation of Information sharing protocol.

Finalise process and procedures for disbursement of funds based on local need.

Address issues highlighted in ADAT's Stock Take Review.

### **B.2 Please list the local strategies considered when allocating resources for 2007-2008:**

- Shetland Joint Health Improvement Plan 2006 - 2009
- Health and Community Care Plan 2005-2008
- NHS Shetland Corporate Action Plan 2007 - 2008
- Local Delivery Plan 2006-2009
- Integrated Children and Young People Services Plan 2005-2008
- Community Safety Strategy 2005 - 2010

B.3 Please list any needs analysis carried out which influenced the allocation of resources in 2007-08 and a summary of the key findings:

Needs Analysis	Key findings (please provide no more than 25 words of description for each key finding)
Needs assessment for young people's services	As a result some young people's views were heard and gaps in services were identified some additional funding has been secured to fill some of these gaps.

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

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

<p>Assess local need and implement appropriate Educ'alcool programme by March 08</p> <p>Research and assess data gathering tools by September 07</p> <p>Undertake needs analysis regarding drugs and alcohol training that is delivered across Shetland by March 08</p> <p>Undertake needs analysis for possible Arrest Referral Scheme and/or Crisis Centre by March 08</p>

## **SECTION C:**

### **Support and Treatment Tables**

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

**Support and Treatment Tables Table 1 (and 2 combined)– Actual Numbers Apr 2006 – Mar 2007**

DEDICATED DRUG AND/OR ALCOHOL SERVICE	RE MI T	ANNUAL SPEND	ACTUAL NUMBERS APR 06 – Mar 07				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	Equality Groups	Psychostimulant Users	Homeless People	Over 65s	Detoxification	Day-Care	Substitute Prescribing	Outreach Clinics	Needle Exchange	Criminal Justice SW	Prison Throughcare &	Aftercare	Education/Training/Employme	Advice & Information	Counselling (Group and 1-1)	Home Visits	Family Support	Volatile Substance Abuse	Mutual Support Groups	Brief / Minimal Interventions	Community Rehabilitation	Crisis Management			
Shetland Drugs Team [SCDT] Core Services	D	82,000 (L) 85,000 (N) 17,000 (O)	55	87	489 3	32	4	3	3	4	5	5	3	2	4	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
SCDT Outreach	D/A	20,000(N) 13,600 (O)	25	33	780	14																														
SCDT Aftercare and resettlement	D/A	32,000 (N) 30,000 (L)	32	51	129 6	9																														
SCDT TOTAL		299.600																																		
Shetland Alcohol Support Services [SASS]	A	163,000 (L) 32,000 (N) 16,500 (O) 28,000 (O)	110	136	299 8	34	1	3	3	4	5	5	5	2	2		X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
SASS TOTAL		239.500	110	136	299 8	34																														
Specialist Nurse in Alcohol Misuse	A		72	100	517	78	5	4	4	4	4	4	5	4	4	x		x																		

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.

**NON-RESIDENTIAL SERVICES IN ACTION TEAM AREA: Support and Treatment Tables**

**Table 3 – Projected Numbers: Apr 07 – Mar 08**

DEDICATED DRUG AND/OR ALCOHOL SERVICE	R E M I T	ANNUAL SPEND	PROJECTED NUMBERS 2007-08				SPECIFIC GROUPS (Enter code 1-5* below)							TYPE OF SERVICE PROVIDED																						
			No. of Planned Discharges	New Cases	No. of Actively Managed Clients	Total Attendances	Under 16s	Women	Pregnant Women	Dual Diagnosis	Ethnic Minority Groups	Equality Groups	Psychostimulant Users	Homeless People	Over 65's	Detoxification	Day-Care	Substitute Prescribing	Outreach Clinics	Needle Exchange	Criminal Justice SW	Prison Throughcare &	Aftercare	Education/Training/Employ	Advice & Information	Counselling (Group and 1-1)	Home Visits	Family Support	Volatile Substance Abuse	Mutual Support Groups	Brief / Minimal Interventions	Community Rehabilitation	Crisis Management			
Shetland Community Drugs Team	D A		45	60	100	600 0	4	3	3	4	5	5	3	2	4	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
SCDT Outreach	D A		25	40	50	100 0								1																						
SCDT Aftercare and Resettlement	D A		12	35	55	140 0																														
SCDT Activities Worker	D A		5	15	22	400																														
Shetland Alcohol Support Services [SASS]	D A		38	115	160	350 0	1	3	3	4	5	5	5	2	2																					
SASS TOTAL																	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Specialist Nurse in Alcohol Misuse	A		93	86	120	620	5	4	4	4	4	4	5	4	4	4	5	4	5	5	5	5	5	5	5	4	5	4	4	5	5	4	5	5	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.
- 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 2006-07.

**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.

RESIDENTIAL SERVICES IN ACTION TEAM AREA:

SERVICE	REMIT	NUMBER OF BEDS	TOTAL ADMISSIONS			ADMISSIONS FROM ACTION TEAM AREA			DETAIL ANY TARGETED GROUPS
			Apr 2006 to Dec 2006	Jan- Mar 2007 Projected if actual not available	Projected Apr 07–Mar 08	Apr 2006 to Dec 2006	Jan- Mar 2007 Projected if actual not available	Projected Apr 07–Mar 08	
Papa Stour project	Drugs and Alcohol	2 (3*)	5		5	5		2	18yrs – 45 yrs male

\* The number of beds in the unit increased from 2 to 3 on the 7<sup>th</sup> December 2006 as registered by the Care Commission.

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	Detox	rehab
Castle Craig	Alcohol x 2	Peebles	1			(1*)	1	Overall projected 4	£8490	£1496 (£8808 *)
Phoenix House	Drugs	Sheffield	2			2			£6357.40	£4644
Phoenix House	(Drugs)	Glasgow				(1*)				(£9679.31*)
Barleywood	Drugs (1*)(Alcohol)	Somerset	1			1 (1*)			£1960	£12340 (£5360*)

\*Service users already in placement funds required from 06/07 budget to meet this commitment.

