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ABERDEEN CITY COUNCIL

To: Allan McIntosh, Convener; Derek Murray, Gerrard Rattray and George Wyatt (Representatives of Holders of Premises Licences/Personal Licences); Inspector John Soutar, Grampian Police; Jennie Biggs (Alcohol and Drugs Partnership); Murray Leys (Social Work); Sohail Faruqi (Education); Dr Lesley Wilkie (Health); Mark Donlevy, David Pattinson and Bob Westland (Community Safety); Mary Crawford, Ken Eddie Councillors Greig and John West (Representatives of Residents within the Forum's Area); Conor McKay and Katherine Ross (Youth Representatives) and Diane Sande (Licensing Standards Officer).

Town House,
ABERDEEN 5th November, 2009

LOCAL LICENSING FORUM

The Members of the **LOCAL LICENSING FORUM** are requested to meet in **Committee Room 5, Town House, Aberdeen** on **THURSDAY, 12 NOVEMBER 2009 at 2.00 pm**

RODERICK MACBEATH
HEAD OF DEMOCRATIC SERVICES

B U S I N E S S

- 1 **Welcome and Apologies**
- 2 **Minutes of Forum Meeting held on 17th September 2009 and the Sub-Committee held on 26th October 2009** (Pages 1 - 8)
- 3 **Application for Membership of the Local Licensing Forum**
- 4 **Update on Overprovision Assessment**
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- 6 **Feedback from Community Councils** (Pages 11 - 12)
- 7 **Working Group - Reducing Alcohol Related Violence in the City Centre**
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Should you require any further information about this agenda, please contact Fiona Gardiner, tel. (52)2864 or email fgardiner@aberdeencity.gov.uk

Agenda Item 2

ABERDEEN LOCAL LICENSING FORUM

17 September 2009

Present:- Allan McIntosh, Convener; Mary Crawford, Ken Eddie, Councillor Martin Greig, Gerard Rattray, Diane Sande, Inspector John Soutar, Bob Westland and Dr. Lesley Wilkie.

Also:- Mr. A. Finlayson, Cove and Altens Community Council and Mr. G. Glass, Cults, Bieldside and Milltimber Community Council.

APOLOGIES

Apologies were intimated on behalf of Jennie Biggs, Mark Donlevy, Sohail Faruqi, Ian Haddock, Murray Leys, Connor McKay, Derek Murray, David Pattinson, Councillor John West and George Wyatt.

WELCOME

Allan McIntosh, Convener, welcomed everyone to the meeting and was pleased to have two Community Council representatives in attendance.

MINUTES

The Forum had before it the Minutes of the Meeting held on 30 July, 2009 and of the Forum Sub-Committee meeting held on 31 August, 2009.

The Forum resolved:-

to approve the Minutes and to note that the next meeting of the Sub-Committee is on Monday, 26th October, 2009 at 5pm.

JOINT MEETING OF THE FORUM AND THE LICENSING BOARD

The Forum noted the draft Minute of the joint meeting with the Licensing Board on 20th August, 2009.

The Forum resolved:-

to approve for its interest the Minute of the joint meeting with the Licensing Board held on 20th August, 2009.

OVERPROVISION ASSESSMENT

The Forum considered a letter from Eric Anderson, Depute Clerk to the Licensing Board setting out the consultation timetable in respect of assessment of overprovision in terms of the Licensing (Scotland) Act 2005. Members of the Forum have previously been circulated with a copy of the Scottish Government's guidance on producing a statement on overprovision as part of the Licensing Board's Statement of Licensing Policy. In his letter the Depute Clerk to the Licensing Board has drawn attention to the fact that the Licensing Board must evaluate the results of all consultations to identify robust and reliable evidence which suggests that a saturation point has been reached or is close to being reached and that it is very important to realise that there must be a direct link between that evidence and the operation of licensed premises in a locality.

As a starting point Grampian Police have identified two areas in which they consider there is overprovision. The areas are Belmont Street bordered by Union Street, Back Wynd and Schoolhill, this includes both sides of Belmont Street, the north side of Union Street, the Back Wynd, Little Belmont Street (both sides) and Gaelic Lane (both sides). Grampian Police have also identified the Justice Mill area relating to both sides of Justice Mill Lane, both sides of Langstane Place, both sides of Bon Accord Street, both sides of Dee Street, the south side of Union Street and both sides of Holburn Street.

Statutory consultees had been written to by the Depute Clerk and this includes some of the individual members of the Forum however the Forum itself was invited to contribute to the consultation process and to respond to the Depute Clerk by 16th October, 2009.

Inspector John Soutar advised that the identification of the two areas was based on overwhelming evidence of detected crime in the two areas and that detailed statistics had been forwarded to the Depute Clerk. He advised that it would be into 2010 before the effects of the Licensing (Scotland) Act 2005 could be assessed in terms of enforcement activity. Meantime Inspector Soutar was not aware of any particular difficulties in relation to members clubs. Dr. Lesley Wilkie advised that NHS Grampian would be submitting relevant statistics to the Depute Clerk and the information will be shared with members of the Forum.

Allan McIntosh referred to the work being undertaken by the Sub-Committee in scrutinising the Statements of Licensing Policy approved by other Scottish Licensing Boards. To date the Edinburgh Licensing Board Policy seemed the most comprehensive and it has also been established that other Scottish cities employ more than one Licensing Standards Officer. Inspector John Soutar is of the view that these postholders can make a significant contribution to the successful implementation of the Licensing (Scotland) Act 2005. It would be more effective if the workload was manageable to enable the Aberdeen Licensing Standards Officer to be proactive rather than mainly focusing on responding to complaints although an inspection programme has been drawn up and every effort will be made to adhere to that programme.

Gerard Rattray advised that assistance from the Licensing Standards Officer would be useful in the area of quality assurance checking in relation to training courses in particular online training courses.

The Forum resolved:-

to endorse the views of Grampian Police in relation to the assessment of overprovision in respect of the Belmont Street area and the Justice Mill area to ask the Clerk to obtain information from Aberdeen City Council on the basis of their decision to recruit only one

Licensing Standards Officer for the city and to authorise the Sub-Committee to consider whether representations should be made to the City Council that they increase the staffing establishment in the light of comparative information from other Scottish cities.

NATIONAL LICENSING CONFERENCE 2009 – AVIEMORE

Allan MacIntosh represented the Forum at the National Licensing Conference and he advised he was the only representative from the city. Aberdeenshire was represented by nine participants. He found the conference very informative and interesting and recommended that the Forum should be represented at future Conferences. The speech from the Justice Minister Kenny MacAskill included a reference to an expectation that the Licensing (Scotland) Act 2005 will be enforced in full and that he would expect Licensing Standards Officers in addition to Licensing Boards and Police forces to play their part. This would appear to strengthen the case to justify asking the City Council to increase the resources available for enforcement activities.

Although there was limited time for discussion with other Licensing Forum representatives at the conference it is clear that there are a number of common issues and complaints in particular about lack of information to assist Forums in discharging their responsibilities. Diane Sande advised that she was hosting the next quarterly meeting of North East Licensing Standards Officers and they would discuss opportunities for sharing information and best practice subject to being clear that there are no restrictions imposed by the terms of their employment. They will also take up the suggestion of members of North East Forums attending each others meetings as observers to help gain an understanding of common interests and issues.

Dr. Lesley Wilkie reminded the Forum of the importance of working to contribute to the achievement of all of the licensing objectives including protecting and improving public health rather than only focusing on enforcement activities. To assist with that task Dr. Wilkie will arrange for members of the Forum to receive copies of the NHS publication on guidance on protecting public health in the context of addressing licensing issues.

The Forum resolved:-

to await an update from the Licensing Standards Officer on arrangements for representatives to attend North East Forum meetings as observers and to ask the Clerk to liaise with Dr. Wilkie to distribute the NHS guidance document to members of the Forum prior to the next meeting.

APPLICATIONS FOR MEMBERSHIP OF THE ABERDEEN LOCAL LICENSING FORUM

The Forum considered the merits of two requests to join the Aberdeen Local Licensing Forum and considered that at this time it would be appropriate to approve the application received on behalf of the Aberdeen University Students' Association but to defer to a future meeting consideration of the application from Mitchells and Butlers having noted that they were willing to be placed on a waiting list until a vacancy arose. Arrangements will be made for Mitchells and Butlers to receive copies of Forum agendas and minutes if this would be of assistance to them meantime.

The Forum resolved:-

to invite the Aberdeen University Students' Association to become a member of the Aberdeen Local Licensing Forum and to place the application from Mitchells and Butlers on the waiting list for consideration at a future Forum meeting when there are more vacancies than there are at present.

ELECTION OF CONVENER AND VICE-CONVENER OF THE ABERDEEN LOCAL LICENSING FORUM

In accordance with the Forum's Constitution the Forum was reminded of the annual opportunity to make nominations for the post of Convener and Vice-Convener of the Aberdeen Local Licensing Forum.

The Forum resolved:-

to note that there were no nominations and therefore it was agreed to confirm the continuation of the present postholders terms of office until September 2010 namely Allan McIntosh as Convener and George Wyatt as Vice-Convener of the Aberdeen Local Licensing Forum.

STATISTICAL INFORMATION

Inspector John Soutar advised the Forum that the initiative to bring charges under licensing legislation was continuing to have a positive impact. Reported offences has increased and there is an unprecedented increase in suspension hearings for non-compliance with liquor licensing legislation. At present there are six cases ongoing in relation to possible suspension of licenses. Intelligence led activities are having a deterrent effect. The representatives from the Community Councils advised that local communities welcome visible policing and the continuity of Community Police Officers would be appreciated as they have the opportunity to get to know the local area and local people. Grampian Police have been of assistance when specific issues have been raised with them by Community Councils. The Licensing Standards Officer advised that arrangements have been made for weekly liaison meetings with Grampian Police.

In relation to the problem of drinkers congregating at the Byron Square shops brought to the Forum's attention by Councillor Kevin Stewart, Inspector John Soutar advised that the Scottish Government and the City Council need to make progress on the new drinking in public places byelaw. (Please note since the meeting the Scottish Government has confirmed the byelaw with effect from 1st October, 2009).

The Licensing Standards Officer confirmed that the provisions in the 2005 Licensing (Scotland) Act on irresponsible promotions mainly apply to on sales premises. The Bill currently under consideration by the Scottish Government has provisions to address this issue in relation to off-sales premises. She is awaiting information on the outcome of a challenge by the Licensing Standards Officer in Moray in connection with a supermarket promotion and will seek legal advice to help clarify the position regarding the use of discount/loyalty cards.

WORK PLAN

The Forum noted the updated Work Plan and in relation to areas of concern noted the variation in the quality of training courses for people who wish to acquire Personal Licences. There was support for making representations that there should be a minimum of two hour face to face training resulting in the award of a certificate which could be transferable between employers. It would be useful to have the equivalent of an industry standard and it was agreed to enquire via the National Licensing Standards Officer if other Forums would support this approach to training and would therefore be willing to make representations to the Justice Minister.

The Forum is unaware of the justification for the exemption of members' clubs from the provisions of the Licensing (Scotland) Act 2005 in respect of having a Personal Licence Holder on the premises. Although it is understood members' clubs usually have a committee member present while functions are taking place, the member does not need to have any training under the Act. The Licensing Standards Officer confirmed that she had visited members clubs in the city and recommended that it was good practice to put at least one member of their staff/committee through a formal training course in order to have a Personal Licence Holder available.

It was agreed to raise the issue of members clubs exemptions with the National Licensing Standard Officer with a view to him supporting making representations on behalf of Forums in Scotland to the Justice Minister on this issue.

The Forum resolved:-

to request the Clerk to write to the National Licensing Standards Officer seeking his support for canvassing opinions from Scottish Local Licensing Forums on adopting a national standard in relation to training courses and making representations against the exemption of members' clubs from a number of the provisions of the Licensing (Scotland) Act 2005 in respect of having a Personal Licence Holder on the premises when alcohol is being served.

LIAISON WITH GRAMPIAN POLICE

Inspector John Soutar indicated that he and his colleagues would welcome interest shown by members of the Forum in patrolling with Grampian Police in the city centre on a Friday or Saturday night. The experience would help members of the Forum develop a greater understanding of problems confronting Grampian Police.

The Forum resolved:-

to request the Clerk to contact all members of the Forum enquiring if they would wish to participate in a rota of accompanying police patrols in the city centre on a Friday or Saturday night.

CHRISTMAS LUNCH

The Forum welcomed the Convener's suggestion to arrange a Christmas lunch for the Forum with members meeting the costs involved.

The Forum resolved:-

to request the Sub-Committee to suggest a date and venue for a Christmas lunch to be attended by members of the Forum and thereafter the Clerk will contact members to advise them of the details and to confirm a booking.

OFF LICENCE SIGNAGE

Mr. A. Finlayson of Cove and Altens Community Council advised the Forum of enquiries he was making about planning and other regulations governing the size of advertising signs and displays of alcohol in a general store and post office recently purchased by a large retailer.

The Licensing Standards Officer agreed to check the operating/layout plan for the premises and advise Mr. Finlayson of her opinion. She explained that signage was a matter of the City Council as Planning Authority.

MEETING WITH FIRST BUS

Please note that following the meeting arrangements have been made for the Convener of the Forum, Grampian Police, Aberdeen City Council and City Centre Association representatives to meet with Mr. Bob Dorr, General Manager of First Bus to discuss late night bus services at the weekends at a meeting on Friday, 2nd October, 2009.

The Forum will be advised of the outcome of the meeting at the next Forum meeting in November, 2009.

PETROL STATION/GARAGE LIQUOR LICENCES

The Forum has noted the successful legal challenge in Glasgow against a refusal by the Glasgow Licensing Board of a off-sales licence for a garage on the outskirts of Glasgow. The Forum appreciate the difficult position financially for Licensing Boards in defending legal challenges.

