

# 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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reducing

supporting

developing

improving

## 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.

## 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.

## 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](http://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

Action SFC1	Method	Who will make it happen
Appropriate diversionary activities will be enhanced to ensure availability and accessibility for young people across Aberdeen.	Appropriate mainstream sports and leisure provision will be responsive to providing activity that will help divert young people from getting involved in alcohol misuse.  The impact of this on children and young people (including looked after and excluded children), will be assessed and utilised to ensure sustainability.	Community Safety Partnership Cash back for Communities Group  ADP Children and Young People's Sub Group  ACC Children's Services Management Group  Aberdeen Youth Council

Action SFC2	Method	Who will make it happen
Alcohol free environments both attractive and accessible to young people will be developed.	Through support and development of private, statutory and voluntary sector initiatives.	ACC Education, Culture and Sport (CL&D Team)  Aberdeen Youth Council

Action SFC3	Method	Who will make it happen
Children and young people affected by parental problematic use of alcohol will be consistently identified and appropriate timely action taken to keep them safe.	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.  Getting Our Priorities Right (GOPR) action plans and processes will be implemented and monitored in the public and voluntary sectors.  Needs assessment process focusing on the children and young people affected by others' alcohol misuse will be developed.	NESCPC - Aberdeen Child Protection Group  ADP Children and Young People's Sub Group

Action SFC4	Method	Who will make it happen
Existing support structures for children and young people will be reviewed.	Family focused models with the experience and outcomes from service reviews (including service user and carer feedback) will be developed.  Consultation will take place to engage children and young people regarding their views and concerns.	Young Carers Centre Children and Young Peoples Strategic Planning Group – Hear by Right Framework  ADP Children and Young People's Group  In partnership with Aberdeen Youth Council and Children and Young Peoples Strategic Planning Group – Hear by Right Framework

Action SFC5	Method	Who will make it happen
The safety and wellbeing of students within a culture of alcohol will be investigated and supported.	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.	The Robert Gordon University/ Aberdeen College/Aberdeen University

Action SFC6	Method	Who will make it happen
Identify, review and promote effective practice to address criminal and antisocial behaviour where alcohol is a significant contributing factor.	A research brief will be established for the Clinical Effectiveness and Reference Group for Addiction (CERGA).	Northern Community Justice Authority

Action SFC7	Method	Who will make it happen
Support the reduction of alcohol related violence.	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.	Community Safety Partnership Grampian Police/NHS Grampian Public Health/ Northern Community Justice Authority



Action SFC8	Method	Who will make it happen
The risk to communities from alcohol related antisocial and criminal behaviour will be assessed and actively managed to strengthen communities.	<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>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>

Action SFC9	Method	Who will make it happen
Visible presence of law and order in the community will be delivered through effective use of community intelligence.	<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. Reporting of incidents by the public will be promoted.</p>	<p>ACC and Grampian Police</p> <p>Crimestoppers</p>

Action SFC10	Method	Who will make it happen
Reduce the number of drunk and incapable people in Aberdeen City Centre and other community areas.	<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>Grampian Police/ACC/ NHS Grampian/ Voluntary sector/ Street Pastors/ Licensees Public sector commissioners of alcohol services</p>

Action SFC11	Method	Who will make it happen
Reduce the number of alcohol related breaches of the peace in both the city centre and other community areas.	<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>Grampian Police</p> <p>ACC</p> <p>NHS Grampian</p> <p>Voluntary sector</p> <p>Street Pastors</p> <p>Licensees</p>

Action SFC12	Method	Who will make it happen
Age and other restrictions on alcohol sales will be enforced.	<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>Grampian Police</p> <p>Local supermarkets</p>



## Developing positive attitudes positive choices

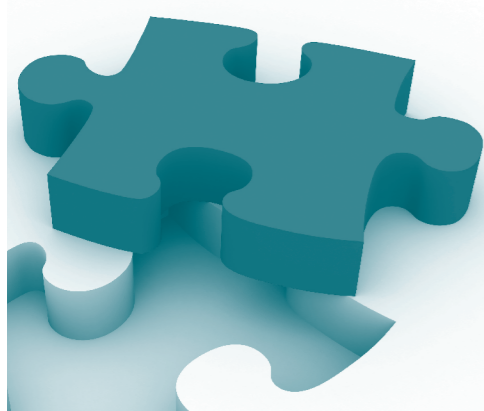
Action SFC13	Method	Who will make it happen
Reduce the risk to individuals, families and communities from alcohol related preventable accidents.	<p>Development of well conceived and targeted publicity and risk assessment campaigns.</p> <p>Clear information will highlight the risks associated with alcohol 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>Grampian Fire and Rescue Service</p> <p>Community Safety Partnership</p> <p>Grampian Police</p>