**SHARED CARE: (Drugs Only)****NEEDLE EXCHANGE: (Drugs Only)**

SERVICE TYPE	NUMBER OF FACILITIES	NUMBER OF NEEDLES / SYRINGES DISTRIBUTED	NUMBER OF NEEDLES / SYRINGES RETURNED
Specialist			
Outreach	1	4998	4782
Community Pharmacies	1		
Number of GP Practices signed up to local shared care scheme		2	
Number of pharmacists signed up to local shared care scheme		1	
Number of dispensings of methadone mixture ?		6406 (This is the actual number of dispensings recorded in the controlled drug book, however, this figure may be higher as some of these entries are double - one observed and one take away the figure therefore would probably be nearer 7400)	
Number of supervised dispensings of methadone mixture?		5215	

**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	1	£3000 has been set aside towards Educ'alcool which will be targeted towards all sectors of the community
CHILDREN'S SERVICES	1	

## **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)	1999-00	2000-1	2001-2	2002-3	2003-4	2004-5	2005-6	2006-7
Scottish Health Survey Exceeded the weekly sensible drinking level (21 units ♂ and 14 units ♀ )	1998 (Highlands & Islands) 25% ♂ 12% ♀				2003* (Orkney, Shetland & W. Isles) 15% ♂ & 12% ♀ (Highland 29% ♂ & 12% ♀)			
Shetland Health Board Lifestyle Survey	1999 25% ♂ 14% ♀							
Scottish Health Survey Consumed 4/3+ & 8/6+ units on heaviest drinking day in last week (Scottish Health Survey)					2003* (Orkney, Shetland & W. Isles) 35% ♂/24% ♀ and 18% ♂/ 15% ♀			

### 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		
Develop an Educ'alcool action plan which will focus on tackling the culture of binge drinking in Shetland	√			An initial action plan was drawn up by the Educ'alcool steering group. The first steps towards implementing that plan have been taken there has been an ongoing media campaign "Beat the Booze" run by the local newspaper which has begun to highlight some of the Educ'alcool messages and a Shetland Wide event has been approached regarding the possibility of running Educ'alcool alongside it.	
Continued building on the achievements of the Alcohol Fire Death Prevention Project by expanding the project to include alcohol-related Road			√	HIFRS has promoted late hours catering to mitigate the likelihood of domestic cooking after alcohol consumption: <ul style="list-style-type: none"> <li>• A late hours catering license</li> </ul>	Expansion of the project to RTCs is ongoing. <ul style="list-style-type: none"> <li>• HIFRS is keen to promote late license bus schemes to help mitigate driving after</li> </ul>

Traffic Collisions [RTCs].				<p>has been accepted for a burger van in Lerwick to coincide with the club licenses.</p> <ul style="list-style-type: none"> <li>Catering has been provided in some establishments which hold alcohol licenses.</li> </ul>	<p>alcohol consumption.</p> <ul style="list-style-type: none"> <li>A project aimed at 5<sup>th</sup> &amp; 6<sup>th</sup> year high school pupils entitled <i>Driving Ambition</i> is currently being developed for role out across the service area.</li> </ul>
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### D.1.3 Please provide detail of any other achievements/initiatives (not detailed above)

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
<p>Home Fire Safety Checks are regularly carried out by retained firefighters in domestic premises throughout Shetland. This involves:</p> <ul style="list-style-type: none"> <li>Optional referral of households by partner agencies.</li> <li>Optional home safety risk assessment.</li> <li>Face to face delivery of home safety advice including informing the residents of the increased risk of fire when alcohol consumption is combined with cooking or smoking.</li> <li>Free fitting of domestic 10 year battery powered smoke detectors where required.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing programme of visits.</li> <li>Annual Community Safety budget.</li> <li>Each fire unit (19) in Shetland is allocated a quota of working hours for Community Safety based on the size and perceived fire risk in the community they serve.</li> </ul>	<p>Ongoing impact analysis:</p> <ul style="list-style-type: none"> <li>Baseline analysis of fire risk within different socio-economic groups and geographical locations based on census and fire incident data.</li> <li>Identification of high risk households from census data, local information and partner agency referral.</li> <li>Prediction of impact of Home Fire Safety Checks based on quantitative and qualitative measurement.</li> <li>Ongoing reporting and recording of domestic fire incidents with regard to those which are alcohol related.</li> <li>Comparison of predicted incident reductions in relation to actual incidents.</li> </ul>

On 1 <sup>st</sup> April 2007 HIFRS appointed a fulltime Community Safety Advisor to Shetland on a 6 month contract. Their role involves supporting and developing the community safety work of the 19 fire units.	The initial temporary contract is due to be reviewed and a permanent post may be established subject to performance.	Ongoing analysis in line with the above.
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#### **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.