The outcome of an appeal by a supermarket against the refusal of an off-sales licence for premises in Cults is awaited and it was noted that overprovision was one of the justifications put forward by the Licensing Board in its decision.

- **ALLAN McINTOSH, Convener**.

ABERDEEN LOCAL LICENSING FORUM SUB COMMITTEE

Monday 26 October 2009

Present:- Allan McIntosh, Chairperson; Sandy Kelman (substituting for Dr. Lesley Wilkie), Diane Sande, and Bob Westland.

APOLOGIES

Apologies were intimated on behalf of Jennie Biggs, Sohail Faruqi, Inspector John Soutar, Dr. Lesley Wilkie and George Wyatt.

AGENDA ITEMS FOR FORUM MEETING TO BE HELD ON 12 NOVEMBER 2009

The Sub Committee agreed that the following items should be included on the agenda for the Aberdeen Local Licensing Forum meeting on Thursday 12 November 2009 at 2pm –

- (1) update on Overprovision Assessment
- (2) update on Provision of Late Night Bus Services
- (3) feedback from Community Councils
- (4) Working Group – Reducing Alcohol Related Violence in the City Centre
- (5) Statistical Information
- (6) update from Licensing Standards Officer
- (7) work plan
- (8) links with other Local Licensing Forums
- (9) consideration of Licensing Board policy frameworks
- (10) consideration of 'Licensing for Public Health' publication
- (11) Update on Alcohol Strategy

In addition to the above, updates will be given on the actions approved by the Forum at its meeting on 17 September 2009. For example in relation to making representations on the staffing resources to implement the Licensing (Scotland) Act 2005 in the light of comparative information on the number of Licensing Standards Officers employed in other Scottish cities. The Forum will be advised of the arrangements for the alcohol summit meeting provisionally arranged for 16 November 2009 at 4.30pm in the Town House. There will be an opportunity for the Forum to consider the points they wish to be discussed at the alcohol summit in addition to the invitation for the Forum to be represented.

The Licensing Standards Officer indicated she hoped to have information on noise nuisance complaints and other statistics in time for the Forum meeting in February 2010. However if this was not possible the statistics would be available for future meetings. In relation to developing links with other Local Licensing Forums it will be suggested that we pursue links with the Forum in Dundee in addition to Aberdeenshire as we may have issues in common with another city. It was noted that the National Licensing Development Officer was asked during the Aviemore Conference about arranging/

supporting meetings where Forum representatives could exchange information and experience.

In relation to Policy frameworks operated by other Licensing Boards it was agreed it may be appropriate to discuss at the Forum sending an interim reply to the Aberdeen City Alliance to their request that the Forum to consider whether or not there was a policy gap when a comparison is made with the Aberdeen Licensing Board policy framework. Information on standard licence conditions has been requested from the City Council's Licensing Section in order to complete the consideration of policies. Therefore a final reply cannot be prepared. Forum members will be asked if they have any specific comments other than the consideration given to this matter by members of the Sub-Committee.

WORK PLAN

It was noted that information had been requested from the City Council's Licensing Section on their plans to submit statistics to future meetings of the Licensing Board and the categories of that information. It is hoped that for the Forum meeting in 2010 more details can be added to the Work Plan. For example the Aberdeen City Alliance at its meeting on 25th November, 2009, should receive a report giving an update on "Public Safety in the City Centre" which will be of interest to the Forum.

CHRISTMAS MEAL ARRANGEMENTS

It was agreed that the Clerk would write to members of the Forum advising them that the Christmas meal for members of the Forum will take place on Thursday 26 November (6.30pm for 7pm) giving a choice of venues to ascertain if there is a preference.

NEXT MEETING

It was noted that the next meeting of the Aberdeen Local Licensing Forum after the November meeting is on Thursday 25 February 2010 at 2pm and therefore there was no immediate need to agree a date for the next meeting of the Sub-Committee.

- **ALLAN McINTOSH, Chairperson**.

Agenda Item 5

ABERDEEN LOCAL LICENSING FORUM

12 November 2009

Late Night Bus Services

A meeting was held on 2 October 2009 with representatives from First Aberdeen, Stagecoach, Bluebird and Bains coaches together with representatives from NESTRANS, Grampian Police and the City Council including the Convenor of the Licensing Board.

It is clear that the bus companies are actively interested in improving services and there is a desire from everyone involved to promote change to better meet customer and provider requirements. At present night time bus services are not viable and risk being discontinued. Services are dependent on the student population which means there are seasonal fluctuations in demand. The service is not being well used. Some customers do not pay and drivers are under instruction to be non confrontational in these circumstances. The use of a second person on the bus has been considered but there is a risk if they have been inadequately trained and there would be a cost associated with employing a second person. CCTV on buses cannot be viewed remotely and it would be costly to make this enhancement to the facility.

The Programme Manager of Safer Aberdeen advised that it was unlikely individual licensed premises would want to contribute to transport costs although there may be scope to do this on an industry wide basis. It is understood that there is no legislation in place to impose a compulsory levy. However a voluntary scheme is one option.

Following on from the meeting an Action Plan will be drawn up and the actions will include obtaining data on where customers are coming from, their destinations, what time they require services and assessing demand to get a commitment that there would be a customer base to use increased services. Details of late night bus services in other cities will be obtained. Sunderland, Southampton and Inverness will be approached for information. Possible options will be considered including routes, timing, costs and contracts. Other options will include a pilot approach and examination of the availability of subsidies.

Funding sources will be investigated including a licensing levy, via NESTRANS, the Bus Route Development Fund and Scottish Government initiatives on safety, public transport or accessibility. The option of funding via the Business Improvement District will also be considered.

The Local Licensing Forum will receive further briefings as this issue is developed via the partner organisations involved in implementing the Action Plan.

Fiona Gardiner

Clerk to the Aberdeen Local Licensing Forum

COMMITTEES/licensing forum/minutes/2009/121109 note A

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Agenda Item 6

ABERDEEN LOCAL LICENSING FORUM

12 November 2009

Licensing Concerns

In response to the requests by the Forum for Community Councils to raise licensing concerns with them two letters have been received. Culter Community Council advises that there is local concern about disturbances in the vicinity of local shops licensed to sell alcohol. They also report complaints of noise and unacceptable behaviour outside the Social Club and bar in Peterculter.

Torry Community Council is concerned that underage drinking occurs and that people who are clearly intoxicated are still able to be served with more alcohol in public houses or local shops licensed to sell alcohol. Torry Community Council has also extended an invitation to the Forum to send a representative to a future Community Council meeting and to talk about the work of the Forum.

Fiona Gardiner

Clerk to the Aberdeen Local Licensing Forum

COMMITTEES/licensing forum/minutes/2009/121109 note B

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ABERDEEN LOCAL LICENSING FORUM

WORK PLAN AS AT NOVEMBER 2009

Work Plan 2008 Transition	Aims	Objectives	Support Agencies Involved	Related Objectives of the 2005 Act List 1-5	Date Start	Date for Information to Licensing Board	Results of Licensing Board Decision (dates)
1.1	Find out from communities what are their areas of concern.	To enable the Forum to focus its attention on areas of public concern.	Community Councils Neighbourhood Watch Groups Young Peoples Groups Churches Ward Councillors	1, 2, 3, 4 & 5	2/12/08	Not yet fixed	Not known
1.2	Improve intelligence in relation to statutory bodies.		Professional Groups Police Health Fire & Rescue	1, 2, 3, 4 & 5	2/12/08	Not yet fixed	Not known
2.1	To examine whether there are areas of overprovision of licensed premises in the City.	To uphold law and order in the community.		1, 2, 3, 4 & 5	2/12/08	Awaiting timescale and draft policy statement to comment on.	

Work Plan 2008 Transition	Aims	Objectives	Support Agencies Involved	Related Objectives of the 2005 Act List 1-5	Date Start	Date for Information to Licensing Board	Results of Licensing Board Decision (dates)
2.2	To receive regular reporting from Aberdeen Licensing Board on applications, granted, refused and grounds of refusal.	The understand and appreciate the implementation of the board's policy				Licensing Board Clerk asked to advise of frequency of reports to the Board and of any statistical returns to the Scottish Government which can be shared with the Forum.	
2.3	To request an outline from Aberdeen Licensing Board on what measures will be employed to ensure compliance with the five objectives.	To contribute to the implementation and monitoring of the five objectives in Aberdeen					

WORK PLAN UPDATE

1.1 Areas of Concern

- Community Safety Partnership asked to consider interventions as agreed at Forum meeting on 26/2/09 – Update expected from Community Safety Manager at the February 2010 Forum meeting. Community Councils replies submitted to Forum meetings. Action – The Alliance has asked the Community Safety Partnership for an update on Public Safety in the City Centre and an update is expected at the Alliance meeting on 25/11/09.

2.2 Reports from Licensing Board

- In September the Depute Clerk was asked to confirm what the arrangements will be for submitting statistics to Forum meetings in 2010.

General Update

Background information on policies from the Glasgow, Fife, Dundee and Edinburgh Licensing Boards has been circulated. In relation to alcohol related disorder in the city centre, the Forum will receive an update on the work of a Focus Group established by the City Alliance/Community Safety Partnership in November and the outcomes of the Alcohol Summit on 16/11/09 will be reported to the Forum meeting in February 2010.

Licensing Objectives (for reference)

1. Preventing Crime and Disorder
2. Securing Public Safety
3. Preventing Public Nuisance
4. Protecting and Improving Public Health
5. Protecting Children from Harm

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ABERDEEN LOCAL LICENSING FORUM

Licensing Board Policy Frameworks

At its meeting on 9/10/08, the Aberdeen City Alliance (the City's Community Planning Partnership Body) considered a report entitled "Alcohol Related Disorder Profile – Aberdeen City Centre". The Licensing Forum received an extract from that report on licensing issues was asked by the Alliance to investigate "whether other Licensing Boards had stronger strategic policy frameworks to work within than Aberdeen City Licensing Board". The Forum should reply to the Alliance in due course.

The Forum and the Forum's Sub-Committee have discussed policy documents from other Scottish cities and at the joint meeting with the Licensing Board, the Forum had the opportunity to question representatives from the Board. After that meeting there was a feeling that the Forum could prepare better for the next joint meeting in 2010 with some questions ready in advance. A summary of apparent differences between policies might help that process. The Board representatives could be asked to comment. For example, the Depute Clerk to the Board has been asked to supply information on the conditions attached to the licences. The Forum are aware that apparent gaps in policy documents may in fact be addressed in this way whereas other Boards have details in policy documents themselves. His attention has been drawn to the difference in the level of detail in relation to members' clubs in Edinburgh City's Licensing Board policy document.

I understand the Alliance is due to receive an update on the "Alcohol Related Disorder Profile – Aberdeen City Centre" report at its meeting on 25/11/09. It seems the right time to advise them of the work the Forum is undertaking and will continue to undertake in 2010. The report will be submitted to the next meeting of the Forum and we can anticipate receiving a copy of the minute and any Action Plan arising from the Alcohol summit which is scheduled to take place before the Christmas recess.

The Forum is asked if there are any points noted from consideration of policy documents from other Licensing Boards (previously circulated) which should be referred to the Depute Clerk at this time given the commitment to continue to work on this in 2010 it may be appropriate to wait to enable the Sub-Committee to undertake further work on behalf of the Forum.

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Licensing for
Public Health

Public health may be defined as
‘the science and art of preventing disease,
prolonging life, and promoting health through the
organised efforts of society’.

Published June 2009

Acknowledgements: - In developing this publication Alcohol Focus Scotland and Scottish Health Action on Alcohol Problems would like to thank a number of people who have made valuable contributions including:

Dr Lesley Graham whose presentation at the 2008 National Licensing Conference led to the idea of this publication.

Dr Maggie Watts, Chair of the Scottish Association of Alcohol & Drug Action Teams.

The members of SHAAP’s Executive Committee.

The many members of the Scottish Directors of Public Health Group who took time to review the draft for this publication and who suggested a number of useful amendments.

The members of the AFS Licensing Working Group, which includes representatives of licensing boards, the police, Licensing Standards Officers and the trade, for their advice.

We would also like to thank the Scottish Government for their support in funding the printing and distribution costs for the publication.

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This publication has been jointly developed by Alcohol Focus Scotland and Scottish Health Action on Alcohol Problems (SHAAP). It follows up the many requests received, particularly at the National Licensing Conference 2008, from licensing officials and board members for more clarity on what is meant by 'public health', and for guidance on what licensing boards and licensing forums could and should do with regard to public health. A review of licensing board policy statements undertaken in 2008 found that measures to address public health were not included in all statements.¹

A public health principle has been enshrined in the new Licensing (Scotland) Act 2005 due to come into force in September 2009. This legislation applies to both the on-trade (pubs, clubs, restaurants) and off-trade (supermarkets, convenience stores, off-licences) in Scotland. *Protection and Improvement of Public Health* is one of five licensing objectives that licensing boards must take into consideration when granting or renewing licences. This booklet gives licensing boards and local licensing forums information on what the public health principle might mean for them in practice.

Liquor licensing has always served a public health function. Regulation ensures the purity and safety of alcohol products sold to the public, reducing the incidence of death from drinking contaminated alcohol. Establishing and enforcing a minimum purchase age promotes public health by seeking to prevent children from harming themselves. Measures aimed at reducing alcohol-related public disorder also promote public health in that they lessen the risk of alcohol-related violence and injury. What the new Licensing Act does for the first time is to make the protection and the improvement of public health an explicit purpose of the licensing system.

Licensing for Public Health

What is Public Health?

Public health may be defined as 'the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society'.²

The concept of health is complex and means more than just the absence of disease. Health can be influenced by many aspects of our lives including our physical, emotional, and mental experiences, as well as social and environmental conditions. In developing interventions to protect and improve our population's health, we need to consider the role and interplay of all these factors.

