

DELIVERING BETTER OUTCOMES:

AN OUTCOMES TOOLKIT FOR ALCOHOL AND
DRUGS PARTNERSHIPS

VERSION 1

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SECTION 1 – ADPs: AN OUTCOMES APPROACH

Introduction

1. This toolkit is intended to provide guidance for you as an Alcohol and Drugs Partnership (ADP) in operating in an outcomes based environment and to support your working relationships with local partners and service providers. This toolkit is intended to assist you to identify local priority outcomes relating to alcohol and drugs.

2. The outcomes approach focuses on real and lasting results and should help create more confidence amongst a range of stakeholders (including service users and their families, service providers¹, funders and the Scottish Government) that high quality services, which achieve their goals, are being delivered. It means we no longer focus simply on the inputs and actions being carried out.

The Policy Environment

3. On 2 March 2009, the Scottish Government published *Changing Scotland's Relationship with Alcohol: A Framework for Action*. Alcohol misuse is widely recognised by health experts as one of Scotland's most pressing public health concerns and the Framework addresses issues around reducing alcohol consumption, tackling the damaging impact alcohol misuse has on our families and communities, encouraging positive attitudes and positive choices and improving the support and treatment available to tackle alcohol misuse. The *Framework for Action* recognised that alcohol misuse is much more prevalent across Scottish society than previously recognised. As a result the Framework adopts a whole population approach, as well as recognising that some vulnerable groups require a more targeted approach.

4. The drugs strategy "*The Road to Recovery*" published in May 2008 sets out a significant programme of reform to tackle Scotland's drug problem. Central to the strategy is the concept of recovery - a process through which individuals are enabled to move-on from their problem drug use towards a drug-free life and become active and contributing members of society.

5. The drugs strategy and the alcohol framework both signalled the need to ensure that local delivery of alcohol and drugs services was effective, efficient, accountable and able to contribute to national and local outcomes.

Reform of local delivery arrangements for drugs and alcohol services

6. A Stocktake review of Alcohol and Drug Action Teams (ADATs), published in July 2007, considered the performance of ADATs and their capabilities to deliver the future priorities on drugs and alcohol. Having considered this report, Scottish

¹ All references to services include direct services, health interventions, partner activity and other activities and programmes



Ministers invited the Scottish Advisory Committee on Drugs Misuse and the Scottish Ministerial Advisory Committee on Alcohol Problems to establish a joint group to look at the future of delivery arrangements. This group, the Delivery Reform Group, met for the first time in January 2008.

7. The Delivery Reform Group's work covered three main strands:
 - Clarifying responsibilities and accountability arrangements;
 - Developing an outcomes toolkit for partners to use to assist in setting outcomes at the local level; and
 - Recommending the employment of national support coordinators to work with Government, local partnerships, service commissioners and providers to support delivery improvements.
8. A joint CoSLA and Scottish Government agreement and framework on responsibilities, accountability and partnership working has been published in tandem with this toolkit.

The move to an outcomes approach

9. The environment in which local partnerships tackling alcohol and drugs misuse operate changed over the course of 2008. A National Performance Framework was introduced, identifying national outcomes, targets and indicators which the Scottish Government wants to achieve over the next 10 years. Single Outcome Agreements (SOAs) between local and national government were agreed, giving local government the freedom to identify their own priorities and allocate funding to these.

10. The SOAs agreed in 2008 set out the outcomes each authority wished to achieve, working with its community planning partners. Each SOA should have identified local outcomes which expressed specific local priorities and which should inform one or more national outcomes. From 2009, SOAs will be more explicitly negotiated and agreed with Community Planning Partnerships. These will better reflect local needs, circumstances and priorities to be delivered in partnership. Guidance for Community Planning Partnerships on developing 2009 SOAs was published on 31 October 2008 and is available from <http://www.improvementservice.org.uk/core-programmes/single-outcome-agreements/>.

Measuring, monitoring and evaluating outcomes

11. Demonstrating progress towards achieving outcomes can be challenging. External factors, for example economic issues or activity by other partners, can influence progress towards the outcome and identifying the actual impact of these can be difficult. Also it will, in many cases, be difficult to isolate the particular activity which enabled the outcome to be met. However, this does not mean that outcomes should not be measured or evaluated. Service delivery outcomes can be achieved



and demonstrated and this activity can feed into the achievement of higher level outcomes, over a longer time scale.

12. This document sets out example outcomes and possible indicators and measures that could be used to demonstrate the achievement of drugs and alcohol outcomes. These are merely suggestions. Some of the suggested indicators and measures may not be currently available through routine data collection. It will be for services and partnerships to agree local indicators taking account of local data sources and monitoring arrangements.

Outcomes in alcohol and drugs work

13. As part of the reform of the delivery of alcohol and drugs services, the Delivery Reform Group has proposed that Alcohol and Drugs Partnerships (ADPs) replace Alcohol and Drug Action Teams. A key function of these partnerships is to identify the priority outcomes on alcohol and drugs to be achieved locally.

14. Other partnerships, such as community safety partnerships and community health partnerships, should also have an interest in tackling alcohol and drugs misuse and activity in this area may be done jointly. Also, activity by these partnerships can help contribute to the achievement of high-level outcomes. Where there is overlap between partnerships or joint activity, it should be made clear which partnership is expected to lead on activity and report on progress and achievements.

15. A focus on and ownership of local outcomes for drugs and alcohol will be critical for partnerships. This is because the outcomes approach will help:

- improve the capacity of ADPs and local providers to plan, deliver and manage services for those affected by substance misuse;
- support substance misuse agencies in making best use of their own outcomes and monitoring information for internal planning, reflection and development purposes;
- identify better ways of designing and delivering services and to provide ideas for future projects;
- demonstrate the effectiveness of projects to funders and other stakeholders
- shift the assessment of interventions from measuring activity levels to measuring the impact (outcomes) achieved;
- demonstrate improved performance in terms of recovery from problem drug use;
- develop effective structures to enable substance misuse services to report meaningful outcomes and monitoring information to ADPs;
- identify what is effective and thus improve the quality of service provision; and
- ensure strategic and management processes are evidence-based.

16. We recommend that you use this outcomes toolkit in one or all of the following ways:



- to identify and show the positive impact on communities, families and individuals that supporting drugs and alcohol services delivers and the link this has with high-level and national outcomes. This will be key in dialogue with community planning partners and other strategic budget holders;
- to ensure that decisions on the mix of treatment and rehabilitation services are informed by evidence, including how they meet the identified need;
- in commissioning services and putting in place performance management arrangements to track progress; and / or
- to communicate the impact of activities to the wider public.

17. An outcomes approach is very much in line with the drugs strategy's focus on recovery. Working in terms of outcomes by treating the whole person, including all the things they identify as barriers to their own recovery, is as important as providing purely physical or psychological interventions.