<b>Key actions for 2007-8</b>		
<b>SMART objective</b>	<b>Lead organisation</b>	<b>Timescales</b>
To run educ'alcool alongside at least one community event	Educ'alcool steering group	April 2007-March 2008
Continued promotion of the Alcohol Fire Death Prevention Project	Highlands & Islands Fire & Rescue Service	April 2007-March 2008
Promotion of late license bus schemes to reduce alcohol related Road Traffic Collisions [RTCs].	Highlands & Islands Fire & Rescue Service	April 2007-March 2008
Continued programme of Home Fire Safety Checks predominantly targeted at high risk households.	Highlands & Islands Fire & Rescue Service	April 2007-March 2008

## 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)	2004-5	2005-6	2006-7
<b>Drunkenness Offences (SE Criminal Justice Statistics)</b>	41 (2004)		41*
<b>Drink Driving Offences (SE Criminal Justice Statistics)</b>	74 (2004)		59*
<b>Drug-related Offences (SE Criminal Justice Statistics)</b>	153 (2004)		123*
<b>Experience of neighbourhood problems: people drinking or using drugs (% of respondents to Scottish Household Survey saying it is very or fairly common)</b>			
<b>Breach of the Peace</b>			255*

<b>Petty assaults</b>			182*
<b>Serious Assaults</b>			12*
<b>Lerwick Sheriff Court – DTTOs issued (from July 2005)</b>	n/a	0	0

\* - Statistics from April 2006 to February 2007

## 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		
Distribute 2 copies of <i>It's Your Life: It's Your Choice</i> DVD which was shot in Shetland and illustrates the human cost of speeding, drink and drug driving and not wearing seatbelts to each of Shetland's nine secondary schools and will be shown to pupils of 15 and 16+ - The DVD will also be given to Shetland's Youth Groups	√			<p>Illustrated to Shetland Secondary pupils the human cost of speeding, drink and drug driving and not wearing seatbelts. This has been used as a resource by school liaison officers and SIC road safety staff.</p> <p>Demonstrated the changes that young people coming up for driving age can make in their social lives.</p>	
In collaboration with Dogs against Drugs (DAD) and through the ADDO, the SADAT will continue to lobby the SE for long-term funding under the 'Availability' pillar of		√		<p>Funding after 31 March 2008 not secured. Funding up until then has obtained via Shetland Islands Council &amp; Quality of Life grants along with the charity's own resources.</p>	No funding streams available for projects under this pillar .

the national drugs strategy.					
Shetland CSP will monitor all calls to the SSAL including those that are specifically related to alcohol, drugs and drink or drug driving. This will allow the CSP and the SADAT to assess the impact of the SSAL on drug and alcohol related crime.	√			Between April 1 <sup>st</sup> 2006 and March 31 <sup>st</sup> 2007, there were 9 pieces of information received via the Safer Shetland Action Line concerning alcohol or drug issues (4 – alcohol, 5 drugs). One of these pieces of information led to a driver being disqualified from driving, other pieces of information have been submitted into intelligence logs to help build up a better picture of a situation.	
Develop and deliver targeted drug awareness package as part of Stewarding Training (Stewarding training did not take place in 2005-06 but will resume 2006-07 with SCDT input		√			A significant programme of stewarding was undertaken 04/05 in preparation for island games, however, there has been no training since then.

### 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
Copies of the <i>It's Your Life: It's Your Choice</i> DVD were also sent to Orkney and other areas as an example of good practice. Orkney was keen to use it in their schools or to create something	DVDs sent on request in latter months of 2006	Helps build working relationship with community safety in other areas and thereby sharing of information on actions taken

similar		
Alcohol Byelaw implemented	Alcohol Byelaw implemented on the 2 <sup>nd</sup> of March for 1 month grace period. On the 2 <sup>nd</sup> of April the Byelaw became live	<p>Up to the 31<sup>st</sup> of March 39 people were warned and 1 person was charged. Up to the 22<sup>nd</sup> April 4 people were charged.</p> <p>The impact is a reduction in anti-social behaviour</p> <p>There is evidence that litter trends decreased initially but these have gradually been increasing again.</p> <p>There is evidence of relocation but the Northern Constabulary and the Neighbourhood Support Workers are dealing this with.</p>
Development of CCTV in Lerwick town centre	Ongoing	It is anticipated that this will go out to tender in the next few months.

#### 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.

<b>Key actions for 2007-8</b>		
<b>SMART objective</b>	<b>Lead organisation</b>	<b>Timescales</b>
Continue development of CCTV in Lerwick town centre	Community Safety/ Northern Constabulary	April 2007 – March 2008
Evaluate the impact of it's your life it's your choice DVD	ADDO and ADDA	September 2007 – March 2008
Monitor impact of alcohol byelaw	Community Safety /Northern Constabulary	April 2007 – March 2008
Investigate the feasibility of an Arrest Referral Scheme/Crisis centre	Arrest Referral Working Group	April 2007 – March 2008
Develop and/or add to established tool for collection of local information in order to create baseline figures and thereafter assess the extent to which national targets have been met.	ADDO and ADDA	April 2007 – 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)	1999-00	2000-1	2001-2	2002-3	2003-4	2004-5	2005-6	2006-2007
<b>Teenage alcohol attributable/related hospitalisations: Shetland (13 – 18 year olds)</b>		14 (2000)	8 (2001)	10 (2002)	7 (2003)	13 (2004)	11 (2005)	10
Young people receiving alcohol education (SCDT)								866
Young people receiving information and support around own problem alcohol use (SCDT)								19

Young people receiving information and support around family members alcohol use. (SCDT)								22
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### 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		
The Young Person's (YP's) Alcohol Worker will work closely with the ADDA (who will be based at SYIS during 2006-07) to identify areas of joint working. Then create one full time Young Person's Substance Misuse Worker post by April 2007.	√			<ul style="list-style-type: none"> <li>YP Alcohol worker took on temporary YP Alcohol and Drugs worker role (Sept 06 –March 07) with view to develop the post/s</li> <li>Extension of YP Alcohol and Drugs outreach services with surgeries at Aith, Sandwick and Brae.</li> <li>Extension of Alcohol/Drugs surgery time at SYIS</li> </ul> Delivery of Alcohol	