Historically, some of the most significant advances in population health have been achieved through changes to the environment in which we live. During the 19th and 20th centuries, improvements in sanitation and housing were critical in reducing ill-health and premature death, as were measures to tackle air pollution and the introduction of health and safety regulations in the workplace. Now the major causes of death and disability in our society are due to chronic diseases, often associated with lifestyle factors such as smoking, diet and alcohol use, affecting not only the individual, but families and communities 'second-hand'. A lot of time and energy has consequently been directed at motivating people to adopt healthier lifestyles.

However, efforts to improve population health also need to address the societal and environmental factors that cause or reinforce unhealthy behaviour.

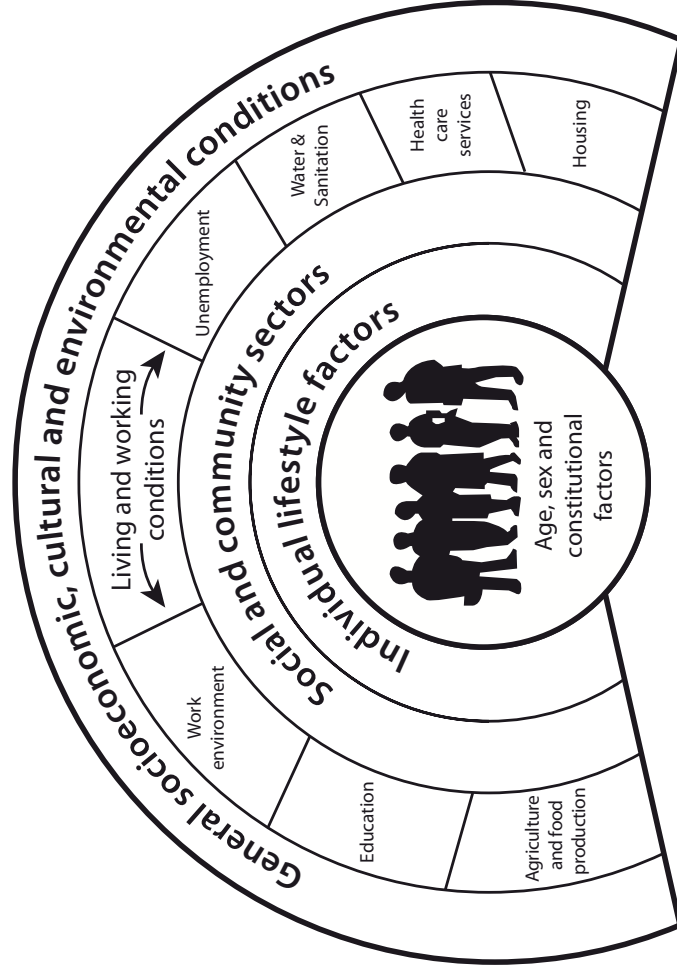


Figure 1 : The main determinants of health ³.

Licensing for Public Health

Alcohol's impact on public health in Scotland

Alcohol is a potentially addictive, psychoactive drug that is legally available for consumption throughout the UK. If drunk up to the recommended limit (not more than 21 units of alcohol per week for men and 14 units for women), the risks of developing alcohol-related health harm are low (but not zero). The more alcohol is consumed, the greater the risk of health harm. When men are regularly drinking more than 50 units of alcohol a week and women are regularly drinking more than 35, the health risks become severe.

Trends in alcohol consumption

Over the past 50 years alcohol consumption in the UK has gone up from 5.7 litres of pure alcohol per person (16+) in 1960, to 11.5 litres in 2007. From the mid-1990s there was a particularly noticeable rate of increase when consumption rose by 20% (Figure 2).⁴

Furthermore, 2007 sales data, available for the first time at a sub-UK level, indicate that adults in Scotland are drinking nearly two litres more pure alcohol per year than people in England and Wales.⁵

The rise in UK alcohol consumption has coincided with a fall in the real price of alcohol⁶ and a relaxation of licensing laws which have resulted in alcohol being available to the public in more places, for longer periods of time. Latest survey estimates reveal 40% of men and 33% of women in Scotland are drinking twice the recommended daily limits.⁷

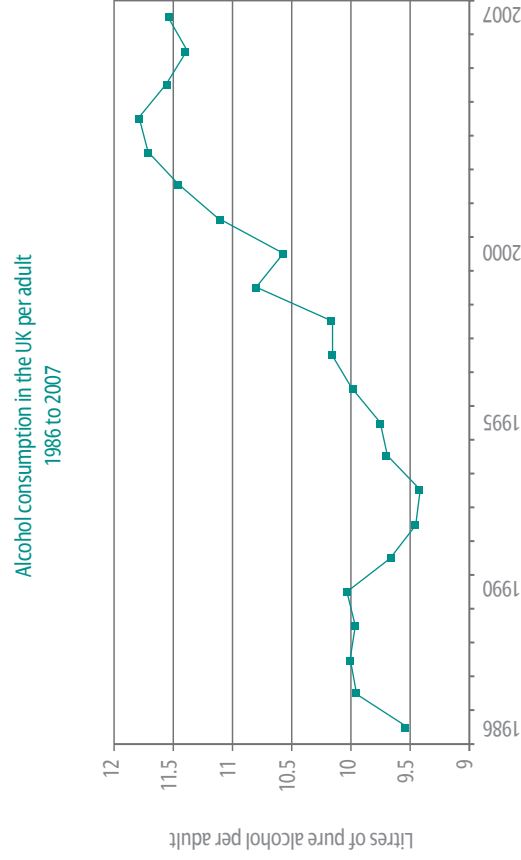


Figure 2 : Alcohol consumption in the UK

A majority of 15-year-olds and just over half of 13-year-olds surveyed in Scotland report having consumed an alcoholic drink (a whole drink, not just a sip). Of those pupils who said they drank in the last week (11% of 13-year-olds and 31% of 15-year-olds), half of 13-year-olds and 72% of 15-year-olds had been "really drunk" at least once. ⁸

Problem alcohol use extends across all ages and all social groups. As alcohol consumption has increased, rates of alcohol-related harm in Scotland have escalated. Problem alcohol use is linked to a whole range of health, social and economic harms. It affects individuals, families, communities and costs the country billions of pounds each year. ⁹ Long-term, daily drinking substantially increases the risk of developing chronic alcohol-related health conditions, such as cirrhosis of the liver. Less frequent drinking which involves consuming a large volume of alcohol on each drinking occasion, (commonly known as 'binge drinking'), can also lead to adverse health consequences. These include alcohol poisoning, and a substantially increased risk of accidental injury and/or of being involved in a crime. This type of drinking is associated with anti-social behaviour and public disorder.

Health costs

- Scotland has one of the fastest growing chronic liver disease and cirrhosis death rates in the world; ¹⁰
- Men in Scotland are twice as likely to die an alcohol-related death than men in England; ¹¹
- Alcohol related deaths disproportionately affect those living in the most disadvantaged areas. Men in deprived areas are 7 times more likely to die an alcohol related death. ¹²

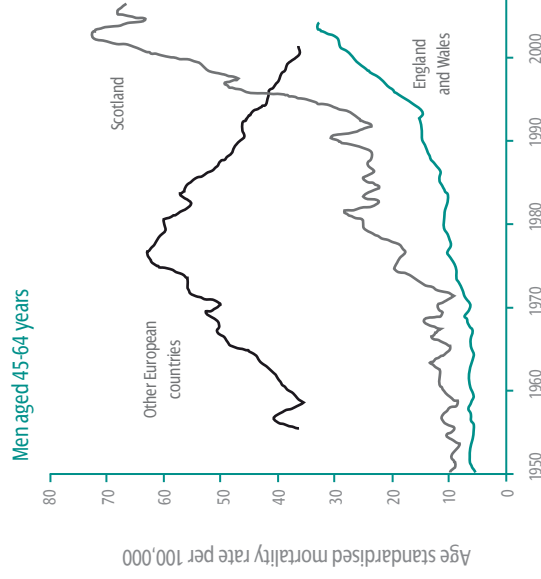


Figure 3 : Chronic liver disease mortality rates, 1950 to 2006

Source: Leon & McCambridge 2006 (updated) ¹³

We know what measures are likely to be effective in reducing the harm caused by alcohol use and therefore protecting and improving public health.²⁰ Many of these measures can be implemented through local licensing decisions and can be grouped into three broad categories: supply reduction, demand reduction, and harm reduction.²¹

Supply reduction - aims to restrict the physical availability of alcohol.

Limiting the availability of alcohol has the potential to reduce consumer demand. We know from the evidence that if we reduce alcohol consumption we reduce alcohol-related problems. Measures aimed at reducing supply include:-

- Restricting the number and density of outlets licensed to sell alcohol;*
- Limiting opening hours and days of opening;*
- Enforcing minimum age of purchase laws and other licensing breaches;*
- Responsible server training to prevent over-service.

Demand reduction – aims to motivate people to drink less.

Measures aimed at motivating users to consume less alcohol overall and less per drinking occasion include:-

- Controls on the price of alcohol – raising taxation, setting minimum prices, banning price promotions and happy hours; *
- Education campaigns targeted at consumers or potential consumers – public awareness campaigns on responsible drinking, providing information on units/recommended limits etc;
- Effective enforcement of bans/rules on alcohol advertising and alcohol sponsorship of events.

* The measures marked with an asterisk have all been ranked as highest in effectiveness by international alcohol policy experts²² and endorsed by the World Health Organisation. Evidence of the effectiveness of education campaigns is weak so should only be used in conjunction with stronger measures. Server training is most effective when backed up by credible enforcement.

Harm reduction – aims to modify the drinking environment.

Modifying the drinking environment where alcohol is sold and consumed aims to minimise potential harm linked to alcohol use. Such measures don't necessarily require a change in the pattern or level of alcohol use. Examples include:-

- Improving city centre environments, especially around licensed premises, for example, good lighting, general tidiness, intolerance of vomit and urination in public places;
- Training of bar staff and security staff on how to monitor and prevent problematic behaviour including intoxication, dealing with under age persons and with rowdy customers;
- The use of plastic or toughened glassware;
- Measures to prevent overcrowding in licensed premises.

To minimise the health harms from drinking all three types of intervention - supply reduction, demand reduction and harm reduction - can be implemented. However, in public health terms the most effective measures for reducing alcohol harm will involve a reduction in alcohol intake. Toughened glassware may serve a useful function in preventing injuries due to broken glasses being used as weapons in potentially violent venues; but far better for short - and long-term health is that the amount of alcohol consumed is moderated and so the risk of alcohol-related violence and other harms occurring is lowered.

Research carried out in pubs in Glasgow, published in early 2005, identified a number of factors which affected the likelihood of alcohol-related problems being observed in the premises. See Annex 1.

Licensing for Public Health

Implementing the public health objective in practice

In terms of what licensing authorities can do, the measures that will best promote and protect public health are likely to vary according to local circumstances and individual licensing decisions. Apart from universal measures such as controls on the price of alcohol or enforcement of the law, other measures may be more effective if applied strategically in response to local conditions – whether a locality is urban or rural; whether decisions relate to an off-licence or on-licensed premise; and the nature and extent of alcohol problems in the area.

Developing a licensing strategy to promote and protect public health

Producing an effective local licensing strategy will involve research, monitoring and evaluation of policies and interventions.

Step 1: Building the evidence base and identifying priorities for action

Collecting information on the type and incidence of alcohol-related problems in a locality is essential to enabling informed choices on interventions to reduce harm, and for establishing a baseline against which to measure change. Existing sources of data can be used to build up a health

profile of the area, as well as information gathered from other agencies, local residents, licensees and others. Involving a wide range of stakeholders helps to obtain a comprehensive picture and identify priorities for action. It is important to try and find ways of engaging with the whole community and not just with those with the 'loudest' voices. Local licensing forums can help with this process.

There are several useful sources of information within NHS Scotland, local partnerships and police forces.

- Local drug and alcohol information tables (2008) A compendium of statistics providing the latest figures on alcohol consumption, availability and rates of acute and chronic health harm for every local authority area in Scotland; <http://www.drugmisuse.isdscotland.org/publications/abstracts/localinformation2008.htm>
- Alcohol Statistics Scotland (these are produced annually); www.alcoholinformation.isdscotland.org
- SALSUS National Report: Smoking, drinking and drug use among 13 and 15-year-olds in Scotland in 2006; http://www.drugmisuse.isdscotland.org/publications/abstracts/salsus_national06.htm
- Departments of public health in NHS Boards can provide information and also expertise in measuring need and monitoring and evaluating policies and programmes;
- Alcohol and Drug Partnerships (previously Alcohol and Drug Action Teams - ADATs);
- Community Safety Partnerships.

Step 2: Drafting and implementing the strategy

A strategy is likely to set out: an overview of current circumstances relating to the sale and use of alcohol in a local area; a vision for the future; an identification of objectives, priorities for action and measurable outcomes; arrangements for implementation, monitoring and evaluation.

To enhance effectiveness, and to avoid duplication, it is important that a licensing strategy links up with the alcohol work being undertaken by partnership agencies in the area, through the coordination of objectives and agreeing strategic frameworks for delivery.

Consultation on the draft strategy and communicating/publicising the strategy can help to engage the local community in the process of implementation and in the outcomes of the strategy.

Step 3: Measuring Success

The strategy will need to be monitored and reviewed regularly to assess its effectiveness in meeting targets and objectives. Some outcomes relating to public health may only become evident in the longer-term in which case it will be useful to identify intermediate outcomes to measure progress towards the ultimate objective of improved public health.

Some positive outcomes in public health terms could include:

Medium-term

- Development of stronger links between the different agencies and individuals dealing with alcohol-related problems/harm, e.g., licensing authorities, health professionals, police, licensees;
- Improved local knowledge on the nature and extent of alcohol-related harm through the establishment of standard procedures for collecting data on alcohol-related incidents and better information sharing.

