

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

Aberdeen City Alcohol & Drugs Partnership  
ADP Strategy 2009-2019

ABERDEEN CITY

# ADP

alcohol & drugs partnership

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in Aberdeen

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2012 edition

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## Foreword by ADP Chair

### Safer, Healthier and Responsible – a ‘Whole Population Approach’

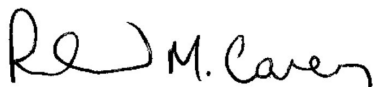
Alcohol sold across the United Kingdom today is more affordable, more available and more heavily marketed than at any time over the last 30 years. In Scotland in particular, the result is that too many of us are drinking too much – and not just those individuals who have developed a dependency for alcohol. Aberdeen City like all other areas in Scotland is not excluded from this trend of over consumption.

The more we drink, the more health and social problems caused by alcohol increase. Accidents, house fires, violent incidents and underperformance at work can often be linked to people who drink too much. We must remember that drinking too much doesn't just affect the individual. Harmful drinking has become so normal and acceptable that the problems it causes to other people are often overlooked. That's why we need alcohol policies for the 'whole population'. If we all drink less, then correspondingly the associated harms will also reduce. Drinking less is in all of our interests.

By altering our behavioural or 'social norms' (prevailing behaviour), a whole population approach can achieve a wholesale shift in the distribution of risk factors and a change in culture. A whole population approach means less effort is required to encourage individuals to change behaviour and individuals also require less effort to sustain that behaviour change.

This document refreshes the Aberdeen City Alcohol & Drug Partnership Strategy launched on 1st December 2009, which was based on the Scottish Government strategy "Changing Scotland's Relationship with Alcohol: a framework for action" (2009). It builds on the progress and actions that arose from the first edition, by aligning to key policy changes both nationally and locally which have taken place over the last two and a half years. It takes forward the Government's whole population approach by recognising that actions tackling legislation form only part of a broader package of approaches required to achieve positive impact.

It includes measures that involve effective local partnership working (addressing 'downstream' needs of all those affected by alcohol misuse), as well as measures that address the 'upstream' cultural and attitudinal shifts required within Aberdeen City. Both are essential in being able to deliver incremental, but vitally important change in the way we relate to alcohol – at the individual, family and community level, taking into account the impact on the most vulnerable within our society. This local strategy is very much a long-term vision for the city of Aberdeen and it will be the key driver for achieving real and lasting positive change over the coming years.



**RICHARD CAREY**

ADP Chair

Chief Executive of NHS Grampian

May 2012

## 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 report “Changing Scotland’s Relationship with Alcohol: a Framework for Action” (2009) and its subsequent “Progress Report” publication (2012). There is a wealth of corroboration on the negative impact that alcohol is having on our society and further references to statistics and other cross cutting evidence are included within this document (pp 24-25)

This document is the refreshed version of the Aberdeen City Alcohol & Drugs Partnership (ADP) alcohol strategy originally launched in 2009. This update aims to build on and enhance positive work across the city as reported in the ADP Alcohol Action Plan summary report (2009-2011). It also complements, and is consistent with, the ADP Drugs Strategy (May 2011).

The ADP specifically comes together in order to help co-ordinate and improve a range of statutory, voluntary and community led services which tackle issues arising from substance misuse. Its strategic group meets on a regular basis, with representatives from all of the main partners, thereby ensuring that national, regional, local and community concerns are all addressed. It is supported by other local groups, including its own Tasking and Co-ordinating group, which connects into tactical and operational levels. It also links into other important city fora.

As well as aligning to the Scottish Government’s strategic priorities the ADP is connected to the Aberdeen Community Planning Partnership (CPP), Community Planning Aberdeen via the Aberdeen City Health & Social Care Partnership formerly the Community Health Partnership (CHP). The Alcohol Strategy will therefore link with other key and related strategic priority areas such as: Community Safety; GIRFEC (Getting it Right for Every Child); and Health and Social Care plans, including the Sexual Health and Blood-borne Virus Framework. Locally, this will be led by the Aberdeen City Single Outcome Agreement (SOA) arrangements.

The refreshed Action Plan which will be developed through the strategy will only deliver desired outcomes when clear agreement exists across all stakeholders of the need for positive change becoming a commitment, and recognising that everyone has their part to play in delivering these actions.

Aberdeen City ADP therefore wants to help co-ordinate the work being done by individuals, groups and organisations across the city so that we can achieve the best possible outcomes for those adults, children and communities who are most affected by alcohol misuse. This will involve building capacity, retaining and extending skills, effective utilisation of resources and access to training and development across the partnership.

## Strategic Priorities

The Aberdeen City Alcohol & Drug Partnership (ADP) vision statement is:

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

The vision was developed with a wide range of stakeholders through ‘alcohol conversation’ events facilitated with the assistance of Alcohol Focus Scotland, held in Aberdeen during May to July 2008. After the publication of the initial strategy document in December 2009, a further stakeholder event (strategy ‘stock-take’) was held in October 2011 which re-affirmed stakeholder support and commitment to this vision.

The three identified priority areas: Safer, Healthier and Responsible, were developed through the ‘logic modelling’ process. The subsequent associated ‘Local Outcome Objectives’ (pp 7-9) were developed from impact analysis of the ADP Alcohol Action Plan summary report (2009-2011) which outlined areas of need, subsequent gaps as well as those areas of ongoing strategic importance. The ADP will now work on developing a further Action Plan, and as part of this process will look to enhance appropriate baseline information and develop robust local outcome indicators. The Action Plan arising from the strategy needs to be realistic and clear about the outcomes it can achieve over its lifetime, the actions required to take in order to deliver these outcomes and who will be responsible for delivering these actions.

Furthermore, this strategy is clear that together we all have a part to play and this includes maximising the potential of the third sector and community interest groups (where individuals can often take on the useful role of local ‘champions’). As such, we can then expect support and advice in identifying needs, gaps in provision and the building of capacity.

Best practice should ensure that co-ordination of third sector and community-based activity (including funding) should involve Aberdeen Council of Voluntary Organisations (ACVO) to avoid any unnecessary duplication and ensure alignment with strategic priority areas and outcomes (see ‘best practice’ p 10).