Action PAPC1	Method	Who will make it happen
Adoption of a communication strategy that actively engages the public by seeking to encourage and sustain behaviour change toward moderate and safer drinking.	<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>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>

Action PAPC2	Method	Who will make it happen
Encourage all employers in Aberdeen to develop and implement effective internal workforce alcohol policy to reduce alcohol related harm in the workplace.	<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>Scotland's Healthy Working Lives</p> <p>NHS Grampian Health and Business Network</p> <p>Grampian Police</p>

Action PAPC3	Method	Who will make it happen
Alcohol education will be promoted within the context of overall wellbeing.	<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>ACC Education, Culture and Sport (CL&amp;D Team)</p> <p>ADP Children and Young People's Sub Group</p>

Action PAPC4	Method	Who will make it happen
Access to information, advice and support will be improved for children and young people, their friends and peer groups, parents and carers.	<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>ACC Children's Services Management Group and the GIRFEC Implementation Group</p>



## Improving support and treatment

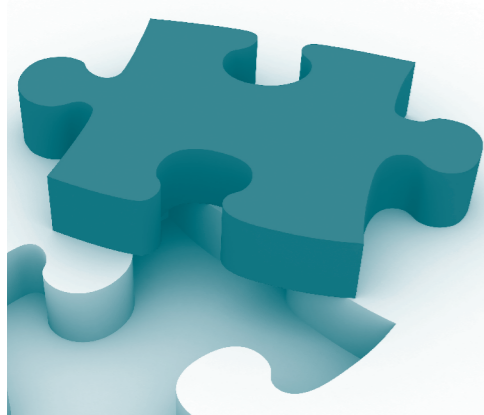
Action IST1	Method	Who will make it happen
Alcohol brief interventions will be delivered in the settings of general practice, antenatal care and Accident & Emergency.	<p>Through enhanced GP contract (GPs, practice nurses and associated staff), and appropriate staff in ante natal care and A&amp;E will 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>NHS Grampian Public Health</p> <p>NHS Grampian and partners</p> <p>NHS Grampian Pharmacy</p>

Action IST2	Method	Who will make it happen
Redesign alcohol services in anticipation of increased demand generated from achieving HEAT 4 (Alcohol Brief Interventions) targets.	Analysis from the recording of Alcohol Brief Interventions and appropriate needs assessment will be reported to NHS Grampian and commissioners.	ADP/NHS Grampian & ACC Commissioners

Action IST3	Method	Who will make it happen
Specific agencies will be provided with alcohol information signposting resources for use with the public.	Alcohol information will be distributed, monitored and evaluated.	<p>ADP</p> <p>NHS Grampian</p> <p>Scottish Ambulance Service</p> <p>Grampian Police</p> <p>Scottish Prison Service</p> <p>ACC Criminal Justice Social Work</p> <p>Street Pastors</p> <p>ACC City Wardens</p>

Action IST4	Method	Who will make it happen
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>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>	NHS Grampian Acute Sector Alcohol Group

Action IST5	Method	Who will make it happen
National Quality Standards will be applied through all services to successfully promote recovery.	Ongoing monitoring of National Quality Assurance standards will contribute to improvements in service delivery.	NHS Grampian/ ACC Commissioners



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Action IST6	Method	Who will make it happen
Identify and meet needs of those affected by others' alcohol misuse ensuring prioritisation of the most vulnerable.	Identify the needs and gaps in provision to inform service design.  Access to self help and community based support will be developed and supported.	Children and Young Peoples Strategic Planning Group

Action IST7	Method	Who will make it happen
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).	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.	ADP

Action IST8	Method	Who will make it happen
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.	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.	NHS Grampian Maternity Services

Action IST9	Method	Who will make it happen
Reduce sexual health risks in relation to alcohol use across the whole population.	Implement easily accessible and appropriate sexual health advice and services.  Use of appropriately executed and targeted sexual health and alcohol awareness raising campaigns.	NHS Grampian Public Health