Longer-term

- Reduction in alcohol consumption (sustained over the long-term)
- Reduced pressure on accident and emergency services responding to alcohol-related incidents
- Reduction in incidents of alcohol-related violence
- Reduction in the number of alcohol-related hospital admissions
- Reduction in alcohol-related mortality.

Licensing Toolkit, Alcohol Concern

www.licensingtoolkit.org.uk

Practical guidance for licensing authorities on devising a strategy including: gathering information and consulting with stakeholders; identifying outcome indicators; and measuring alcohol-related outcomes.

Safe, Sensible, Social: Alcohol strategy local implementation toolkit; HM Government

<http://www.crimereduction.homeoffice.gov.uk/drugsalcohol/drugsalcohol097.pdf>

Managing the night time economy: Best Practice Guide, Greater London Authority, March 2007

<http://www.london.gov.uk/mayor/strategies/sds/docs/bgp-nte/bpg-nighttime-economy.pdf>



1. *Licensing Law and the Impact of the Public Health Objective – A Review Paper*, Alcohol Focus Scotland, August 2008. <http://www.alcohol-focus-scotland.org.uk/pdfs/Licensing%20and%20Public%20Health%20Review.pdf>
2. Acheson D (1998) *Independent Inquiry into Inequalities in Health Report*, Department of Health.
3. Dahlgren G and Whitehead M (1991). *Policies and Strategies to Promote Social Equity in Health*, Stockholm: Institute of Futures Studies.
4. *Alcohol Factsheet 2008*, HMRC. The amount of alcohol cleared by customs and excise for sale in the UK is used as an indicator of per capita alcohol consumption. An alternative source of data on alcohol consumption comes from population surveys, however, these are recognised to be an inaccurate measure of the total amount of alcohol consumed as people consistently under-report the amount of alcohol they drink. Data on consumption trends can also be obtained from industry sales figures.
5. Data supplied to the Scottish Government by The Nielsen Company. HMRC data on the amount of alcohol cleared for sale is only available at a UK level, and the same has applied to alcohol industry sales figures until recently. In work undertaken for the Scottish Government, market analysts The Nielsen Company disaggregated UK alcohol industry sales data to a Scotland and England/Wales level for 2005 to 2007. The results suggest that average consumption in Scotland is nearly 2 litres more pure alcohol per adult than in England/Wales. <http://www.scotland.gov.uk/Topics/Health/Alcohol/resources>
6. In 2007 alcohol was 69% more affordable than it was in 1980. See *Trends in the affordability of alcohol in the UK, 1980 to 2007*, Institute of Alcohol Studies.
7. *Revised Alcohol Consumption Estimates from the 2003 Scottish Health Survey*, Scottish Government, May 2008.
8. *Scottish Schools Adolescent Lifestyle and Substance Use Survey, National Report 2008*, Scottish Government. http://www.drugmisuse.scotland.org/publications/abstracts/salsus_national08.htm
9. *Costs of Alcohol Use and Misuse in Scotland*, Scottish Government, May 2008.
10. *Changing Scotland's Relationship with Alcohol: a discussion document*, Scottish Government, 2008.
11. *Trends and geographical variations in alcohol-related deaths in the UK 1991- 2004*, ONS, 2007.
12. *Alcohol Statistics Scotland 2009*, ISD.
13. Graph based on Liver cirrhosis mortality rates in Britain from 1950 to 2002: an analysis of routine data, *The Lancet*, Vol. 367, January 2007. Rates for England and Wales (to 2004) and Scotland (to 2006) subsequently updated by Prof. David Leon and General Registrar for Scotland. Reproduced from *Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach*, Scottish Government, June 2008.
14. *Trends and geographical variations in alcohol-related deaths in the UK 1991- 2004*, ONS, 2007.
15. *Alcohol Project: Interim Analytical Report*, Prime Minister's Strategy Unit, Cabinet Office, 2003.
16. *Scottish Health Survey*, Scottish Government, 2003.
17. *Scottish Crime and Victimisation Survey*, Scottish Government 2006.
18. *Scottish Prisoner Survey 2008*, Scottish Prison Service.
19. *Understanding harmful drinking: Two: Alcohol and Assaults*, QIS, 2006.
20. See Babor et al, *Alcohol: No Ordinary Commodity, 2003*, for effectiveness ratings for policy-relevant strategies and interventions.
21. Categories defined by Tim Stockwell in 'Alcohol supply, demand, and harm reduction: What is the strongest cocktail?' *International Journal of Drug Policy*, 17 (2006) 269-277.
22. Babor, T. et al, *Alcohol: No Ordinary Commodity*, Oxford University Press, 2003.

In 2005 NHS Greater Glasgow Health Board published a report called 'Factors associated with alcohol-related problems within licensed premises.' This was based on research conducted in licensed premises within Glasgow City Centre. The following is summarised from the report.

Protective factors

- Lack of congestion, not overly crowded
 - Inappropriate persons (e.g. drunken or underage) being refused entry or refused service
 - Good standards of cleanliness and housekeeping
 - Friendly staff
 - Quick and efficient service
 - Calling last orders in plenty of time
 - Managing the exit of patrons
 - Monitoring patrons, including at entry, the bar and the exit
 - Promotion of food (full meals and snacks)
 - Higher percentage of customers sitting
 - Staff trained in responsible service
 - Good range of reasonably priced soft drinks
 - Good communication between staff
- All mean there is more likely to be relaxed, social drinking,

Risk factors

- Music which has a lot of offensive words or includes sexually explicit words
- Congestion anywhere in the premises (at the door, bar, stairs, toilets, dance floor, etc.)
- Higher percentage of customers standing
- Drunk or underage persons allowed in and served
- Vomiting
- Drug dealing or drug use
- Drunk customers in the premises
- Staff being hostile or aggressive towards patrons
- Staff allowing aggression or watching conflict
- Staff sending people outside to fight
- Late intervention in situations by staff
- Patrons served double at closing time or being served after closing time
- Smokiness and/or lack of ventilation
- High level of noise and movement
- Lack of bar wiping, table clearing, toilet cleanliness
- Openly sexual or sexually competitive activity (such as "pulling")
- In-house promotion or entertainment focussing on alcohol and "sexy dancing"

In summary, the physical environment and the way this is managed has a direct outcome on the likelihood of alcohol related problems being observed. To download the Executive Summary of the report go to: www.alcohol-focus-scotland.org.uk/leaflets_publications/publications/

Examples of licensing practice to reduce alcohol-related health harm

Some Licensing Boards and Licensing Forums have already found ways to implement some of these measures. The new Licensing Act gives both Boards and Forums even further scope since it provides an overall remit to 'protect and improve public health' and also brings in new requirements in many areas including licensing hours, promotions and server training.

Price and availability

Restrictions on hours of alcohol sales and service, if used strategically, have the potential to reduce drinking and alcohol-related problems. Restrictions on the hours or days of sale of off-licensed premises will have a bigger impact on people who do not have access to a ready supply of alcohol, such as young people under the age of 18 who drink. The new Licensing Act gives licensing boards new powers to vary licensing hours. Borders Licensing Forum has undertaken work to consider the effect of the board's decision to extend late night extensions from 2am until 3am. Data was compiled from the police, the local drug and alcohol team and the community. It looks likely that the Board will revert to its earlier policy of having a 2am deadline for late night extensions.

Overprovision – some Licensing Boards have remitted their Forums to consider the issue of overprovision. The Greater Glasgow and Clyde Alcohol Action Team has undertaken some initial work to develop local measures of overprovision to help inform licensing decisions.

Enforcement of the ban on price promotions and other controls on price contained in the Licensing (Scotland) Act 2005. A considerable body of evidence supports the use of price controls as a means of reducing the full range of alcohol harms. Some Licensing Boards, including City of Glasgow and South Ayrshire, already have policies on promotions in place and Edinburgh has considered licensee 'fitness' in the light of promotional fliers produced from premises. The new Licensing Act bans 'irresponsible promotions' and gives a list of definitions including if an alcoholic drink is supplied free of charge or at reduced price on the purchase of one or more drinks, involves the supply of unlimited amounts of alcohol for a fixed price, is based on the strength of a drink or is likely to appeal to person largely under the age of 18. The Act also states that the price of alcohol cannot be varied within a 72 hour period. The Scottish Government has said it further intends to end '3-for-the-price-of-2' type promotions, outlaw below-cost selling and introduce minimum pricing.

Restrictions on the type of alcohol that can be sold in off-licensed premises. (A supermarket in Ealing was banned from selling beer, cider and ale with an alcohol content of more than 5.5% abv, and another off-licence was prohibited from selling single cans of beer/cider as this practice was viewed as being linked to harmful consumption).

Restrictions on who alcohol can be sold to. Many premises operate a voluntary 'Challenge 21' or 'Challenge 25' scheme where alcohol is not sold to someone who looks under 21 or 25, unless that person can provide suitable evidence that they are legally entitled to buy alcohol (i.e. over 18). It seems likely boards will be given additional powers to set the alcohol purchase age at 21 in off-licence type premises.

The drinking environment

Banning drinking games, marketing and other forms of entertainment that promote excessive drinking. KPMG review of industry social responsibility standards found inducements by DJs to consumers to drink greater quantities and encouragement to drink more and faster through shots and shooters being 'downed in one'.

Adequate lighting, seating, ventilation (poor ventilation, excessive heat, excessive noise levels have been found in

some studies to increase levels of aggression). Perth and Kinross and Edinburgh Licensing Boards have proposed compulsory seating for 25% and 50% respectively for the patrons of on-licensed premises.

Design of establishments and spacing of furniture to reduce crowding.

Cleanliness - Many studies have shown violence more likely to occur in bars that are untidy and poorly kept.

Ensuring there is adequate transport provision, particularly at late-opening venues.

Providing free water and reasonably-priced non-alcoholic drinks as an alternative to drinking alcohol, both of which are a requirement in the new Licensing Act.

Sufficient toilet provision, and ensuring that toilets are kept clean, tidy and well monitored.

Ensuring adequate staffing (some studies show inadequate staffing may facilitate aggression due to the time spent queuing).

Ensuring that male and female staff are available at times as required to address the different needs of men and women. Male security staff may be unwilling to intervene in female scuffles or enter women's toilets when additional assistance is required.

Meals - Less intoxication and aggression is found in bars where full meals and free snacks are available. Perth and Kinross Licensing Board have proposed a ban on serving alcohol at pavement tables unless with food, which must be more than crisps or nuts.

Sectarianism - Because of public safety concerns, some boards, including Glasgow, have policies aimed at preventing premises from undertaking activities which could be seen as sectarian such as displaying particular colours or images.

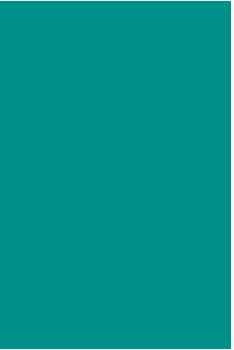
Enforcing the law & promoting good practice in the sale of alcohol.

Responsible server schemes may help prevent intoxicated customers being served alcohol but only if properly enforced. The new Licensing Act makes staff training a requirement and Licensing Standards officers will have an important role in checking that staff have undertaken adequate training.

Police-led initiatives such as test purchasing and also localised activities such as marking bottles or bags (usually in off-licence premises) to help track any purchases going to children or young people.

Composition of Forums - For the Local Licensing Forums to truly represent the community it is important that they are well balanced with a range of views represented. In some areas Forums have been found to be 'trade heavy'. In Aberdeen there were initially eight trade representatives however three of these have now resigned to make way for other interests. Many forums are working to better include representation from young people (such as through Young Scot) and community councils.

Schemes that recognise overall good practice in licensed premises, e.g. 'Best Bar None', and extending these across on- and off-licensed premises.





Alcohol Focus Scotland
166 Buchanan St, Glasgow
G1 2LW
T. 0141 572 6700
www.alcohol-focus-scotland.org.uk



Scottish Health Action on Alcohol
Problems (SHAAP)
12 Queen St, Edinburgh
EH2 1JQ
T. 0131 247 3667
www.shaap.org.uk

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A safer, healthier & more responsible attitude to alcohol in Aberdeen