# 1 Safer

## Local outcome objectives:

- More young people and families at risk are supported to stay together
- More children and young people at risk as a result of parental alcohol misuse are safer
- Reduce alcohol related crime, antisocial behaviour, preventable accidents and harms

## Changing Scotland's Relationship with Alcohol: a Framework for Action (2009) – Key Priorities

- Improve identification and assessment of those affected by parental substance misuse and sharing of appropriate information amongst agencies; and building capacity, availability and quality of support services.
- Continue to support a number of third sector organisations to provide youth work and/or diversionary opportunities.
- Commission research to identify and evaluate models for services for drunk and incapable people.
- Continue to work with the national Violence Reduction Unit and local Community Safety Partnerships to ensure the effective and innovative use of prevention and enforcement measures.

## 2 Healthier

### Local outcome objectives:

- Reduce consumption and reduce the prevalence of hazardous and harmful drinking across the adult population
- Increase availability of screening, brief interventions and enable earlier access to services
- Services are timely, effective, accountable and recovery orientated

### Changing Scotland's Relationship with Alcohol: a Framework for Action (2009) – Key Priorities

- Develop an action plan on improving population mental health in Scotland – which recognises the relationships between alcohol and mental health.
- Establish a programme for the delivery of brief interventions and establish a comprehensive national training programme for staff involved in delivering brief Interventions.
- Arrange a Scottish survey of the incidence of Fetal Alcohol Syndrome (FAS).
- Ensure that local delivery of services and activities to tackle alcohol misuse is effective, efficient and accountable, and reflects both national and local priorities.
- Encourage the development of integrated care pathways for offenders and information sharing to ensure they receive continuity of alcohol. support and treatment both in custody and in the community.



## 3 Responsible

### Local outcome objectives:

- Decrease consumption and harms associated with young people's drinking (and under-age drinking)
- Increase use of effective measures to support the five licensing objectives
- Increase capacity across the whole population to improve resilience by promotion of positive attitudes and choices

### Changing Scotland's Relationship with Alcohol: a Framework for Action (2009) – Key Priorities

- Continue to work with health and industry partners to promote awareness and understanding of alcohol misuse and responsible drinking.
- Monitor the effectiveness of measures within the new Licensing (Scotland) Act to control the availability of alcohol.
- Work with our partners at national and local level to improve substance misuse education in Schools.
- Promote the development of workplace alcohol policies.
- Develop a co-ordinated national alcohol and drugs workforce development plan to ensure that professionals involved in supporting those with alcohol problems have the necessary skills.
- Review current advice for parents and carers.

Whilst these are the three main strategic priorities, other key elements have been highlighted, and approved by the partners on a consistent basis with the development of both the ADP drug strategy and in the development of this document.

These are listed below:

- We fully endorse the recovery process and advocate a philosophy of hope, choice and empowerment.
- We will challenge the stigma which many alcohol dependent drinkers and their families experience, wherever it arises.
- We want to encourage everyone to become part of the solution. Opportunities need to exist to better utilise the many transferable skills that people, who are not specialists can contribute in our strategy to deal with alcohol misuse.
- We understand that the impact of alcohol misuse is varied, often hidden, widely affecting children, young people, families and communities, with those living within the regeneration areas often most negatively affected. These groups are central to tackling the problem. Family, community and peer support groups can each have a huge role in supporting individuals through their recovery. Communities need to be supported to find local solutions to deal with the negative effects and to believe in their key role in supporting positive change. Individuals, families and communities can recover from the negative impact of alcohol misuse.
- We want to promote quality of service to make sure that delivery is consistent and meets acceptable standards.
- We want all the actions arising from the strategy to be based on clear assessment of need (met and unmet). Actions will be prioritised and only supported where there is robust intelligence to back implementation.
- It is important that all partners work in collaboration; that activity and interventions are evidence-based; and that they demonstrate the use of best value and best practice.
- As demonstrated by the work of the Integrated Alcohol Service (IAS), we are fully committed to joint working. This principle applies to statutory and commissioned services, non-commissioned services, those provided through the voluntary sector and within local community facilities. Any development related to tackling alcohol dependence must therefore be able to demonstrate that it can enhance integration.
- Performance management will be a key factor in ensuring the effective delivery of the desired objectives. Information systems will be streamlined to avoid duplication of effort, and also developed to become outcome focused.

## Strategic priority 1 - Safer

### Local outcome objectives:

- More young people and families at risk are supported to stay together
- More children and young people at risk as a result of parental alcohol misuse are safer
- Reduce alcohol related crime, antisocial behaviour, preventable accidents and harms

### Children and Young People affected by Parental Alcohol Misuse

Research demonstrates that a high number of young people across Scotland are affected by parental alcohol misuse. Much of this is 'hidden' and does not always necessarily result in harm. However, parents who are having problems with alcohol should be encouraged to take up services which will support them to manage their dependency in a way that means they can continue to look after their children. Where required, all children, young people and their families should have access to high quality services, and these services should provide timely, proportionate and appropriate responses that meet the needs of children and young people within 'Getting it right for every child' (GIRFEC) requirements.

On a multi-agency basis we aim to ensure that children and young people are:

- **Listened to, able to talk and are involved in decision making processes.**
- **Supported to be resilient.**
- **Have needs properly assessed and adequately met.**

Planning between services working with children and young people and those working with adults will then help ensure an understanding of when we believe:

- **Children to be at risk of harm.**
- **Children to be at risk of serious harm.**
- **That a child's life is impacted by parental alcohol use but not necessarily in a way that is going to cause either short or long term harm.**

This will ensure clarity about what each agency expects from one another – clear understanding and a decision making process that is defined and communicated to all concerned. Therefore, adult services should consistently offer flexibility, ease of access and continuity of support meaning it is harder to opt out of services. Actions for this will be taken forward jointly with the Integrated Children's Services Plan via the Aberdeen City Council (ACC) 'Respected and Responsible' thematic group and the ACC Child Protection Sub-Committee.

