

|| ■ ■■ | Plan for action on alcohol problems: update

© Crown copyright 2007

ISBN: 978-0-7559-4870-3

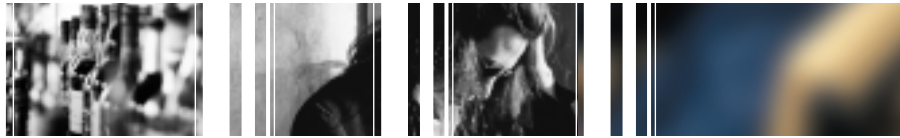
Scottish Executive
St Andrew's House
Edinburgh
EH1 3DG

Produced for the Scottish Executive by RR Donnelley B43835 02/07

Published by the Scottish Executive, February, 2007

Further copies are available from
Blackwell's Bookshop
53 South Bridge
Edinburgh
EH1 1YS

100% of this document is printed on recycled paper and is 100% recyclable



Contents

Ministerial foreword	2
Executive summary	3
Summary of actions	7
Chapter 1: Tackling alcohol problems	12
Chapter 2: Our challenge	13
Chapter 3: Changing alcohol cultures	17
Chapter 4: Protection and controls	23
Chapter 5: Prevention and education	29
Chapter 6: Provision of services	35
Chapter 7: Getting the framework right	47
Annex A: Plan for action on alcohol problems – review of progress	52

Ministerial foreword



Although the majority of people in Scotland enjoy alcohol without causing harm to themselves or to others, we are becoming all too aware of the damage excessive drinking can cause to our physical and mental health, our communities, our economy and our way of life. The influences supporting and encouraging alcohol use are powerful and widespread, and no measures by government alone will truly tackle alcohol misuse. We need to work with the medical profession, the alcohol industry and others.

But, in addition to this, we must all look critically at our own behaviour and think about the long term problems we are storing up for Scotland. It's time for us to take responsibility for our own drinking habits, setting an example for our young people. We need to make sure that they are well educated about responsible, moderate consumption, and that they are empowered to make the right decisions.

We have made significant progress since the publication of the Executive's *Plan for Action on Alcohol Problems* in 2002, but more needs to be done to tackle such problems and create a Scotland that is without the harm which so often mars the enjoyment of alcohol today. This plan describes a programme of action for the next three years. It sets out to build a Scotland in which we use alcohol responsibly and understand the consequences that can follow excessive drinking. It aims to deliver a greater range and quality of services to help those individuals and families for whom that harm is already a reality and to support actively local communities in their efforts to tackle alcohol-related crime and antisocial behaviour.

Published alongside this updated plan is the detail of our innovative partnership agreement with the alcohol industry. We have agreed a number of actions as the first steps in what we hope will be a long-term, collaborative approach to achieving our shared aim of reducing alcohol misuse in Scotland.

Taken together, the actions in this plan, and in the industry partnership agreement, amount to a significant programme. But it is not the end of the story – we are committed to evaluating and developing the services and initiatives in this plan to produce a long-term vision for changing culture and behaviours over the coming decade.

A handwritten signature in black ink that reads "Andy Kerr". The signature is written in a cursive, slightly slanted style.

Andy Kerr, MSP
Minister for Health and Community Care



Executive summary

Alcohol is a legal substance which is enjoyed in moderation by many people. We know, however, that when consumed excessively or inappropriately, it takes its toll on our health, our families, our relationships, and our communities. In Scotland we face a substantial challenge in readjusting our attitudes and behaviours in relation to alcohol, and in particular, educating our young people to adopt a sensible approach to alcohol consumption. This plan outlines a number of ways in which the Executive can support this readjustment, not forgetting that personal responsibility is at the heart of sensible alcohol consumption.

This updated plan builds on progress made since the original *Plan for Action on Alcohol Problems* was published in 2002. It sets out a programme for the next three years to change drinking cultures and reduce alcohol-related harm through government action, partnership working, and encouraging individuals to take personal responsibility. It will be supported by a detailed delivery plan which will enable Scottish Ministers and the Scottish Ministerial Advisory Committee on Alcohol Problems (SMACAP) to monitor progress and ensure delivery of each of the high level actions.

The update retains the broad structure of the original plan but does not include specific actions under the heading of culture change. This reflects the belief that real culture change requires integrated and sustained action across all pillars of the plan; protection and controls, prevention and education and the provision of services.

It is recognised that a wide variety of partners and networks have a role to play in supporting the implementation of the Plan for Action. The Scottish Executive will support partners in their delivery role, facilitating effective partnership working and maintaining strong and effective working relationships between the Executive and all stakeholders in the delivery of this plan.

This is a plan that will achieve greater results through cumulative action than through actions in isolation. Key actions include:

- extending the alcohol test purchasing pilot to all Scotland in 2007;
- using the Executive commissioned evaluation of effectiveness of drugs education in Scottish schools to develop an alcohol education programme as part of a wider, robust substance misuse education programme for schools;
- giving Licensing Boards more power to control the spread of licensed premises, and tackling excessive drinking, through the implementation of the Licensing (Scotland) Act 2005;
- piloting, during 2007/2008, a telephone based brief interventions service, aimed at identifying harmful and hazardous drinkers at an early stage and providing appropriate support;
- completing, by mid 2007, a set of national publications about the short and long term effects of drinking alcohol;
- supporting further development of Youth CAFEs (Community Alcohol Free Environments) and working with partners to provide other diversionary activities for young people, for the duration of this Plan;

- undertaking, by May 2007, a stock-take of Alcohol and Drug Action Teams (ADATs) to assess performance to date and capability to deliver Ministerial priorities on drugs and alcohol. This should establish a firm evidence base to determine the future mechanism for effective local action to deliver national priorities;
- researching how best to improve recording and reporting information on drug and alcohol use during pregnancy – report anticipated in July 2007;
- extending successful measures from the Alcohol Education Research Council (AERC) funded culture change pilot to all areas of Scotland, by December 2007;
- developing a quality standards framework for drug and alcohol services;
- developing a national drugs and alcohol workforce development strategy by summer 2008 and plans for its implementation by spring 2009.

Progress towards achieving the aims set out in this plan, and in the accompanying industry partnership agreement, will be monitored and managed rigorously: this will include the ongoing review of the individual actions. A formal report on the progress towards delivering these actions, and on their impact on addressing alcohol misuse, will be included in the Executive's annual report on health improvement: *Delivering a Healthy Scotland – Meeting the Challenge*. In addition, the Chief Medical Officer's annual report will report on the long-term benefits of the plan.

Impact of alcohol

Alcohol consumption and excessive drinking are increasing in Scotland. Alcohol-related hospital admissions and deaths continue to rise for both men and women and there has been a 54% increase in reported drinking by 15 year olds and a 100% rise in drinking by 13 year olds since 1990. There is justifiable concern about alcohol-fuelled violence and other forms of alcohol-related antisocial behaviour. We also know that young people who drink are more likely to smoke, take drugs or have unsafe sex.

Alcohol industries are estimated to employ around 155,000 people in Scotland whilst at UK level alcohol taxes account for 7% of total Customs and Excise revenue. Alcohol is estimated to cost Scotland £418 million pa from a reduction in output and productivity and a further £484 million pa in public services.

Changing alcohol cultures

The plan provides a framework of action to accentuate the positive and tackle the negative aspects of drinking cultures in Scotland. Our long-term aim is to create a society in which the safe and sensible consumption of alcohol is recognised as being compatible with a healthy lifestyle. Priorities for action are to:

- promote healthy lifestyle choices and the role of moderate and appropriate alcohol consumption within such choices;
- further restrict the availability of alcohol to under age groups, strengthen responsible marketing and sales strategies and ensure an appropriate balance between supply and demand;
- challenge social norms surrounding the excessive use of alcohol and work with the media against the overt glamorisation of alcohol;



- reinforce social norms where these are positive in relation to responsible drinking patterns and behaviour;
- help individuals to take personal responsibility for the consequences of their drinking;
- make it clear that drinking behaviour that misuses alcohol carries enormous risks for the health, reputation and enjoyment of the individual concerned and that it can adversely affect others; and
- ensure that families, friends and communities are protected from the unacceptable consequences of the irresponsible promotion, sale and consumption of alcohol.

Protection and controls

Action to control the supply of alcohol is designed to complement communication and other preventative activity aimed at changing cultures of excessive drinking and underage drinking. This includes work with:

- Licensing Boards to tackle the overprovision of licensed premises and restrict unacceptable commercial activities which encourage excessive drinking;
- the alcohol industry to further promote the responsible serving of alcohol and consider whether marketing strategies, including packaging, labelling and branding, are contributing to the drinking culture;
- local authorities to ensure that public byelaws are effective in dealing with nuisance drinking in public; and
- the UK Government on issues such as alcohol advertising, labelling, pricing and drink driving which have UK wide implications.

Prevention and education

The plan retains a focus on promoting the cultural shift away from excessive drinking and helping more people living in Scotland to adopt a responsible approach to alcohol.

These aims will be achieved by:

- implementing a communications strategy which promotes positive lifestyles, the responsible use of alcohol as part of a healthy lifestyle and highlights choices in a relevant, appealing and creative way;
- challenging the cultural acceptability of excessive drinking, by focusing attention on the short and long term consequences of drinking in excess of recommended limits and focusing on activities which are incompatible with drinking alcohol, such as driving, building on our 'Alcohol. Don't Push It' campaign;
- working with partners such as Alcohol Focus Scotland (AFS) and the Scottish media to challenge stereotypes, promote responsible drinking and provide a more balanced portrayal of alcohol and alcohol problems;
- fostering social and working environments which support healthy choices;
- working with the alcohol industry and licensed trade both to tackle the irresponsible promotions which can encourage excessive drinking and to also proactively promote responsible drinking;

- developing a better understanding of the links between the use of alcohol and other substances; and
- ensuring that people have access to information, support and advice to help them make and sustain healthy choices.

Provision of services

The plan aims to deliver equitable, accessible, appropriate and inclusive services throughout Scotland by:

- supporting the delivery of person centred services which meet the needs of individuals and their families and children;
- supporting the implementation of existing guidelines for the treatment and support of people needing alcohol services;
- working with partners to assess local capacity, need and service gaps and tracking growth of capacity as a result of increased investment;
- linking additional resources to service level agreements with local partners which accept responsibility for expanding high quality services in line with national priorities;
- supporting the further development of well trained staff at all levels in alcohol and drug services throughout Scotland;
- ensuring that we are able to respond to the ways in which an increasingly ageing population might affect the demand for alcohol services in Scotland; and
- linking with partners to ensure an appropriate response to alcohol problems and a co-morbid physical and/or mental illness.

Getting the framework right

Whilst progress has been made since the publication of the original plan, more can be done to strengthen our capacity to deliver measurable outcomes. Our ability to deliver the actions and benefits in this updated plan will be enhanced by ensuring that:

- strategic and planning partnerships at all levels have the active support of all key stakeholders and are able to assess and reflect the specific needs of their communities;
- local and national agencies and partnerships accept responsibility for the delivery of agreed outcomes and the contribution that these make to national priorities;
- we maintain strong and effective working relationships between the Executive and all stakeholders in the delivery of this plan; and work with government agencies within the framework set out in the *Vision for the Voluntary Sector*;
- relevant staff in generic and specialist agencies have appropriate training in identifying, assessing and managing alcohol problems;
- measurement systems are robust, fit for purpose and used to support the ongoing delivery of this plan; and
- knowledge of the impact of alcohol harm reduction is developed and the impact of the actions outlined in the plan is evaluated.



Summary of actions

PROTECTION AND CONTROLS



In licensed premises

1. **We will work with partners to support and extend the current test purchasing pilot on alcohol to all areas of Scotland.**
2. **Through the new licensing proposals, we will give Licensing Boards more power to control the spread of licensed premises and tackle excessive and underage drinking. Licensing (Scotland) Act 2005 fully implemented by 2009.**
3. We will work with partners, including the National Licensing Forum, to provide early guidance on the issue of over provision to help Licensing Boards tackle over supply.
4. We will continue to support the development of the new National Entitlement Card used in conjunction with Young Scot branding and the Proof of Age Standards Scheme (PASS) proof of age logo.
5. The AFS ServeWise programme will aim to train a further 3000 people in responsible serving practice each year.

In the community

6. We will fund the appointment of a National Licensing Officer to support local Licensing Boards and Forums in ensuring the public health and community engagement opportunities, available under the new Licensing legislation, are fully realised.
7. We will combat alcohol-related crime and disorder, through a range of new police powers.

With the UK Government


8. We will work at Ministerial and official level with the UK Government and, where appropriate, the European Union, to develop actions which encourage the promotion of responsible drinking; develop approaches to product labelling; and address concerns about irresponsible advertising and marketing by the alcohol industry.

PREVENTION AND EDUCATION



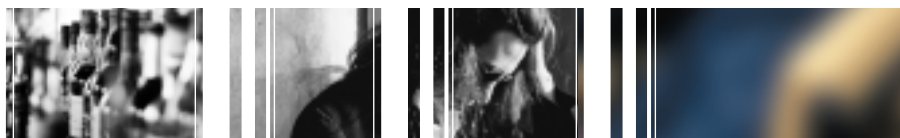
General information and communication

9. **We will make a range of information about the short and long-term consequences of drinking alcohol available to the public, with a national suite of publications completed by mid 2007.**

- 
10. **We will extend successful measures from the Alcohol Education Research Council (AERC) funded culture change pilot to other areas of Scotland.**
 11. We will continue to work with partners to implement a national communication strategy to highlight the nature and extent of alcohol problems and promote healthy living in Scotland.
 12. We will publish an annual statement which sets out the aims and objectives of national communications work for the coming year and how Executive action will integrate with local Alcohol and Drug Action teams (ADATs) and the communications activity of NHS Health Scotland (HS), the Scottish Drugs Forum (SDF), AFS and the Drinkaware Trust.
 13. We will consider and utilise the best available research evidence about the relationship between drinking, smoking and drug use, particularly by young people.
 14. We will continue to provide publicity support for drink driving enforcement campaigns undertaken by Scotland's police forces through the Scottish Road Safety Campaign, and seek ways of integrating these messages within our alcohol communications strategy.

In schools, workplaces and the community

15. **We will use the recommendations in the Executive commissioned evaluation of effectiveness of drugs education in Scottish schools to develop an alcohol education programme as part of a wider, robust substance misuse education programme for schools.**
16. **We will continue to promote the development of Youth CAFEs (Community Alcohol Free Environments) and other diversionary initiatives for young people.**
17. We will work with the Scottish Centre for Healthy Working Lives to provide guidance to employers on developing and implementing effective alcohol policies.
18. We will pilot a media literacy programme in schools to help young people critically appraise information from different media sources.
19. We will work with representatives of Scottish retailers to explore the responsible marketing of alcohol in the off-sales environment.
20. We will develop a partnership with the alcohol industry and the licensed trade that addresses public health concerns by jointly promoting responsible drinking messages.
21. We will fund Scottish Health Action on Alcohol Problems (SHAAP); a recently established group that will raise awareness and understanding of alcohol problems with practitioners, policy makers and the public; identify and promote interventions and solutions based upon best evidence; and disseminate information on alcohol harm to health.



22. We will work alongside Young Scot and NHS HS to explore opportunities for engaging with Young Scot membership on alcohol communications activity at national level; and consider how the national entitlement card – sponsored by Young Scot – might be used to support culture change activities that tackle the issue of excessive drinking.

PROVISION OF SERVICES




Nationally

23. **We will work with partners across the drug and alcohol fields to develop a quality standards framework for drug and alcohol services in Scotland.**
24. We will, during the next three years, assess the impact and cost effectiveness of expenditure, target new funding at filling service gaps and work with ADATs to consider opportunities for re-prioritisation.
25. We will explore through Scottish Training on Drugs and Alcohol (STRADA), NHS Education for Scotland (NHS NES), NHS Quality Improvement Scotland (NHS QIS), Addictions Education Scotland (AES) and NHS HS the funding of a national training resource to support implementation of the Scottish Intercollegiate Guidelines Network (SIGN) and Health Technology Assessment (HTA) on the prevention of relapse guidelines, developing and commissioning an audit of existing implementation by spring 2007.
26. We will reinforce the expectation that SIGN and HTA guidance underpins all activity delivered within NHS Boards. We will incentivise GPs to manage harmful drinking and alcohol dependence in primary care and to prevent relapse. This includes NHS Board Local Delivery Plans and measures through General Medical Services (GMS).