			<ul style="list-style-type: none"> <li>• Education to Primary and Secondary Schools across Shetland to 866 pupils.</li> <li>• In addition 1150 young people received info/advice on problem substance use and harm minimisation. (outreach venues and youth club workshops)</li> <li>• 99 young people received 1-to-1 advice/support (53 on own and 46 on others' problem substance use)</li> </ul> <p>Money received from PDI and Big Lottery to develop a full time young person's substance worker (funding secured 2007-2110)</p>	
The Needs Assessment being carried out by the ADDA in April, May and June 2006 involves obtaining the views of the target population (i.e. young people between the ages of 10 and 18 years).	√		<p>The Needs Assessment was carried out April – July 06. 820 young people participated across Schools in Shetland. Responses were collated and a report presented to SADAT. A separate survey of 65 young people was carried out in SYIS. This report was also presented to SADAT.</p> <p>As a result some young</p>	

				people's views were heard and gaps in services were identified some additional funding has been secured to fill some of these gaps.	
The ADDA will attend this year's Shetland Youth Voice Conference in Aith on 23 June and facilitate a workshop on alcohol and drugs in order to further inform this process.			√ <b>(partially)</b>		The ADDA was unable to attend the conference but Linda Gray (SCDT) and Juergen Kurtz (SASS) provided stalls and attended the workshops. Discussions did touch on alcohol and drug use but the main subject was under-age sex.

### 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
Ongoing monitoring of SCDT's clinic on a weekly basis. Monitored by SCDT in line with National Standards.	Ongoing	Consistent uptake of clinic – to capacity every week. Being used by other agencies too i.e. Social Work, Schools etc bring young people to see GP.
Interim working agreement with SCDT to work with 16 – 18 yr olds.	Ongoing	16 – 18 yr olds can access help with their chaotic drug misuse.
Systemic family therapy introduced at SASS	Ongoing	<ul style="list-style-type: none"> <li>• Whole family supported around alcohol use</li> <li>• Families more confident in dealing with familial substance misuse</li> </ul>

### 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.

<b>Key actions for 2007-8</b>		
<b>SMART objective</b>	<b>Lead organisation</b>	<b>Timescales</b>
Successfully bid to Loyds TSB for Young peoples drug and alcohol interventions worker	SCDT	April 2007-March 2008
Develop (and or add to existing) tool for collection of local information in order to create baseline figures and thereafter assess the extent to which national targets have been met.	ADDO and ADDA	April 2007-March 2008
Develop and roll out alcohol and drugs education programme to all schools in Shetland.	SASS/CDT	April 2007 – March 2008
Provide Advice/Info/Support to young people on alcohol and drug issues at outreach venues. SYIS – 100 sessions Aith Shool – 18 sessions Sandwick School – 18 sessions	SASS/CDT/SYIS/Schools	April 2007 – March 2008
Develop weekly Young People's alcohol/drugs surgery with Advice/Info and support combined with activities for vulnerable young people at SASS.	SASS/SYIS	Sept 2007 – March 2007

## 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)	2000-1	2001-2	2002-3	2003-4	2004-5	2005-6	2006-7
<b>New individual clients under 25 years old (SDMD)</b>	Not available*	Not available^	Not available^	10 out of 27 (37%)	3 out of 17 (18%)	5 out of 30 (17%) [SCDT]	25 out of 55
<b>New individual clients under 25 years old reporting using heroin in the last month (SDMD)</b>	0	6	6	8	3	3 [SCDT]	21 out of 25

### 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'*.

<b>Briefly summarise the key achievements in 2006-7</b>					
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		
As a consequence of the failure to recruit to the Young Person's Drugs Worker post, The SADAT has charged the ADDA with conducting a Needs Assessment of the target group (young people under the age of 18 years) and for the first three months of 2006-07 the ADDA will be based at SYIS in order to carry out this piece of work. The SADAT will then consider this report at their meeting in September 2006 and decide on action required.	√			As a result some young people's views were heard and gaps in services were identified some additional funding has been secured to fill some of these gaps.	
The FDAT, comprising active trainers with administration			√ <b>(Ongoing)</b>		The FDAT met a total of 4 times during 2006. However, due to

<p>support provided by the ADAA will meet quarterly throughout 2006-07. The ADAA will maintain a record of training events on behalf of the FDAT and this information will be disseminated on a regular basis to both the Drug and Alcohol Forums. It is the responsibility of the forums to inform the SADAT of training needs and achievements in Shetland.</p>					<p>the departure of the administrative support to the group, provided by the ADAA there have been no further meetings. Once the ADDA returns from maternity leave, it is hoped to resume meetings once again. In the meantime, individual agencies continue to facilitate training locally and maintain records of any training delivered.</p>
<p>PACE theatre company to perform a play followed by workshops to all S2 – S6 pupils evaluation questionnaires will be distributed to pupils and teachers immediately after the session. Then three months later a small focus group to evaluate the impact the workshops has had on how a selection of participants have made choices about consuming alcohol and whether or not they have been dissuaded from using drugs. We will</p>			<p>√ <b>(partially)</b></p>	<p>Highlighted to all S2-S6 pupils in Shetland the risks associated with drug and alcohol misuse.</p> <p>The teacher and pupil evaluations revealed that PACE projects aims were met.</p>	<p>Due to staff disruption related to ADDA post the focus group interview was not undertaken.</p>

also ask PACE Theatre Company to complete evaluations on how they thought each performance was received.					
<i>Choices for Life</i> will run again in Shetland for all P7 school pupils on 1 June 2006 at the Clickimin Centre, Lerwick from 11am – 1pm. It will be evaluated by Northern Constabulary.	√			The event in Shetland took place in the Clickimin Leisure Centre on 1 <sup>st</sup> June 2006 with an audience of some 560 children. Evaluations of the 2006 events was carried out by Market & Opinion Research International (MORI) report being available on the Choices for Life website, or the Scottish Executive's web site.	
The current Health Promoting Schools self-evaluation toolkit will be updated by the Health Promoting Schools Team by the end of this school year to clarify the core requirement for all schools signed up to the scheme to have 'effective personal, social, health education and citizenship programmes for all pupils' and include specific mention of drug and alcohol education.			√	This will provide one way in which to monitor and promote the provision of drug and alcohol education in schools. It will help identify what is delivered and whether it is consistent. It will also help to identify those schools who require further support in delivering such programmes.	<p>The revision of the local Health Promoting Schools audit tool is ongoing.</p> <p>We have been waiting for a new Quality Improvement Officer in Education to take up post.</p> <p>The tool has been circulated around the Health Promotion department including the ADDO for comments. There was some delay in people looking at the existing tool.</p>

#### **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
A poster competition was run in conjunction with the PACE Project in order to again increase awareness of the risks associated with drug and alcohol use	July 2006- August 2006	Increased awareness of the risks associated with drug and alcohol misuse also raised awareness of the PACE project.