### **Children and Young People Alcohol Related Offending/Risk of Offending**

Effective and early intervention is the key to success for those children and young people who come to the attention of justice authorities in relation to alcohol related offending, or who are seen to be at risk of being involved in offending. The Youth Justice Partnership (aligned to GIRFEC) is an essential part of the wider Integrated Children's Service Plan (ICSP) providing the local focus in this area through the ACC 'Responsible and Included Citizens' thematic group. Key principles of the Youth Justice strategy include:

- **Prevention**
- **Early and effective action**
- **Managing high risk**

The Aberdeen City Youth Justice Partnership has a Development Programme to take forward these strategic objectives and support Youth Justice Services across the City. It is clear however that no one agency or service has full responsibility in these areas and that this requires full partnership working across a range of (Child and Adult) services. The Aberdeen City ADP will therefore link into the Integrated Children's Service Plan to ensure that alcohol related issues affecting children and young people are identified and dealt with adequately and appropriately.

### **Crime, Antisocial Behaviour and Disorder**

It is recognised that Aberdeen has a vibrant and prosperous economy which attracts a number of people to live and work in the City. Although the City is generally felt to be a safe environment in which to live, work and socialise, there remain issues regarding alcohol related crime, including serious and violent crime, antisocial behaviour, prejudice/hate crimes and domestic abuse.

The Aberdeen Community Safety Partnership (ACSP) is the key partnership addressing safety concerns within the City, and the Community Safety Partnership and the Alcohol and Drug Partnership have close links and regular communication processes. The Community Safety Partnership through its Strategic Assessment business model uses a risk assessment process to identify its priorities. The Community Safety Partnership therefore continues to monitor the relationship between alcohol and community safety to inform action required to deal with emerging issues.

Grampian Police are a key partner agency within this area and their work (e.g. Operation Maple) within Aberdeen City Centre can be highlighted as best practice in terms of dealing with such issues, with Aberdeen now being the safest city centre in Scotland, following a 45% reduction in violent crime (2011). However positive these developments are with a high visibility presence of the Police in the city centre, this does not negate that issues occur within outer lying communities that require attention with resources being allocated appropriately where and when they are most needed. Although significant progress has been made thus far, further developments of the partnership model and extension of this work will be the key to the success of this objective moving forward.

<b>Outcomes for 'Safer'</b>			
<b>National Outcomes</b>	We live our lives safe from crime, disorder and danger		
<b>Related National Outcomes</b>	We have improved the life chances for children, young people and families at risk	We have strong, resilient communities where people take responsibility for their own actions and how they affect others	
<b>National Core Outcomes (ADP)</b>	Children and families of people misusing alcohol are safe, well supported and have improved life chances	Communities and individuals are safe from alcohol related offending and antisocial behaviour	
<b>Intermediate Outcomes</b>	<p><b>1.</b> Extended family members are supported to care for children and young people who may be at risk because of parental alcohol misuse</p> <p><b>2.</b> Children are better protected from the negative impact of parental alcohol misuse</p>	<p><b>3.</b> Increase effectiveness of the management of risk to children where parental alcohol misuse is a factor</p> <p><b>4.</b> Increase use of appropriate enforcement activity and legislation to decrease alcohol related crime and antisocial behaviour</p>	<p><b>5.</b> Increase in communities reporting feeling safer from alcohol related crime and antisocial behaviour</p> <p><b>6.</b> Increase and improve interventions to reduce the number of (including repeat) alcohol related offenders coming into contact with criminal justice system</p>
<b>Delivery Outcomes</b>	<p><b>1.</b> Increase in the number of children at risk going to stay with kinship carers</p> <p><b>2.</b> Improve the assessment approval and support for kinship carers</p> <p><b>3.</b> Increase in the public reporting of child protection concerns</p> <p><b>4.</b> All children affected by parental alcohol misuse have a support plan in place that meets their needs</p> <p><b>5.</b> Increase the number of vulnerable pregnant women receiving support who are misusing alcohol or have partners misusing alcohol</p>	<p><b>6.</b> Increase the percentage of staff working with adults who report that they are aware of and understand their responsibility to identify and support children at risk, including neglect</p> <p><b>7.</b> All children affected by parental substance misuse have a protection plan or support plan in place All plans are monitored regularly and involve the families and all those working with the family in reviewing progress</p> <p><b>8.</b> All protection plans and support plans are outcome focused</p>	<p><b>9.</b> Develop and deliver effective multi-agency campaigns and operations to reduce the impact of alcohol related disorder and antisocial behaviour in communities. Evaluate impact and success of these campaigns and operations and share learning across services and communities</p> <p><b>10.</b> Increase the use of diversion approaches as an alternative to prosecution for those misusing alcohol</p> <p><b>11.</b> Improve information sharing across agencies to enable those misusing alcohol who have contact with the Criminal Justice system to access treatment and support quickly</p> <p><b>12.</b> Promote safety and personal responsibility for city residents</p> <p><b>13.</b> Make it easier for residents in communities to report concerns about alcohol related crime and antisocial behaviour</p>

## Strategic priority 2 – Healthier

### Local outcome objectives:

- Reduce consumption and reduce the prevalence of hazardous and harmful drinking across the adult population
- Increase availability of screening, brief interventions and enable earlier access to services
- Services are timely, effective, accountable and recovery orientated

### Reducing Prevalence, Consumption, and introducing Alcohol Brief Interventions (ABI)

It is clear that in terms of improving health and wellbeing, reducing the overall consumption of alcohol and associated health harms across the population continues to be a priority. Alcohol consumption across Scotland is higher than in the rest of the United Kingdom, and as such provides a significant challenge to health and wellbeing across the population. A high incidence of individuals who come through primary and secondary care settings are known to present with alcohol related problems.

Historically these individuals have not always been dealt with in a preventative way and within this there is now a need to acknowledge that the gap in consumption between men and women has reduced significantly in recent years. One way of improving this in Scotland has been the introduction of alcohol brief interventions (ABI). An ABI is a short evidence-based structured conversation which takes place between professionals and patients, focusing on identifying and reducing hazardous and harmful alcohol consumption in a non-confrontational manner. The systematic inclusion of ABIs as a specific national Health Efficiency Access & Treatment (HEAT) target, delivers the expectation that the NHS will intervene and deal with associated alcohol problems opportunistically in appropriate health settings.

In future, the embedding of screening processes and the delivery of ABIs to include non-NHS settings will be an essential additional component in supporting successful early intervention. Alongside this model, there will be a need to engage and communicate effectively around alcohol issues and in particular reinforce messages that allow the population to recognise and understand their own drinking patterns in relation to health guidance. Everyone needs to be encouraged to take action to protect their own, and their family's health and wellbeing.