In primary and secondary care settings

27. We will monitor the number of NHS Boards commissioning an enhanced service for alcohol misuse and the take up of services by those practices providing this enhanced service.
28. NHS QIS, in conjunction with The Scottish Trauma and Audit Group (STAG), are carrying out an audit of patients presenting in A&E departments with an alcohol component to their condition. This will develop a focus for statistical information and explore subsequent pathways to care beyond the A&E intervention.
29. We will consider and, if appropriate, introduce the recording of waiting times for access to alcohol services and ensure this forms part of a national accountability framework for alcohol services.
30. Working with NHS QIS, NES, STRADA and NHS HS, we will ensure that both the SIGN and HTA guidelines are translated into a series of priority actions for use by health professionals in the delivery of primary and secondary care services.

- 
31. We will develop a research project to assess the impact of alcohol interventions on the overall *Keep Well* Programme target group.

In the community

32. **We will pilot, in 2007/2008, a telephone based brief intervention service that will aim to apply the principles of the SIGN guideline, opportunistically identifying harmful or hazardous drinkers at an early stage, and providing appropriate support.**
33. **We will commission research into practices used for capturing data on problem drug and alcohol use in pregnancy to improve methods for data capture, input and reporting. Report anticipated July 2007.**
34. We will strengthen links between alcohol and mental health in relation to wider substance misuse issues, developing guidance for joined-up services by spring 2007.
35. We will support and evaluate a pilot project in Dundee, exploring how services can best meet the multiple and complex needs of women (and their children) affected by substance misuse (including alcohol) and domestic abuse.
36. We will support and evaluate a pilot project in the deprived areas of Renfrewshire, East Renfrewshire and Inverclyde, exploring how services can best meet the multiple and complex needs of deaf people with alcohol problems by developing specialist counselling services for this severely disadvantaged group.
37. We will explore whether the pilot study looking at Drinking Interventions in Pharmacies can be rolled out nationally as a future activity within the scope of the public health service element of the new community pharmacy contract.
38. We will raise the profile of the Drinkline service by working with partner agencies to feature the telephone helpline number on all “topic specific” alcohol publications in Scotland as well as on a national Scottish alcohol information website.
39. We will support ADATs, AFS and others in raising the profile of alcohol agencies and issues amongst equality and diversity groups.
40. We will work with partners to develop and implement a strategy for the provision of places of safety within Scotland.
41. We will ensure that ADATs work with Jobcentre Plus, the Scottish Centre for Healthy Working Lives and NHS Condition Management Practitioners in supporting people with alcohol problems, who want to and are able to, to find employment or return to work.
42. We will explore how local Councils on Alcohol can be more fully utilised in the delivery of harm prevention and reduction programmes at local level.



GETTING THE FRAMEWORK RIGHT

Structures

43. **We are undertaking a stock-take of ADATs to assess their performance to date and their capability to deliver Ministerial priorities on drugs and alcohol. This should establish a firm evidence base, using the principles of best value, to determine the future mechanism for effective local action to deliver national priorities. The stock-take will be completed by May 2007.**
44. We will work with NHS HS and NHS Boards to further refine the operational and strategic relationship between ADATs and Community Health Partnerships (CHPs).
45. We will ensure NHS Board delivery plans reflect the links between alcohol problems and homelessness and monitor the implementation of Health and Homelessness Standards.

Information and evaluation

46. We will work with partners to develop a national accountability framework for alcohol services in Scotland.
47. We will work with the National Alcohol Information Resource at ISD to provide key statistics and information on alcohol use and problems.
48. We will develop a range of indicators to help assess the progress made in changing alcohol cultures and tackling alcohol problems as well as developing specific evaluation arrangements in relation to the delivery of services.
49. We will publish an alcohol research programme in early 2007 and will consider best practice from home and abroad that can inform future policy and service delivery.

Training

50. **We will work with partners to develop a co-ordinated national drugs and alcohol workforce development strategy by late 2008, and develop an implementation plan for the strategy by spring 2009.**

1. Tackling alcohol problems

Introduction

- 1.1** The *Plan for Action on Alcohol Problems (2002)* heralded a new, integrated approach to reducing alcohol-related harm in Scotland. Whilst acknowledging the positive aspects of alcohol, the plan set out to tackle the harmful effects of problem drinking in our society with a particular focus on reducing excessive and harmful drinking by children and young people. Alcohol problems can be both immediate, for example acute intoxication, injuries, assault or violence that can be associated with a single bout of excessive drinking, or longer term, such as alcoholic liver disease or mental health problems associated with the cumulative effects of excessive consumption including alcohol-related brain damage, depression, anxiety, suicide, risk-taking behaviours, personality disorders and schizophrenia.

Progress since 2002

- 1.2** The Executive and partner organisations have taken forward a significant programme of change since the plan was published. The Scottish Parliament has approved a new Licensing Bill which will update our outdated licensing laws, implemented national communications campaigns to start to change attitudes to excessive drinking, established a National Alcohol Information Resource, developed Health Technology Board for Scotland (HTBS) and SIGN guidelines and published a support and treatment services framework to assist local service planners. Local ADATs have identified and implemented actions to help address local priorities and we have allocated £13 million over 2005/06 and 2006/07 to support local alcohol treatment, support and prevention activities. The legislation introduced on smoke free public places now also offers the opportunity to further promote environments that encourage responsible drinking.

Structure and approach

- 1.3** This update retains the broad structure of the original plan although it does not include specific actions under the heading of culture change. This reflects the belief that real culture change requires integrated and sustained action across all pillars of the plan: protection and controls, prevention and education, and the provision of services.
- 1.4** The updated plan provides an overview of the key actions that will be taken to tackle alcohol problems over the next three years. It builds on the analysis and actions of the original Plan for Action; links in to the partnership agreement with the alcohol industry; and also incorporates the Partnership Agreement commitments – the document setting out the principles that guide the current Scottish Labour and Liberal Democratic coalition government in developing and implementing policies for Scotland – to support the establishment of Youth CAFEs, review the impact of alcohol problems across Scotland and double the resources allocated to alcohol treatment and rehabilitation. In so doing, it offers a comprehensive range of actions aimed at improving Scotland's health by changing drinking cultures and reducing alcohol-related harm. It will be supported by a detailed delivery plan which will enable Scottish Ministers and the Scottish Ministerial Advisory Committee on Alcohol Problems (SMACAP) to monitor progress, ensure delivery of each of the high level actions and review their impact and effectiveness.



2. Our challenge

Introduction

- 2.1** Alcohol has always played an important part in Scottish society. Whisky is exported all over the world, whilst here at home, we enjoy alcohol on a broad range of social occasions and are proud of our reputation for the quality of our hospitality. However, although the majority of people in Scotland enjoy alcohol without causing harm to themselves or to others, alcohol continues to cause short and longer term health problems. Excessive drinking is increasingly common and is often associated with a range of antisocial behaviours and risks to public health.
- 2.2** There is also a clear social inclusion aspect to problematic alcohol consumption, with excessive drinking contributing to the persistent health inequalities within Scottish society. For the individuals concerned, alcohol misuse can lead to relationship breakdown, loss of employment and a fall into poverty, mental ill-health, social isolation and a range of other related negative impacts. This update to the original action plan must therefore be seen within the context of our *Closing the Opportunity Gap* approach to tackling poverty and disadvantage, which seeks to tackle health inequalities, break the inter-generational cycles of deprivation and ensure that support targets those most in need.

Alcohol consumption

- 2.3** Alcohol consumption is continuing to increase across Scotland, with alcohol estimated to have been 54% more affordable in 2003 than in 1980 because of increased disposable income (*Alcohol Statistics England 2004*). Between 1980 and 2004, the number of liquor licences in Scotland has increased by 23% and we have seen the emergence of the 'superpub' which can accommodate 300-400 people under one licence. Off-sales have also grown steadily with an increase of 25% in off-sales licences between 1980 and 2004 (*Liquor Licensing in Scotland, 1999-2004*).
- 2.4** In 2003, in Scotland 29% of men and 17% of women aged 16-74 years reported exceeding weekly sensible drinking limits (Scottish Health Survey 2003). There has been a 54% increase in reported drinking by 15 year olds and a 100% rise in drinking by 13 year olds since 1990. The most commonly reported sources of alcohol among pupils who reported that they usually drank alcohol at least once a week were shops (35%) and off licences (29%), (*Scottish Schools Adolescent Lifestyle and Substance Use Survey, 2004*).

Economic impact

- 2.5** Alcohol-related industries are estimated to employ around 155,000 people (6% of total employment in Scotland) though not all of these jobs are directly reliant on alcohol revenue. Of these, 10,000 people are directly employed in alcohol production and the remaining numbers are located in secondary alcohol enterprises. In 2003, alcohol exports from Scotland were worth £3.3 billion, with £2.6 billion being exported outside of the United Kingdom. At UK level, alcohol taxes account for 7% of total Customs and Excise revenue (*Alcohol: Costs and Contributions to Enterprise in Scotland, 2005*).

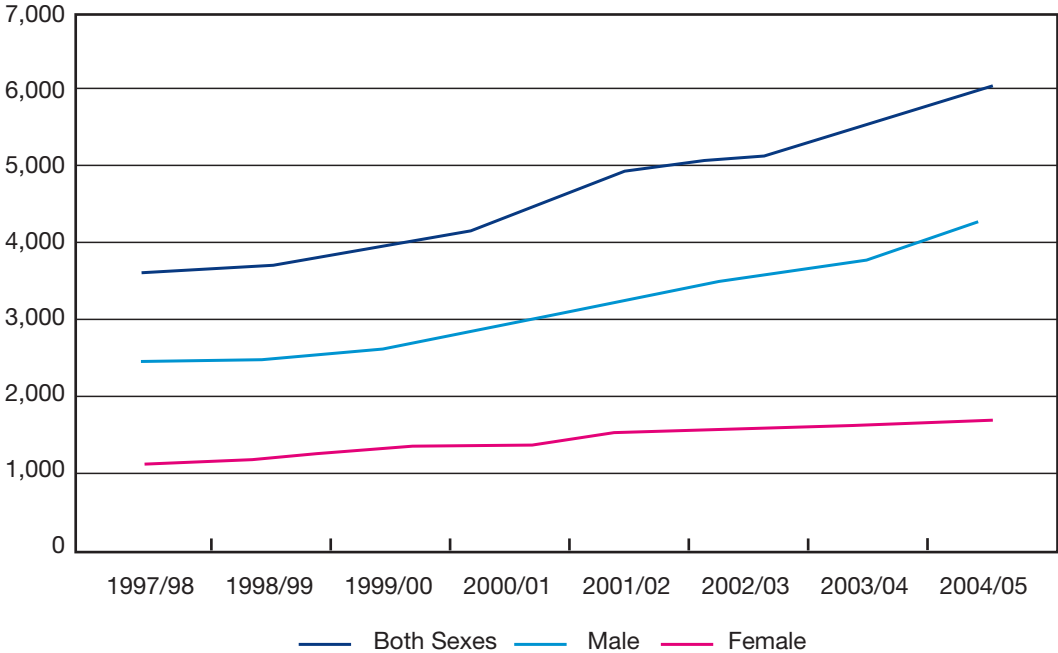
2.6 However, alcohol can also have a negative impact on the Scottish economy. The 2004 update to the Executive’s 2001 report, *Alcohol Misuse in Scotland Trends and Costs*, estimated an economic cost of £418 million from a reduction in output and productivity if people are prevented from working and if people of working age die prematurely from alcohol-related illnesses; and a further £484 million pa in public services. It has been further estimated that “presenteeism”, a reduction in work performance as a consequence of alcohol problems, might represent a cost of £154 million to the Scottish economy.

Health impact

Alcohol-related disease

2.7 Although there is evidence to suggest that moderate alcohol consumption is compatible with a healthy lifestyle, over 31,000 people in 2004/05 were admitted to a general hospital with an alcohol-related diagnosis. This represented 4% of all general hospital patients in that year. Alcohol problems cut across all social groups, but there are clear links with inequality. People from the most deprived areas are five and a half times more likely to be admitted to hospital with an alcohol-related diagnosis than those from the most affluent areas (using the Scottish Index of Multiple Deprivation). There was a 52% increase in the number of people discharged from general hospitals for alcohol-related liver disease between 1997/98 and 2004/05 whilst in 2001/02 almost one in six patients discharged from psychiatric units had an alcohol-related diagnosis (*figures have been updated from Alcohol Statistics Scotland, 2005*).

Figure 2.1 Admissions due to alcohol-related liver disease in Scotland, 1997-2005p

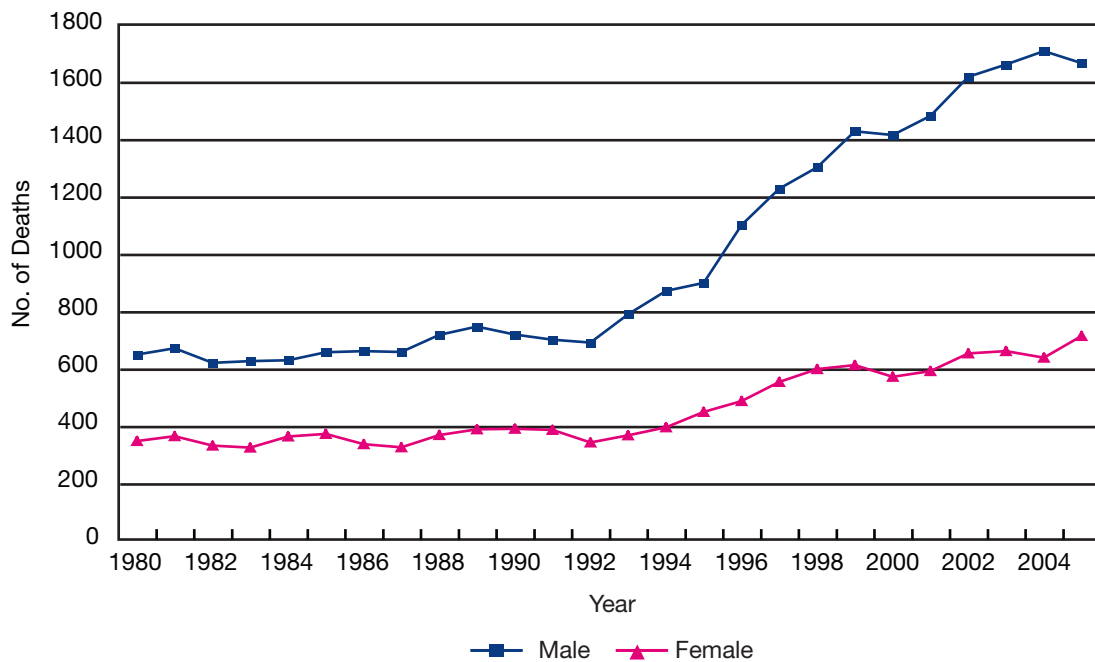


Source: Scottish Morbidity Record 01 p = provisional



2.8 There were 2,372 alcohol-related deaths in Scotland in 2005, an increase of 72% since 1995. Men living in the most deprived areas are six times more likely to die an alcohol-related death than those in the least deprived areas.