Action IST10	Method	Who will make it happen
Identify the specific impact of alcohol use by people experiencing or inflicting domestic abuse and reduce the associated harms.	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.	ACC Domestic Abuse strategic group NHS Grampian Grampian Police

Action IST11	Method	Who will make it happen
Improve homelessness for those dependent on alcohol by supporting maintenance in appropriate housing that meets their needs.	The Homelessness Action Plan will identify actions and inform the commissioning of required services.	ACC Homelessness Strategy Task Group

Action IST12	Method	Who will make it happen
<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>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>ADP Alcohol Taskgroup/ NHS Grampian/ACC/ Service Commissioners</p> <p>Service providers</p>

Action IST13	Method	Who will make it happen
<p>Reduce health inequalities by prioritising and targeting investment in services for those individuals in greatest need.</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>ADP Alcohol Task Group</p>

Action IST14	Method	Who will make it happen
<p>Develop pathways into education, training and employment for those recovering from alcohol problems.</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>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>

Action IST15	Method	Who will make it happen
<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>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>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>

Action IST16	Method	Who will make it happen
<p>Support change and the reduction of alcohol use in relation to offending and re-offending.</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>NHS Grampian/Scottish Prison Service/ACC Criminal Justice Social Work/Northern Community Justice Authority</p>

Action IST17	Method	Who will make it happen
<p>Provide accessible specialist support for children and young people with their own alcohol problems.</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>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
<p>Monitor and evaluate all outcomes as expected under Delivery Reform arrangements.</p> <p>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.</p>	<p>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.</p> <p>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.</p>	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

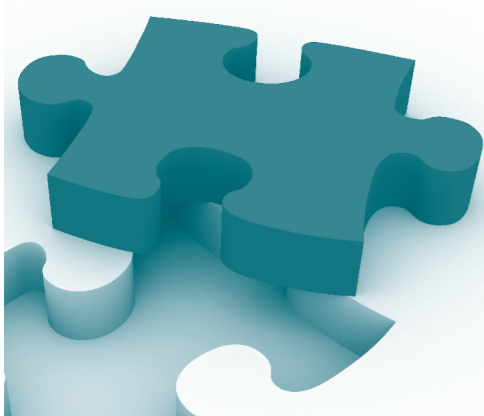
Adopting a balanced approach to alcohol will contribute to increased positive physical and mental wellbeing.

### 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.

A major theme of concern raised throughout the consultation period has been the impact of alcohol misuse on young people in Scotland. In recognition of this, we convened a Youth Summit on alcohol and young people in September 2008. We asked Young Scot to establish a Youth Commission to explore the issues faced by young people in relation to misuse of alcohol. The Commission will carry out its work over the course of this year beginning this spring and will report back with advice on actions which might be taken to address the issues they identify.

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 (SEDAA)/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:

<b>Abstinence</b>	The philosophy of completely stopping the use of alcohol or other drugs.
<b>ABV</b>	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.
<b>ACC</b>	Aberdeen City Council.
<b>Addiction</b>	A chronic, relapsing condition characterised by compulsive alcohol or other drug seeking use and by neuro-chemical and molecular changes in the brain.
<b>Agency</b>	A statutory, voluntary or private sector organisation providing services, or some other intervention to address alcohol or other drug problems.
<b>Alcohol Misuse</b>	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.
<b>Alcohol Related Brain Damage (ARBD)</b>	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.
<b>ADP - Aberdeen City Alcohol and Drug Partnership</b>	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.
<b>Assessment</b>	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.
<b>Assurance</b>	Stakeholder confidence in services gained from evidence showing that intended outcomes are being achieved.
<b>Binge drinker</b>	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.
<b>Brief intervention</b>	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.

**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’.

**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.

**Community** A group of people with a common interest or identity, such as geographic, ethnic, cultural, religious, sexual orientation or health status.

**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.

**Community Engagement** Individuals and groups of interest who are engaged through informing and consulting and are often actively involved in decisions regarding local services.

**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).

**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.

**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).

**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.

**Delivery Reform** Scottish Government recommendations to improve alcohol and drug service delivery arrangements to ensure better outcomes for service users.

**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.

**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.

**Detoxification (De-tox)** The supported physical process of removing the use of addictive substance, (in treatment often medically supervised).