Where significant problems with alcohol are detected, referral processes and support will need to be offered in a timely person-centred fashion, with flexibility, confidentiality and ease of access being absolutely essential.

## **Effective Treatment & Support**

Where and when required it will also be essential to provide alcohol services whose focus will be early intervention and effective evidence based treatment and support, to include:

- **Employability (including assessment of need identifying support required to attain skills to enter education, training and employment).**
- **Housing (the prevention of homelessness through earlier intervention and the support to maintain appropriate 'stable' accommodation).**
- **Community support and rehabilitation.**
- **Palliative care.**

The Aberdeen City ADP will work with its partners to ensure that a range of generic and specialist services are made available that are:

- **Outcome focused and recovery orientated tackling issues relating to stigma.**
- **Using a range of communication tools to inform and support communities in developing and using appropriate resources for rehabilitation and recovery.**
- **Integrated and develop appropriate information/data sharing protocols.**
- **Developing a model of care and integrated care pathways consistent with local needs and open to innovation in how specialist services engage and interact with non-specialist and community based services.**
- **Putting quality and evidence-based interventions at the core of all activity.**
- **Using advocacy and putting service-user, family/carer involvement at the heart of planning, delivery and evaluation.**
- **Involving a wide range of partner agencies in care-planning and support processes as appropriate.**
- **Using 'Getting it Right for Every Child' (GIRFEC) principles and improving the identification, assessment recording and planning for children.**
- **Linking effectively with counterpart children/adult services as appropriate.**
- **Supporting the development of a skilled workforce.**

Outcomes for 'Healthier'						
National Outcomes	We live longer healthier lives					
<b>Related National Outcomes</b>	Economic Potential	Children get the best start in life	Tackled Inequalities	Improved life chances of those at risk	Lives safe from crime, danger and disorder	Strong, resilient communities
<b>National Core Outcomes (ADP)</b>	People are healthier and experience fewer risks as a result of alcohol misuse and fewer adults are drinking at levels or patterns that are damaging to themselves or others		Alcohol services are high quality, continually improving, efficient, evidence based and responsive, ensuring people move through treatment into sustained recovery		Individuals are improving their health, wellbeing and life chances by recovering from problematic alcohol use	
<b>High Level Outcomes</b>	<b>1.</b> Reduce consumption and reduce the prevalence of hazardous and harmful drinking across the adult population		<b>2.</b> Increase availability of screening, brief interventions and enable earlier access to services		<b>3.</b> Services are timely, effective, accountable and recovery orientated	
<b>Intermediate Outcomes</b>	<b>1.</b> Whole population will be better informed and aware of risks associated with hazardous and harmful drinking  <b>2.</b> Targeted (at-risk) populations will have access to a range of appropriate information and education		<b>3.</b> Increase access to and availability of screening and alcohol brief interventions (ABI)  <b>4.</b> Increase earlier identification of alcohol related problems and subsequent referral to treatment and support services  <b>5.</b> Improve the recognition of and opportunities to engage, hard to reach and diverse groups (including those with complex needs)		<b>6.</b> Individuals referred to services will wait no longer than current Scottish Govt (HEAT) guideline recommendations  <b>7.</b> Service users will be actively involved in all aspects of care planning and service evaluation  <b>8.</b> Recovery orientated systems of care will include defined outcome measures for improving health and wellbeing	
<b>Delivery Outcomes</b>	<b>1.</b> Increase availability of accurate communication, information and educational resources  <b>2.</b> Support positive choices and positive relationships by increasing awareness and access to healthy lifestyle and protective factors		<b>3.</b> Increase earlier access to appropriate services and interventions for children and young people at risk of developing problems with alcohol misuse  <b>4.</b> Decrease in numbers of children and young people requiring specialist services		<b>5.</b> Implement Quality Alcohol Treatment & Support (QATS) report recommendations  <b>6.</b> Ensure effective information and data sharing processes  <b>7.</b> Embed employability processes within alcohol services	



## Strategic priority 3 – Responsible

### Local outcome objectives:

- Decrease consumption and harms associated with young people's drinking (and under-age drinking)
- Increase use of effective measures to support the five licensing objectives
- Increase capacity across the whole population to improve resilience by promotion of positive attitudes and choices

### Prevention, resilience and building capacity

It is important to plan for the prevention of alcohol related harms wherever possible and mitigate harms where they may already exist or where there is clearly risk of such harms developing.

This requires a comprehensive prevention approach that includes:

- **All population groups ('universal')**
- **Vulnerable or at risk groups ('selected')**
- **Vulnerable individuals ('indicated')**

This also requires a number of partner agencies, services and communities using planned or opportunistic approaches across a range of appropriate locations.

These can include:

- **Education (schools, colleges and university) programmes.**
- **Health providers (Primary/Secondary Care) and opportunities involving a number of other disciplines and professions.**
- **Employability programmes and related activity.**
- **Community based programmes and related activity.**
- **Custodial facilities, Offender/Youth Justice Programmes and Prison based activity.**

It is also important to recognise that alcohol misuse has historically tended to be considered as a lesser social issue than that of illegal drug misuse. It is clear then that within this strategy an emphasis will be required to be placed on raising the profile of alcohol related issues to be at least equal to that of illicit drug misuse.

In terms of creating a positive shift in attitudes toward alcohol, it is clear that direction and investment is required across the City through building the capacity of organisations, communities and individuals to help foster a better awareness of alcohol related issues and corresponding resilience factors. Workforce and community based training and development will therefore be an essential component in any programme aiming to build capacity for positive culture change.

A whole population based 'civic' approach (that regards individuals as citizens, e.g. responsible consumers, parents, grandparents and members of local communities), has the potential to involve everyone in some positive capacity. This will include developing specific programmes to strengthen parenting in relation to alcohol, in line with the national parenting strategy. Similarly from a locality/community viewpoint, the 'total place' philosophy, considering a 'whole area' approach to how public services are delivered can be a complementary strand that helps to facilitate this philosophy.