#### 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
Design and deliver young people's services in line with local needs assessment	SCDT	April 2007 – March 2008
Review and re-establish FDAT to ensure coordination of training delivered.	ADDO and ADDA	April 2007 – March 2008
Develop and roll out alcohol and drugs education programme to all schools in Shetland.	SASS/CDT	April 2007 – March 2008
Provide Advice/Info/Support to young people on alcohol and drug issues at outreach venues. SYIS – 100 sessions Aith Shool – 18 sessions	SASS/CDT/SYIS/schools	April 2007 – March 2008

Sandwick School – 18 sessions		
Develop weekly Young People's alcohol/drugs surgery with Advice/Info and support combined with activities for vulnerable young people at SASS.	SASS/SYIS	Sept 2007 – March 2007

## 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)	2003-4	2004-5	2005-6	2006-7
<b>Parental drug and/or alcohol use featured as relevant to the care of children on the Child Protection Register (SIC Social Work Service)</b>	10 out of 27 (37%)	10 out of 28 (36%)	13 out of 28 (46%)	11 out of 26 (42%)
<b>Number of new clients living with dependent children – Shetland (SDMD)</b>	2 out of 20 (10%)	4 out of 28 (15%)	Unavailable	Unavailable
<b>Number of new clients with a presenting issue of pregnancy – Shetland (SDMD)</b>	2 out of 20 (10%)	0	0	Z*

<b>Number of maternities recording drug use - Shetland (SMR02)</b>	0	0	0	Z*
<b>Neonatal discharges recording drug misuse - Shetland (ISD, SMR11)</b>	0	0	z*	Z*

Z\*Where the number is greater than one and less than five these are omitted by ISD to maintain patient confidentiality.

## 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		
The development and implementation of formal information sharing protocols between the SIC Social Work Service and the voluntary sector alcohol and drug services will be in place by the end of July 2006. The interim Head of Education and Social Work (Chair of the SADAT) has convened a meeting on 5 May 2006 to kick-start this process.			√ <b>(In progress)</b>	Following a conference on the issue on 29 <sup>th</sup> May 2006 between Social Work and the substance misuse services it was agreed that it is important to have a protocol that will be owned by all relevant agencies. To this end a group was convened between SADAT members and representatives of the CPC. Discussion has taken place to adapt the Edinburgh and Lothians' protocol to local conditions and link it to the local IAF process under development, and a draft has been developed which will	July 06 was met with regard to the initial conference but was probably optimistic for a multi-agency protocol – CPC had an objective of Sept 06 but this has slipped, owing to SADAT Officer time constraints. It is hoped to be completed shortly.

				shortly go out for wider consideration..	
The Specialist Family Support Worker post has been funded through <i>Changing Children's Services</i> funding. The way this funding is allocated has now changed and given the opportunity to present to the Executive Management Team a proposal to make this post established. This process is underway and a decision expected by the end of June 2006.	√			Post is now established and not dependent on short term funding	
The SIC Social Work Service will distinguish separately parental drug and alcohol use as relevant to the care of children on the Child Protection Register	√			Dedicated Children's Officer (DCO) recruited to SCDT/SASS 2007	
In 2005-06, the SASS Outreach Worker post received £21,600 towards funding for the post and the cost of the post holder continuing a four year Family Therapy Course at the Institute of Human Relations in Glasgow. This is the			√ <b>(Partially)</b>	<ul style="list-style-type: none"> <li>• Outreach work has been extended to provide more input at Satellite venues.</li> <li>• Another member of SASS staff has been trained on a Family Therapy Course at the Institute of Human</li> </ul>	<ul style="list-style-type: none"> <li>• No continuation of funding and training into 3<sup>rd</sup> &amp; 4<sup>th</sup> year</li> </ul>

<p>second year of the course and partly qualifies the worker. The third year will again be subsidised (subject to successful completion of the second year) to a similar level to be agreed with the SADAT and SASS.</p>				<p>Relations in Glasgow.</p> <ul style="list-style-type: none"> <li>• Link with Mental Health Team and visiting Family Therapist Consultant established to provide clinical supervision.</li> <li>• Family support/therapy now offered to families of alcohol clients with view to extend this to drugs clients.</li> <li>• Worked therapeutically with 5 families</li> </ul>	
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**D.5.3 Please provide detail of any other achievements/initiatives (not detailed above)**

<b>Description of activity</b>	<b>Timescale for activity (e.g. ongoing, yearly, etc)</b>	<b>Impact of activity</b>
<p>ADDA attendance at Inter-agency Child Protection foundation training 2 and a half day training course</p>	<p>March 2007</p>	<p>Increased awareness of Child Protection Procedures</p>
<p>Child protection training for 3 staff members at SASS/CDT</p>	<p>Feb/March 2007</p>	<p>Increased awareness of Child Protection Procedures</p>

#### 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.

<b>Key actions for 2007-8</b>		
<b>SMART objective</b>	<b>Lead organisation</b>	<b>Timescales</b>
Complete and implement Protecting Children and Young People living in families with problem substance use	Protocol working group	1 <sup>st</sup> July 2007
Fully establish Family Support/Therapy Service in relation to problem substance use linking existing adult and young people services.	SASS/CDT	March 07 – March 08
SASS staff to meet monthly with Consultant Family therapist and CPN for young people in family therapy supervision group.	SASS/Mental Health Team	May 07 – March 08
Provide specialist placement for child psychology student in relation to problem substance use and systemic practice.	SASS	April 07 – March 08