**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.

**Dual diagnosis** The co-morbidity of mental illness and problematic use of alcohol and/or other drugs.

**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.



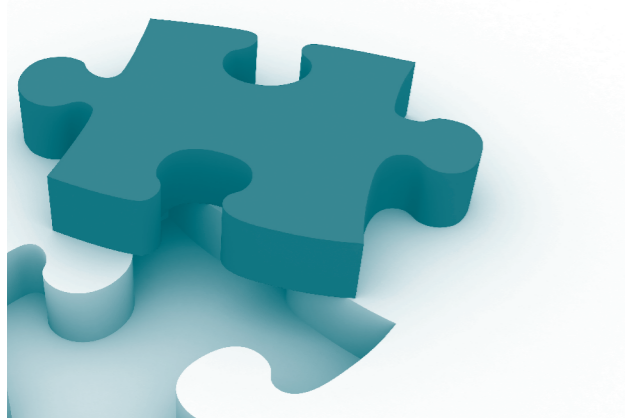
<b>Employability</b>	The development of the range of necessary and essential skills and attributes as required by employers.	<b>Hazardous drinking</b>	In contrast to harmful use, hazardous drinking refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual drinker.
<b>Evidence base</b>	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.	<b>Health inequalities</b>	Non-random variations in health between people due to their socio-economic status or other factors.
<b>Excluded children</b>	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.	<b>Health promotion</b>	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.
<b>Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Spectrum Disorders (FASD)</b>	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 vermillion 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.	<b>Healthy Working Lives</b>	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.
<b>FAST</b>	A short (four questions) validated screening tool for identifying levels of individual alcohol use.	<b>HEAT</b>	Targets Performance related targets in the NHS around the specific areas of Health improvement, Efficiency, Access and Treatment.
<b>Forum</b>	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.	<b>Integrated Care Pathway</b>	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.
<b>Governance</b>	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.	<b>Intervention</b>	to become involved intentionally in a difficult situation in order to change it or improve it, or prevent it from worsening.
<b>Harm reduction</b>	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.	<b>Keep Well</b>	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.
<b>Harmful drinking</b>	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.	<b>Licensing Board</b>	The statutory body under the Licensing (Scotland) Act 2005, responsible for determining applications for liquor and gambling licenses.
		<b>Licensing Forum</b>	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.
		<b>Looked after children</b>	Refers to young people for whom the local authority shares or has exclusive parental responsibility.
		<b>Mainstream</b>	Using universal services routinely available to the general public to deliver support rather than through narrowly available specialist services.

<b>Moderate Drinking</b>	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.	<b>Psycho stimulant</b>	Any of several drugs that act on the central nervous system to produce excitation, alertness and wakefulness.
<b>Northern Community Justice Authority</b>	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.	<b>Recovery</b>	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.
<b>Outcome</b>	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.	<b>Rehabilitation (Rehab)</b>	The process of coming to terms with life without alcohol or other drugs.
<b>Partner</b>	An agency working in cooperation with others as a member of the ADP partnership to implement this strategy.	<b>Resources</b>	The labour, skills, information, finance, materials, equipment, supplies or accommodation assets available to plan, implement and deliver goods and services.
<b>Partnership</b>	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.	<b>Sensible drinking guidelines</b>	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.
<b>Performance management</b>	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.	<b>Service user</b>	A person who uses or could make use of a service.
<b>Polydrug</b>	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.	<b>Single Outcome Agreement</b>	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.
<b>Prescription medicine</b>	A drug that is legally available only with written instructions from a doctor or dentist to a pharmacist.	<b>Statutory sector</b>	Public agencies funded by government, which have specific legal responsibilities.
<b>Prevention</b>	Information and advice to the general population to reduce alcohol related harm plus early detection and intervention to stop problems from becoming more severe.	<b>Strategic</b>	Consideration of the widest possible set of factors (the "big picture") and broadly defined long term goals to address a particular problem.
<b>Problem Drinking</b>	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.	<b>Supplementary prescribing</b>	Prescribing undertaken by a qualified professional after diagnosis has been made and a Clinical Management Plan drawn up for the patient by a doctor
		<b>Transparent</b>	Easily understood or seen through, reducing risk of deceit.
		<b>Treatment</b>	Procedures that are intended to relieve illness or injury.
		<b>Unit of Alcohol</b>	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.

## 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			
<b>Long term outcomes</b>	Increase safety	Improve health	Improve responsibility
<b>Medium term outcomes</b>	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.
	Increase number of people identified through front line service as needing to look at their alcohol intake.	Increase family wellbeing.	
<b>Short term outcomes</b>	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.





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