Essential components to improving knowledge, attitudes and behaviours are:

- **Developing tools and resources for communication around alcohol and the mechanisms required to deliver them effectively. For example, these require to be targeted, engaging, creative and include positive appeal to have impact in supporting behaviour change.**
- **Providing credible, accurate and reliable information and education on alcohol related issues that reflect the values and needs of target audience.**
- **Up-skilling and increasing capacity within key areas of the workforce in being able to identify and recognise alcohol related issues and provide brief interventions where appropriate.**
- **Up-skilling and increasing capacity of the generic workforce to be able to deal appropriately with alcohol related issues through signposting and referral to suitable support services.**
- **Moving from an approach that predominantly focuses on areas of weakness to one that concentrates on building strengths. An 'asset' based approach seeks to capitalise on what works well, building on existing skills and resources within individuals and communities.**
- **Building on the wider determinants of health and wellbeing to improve resilience and recognise and deal with issues relating to inequality. This can be supported through addressing barriers in their context and using key life stage opportunities in full partnership with the target population, to encourage ownership in promoting positive and healthy behaviours.**

## **Legislation and Licensing**

A key area is the successful implementation and monitoring of legislation relating to alcohol marketing, sales and consumption. The role, influence and contributions of the Licensing Board, Licensing Forum, Licensed trade (off-sales and on-sales), hospitality industry, alcohol producers, and business community are all therefore integral to the success of the strategy. The five Licensing Objectives listed below (Licensing (Scotland) Act 2005) will underpin and complement work taken forward through other strategic priority areas within the strategy:

- 1. Preventing crime and disorder**
- 2. Securing public safety**
- 3. Preventing public nuisance**
- 4. Protecting and improving public health**
- 5. Protecting children from harm**

Local priorities in terms of good practice in meeting the Licensing Objectives have been identified locally as:

- **Improving communication and engagement amongst all key partners.**
- **Providing support and training to help facilitate promotion and upholding of the objectives.**
- **Providing relevant local information and data as well as capacity for analysis.**
- **Supporting the Licensing Board in reviewing and renewing the Licensing Policy and Statement of Overprovision.**

<b>Outcomes for 'Responsible'</b>			
<b>National Outcomes</b>	We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others		
<b>Related National Outcomes</b>	Our young people are successful learners, confident individuals, effective contributors and responsible citizens	We live longer, healthier lives	We have tackled the significant inequalities in Scottish society
<b>National Core Outcomes (ADP)</b>	Fewer children are drinking at levels or patterns that are damaging to themselves or others	People live in positive health promoting local environments where alcohol is less readily available	
<b>High Level Outcomes</b>	<b>1.</b> Decrease consumption and harms associated with young people's drinking (and under-age drinking)	<b>2.</b> Increase use of effective measures to support the five licensing objectives	<b>3.</b> Increase capacity across the whole population to improve resilience by promotion of positive attitudes and choices
<b>Intermediate Outcomes</b>	<p><b>1.</b> Health and Wellbeing outcomes (substance misuse) will be delivered within schools through (Curriculum for Excellence) partnership based guidance and support</p> <p><b>2.</b> More parents and families will be engaged to increase awareness and uptake of effective parenting measures</p>	<p><b>3.</b> Promote and support improvements in relation to upholding the five licensing objectives</p> <p><b>4.</b> Implement and monitor measures relating to overprovision in city centre and community environments</p>	<p><b>5.</b> Build the capacity of the workplace, learning environments and communities to inform, educate and intervene appropriately around alcohol misuse</p> <p><b>6.</b> Engage the workplace, learning environments and communities in developing employability</p> <p><b>7.</b> Ensure workforce development processes and opportunities are effectively implemented</p>
<b>Delivery Outcomes</b>	<p><b>1.</b> Increase uptake of protective factors in relation to alcohol misuse</p> <p><b>2.</b> Increase and improve opportunities for diversionary activity and provision of alcohol-free environments</p>	<p><b>3.</b> Support the Licensing Board through the Licensing Forum in reviewing the local Alcohol Licensing Policy Statement</p> <p><b>4.</b> Ensure that information, data, and intelligence collation and analysis supports and informs the Licensing Board</p> <p><b>5.</b> Effective liaison, engagement, joint working and training opportunities developed between Licensing Board, Licensing Forum, Licensed Trade and local partners</p>	<p><b>6.</b> Develop effective, integrated and interactive campaigns to encourage and support behaviour change</p> <p><b>7.</b> Embed alcohol awareness raising and training within workforce development opportunities across all tiers of service and within community environments</p> <p><b>8.</b> Build on links to wider health agenda to support tackling health inequalities</p>

## Strategic action plan

In order to deliver the desired outcomes, there needs to be an action plan, in which everyone has a part in and is actively involved in delivering. This action plan will develop over the course of the lifespan of the strategy and as such replaces the previous ADP Alcohol Action Plan summary report (2009-2011). Indicators will continue to be developed and the plan will in some instances, complement actions within the ADP drug strategy where appropriate. Key strategic level actions are listed below and will be expanded upon within the full action plan.

## Safer

High Level Outcome	Intermediate Outcome	Strategic Actions
More young people and families at risk are supported to stay together	1. Extended family members are supported to care for children and young people who may be at risk because of parental alcohol misuse	<ul style="list-style-type: none"> <li>Identify and improve assistance available for extended families and carers who provide support to children affected by parental alcohol misuse</li> </ul>
More children and young people at risk as a result of parental alcohol misuse are safer	<ol style="list-style-type: none"> <li>Children are better protected from the negative impact of parental alcohol misuse</li> <li>Increase effectiveness of the management of risk to children where parental alcohol misuse is a factor</li> </ol>	<ul style="list-style-type: none"> <li>Improve the links between multi-agency Adult and Children's Services</li> <li>Establish multi-agency agreement on definitions and processes for identification, assessment and intervention</li> </ul>
Reduce alcohol related crime, antisocial behaviour preventable accidents and harms.	<ol style="list-style-type: none"> <li>Increase use of appropriate enforcement activity and legislation to decrease alcohol related crime and antisocial behaviour</li> <li>Increase in communities reporting feeling safer from alcohol related crime and antisocial behaviour</li> <li>Increase and improve interventions to reduce the number of (including repeat) alcohol related offenders coming into contact with criminal justice system</li> </ol>	<ul style="list-style-type: none"> <li>Increase enhanced partnership working arrangements to improve effectiveness in use of available resources</li> <li>Increase safety related activity and measures both within city centre and local community environments as appropriate to need</li> <li>Increase confidence of public to identify and report alcohol related crime and antisocial behaviour</li> <li>Improve opportunities to signpost and refer to treatment and other support services</li> </ul>