Figure 2.2 Alcohol-related deaths by gender in Scotland, 1980-2005



Source: General Register Office for Scotland

Alcohol and mental health

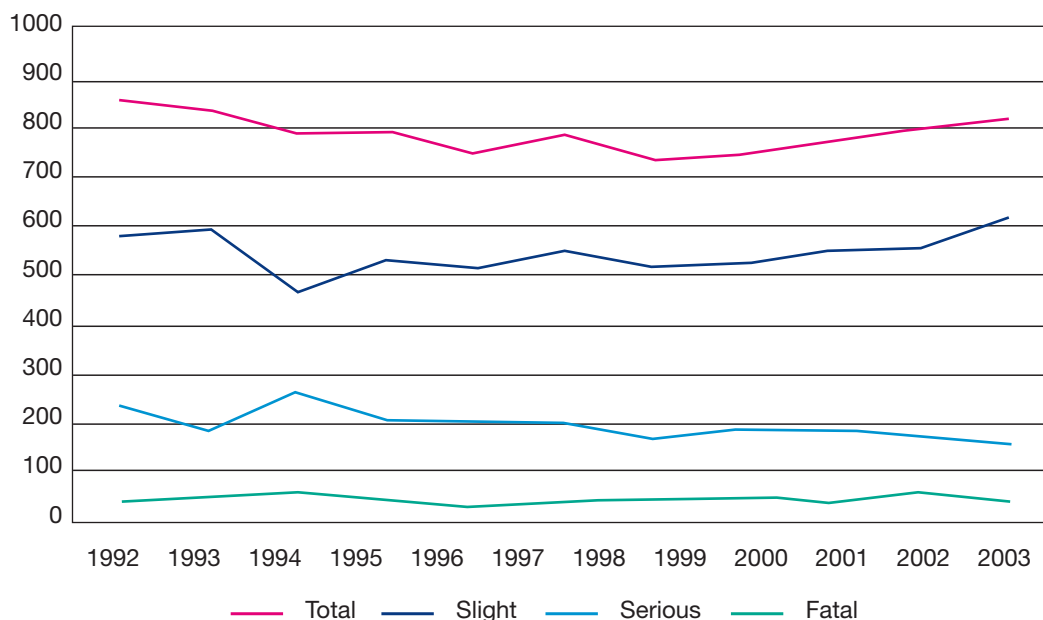
2.9 There are significant links also between reported alcohol use and mental illness. As many as 65% of suicides have been linked to excessive drinking; whilst 70% of men who take their own lives have drunk alcohol before doing so and almost a third of suicides amongst young people are committed while the person is intoxicated. Evidence also shows that anxiety and depressive symptoms are more common in heavy drinkers and also that heavy drinking is more common in those with anxiety and depression. There is also evidence that abusing alcohol results in a greater risk of developing acute, severe and enduring mental illness. (*Cheers – understanding the relationship between alcohol and mental health: Mental Health Foundation, April 2006*).

2.10 There is also a difference between social drinking and the use of alcohol as a coping mechanism. There is evidence that people use alcohol as a means of trying to escape from day to day problems and stresses instead of dealing with the underlying causes. This puts people’s mental health and well-being at risk (*Cheers – understanding the relationship between alcohol and mental health: Mental Health Foundation, April 2006*).

Social impact

- 2.11** Many of us will have witnessed or been caught up in the antisocial behaviour which can follow from the worst excesses of Scotland's drinking culture. In 2003, 4 out of 5 people in Scotland thought that "alcohol abuse" was a serious issue (Scottish Crime Survey). There is an association between alcohol and domestic abuse, whilst in 1999, almost two thirds (72%) of the victims of assault who could tell, thought that the perpetrator was under the influence of alcohol (*Alcohol Statistics Scotland, 2005*).
- 2.12** Although there has been no clear trend in drink drive offences over the past decade, in both 2002 and 2003 there were an estimated 50 people killed as a result of drink driving in Scotland. An estimated 750 accidents with 1,130 casualties resulted from drink driving in Scotland in 2003, an increase in serious casualties and a decrease in slight casualties from 2002. It should be noted however that the 2002 figures represented the highest estimated number of drink drive accidents and casualties since 1993 (*Alcohol Statistics Scotland, 2005*).

Figure 2.3 Accidents which involved motor vehicle drivers or riders with illegal alcohol levels by severity of accidents in Scotland, 1992-2003.



Source: Road Accidents Scotland 2003

- 2.13** Alcohol has been a major factor in fatal fires in recent years. In 2002/03, of the 84 people who died in Scotland as a result of fire, excessive alcohol consumption contributed directly in 32 (38%) and indirectly in a further five (6%), (*Alcohol Statistics Scotland, 2005*).



3. Changing alcohol cultures

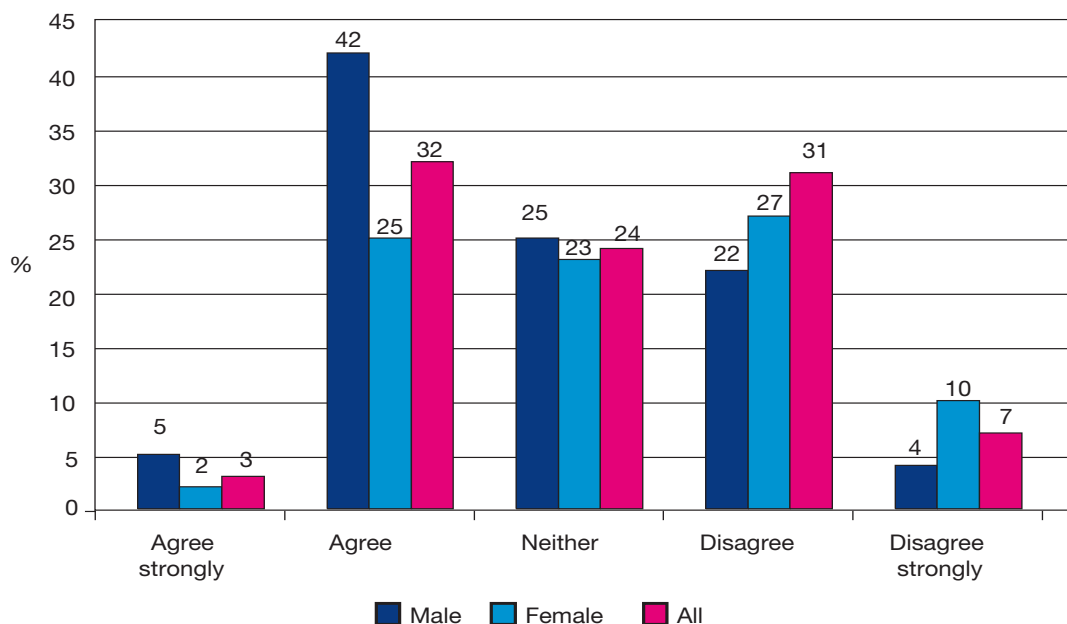
Introduction

3.1 The original *Plan for Action on Alcohol Problems* (2002) defined culture as “the way we view things and do things around here”. It acknowledged that there is no single culture surrounding drinking in Scotland, arguing that there are differences between age groups, genders, ethnic and religious groups and urban and rural areas. These cultures can have positive points such as the association of drink with many social occasions but also worrying aspects such as the perception that alcohol is needed to relax, the stigma attached to seeking help for alcohol problems, a lack of personal responsibility for alcohol-related behaviour or a tendency to excuse the negative consequences of drink such as hangovers or argumentative behaviour. This plan provides a framework of action to accentuate the positive and tackle the negative aspects of these cultures. It aims to bring about sustainable changes in drinking behaviour across Scotland in order to improve health and reduce alcohol-related harm in our society.

Drinking cultures in Scotland

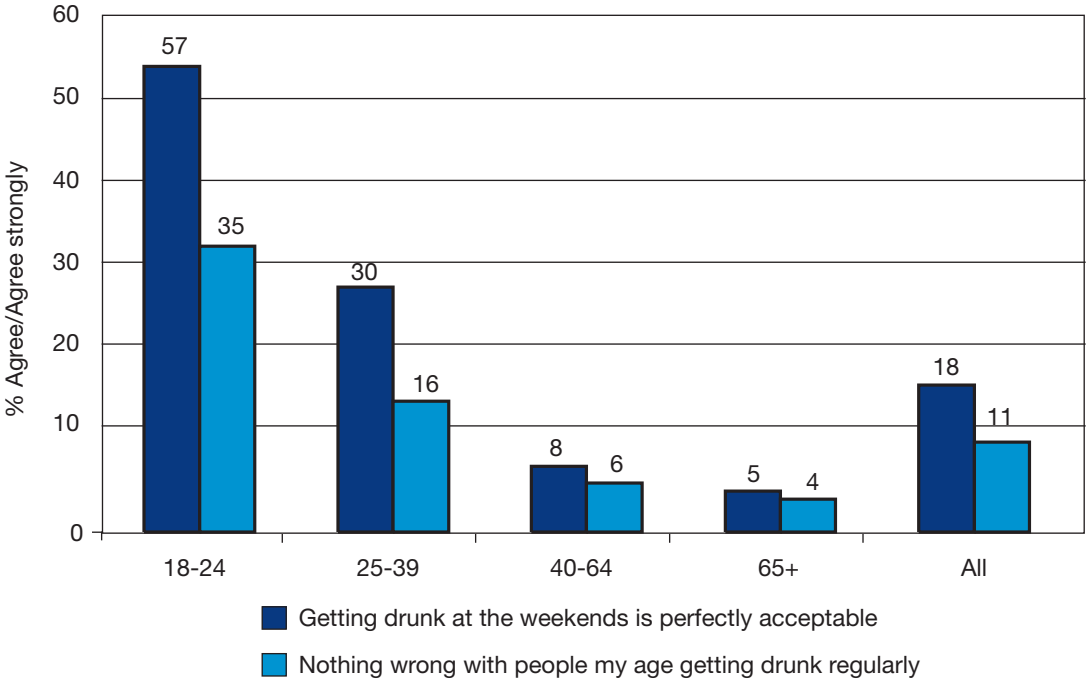
3.2 The two principal sources of evidence used to assess and understand Scotland’s alcohol consumption habits are the General Household and Scottish Health surveys. In an effort to gain insights into the attitudes towards alcohol that prevail within Scotland, the Executive sponsored a module on alcohol as part of the 2004 Scottish Social Attitudes Survey. Whilst a majority of respondents to the survey believed that the misuse of alcohol causes harm to our society, two thirds agreed that alcohol is part of a “Scottish way of life”. Alcohol is viewed as a “social lubricant”, with 35% agreeing or agreeing strongly that “It’s easier to enjoy a social event if you’ve had a drink”. This belief rises to 47% amongst Scottish men.

Figure 3.1 “It’s easier to enjoy a social event if you’ve had a drink”



3.3 The survey revealed that “getting drunk” attracts more stigma than acceptance across Scottish society as a whole, but suggested big differences in attitudes to getting drunk between different age groups. Figure 3.2 shows that while overall just 18% of respondents agreed that getting drunk at the weekends is acceptable, this figure rises to 57% among 18-24 year olds. Similarly, 35% of 18-24 year olds agree that there is nothing wrong with people their age getting drunk regularly, compared with just 4% of respondents aged 65 or older. Younger people, it appears, are much more accepting of “getting drunk” in general, and of drinking excessively at the weekends in particular. Attitudes towards getting drunk also differ between the sexes, with men being more likely than women to agree that getting drunk at the weekend is perfectly acceptable (23% compared with 14% of women) and that there is nothing wrong with people their age getting drunk regularly (14% of compared with 9% of women).

Figure 3.2 Agreement with statements about getting drunk, by age



3.4 Chronic drinking is viewed as a much more likely cause of serious long-term health damage, although a majority of respondents (86%) also think that excessive drinking, i.e. drinking above recommended limits is at least “fairly likely” to damage health. Younger people are less likely than older people to think that excessive drinking will have long-term health effects. People are most likely to recommend that a chronic drinker see a doctor for help, while they are most likely to think that someone who drinks more than the recommended limits should talk to family and friends. This provides support for the view that chronic drinking is more likely to be viewed within a “medical model”, while bouts of excessive drinking are seen as a social problem.

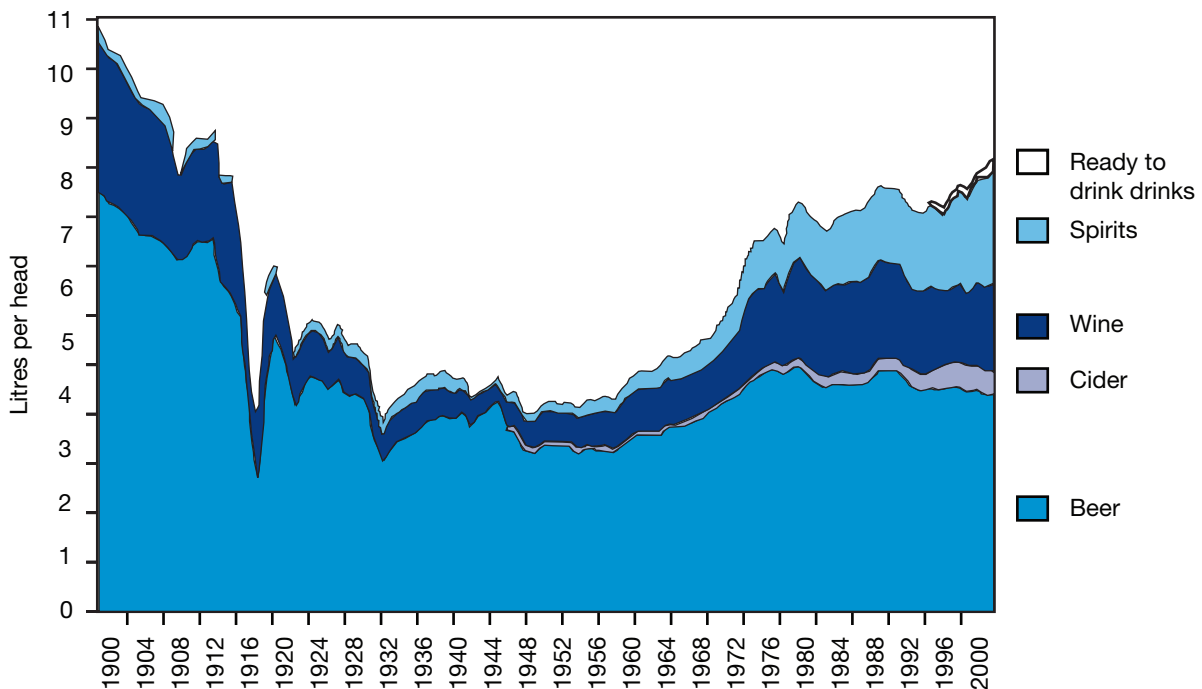


The historical perspective

3.5 Alcohol problems are nothing new. Drinking habits may have changed as we moved from the gin palaces of the eighteenth century to the designer bars of the present day but alcohol has remained a constant feature of our social and cultural life. Similarly, there has long been pressure on governments to reduce alcohol-related harm, be that the politically powerful temperance movement in the twentieth century or the growing social awareness and political consensus in the modern world of the need to tackle the antisocial behaviour that has come to characterise excessive drinking in our towns and cities.

3.6 Since the middle of the last century, levels of alcohol consumption right across the United Kingdom have been rising. Alcohol has become more affordable, more freely available and been marketed more attractively since the end of the Second World War.

Figure 3.3 UK consumption of alcoholic drinks per head of total population

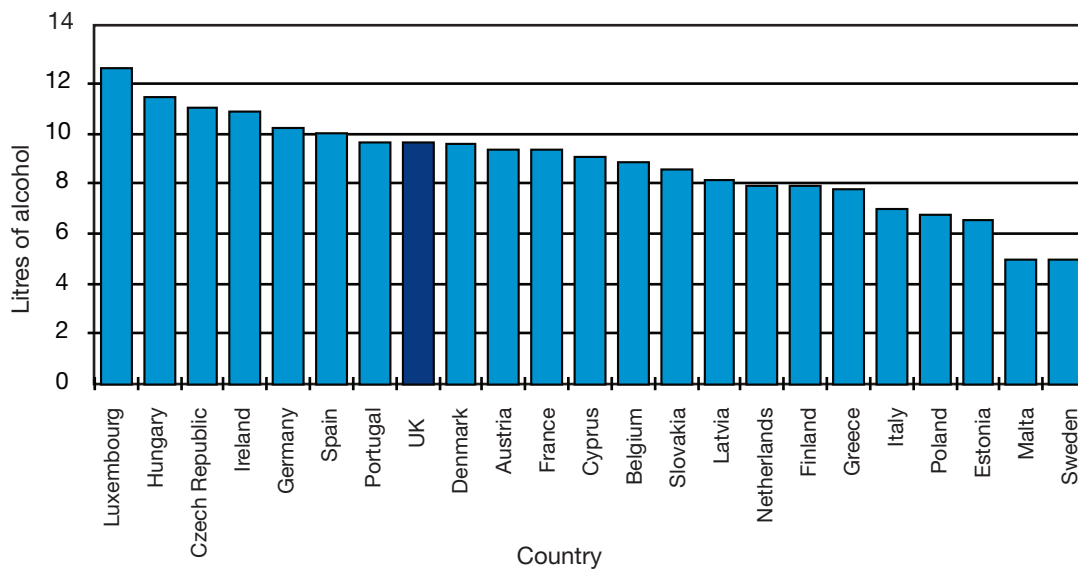


3.7 The volume of alcohol consumed in the UK has risen steadily over the past 40 years from around 4.5 litres in the 1960s to around 9.5 litres per head of population in 2002. The greatest growth is in cider consumption, which doubled in the 1990s. (*World Drink Trends WARC, 2004*).