Aberdeen City Alcohol & Drug Partnership
Alcohol Strategy 2009-2019

safer and stronger

healthier

fairer and wealthier

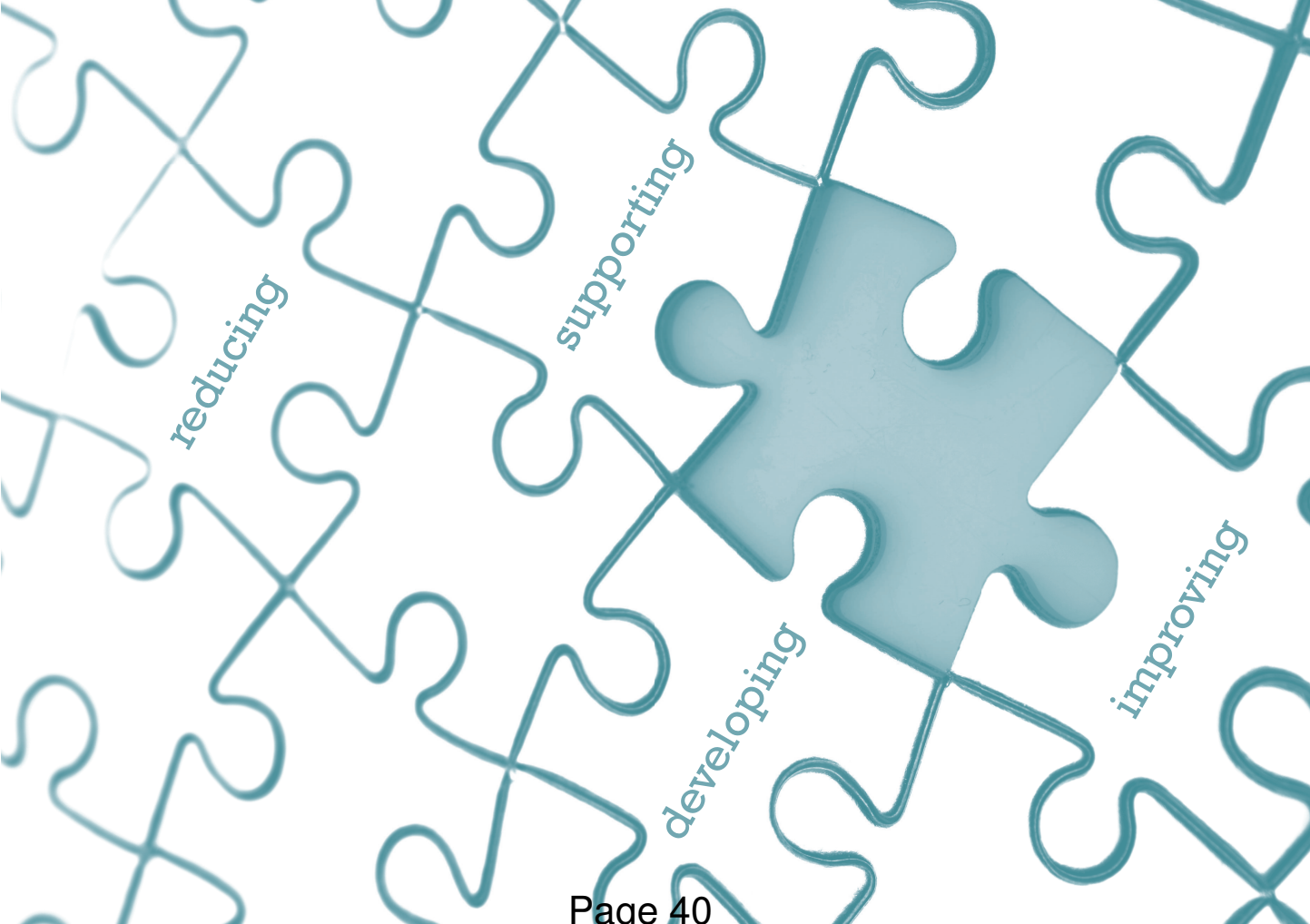
smarter

ABERDEEN CITY
ADP
alcohol & drugs partnership

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Vision

Aberdeen City Alcohol and Drug Partnership's alcohol vision is as follows:

“ We aim to be a City that promotes a safe, healthy and responsible attitude to alcohol. ”

This vision has been developed and tested with a wide range of stakeholders through the 'alcohol conversation' events, which were facilitated with the assistance of Alcohol Focus Scotland, held in Aberdeen during May and July 2008.

This process confirmed and reinforced existing knowledge about the issues affecting the city and the various partners' willingness to engage in finding solutions. This also added knowledge about what stakeholders consider the priority issues and what it is they are prepared to do to address them. In other words, it has provided a clear mandate for action.

There is a consensus that Aberdeen City must have a focused long term strategy to tackle the problem, and that it must be implemented by creating an effective partnership with key stakeholders and services.

This will be achieved by weaving many small actions which work well individually and together to create and drive necessary change. For example, action in workplaces on alcohol awareness, combined with one by licensees on training staff, added to a public campaign on using an interactive on line tool to support behaviour change in personal drinking, when linked together, can provide an effect greater than any single action.

Some actions will continue over the life of the strategy whilst others will evolve and adapt in light of experience and as the national strategy develops and is delivered.

“ Aberdeen will be a city where children and young people are safe, nurtured, healthy and active; are included, respected and responsible; achieve their full potential; and are supported to participate in decisions that affect them. ”

The strategy will link productively to a wider context, for example that of Aberdeen City's Integrated Children's Services Plan.

Introduction

Like other urban areas in Scotland, Aberdeen City faces major civic and health challenges in relation to alcohol use. These have been highlighted over the last few years in a range of publications and are usefully summarised in the Scottish Government's report "Changing Scotland's Relationship with Alcohol", and by the publication of "Changing Scotland's Relationship with Alcohol: A Framework for Action" in March 2009.

Main drivers

Children and young people are often seen as the main beneficiaries in the long term of strategic change. In this strategy children and young people are also seen as amongst the main implementers and drivers of change. The sustained effort and collective resources of the Aberdeen City community will be harnessed to implement this strategy.

Involvement and consultation is at the heart of our work in this field. NHS Grampian and Aberdeen City Council have comprehensive equality and diversity involvement and consultation arrangements which will ensure continued contact with the community.

The Aberdeen City Alcohol and Drug Partnership is now a part of The Aberdeen Community Planning Partnership. The governance of the alcohol strategy is therefore led from within the Aberdeen City Alcohol and Drug Partnership and responsible through The Aberdeen City Alliance (TACA) to the Community Planning Partnership. This alcohol strategy is aligned to the national Framework for Action and will also be linked on an annual basis to the local Single Outcome Agreement. Financial responsibility is jointly and severally met by individual organisations and through the Alcohol and Drug Partnership.

The Alcohol Strategy will contribute and link to a range of strategic priorities in the Community Plan, including 'Getting it Right for Every Child', reducing violence and disorder, 'Children – healthy minds and healthy bodies', regeneration and locality planning – improving the quality of life in our most deprived areas, and city centre redevelopment"

The Scottish Government's "Framework for Action" seeks to rebalance Scotland's relationship with alcohol. Legislative measures will seek to effect change in the short term, while others focus on creating cultural change over a longer period. NHS Grampian, Aberdeen City Council, Aberdeen City Licensing Board, the business sector including the alcohol industry, Grampian Fire and Rescue Service, HMP Aberdeen, Grampian Police, the voluntary sector and community members all have crucial parts to play in developing and implementing change. The active involvement of people who live, study and work in Aberdeen along with all the other stakeholders will be essential in delivering this strategy.

The Scottish Government are making a significant investment in prevention, treatment and services whilst creating an environment conducive for change.

The "Framework for Action" identifies that individuals need to reflect on their own drinking, how it impacts on themselves and others, as this will be the most significant factor in achieving change.

The Scottish Government, using a solid evidence base, has identified the main drivers and key interventions in four main areas:

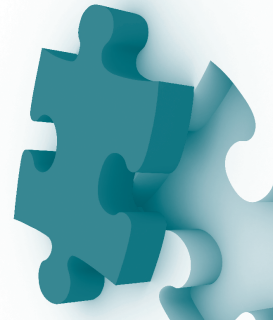
- Reducing Consumption (RC)
- Supporting Families and Communities (SFC)
- Developing Positive Attitudes Positive Choices (PAPC)
- Improving Support and Treatment (IST)

Further details are contained in Appendix 1.

The action plan that accompanies this strategy will only deliver the desired outcomes when clear agreement across all stakeholders of the need to change becomes a commitment. We all have a part to play in delivering these actions. This includes service providers and agencies, service users, communities, businesses and individuals.

International research identifies that action on price and availability are the most significant levers to reducing alcohol consumption. These measures may be implemented nationally by government in Scotland and the UK. The Alcohol and Drug Partnership will be active in making sure Aberdeen's voice is heard in this debate.

A further key to success is the ongoing development of the workforce. This involves building capacity, extending and retaining skills, effective utilisation of resources, and access to training across partnership organisations.



High Level Outcomes

The following strands have been identified as our high level outcomes. Success of the strategy will be measured against these:

- Through education, prevention and communication, people of all ages will be equipped to make informed choices about their alcohol use and to be actively involved in being part of the solution.
- Services will focus on supporting recovery from alcohol related harm. Access to support and treatment including training, employability and palliative care will be improved.
- Communities will be protected from criminal and antisocial behaviour related to alcohol use through the use of intelligence and enforcement and proactive relationships with communities.
- Children and young people will be valued and supported, and outcomes and opportunities for children and young people will be improved.
- The influences and contributions of culture, licensing, licensed trade, the hospitality industry, the alcohol producers and the business community will be integral to the strategy.
- Aberdeen City Alcohol and Drug Partnership will be accountable for monitoring and evaluating any money it causes to be spent and the quality of services provided to support the first five strands.

These strands link to the national outcomes. Specifically, the work to be undertaken through the strategy contributes to:

National Outcomes: 2, 4, 5, 6, 7, 8, 9 and 11 [Economic potential, Young people successful learners Children get the best start in life, Longer, healthier lives Tackled inequalities, Improved life chances of those at risk, Lives safe from crime, danger & disorder, Strong, resilient communities]

National Indicator 18: reduce alcohol related hospital admissions by 2011.

National Indicator 29: decrease the estimated number of problem drug users in Scotland by 2011 (in recognition of the significant part that alcohol plays in polydrug use in Scotland).

Health, efficiency, access and treatment - HEAT target 4: implementation of screening for risky and harmful drinking with the delivery of appropriate brief interventions.

“Delivering Better Outcomes”, the national toolkit for alcohol and drug partnerships published in 2009, will be used to monitor, test and evaluate outcomes.

Intermediate Outcomes

The strategy will weave the high level outcomes into the national framework through an action plan process to achieve the following:

Individual

- People will drink alcohol more sensibly, less often and get more enjoyment out of drinking less.
- Children and young people, if they choose to drink alcohol, will start drinking alcohol later in life, be well supervised and take fewer unnecessary alcohol related risks.

Social

- A range of alcohol services for all ages and associated conditions will be adequately resourced and easily accessible.
- Alcohol related harm to health, personal and community safety and to families is reduced.

Environmental

- Alcohol trading will be within social responsibility criteria as well as fully compliant with legislation to reflect the five licensing principles.
- The role, contribution and influence of the Licensing (Scotland) Act 2005 and its application by Aberdeen Licensing Board with the advice of the Aberdeen Licensing Forum, will assist in shaping the City's alcohol culture.

How we will monitor progress

- We will report on the key outcome indicators using existing and new data as required and qualitative reports.
- We will contribute to the examination of “attribution of change to actions by the Scottish Government”.
- We will respond to the tracking of progress and reach of actions to inform amendments and adjustments.
- We will identify any unintended outcomes or displacement effects including those which may impact on health inequalities.



The Plan

What measurable outcomes do we expect to see from this strategy?

- Improvement against relevant and available baseline information.
- More citizens will report that they are drinking within daily and weekly guidelines in 2019.
- Fewer citizens will drink to get drunk in 2019 (binge drinking).
- More prisoners, and those on non-custodial sentences, who have alcohol related problems will have them addressed.
- Alcohol related crime and disorder will be reduced by 2019.
- Fewer people will be admitted to Aberdeen hospitals with alcohol related illness in 2019.
- Recorded alcohol related deaths will have reduced by 2019.
- Fewer children will be require to be “looked after” because of their own or others’ alcohol use by 2019.
- Fewer babies born suffering the effects of foetal alcohol syndrome or foetal alcohol spectrum disorder.

The following section illustrates how the Alcohol and Drug Partnership (ADP) will work with partners to realise the outcomes developed through the work of the alcohol task group. These are clearly linked to Aberdeen City’s Single Outcome Agreement and to the NHS Scotland HEAT targets for service delivery. See Appendix 2 which illustrates these links in detail.

The Plan is a dynamic document which will change with progress being reported regularly. The Plan will be web based and accessible at www.aberdeencityadp.co.uk. This will include a column on the outcome status for each action which will be updated. Exception reporting on progress will be to the Operational Team of Aberdeen City’s ADP. Strategic implications will be considered by the Alcohol Task Group.

The lead partner for each action is listed first.



Reducing Consumption

Action RC1	Method	Who will make it happen
Businesses will be encouraged and supported through corporate social responsibility to promote moderate and responsible use of alcohol across the workforce.	Businesses will make use of appropriate opportunities to actively demonstrate a moderate and responsible approach to alcohol both internally and in their business networks.	Scotland's Healthy Working Lives – based in NHS Grampian Public Health NHS Grampian Health and Business Network

Action RC2	Method	Who will make it happen
The Licensing Board will consult and report on developments in its own policy and identify its continuing role within the alcohol strategy for Aberdeen.	The Board will consult widely on specific measures to deliver and enhance the policy including receiving advice from the Licensing Forum, and the public sector representatives, in line with the Forum's action plan.	Aberdeen Licensing Board Aberdeen Licensing Forum

Action RC3	Method	Who will make it happen
The Alcohol and Drug Partnership will respond to Scottish Government consultation on policy contributing to delivering the alcohol strategy.	Consultation with all partners, and stakeholders and collation of an appropriate response.	ADP Alcohol Task Group

Action RC4	Method	Who will make it happen
Licensed premises will use best practice in both on and off sales to minimise and reduce alcohol related harm.	A range of validated initiatives will be promoted and sustained with links featuring on the Licensing webpage.	Aberdeen Community Safety Partnership/ADP Aberdeen Licensing Board ACC Environmental Health Grampian Police Grampian Fire and Rescue Service

Action RC5	Method	Who will make it happen
All compulsory and additional training of licensees, bar staff and door stewards will be monitored and coupled with reports on enforcement.	Assessment of the impact of approval and application of new licenses under the 2005 Act and the Board's policy will be considered along with monitoring of training.	ACC Environmental Health (Licensing Standards Officer) Grampian Police