## Healthier

High Level Outcome	Intermediate Outcome	Strategic Actions
Reduce consumption and reduce the prevalence of hazardous and harmful drinking across the adult population	<ol style="list-style-type: none"> <li>1. Whole population will be better informed and aware of the risks associated with hazardous and harmful drinking</li> <li>2. Targeted (at-risk populations will have access to a range of appropriate information and education</li> </ol>	<ul style="list-style-type: none"> <li>• Develop and increase opportunities for effective and interactive communication</li> <li>• Develop and deliver credible information and education</li> <li>• Develop effective, integrated and interactive campaigns to encourage and support behaviour change</li> </ul>
Increase availability of screening, brief interventions and enable earlier access to services	<ol style="list-style-type: none"> <li>1. Increase access to and availability of screening and alcohol brief interventions (ABI)</li> <li>2. Increase earlier identification of alcohol related problems and subsequent referral to treatment and support services</li> <li>3. Improve the recognition of and opportunities to engage, hard to reach groups including those with complex needs</li> </ol>	<ul style="list-style-type: none"> <li>• Embed screening and alcohol brief interventions (ABI) processes within both HEAT and non-HEAT settings</li> <li>• Develop signposting opportunities and referral pathways across partnership agencies and services</li> <li>• Enhance opportunities and innovation for specialist services to link effectively with generic and community based services</li> </ul>
Services are timely, effective, accountable and recovery orientated	<ol style="list-style-type: none"> <li>1. Individuals referred to services will wait no longer than current Scottish Government (HEAT) guideline recommendations</li> <li>2. Service users will be actively involved in all aspects of care planning and service evaluation</li> <li>3. Recovery Orientated System of Care will include defined outcome measures for improved health and wellbeing</li> </ol>	<ul style="list-style-type: none"> <li>• Develop and implement processes to comply with HEAT (waiting time) criteria</li> <li>• Ensure effective implementation of the Quality Alcohol Treatment &amp; Support (QATS) report recommendations</li> <li>• Develop best practice by improving knowledge of services and information and data sharing processes</li> <li>• Develop integrated care pathways (e.g. Prison population, Dual Diagnosis)</li> <li>• Improve communication and engagement between alcohol and employability services.</li> </ul>

## Responsible

High Level Outcome	Intermediate Outcome	Strategic Actions
Decrease consumption and harms associated with young people's drinking (and underage drinking)	<ol style="list-style-type: none"> <li>1. Health and Wellbeing outcomes (substance misuse) will be delivered within schools through (Curriculum for Excellence) partnership based guidance and support</li> <li>2. More parents and families will be engaged to increase awareness and uptake of effective parenting measures</li> </ol>	<ul style="list-style-type: none"> <li>• Support and encourage uptake of protective factors in relation to alcohol misuse</li> <li>• Increase opportunities for diversionary activity and alcohol-free environments</li> </ul>
Increase use of effective measures to support the five licensing objectives	<ol style="list-style-type: none"> <li>1. Promote and support improvements in relation to upholding the five licensing objectives</li> <li>2. Implement and monitor measures relating to overprovision in city centre and community environments</li> </ol>	<ul style="list-style-type: none"> <li>• Increase effective communication and engagement with all partners involved in alcohol licensing, licensed trade, industry and business</li> <li>• Increase opportunities for all partners to share information/data and participate in education and training as appropriate</li> </ul>
Increase capacity across the whole population to improve resilience by promotion of positive attitudes and choices	<ol style="list-style-type: none"> <li>1. Build the capacity of workplace environments and communities to inform, educate and intervene appropriately around alcohol misuse</li> <li>2. Engage the workplace, learning environments and communities in developing employability</li> <li>3. Ensure workforce development processes and opportunities are effectively implemented</li> </ol>	<ul style="list-style-type: none"> <li>• Develop and implement workforce and community education &amp; training opportunities</li> <li>• Support strengths based approaches looking at wider determinants of health and wellbeing (taking into account health inequalities and reducing barriers for diverse communities)</li> <li>• Develop effective, integrated and interactive campaigns to encourage and support behaviour change</li> </ul>

## Cross-Cutting Issues: Data Collation and Outcome Indicators

The ADP will continue to work to develop processes for gathering data and its subsequent analysis. This will support the strategic action plan in terms of measuring outcomes, particularly improving the use of local intelligence and developing local outcome indicators and support and thus inform developments around the Single Outcome Agreement (SOA) health thematic.

The Alcohol Task group will also:

- **Inform and report on the Alcohol Strategy Action Plan by supporting the analysis of key information (highlighting trends and assessing needs).**
- **Ensure the alcohol strategy links effectively with other plans and strategies as appropriate across the City.**
- **Regularly monitor and report progress to the ADP.**

## Key References

### National and Related Policy Documents and Reports

Scottish Government; Licensing (Scotland) Act (2005)

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/NHS Health Scotland; Scottish Health Survey 2003: revised alcohol consumption estimates (2008)

Scottish Government; Alcohol & Drugs Delivery Reform Group - Final Report (2009)

Scottish Government; Changing Scotland's Relationship with Alcohol: a framework for action (2009)

Scottish Government; Changing Scotland's Relationship with Alcohol: a framework for action, progress report (2012)

Scottish Government; Promoting Positive Outcomes: working together to prevent antisocial behaviour in Scotland (2009)

Scottish Government/SAADAT; Scottish Alcohol Needs Assessment (2009)

Scottish Government; Societal Cost of Alcohol Misuse in Scotland for 2007 (2010)

Scottish Government/COSLA; Supporting the Development of Scotland's Alcohol and Drug Workforce (2010)

Scottish Government (ISD); Alcohol Statistics Scotland (2009, 2010)

Scottish Government; Quality Alcohol Treatment and Support (QATS) (2011)

Scottish Government; the Sexual Health and Blood Borne Virus Framework 2011-2015 (2011)

Scottish Emergency Department Alcohol Audit (SEDA)/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)



Scottish Public Health Observatory; Knowledge, Motivations and Attitudes to Health (2008-2010)

NHS Scotland/ISD; Alcohol Attributable Mortality and Morbidity: alcohol population attributable fractions for Scotland (2009)

NHS Health Scotland; A Descriptive Analysis of Price Band Data for Alcohol sold through the Off-Trade, Scotland 2009 (2010)