International perspective

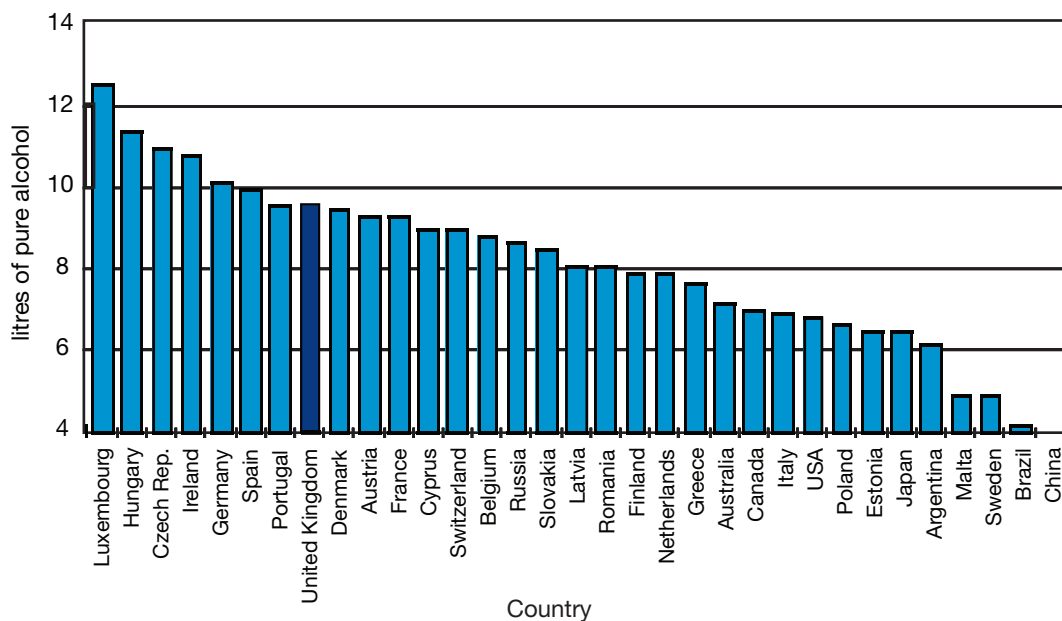
3.8 In 2003, the UK ranked 7th out of 23 EU countries for alcohol consumption and also 7th in the world.

Figure 3.4 EC consumption per capita of pure alcohol, 2003



Source: HM Revenue and Customs Alcohol Factsheet 2005

Figure 3.5 World consumption per capita of pure alcohol, 2003



Source: HM Revenue and Customs Alcohol Factsheet 2005



3.9 Although this chart suggests that we are a mid ranking country in terms of alcohol consumption, our consumption is continuing to rise whilst consumption in countries such as France and Italy is now falling. If present trends continue, the UK will rise to near the top of the consumption league within the next 10 years. Furthermore, despite the partial convergence of European and Northern European drinking cultures, Scotland and the UK as a whole continue to display drinking patterns where episodes of excessive drinking are more common than in other European countries.

Approach

3.10 Our long-term aim is to create a culture in which the safe and sensible consumption of alcohol is recognised as a component of a healthy lifestyle. We want to see a society in which people are free to enjoy themselves and, if they wish, to use alcohol in responsible ways, in order to further that enjoyment. Responsible citizenship demands that we treat alcohol with respect and recognise the damage that it can cause. We want to establish a culture of responsible drinking in which people set out to have a good time rather than to get drunk for the sake of getting drunk.

3.11 Accurate information is needed to help people make informed choices about alcohol. But information is only one factor influencing behaviour. Our various drinking cultures can be shaped by amongst other things, our immediate environment, images portrayed in the media, the availability of alcohol, and the attitudes and expectations of those around us. If individuals are to make responsible choices it is important that we go beyond the provision of information to consider how to create social environments which discourage the attitudes and behaviours which lead to harm and support long-term sustainable behaviour.

3.12 This plan sets out action to:

- promote healthy lifestyle choices and the role of moderate and appropriate alcohol consumption within such choices;
- work with partners to support such lifestyles by restricting the availability of alcohol to under age groups, adopting responsible marketing and sales strategies and ensuring an appropriate balance between supply and demand;
- challenge some of the social norms that surround the excessive use of alcohol and work with the media against the overt glamorisation of alcohol, particularly links to sexual, social and sporting success;
- help individuals to recognise the physical and mental health consequences of their drinking by supplying an appropriate range of information and to encourage and support individuals to seek appropriate treatment, care and support;
- positively reinforce the social norms which support responsible drinking and make it clear that drinking behaviour that goes beyond such choices is not normal behaviour and that it carries enormous risks for the health, reputation and enjoyment of the individual concerned; and
- ensure that families, friends and communities are protected from the unacceptable consequences of the irresponsible promotion, sale and consumption of alcohol.

Partnership working

3.13 Culture change requires a sustained and long-term effort. It requires action from a range of partners and it cannot depend on a single solution, however attractive that might sound. Partnership working has already proved its worth in the development of the Licensing Bill and the way in which ADATs have been successful in integrating the actions of local agencies in the delivery of local alcohol plans. Our ambition now is to go further and:

- engage and persuade individuals with an interest in, or experience with alcohol problems to become actively involved in community action, local licensing forums and programmes of prevention, treatment and care, and to support local authorities in using byelaws to clamp down on the nuisance that can be caused by drinking in public places;
- encourage the alcohol industry and licensed trade to build on previous work to promote responsible drinking and improve service standards and become more involved in national and local initiatives to restrict inappropriate supply and protect individuals, families and communities from alcohol-related harm;
- reflect the sharp rise in off-sales by developing partnerships to encourage responsible retailing and home consumption with supermarkets, other retail chains and small, independent outlets;
- work with Scottish employers in the private, public and voluntary sectors to develop responsible alcohol policies, ensure workplace health and safety and promote the health of their employees;
- work with the UK Government to take action on critical issues legislated for at a UK level; and
- listen to, and learn from, the views and experiences of service users; and – encourage all of us, as responsible citizens, to consider our own attitudes and behaviours, both in the ways in which we use alcohol and the ways in which we act towards those who have or are suffering from alcohol problems.

Improving Health in Scotland – The Challenge

3.14 This updated plan places action on alcohol problems firmly within the mainstream of the Executive's programme to reduce health inequalities and deliver a more rapid improvement in Scotland's health. The Executive's *Improving Health in Scotland – The Challenge*, published in March 2003, provides the framework for this action and identifies tackling alcohol problems as one of its key activity programmes. In doing so, it provides a framework in which this plan can be delivered in conjunction with activity to promote other healthy lifestyle choices on issues such as diet, smoking, physical activity and mental health and well-being.

3.15 The Smoking, Health and Social Care (Scotland) Act (2005) introduced smoke free public places across Scotland. This offers us an opportunity to further improve the environments in which alcohol is consumed and in turn instil a more responsible approach to the drinking culture in Scotland.



4. Protection and controls



Aim:

- To reduce excessive drinking and harm to health.
- To reduce crime, nuisance and fear of crime relating to alcohol.

Key actions to date

- **New Licensing Act passed by Parliament following the work of the Nicholson and Daniels Committees.**
- **Training in responsible serving practice provided to a further 7,145 people in the licensed trade through the AFS ServeWise programme.**
- **New legislative framework to tackle antisocial behaviour.**


Licensing law

4.1 The Licensing (Scotland) Act was passed by Parliament on 16 November 2005 and has now been given Royal Assent. The new Act will reform Scotland's outdated licensing laws and is underpinned by five licensing objectives:

- preventing crime and disorder;
- securing public safety;
- preventing public nuisance;
- protecting and improving public health; and
- protecting children from harm.

4.2 The Act provides a platform to tackle both excessive drinking and underage drinking. There is a statutory presumption against 24 hour opening (except in exceptional circumstances) and tough action on irresponsible promotions in on and off sales. This includes, for on-sales, a ban on specific promotions such as "two for one" offers and promotions which encourage "speed drinking"; and a policy which ensures drinks have to be sold at the same price for a minimum of 72 hours. Licensing Boards will carry out new over provision policies, designating areas as "over provided for" if they are considered to have too many licensed premises or too many licensed premises of a certain kind. The Act places an emphasis on mandatory server training which will be specifically monitored by new Licensing Standards Officers.

4.3 In supporting the efforts to tackle underage drinking the Act requires all licensees to operate on a "no proof no sale" basis and on-sales premises that wish to allow access by children will be required to set out their plans for approval by the Licensing Board. In addition, offences related to under age drinking have been overhauled and updated.

- 
- 4.4** Currently, the licensing laws do not provide an effective mechanism for local communities' concerns to be heard. The Act ensures that communities will have an active role in commenting on and helping to develop local policy and that anyone who wishes to object to a licence application can do so.
- 4.5** The future success of this new legislation will be greatly determined by the preparatory approach adopted by the new Licensing Boards and Licensing Forums. It will be essential that these boards and forums – along with local ADATs, communities and stakeholders – are supported in ensuring the public health and community engagement opportunities are fully realised on the lead up to its implementation.

Antisocial behaviour

- 4.6** New powers in the Antisocial Behaviour etc. (Scotland) Act 2004 are helping police and other agencies deal with antisocial behaviour where it is a significant, persistent and serious problem. These include powers to disperse groups from designated areas, close premises which have become the focus of antisocial behaviour, and issue fixed penalty notices for a range of low-level antisocial offences including being drunk and incapable in a public place, refusing to leave licensed premises on being requested to do so and consuming alcohol in a public place where drinking is prohibited through bye laws.
- 4.7** The Antisocial Behaviour Act places a statutory requirement on each local authority and relevant Chief Constable to prepare a strategy outlining how they will deal with antisocial behaviour in their area. Guidance on preparing strategies advises that the consultation process for developing the strategy includes community bodies that represent people adversely affected by antisocial behaviour. During 2004-08, the Executive is providing £120 million to Community Planning Partnerships through local authorities, for community wardens and other community based initiatives to tackle antisocial behaviour. Community Planning Partnerships are required to set out measurable outcomes that will be achieved with Executive funding.

Supply side practice

Alcohol Focus Scotland ServeWise

- 4.8** The Executive has continued to support the AFS ServeWise programme which provides training in responsible serving practice to licensees, those working in licensed premises and Licensing Board members. In the three years from April 2002 to March 2005, the programme provided training in responsible serving practice to 7,145 licensed trade persons across Scotland and increased the number of centres registered to deliver its training to 67.



Age restricted sales

- 4.9** Action has also been taken to restrict under age sales of alcohol. The Scottish Retail Consortium have worked with Young Scot to develop guidance for retailers on how to avoid underage sales. The guidance details the law on age restricted goods and provides advice to shop staff on how to avoid confrontational situations. All young people in Scotland aged 12-24 are being offered the Young Scot sponsored entitlement card which bears the PASS hologram. The Executive has funded a Trading Standards Officer to raise awareness of the card and all retailers are being encouraged to accept only cards bearing the PASS hologram as proof of age. The Young Scot sponsored card will be acceptable proof of age under the Licensing Act's "no proof no sale" policy.

Test purchasing

- 4.10** In February 2005 the Lord Advocate revised prosecution policy to allow for the test purchasing of tobacco and other age restricted goods by young people under the age of 18. In September 2005, following discussions with the Association of Chief Police Officers in Scotland (ACPOS) and Scotland's Children's Commissioner for Children and Young People, the Lord Advocate indicated that he was satisfied, in principle, that test purchasing of alcohol by children and young people would be an effective means of enforcing the law in this area. An amendment was therefore made to the Licensing (Scotland) Bill at stage 3. The relevant section within the new legislation is section 105 of the Licensing (Scotland) Act 2005, which states that it is not an offence for a child or young person to buy or attempt to buy alcohol if he/she is authorised to do so by the chief constable for the purposes of determining whether an offence is being committed in relation to the illegal sale of alcohol to a person under 18 years of age.
- 4.11** The relevant provisions of the Licensing (Scotland) Act 2005 were commenced with effect from 1 June 2006 to make transitional provision for an alcohol test purchasing scheme now underway in Fife Constabulary. This scheme pilots the use of test purchasing as a means of enforcing the existing licensing arrangements as set out in the Licensing (Scotland) Act 1976; and the aim of the pilot will be to trial test purchasing arrangements so that common procedures and operating protocols are developed that ensure test purchasing for alcohol is carried out safely, fairly and effectively for use by Scottish Police Forces in a Scottish context.

Alcohol at sporting events

- 4.12** Representations were made during the development of the Licensing Bill seeking a relaxation of the alcohol controls which apply to designated sporting events and the designated stadia at which they are played. We have concluded that it would not be appropriate to relax these controls which were introduced to improve public order and safety and which have worked well. We consider that they continue to play an essential part in reducing alcohol-related disorder and the risk to public safety in and around these events.

Future priorities

4.13 Action to control the supply of alcohol is designed to complement and work in tandem with communication and other preventative activity aimed at changing the culture of excessive drinking and underage drinking. This will include work with:

- Licensing Boards to tackle the overprovision of licensed premises and restrict unacceptable commercial activities which encourage excessive drinking;
- the alcohol industry and trade to promote further the responsible serving of alcohol, tackle alcohol-related harm, reduce underage sales, prevent irresponsible promotions and consider whether marketing strategies, including packaging, labelling and branding, are contributing to the excessive drinking culture;
- local authorities to ensure that public byelaws are effective in dealing with nuisance drinking in public; and
- the UK Government in the context of the English Alcohol Harm Reduction Strategy to drive action on issues such as alcohol advertising, labelling, pricing and drink driving which have UK wide implications.

Specific actions:

In licensed premises

1. We will work with partners to support and extend the current test purchasing pilot on alcohol to all areas of Scotland in 2007.
2. Through the new licensing proposals, we will give Licensing Boards more power to control the spread of licensed premises and tackle both excessive and underage drinking by:
 - providing Licensing Boards with a power to refuse licence applications in areas where there are already too many licensed premises;
 - giving a far wider range of local people the rights and information to make objections and representations before a premises licence is granted;
 - endorsing and promoting a national “no proof no sale” initiative for Scotland and ensuring that all licensed premises operate a “no proof no sale” policy by including this as a mandatory standard national condition of licence;
 - introducing mandatory training for staff serving/selling alcohol and for personal licence holders;
 - requiring on sales licensed premises to consider the suitability of their premises for access by children and fulfil minimum national licence conditions where they wish to welcome children; and
 - taking action at national level to prevent irresponsible promotions in both on and off-sales premises.

The Licensing (Scotland) Act 2005 will be fully implemented by 2009.



3. We will work with partners, including the National Licensing Forum, to provide early guidance on the issue of over provision to help Licensing Boards tackle over supply.
4. We will continue to support the development of the new National Entitlement Card used in conjunction with Young Scot branding and the PASS proof of age logo.
5. The AFS ServeWise programme will aim to train a further 3000 people in responsible serving practice each year.

In the community

6. We will fund the appointment of a National Licensing Officer whose remit will be to support local Licensing Boards and Forums in ensuring the public health and community engagement opportunities, available under the new Licensing legislation, are fully realised in the lead up to full implementation.
7. We will combat alcohol-related crime and disorder, through the use of:
 - fixed penalty notices to over 16s for a range of offences associated with irresponsible use of alcohol;
 - new police powers to disperse groups and close or prohibit access to premises which have been the centre of persistent or serious nuisance or disorder, including licensed premises or drinking dens;
 - additional police powers under the Licensing Bill to close premises;
 - fixed penalty fines for low level drunk and disorderly behaviour;
 - mediation services to help resolve, for example, disputes around noise and other forms of antisocial behaviour;
 - targeted initiatives aimed at underage access and consumption of alcohol in hardest hit areas, through the Safer Scotland Anti-Violence Campaign; and
 - partnership working with the Violence Reduction Unit and local Community Safety Partnerships to deliver innovative solutions to alcohol-related violence and disorder.



With the UK Government

8. We will work at Ministerial and official level with the UK Government and, where appropriate, the European Union, to develop actions which encourage the promotion of responsible drinking and develop approaches to product labelling and address concerns about irresponsible advertising and marketing by the alcohol industry. This will include work on safer forms of glass, support for effective codes of conduct to govern marketing practice, the provision of consumer-friendly information on the health risks of excessive alcohol consumption and a review of the impact of pre-mixed drinks on the drinking habits of young people.