18. This toolkit is intended to support you to operate within the outcomes environment. It provides a range of example intermediate and service delivery outcomes that you may wish to consider when identifying your local priorities. These outcomes are not an exhaustive list, they are simply examples. Some partnerships may have already developed their own local outcomes and may choose to either continue with these or to update them with some of the outcomes provided in this toolkit. You are not expected to work towards achieving all outcomes included in this toolkit; you should simply identify those outcomes which you and your partners consider to be a priority for your own local area.

19. The toolkit also suggests possible local indicators, some of which reflect data already collected locally. Again, these are not exhaustive; they are simply examples to assist you in planning how you may choose to monitor the achievement of your chosen outcomes. ADPs, service commissioners and services will wish to consider which indicators are best suited to their local environment and systems.

20. The toolkit has been developed in tandem with the Health Improvement Performance Management Review, which was commissioned by the Scottish Government and led by NHS Health Scotland. Some of the tools developed in the review were used to support the development of the toolkit. These tools will be made available on NHS Health Scotland website:

<http://www.healthscotland.com/scotlands-health/evaluation/hi-performancemanagement-nhs.aspx>.

You may find it useful to use them alongside this toolkit to develop your own approaches to planning and measuring outcomes and to facilitate dialogue with community planning partners.

Change management

21. The Scottish Government will employ national support co-ordinators to assist you with understanding and implementing new delivery and accountability



arrangements, and the development of outcomes, local indicators and measures. The national support co-ordinators will also be available as a resource to assist you to take forward the alcohol framework and drugs strategy.

Using this document

22. This document is set out in four main sections:

- This introduction forms the first section;
- Section two provides an introduction to working with outcomes, the terms used and how the levels of outcomes interact and link;
- Section three provides guidance for you in working with local partners, especially regarding your role in influencing the Single Outcome Agreement process; and
- Section four provides guidance for you in working with services or service commissioners to set achievable outcomes.

23. Other local partners and services may also find the toolkit helpful in developing their links and relationships with the Alcohol and Drug Partnership and in working towards an outcomes based approach. It is intended to provide guidance on working at all the “levels” of outcomes and with various different partners.



SECTION 2 – ADPs: LINKING OUTCOMES

Linking National Outcomes to Service Delivery Outcomes

24. As discussed, the key aims of this document are to assist you in improving outcomes-focused working in services and in explaining the importance of drugs and alcohol services through the contribution they will make to achieving both national outcomes and priority outcomes for your local area. This is true for outcomes both directly and indirectly related to drugs and alcohol.

25. A brief description of the different “levels” of outcomes used in this document (national outcomes, high-level outcomes, intermediate outcomes and service delivery outcomes) has been provided below; this is followed by a worked example explaining how the outcomes should link together.

26. Some outcomes might be relevant to include at more than one level. For example, reduced consumption of alcohol by people in contact with alcohol misuse services is an important service delivery outcome, but it is also a desired intermediate outcome for the local population. Reduced consumption by service users may help to reduce local population consumption but it will not necessarily be achieved if alcohol consumption is increasing in the non-service user population and/or if services have inadequate reach. Service delivery outcomes will only affect intermediate outcomes if enough of those people who could benefit from a service are reached.

27. It is also important to consider the timescales over which outcomes might be achieved. Many outcomes in SOAs will be long-term aspirations such as lower rates of alcohol-related hospital admissions or improved life expectancy. To monitor progress towards these, outcomes need to be defined at the service delivery level, such as reduced alcohol consumption amongst people attending alcohol misuse services, and intermediate level such as reduced alcohol consumption in the local population. It is recognised that achievement of lower level outcomes can also take some time and changes are not likely to be immediate. The length of time over which outcomes at each level might be achieved will depend on the outcomes concerned but it is important to think about the time sequence and the timescale for achieving them. Service commissioners and services will wish to develop mechanisms for measuring progress towards achieving outcomes as a means for both reporting on activity and for developing a better understanding of how long it can take to achieve positive change.

National Outcomes

28. National Outcomes are the 15 priority outcomes which the Government aims to achieve in the next ten years. Improvements in drugs and alcohol problems will help to contribute to a number of these outcomes, in particular those listed below. A full description of these outcomes can be found in Annex B.



National Outcomes most relevant to drugs and alcohol

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

29. The Scottish Government has also developed a set of 45 National Indicators to track progress towards these outcomes. Many of the National Indicators are potentially relevant to local government and can be used as indicators to inform local outcomes within SOAs.

30. The National Indicators most relevant to alcohol and drugs are:

Indicator 18: reduce alcohol related hospital admissions by 2011

Indicator 29: decrease the estimated number of problem drug users in Scotland by 2011

High-level outcomes

31. Sitting under these national outcomes are a number of drugs and alcohol related high-level outcomes. High-level outcomes are likely to be community or population-level (perhaps equivalent to the “Local Outcomes” in SOAs) and are reliant on the achievement of a number of intermediate outcomes (see below). Achievement of high-level outcomes will not solely be due to the activity of alcohol and drugs partnerships; other partnerships and agencies will have a key role.

32. The high-level outcomes listed in the box below are not exhaustive and are provided as examples of outcomes that local areas may wish to have as priorities. The list is meant as a tool to assist you in thinking about outcomes that would be relevant to your local area while ensuring there is a clear link with and contribution to the National Outcomes. You have a key role in achieving the high-level outcomes that specifically relate to drugs and alcohol. You should also contribute to achieving other high-level outcomes where alcohol and drugs issues are a factor.

33. Success in achieving a large number of high-level outcomes from across the country will contribute to the achievement of National Outcomes.



High level outcomes relevant to drugs and alcohol

Drugs-specific

- Reduction in drug related morbidity, mortality and deaths.
- Less drug-related crime:
 - Acquisitive
 - Violent
 - Organised

Alcohol-specific

- Reduced alcohol related injuries, physical and psychological morbidity and mortality
- Less alcohol related violence/abuse/offences and anti-social behaviour

Relevant to both drugs and alcohol

- Less absenteeism/presenteeism caused by drug use/alcohol consumption in the workplace and educational establishments
 - Increased employability of Scottish workforce
 - Increased productivity in the workplace.
 - Increase in young people (and adults) completing school, college or training
 - Increased educational attainment
- Reduction in adults on benefit due to drug/alcohol related incapacity

Intermediate Outcomes

34. Intermediate outcomes are those outcomes that contribute to the achievement of high-level outcomes. They show the link between achieving service delivery outcomes specific to drugs and alcohol and high-level outcomes which may be a priority within that specific community or area. They can be used to show the importance of supporting drug and alcohol work in achieving the wider community's priority outcomes. At a population level, intermediate outcomes are unlikely to be achievable by a single organisation or intervention.