## 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)

<b>Indicator(s) (ISD Scotland National Waiting Times Information Shetland Summary)</b>	<b>April – June 2005</b>	<b>July – Septemb er 2005</b>	<b>October – Decemb er 2005</b>	<b>Jan-March 2006</b>	<b>April-June 2006</b>	<b>July- Septembe r 2006</b>	<b>October – December 2006</b>
Referral to assessment <21 days	100% (n=5)	100% (n=6)	100% (n=5)	100% (n=9)	94% (n=16)	91% (n=10)	75% (n=6)
Structured Preparatory & motivational intervention <14days	100% (n=1)	75% (n=3)	100% (n=2)	0% (n=0)	80% (n=12)	100% (n=10)	57% (n=4)
Prescribed Drug Treatment < 14 days	67% (n=4)	100% (n=3)	100% (n=3)	100% (n=8)	100% (n=11)	100% (n=10)	67% (n=2)
Community Support/Rehabilitation & Residential Support/Rehabilitation – not applicable (n=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'*.

<b>Briefly summarise the key achievements in 2006-7</b>					
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 SCDT will remain keyed into the National Waiting Times Information Framework. Quarterly monitoring reports will be provided for the SADAT in order to keep them informed of waiting times trend data and alert them to any problems.			√ <b>(partially)</b>		Due to staff disruption related to ADDA post this objective was not fully met. Local statistics were entered into the database and submitted to the National Waiting Times database. However, quarterly reports were not provided to SADAT. It is planned that this objective will be undertaken in full over the following year.
SCDT will continue to develop a comprehensive Activities Programme and will seek funding to make this currently part time (18hrs) post into a full time one by April 2007			√	Aftercare and resettlement clients have taken advantage of SASS/CDT's activities programme. The programme included a wide range of activities i.e. fishing trips, walking trips, overnight trip on a sailing ship (the Swan), pool, swimming	

				golf, etc. 14 aftercare and resettlement clients attended various activities 103 times.	
SIC and SMARTS will continue to discuss the possible transfer of residential treatment funds from SIC to SMARTS in 2006/07			√ <b>(ongoing)</b>	SIC and SMARTS held an initial meeting regarding this and it is still planned to establish a service level agreement between services. It is recognised that additional funding to the current residential rehab budget is required.	

**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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**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
Part-time aftercare and resettlement worker will be made full-time	SCDT/SASS	April 2007- March 2008
Activities worker will be made full time	SCDT/SASS	April 2007- 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)

Year	Actual Number	Target Number	Difference
1999/00 [Baseline]	15	15	[Baseline Year]
2000/01	14	17	-3
2001/02	32	19	+13
2002/03	20	21	-1
2003/04	28	23	+5
2004/05	17	25	-8
2005/06	30	27	+3
2006/07	55	25	+30

## 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'*.

<b>Briefly summarise the key achievements in 2006-7</b>					
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		
CLOSER aims to reach 29 new outreach clients and to refer 15 of these into treatment services Outreach clients will be fast-tracked and prioritised into SCDT's BBV Database and treatment programme			√ <b>(Partially)</b>		Big increase in numbers to core services meant less time spent on generic outreach
Once the enhanced staff team is in place at the Papa Stour project from April 2006, the SADAT will receive regular updates on the progress and development of this project via the ADDO and SCDT			√ <b>(Partially)</b>		Partnership working proved difficult due to conflicting ethos and weather conditions made contact trips difficult.  A Report was sent from Papa Stour project to SCDT in Dec '06. Papa Stour Project intend to send 6 monthly progress reports to SADAT.

In 2006 and for an initial trial period of 12 months, SCDT and SASS will work in partnership, where previously services have been delivered separately. SADAT, SCDT and SASS, as well as the respective Boards of Trustees will closely monitor this exercise with a view to supporting a more formal amalgamation of Shetland's substance misuse services in 2007.	√		√ <b>(Ongoing)</b>	One stop shop for those affected by drugs and alcohol in Shetland	
The SADAT remains committed to exploring Virtual Outreach (internet approaches to treatment).	√			SADAT wrote a letter of support for a lottery bid for the SMART Recovery UK internet treatment project.	

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

<b>Description of activity</b>	<b>Timescale for activity (e.g. ongoing, yearly, etc)</b>	<b>Impact of activity</b>
Part-time activity worker established through Quality of Life funding	06/07 Part-time 07/08 Full-time	<ul style="list-style-type: none"> <li>• Stabilised clients</li> <li>• Helped clients to maintain contact with SASS and SCDT services</li> <li>• Healthy activity encourages a healthy lifestyle</li> </ul>

Increased number of Beds in Papa Stour Project from 2 to 3 as registered by the Care Commission.	Achieved on 7 <sup>th</sup> December 2006	Increased number of clients that can use the service at any one time.
Ongoing to support to clients who have moved on from the Papa Stour project	Ongoing	To provide support to clients who have moved on.