5. Prevention and education



Aims:

- To change unhelpful perceptions of, and attitudes to, alcohol in Scotland, offering realistic options and alternatives.
- To promote clear and consistent messages relating both to responsible alcohol use and alcohol problems.
- In the longer term to contribute to the aim of reducing alcohol consumption by some groups, reduce harmful drinking patterns and reduce specific risks relating to consumption such as hazards through work or sports.
- To develop a clear and coherent strategic approach to alcohol prevention and education activity in Scotland which addresses the needs of a variety of population groups in a range of settings such as educational settings, the health service, the workplace and the community.

Key actions to date

- Establishment of a national substance misuse communication group which facilitates stakeholder engagement in the development and delivery of national communication activities.
- Support for the Gender Issues Network on Alcohol (GINA) which came into existence through growing recognition of the increase in alcohol consumption amongst women and the subsequent associated health and social problems which they incur.
- Execution of national communications campaigns to start to change harmful attitudes to alcohol including the *Alcohol. Don't Push It* execution.
- Support for local communications activities delivered by the ADAT network.
- Production of a guide to help parents discuss alcohol with their children.
- Work by AFS and the National Union of Students (NUS) to promote responsible drinking in Scottish universities and colleges.
- Publication by the Mental Health Foundation of their report *Cheers?: Understanding the relationship between alcohol and mental health*.
- The development of a national suite of alcohol education leaflets addressing a range of issues related to alcohol and its consumption.
- Signing by the Minister for Health and Community Care of a Memorandum of Understanding with the Drinkaware Trust to establish an independent UK wide body with the objective to positively change public behaviour and to help reduce alcohol misuse and minimise alcohol-related harms.

Communications

- 5.1** Communications are an essential part of a wider programme of action to change Scotland's harmful drinking cultures. Our activity to date has focused on getting young adults to take responsibility for their behaviour when drunk and to think more about the negative effects. This has included a television advertising campaign which prompted its audience to consider "How Much is Too Much?", a high profile press and poster campaign around the slogan "Don't let too much drink spoil a good night out" and information about women and alcohol entitled *Get the Full Bodied Facts*.
- 5.2** The Executive has recently launched a new, integrated and long-term alcohol communications campaign, aimed at making individuals question the role they play in perpetuating the Scottish culture of drinking simply to get drunk. The overarching theme of the campaign – *Alcohol. Don't Push It* – is about acting responsibly and exercising personal choice in relation to the consumption of alcohol. It is about encouraging individuals to look after themselves and their friends by considering the potential consequences of having "just another drink" when they feel they have had enough, or encouraging their friends to do the same. The campaign includes a TV and cinema commercial; billboards; telephone helpline; website; and information leaflets.
- 5.3** The Executive's communications work has complemented the communications activity of NHS HS who have targeted 14 to 17 year olds through their "Think about it – alcohol" campaign, and the Portman Group's "If you do do drink, don't do drunk" campaign which targets 18 to 24 year olds. Responsible drinking messages are also part of the Dialogue Youth-Young Scot initiative which delivers co-ordinated services and information to young people and promotes active citizenship.
- 5.4** Schools, in partnership with the home and community, make a difference to the health behaviours of young people. By 2007 every school in Scotland will participate in delivering Integrated Children's Services thereby providing opportunities to promote healthy attitudes to alcohol amongst young people. 94% of schools are now providing alcohol education as part of substance misuse education in line with national advice. Significantly, 60% of secondary schools in Scotland have ordered a copy of 'Streetwise', a new interactive classroom resource on alcohol, published in May 2006 by The Drinkaware Trust, compared to 43% for the UK as a whole. The Institute for Social Marketing at the University of Stirling have undertaken a large scale evaluation of the effectiveness of school substance misuse education; and the findings of this work will be used to inform future content and delivery of alcohol education.
- 5.5** The Portman Group – together with all the Devolved Administrations, the Department of Health and the Home Office – have launched the new Drinkaware Trust, to be funded by the industry but independently governed. The Trust will provide a mechanism for government-industry partnership on public education campaigns, and will offer a resource base and partnership mechanism for the Executive to pursue strategies and plans of action to combat alcohol-related harms.
- 5.6** To complement this work the Scottish Executive is involved in a long-term partnership with the alcohol industry to identify and implement activities to reduce alcohol-related harm, via joint action.



Positive alternatives

- 5.7** Developing targeted education, prevention and rehabilitation services for children affected by alcohol or drug misuse is a priority of the Changing Children's Services Fund which amounts to £65.5 million in 2005-06. A significant number of local authorities and their planning and service delivery partners in health and the voluntary sectors have developed integrated services for children targeting substance misuse. Some of these services are localised in particular communities, e.g. a named school while others operate on an authority wide basis.
- 5.8** The Executive has established a funding partnership with Lloyds TSB Foundation for Scotland – the Partnership Drugs Initiative – to support voluntary organisations working with children and young people affected by substance misuse. Over £10 million has been committed to the programme from four funding partners. The Scottish Executive has committed £4 million in total (£750,000 for the current financial year, 2006-07).
- 5.9** To date, the Partnership Drugs Initiative has provided 126 grants totalling in excess of £9 million to 96 projects throughout Scotland. 20 out of 21 ADAT areas in Scotland have received funding to develop services in their local areas. 32% of funding has been awarded to projects helping children affected by parental substance misuse and 68% has been awarded to projects helping children and young people who have developed their own, or are at risk of developing their own, substance misuse problem.
- 5.10** One reason often cited for underage drinking is a lack of positive and affordable alternatives. Substantial investment is being made available to expand the provision of diversionary activities for young people. We allocated £10 million during 2004-06 for a Local Action Fund to support community based projects for young people. The fund was subsequently extended and a further £10 million was made available for 2006-08.
- 5.11** The Fund, which is being administered by Community Safety Partnerships, is supporting a range of local activities, including improving local community facilities, buying sports or leisure equipment and running clubs or activities to divert young people away from crime and antisocial behaviour.
- 5.12** Alcohol-related violence and disorder is a key issue for community safety in Scotland. The majority of Community Safety Partnerships will either state it directly as a priority issue or refer to the subject indirectly through workstreams such as anti-social behaviour, youth diversionary activity or reducing violence. In addition, alcohol is raised as an issue in terms of accident presentation, road and home safety. The Scottish Executive provides £4 million a year for a Community Safety Partnership Award Scheme across all 32 Community Safety Partnerships to support a range of community safety activities, including those relating to alcohol and its effects.
- 5.13** We have made available £12 million per annum during 2003-07 to support the Active Schools Programme which supports the Health Promoting Schools concept by aiming to increase participation in sport and physical activity. This is in addition to the £87 million being provided for sport and physical education in Scottish schools through the New Opportunities Fund.

5.14 Youth CAFEs in Action was a three-year pilot project, developed by the Prince's Trust and their partners in 1999 to provide safe meeting places for young people in the Highlands and Islands. There are now youth CAFEs in all ADAT areas and the Executive's Partnership Agreement gives a commitment to continue to support these facilities and other alcohol free activities for young people. This support includes the development of guidance on setting up and running youth CAFEs which has already been developed in conjunction with the Prince's Trust.

5.15 Critically, what is important is that young people's views are used to inform development of national alcohol communication messages. Young Scot are already represented on the National Substance Misuse Communications Group; and it is proposed that through this and the Dialogue Youth forums, strategies are developed, as appropriate, for engaging with Young Scot members and for ensuring the national entitlement card – sponsored by Young Scot – is used effectively to incentivise young people to adopt responsible consumption behaviours when out socialising with friends.

Future priorities

5.16 This plan retains the focus on promoting the cultural shift away from excessive drinking and helping more Scots to adopt a responsible approach to alcohol. It also recognises the blurring of traditional age boundaries and the need to focus preventative work at social groups other than young people. These aims will be achieved by:

Generally

- implementing a communications strategy which questions the role peer pressure plays in terms of influencing consumption behaviours; and promotes positive lifestyles and choices in a relevant, appealing and creative way;
- ensuring that people have access to information, support and advice that might be required to help them make and sustain healthy choices; and

In schools, workplaces and the community

- challenging the cultural acceptability of excessive drinking, by focussing attention on the short and long-term consequences of going beyond recommended consumption limits and focusing on activities which are incompatible with drinking alcohol, such as driving;
- engaging with young people to help them identify solutions to drinking problems;
- working with the Scottish media to challenge stereotypes, promote responsible drinking and provide a more balanced portrayal of alcohol and alcohol problems;
- fostering social and working environments which support healthy choices;
- promoting healthy attitudes to alcohol amongst young people through every school in Scotland participating in delivering Integrated Children's Services by 2007;
- supporting the development of 3rd party voices that cultivate the alliance for change and who challenge Scotland's damaging alcohol culture; and



In licensed premises

- working with the alcohol industry and licensed trade to tackle the irresponsible promotions which can encourage excessive drinking and to curb the blight of anti-social behaviour often associated with the irresponsible consumption of alcohol.


Specific actions:

General information and communication

9. We will complete a national suite of publications on the short and long-term consequences of drinking alcohol by mid 2007. This will include information on the health risks associated with excessive drinking, alcohol and the law and recognising alcohol problems in yourself and others.
10. We will extend successful measures from the AERC funded culture change pilot in Glasgow to other areas of Scotland by December 2007.
11. We will continue to work with partners to implement a national communication strategy to tackle alcohol problems and promote healthy living in Scotland, as part of wider health improvement communications activity. This will include action to promote responsible drinking; challenge societal attitudes towards the consumption of alcohol; question the responsibility individuals have in terms of influencing consumption behaviours both for themselves and their friends; highlight the stigma experienced by people with alcohol problems and their families; target adults who purchase alcohol for under 18s; develop messaging highlighting it is never too late for intervention and recovery; and raise awareness of the risks associated with heavy drinking (e.g. accidents, fighting, assault, unsafe sex, mental ill-health, suicide).
12. We will publish an annual programme of work setting out the aims and objectives of national communications work for the coming operational year and how this will link with local communications activity. The strategy will set out how Executive action will integrate with local ADATs and the communications activity of NHS HS, SDF, AFS and the Drinkaware Trust.
13. We will work with partners across the UK to consider the best available research evidence about the relationship between drinking, smoking and drug use by young people and use this learning in our approach to future prevention, education and communications activity.
14. We will continue to provide publicity support for drink driving enforcement campaigns undertaken by Scotland's police forces through the Scottish Road Safety Campaign, and seek ways of better integrating these critical safety messages within our broader alcohol communications strategy.

In schools, workplaces and the community

15. We will use the Executive commissioned evaluation of effectiveness of drugs education in Scottish schools to develop an alcohol education programme as part of a wider, robust substance misuse education programme for schools.

- 
16. We will continue to promote the development of Youth CAFEs and other diversionary initiatives for young people, for the duration of this plan.
 17. We will work with the Scottish Centre for Healthy Working Lives to provide guidance to employers on developing and implementing effective alcohol policies.
 18. We will pilot a media literacy programme in schools to help young people critically appraise information from different media sources; and this work will be taken forward as part of the overall response to the research findings on substance misuse education programmes delivered in the school setting.
 19. We will work with representatives of Scottish retailers in order to explore how we can ensure the responsible marketing of alcohol in the off-sales environment.
 20. We will develop a partnership with the alcohol industry and the licensed trade that addresses public health concerns by jointly promoting responsible drinking messages.
 21. We will fund SHAAP; a recently established group that will raise awareness and understanding of alcohol problems with practitioners, policy makers and the public; identify and promote interventions and solutions based upon best evidence; and disseminate information on alcohol harm to health.
 22. We will work alongside Young Scot and NHS HS to explore how the Young Scot membership can support and inform the development of communications activity at national and local level; and how the national entitlement card – sponsored by Young Scot – might be used to support culture change activities to tackle the issue of excessive drinking among young people.



6. Provision of services



Aims:

- To provide equitable, accessible and inclusive services to address the needs of those who experience problems with alcohol and those affected by others' alcohol problems.
- To improve awareness of sources of help and support for those affected by alcohol problems.

Key actions to date

- Development of an alcohol problems support and treatment services framework to help local areas assess needs and plan to meet these needs.
- Improved understanding of what works in treating and supporting people affected by alcohol problems.
- Allocation of an additional £10 million for alcohol services in both 2005/06 and 2006/07.

Identifying effective practice and developing services

6.1 Over recent years we have seen a significant expansion in our knowledge of how to meet the treatment and support needs of people affected by alcohol problems and what services are being delivered at local level. Key developments have included:

- The HTA – *Prevention of relapse in alcohol dependence*, published in December 2002 by HTBS, which provides an analysis of the clinical and cost effectiveness of pharmacological and psychosocial interventions, and also covers organisational issues and patients' needs and preferences.
- SIGN guideline 74 – *The management of harmful drinking and alcohol dependence in primary care*, published in September 2003 by SIGN which provides advice on the treatment of people with alcohol dependence, hazardous or harmful drinking within primary care (general practice and community nursing) and A&E departments. It makes specific recommendations on the detection and assessment of alcohol problems as well as the delivery of brief interventions in general practice.
- *Mind the Gaps: Meeting the Needs of People with Co-occurring Mental Health and Substance Misuse Problems*, the report of the Joint Working Group of the Scottish Advisory Committees on Drug and Alcohol Misuse, published in October 2003.
- *A Fuller Life*, the report of the expert group reviewing services for people with alcohol-related brain damage, published in April 2004, makes recommendations covering health promotion and prevention, challenging stigma and discrimination, planning and delivering better services, standards, training, information, and evaluation and research.

- *Alcohol and Ageing – Is alcohol a threat to healthy ageing for the baby boomers?, the report of NHS HS Alcohol and Ageing Working Group, published in May 2006, makes recommendations on age-based sensible drinking limits, research needs in relation to ageing and alcohol, the information and education needs of older people in relation to alcohol and the need to improve training of health professionals to assess for, and react to, excessive drinking in older people.*

6.2 The formation of NHS QIS has brought together several different approaches to the process of quality improvement and is allowing us to improve the quality of services for people with alcohol problems.

6.3 In December 2004, NHS QIS held a discussion forum, involving those working within alcohol services, which explored the implementation of quality improvement issues. The main issues identified from this forum were the need for:

- the development of minimum data sets;
- awareness and implementation of the HTA and SIGN guidelines; and
- greater involvement of primary care.

6.4 The National Treatment Agency for Substance Misuse issued guidance on addressing racial equality in the commissioning of drug and alcohol treatment following the introduction of the Race Relations (Amendment) Act 2000. The National Resource Centre for Ethnic Minority Health is providing support to NHS organisations in Scotland in implementing the Act and training is available through STRADA on understanding drug and alcohol issues in black and minority ethnic communities. ADATs have been asked to satisfy themselves that existing and planned drug and alcohol services meet the requirements of the new legislation.

6.5 The Executive's Review of Drug Treatment and Rehabilitation Services: Summary and Action Plan, which was published in October 2004, made several recommendations for improving the quality and consistency of substance misuse services around Scotland, including the development of a quality standards framework. A steering group of representatives from drug and alcohol partner agencies has been formed to progress this and a challenging timescale for the development of the framework set, with a workable draft already agreed.

Primary care

SIGN/HTA Guidelines

6.6 SIGN guideline No 74 on the *Management of Harmful Drinking and Alcohol Dependence in Primary Care* published in 2003, and HTA on the prevention of relapse in alcohol dependence published in 2002 highlighted that:

- the use of appropriate screening tools improves the detection and treatment of alcohol problems within primary care, A&E, pre- and antenatal settings;



- brief intervention in primary care – (a 5-20 minute counselling session with onward referral if appropriate) – can reduce total alcohol consumption and episodes of excessive drinking in hazardous drinkers, for periods lasting up to a year; and
- evidence shows that two drugs and four therapies are effective in preventing relapse in people who are alcohol dependent.

6.7 The Executive has undertaken a high level survey of NHS Boards to identify barriers preventing full implementation of the SIGN and HTA guidelines. Most report making progress in taking forward particular recommendations but that:

- access to specialist services and support is problematic;
- there are real problems in engaging GPs and other primary care staff;
- there is a shortage of staff trained to deliver the recommended interventions; and
- full implementation requires additional resources.

6.8 NHS Dumfries & Galloway have developed and implemented a SIGN pilot involving 3 GP practices; and appointed a counsellor and detoxification nurse to support general practice staff to screen and deliver brief advice/interventions and provide a practice based counselling service. Funding for this was met from within existing allocations and has led to around 550 patients being opportunistically screened for alcohol consumption. After a practice-based brief advice and information session, 59% of those seen again 3 months later had reduced their alcohol consumption, and 46% showed improved liver function. The pilot will be rolled out across the whole region over the next 1 to 2 years.