35. It is likely that a number of intermediate outcomes will contribute to the achievement of high-level outcomes.

36. In Section 3, we have provided examples of intermediate outcomes related to drugs and alcohol together with indicators and measures which may be useful in demonstrating the achievement of these outcomes. These have been split into the following priority themes :

- Recovery – specialist and generic services
- Children Affected by Parental Substance Misuse (CAPSM)
- Enforcement and Availability; and
- Prevention – changing attitudes, environment and culture



37. These themes were chosen as they are the key strands of activity on alcohol and drugs and are reflected in the Government's strategies.

38. Full lists of all the outcomes relevant to each key theme can be found in Annex C.

Service Delivery Outcomes

39. Service delivery outcomes are the short-term outcomes directly attributable to a service and they should feed into the achievement of intermediate outcomes. It is likely that a number of service delivery outcomes will contribute to the achievement of intermediate outcomes. Each service, or groups of services, in your area should have their own service delivery outcomes relevant to what they are expected to achieve with their service users.

40. The service delivery outcomes will probably relate directly to specific outcomes agreed with each of their service users. Services should work with each of their service users to develop an individual care plan, specifically designed to meet that individual's needs. The achievement of service user's outcomes should be monitored, allowing the service to evaluate how well it is doing and to identify what works well and what can be improved.

41. For public health services, the service delivery outcomes will depend on the intervention.

42. What is important for all service delivery outcomes is that it is reasonable to expect the service to achieve these outcomes with their users or participants, regardless of the contribution of other services.

43. At a population level, the reach of services becomes important. Service delivery outcomes will only affect intermediate outcomes if enough of those people who could benefit from a service are reached and participate with the service.

44. As with the intermediate outcomes, in Section 4 we have provided examples of service delivery outcomes related to drugs and alcohol together with indicators which may be useful in measuring the success of these outcomes. These have been split into the same priority themes as the intermediate outcomes:

- Recovery;
- Children Affected by Parental Substance Misuse (CAPSM);
- Enforcement and Availability; and
- Prevention.

45. Before moving on to these lists of intermediate and service delivery outcomes, it may be useful to look at the worked example below, which has been provided to illustrate how service delivery, intermediate and high level outcomes could link through to the achievement of national outcomes.



A worked example

46. The diagram below (Figure 1) shows the different “levels” of outcomes. The national outcomes sit at the top of the triangle, as everything should feed into one or more of these national-level outcomes. As discussed, many of the 15 national outcomes are relevant to drugs and alcohol.

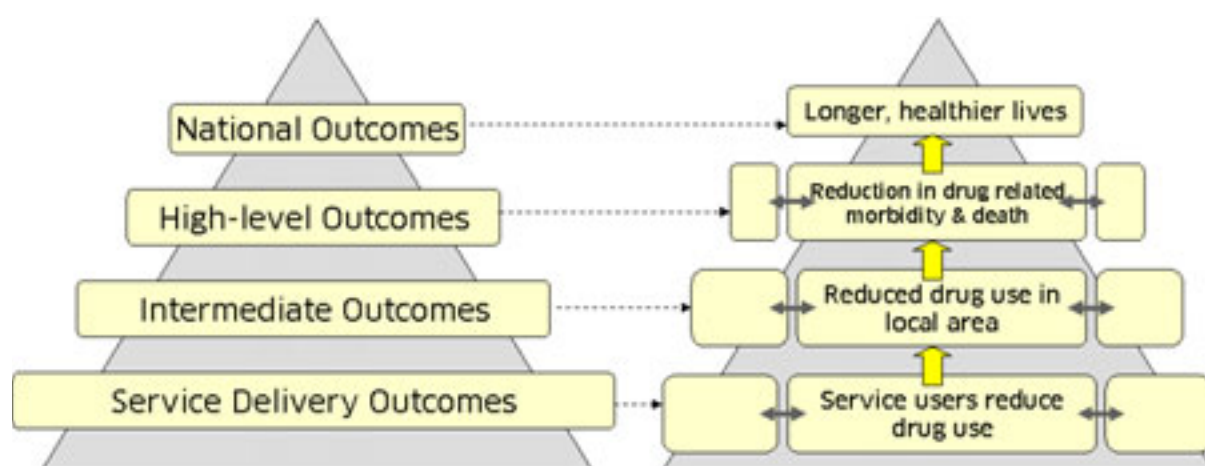


Figure 1: An example of how a service delivery outcome may link into higher-level outcomes and ultimately influence the achievement of National Outcomes.

47. As depicted in the example, a priority outcome for a service may be that their service users reduce their drug use. It is the role of the service to help each individual attending their service to achieve this outcome.

48. By accessing the service, individuals should receive the support they need. It is the responsibility of the local partners (local authority, NHS and voluntary sector in partnership through the ADP) to ensure that individuals are able to access a range of services as and when they need them. Services must be commissioned on the basis of a needs assessment. If the service is successful in achieving this service delivery outcome it should reduce the drug use in the local area, assuming the reach of the service is sufficient.

49. In turn, if services support enough people in the local area to reduce problem drug use, then, over time, the level of drug-related morbidity and deaths in that area should reduce. The concept of reach is important in translating individual service delivery and intermediate outcomes to high-level and national outcomes. These higher level outcomes will only be achieved if a big enough proportion of individuals change their behaviour. Ultimately the achievement of the high level outcome in the example will influence the achievement of the National Outcome: “We live longer, healthier lives”.



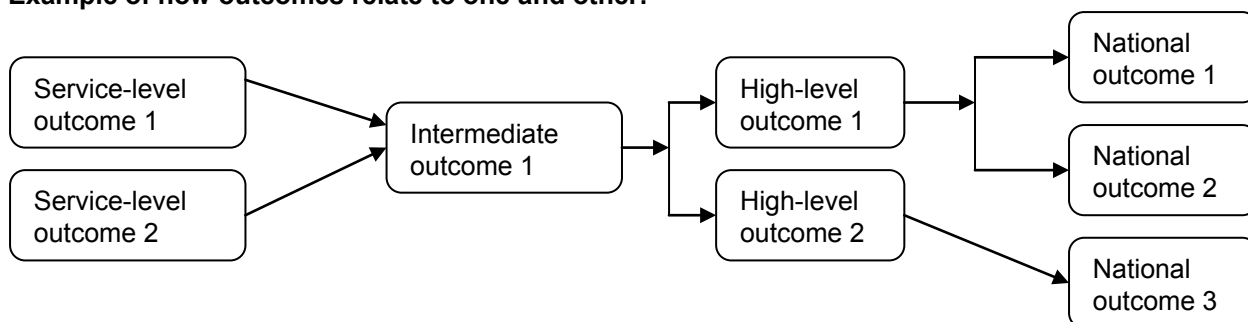
50. This example is simplified and is provided purely to show the link between the different levels of outcomes.

51. To help guide you through this document, you will notice a small triangle in the top right corner of each page – in Section 3 the intermediate, high-level and National Outcomes are highlighted showing that these are the focus of this section; in Section 4 the same triangle is shown but the service delivery outcome has been highlighted, as this is the focus of this section. At the start of each section, we have repeated the diagram above, again highlighting the parts relevant to that section.