#### **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.

<b>Key actions for 2007-8</b>		
<b>SMART objective</b>	<b>Lead organisation</b>	<b>Timescales</b>
Activities worker post Full-time	SCDT	April 2007 - March 2008
SMART (outreach) to deliver weekly satellite service to local homeless hostel	SCDT	April 2007 - March 2008 (ongoing depending on funding)
Funding for second Full-Time drugs worker to be identified as a priority to cope with the influx of new clients	SCDT	April 2007 - March 2008
Second Aftercare and Resettlement post to become Full-Time to address education and training needs of client groups	SCDT	Became full-time in mid April
Ensure 6 monthly reports on progress are submitted by Papa Stour Project to SADAT	ADDO and ADDA	April 2007 - March 2008

Monitor amalgamation of SCDT and SASS	SCDT and SASS trustees	April 2007 – March 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)

<b>Indicator(s)</b>	<b>2004-5</b>	<b>2005-6</b>	<b>2006-7</b>
Number of Planned Discharges from SCDT (SCDT)	41	46	87
Planned discharges (Drug Treatment Waiting Times Data base)	0	50% (n=1)	71%
Unplanned discharges (Drug Treatment Waiting Times Data base)	0	0	29%
Disciplinary discharges (Drug Treatment Waiting Times Data base)	0	0	0%

## 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'*.

<b>Briefly summarise the key achievements in 2006-7</b>					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing/partially		
Continue to highlight the gap in service regarding second stage supported accommodation in relation to aftercare and resettlement clients. Safe housing has a direct effect on the success of clients maintaining a lifestyle that is free from problematic substance use.	√			Senior aftercare and resettlement worker is an active member of both the housing outreach management group and the Housing steering strategy group.  Senior aftercare and resettlement worker is also active member of Shetland Alcohol and Drug Forum and SADAT and ensures that this issue is raised on the agenda as necessary.	
Increase the number of referrals from external agencies – in particular SIC Housing and Social Work Services.			√ <b>(ongoing)</b>		Although there would not appear to be an increase in the number of referrals.  On many occasions clients of social work are also clients of SASS/SCDT. So referral is not

					<p>necessary. Also social work may offer to refer clients but they may refuse.</p> <p>SADAT are keen to assist social work to continue their active membership of the forum and SADAT and to further develop housings membership.</p>
<p>Explore funding streams to increase the part time worker post to full time in order that SMARTS can continue to develop the service, strengthening links with SCBP, TPCI and other training and employment providers.</p>	√			<p>Senior aftercare and resettlement worker sits on the SCBP committee and provides advice to SCBP co-ordinator as required</p> <p>Funding gained and part time Aftercare and Resettlement worker was made full time in mid April 2007. This will enable aftercare and resettlement to further develop the employment, training and educational support to clients and form better links with employment, training and education providers. This development aims to improve outcomes in employment education, training and volunteering as well as encouraging clients to be active in a positive pastime.</p>	

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

Description of activity	Timescale for activity (e.g. ongoing, yearly, etc)	Impact of activity
Senior aftercare and resettlement worker has developed links with support training	April 2006-March 2007	Better working relationship Improved joint working Improved referrals
SADAT maintain contact with the manager of job Centre Plus, Lerwick who receives all SADAT papers and is keen to attend meetings relating to employment issues. The ADDA attended the launch of Pathways to work in March 2007 and continues to keep up to date on progress of this initiative.	Ongoing	Maintenance of good working relationship and joint working. Better understanding of pathways to work Initiative and the implications for SADAT.

**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
Monitor uptake of SCDT services	SCDT	Ongoing
Full-time Aftercare and Resettlement worker will continue to develop links with training and employment providers (support training, Turning Point Craft Initiative, Shetland Community Bike Project, job centre plus)	SCDT	Ongoing
Weekly drug and alcohol support sessions to take place at Ladies Drive Hostel from May 2007	SCDT/SASS	Ongoing

## 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)	2004-5	2005-6	2006-7
Shetland Community Bike Project [SCBP]	7 active clients	7 active clients (3 have gone on to permanent employment)	Trainees 6 (3 trainees went on to permanent employment) Volunteer clients 9 Community Service clients 3
Turning Point Craft Initiative [TPCI]	11 clients	12 clients	14 clients

## 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'*.

<b>Briefly summarise the key achievements in 2006-7</b>					
SMART objective for 2006-7 (taken from 2006-7 CAP)	Was this achieved? (please tick)			Impact at local level	Reason(s) why objective not achieved
	Yes	No	Ongoing /partially		
Continue to support SCBP and TPCI via SADAT Support Staff. The latter will keep in regular contact with the projects	√			Regular contact with TPCI via telephone and annual visit.  ADDA attended each SCBP management committee meeting (acting as secretary).  Information on funding bodies/grant award schemes was routinely passed on to all interested parties including SCBP and TPCI by SADAT Support Staff.	
TPCI and SCDT to explore the possibility of offering monthly 'taster' sessions to clients in conjunction with the SCDT's Activities Worker.				Users of SCDT/SASS services better informed of training opportunities	Due to start April 2007

<p>A range of service providers engaged in offering services to SCDT and SASS clients, including Papa Stour staff, Specialist Nurse in Substance Misuse, SCBP and TPCI will be invited to attend monthly joint SCDT/SASS Team Development days in order to maximise learning and enhance partnership working.</p>	√			<p>4 development days were held and all relevant parties were invited to attend.</p> <p>Development Days covered the following topics:</p> <ul style="list-style-type: none"> <li>• Crack Cocaine</li> <li>• Assessment Process</li> <li>• Working in Partnership</li> <li>• Clarity re roles and responsibilities</li> </ul> <p>All workers that attended gained knowledge and understanding of the subjects covered and the issues that surround them. The days allowed networking and developed partnership working between different services.</p>	<p>Not all parties attended on every occasion</p>
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**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
<p>Joint referral Meetings held (SCDT and SASS) Involving</p> <ul style="list-style-type: none"> <li>• GP with Specialist Interest</li> <li>• Specialist Nurse in alcohol misuse</li> <li>• Child psychologist</li> <li>• Team Leader Community Mental Health Team</li> </ul>	<p>April 2006- March 2007</p>	<ul style="list-style-type: none"> <li>• Improved joint working</li> <li>• Improved clarity of service</li> </ul>