General Medical Services contract

6.9 The new GMS contract includes alcohol services as a specialised national enhanced service. Those practices signing up to provide this enhanced service need to maintain a register of patients with an alcohol problem, offer screening and brief interventions, assist with follow up treatment and provide an annual review of their services. As a result, information about alcohol use should be more widely available from GP practices in the future. STRADA are developing generalist GP training on the integrated care of people with drug and alcohol problems and this should lead to better assessment and care in the community.

Quality and Outcomes Framework

6.10 Further measures within the new GMS contract at a UK and Scottish level to improve the delivery of brief interventions are under consideration.



Delivering for Health

6.11 In *Delivering for Health*, work is underway to look at improving the physical health of people with mental illness. This will include support and advice on alcohol.

Keep Well Programme

6.12 This pilot Programme, first announced as part of *Delivering for Health* in October 2005, has been established to increase the rate of health improvement in deprived communities by enhancing primary care services to deliver anticipatory care – identifying and targeting those at particular risk of preventable serious ill-health; offering appropriate interventions and services to them; and providing monitoring and follow up. The Programme will consist of two waves of pilots, the first of which are now being established in 5 CHPs in Dundee, Edinburgh, North Lanarkshire and Glasgow (North and East). The main focus of the Programme is to identify and treat those in the 45 – 64 year age groups who are at risk of Cardiovascular Disease. Alcohol will feature as part of the lifestyle discussions with those individuals who participate in the pilots and, where appropriate, the assessment format as recommended by SIGN will be applied.

Local Pharmacies

6.13 A pilot study looking at *Drinking Interventions in Pharmacies Study* – funded by AERC – has been running in Glasgow to assess the barriers faced by community pharmacists in providing screening, brief interventions and, where appropriate, onward alcohol service referral for targeted pharmacy clients. The work includes undertaking a baseline evaluation of pharmacists' readiness to fulfil this role and a training programme designed to fully equip them to do so; and forms part of a larger pilot project to evaluate the feasibility and acceptability of the provision of interventions on alcohol issues in community pharmacies.

Local provision

6.14 Our knowledge of local service provision has also increased since the original plan was published. Local service provision is identified within the annual Corporate Action Plans submitted to the Executive by Scotland's 21 ADATs. These plans identify a range of excellent work to develop support and treatment services including the implementation of single shared assessment, development of community involvement, shared service protocols and integrated community addiction teams, and provision of training and education for a range of staff. They also help to identify the areas where there is the greatest need for additional resources including specialist psychiatric services, specialist services for children and families, counselling services, respite and rehabilitation services and services for people with alcohol-related brain damage. Annual reporting through local plans is being used to assess priorities for future investment in services and will be further developed into an accountability framework which will allow for service improvements in each area of Scotland to be tracked, and progress towards national priorities assessed.



- 6.15** We will consider whether an independent audit of service provision is needed in future should the national collation of information provided by ADATs prove ineffective.
- 6.16** A wide range of funding streams now support people with alcohol problems. These include the *Supporting People* programme which helped over 2,200 people with alcohol problems in 2003/04 (Statistical Bulletin HSG/2005/2) and the Community Regeneration Fund, which amounts to £31.8 million over 3 years and supports the development of safe, strong communities, employability projects, health promotion and activities designed to engage young people.
- 6.17** Other funding opportunities include the Executive's Local Action Fund, the New Opportunities Fund's Better Off programme and Lloyds TSB Foundation for Scotland Partnership Drugs Initiative.

Local Alcohol Councils

- 6.18** AFS is undertaking a consultation review that will aim to explore and identify how the contributions that Local Alcohol Councils make in supporting the service delivery agenda can be further enhanced. There is a network of local alcohol agencies throughout the country which provide one-to-one free and confidential counselling to anyone affected by either their own alcohol problem or that of someone close to them. The findings from this exercise will be considered when available.

Protecting children

- 6.19** *"It's Everyone's Job to Make Sure I'm Alright"*, the Report of the Child Protection Review, was published in November 2002. The report raised a number of concerns about the care and protection of children in Scotland and made recommendations to improve the practice and management of child protection services. In responding to the report, Ministers announced a 5 point Action Plan to help deliver improvements which formed the basis of the Executive's 3 year reform programme for child protection services. Since then, the Minister for Parliamentary Business has announced the Executive's "intention to legislate on information sharing to protect children at risk and we are seeking to make provision for this in the Protection of Vulnerable Groups Bill". A Charter for Children and a Framework for Standards have been published and a Code of Practice for the Joint Inspection of Services to protect children and young people is now in use. This will be reviewed in the autumn and will help inform the production of a Code for the joint inspection of wider children's services which will be ready for use in the pilot sites for Joint Inspections of Children's Services in 2007.



eCare Framework

- 6.20** In April 2006, the Minister for Finance and Public Service Reform set out the key priorities for a new multi-agency local data sharing partnerships (based around the 14 health board geographies). These partnerships will be responsible for leading the local work on personal data sharing. Chairs for all of the partnerships have now been appointed and the Executive's Data Sharing and Standards Division is now working closely with the partnerships to support them in their initial phase of activity.
- 6.21** One of the key priorities for 2006/07 is to support the sharing of information for children at risk. Centrally, work is underway to define the data and technical standards necessary to support the national rollout of the eCare child protection messaging system, which is being piloted in Lanarkshire.
- 6.22** The Data Sharing and Standards Division is also currently working to support *Getting it Right for Every Child* (GIRFEC). The GIRFEC Implementation Plan, published on 22 June 2006, states that, "a 'prototype' of an IT solution to facilitate information sharing will be available from April 2007 for national roll out and testing with a wider group of children. We also intend to have developed the system specifications necessary to enable agencies' operating systems to be adapted to support the single assessment, record and plan".
- 6.23** *Getting Our Priorities Right*, published in February 2003, outlines the expectations on a range of agencies in relation to referral, information sharing, service provision and monitoring for families where parents or carers misuse substances, including alcohol.
- 6.24** *Hidden Harm*, a report by the Prevention Working Group of the Advisory Council on the Misuse of Drugs, published in June 2003, highlights the size and seriousness of the harm caused to children by parental drug use. The Executive published its response to this report in 2004 and an action plan entitled *Hidden Harm – Next Steps* in 2006, setting out a number of commitments for action to ensure that services are responsive to the needs of parents with substance misuse problems; and that the interests of the child are paramount in any decisions made regarding their future care and well-being.




Pregnancy

- 6.25** *Hidden Harm – Next Steps* confirms that drug and alcohol use should be routinely recorded at ante-natal clinic and linked to stillbirths, congenital abnormalities and subsequent developmental abnormalities. At present, national statistics on drug use in pregnancy are available from the maternity record (SMR02) and the Scottish Birth Record (SBR). Evidence suggests that current practice in recording this information is variable. In order to improve the recording of these data and the detection of problem drug and alcohol use in pregnancy, research into current practices is being commissioned.
- 6.26** Linked to this is the development of the Scottish Women Held Maternity record and its associated electronic record, which should also contribute to a more accurate and consistent recording of this information; and the use of appropriate screening tools to improve the detection and treatment of alcohol problems within pre and antenatal settings.

Criminal justice services

- 6.27** Six Executive-funded arrest referral pilot schemes were established in Scotland during 2004 to offer a voluntary path into treatment services for individuals arrested for certain “trigger” offences or who displayed signs of drug or alcohol-related problems. Although primarily aimed at drug misusers, several of the pilots have an additional focus on alcohol use. To date over 500 individuals have been referred into alcohol services as new clients or to continue their ongoing treatment. The pilots were subject to independent evaluation by the University of Stirling and the evaluation report was published in July 2006. Ministers have confirmed continuation to March 2008 of funding for the existing schemes and additional funding to allow a new arrest referral scheme to be established in Aberdeen and extension of arrest referral to all appropriate police stations in Glasgow.
- 6.28** Certain offenders may be repeatedly arrested for being drunk and incapable. Intoxicated individuals need to be carefully monitored and early detection and intervention applied in cases where intoxication leads to a compromised airway. The Executive supported a pilot of the Life Signs monitoring system at Albyn House in Aberdeen and a working group led by AFS is exploring options for delivery of such provision in both urban and rural settings.



6.29 Prison provides a real opportunity to provide high quality treatment services for people with alcohol problems. Since the publication of the original plan, the Scottish Prison Service (SPS) has:

- further integrated drug and alcohol education and health promotion for prisoners;
- been working towards better detection of people with alcohol problems through its core screening of all prisoners on reception since May 2004;
- introduced individual care planning, including specific alcohol assessment from September 2004;
- improved post-release links with community health, social care and alcohol services;
- ensured alcohol services are augmented by service provision from Alcoholics Anonymous delivered to all Prisons in Scotland;
- begun work in 2006 to monitor prisoners' alcohol problems and alcohol-related offending through better management and care information; and
- ensured delivery of training to SPS staff by STRADA.

Employment for people with alcohol problems

6.30 Pilot services to help people with alcohol problems into work are available, under Jobcentre Plus' *Progress2Work* Link Up programme, in Fife and Forth Valley. Since October 2003, the *Pathways to Work* pilot has been encouraging people with a health condition or disability, but who want to and are able to work, to find, remain and progress in employment. The pilot recognises that there are mutual benefits between improving people's health and their return to, or remaining in, employment; and that this requires joint working between Jobcentre Plus Personal Advisors and NHS Condition Management Practitioners. For a large proportion of incapacity benefit claimants in the pilot areas in Scotland – Renfrewshire, Inverclyde, Argyll and Bute – alcohol problems are one of the factors that prevent them moving into work. For a fairly small number of people, it is the major factor, while for many others it is a coping mechanism which they use to handle their other difficulties. The pilot has demonstrated the need for Jobcentre Plus and NHS staff to be able to refer clients to specialist alcohol services, both before and during the work-focused condition management programme that is central to *Pathways to Work*. This joint working will be key to helping people with alcohol problems in the new pilot areas: Glasgow from October 2005 and Lanarkshire/East Dunbartonshire from April 2006.



6.31 Additionally the Executive launched, on 12 June 2006, *Workforce Plus, an Employability Framework for Scotland*. This forms part of the Scottish Executive's *Closing the Opportunity Gap* approach to tackling poverty, and is based on the principle that for the vast majority of people in Scotland, work is the surest way of achieving a better quality of life and avoiding disadvantage. People with substance misuse problems, whilst relatively small in number, represent some of the hardest to reach for any employability programme. Critical to any future success on issues of employability will be the relationship between ADATs and Community Planning Partnerships who will be responsible for planning, managing and delivering the *Closing the Opportunity Gap* targets; and the effectiveness of these relationships at local level will be explored further as part of the planned best value stock-take of ADATs.

Drinkline

- 6.32** The UK Drinkline information line has been operating since April 2003 from two call centres based within Scotland; and is currently structured to deliver telephone advice to those who are seeking help and support for alcohol-related problems. The service itself is not promoted and as such the client group who are using it are, by their very nature, self selective.
- 6.33** The service, as stands, offers advice on all health and social issues relating to alcohol; provides information through public health leaflets; and makes onward referrals to local services as appropriate.
- 6.34** Future national communications activity on alcohol in Scotland will aim to challenge the social norms influencing people's lifestyle and choices, and in particular to challenge the complacent attitudes towards alcohol which encourage or tacitly endorse harmful drinking by others. Work is also underway with partner organisations to develop a national suite of publications that will target specific sectors of the population. Topics will include issues such as excessive drinking, alcohol and the law and recognising alcohol problems in yourself and others. The Drinkline service will be promoted through all campaign activities.
- 6.35** In addition to the Drinkline service being proactively marketed within Scotland, it is proposed that we explore how a telephone helpline service can be utilised to deliver a form of brief intervention – based on the methodology featured within current SIGN guidelines – that can be supplemented with a web based support tool to allow clients to self assess their progress and track any reductions in their alcohol consumption levels. This approach would also serve to divert people away from services which are in high demand; and provide a further opportunity to implement an evidence based approach to reducing harmful consumption behaviours in Scotland.

Future priorities

6.36 Backed by the additional resources resulting from the Partnership Agreement – the document setting out the principles that guide the current Scottish Labour and Liberal Democratic coalition government in developing and implementing policies for Scotland – this plan aims to deliver equitable, accessible and inclusive services throughout Scotland. This will be achieved by:

- supporting the delivery of person centred services which meet the needs of individuals and their families and children;
- supporting the implementation of existing guidelines for the treatment and support of people needing alcohol services;
- working with partners to assess local capacity, need and service gaps against the established four tier service framework, and tracking growth of capacity as a result of increased investment;
- linking additional resources to service level agreements with local partners which accept responsibility for expanding high quality services in line with national priorities;
- supporting the further development of well trained staff at all levels in alcohol services throughout Scotland; and
- ensuring that we are able to respond to the ways in which an increasingly ageing population might affect the demand for alcohol services in Scotland.

Specific actions:

Nationally

23. We will work with partners across the drug and alcohol fields to develop a quality standards framework for drug and alcohol services in Scotland.
24. We will, during the next three years, assess the impact and cost effectiveness of expenditure, target new funding at filling service gaps and work with ADATs to consider opportunities for re-prioritisation.
25. We will explore through STRADA, NHS NES, NHS QIS, AES and NHS HS the funding of a national training resource to support implementation of SIGN and HTA on the prevention of relapse guidelines. The first stage is an audit of current implementation, which will be developed and commissioned by spring 2007.
26. We will reinforce the expectation that SIGN and HTA guidance underpins all activity delivered within NHS Boards. We will incentivise GPs to manage harmful drinking and alcohol dependence in primary care and to prevent relapse. This includes NHS Board Local Delivery Plans and measures through GMS.




In primary and secondary care settings

27. We will monitor the number of NHS Boards commissioning an enhanced service for alcohol misuse and the take up of services by those practices providing this enhanced service.
28. NHS QIS, in conjunction with STAG, are carrying out an audit of patients presenting in A&E departments with an alcohol component to their condition. This will develop a focus for statistical information and explore subsequent pathways to care beyond the A&E intervention.
29. We will consider and, if appropriate, introduce the recording of waiting times for access to alcohol services and ensure this forms part of a national accountability framework for alcohol services.
30. Working with NHS QIS, NES, STRADA and NHS HS, we will ensure that both SIGN and HTA guidelines are translated into a series of priority actions for use by health professionals in the delivery of primary and secondary care services.
31. We will develop a research project to assess the impact of alcohol interventions on the overall *Keep Well* Programme target group.

In the community

32. We will pilot, in 2007/2008, a telephone based brief intervention service that will aim to apply the principles of the SIGN guideline, opportunistically identifying harmful or hazardous drinkers at an early stage, and providing appropriate support; allowing individuals to track their consumption levels by means of self assessment, using web and telephone based follow up.
33. We will commission research to be undertaken into practices used for capturing data on problem drug and alcohol use in pregnancy to improve methods for data capture, input and reporting.
34. We will strengthen links between alcohol and mental health, in terms of alcohol as a risk factor for mental health problems, mental illness and suicide; and how alcohol is used as a way of dealing with adversity, stress, emotional and mental health difficulties. In relation to wider substance misuse issues and the mental health agenda, attention will be given to taking forward the recommendations of *Mind the Gaps* and *A Fuller Life*. We will develop guidance for joined-up services by spring 2007.
35. We will support and evaluate a pilot project in Dundee, exploring how services can best meet the multiple and complex needs of women (and their children) affected by substance misuse (including alcohol) and domestic abuse.
36. We will support and evaluate a pilot project in the deprived areas of Renfrewshire, East Renfrewshire and Inverclyde, exploring how services can best meet the multiple and complex needs of deaf people with alcohol problems by developing specialist counselling services for this severely disadvantaged group.

- 
37. We will explore whether the pilot study looking at Drinking Interventions in Pharmacies can be rolled out nationally as a future activity within the scope of the public health service element of the new community pharmacy contract.
 38. We will raise the profile of the Drinkline service by working with partner agencies to feature the Scottish telephone helpline number on all “topic specific” alcohol publications in Scotland as well as on a national Scottish alcohol information website.
 39. We will support ADATs, AFS and others in raising the profile of alcohol agencies and issues amongst equality and diversity groups, drawing on the experience of Glasgow Alcohol Action Team in this area.
 40. We will work with partners to develop and implement a strategy for the provision of places of safety within Scotland.
 41. We will ensure that ADATs work with Jobcentre Plus, the Scottish Centre for Healthy Working Lives and NHS Condition Management Practitioners in supporting people with alcohol problems, who want to and are able to, find employment or return to work.
 42. We will explore how local Councils on Alcohol can be more fully utilised in the delivery of harm prevention and reduction programmes at local level.