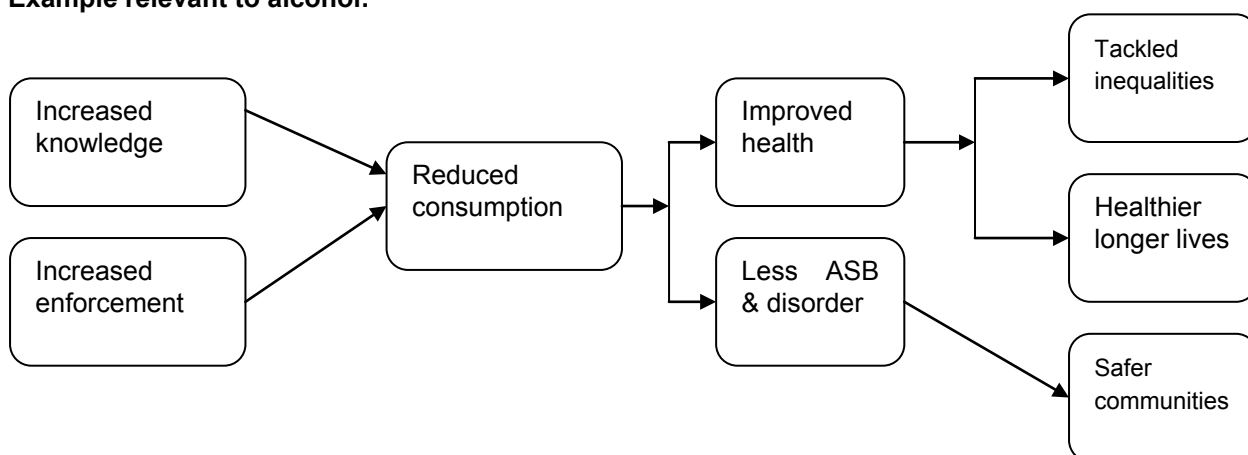
52. Another way of visualising the links between the levels of outcomes has been shown in Figure 2, which depicts the fact that a number of outcomes may influence the achievement of one or more higher level outcomes. There are inevitably links both ways, e.g. the service delivery outcomes may also be influenced by the success of one or more intermediate outcome. Three examples have been provided to help you to understand the links.



Example of how outcomes relate to one and other:



Example relevant to alcohol:



Example relevant to drugs:

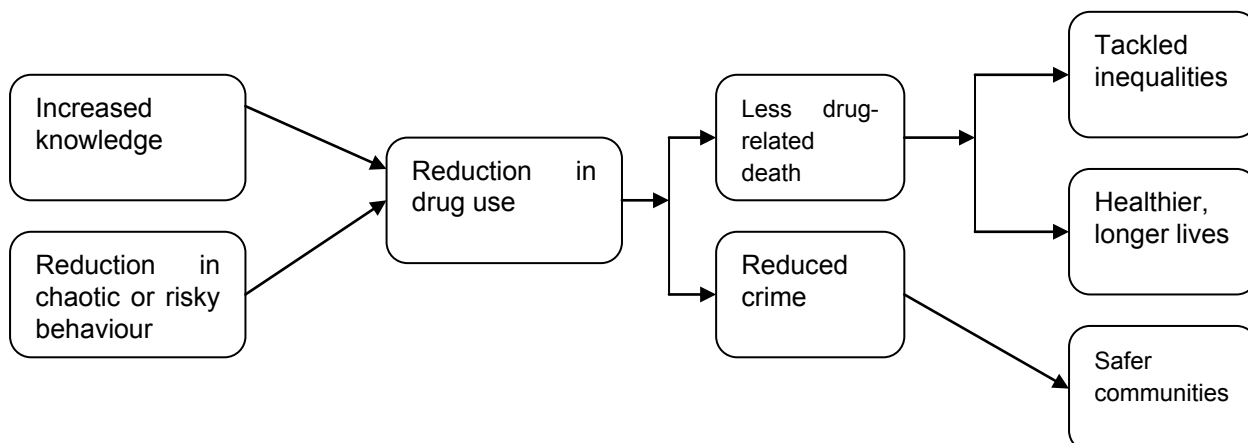


Figure 2: Diagrams showing that various outcomes may feed into one or more higher-level outcome, together with examples to illustrate these links.



SECTION 3 – ADPs: INFLUENCING SINGLE OUTCOME AGREEMENTS

53. This section focuses on your role in influencing Single Outcome Agreements (SOAs), working with the community planning partners, the local authority, NHS Boards and other local agencies.

54. As explained earlier, from 2009-10 Single Outcome Agreements will be agreed with Community Planning Partnerships and a key role for you will be influencing the negotiations to ensure that appropriate priority is given to tackling alcohol and drug misuse. For example, if you work in an area which has serious alcohol or drugs issues then this should be reflected in the SOA in the local context section and in the local outcomes and indicators; you should also ensure appropriate links are made in the SOA to local strategies and plans. You may want to use some of the example intermediate outcomes to explain how these should help to achieve the high-level and National Outcomes. The diagram below, Figure 3, emphasises these levels of outcomes.

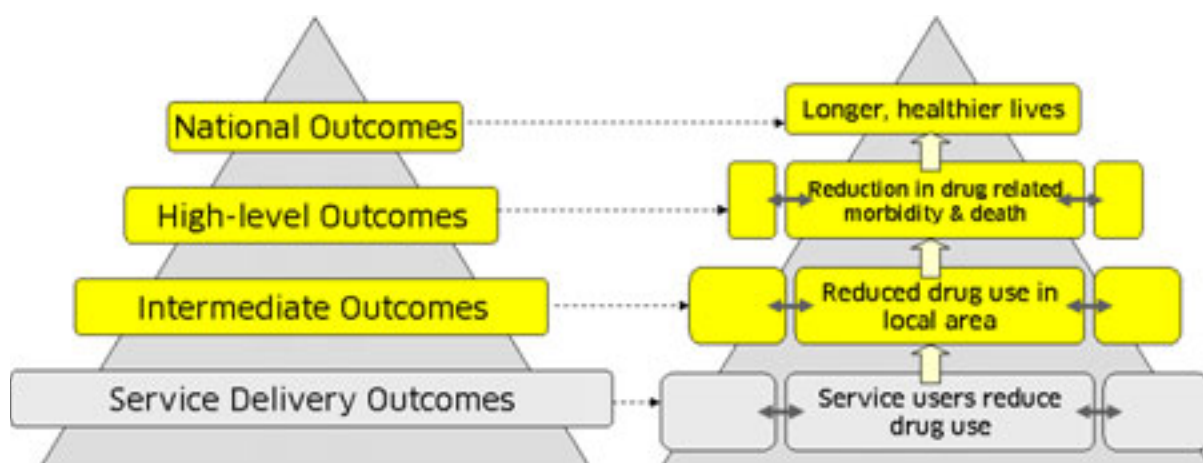


Figure 3: The link between the different levels of outcomes –those important to influencing the SOA process are highlighted in yellow.