Supporting families and communities

<p>Action SFC1</p> <p>Appropriate diversionary activities will be enhanced to ensure availability and accessibility for young people across Aberdeen.</p>	<p>Method</p> <p>Appropriate mainstream sports and leisure provision will be responsive to providing activity that will help divert young people from getting involved in alcohol misuse.</p> <p>The impact of this on children and young people (including looked after and excluded children), will be assessed and utilised to ensure sustainability.</p>	<p>Who will make it happen</p> <p>Community Safety Partnership Cash back for Communities Group</p> <p>ADP Children and Young People's Sub Group</p> <p>ACC Children's Services Management Group</p> <p>Aberdeen Youth Council</p>
<p>Action SFC2</p> <p>Alcohol free environments both attractive and accessible to young people will be developed.</p>	<p>Method</p> <p>Through support and development of private, statutory and voluntary sector initiatives.</p>	<p>Who will make it happen</p> <p>ACC Education, Culture and Sport (CL&D Team)</p> <p>Aberdeen Youth Council</p>
<p>Action SFC3</p> <p>Children and young people affected by parental problematic use of alcohol will be consistently identified and appropriate timely action taken to keep them safe.</p>	<p>Method</p> <p>Services will share sufficient information to help identify and protect children who may be at risk of harm in accordance with North East Scotland Child Protection Committee guidance, and GIRFEC.</p> <p>Getting Our Priorities Right (GOCR) action plans and processes will be implemented and monitored in the public and voluntary sectors.</p> <p>Needs assessment process focusing on the children and young people affected by others' alcohol misuse will be developed.</p>	<p>Who will make it happen</p> <p>NESQPC - Aberdeen Child Protection Group</p> <p>ADP Children and Young People's Sub Group</p>

<p>Action SFC4</p> <p>Existing support structures for children and young people will be reviewed.</p>	<p>Method</p> <p>Family focused models with the experience and outcomes from service reviews (including service user and carer feedback) will be developed.</p> <p>Consultation will take place to engage children and young people regarding their views and concerns.</p>	<p>Who will make it happen</p> <p>Young Carers Centre Children and Young Peoples Strategic Planning Group – Hear by Right Framework</p> <p>ADP Children and Young People's Group</p> <p>In partnership with Aberdeen Youth Council and Children and Young Peoples Strategic Planning Group – Hear by Right Framework</p>
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<p>Action SFC5</p> <p>The safety and wellbeing of students within a culture of alcohol will be investigated and supported.</p>	<p>Method</p> <p>A clear response will be developed on alcohol promotion culture in the city and its relationship to the student body. This will include development of joint working on multimedia "social norms" messages with education partners.</p>	<p>Who will make it happen</p> <p>The Robert Gordon University/ Aberdeen College/Aberdeen University</p>
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<p>Action SFC6</p> <p>Identify, review and promote effective practice to address criminal and antisocial behaviour where alcohol is a significant contributing factor.</p>	<p>Method</p> <p>A research brief will be established for the Clinical Effectiveness and Reference Group for Addiction (CERGA).</p>	<p>Who will make it happen</p> <p>Northern Community Justice Authority</p>
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<p>Action SFC7</p> <p>Support the reduction of alcohol related violence.</p>	<p>Method</p> <p>Violence relating to alcohol and alcohol's role in poly drug use will be addressed by further developing multi-agency partnership working roles (using the PIER approach) as well as developing public awareness.</p>	<p>Who will make it happen</p> <p>Community Safety Partnership Grampian Police/NHS Grampian Public Health/ Northern Community Justice Authority</p>
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<p>Action SFC8</p> <p>The risk to communities from alcohol related antisocial and criminal behaviour will be assessed and actively managed to strengthen communities.</p>	<p>Method</p> <p>Community led initiatives will be implemented from the problem solving and tactical approach of the Community Safety Partnership. This will be underpinned and evaluated by the Strategic Assessment process and by the annual independent survey commissioned by Grampian Police with questions placed in the biennial City Voice publication.</p> <p>Restorative Justice approach and practical measures will be implemented.</p>	<p>Who will make it happen</p> <p>Community Safety Partnership/ Grampian Police/Grampian Fire and Rescue Service/ACC (led by the ACC Strategist for Community Safety)</p> <p>Northern Community Justice Authority</p> <p>SACRO</p> <p>ACC Criminal Justice Social Work</p> <p>Grampian Police Neighbourhood Watch</p> <p>Grampian Fire and Rescue Service</p>
<p>Action SFC9</p> <p>Visible presence of law and order in the community will be delivered through effective use of community intelligence.</p>	<p>Method</p> <p>The presence of city wardens will help reinforce, deter and detect antisocial behaviour and crime by actively reassuring communities.</p> <p>The tactical meetings of the Community Safety Partnership will receive regular reports to inform progress and the allocation of resources.</p> <p>Reporting of incidents by the public will be promoted.</p>	<p>Who will make it happen</p> <p>ACC and Grampian Police</p> <p>Crimestoppers</p>

<p>Action SFC10</p> <p>Reduce the number of drunk and incapable people in Aberdeen City Centre and other community areas.</p>	<p>Method</p> <p>Implementation of best practice in managing drinkers and moving people home; for example, higher standards of server responsibility in on and off sales premises through accredited schemes; and night taxi zone scheme.</p> <p>Ensure provision of appropriate service to keep people who are drunk and incapable safe.</p>	<p>Who will make it happen</p> <p>Grampian Police/ACC/ NHS Grampian/ Voluntary sector/ Street Pastors/ Licensees Public sector commissioners of alcohol services</p>
<p>Action SFC11</p> <p>Reduce the number of alcohol related breaches of the peace in both the city centre and other community areas.</p>	<p>Method</p> <p>Joint working between the public services.</p> <p>Involvement of the voluntary sector, including Street Pastors.</p> <p>Implementation and monitoring of refusals books by Licensing Standards Officers and Police in on and off sales premises.</p>	<p>Who will make it happen</p> <p>Grampian Police</p> <p>ACC</p> <p>NHS Grampian</p> <p>Voluntary sector</p> <p>Street Pastors</p> <p>Licensees</p>
<p>Action SFC12</p> <p>Age and other restrictions on alcohol sales will be enforced.</p>	<p>Method</p> <p>Test Purchasing of alcohol combined with the implementation of "no proof no sale/challenge 21" and "challenge 25", will deliver enforcement of age restrictions on sales.</p>	<p>Who will make it happen</p> <p>Grampian Police</p> <p>Local supermarkets</p>



Developing positive attitudes positive choices

<p>Action SFC13</p> <p>Reduce the risk to individuals, families and communities from alcohol related preventable accidents.</p>	<p>Method</p> <p>Development of well conceived and targeted publicity and risk assessment campaigns.</p> <p>Clear information will highlight the risks associated with alcohol in relation to fire and other emergency incidents including road traffic collisions.</p> <p>Free home safety checks will be made available to those at risk of alcohol related incidents at home.</p>	<p>Who will make it happen</p> <p>Grampian Fire and Rescue Service</p> <p>Community Safety Partnership</p> <p>Grampian Police</p>
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<p>Action PAPC1</p> <p>Adoption of a communication strategy that actively engages the public by seeking to encourage and sustain behaviour change toward moderate and safer drinking.</p>	<p>Method</p> <p>The ADP will develop an appropriate and innovative range of initiatives and resources to motivate change in both the broad population and through a targeted approach with at-risk groups.</p> <p>Develop clear links to the "Keep Well" project in General Practice for over 45 year olds, to complement and support the overall approach of the HEAT 4 target – brief interventions.</p>	<p>Who will make it happen</p> <p>This will follow a clear strategy from the long term work being led by the Scottish Government</p> <p>ADP/NHS Grampian Public Health</p> <p>ACC</p> <p>Grampian Police</p> <p>Public sector</p> <p>Voluntary sector</p> <p>Local business partners</p>
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<p>Action PAPC2</p> <p>Encourage all employers in Aberdeen to develop and implement effective internal workforce alcohol policy to reduce alcohol related harm in the workplace.</p>	<p>Method</p> <p>Raise awareness and provide support mechanisms for staff.</p> <p>The public, business and voluntary sectors will share good practice to support those organisations not yet involved.</p>	<p>Who will make it happen</p> <p>Scotland's Healthy Working Lives</p> <p>NHS Grampian Health and Business Network</p> <p>Grampian Police</p>
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<p>Action PAPC3</p> <p>Alcohol education will be promoted within the context of overall wellbeing.</p>	<p>Method</p> <p>By promoting a consistent and sustained approach in schools (linked to Curriculum for Excellence), also including informal education and youth work settings.</p>	<p>Who will make it happen</p> <p>ACC Education, Culture and Sport (CL&D Team)</p> <p>ADP Children and Young People's Sub Group</p>
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<p>Action PAPC4</p> <p>Access to information, advice and support will be improved for children and young people, their friends and peer groups, parents and carers.</p>	<p>Method</p> <p>Peer education models will be developed ensuring young people are placed at the centre of effective development and dissemination.</p> <p>Training for parents, young people and professionals to support this will be promoted.</p>	<p>Who will make it happen</p> <p>ACC Children's Services Management Group and the GIRFEC Implementation Group</p>
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Improving support and treatment

<p>Action IST1</p> <p>Alcohol brief interventions will be delivered in the settings of general practice, antenatal care and Accident & Emergency.</p>	<p>Method</p> <p>Through enhanced GP contract (GPs, practice nurses and associated staff), and appropriate staff in ante natal care and A&E will be trained through the development of the Grampian training plan.</p> <p>Potential developments will see implementation in other health care settings, e.g. Community Pharmacy.</p> <p>Evidence will be sought on the effectiveness of screening and brief interventions to inform roll-out into wider public and voluntary services.</p>	<p>Who will make it happen</p> <p>NHS Grampian Public Health NHS Grampian and partners NHS Grampian Pharmacy</p>
<p>Action IST2</p> <p>Redesign alcohol services in anticipation of increased demand generated from achieving HEAT 4 (Alcohol Brief interventions) targets.</p>	<p>Method</p> <p>Analysis from the recording of Alcohol Brief interventions and appropriate needs assessment will be reported to NHS Grampian and commissioners.</p>	<p>Who will make it happen</p> <p>ADP/NHS Grampian & ACC Commissioners</p>

<p>Action IST3</p> <p>Specific agencies will be provided with alcohol information signposting resources for use with the public.</p>	<p>Method</p> <p>Alcohol information will be distributed, monitored and evaluated.</p>	<p>Who will make it happen</p> <p>ADP NHS Grampian Scottish Ambulance Service Grampian Police Scottish Prison Service ACC Criminal Justice Social Work Street Pastors ACC City Wardens</p>
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<p>Action IST4</p> <p>Manage alcohol related health harms, and reduce risks and subsequent re-attendance in the NHS Grampian Acute Sector by developing Integrated Care Pathways delivering flexible services to deal with a range of alcohol related conditions.</p>	<p>Method</p> <p>To implement effective practice in alcohol liaison.</p> <p>Fast Alcohol Screening Test (FAST) will be utilised in the new universal NHSG patient admission documents.</p> <p>Audit process within the Acute Sector will be informative regarding gaps in service provision in palliative care and movement of patients back into intermediate and primary care settings.</p>	<p>Who will make it happen</p> <p>NHS Grampian Acute Sector Alcohol Group</p>
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<p>Action IST5</p> <p>National Quality Standards will be applied through all services to successfully promote recovery.</p>	<p>Method</p> <p>Ongoing monitoring of National Quality Assurance standards will contribute to improvements in service delivery.</p>	<p>Who will make it happen</p> <p>NHS Grampian/ ACC Commissioners</p>
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Action IST5	National Quality Standards will be applied through all services to successfully promote recovery.	Method Ongoing monitoring of National Quality Assurance standards will contribute to improvements in service delivery.	Who will make it happen NHS Grampian/ ACC Commissioners
Action IST6	Identify and meet needs of those affected by others' alcohol misuse ensuring prioritisation of the most vulnerable.	Method Identify the needs and gaps in provision to inform service design. Access to self help and community based support will be developed and supported.	Who will make it happen Children and Young Peoples Strategic Planning Group
Action IST7	Identify and meet complex needs addressing equality and access to services (for example age-related, mental health, domestic abuse and ethnic and religious minority issues).	Method Service users and carers will be placed at the centre of re-design processes taking into account co-morbidity and diversity and the need for staff support to adapt and cope with a greater variability in caseload.	Who will make it happen ADP
Action IST8	Encourage women who are pregnant or trying to conceive to avoid alcohol. Support the wellbeing of breast feeding mothers in relation to their alcohol use.	Method Advise and support the "no alcohol" use message and explain the links between alcohol use and fertility as it applies to both men and women. Health Visitors and Midwives will have the training, skills and knowledge to promote wellbeing in relation to alcohol.	Who will make it happen NHS Grampian Maternity Services

Action IST9	Reduce sexual health risks in relation to alcohol use across the whole population.	Method Implement easily accessible and appropriate sexual health advice and services. Use of appropriately executed and targeted sexual health and alcohol awareness raising campaigns.	Who will make it happen NHS Grampian Public Health
Action IST10	Identify the specific impact of alcohol use by people experiencing or inflicting domestic abuse and reduce the associated harms.	Method The effects of alcohol as a significant "agent" in domestic abuse are acknowledged and risk assessment and planning will be developed to deliver appropriate actions and inform service delivery. Appropriate training on alcohol and domestic abuse will be provided to all sectors. Multi-agency risk reduction initiatives will be carried out to support specific individuals and their families at high risk.	Who will make it happen ACC Domestic Abuse strategic group NHS Grampian Grampian Police
Action IST11	Improve homelessness for those dependent on alcohol by supporting maintenance in appropriate housing that meets their needs.	Method The Homelessness Action Plan will identify actions and inform the commissioning of required services.	Who will make it happen ACC Homelessness Strategy Task Group