7. Getting the framework right

Aims:

- To develop an appropriate structure to deliver alcohol action locally.
- To foster accountability for delivering results.
- To improve knowledge and information about alcohol problems.
- To develop training and support for those involved in implementation.


Key actions to date

- **Actions identified and implemented by ADATs to address local priorities supported by a centrally funded National Alcohol Liaison Officer.**
- **National Alcohol Information Resource established to lead on the development, co-ordination and dissemination of information on the nature and extent of alcohol problems.**
- **High quality training on alcohol issues delivered to a wide range of practitioners by STRADA.**

Monitoring of delivery

7.1 Delivery of the original plan has been monitored at national level by the Executive and at local level by ADATs. A planning framework is issued annually to ADATs which accounts for Executive and other resources and focuses action on local and national priorities. ADAT members are asked to sign off their plan to confirm their respective organisations are committed to playing their part in jointly agreed action. This is then reviewed by the Executive as part of ongoing accountability arrangements. Local plans show a considerable degree of variation in the level and range of current and planned activity reflecting different local needs, approaches and stages of development of action across the country.

7.2 Additional resources are helping to implement local priorities during 2005-07. We have made clear that ADATs and NHS Boards are expected to ensure that these resources are deployed for new and expanding alcohol activities which would not otherwise be funded, and not used to replace existing funding. The release of this funding is conditional on ADATs having agreed outcome expectations and systems in place to measure the number of people actively managed by alcohol support and treatment services, and the number of dedicated prevention services funded by ADAT partners. In addition to the normal NHS performance management arrangements, Boards, with other ADAT partners, will be held accountable for the use of this funding through annual ADAT accountability arrangements with the Executive, where the use of direct spend is required to be identified.

- 
- 7.3** As has been highlighted under Chapter 6 – Provision of Services, our knowledge of local service provision has increased since the original plan was published as a direct consequence of Corporate Action Plans (CAPs) being introduced. These are submitted annually to the Executive by Scotland’s 21 ADATs. The requirements of CAPs are kept under review to ensure they continue to measure progress towards Ministerial priorities.
- 7.4** The Executive’s *Review of Drug Treatment and Rehabilitation Services: Summary and Action Plan* recommended that the work and impact of ADATs should be reviewed to ensure best value. The terms of reference for this stock-taking exercise have been signed off by both Health and Justice Ministers; and a review team will be formed to take forward this work. This stock-take of ADATs will be based on the principles of best value, and will consider the partnership framework needed at a local level to deliver Ministerial priorities in relation to drugs and alcohol and, if appropriate, the practical measures and associated resource implications to develop ADATs.
- 7.5** Alcohol can be one of many factors affecting people’s ability to sustain a tenancy or owner-occupied housing. Data currently collected on homelessness indicates that a significant proportion (13%) of homeless households assessed as having a priority need for housing were assessed as vulnerable due to alcohol or drug problems (operation of the Homeless Persons Legislation in Scotland: national and local authority analyses 2004/05, Nov 05). It is thought that this may be higher since the assessment records only the main reason for seeking homelessness assistance but substance misuse may also be a secondary contributing factor. Revised data collection arrangements will give a broader picture through asking whether any member of a homeless household has a support need due to alcohol or drug dependency. All local authorities have drawn up homelessness strategies which, together with NHS Boards’ Health and Homelessness Action Plans, indicate how homeless people and people at risk of becoming homeless – because of problems with alcohol – will be supported and helped out of homelessness.

Targets

- 7.6** The original plan identified the headline target to reduce the percentage of men exceeding weekly sensible drinking levels from 33% in 1995 to 31% by 2005 and 29% by 2010 and the number of women exceeding such levels from 13% in 1995 to 12% by 2005 and 11% by 2010.
- 7.7** Whilst the Executive remains determined to reduce excessive drinking, the current measurement methodology is problematic. The latest available data from the Scottish Health Survey provides figures for 2003; and in general the gap between reporting periods hinders ongoing monitoring, particularly given that other more regular surveys have different methodologies and produce different and sometimes contradictory results.



7.8 A simple measure of excessive consumption is also problematic in that it does not give an insight into the ways in which cultures or the level of harm associated with alcohol may be changing in Scotland. This has been addressed in part by the Executive's sponsorship of a module on alcohol in the Scottish Social Attitudes Survey (as reported in chapter 3) and we will work with the National Alcohol Information Resource (NAIR) to develop a range of indicators that allow for the progress made in changing alcohol cultures and reducing alcohol-related harm to be assessed.

Training and support

7.9 The evidence gathered as the basis for the original plan suggested gaps in both skills and support for staff in a range of disciplines including those in the voluntary sector that address alcohol problems. Progress in the statutory sector has been made in this area over the last 2 years. STRADA has revised and updated its training material in light of the plan to ensure the continuing alignment between training and policy objectives.

7.10 The Executive is providing an additional £500K during 2004-2007 to help STRADA increase the number of training places, expand the range of courses and ensure that training meets the needs of local areas. Medical colleges and a number of professional bodies have held events to raise the profile of training issues and the nurse education programmes of Glasgow Caledonian, Glasgow, Paisley and Napier Universities now have modules in substance misuse. The Royal College of General Practitioners Scotland has been funded by the Executive to train healthcare professionals in primary care, including GPs, pharmacists and others to deliver SIGN based brief interventions. Alcohol problems are addressed within the majority of midwifery education programmes and the Scottish Institute for Excellence in Social Work Education has input from STRADA to new social work degree courses. However, local alcohol plans show that gaps in skills and support remain and we believe that a more co-ordinated approach is now required.

Future priorities

7.11 Whilst considerable progress has been made since the publication of the original plan, more can be done to strengthen our capacity to deliver measurable outcomes. Scotland benefits from an extensive infrastructure of voluntary and statutory organisations determined to tackle alcohol problems. Our ability to deliver the actions and benefits in this updated plan will be enhanced by ensuring that:

- strategic and planning partnerships at all levels have the active support of all key stakeholders and are able to assess and reflect the specific needs of their communities;
- we set meaningful priorities which allow us to assess the progress made towards changing alcohol cultures and reducing alcohol-related harm in Scotland;
- local and national agencies and partnerships accept responsibility for the delivery of agreed outcomes and the contribution that these make to national priorities;
- relevant volunteers and staff in generic and specialist agencies (statutory and voluntary) have appropriate training in identifying, assessing and managing alcohol problems;
- training resources are provided on an equitable basis, recognising the value of voluntary and paid support to people with alcohol problems; and

- measurement systems are robust, fit for purpose and used to support the ongoing delivery of this plan.

Specific actions:

Structures

43. We are undertaking a stock-take of ADATs to assess their performance to date and capability to deliver Ministerial priorities on drugs and alcohol. This should establish a firm evidence base, using the principles of best value, to determine the future mechanism for effective local action to deliver national priorities. The stock-take will be completed by May 2007.
44. We will work with NHS HS and NHS Boards to further refine the operational and strategic relationship between ADATs and CHPs to continue to deliver improved joint services and health improvement activities aimed at reducing alcohol problems within local communities.
45. We will work with partners to ensure that NHS Board delivery plans reflect the links between alcohol problems and homelessness and monitor the implementation of Health and Homelessness Standards.

Information and evaluation

46. We will work with partners to develop a national accountability framework for alcohol services in Scotland.
47. Through the National Alcohol Information Resource at ISD we will:
 - issue a range of quality assured statistics including local alcohol profiles and national alcohol statistics;
 - provide access to and dissemination of information on alcohol through the National Alcohol Information website www.alcoholinformation.isdscotland.org; and
 - provide an enhanced estimation of the burden of alcohol-related health problems in Scotland (spring 2007).
48. We will develop a range of indicators to help assess the progress made in changing alcohol cultures and tackling alcohol problems in Scotland. This may include data on service capacity, alcohol-related deaths, alcohol-related liver disease, links to homelessness, drink driving, attitudes to alcohol fines and alcohol-related violence and antisocial behaviour. Once established, we will then set improvement targets for ourselves and key partners. We will also develop specific evaluation arrangements in relation to the delivery of services.
49. We will publish an alcohol research programme in early 2007 to build upon the work undertaken by NHS HS to review gaps in research knowledge and evaluation practice. In tandem, we will consider how best practice from home and abroad might inform future policy and delivery of services.



Training

50. We will work with the Scottish Intercollegiate Group on Alcohol (SIGA), NHS NES, the Scottish Association of Alcohol and Drug Action Teams (SAADAT), AES, AFS, SDF, medical and nursing schools and colleges, the Scottish Institute for Excellence in Social Work Education, NHS HS and other relevant bodies and professional groups to develop a co-ordinated national drugs and alcohol workforce development strategy by late 2008. The strategy will cover the current training and education action points from the plan and consider the implications of wider initiatives and work including the development of single shared assessment, Joint Future, and the publication of the HTA and SIGN guideline, *Mind the Gaps, A Fuller Life, Hidden Harm – Next Steps and Getting Our Priorities Right*. Plans for implementation will be developed by spring 2009.

Annex A

Plan for action on alcohol problems – review of progress

Culture Change

Action point	Progress
<p>1. To put in place a national, long-term “responsible drinking” communications strategy.</p>	<p>The “How Much is Too Much?” campaign, which was launched in April 2002, ran national TV, radio and cinema advertising targeting 18 to 35 year old excessive drinkers during 2002. The campaign was brought within the Executive’s Healthy Living communications umbrella and the subsequent “Don’t let too much drink spoil a good night out” campaign was launched in May 2003. Research with young adults to assess the impact of the campaign found the advertising had high levels of relevance, distinctiveness and memorability. A National Communications Co-ordinator was appointed in February 2003 to manage the national campaign and provide support for local ADAT communications activity.</p> <p>Training for ADATs on dealing with the media was held in November 2003 and campaign materials have been issued to link national and local media activity. Communications toolkits for local partners issued in August 2004.</p>
<p>2. Communications with both the general public and specific target groups should reinforce the terminology of “alcohol problems”.</p>	<p>Local alcohol plans show that most ADATs have adopted the revised terminology and are working with member and partner organisations and the media to encourage wider adoption. The Scottish Advisory Committee on Alcohol Misuse (SACAM) was renamed SMACAP in order to demonstrate commitment to appropriate terminology.</p>
<p>3. More organisations and professional bodies should adopt alcohol policies that define sensible and appropriate use of alcohol by their members, relevant to their work or other pursuits.</p>	<p>Alcohol policies are being promoted under the auspices of Scotland’s Health at Work (SHAW) where it is a requirement of the silver level scheme. The creation of the Scottish Centre for Healthy Working Lives will reinforce this drive (see action point 13 below).</p>



Plan for action on alcohol problems – review of progress

Prevention and Education

Action point	Progress
4. The research strategy to be developed as part of the plan will give high priority to developing the evidence base for prevention, education and communications actions.	A review of research requirements was completed (action point 57) and the updated Plan for Action includes a commitment to develop an alcohol research strategy. Research undertaken to shape the alcohol communications strategy has been shared with ADATs whilst the Scottish Social Attitudes Survey has given further insight into alcohol cultures in Scotland.
5. Each ADAT should make prevention, education and communications an integral part of its local strategy.	Prevention, education and communications are integral parts of all local alcohol plans. The Executive has given individual feedback to ADATs on these plans as part of its ongoing accountability processes. The plans demonstrate that many ADATs have implemented successful communication campaigns which lend support and extend the reach of national preventative campaigns.
6. Joint planning to meet the prevention, education and treatment needs of children and young people.	Local plans show evidence of joint planning of drug and alcohol action and children's services. The Executive's response to the Advisory Council for the Misuse of Drugs' <i>Hidden Harm</i> report extended its reach to children of parents with alcohol problems and is leading to a series of practical actions to improve service integration and planning.
7. All schools to become Health Promoting Schools by 2007.	The Scottish Health Promoting School Unit was established in 2002 to provide strategic and practical support to partner organisations, councils, schools, NHS health boards, community planning partnerships, integration managers and other stakeholders in supporting schools to become health promoting by 2007. The Unit supports a whole school approach to the physical, social, mental and emotional well-being of all pupils and staff. This ensures not only that health education is integral to the curriculum but also that school ethos, policies, services and extra-curricular activities foster mental, physical and social well-being and healthy development.
8. Alcohol problems will be included in the indicative list of priority objectives for the Changing Children's Services Fund.	Alcohol problems have been included in the list of priority objectives since April 2002. Projects are currently being supported in a number of areas including Angus, North Lanarkshire and Fife. Children affected by or at risk of alcohol problems will be identified as a specific group within guidance on local children's services plans which will be issued in August 2004.

Plan for action on alcohol problems – review of progress

Prevention and Education – continued

Action point	Progress
<p>9. Work with NUS in Scotland to develop ways of targeting responsible drinking messages to students, in line with the overall communications strategy in the plan.</p>	<p>AFS, in partnership with NUS in Scotland, has developed responsible drinking materials for students, promoted alcohol awareness training for student counsellors and provided training in responsible drinking practice to student bar managers.</p>
<p>10. To commission new resources for parents on alcohol and young people which will be widely disseminated.</p>	<p>The <i>Parents Guide on Alcohol</i> was launched in January 2003. The Guide, which was developed by NHS HS in partnership with the Executive and AFS, provides information to help parents decide what to discuss with their children and how and when to do it. 250,000 copies have been distributed to secondary schools, NHS Board health promotion departments, pharmacies, GP practices, Local Health Care Co-operatives (LHCC) and local authorities. The guide is also available through the Drinkline helpline and was publicised through local and national press.</p>
<p>11. To consider organising health promotion activities that address alcohol problems or potential problems, in the context of delivering other health promotion advice. They should publicise that these services are available, in ways that are appropriate to the target client group.</p>	<p>The Executive's <i>Improving Health in Scotland – The Challenge</i> published in 2003 identified action on alcohol problems as one of the core “subject based” improvement programmes. The plan challenged stakeholders to pursue these programmes in an integrated way with a particular focus on early years, teenage transition, workplace and communities. NHS HS are continuing to support CHPs in developing their role in improving the health of their local communities with a particular focus on reducing health inequalities.</p>
<p>12. Thiamine in beer. The relevant UK scientific advisory committee to consider the complex issues involved in introducing this measure in the UK.</p>	<p>On the basis of their experience of folic acid fortification, the Food Standards Agency have indicated that statutory thiamine supplementation would be unlikely to be supported. The Scientific Advisory Committee on Nutrition also raised doubts about the desirability of this measure and we have agreed with SMACAP that we will not progress action in this area.</p>



Plan for action on alcohol problems – review of progress

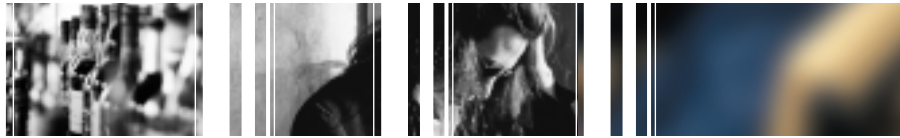
Prevention and Education – continued

Action point	Progress
<p>13. To work with other organisations to help employers to develop better workplace alcohol policies within their occupational health strategies and plans. Aim to double participation by small and medium sized enterprises in their scheme. Aim to cover 40% of the Scottish workforce.</p>	<p>Alcohol policies are being promoted under the auspices of Scotland’s Health at Work where it is a requirement of the silver level scheme. In April 2005, SHAW became an integral part of the newly formed Scottish Centre for Healthy Working Lives, which is charged with delivering the actions contained within the <i>Healthy Working Lives – A Plan for Action</i> strategy published in August 2004. This strategy provides a single policy framework for ensuring the workplace setting is used to drive positive change and reduce health inequalities. Key to the Centre’s success will be the facilitation of access for employers/employees and potential employees to a wide range of services and networks delivered through a national telephone helpline, website and team of field advisors. Following contact, individual (or organisational) needs will be assessed and arrangements made by the centre for appropriate services to be delivered. This will include support to develop workplace policies on both drugs and alcohol as well as the range of health, social justice and lifelong learning issues that are needed to support a healthy working life.</p>
<p>14. To consider with knowledgeable representative groups whether it would be helpful to develop materials for equality groups within the overall communications strategy.</p>	<p>The Executive ran a specific Women and Alcohol Campaign in Spring 2005 with supporting material developed in conjunction with GINA. In June 2005, GINA launched <i>Get the Full Bodied Facts</i>, a guide for professionals working with women with alcohol problems and a supporting booklet which provides women with accessible information about alcohol problems.</p>
<p>15. ADATs to include, as part of local prevention, education and communications, action targeted at the needs of significant local equality groups.</p>	<p>Local plans report a wide range of action in relation to black and minority ethnic communities, sensory impaired groups, older people, Lesbian Gay Bisexual Transgender (LGBT) groups, those experiencing or at risk of domestic abuse, carers, homeless people, rural communities, people with learning difficulties and prisoners.</p>

Plan for action on alcohol problems – review of progress

Provision of Services

Action point	Progress
16. To develop a framework for alcohol problems support and treatment services.	The Alcohol Problems Support and Treatment Services Framework was published in September 2002. The framework provides a template for local commissioners and providers of services to agree priorities for development and assess progress.
17. Clinical Standards Board for Scotland to consider including a standard for alcohol services in their work programme.	NHS QIS held a discussion forum in December 2004 which concluded that the focus of relevant organisations should be on how to raise general awareness of the HTA and SIGN guideline, identify and address training needs and support the implementation of such guidance, rather than the setting of standards.
18. To consider the need for additional statutory resources for all types of action on alcohol problems including support and treatment services.	The Executive provided specific additional resources of £3m for 2004/05 and £5m for 2005/06 to help support the implementation of local alcohol action plans. An additional £5m for alcohol treatment services in 2005/06 was announced on 1 July 2005.
19. To consider whether a Scottish alcohol problems helpline is needed.	The Drinkline helpline is being provided on a UK basis. AFS materials are available through the line. The contract is managed by the Department of Health and the Executive will continue to participate in monitoring discussions.
20. ADATs in rural areas should ensure that local strategies take into account the particular difficulties that their service users may experience.	Progress continues to be monitored through ADAT annual accountability arrangements.