55. As explained earlier, the outcomes have been split into four themes:

- Recovery;
- Children Affected by Parental Substance Misuse (CAPSM);
- Enforcement and Availability; and
- Prevention.

Recovery – Specialist and generic services (Treatment & harm minimisation and health, social care, housing etc)

56. Recovery as an achievable goal is a concept pioneered in recent years with great success in the field of mental health. The strength of the recovery principle is



that it can bring about a shift in thinking - a change in attitude both by service providers and by the individual with the substance problem. There is no right or wrong way to recover. Recovery is about helping an individual achieve their full potential - with the ultimate goal being what is important to the individual, rather than the means by which it is achieved. A recovery approach concentrates on the users' strengths, not on their deficits, it enables the person to feel hope, to have aspirations. It is non stigmatising and encourages people to build social networks and to integrate fully with the resources, institutions and activities that other people around them take part in.

57. Helping service users to recover from their substance misuse problems should enable them to integrate into the community and contribute to society; ultimately their recovery should help to achieve National Outcomes. In order to do this, your local area may want to work towards achieving the following high-level outcomes:

High-level Outcomes related to Recovery

- Reduced alcohol related injuries, physical and psychological morbidity and mortality
- Less alcohol related violence/abuse/offences and antisocial behaviour
- Less absenteeism/presenteeism caused by drug use/alcohol consumption in the workplace and educational establishments
- Reduction in drug related morbidity, mortality and deaths
- Reduction in adults on benefit due to drug/alcohol related incapacity
- Reduced number of children looked after and accommodated/separated from parents
- Safer and happier families and communities
- Less drug-related crime:
 - Acquisitive
 - Violent
 - Organised

58. The following list of intermediate outcomes should help your local area to achieve some or all of the high-level outcomes listed in the box above. The list is by no means exhaustive and has been provided to give you some example outcomes and potential indicators which may be relevant to your local area. As mentioned earlier, some of the measures/indicators are not currently available through routine data collection and you will need to consider how best to gather the information and monitor them.



Intermediate outcomes	Measures/Indicators
<p>Fewer individuals drink above recommended daily and weekly guidelines</p> <p>Reduced mean per capita consumption</p>	<ul style="list-style-type: none"> - Number of people drinking within daily recommended limits (Scottish Health Survey (SHeS)) - Number of people drinking within weekly recommended limits - Number of people drinking twice the daily recommended limit (“binge” drinking) - Number of people who score positive on the CAGE questionnaire (SHeS)
Reduced consumption in those below minimum legal purchase age	<ul style="list-style-type: none"> - Level of under-age drinking (SALSUS)
Fewer women drinking/taking drugs during pregnancy	<ul style="list-style-type: none"> - Number of alcohol brief interventions delivered in antenatal setting - Percentage of new clients who are also pregnant (SDMD) - SMR02 data
Reduction in drug use in local area	<ul style="list-style-type: none"> - Number of people reporting using illicit drugs - Number of people reporting reduce use - Number of drug related deaths and/or drug related overdoses - Prevalence rates
Individuals in need receive timely, sensitive and appropriate support	<ul style="list-style-type: none"> - Waiting time for services - Proportion of clients with a care plan - Number and type of services matched to local needs assessment - Percentage of people in local population with alcohol/drug problem in treatment
Increased knowledge and changed attitudes to alcohol, drinking and drugs	<ul style="list-style-type: none"> - Number of alcohol brief interventions delivered - Number of substance misuse education events delivered - Level of underage drinking (SALSUS) - Number of people reporting illicit drug use (SHeS) - Number of people drinking within recommended limits (SHeS)

Children Affected by Parental Substance Misuse (CAPSM)

59. Best estimates suggest that more than 65,000 children may be affected by parental alcohol misuse and 40-60,000 children may be affected by parental drug misuse. Children who live with parents who have drug and alcohol problems are



among the most vulnerable. Children and young people in this situation require particular support and care to ensure they share in the same high aspirations and outcomes we want for all of Scotland's children. *Getting It Right For Every Child* is the Government's policy for addressing the needs of all children - and it provides the framework within which public agencies can work better together with a focus on improving outcomes for children. Building the capacity of families and communities to engage in activities that support children is central to this approach. The Early Years and Early Intervention Framework developed jointly by the Scottish Government and CoSLA will ensure a strong focus on what needs to be done to ensure that all children, including the most vulnerable, get the best start in life.

60. Achieving outcomes specific to children affected by parental substance misuse is clearly a priority issue across the country and should, ultimately, help to achieve National Outcomes. In contributing to this, your local area may want to work towards achieving the following high-level outcomes:

High-level Outcomes related to CAPSM

- Reduction in absenteeism/presenteeism caused by drug use/alcohol consumption in educational establishments
- Increase in young people completing school, college or training
- Reduction in children's exposure to substance misuse
- Reduced number of children looked after and accommodated/separated from parents
- Safer and happier families

61. The following list of intermediate outcomes should help your local area to achieve some or all of the high-level outcomes listed in the box above. The list is by no means exhaustive and has been provided to give you some example outcomes and potential indicators which may be relevant to your local area.

Intermediate outcomes	Measures/Indicators
Increased number of children in touch with services living in supportive and stable households/safe environments	<ul style="list-style-type: none"> - Number of children separated from parents as a result of the parents' substance misusing behaviour - Number of referrals to social work /family support workers - Number of referrals to children's reporter - Improved school attendance and achievement
Increased participation in community activities for children affected by parental substance misuse	<ul style="list-style-type: none"> - Number of children participating in community based activities - Number of referrals or self-referrals to community activities/projects



Improved school attendance and attainment in children affected by parental substance misuse and in touch with services	<ul style="list-style-type: none"> - Attendance rates of children affected by parental substance misuse - Attainment information of children affected by parental substance misuse
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Enforcement and Availability

62. Clearly there are very different enforcement and availability issues related to alcohol and drugs given that, in simple terms, it is legal to buy and use alcohol but not most drugs. However, there is also a great deal of overlap, as tackling both drugs and alcohol related problems can contribute to achieving the same higher level outcomes.

63. In both cases, enforcement and availability policy development is undertaken at the national level; however, services in your local area may have a role in supporting or enforcing this.

Drugs:

64. It is important that we continue to take steps to reduce the harms caused by illegal drugs by enforcing current laws and reducing and disrupting supply whilst assisting individuals in their road to recovery. Prevention work may need to be carried out in partnership, for example police working with local services, to ensure that the impact of action is considered and measures put in place to respond to it, eg provision of additional support should supply be disrupted. It is important that enforcement is designed to meet the needs of your local area.

Alcohol:

65. The discussion paper on changing Scotland's relationship with alcohol contained a number of proposals to control access and availability of alcohol. While Government sets the national context, Licensing Boards and police forces have a key role to play in ensuring laws and regulations are implemented and enforced.