<p>Action IST12</p> <p>Routinely collect information and views from carers and service users to inform and improve service provision and outcomes.</p> <p>Service users and carers will be involved in all decisions that directly affect them.</p>	<p>Method</p> <p>Inclusion of experiences and views of service users, carers and families will be required as part of service level agreements and report to service commissioners.</p> <p>This will be demonstrated through individual care planning and review processes.</p>	<p>Who will make it happen</p> <p>ADP Alcohol Taskgroup/ NHS Grampian/ACC/ Service Commissioners</p> <p>Service providers</p>
<p>Action IST13</p> <p>Reduce health inequalities by prioritising and targeting investment in services for those individuals in greatest need.</p>	<p>Method</p> <p>An intelligence framework will be developed to include Community Wellbeing profiles and other appropriate material such as the Community Safety Partnership Strategic Assessment.</p>	<p>Who will make it happen</p> <p>ADP Alcohol Task Group</p>
<p>Action IST14</p> <p>Develop pathways into education, training and employment for those recovering from alcohol problems.</p>	<p>Method</p> <p>Learning from other training and progress into work programmes and client feedback will be applied.</p> <p>Recruit the support of private, public and voluntary sector employers to develop routes into work for those recovering from alcohol problems.</p> <p>Utilise the range of experience from Job Jump Start, Progress to Work and NHS Grampian's Condition Management Programme.</p> <p>Promote financial inclusion through joint developments with the three local Credit Unions and Debt Advice services.</p>	<p>Who will make it happen</p> <p>ACC Aberdeen Works And also More Choices More Chances Partnership (16+ Learning Choices for School Leavers)</p> <p>Job Centre Plus</p> <p>ADP</p>

<p>Action IST15</p> <p>Support people with mental health and alcohol issues.</p> <p>Promote resilience by encouraging mental wellbeing across the population and signpost as appropriate to information, advice and services.</p>	<p>Method</p> <p>Support for people with alcohol and mental health co-morbidity will continue to be developed, including identifying prevalence of Alcohol Related Brain Damage and assessing the suitability of care placements.</p> <p>Key areas to be addressed where alcohol masks a spectrum of mental wellbeing issues will include anxiety, stress and depression.</p>	<p>Who will make it happen</p> <p>NHS Grampian Mental Health Collaborative</p> <p>ADP Alcohol Task Group</p> <p>NHS Grampian Public Health</p> <p>Service providers</p> <p>Scotland's Healthy Working Lives</p>
<p>Action IST16</p> <p>Support change and the reduction of alcohol use in relation to offending and re-offending.</p>	<p>Method</p> <p>Offenders will be given greater support in prison and obtain continuity and co-ordination of care for their problematic alcohol and related difficulties both on release and within the community.</p>	<p>Who will make it happen</p> <p>NHS Grampian/Scottish Prison Service/ACC Criminal Justice Social Work/Northern Community Justice Authority</p>
<p>Action IST17</p> <p>Provide accessible specialist support for children and young people with their own alcohol problems.</p>	<p>Method</p> <p>A needs assessment and service development plan will be developed and delivered.</p> <p>The process will actively involve children and young people.</p>	<p>Who will make it happen</p> <p>ADP Children and Young Peoples Group Children and Young Peoples Strategic Planning Group</p>

Appendix 1: Scottish Government Framework for Action

Action IST18	Method	Who will make it happen
Monitor and evaluate all outcomes as expected under Delivery Reform arrangements. Ensure the measurement of all outcomes and adequate financial governance are recognised as being of equal importance, and as such combine to provide effective and efficient services.	Effective resource allocation, including staff time, activity and financial monitoring will be embedded in all contributing services and monitored appropriately through tactical and strategic planning. All investment in services will ensure clearly defined outcomes agreed from the outset. Identify and develop all relevant indicators, many of which may be at levels below intermediate outcomes.	ADP Alcohol Task Group

The Scottish Government strategic objectives linking to alcohol are:

Wealthier and Fairer

A more mature and balanced relationship with alcohol will reduce the burden of alcohol misuse on business, public services and our most deprived communities.

Safer and Stronger

A sensible approach to alcohol will help underpin the development of more resilient, cohesive and successful communities – by tackling alcohol misuse we will impact positively on crime, and antisocial behaviour.

Healthier

Adopting a balanced approach to alcohol will contribute to increased positive physical and mental wellbeing.

Smarter

Preventing young people misusing alcohol and enabling them to make positive choices plus addressing the effects of alcohol misuse within families.

The Aberdeen City Single Outcome Agreement 2009 – 2012 will be able to link alcohol to the majority of the national outcomes as illustrated below.

National Outcomes – most relevant to alcohol							
2	4	5	6	7	8	9	11
Economic Potential	Young people successful learners	Children get the best start in life	Longer healthier lives	Tackled inequalities	Improved life chances of those at risk	Lives safe from crime, danger and disorder	Strong resilient communities



Appendix 2: Links to Framework for Action and Single Outcome Agreement 2009

Reduced Consumption

The influences and contributions of culture, licensing, licensed trade, hospitality industry, alcohol producers and the business community are integral to the strategy.

“ Scotland is drinking too much. We believe excessive consumption directly causes harm and that legislative action is needed urgently to reduce overall consumption in the Scottish population, by making alcohol less easily accessible and, given its potential to be a harmful product, through controlling its promotion by retailers.

Framework for Action 2009.

SOA 6: We live longer healthier lives

Key local priority: reducing alcohol and drug related harm Improve the overall health and wellbeing of the people of Aberdeen City through focusing on the factors that are harmful to health and wellbeing by supporting those most vulnerable: encouraging responsible alcohol intake, reducing alcohol misuse and tackling its negative consequences.

Supporting families and communities

Children and young people will be valued and supported, and outcomes and opportunities for children and young people will be improved.

Communities will be protected from criminal and antisocial behaviour related to alcohol use through the use of intelligence and enforcement and proactive relationships with communities.

“ The national debate arising from our discussion paper has reinforced the need for action which will tackle the damaging impact that alcohol misuse has on families and communities across Scotland. A compelling reason for stepping up action against alcohol misuse is the fact that it harms not only the excessive drinker, but all too often also harms the people around that drinker – the damage it can do to his or her immediate family, to his or her Community; or to his or her employers or work colleague; is plain to see.

Framework for Action 2009.

SOA 5: Our children have the best start in life and are ready to succeed

Key local priority: all children, young people and their families have access to high quality services when required and services provide timely, proportionate and appropriate response that meets the needs of children and young people within GIRFEC requirements.

SOA 8: We have improved the life chances of children and young people and families at risk

Key local priority: children and young people are protected from abuse, neglect and harm by others (and self) at home, at school or in the community.

Key local priority: children and young people live within a supportive family setting with additional assistance if required, or where this is not possible, within another care setting ensuring positive and rewarding childhood experiences.

SOA 9: We live our lives free from Crime, Disorder and Danger

Key local priority: drugs, antisocial behaviour, domestic abuse, serious and violent crime, fire safety and the sex industry with drugs and alcohol acting as a common theme running through these.



Developing positive attitudes positive choices

Through education, prevention and communication, people of all ages will be equipped to make informed choices about their alcohol use and to be actively involved in being part of the solution.

“ We know that the majority of people in Scotland consider alcohol misuse to be a serious problem. We want to help them recognise that alcohol misuse is not just about those with chronic dependency, or so called binge drinkers. Many people do not realise that they are drinking at levels that place themselves at risk of harming their physical and mental health in both the short and long term. Individuals are ultimately responsible for their own alcohol consumption and we need to make sure they have the information to allow them to make informed, responsible choices and to understand the risks of drinking too much. Framework for Action 2009. ”

SOA 4: Our young people are successful learners, confident individuals, effective contributors and responsible citizens

Children and young people access positive learning environments and develop their skills, confidence and self esteem to the fullest potential.

SOA 5: Our children have the best start in life and are ready to succeed

Key local priority: children and young people enjoy the highest attainable standards of physical and mental health, with access to sustainable health care and safe and healthy lifestyles.

SOA 6: We live longer healthier lives

Key local priority: reducing alcohol and drug related harm - HEAT 4 Brief interventions.

SOA 7: We have tackled the significant inequalities in Scottish Society

Improve the quality of life in our most deprived communities.

SOA 11: Citizens are increasingly more active in their communities... and contribute to “active citizenship”.

Improved support and treatment

Services will focus on early intervention, on supporting recovery from alcohol related harm Access to support and treatment including training, employability and palliative care will be improved.

ADP will be accountable for monitoring and evaluating, any money it causes to be spent and the quality of services provided.

“ Record investment is being routed through NHS boards to develop services that best meet local need, and to be shaped by priorities identified by local Alcohol and Drug Partnerships based on assessment of local need, including health inequalities, a whole population approach and the need to achieve long term, lasting cultural change in attitudes to alcohol. Local partnerships will increasingly need to look beyond the purely clinical setting in taking cross cutting “upstream” action to tackle alcohol misuse in their communities. The “stepped care approach” Alcohol problems support and treatment services framework 2002, and the National Quality Standards for Substance Misuse in Services September 2009 recognise that the needs of those with alcohol problems are diverse; ranging from intensive support and treatment for those with alcohol dependency, through detection and early interventions for those whose drinking may be at harmful levels but as yet have experienced limited or no obvious health impacts. Such services may be provided by a combination of health service, local authority and third sector bodies taking into account other issues – such as mental health, drug use or housing problems, and that those around the individual, particularly children, may also require support. Framework for action 2009. ”

SOA 2: We realise our full economic potential ...Aberdeen has high quality employment.

SOA 6: We live longer healthier lives

Key local priority: reducing alcohol and drug related harm. Improve the overall health and wellbeing of the people of Aberdeen City through focusing on the factors that are harmful to health and wellbeing by supporting those most vulnerable: encouraging responsible alcohol intake, reducing alcohol misuse and tackling its negative consequences.

SOA 7: We have tackled the significant inequalities in Scottish Society

Improve the quality of life in our most deprived communities

HEAT target 4: A programme of “brief interventions” based on Sign 74 guidelines are being implemented with targets set for 2009-2011. These aim to identify and provide support to hazardous and harmful drinkers.

National indicator 18: Reduce alcohol related hospital admissions by 2011.

Appendix 3: Stakeholders

Whilst the ADP (formerly JADAT) leads on co-ordinating and driving this strategy forward it will only succeed if the following partners, agencies and groups play a role in delivering the strategy:

- Aberdeen City Council
- Aberdeen Youth Action Committee
- Aberdeen Licensing Board
- Aberdeen Licensing Forum
- NHS Grampian
- Service users, carers and family members
- Grampian Police
- Grampian Fire and Rescue Service
- Procurator Fiscal Crown Office
- Job Centre Plus
- Aberdeen City Alliance
- Scottish Prison Service
- North of Scotland Community Justice Authority
- Grampian Fire and Rescue Service
- The Voluntary sector in Aberdeen
- Business and commerce, including on and off sales licensed premises
- Neighbourhood and community groups in Aberdeen
- Members of the public
- Health Scotland
- Healthy Working Lives
- The Scottish Government
- The UK Government

Appendix 4: Key Documents

National Policy Documents and Reports

- Scottish Government; Alcohol & Drugs Delivery Reform Group - Final Report (2009)
- Scottish Government; Changing Scotland's Relationship with Alcohol: a discussion paper (2008)
- Scottish Government; Analysis of Responses to the Consultation on the Scottish Government's Strategic Approach to Changing Scotland's Relationship with Alcohol (2009)
- Scottish Government; Changing Scotland's Relationship with Alcohol: a framework for action(2009)
- Scottish Government; Equally Well: the report of the ministerial task force on health inequalities (2008)
- Scottish Government; Equally Well: Implementation Plan (2008)
- Scottish Government; Early Years Framework (2008)
- Scottish Government; Promoting Positive Outcomes: working together to prevent antisocial behaviour in Scotland (2009)
- Scottish Government; Costs of Alcohol Use and Misuse in Scotland (2008)
- Scottish Government; Licensing Act (2005)
- Scottish Government/Health Scotland; Scottish Health Survey 2003: revised alcohol consumption estimates (2008)
- Scottish Government (ISD); Alcohol Statistics Scotland (2009)
- Scottish Government/SAADAT; Scottish Alcohol Needs Assessment (2009)
- Scottish Emergency Department Alcohol Audit (SEDAAY)ISD; Harmful Drinking Final Report: understanding alcohol misuse in Scotland (2008)
- Scottish Public Health Observatory; How Much are People in Scotland Really Drinking? A review of data from Scotland's routine national surveys (2008)
- NHS Scotland/ISD; Alcohol Attributable Mortality and Morbidity: alcohol population attributable fractions for Scotland (2009)
- NHS Health Scotland; Alcohol and Ageing: is alcohol a major threat to healthy ageing for the baby boomers? (2006)
- BMA (Science); Alcohol Misuse: tackling the UK epidemic (2008)

Appendix 5: Glossary of Terms

BMA (Science); Fetal Alcohol Spectrum Disorders; a guide for healthcare professionals (2007)

BMA Scotland; the Human Cost of Alcohol Misuse (2009)

SHAAP; Screening and Brief Interventions for Risky and Harmful Drinking (2008)

SHAAP; Alcohol: price, policy and public health (2007)

Scottish Intercollegiate Guidelines Network (SIGN); SIGN 74, the management of harmful drinking and alcohol dependence in primary care: a national clinical guideline (2003).

Local Policy Documents and Reports

- Report for Aberdeen ADP - formerly JADAT by Alcohol Focus Scotland August 2008.
- ADP - formerly JADAT Alcohol Strategy – First Draft November 2008 Aberdeen Joint Alcohol and Drug Action Team.
- Figure 8 Alcohol Needs Assessment.
- Aberdeen City Community Plan Update and Single Outcome Agreement 2008-2011.
- Aberdeen City Single Outcome Agreement 2009-2012.