Plan for action on alcohol problems – review of progress

Provision of Services – continued

Action point	Progress
<p>21. Local authority homelessness strategies should indicate how homeless people and people at risk of becoming homeless because of problems with alcohol will be supported and helped out of homelessness.</p>	<p>All local authorities have submitted Homelessness Strategies to the Executive. These strategies have been assessed by a Panel on behalf of the Homelessness Monitoring Group. Assessment includes ensuring that, where a specific cause, such as alcohol problems, is identified as contributing to homelessness in the area, there are actions in place to address that cause. In addition and integral to the Homelessness Strategies are Health and Homelessness Action Plans prepared by NHS Boards in partnership with local authorities. The delivery of agreed strategies will be monitored through the Homelessness Monitoring Group, NHSScotland's Performance Assessment Framework and ADAT annual accountability arrangements.</p>
<p>22. To set up an expert group to review models and approaches to providing services for people with alcohol-related brain damage.</p>	<p><i>A Fuller Life</i>, the report of the expert group was published in April 2004. The update includes action to progress this (see forward action point 19).</p>

Plan for action on alcohol problems – review of progress

Protection and Controls

Action point	Progress
<p>23. The Executive is the scope for a wider local authority administered smartcard scheme with local authorities and NHSScotland.</p>	<p>All young people aged 12-18 are now offered the Young Scot smartcard which has a PASS hologram. The Executive is funding a Trading Standards Officer to raise awareness of the card and all retailers are being encouraged to accept only cards bearing the PASS hologram as proof of age.</p>
<p>24. Alcohol-fuelled violence will be examined at the Executive's anti-violence conference.</p>	<p>The subject of alcohol-fuelled violence was well represented at the Towards a Safer Society Conference held in September 2002. This subject was further developed as one of the major themes of the second Safer Society Conference in autumn 2004.</p>
<p>25. The Executive to consider policy and guidelines for social workers and sentencers, on structured work with those receiving deferred sentences.</p>	<p>Guidelines were issued in January 2004 and local authorities subsequently submitted plans to run pilot programmes. Three Executive funded pilots commenced in spring 2005 to trial the use of periods of structured work during deferred sentences. Located in Kilmarnock, Arbroath and Forfar and Inverness, the pilots have generated around 60 structured deferred sentences to date. The pilots will continue for two years and will be independently evaluated.</p>
<p>26. Support given to pilot arrest referral schemes that tackle drug and alcohol problems amongst others.</p>	<p>Effective Interventions Unit published guidance on arrest referral schemes in March 2002 and a national seminar was held in March 2003 to build on the guidance and detail experience from existing arrest referral schemes. A new power to fund arrest referral schemes was included in the Criminal Justice (Scotland) Act 2003 and local authority groupings and ADATs submitted joint applications to run schemes. Successful bids were announced in October 2003 and schemes will run as pilots from February 2004 – January 2006, when they will be evaluated and decisions taken as to future funding. Six pilots have received funding from the Justice Department under Section 27 of the Social Work Scotland Act 1968. The pilots include both existing and new arrest referral schemes and are principally but not exclusively focused on drugs accused.</p>



Plan for action on alcohol problems – review of progress

Protection and Controls – continued

Action point	Progress
<p>27. The UK Government is considering:</p> <ul style="list-style-type: none"> • The current drink drive limit in the context of proposals from the European Commission; • Responses to a consultation paper, issued in December 2000, on proposed changes to penalties for road traffic offences, including drink and driving; • Legislation to introduce targeted breath testing and roadside testing to provide admissible evidence in court. 	<p>The UK Government announced in March 2002 that it had decided not to change the current drink drive limit (80mg/100ml). The Government believes that the present limit, combined with severe penalties, provides an effective deterrent in most cases, and prefers to emphasise the importance of enforcement of existing laws, combined with extended publicity campaigns, including the targeting of specific groups. The police's enforcement capability has been strengthened by introducing legislation to enable them to obtain blood specimens from unconscious suspects in hospital. Most recently, the Serious Organised Crime and Police Act 2005 provides for the police to carry out evidential roadside breath testing, subject to type approval of appropriate equipment. Other measures in the Road Safety Bill, currently proceeding through Parliament, include the introduction of a breath alcohol ignition interlock device and a new court disposal for discouraging re-offending. The Bill also requires all offenders disqualified for two years or more, including repeat drink drive offenders, to retake the driving test and contains improvements to the successful drink drive rehabilitation scheme.</p>
<p>28. Raise issues surrounding alcohol advertising from the evidence for the plan, with the UK Government and the alcohol industry.</p>	<p>The UK view, which is set out in the English Alcohol Harm Reduction Strategy, is that the evidence is not sufficiently strong to suggest that a ban on alcohol advertising or tightening existing restrictions about scheduling should be imposed by regulation. What was accepted however, was that the system was not sufficiently tightly drawn up and enforced. The advertising standards code was revised by Ofcom and the new rules came into force on 1 January 2005. This should ensure that advertisements do not target under 18s, encourage or celebrate irresponsible behaviour, cause offence or encourage alcohol problems.</p>
<p>29. Will participate in discussions on labelling issues at UK level.</p>	<p>The Scottish Executive is continuing to participate in alcohol industry liaison meetings hosted by the Department of Health and has developed a series of independent contacts into leading producers.</p>

Plan for action on alcohol problems – review of progress

Protection and Controls – continued

Action point	Progress
30. Will work with the industry and licensed trade and AFS to improve and promote training in responsible serving of drinks.	In the three years from April 2002 to March 2005, the AFS ServeWise programme provided training in responsible serving practice to 7,145 licensed trade persons across Scotland and increased the number of Centres registered to deliver its training to 67. The Licensing (Scotland) Bill will require mandatory server training.



Plan for action on alcohol problems – review of progress

Delivery

Action point	Progress
31. To put in place accountability arrangements for local delivery.	The Executive issued a framework in July 2002 to inform ADATs of the information that should be included in 3 year local alcohol action plans. The current template for annual ADAT reporting places more emphasis on an outcome based approach, focuses on a reduced number of priority areas and combines reporting requirements for alcohol and drug action. In addition, ADATs were required to set out how additional resources for 2005/06 will support service improvements.
32. Review progress in delivering the plan with all the agencies and interests involved.	The updated Plan for Action was developed in consultation with the SMACAP and other interested parties. This appendix represents one of the key outputs from the review process.
33. To review the membership of SACAM, now SMACAP, to make sure that it represents key interests and priorities within the plan.	Membership reviewed in 2002 and extended to include young people, service user, research and prison interests. A further review is currently taking place.
34. To ensure that alcohol problems are highlighted and addressed in other relevant strategies and plans.	Ongoing – alcohol problems are highlighted and addressed in the <i>Improving Health in Scotland – The Challenge</i> publication, the national strategy and action plan to prevent suicide and in <i>Getting Our Priorities Right</i> guidance on working with children and families affected by substance misuse.
35. Arrangements for co-ordination of alcohol, drugs and other substance misuse issues should be determined locally under the broad community planning umbrella.	Being monitored through ADAT annual accountability arrangements.
36. Where Alcohol Action Teams (AATs) are combined with Drug Action Teams (DATs) to form ADATs alcohol issues should be given higher priority on the agenda than at present.	Guidance issued to NHS Boards, local authorities and other key partner agencies in March 2002 asks them to review the priority given to tackling alcohol problems in light of the Plan for Action.
37. ADATs should form effective working links to other local co-ordinating structures, under the broader community planning umbrella.	All ADATs report links with other local planning processes are currently in place or being developed. The review of drug and alcohol action teams identified in this update will consider the future role of ADATs in the light of new and emerging local planning structures.

Plan for action on alcohol problems – review of progress

Delivery – continued

Action point	Progress
38. Local authority departments, including social work and education departments, NHS boards and the police should provide representatives at elected member or chief executive level as members of ADATs.	The guidance referred to in action point 37 asks partner agencies to review their representation on ADATs. Local plans indicate that the majority of ADATs now have senior representation from most relevant sectors although some gaps in representation still exist.
39. Each ADAT should have at last one forum or reference group to make sure that community, voluntary sector and individual views are voiced and heard.	All ADATs report structures currently in place or being developed to promote community, user and carer involvement.
40. Each ADAT should draw up, publish and subsequently implement a local strategy covering a period of at least three years.	All 22 ADATs have submitted action plans to the Scottish Executive.
41. ADATs should “sign off” plans by constituent agencies for providing and commissioning services, using both existing resources and any new funding that becomes available in future.	Progress continues to be monitored through ADAT annual accountability arrangements.
42. Provision of new funding to strengthen support for ADATs as soon as details of enhanced support have been agreed.	Funding to support the ADATs increased from £450K pa to £1 million pa from 01/04/02 and has been maintained at this level in each subsequent year. A further £100k per annum has been provided to support SAADAT (see 43).
43. Provision of funding for a new national alcohol liaison post to support all ADATs in delivering local strategies.	A National Alcohol Liaison Officer was appointed in February 2002.
44. Ensure that the National Associations of ADATs and DATs work together on linking the delivery of the plan and the national drug strategy.	There is representation from the DAT Association on the National Alcohol Liaison Officer advisory group and a series of regular meetings between the national officers of each Association have led to joint working on issues such as a Training Needs Analysis. The National Associations have now merged.



Plan for action on alcohol problems – review of progress

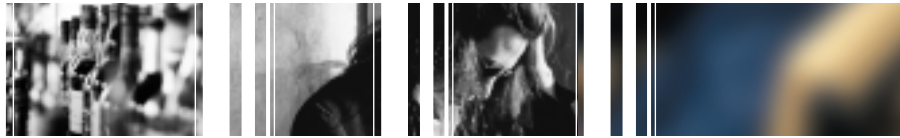
Delivery – continued

Action point	Progress
45. Programme of leadership training for ADAT members.	Scottish Leadership Foundation training provided in 19 ADAT areas.
46. Provision of communications expertise to support local communications action.	A National Communications Co-ordinator was appointed in February 2003 with the Scottish Executive as Marketing and Communications Group.
47. STRADA to revise and update its training material in the light of this plan.	Ongoing review of work programme.
48. The Executive is discussing medical education on addressing alcohol problems, which is required at both undergraduate and postgraduate level, with relevant Scottish professional bodies.	A seminar on Alcohol and the Health Service was held at the Royal College of Physicians in February 2002. This allowed discussion of the role of alcohol problems amongst healthcare staff, particularly doctors. A further Royal College of Physicians and Surgeons (RCPS) of Glasgow symposium was held in June 2004. RCPS also now funded by the SE to train healthcare workers.
49. The need to address changes to nurse education in alcohol problems as an early priority will be put to the Nursing and Midwifery Council (which will have responsibility for the pre-registration education of nurses) and the new Special Health Board for post registration of nurses in Scotland.	Alcohol problems are well addressed within the majority of midwifery programme curricula. Substance misuse is included in the pre-registration nursing programme of Bell College and Robert Gordon University. The nursing programmes of Glasgow Caledonian, Glasgow, Paisley and Napier Universities have modules in substance misuse. Glasgow Caledonian University (GCU) also have a BSc Specialist Nursing Programme with an SVQ in Substance Misuse Nursing. There is limited curriculum content in programmes provided by Edinburgh University and Queen Margaret University College (QMUC) and this is currently being reviewed. There will be substance misuse input in all Community Mental Health SVQs.
50. The Executive will bring forward proposals to enhance professional social work education. This will require a higher level of specialised training in areas such as the identification and assessment of people with alcohol problems.	<i>The Framework for Social Work Education in Scotland</i> was published in January 2003. The Framework sets out the standards which must be met on completion of the new Honours degree which came into effect in 2004. The Scottish Institute for Excellence in Social Work Education has been set up to ensure that the new degree meets the needs of practitioners. The Institute and the Scottish Social Services Council will be ensuring that the new courses are of a sufficiently high standard to enable new practitioners to cope with complex demands. The Institute has already established links with STRADA to ensure their teaching expertise in tackling problem substance misuse is available to new degree courses.

Plan for action on alcohol problems – review of progress

Delivery – continued

Action point	Progress
<p>51. The new Scottish Social Services Council will register social workers. It will require a programme of continuous professional development (CPD) for them to maintain their registration. CPD will include options in providing services for people with alcohol problems.</p>	<p>Ongoing. The Council commenced registration of social workers in April 2003 and is on target to complete registration of all social workers linked to the introduction of Protection of Title in September 2005. All social service workers including social workers have to comply with a Code of Practice which requires them to update their knowledge and skills relevant to their area of practice. Registered social workers have to undertake 15 days (90 hours) of post registration training and learning over 3 years before re-registration, of which 5 days (30 hours) will focus on working effectively with colleagues and other professionals to identify, assess and manage risks to vulnerable people, some of which may be focused on alcohol problems.</p>
<p>52. To consider how a limited number of specialist networks might be set up and supported.</p>	<p>GINA was launched in June 2003 to focus on and has focussed on the specific issues of women and alcohol in the first instance. The Executive is funding a full time Network Support Officer who is based at AFS.</p>
<p>53. Provide resources to underpin development of a national alcohol information service.</p>	<p>NAIR was established at ISD in April 2002. NAIR is the national centre for statistics and expert advice on alcohol information in Scotland and leads on the development, co-ordination and dissemination of information on the nature and extent of alcohol problems. NAIR have:</p> <ul style="list-style-type: none"> • launched the Alcohol Information Scotland website in March 2004 to facilitate dissemination of statistics, national policy, guidelines and research on alcohol; • issued local information profiles to ADATs to assist with local planning and delivery; • established close partnership working with ADATs and the SAADAT; and • commissioned and developed the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) to address local and national planning needs.



Plan for action on alcohol problems – review of progress

Delivery – continued

Action point	Progress
54. To consult on standard definitions of a range of alcohol problems to be used in data collection by relevant agencies.	NAIR are contributing to the development of national data standards for collection of alcohol information which is being taken forward as part of wider initiatives such as Joint Future.
55. To explore the potential for quantitative measurement of alcohol, and other substance misuse issues and problems, among minority ethnic groups in Scotland, alongside other survey activity.	NAIR are exploring the enhancement of reporting of alcohol information amongst equality groups as part of wider work on improving information reporting in the general population.
56. The Public Health Institute for Scotland, on behalf of the Executive, will lead a review in Scotland starting early in 2002, of gaps in research knowledge and evaluation practice, in the light of the action in this plan.	The review has been completed.
57. The Effective Interventions Unit (EIU) work on identifying and disseminating effective practice in tackling drug misuse will be made routinely available to the alcohol field.	EIU publications were made available to the alcohol field. The Unit has now been disbanded but the Executive remains committed to the dissemination of effective practice and will be introducing an alcohol problems research programme from 2005/06.