66. In order to help to achieve National Outcomes, your local area may want to work towards achieving the following high-level outcomes:



High-level Outcomes related to Enforcement and Availability

- Less alcohol related violence/abuse / offences and antisocial behaviour
- Less absenteeism / presenteeism in the workplace caused by alcohol and drugs consumption
- Increased productivity in the workplace
- Reduced alcohol and related injuries, physical and psychological morbidity and mortality
- Reduction in drug related morbidity, mortality and deaths
- Safer and happier families and communities
- Less drug-related crime:
 - Acquisitive
 - Violent
 - Organised

67. The following list of intermediate outcomes should help your local area to achieve some or all of the high-level outcomes listed in the box above. The list is by no means exhaustive and has been provided to give you some example outcomes and potential indicators which may be relevant to your local area.

Intermediate outcomes	Measures/Indicators
Reduced availability of alcohol	<ul style="list-style-type: none"> - Number of liquor licences revoked/refused - Number of new licenses granted against number of existing licensed establishments
Reduced acceptability of hazardous drinking and drunkenness	<ul style="list-style-type: none"> - Level of under-age drinking (SALSUS) - Level of self-reported drunkenness among underage drinkers (SALSUS) - Number of young people who deliberately drank to get drunk (SALSUS) - Family attitude to underage drinking (SALSUS) - Decrease in the acceptability of public drunkenness (SHeS) - Number of people drinking within recommended limits (SHeS) - Drunkenness offences
Fewer individuals drink above recommended daily and weekly guidelines Reduced mean per capita consumption	<ul style="list-style-type: none"> - Number of people drinking within daily recommended limits (SHeS) - Number of people drinking within weekly recommended limits - Number of people drinking twice the daily recommended limit ("binge" drinking) - Number of people who score positive on the CAGE questionnaire (SHeS)



Reduced alcohol and drug related violence and offences	<ul style="list-style-type: none"> - Police statistics on alcohol and drug related offences such as: <ul style="list-style-type: none"> • Violence • Drink or drug driving - Number of persons killed or injured through drug/alcohol related crime
Reduced drug dealing in local area	<ul style="list-style-type: none"> - Number of recorded crimes and offences - drugs - Police Seizures, number and quantity/weight - Overall reconviction rates for drug offences
Reduction in drug use in local area	<ul style="list-style-type: none"> - Number of people reporting using illicit drugs - Number of recorded crimes and offences - drugs - Needle disposal/exchange statistics - Police seizures - Prevalence - Number of individuals reported to PF where proceedings were not taken for drug offences

Prevention: changing attitudes, environment and culture

68. It is generally accepted that it is better to prevent problem substance use than to treat established drug and alcohol problems. It is essential that accurate information is provided to the public, so they can make well informed decisions. It is also important to communicate with, educate and provide diversionary activities for young people.

69. A lot of prevention work aims to help us make positive, healthier lifestyle choices; and it is recognised that this can be very hard to measure because it is difficult to prove which activity or opportunity caused any change in attitude or behaviour if this was required.

70. NHS Boards have a target to deliver alcohol brief interventions – short motivational interviews which are intended to help individuals think about their alcohol consumption and change their behaviour. Delivery of these in significant numbers may bring about population change and help meet National Outcomes.

71. In order to help to achieve National Outcomes, your local area may want to work towards achieving the following high-level outcomes:



High-level Outcomes related to Prevention

- Reduced alcohol related injuries, physical and psychological morbidity and mortality
- Less alcohol related violence/abuse/offences and antisocial behaviour
- Less absenteeism/presenteeism caused by drug use/alcohol consumption in the workplace and educational establishments
- Increased productivity in the workplace.
- Reduction in drug related morbidity, mortality and deaths.
- Less drug-related crime:
 - Acquisitive
 - Violent
 - Organised

72. Activity which delivers the intermediate outcomes below could help your local area to achieve some or all of the high-level outcomes listed in the box above. The list is by no means exhaustive and has been provided to give you some example outcomes and potential indicators which may be relevant to your local area.

Intermediate outcomes related to Prevention:

Intermediate outcomes	Measures/Indicators
Fewer individuals drink above recommended daily and weekly guidelines Reduced mean per capita consumption	<ul style="list-style-type: none"> - Number of people drinking within daily recommended limits (SHeS) - Number of people drinking within weekly recommended limits - Number of people drinking twice the daily recommended limit ("binge" drinking) - Number of people who score positive on the CAGE questionnaire (SHeS)
Reduced consumption in those below minimum legal purchase age	<ul style="list-style-type: none"> - Level of under-age drinking (SALSUS)
Reduced acceptability of hazardous drinking and drunkenness	<ul style="list-style-type: none"> - Number of people drinking within recommended limits - Level of underage drinking - Drunkenness offences - Police statistics on alcohol and drug related offences such as: <ul style="list-style-type: none"> • Violence • Drink or drug driving - Number of persons killed or injured through drug/alcohol related crime



Reduction in drug use in local area	<ul style="list-style-type: none"> - Number of people reporting using illicit drugs and level/amount of consumption - Police seizures – number and quantity/weight - Prevalence
Individuals in need receive timely, sensitive and appropriate support	<ul style="list-style-type: none"> - Waiting time for services - Proportion of clients with a care plan - Number and type of services matched to local needs assessment - Percentage of people in local population with alcohol/drug problem in treatment
Increased knowledge and changed attitudes to alcohol, drinking	<ul style="list-style-type: none"> - Number of alcohol brief interventions delivered - Number of substance misuse education events delivered - Level of underage drinking (SALSUS) - Number of people reporting illicit drug use (SHeS) - Number of people drinking within recommended limits (SHeS)



SECTION 4 – ADPs: INFLUENCING SERVICE DELIVERY

73. This section focuses on your role in working with services and/or service commissioners to identify service delivery outcomes, which demonstrate the benefits of service activity and which can assist in the performance management of services. The achievement of service delivery outcomes should feed into the achievement of intermediate outcomes, high-level and ultimately the national outcomes. This section focuses on the bottom layer of the triangle below – service delivery outcomes, see Figure 4.

74. You will have a role in influencing service delivery. You may also be a service commissioner or this responsibility may be devolved to another partnership. In any case, you can play a role in influencing the identification of priority service delivery outcomes. If you are commissioning services you may have an additional role of working directly with services to ensure they monitor and evaluate how well their service users are achieving outcomes. Whatever your role, it is vital that service delivery outcomes are person centred through meeting each individual's specific needs and helping them achieve their personal goals. Service delivery outcomes can relate to programmes of activity and other interventions as well as the process of treatment and care.