The following terms are taken to have the following meaning:

Abstinence	The philosophy of completely stopping the use of alcohol or other drugs.
ABV	Alcohol by Volume Indication displayed by a percentage (on beverage bottles/containers) of the volume of alcohol by content). Units of alcohol = ABV (g/ml) x volume of drink (ml) /1000.
ACC	Aberdeen City Council.
Addiction	A chronic, relapsing condition characterised by compulsive alcohol or other drug seeking use and by neuro-chemical and molecular changes in the brain.
Agency	A statutory, voluntary or private sector organisation providing services, or some other intervention to address alcohol or other drug problems.
Alcohol Misuse	Heavy consumption of alcohol on an individual occasion, or the persistent use of alcohol above sensible drinking guidelines often resulting in negative consequences for the individual.
Alcohol Related Brain Damage (ARBD)	Over a long period of time, heavy drinkers may develop various types of brain damage, including specifically, diagnosis of Wernicke-Korsakoff syndrome and alcoholic dementia.
ADP - Aberdeen City Alcohol and Drug Partnership	A partnership commissioning and co-ordinating the work of various Partnership agencies to create a healthier, safer and more responsible Aberdeen city free from harm due to alcohol and other drugs.
Assessment	Interviewing a service user to obtain the sociological background, psychological makeup, educational and work history, family and marriage difficulties and medical issues, to better assess their needs for treatment or support.
Assurance	Stakeholder confidence in services gained from evidence showing that intended outcomes are being achieved.
Binge drinker	Refers to a pattern of consumption where excessive amounts of alcohol (double the daily recommended guidelines) are consumed within a limited time period, often though not exclusively, with the intent of achieving intoxication.
Brief intervention	A short evidence-based conversation about alcohol consumption with a patient/service user that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or risk of harm.



Carer	Someone who voluntarily helps another person who cannot manage without their support, due to illness, fragility, disability or use of alcohol or other drugs.	Curriculum for Excellence	A programme of work that is reviewing and leading the current school for excellence curriculum. This has implications for teachers to be better trained in alcohol and other drug education to help improve overall health and wellbeing outcomes for young people.
Co-morbidity	Often referred to as ‘dual diagnosis’, and defined by the World Health Organization (WHO) in 1995 as the ‘co-occurrence in the same individual of a psychoactive substance use disorder and another psychiatric disorder’.	Delivery Reform	Scottish Government recommendations to improve alcohol and drug service delivery arrangements to ensure better outcomes for service users.
Commissioning	The systematic process of specifying, choosing and monitoring services on the basis of identified need, to deliver particular outcomes under contract or service level agreement.	Dependence	A cluster of physiological, behavioural and cognitive phenomena causing a desire, often strong and sometimes perceived as overpowering, for continued alcohol use, despite having persistent social or interpersonal problems caused, or exacerbated by the effects of the substance. When use of the substance is discontinued this results in withdrawal symptoms.
Community	A group of people with a common interest or identity, such as geographic, ethnic, cultural, religious, sexual orientation or health status.	Depressant	Chemical agent that diminishes the function or activity of a specific part of the body. The most common include alcohol, barbiturates, benzodiazepines, solvents and gasses.
Community Health Partnership (CHP)	The part of NHS Grampian charged with managing and delivering health services in Aberdeen including modernising them to improve health and reduce inequalities in health.	Detoxification (De-tox)	The supported physical process of removing the use of addictive substance, (in treatment often medically supervised).
Community Engagement	Individuals and groups of interest who are engaged through informing and consulting and are often actively involved in decisions regarding local services.	Drug	A synthetic or natural chemical substance that affects one or more biological processes. In this context, psychoactive drugs alter mood, emotion, or state of consciousness and affect function of the brain. Drugs include legal substances such as prescription medicines, solvents, glues, alcohol and tobacco, etc. Other drugs such as opiates, psycho stimulants, depressants, hallucinogens and steroids, etc, may be illegal to use and possess unless lawfully prescribed.
Community Planning	Directed through the Aberdeen City Alliance which performs the community planning function for the city utilising input from a range of challenge forums, one of which is the Alcohol and Drug Partnership (ADP).	Dual diagnosis	The co-morbidity of mental illness and problematic use of alcohol and/or other drugs.
Community Planning Partnership	The lead partnership of the major providers of public and voluntary services in our area working together with the community to deliver better services on a variety of topics.	Early intervention	Intervening when someone first shows signs of having difficulties to ensure they receive help as soon as possible to prevent a problem escalating and becoming more difficult to deal with later on.
Condition Management Programme	NHS designed to help people with long term health conditions who are claiming incapacity benefit to return to the labour market by offering work-focused support and advice.		
Continuous Improvement	The application of various methods on an ongoing basis to improve performance through service quality and value for money.		
Corporate Social Responsibility	Ethical/ideological theory that any entity whether government, corporation, organization or individual, has a social responsibility to society. This responsibility can be “negative”, meaning there is a responsibility to refrain from acting (resistance stance) or it can be “positive,” meaning there is a responsibility to act (proactive stance).		



Employability	The development of the range of necessary and essential skills and attributes as required by employers.	Hazardous drinking	In contrast to harmful use, hazardous drinking refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual drinker.
Evidence base	The conscientious use of current best information in making decisions about the delivery of services to maximise benefit and minimise risk from the resources available.	Health inequalities	Non-random variations in health between people due to their socio-economic status or other factors.
Excluded children	Children excluded from schools due to unacceptable, abusive or violent behaviour. The majority of excluded children will come from families facing a range of social problems.	Health promotion	A population focus, acting on all determinants of health by combining a variety of methods and approaches that are non-medical, with the aim of increasing public participation in encouraging and empowering individuals to manage their own health needs.
Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Spectrum Disorders (FASD)	The adverse effects of prenatal alcohol exposure on the developing fetus and child lie within a continuum and represent a spectrum of structural and anomalies, and behavioural and neurocognitive impairments. The range of phenotypes associated with FASD vary in severity and clinical outcome depending on the level, pattern, and timing of maternal alcohol consumption. Individuals defined as having FAS – which is the most clinically recognisable form of FASD – exhibit the full phenotype which is characterised by a pattern of anomalies including: CNS dysfunction – damage to the CNS results in the permanent impairment of brain function that may lead to intellectual and developmental disabilities, attention deficits, poor social understanding, hyperactivity, learning disabilities, poor coordination and planning, poor muscle tone, working memory deficits, receptive language deficits, executive functioning deficits (e.g. difficulty in organising and planning), and the inability to learn from the consequences of their behaviour - facial dysmorphism – FAS is commonly associated with abnormal facial features including short palpebral fissures, a thin upper lip vermilion and a smooth philtrum - pre- and post-natal growth deficiency – babies born with FAS are commonly smaller than other babies and typically remain smaller throughout their lives.	Healthy Working Lives	National initiative that provides workplaces, including small and medium sized enterprises, large companies and the public sector with the necessary advice, resources and tools to confidently address their own workplace health and safety.
FAST	A short (four questions) validated screening tool for identifying levels of individual alcohol use.	HEAT	Targets Performance related targets in the NHS around the specific areas of Health improvement, Efficiency, Access and Treatment.
Forum	A group of interested individuals (involved in direct delivery of services, volunteering, service users and carers) concerned with supporting the treatment of alcohol, drugs and blood borne virus conditions.	Integrated Care Pathway	A locally-agreed multidisciplinary care plan, based on guidelines and evidence where available, describing the essential anticipated steps, over a set time period in the care of a specific client group and the resultant progress to be expected.
Governance	The system and processes by which agencies are directed and internally controlled to achieve objectives and meet the necessary standards of effectiveness, supervision, accountability, probity and openness.	Intervention	to become involved intentionally in a difficult situation in order to change it or improve it, or prevent it from worsening.
Harm reduction	Philosophy of reducing harm caused by alcohol and other drugs without necessarily seeking complete abstinence, approaches can include cutting down on alcohol consumption to avoid unnecessary risk.	Keep Well	A service to increase the rate of health improvement in deprived communities by enhancing primary care services to deliver anticipatory care by identifying and targeting those at particular risk of preventable serious ill-health (including those with undetected chronic disease) by offering appropriate interventions and services to them and by providing monitoring and follow-up.
Harmful drinking	A pattern of alcohol use that can cause damage to both physical and/or mental health. Harmful use commonly, but not invariably, has adverse social consequences.	Licensing Board	The statutory body under the Licensing (Scotland) Act 2005, responsible for determining applications for liquor and gambling licenses.
		Licensing Forum	Required by statute and set up by each local authority to advise the Licensing Board and involving representatives from health, police, social work, youth, residents, and the licensed trade; required to adopt a constitution, to meet regularly and to have at least one meeting per year with the Licensing Board for discussion on a mutually agreed agenda.
		Looked after children	Refers to young people for whom the local authority shares or has exclusive parental responsibility.
		Mainstream	Using universal services routinely available to the general public to deliver support rather than through narrowly available specialist services.

<p>Moderate Drinking</p> <p>A pattern of drinking that is by implication contrasted with heavy drinking, it denotes responsible drinking in line with recommendations that does not cause problems to the drinker or those around them. See Sensible drinking guidelines.</p>	
<p>Northern Community Justice Authority</p> <p>Statutory partnership covering the north of Scotland which brings together a broad range of agencies to achieve a co-ordinated approach to delivering quality services for offenders and their families at a local level, with the jointly agreed task of reducing re-offending.</p>	<p>Psycho stimulant</p> <p>Any of several drugs that act on the central nervous system to produce excitation, alertness and wakefulness.</p>
<p>Outcome</p> <p>The identifiable impact on, or consequences for individuals and the community due to the planned actions, interventions or services of the ADP or its partners.</p>	<p>Recovery</p> <p>A process through which an individual is enabled to move on from their substance use toward a substance free life as an active and contributing member of society. Furthermore it incorporates the principle that recovery is most effective when service user's needs and aspirations are placed at the centre of their care and treatment.</p>
<p>Partner</p> <p>An agency working in cooperation with others as a member of the ADP partnership to implement this strategy.</p>	<p>Rehabilitation (Rehab)</p> <p>The process of coming to terms with life without alcohol or other drugs.</p>
<p>Partnership</p> <p>Collection of partner agencies with mutual understanding, parity of esteem and shared objectives brought together to co-plan and share responsibility for service design to optimise outcomes for service users.</p>	<p>Resources</p> <p>The labour, skills, information, finance, materials, equipment, supplies or accommodation assets available to plan, implement and deliver goods and services.</p>
<p>Performance management</p> <p>Process which contributes to the effective management of services to achieve high levels of performance. It establishes shared understanding about what is to be achieved and an approach to leading and developing services which will ensure that it is achieved.</p>	<p>Sensible drinking guidelines</p> <p>Sensible limits for men are 3 to 4 units per day, up to 21 units per week; for women 2-3 units per day, up to 14 units per week. All individuals should aim to have at least 2 alcohol-free days each week. Pregnant women or those trying to conceive should avoid all alcohol.</p>
<p>Polydrug</p> <p>The use of more than one drug (alcohol included) often with the intention of enhancing or countering the effects of another drug. Polydrug use may however simply occur because the user's preferred drug is unavailable (or too expensive) at the time.</p>	<p>Service user</p> <p>A person who uses or could make use of a service.</p>
<p>Prescription medicine</p> <p>A drug that is legally available only with written instructions from a doctor or dentist to a pharmacist.</p>	<p>Single Outcome Agreement</p> <p>A new outcome based approach to define the relationship between the Scottish Government, Local Authorities and Community Planning Partnerships. This is part of the Scottish Government National Performance Framework which set out how each will work in the future towards improving national outcomes for the local people in a way that reflects local circumstances and priorities.</p>
<p>Prevention</p> <p>Information and advice to the general population to reduce alcohol related harm plus early detection and intervention to stop problems from becoming more severe.</p>	<p>Statutory sector</p> <p>Public agencies funded by government, which have specific legal responsibilities.</p>
<p>Problem Drinking</p> <p>Is defined as using alcohol to cover up problems, or drinking that leads to specific negative outcomes; e.g. trouble with police, drink-driving, absence from work, risks to personal safety etc.</p>	<p>Strategic</p> <p>Consideration of the widest possible set of factors (the "big picture") and broadly defined long term goals to address a particular problem.</p>
	<p>Supplementary prescribing</p> <p>Prescribing undertaken by a qualified professional after diagnosis has been made and a Clinical Management Plan drawn up for the patient by a doctor</p>
	<p>Transparent</p> <p>Easily understood or seen through, reducing risk of deceit.</p>
	<p>Treatment</p> <p>Procedures that are intended to relieve illness or injury.</p>
	<p>Unit of Alcohol</p> <p>A beverage containing 10ml (8gm) of ethanol equals one unit. A half pint of 3.5%abv beer, one 25ml measure of 40% spirit or a small glass (125ml) of 8%ABV wine equals one unit.</p>

Appendix 6: Logic Model Outcomes

- Voluntary** Sector agencies which are not for profit and are independent of the state.
- Vulnerable** A person or group is vulnerable when support is required to enable or promote independent living and safe and active participation in the community.
- Wellbeing** A state of complete physical, Mental and social wellbeing and not merely the absence of disease or infirmity.
- Withdrawal** Variety of symptoms that occur after chronic use of alcohol or some other drugs is reduced or stopped.

ABERDEEN We aim to be a city that promotes a safe, healthy and responsible attitude to alcohol			
Long term outcomes	Increase safety	Improve health	Improve responsibility
Medium term outcomes	Reduction in consumption over daily and weekly recommended limits.	Decrease in the number of incidents of alcohol related accidents, crime and harm.	Decrease the adverse impact on the local economy due to alcohol.
	Increase in alcohol free days.	Decrease number of persons who have access to health care because of alcohol i.e. reduce demand.	Decrease the number of children affected by other person's alcohol use.
	Increase in the average age when children start drinking.	Reduction in acute alcohol related hospital admissions by 2011.	Decrease number of families who need assistance to deal with alcohol.
	Decrease the number of people prepared to tolerate drunkenness.	Increase number of people contacting services at an appropriate time.	Increase in the identification of families who have alcohol related issues.
Short term outcomes	Increase number of people identified through front line service as needing to look at their alcohol intake.	Increase family wellbeing.	
	Increase awareness amongst the population about the effects of alcohol.	Increase in parents' and young people's knowledge of the effects of alcohol.	Remove barriers to accessing leisure for young people.





Aberdeen City Drugs, Alcohol & BBV Forum

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