NHS Health Scotland; Alcohol Brief Interventions Training for Trainers and Training for Practitioners Report; Evaluation Final Report (2010)

NHS Health Scotland; Monitoring and Evaluating Scotland's Alcohol Strategy; Analysis of alcohol sales data 2005-2009 (2010)

NHS Health Scotland; Monitoring and Evaluating Scotland's Alcohol Strategy; Setting the Scene: theory of change and baseline picture (2011)

NHS Health Scotland; Prison Health Needs Assessment for Alcohol Problems 2010 (2011)

NHS Health Scotland; Scoping Study of Interventions for Offenders with Alcohol Problems in Community Justice Settings (2011)

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

Alcohol Focus Scotland; Rethinking Alcohol Licensing (2011)

Alcohol Focus Scotland; Briefing; Whole Population Approach – Local Implementation (2011)

### **Local Policy Documents and Reports**

Aberdeen City ADP; A safer, healthier & more responsible attitude to alcohol in Aberdeen: Aberdeen City ADP Alcohol Strategy (2009-2019) first edition: (December 2009)

Aberdeen City ADP; Alcohol Action Plan Summary Report (2009-2011) (completed April 2011)

Aberdeen City Community Safety Partnership Strategic Assessment (2011)

Aberdeen City Single Outcome Agreement (2009-2012)

A number of other useful national and local links for alcohol-related information can be accessed at: [www.aberdeencityadp.org.uk](http://www.aberdeencityadp.org.uk)

## Glossary of useful terms

### **Aberdeen City, Drugs, Alcohol & Blood Borne Virus Forum**

The forum aims to represent and respond to the views of people affected by, or concerned about drugs, alcohol and blood borne viruses in Aberdeen, providing contact with service users, carers, practitioners and communities around these issues. It provides a forum for networking and information sharing supporting the work of Aberdeen City ADP.

### **Abstinence**

The philosophy of completely stopping the use of alcohol or other drugs.

### **ABV**

Alcohol by Volume; indication displayed as a percentage (on beverage bottles/containers) of the volume of alcohol by content.

### **ACC**

Aberdeen City Council.

### **Addiction**

Repeated use of a substance or substances, to the extent that the user is periodically or chronically intoxicated, shows a compulsion to take the substance and has great difficulty in voluntarily ceasing or modifying use of that substance. Typically tolerance is prominent and a withdrawal syndrome frequently occurs when substance use is interrupted.

### **Advocacy**

Range of supports and delivery models that help readdress power imbalance in relationships to empower vulnerable individuals.

### **Agency**

A statutory, voluntary or private sector organisation providing services, or some other intervention to address alcohol or other drug problems.

### **Alcohol**

Also referred to as Ethanol, Ethyl Alcohol or Spirits. A colourless, volatile flammable liquid, as well as being distilled for beverages, can also be used as solvent or fuel.

### **Alcohol Brief Intervention (ABI)**

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.

### **Alcohol & Drug Partnership (ADP)**

A partnership commissioning and coordinating the work of various partnership agencies to create a healthier, safer and more responsible city.

### **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.

### **Alcohol Use Disorder Identification Test (AUDIT)**

World Health Organisation validated (10 question) screening tool designed to detect and categorise hazardous, harmful and dependent drinking.

### **Assessment**

To gain practical information and insight into the problems presented and being able to structure that information in a meaningful way to enable a care plan to be put in place; and secondly to help establish a therapeutic relationship for future work to take place.

### **Binge drinker**

Refers to a pattern of consumption where excessive amounts of alcohol (double the daily recommended guidelines) are consumed within a limited period, often, though not exclusively, with the intent of achieving intoxication.

### **Blood Borne Virus (BBV)**

Disease causing bacteria transmitted via human blood, including but not limited to, hepatitis B (HBV) and hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

### **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. Carers are often, though not exclusively, family members.

### **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.

### **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'.

### **Community**

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

### **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 Partnership**

Lead partnership of public and voluntary services directed through the Community Planning Aberdeen structure, which performs the community planning function for the city utilising input from a range of thematic groups related to the Scottish Government's national outcomes for Scotland.

**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.

**Curriculum for Excellence (CfE)**

A programme of work that is reviewing and leading the current school curriculum. This includes health and wellbeing outcomes relating to alcohol and other drug education for young people (3-16yrs).

**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.

**Detox(ification)**

The supported physical process of removing the use of addictive substance (in treatment often medically supervised).

**Diversionsary Activity**

Diversionsary activities can be defined as activities and interventions that divert young people from aimless or antisocial activities to pro-social, organised and constructive activities, or may be a route out of such activities towards a more positive lifestyle.

**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.

**Dual diagnosis**

A general term referring to the co-morbidity or the co-occurrence in the same individual of a psychiatric disorder and a substance use disorder.

**Early Intervention**

Activity aimed at stopping those at highest risk of developing social or psychological problems, or those who show the first signs of difficulty from displaying unnecessarily long or serious symptoms.

**Employability**

The development of the range of necessary and essential skills and attributes as required by employers.

**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.

**Excluded Children**

Children excluded from schools due to unacceptable, abusive or violent behaviour.

**FAST**

A short (four questions) validated screening tool (a shortened version of the AUDIT tool) for identifying hazardous/harmful drinking – often used as part of the process of delivering an alcohol brief intervention.

**Fetal Alcohol Syndrome (FAS)**

The adverse effects of pre-natal alcohol exposure on developing fetus and child. FAS is the clinically recognised form of FASD characterised by a range of anomalies including: central nervous system dysfunction (leading to intellectual and developmental difficulties) and social, emotional and behavioural deficits. FAS is commonly associated with abnormal facial features and babies born with FAS are commonly smaller and typically remain smaller throughout their lives.

**Fetal Alcohol Spectrum Disorders (FASD)**

The adverse effects of prenatal alcohol exposure on the developing fetus and child. FASD lies within a continuum and represents a spectrum of structural anomalies, and behavioural and cognitive impairments. More difficult to diagnose, the effects associated with FASD vary in severity and clinical outcome depending on the level, pattern, and timing of maternal alcohol consumption.

**Getting it Right for Every Child (GIRFEC)**

A national approach to supporting and working with all children and young people in Scotland based on research, evidence and best practice designed to ensure all parents, carers and professional work effectively together to give children and young people the best start we can and improve their life opportunities.