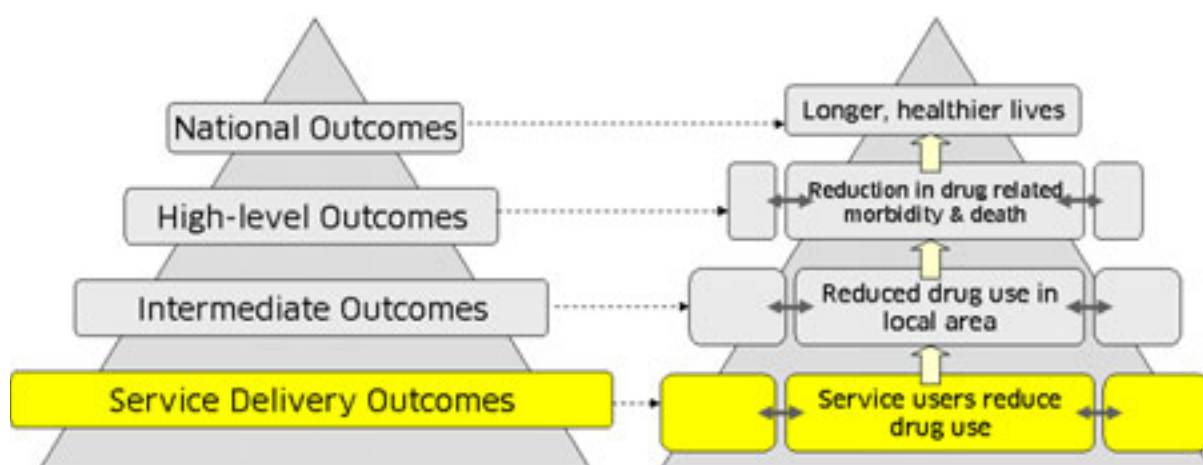


Figure 4: The link between the different levels of outcomes – those important when working with services are highlighted in yellow.

75. Activity which delivers the service delivery outcomes should help your local area to achieve the intermediate outcomes described in Section 3. The list of service delivery outcomes suggested here is by no means exhaustive and has been provided to give you some example outcomes and potential indicators which may be relevant to your local area. The suggested indicators may be applicable to the achievement of one or more outcome. These indicators are not compulsory and services may wish to review the information they already collect and consider whether this would indicate the achievement of their selected outcomes.



Recovery – Specialist and generic services (treatment & harm minimisation and health, social care, housing etc)

76. As recovery will mean different things at different times to each individual, a range of appropriate services, both specialist drugs and alcohol services and generic services (for example housing, mental health, finance etc) should be available at a local level. We recommend that partnerships should regularly be in contact with services to gauge trends in need; ensure provision of local service information and feed back to services on regional barriers to access.

77. As well as providing an assessment of service users' needs and providing a range of responses to meet these needs, services should, as far as possible, focus on service users' strengths, promote recovery and integrate their aspirations into the service users' own plans for the future. Services should focus on service users' choice, even where they are subject to "coercive" treatment (e.g. Drugs Treatment and Testing Orders). For specialist services, a key issue will be to bring about behaviour change rather than simply treating symptoms or problems.

78. Services should promote techniques for self-management, encourage the development of meaningful relationships and participation in positive activities and, where possible, provide assistance with employment and development of parenting skills etc.

79. Service users should be encouraged to feed back on the service they receive at all stages of their recovery and their views should be incorporated into service developments or improvements as much as possible.

80. The following list of service delivery outcomes should help your local area to achieve the intermediate outcomes described in Section 3. In some cases there will be a range of services that will need to work together to achieve the outcome.

Specialist:

Service delivery outcomes	Measures/Indicators
Service users are fully involved and participate in planning for their own sustainable recovery (i.e. a person centred approach is used)	<ul style="list-style-type: none"> - Service user satisfaction - Service users fully engaged in own care plan - Service users with individual focused care plan - % of planned discharges
Services make appropriate referrals to other support or treatment services when required and as appropriate	<ul style="list-style-type: none"> - Information about all services is readily available - Number of referrals to other agencies - % assessed as in need of services after 12 months



	<ul style="list-style-type: none"> % of service users moved on to other services - % of service users who return within 3/6/etc months - % of service users who are happy to move on from service/planned discharges
Service users reduce chaotic or risky behaviour	<ul style="list-style-type: none"> - % of those referred that have stopped substance use - % of those referred that have reduced substance use - Proportion of intravenous drugs users reporting sharing needles - Proportion of intravenous drugs users routinely using needle exchange services
Increased knowledge of consequences and risks of alcohol consumption and drugs use in participants of education programmes	<ul style="list-style-type: none"> - Number of alcohol brief interventions delivered in area - Number of substance misuse education events delivered - Level of underage drinking (SALSUS) - Number of people reporting using illicit drugs (Scottish Health Survey (SHeS)) - Number of people drinking within recommended limits (SHeS) - Number of people who are aware of Government advice on having alcohol-free days each week
<u>Drugs</u> <ul style="list-style-type: none"> - Service users stop drug misuse - Service users reduce drug use - Service users reduce drug related harm 	<ul style="list-style-type: none"> - % of those referred that have stopped substance use - % of those referred that have reduced substance use - % of service users that protect themselves from Blood Borne Viruses (BBV) - % of Service users with BBV that participate in appropriate treatment - Proportion of intravenous drugs users reporting sharing needles - Number of drug related deaths and/or drug related overdoses
<u>Alcohol</u> <ul style="list-style-type: none"> - Service users stop drinking alcohol - Service users reduce amount of alcohol drunk - Service users reduce alcohol related harm 	<ul style="list-style-type: none"> - % of those referred that have reduced substance use - % of those referred that have stopped substance use

**Generic:**

Service delivery outcomes	Measures/Indicators
<u>Health</u> Service users have improved/no deterioration in health	<u>Health</u> - % that have improved nutrition/healthy weight - % that have improved dental health - % registered with GP/dentist - Hospital discharges
<u>Mental health</u> - Service users have improved/no deterioration in mental health - Service users have increased self-awareness - Service users have increased confidence/self esteem	<u>Mental health</u> - % receiving mental health treatment - % with improved mental health % increased self-confidence/self esteem - Number of suicides and self harm Hospital discharges
<u>Social</u> - Service users have improved/no deterioration in social functioning/personal relationships - Service users are more involved/included in their community	<u>Social</u> - % with improved relationships with partner/family/friends - % who have contact at least once a week with people who do not live with them (SHeS) - % of service users undertaking voluntary work in the community - % of adults who feel involved in their local community
<u>Finance and employment</u> - Service users have improved financial status and stability - Service users have improved participation in meaningful activity - Service users have improved employability status (e.g. moved into employment / voluntary work) - Service users have an increased awareness of work/training opportunities open to them - Service users have improved engagement with education and training - Service users have improved career aspirations - Service users have an improved understanding of their rights and responsibilities	<u>Finance and employment</u> - % engaged in meaningful activity (volunteering, training, education, employment etc) - % that manage money effectively % of services user into paid employment - Number of workplaces that provide employment/training for former and recovering substance misusers - Number of service users with literacy and numeracy difficulties % of service users referred to moving on/employment support/education services



<u>Accommodation</u> - Higher proportion of service users are living in safe, settled and appropriate (supported and non-supported) accommodation	<u>Accommodation</u> - % of service users in settled housing - % that have a formal occupancy agreement and understand their and their landlords rights and responsibilities - % that live in accommodation that meets minimum habitation standards (i.e. not damp, not overcrowded, good repair) - % of service users that are confident that they won't become homeless again - % of service users homeless - % of service users sleeping rough - Homelessness assistance statistics (HL1 – questions 16b ¹ and 20b ²)
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Children Affected by Parental Substance Misuse (CAPSM)

81. Local drug and alcohol services are critical in helping to protect children affected by parental substance misuse. Identifying families where children are at serious risk, providing help, and, where necessary, co-ordinating further action aimed at alleviating harm, is a role in which drug and alcohol services need to demonstrate confidence.