#### 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.

<b>Key actions for 2007-8</b>		
<b>SMART objective</b>	<b>Lead organisation</b>	<b>Timescales</b>
Develop tool for collection of local information in order to create baseline figures and thereafter assess the extent to which national targets have been met.	ADDO and ADDA	April 2007 – March 2008
Continue to develop links with training and employment providers (support training, TPCI, SCBP, job centre plus)	SCDT	Ongoing
Continue to support SCBP and TPCI via SADAT Support Staff. The latter will keep in regular contact with the projects. ADDA to step-down as secretary for SCBP but to remain on group in advisory capacity.	ADDO and ADDA	Ongoing

## 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)	2002	2003	2004	2005	2006
Drug related deaths – Shetland (GROS)	1	0	0	1	0

### 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		
Health Alerts from the Scottish Drugs Enforcement Agency (SDEA) will be distributed to all Shetland's GPs and Health Centres, Hospital Consultants, Alcohol and Drugs Services staff, SIC Education Department and the Voluntary Sector by SADAT Support Staff as soon as they are received.	√			All recipients are informed of latest health alerts.	
ASIST Training will continue to be provided locally. A further 2 courses are arranged for the coming year (2005/2006). Due to being a trainer short the plan is to recruit a further two trainers		√			It has not proved possible to recruit any additional trainers and so no assist courses have been delivered during 2006-2007.

in order to deliver a comprehensive ASIST training programme as of 2007.					
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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

**D.10.4 Planned Action 2007-8**

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

Key actions for 2007-8		
SMART objective	Lead organisation	Timescales
A trainer has been identified and is going to undertake their training for trainers in April/May 07. It is therefore planned to deliver a minimum of 3 Applied Suicide Intervention Skills Training (ASSIST) sessions.	Health Promotion	April 2007 – March 2008

Monitor and evaluate safer Shetland action line in line with National Standards	ADDO and ADDA	April 2007 – March 2008
Continue to distribute health alerts from the Scottish Crime and Drug Enforcement Agency (SCDEA)	ADDO and ADDA	April 2007 – March 2008
Monitor impact of new ADDO combining ADDO post and Choose Life coordinator role.	SADAT	April 2007 – 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)	2001-2	2002-3	2003-4	2004-5	2005-6	2006-7
<b>13/15 year olds in Shetland ever offered drugs (SALSUS 2002)</b>	29% of 13 year olds 56% of 15 year olds					
<b>13/15 year olds in Shetland offered heroin (SALSUS 2002)</b>	3% of 13 year olds 5% of 15 year olds					
<b>Seizures of controlled drugs – Northern Constabulary (Scottish Executive Drug Seizures 2004/05 and 2005/06)</b>	775	901	799	809	1023	

### 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		
Utilise the increased staff resilience to target higher level drug dealing and thereby increase the number and weight of seizures by 10%. This will involve a more rigorous enforcement policy.	√			The local Heroin market has become pressurised and Police focus is more towards Class A drugs.	
The Safer Shetland Action Line (SSAL) has not been adopted successfully by the under 25s/youth market and a second wave of marketing will present the Line to schools in Lerwick (where intelligence already exists relating to drug dealing to minors). The aim is to increase the amount of		√			There has been no SSAL marketing in schools. There has been insufficient staffing to resource further marketing. Ideally this could be carried out in conjunction with DAD to provide a more linked up approach.

intelligence gathered from younger persons.					
DAD's Drug Education Programme will continue to be delivered in Shetland's schools throughout 2006-07 by the DAD Project Manager (accompanied by Buzz) with police support and in partnership with the SIC's Education Service, SYIS and the FDAT.	√			Our Drugs Education Programme delivered within Shetland schools has again had another successful year with over 700 pupils and teachers taking part in the scheme. The programme has become very popular and feedback from evaluation forms has been positive. Schools are now booking annually to have it delivered as part of their Drugs Education Programme.	

**D.11.3 Please provide detail of any other achievements/initiatives (not detailed above)**

<b>Description of activity</b>	<b>Timescale for activity (e.g. ongoing, yearly, etc)</b>	<b>Impact of activity</b>
SIC education department, SCDT, SYIS and Northern constabulary jointly delivered a live local radio programme "Speak Easy" on young people and drugs.	December 2006	Awareness raising for general public regarding young people and drugs in Shetland

#### 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.

<b>Key actions for 2007-8</b>		
<b>SMART objective</b>	<b>Lead organisation</b>	<b>Timescales</b>
To continue to implement and develop the Drugs Education choice for Young People within Shetland Schools through our Drugs Education Programme in partnership with FDAT.	Dogs Against drugs	Ongoing over the next 12 months of the period April 07 to March 08.
Review and re-establish FDAT to ensure coordination of training delivered.	ADDO and ADDA	April 2007 – March 2008
Monitor and evaluate safer Shetland action line in line with National Standards.	ADDO and ADDA	April 2007 – 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 (£)
2&3	Shetland Community Drugs Team (SCDT)	104,060	82,000	Shetland Charitable Trust	247,060		250,000
			16,500	Choose Life			
			30,000	Shetland Island Council			
			14,500	Quality of Life			
	<b>Total:</b>						

### 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 (£)
2	Shetland Alcohol Support Services	47,340	163,000  16,500	Shetland Charitable Trust  Choose Life	226,840		250,000
3	GP with Special Interest	26,000			26,000		37,900
3	Specialist Nurse in Alcohol Misuse	45,400			45,400		40,000
	<b>Total:</b>						

### 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 (£)
4	Papa Stour Project	20,000			20,000		53,100
2	Turning Point Craft Initiative (TPCI)	18,000	2,000  3,500  1,960.50	Spring Harvest Charitable Trust  Quality of Life (SIC)  Donations/gifts/Sales etc	27,745.26	+ 2,285.26	28,530.00
1	Health Improvement Practitioner	32,003			32,003		

1	PACE Theatre	11,464			11,464		
	<b>Total:</b>						

**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** \_\_\_\_\_