**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.

**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.

**Harmful drinking**

A pattern of alcohol use that can lead to damage to both physical and/or mental health. Harmful use commonly, but not invariably, has adverse social consequences.

**Hazardous drinking**

In contrast to harmful use, hazardous drinking refers to a pattern of use that signifies risk and is of public health significance despite the absence of any current disorder in the individual drinker. If unchecked this can lead to future health harm.

**Health Inequalities**

Non-random variations in health between people due to their socio-economic status or other factors.

**Health and Social Care Partnership**

Multi agency partnership charged with managing and delivering health services in Aberdeen including modernising them to improve health and reduce inequalities in health.

**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.

**HEAT**

Performance related targets within the NHS based around the specific themes of Health improvement, Efficiency, Access and Treatment.

**Integrated Care Pathway (ICP)**

Description of the nature and anticipated course of treatment and support for a particular individual working to a predetermined plan/model.

**Intervention**

Intentional involvement in a situation in order to change, improve, or prevent it from worsening, often formal and structured though not exclusively.

**Keep Well Programme**

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.

**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 with 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 utilising role of specialist services.

**Mutual Aid Support Group**

A group in which participants support each other in recovering or maintaining recovery from alcohol or other drug dependence or problems, or from the effects of another's dependence, without professional therapy or guidance. The approach of some of these groups allows for professional or semi professional guidance. "Self-help group" is a more common term, but "mutual-help group" more exactly expresses the emphasis on mutual aid and support.

**Northern Community Justice Authority (NCJA)**

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.

**Outcome**

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.

**Overprovision**

Alcohol retail availability in terms of an increased density of alcohol outlets associated with increased alcohol consumption and related health and social harms.

**Partner**

An agency working in cooperation with others as a member of the ADP partnership to support and implement this strategy.

**Partnership**

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.

**Peer Education**

Peer education is a term widely used to describe a range of initiatives where individuals from a similar age group, background, culture and/or social status educate and inform each other about a wide variety of issues.

**Peer Support**

Peer support often refers to activities where people provide emotional and practical help to each other, however, the defining characteristic of peer support is that it refers to relationships and interactions between people who are peers, that is people who are equal in ability, standing, rank, or value. As such the term 'peer to peer' could be used to distinguish it from other forms of support (see also Mutual Aid Support Group).

**Performance Management**

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.

**Person Centred Approach**

An approach to assessment of need that puts the individual at the centre of the process and is based on their views and wishes.

**Polydrug use**

The use of more than one drug (alcohol included) often with the intention of enhancing or countering the effects of another drug.

**Pre-loading**

Describes a pattern of 'social' drinking where individuals or groups regularly consume alcohol privately (at home or in community) as a precursor to consuming further alcohol within licensed premises.

**Prevalence**

Total number of cases of a risk factor within a population at a given time.

**Prevention**

Information, advice or intervention to either general or targeted populations to stop a problem or reduce severity of problems.

**Primary Care**

The care a patient receives at first contact with the health care system, usually involving coordination of care and continuity over time.

**Problem Drinking**

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.



**Recovery**

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.

**Rehabilitation**

The process of coming to terms with life without alcohol or other drugs using a variety of formal and informal supports and assets (community, residential).

**Resilience**

The process, capacity or outcome of successful adaptation despite challenging or threatening circumstances.

**Resources**

The labour, skills, information, finance, materials, equipment, supplies or accommodation assets available to plan, implement and deliver goods and services.

**Scotland's Healthy Working Lives (HWL)**

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.

**Secondary Care**

Provision of medical care and treatment by specialists to whom a patient has been referred by Primary Care providers.

**Self Help Group**

A term that is most commonly applied to mutual-aid support groups (e.g. Alcoholics Anonymous) and refers to groups that teach behavioural and other techniques of self management.

**Sensible Drinking**

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.

**Sensible Drinking Guidelines**

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 alcohol.

**Service user**

A person who uses or could make use of a service.

**Single Outcome Agreement (SOA)**

A new outcome based approach to define the relationship between the Scottish Government, Local Authorities and Community Planning Partnerships in a way that reflects local circumstances and priorities.

**Social Norm**

Pattern of behaviour in a particular group, community or culture, accepted as normal and to which an individual is expected to conform.

**Statutory sector**

Public agencies funded by government, which have specific legal responsibilities.

**Stigma**

The negative effects of a discriminatory label placed on individuals or groups often to the social disadvantage of those individuals or groups.

**Strategic**

Consideration of the widest possible set of factors (the “big picture”) and broadly defined long term goals to address a particular problem.

**Tiered Interventions**

Tiered structural arrangements for alcohol services e.g. Tier 1; whole community, Tier 2; services dedicated to specific problem, Tier 3; specialist services dedicated to complex needs, Tier 4; specialist services for specialised needs.

**Third Sector**

A range of agencies which are not for profit and are independent of the state.

**Treatment**

Procedures and interventions that are intended to relieve illness or injury.

**Unit of Alcohol**

Standard measurement of alcohol content. A beverage containing 10ml (8gm) of ethanol is equivalent of one Unit. Units are calculated by volume (mls) multiplied by strength (%ABV) and divided by (1000).

**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.

## Whole Population Approach (WPA)

Whole population approaches aim to reduce alcohol consumption and risk of alcohol related disease across a population. If average population consumption is reduced then average consumption falls for everyone and the number of those drinking at harmful levels will fall as a consequence. Thus everyone's risk of alcohol related problems falls, with the heaviest drinkers benefiting most.

## Withdrawal

Variety of symptoms that occur after chronic use of alcohol or some other drugs is reduced or stopped.

## Acknowledgements

A number of individuals, groups and organisations, beyond the main ADP membership have been involved, consulted and have participated in the development of this renewed strategy. Everyone involved in the alcohol 'stocktake' consultation event held in October 2011 is thanked for their contribution. In particular we would like to acknowledge the assistance of:

- Scottish Government Alcohol Policy Team
- Alcohol Focus Scotland

We would also like to acknowledge the work of the previous Director of Public Health (NHS Grampian), Dr Lesley Wilkie, in raising the profile of alcohol related issues through the work of the ADP Alcohol Task Group.



**Aberdeen City Drugs, Alcohol & BBV Forum**



greener

healthier

safer and  
stronger

smarter

fairer and  
wealthier