82. Care is needed when monitoring the achievement of certain outcomes. For example, in certain circumstances an increase in the number of children referred to services may be needed in the short / medium term in order to tackle problems. This should not be seen as a negative if it is linked to improving the safety and meeting the needs of those children.

83. The following list of service delivery outcomes should help your local area to achieve some or all of the intermediate outcomes described in Section 3. The list is by no means exhaustive and has been provided to give you some example outcomes and potential indicators which may be relevant to your local area. The indicators may indicate the achievement of one or more outcome.

Service delivery outcomes	Measures/Indicators
Improved parenting skills of service users	- Increased attendance at services such as dentists by children affected by parental substance misuse - Level of nursery/school attendance

¹ Question 16b of the HL1 identifies those for whom drug / alcohol dependency is a factor in their failing to maintain accommodation

² Question 20b of the HL1 identifies those households where a member of the household has support needs because of drug or alcohol dependency



	<ul style="list-style-type: none"> - Children's attainment - Increased number of children having positive relationship with parents - Increased number of parents who recognise the impact of their substance misuse on their children - Number participating in family activities
Increased identification and assessment of children affected by parental substance misuse	<ul style="list-style-type: none"> - Number of appropriate referrals to social work/family support workers - Number of appropriate referrals to children's reporter - Number of children who have clear contingency plans in the event of an emergency
Increased number of children in touch with services living in supportive and stable households/safe environments	<ul style="list-style-type: none"> - Number of children appropriately separated from parents as a result of the parents' substance misusing behaviour - Number of appropriate referrals to social work - Number of appropriate referrals to children's reporter - Improved school attendance and achievement
Increased number of children in touch with services having positive relationships with their substance misusing parents	<ul style="list-style-type: none"> - Number of children and their parents in an agreed programme of intervention
Increased participation in community activities for children affected by parental substance misuse	<ul style="list-style-type: none"> - Number of children participating in community based activities - Number of referrals or self-referrals to other agencies, groups and activities
Increase in children using services' self confidence, allowing them to be more resilient in their situation	<ul style="list-style-type: none"> - Number of children able to express their feelings - Number of children who know who to ask for support or advice - Number of children empowered to ask for support and advice - Attendance rates of children affected by parental substance misuse
Increased recognition by parents in touch with services of the impact of their substance use on their children	<ul style="list-style-type: none"> - Number of parents aware of impact of substance use - Reduction in numbers of children whose lives are disrupted by parental substance misuse
Improved school attendance and attainment in children affected by parental substance misuse and in touch with services	<ul style="list-style-type: none"> - Attendance rates of children affected by parental substance misuse - Attainment information for children affected by parental substance misuse



Enforcement and Availability

84. Activity around the enforcement and availability of alcohol and drugs will vary considerably. This is primarily due to the difference in the “legality” of use - it is legal to consume alcohol, but not to use drugs. For alcohol, activity may relate to reducing access through controlling availability and the provision of safer drinking and wider environments. For drugs, enforcement is more about reducing and disrupting supply. Much of this activity will be done at partnership level, within national guidance or requirements, although services may have a role in implementing this policy

85. The following list of service delivery outcomes should help your local area to achieve the intermediate outcomes described in Section 3. The list is by no means exhaustive and has been provided to give you some example outcomes and potential indicators which may be relevant to your local area. The indicators may indicate the achievement of one or more outcome.

Service delivery outcomes	Measures/Indicators
Increase in the enforcement of current legislation	<ul style="list-style-type: none"> - Prosecution rates - Number of recorded crimes and offences – drugs
Managers and staff have increased knowledge of their legal obligations	<ul style="list-style-type: none"> - Participation in Licensing training - Participation in eg Best Bar None schemes
Supply chain of drugs in local area disrupted	<ul style="list-style-type: none"> - Overall reconviction rate for drug offences - Improved detection
Increase in confiscation (seizure) of drugs and assets	<ul style="list-style-type: none"> - Amount/weight of drugs and assets confiscated from drug dealers

Prevention: changing attitudes, environment and culture

86. Local services and partners play a key role in providing prevention and education programmes, diversionary activities and bringing about culture change. In developing appropriate service delivery outcomes it is important to remember that these should be outcomes that can immediately and directly be attributable to a programme. For example, not using drugs or misusing alcohol is not an appropriate service delivery outcome because it is not just education that will influence whether or not an individual starts or stops using drugs or misusing alcohol. Service delivery outcomes should concentrate on those outcomes that services can realistically



influence in those using the service and which plausibly contribute to intermediate outcomes like change in behaviour.

Service delivery outcomes	Measures/Indicators
Increased knowledge of consequences and risks of alcohol consumption and drugs use in participants of education programmes	<ul style="list-style-type: none"> - Number of primary school children attending Choices for Life - Participation in substance awareness events (including number of children, young people, parents and carers attending events) - Alcohol brief interventions delivered in area - Number and type of substance education events delivered across all sections of the community - Level of underage drinking (SALSUS) - Number of people reporting using illicit drugs - Numbers of people drinking within recommended limits - Number of people aware of sensible drinking guidelines - Number of people aware of the unit content of different alcohol drinks - Evidence of dissemination of range of information
Improved and increased engagement of participants with age appropriate social activity, positive lifestyle, community activities	<ul style="list-style-type: none"> - Numbers/proportion of young people/adults regularly participating in positive activities
Fewer service users drink above recommended daily and weekly guidelines	<ul style="list-style-type: none"> - Number of adults drinking within recommended limits - Level of underage drinking
<ul style="list-style-type: none"> - Service users stop drug misuse - Service users reduce drug use - Service users reduce drug related harm 	<ul style="list-style-type: none"> - % of those referred that have stopped substance use - % of those referred that have reduced substance use - % of service users that protect themselves from Blood Borne Viruses (BBV) - % of Service users with BBV that participate in appropriate treatment - Proportion of intravenous drugs users reporting sharing needles - Number of drug related deaths and/or drug related overdoses

SECTION 4 – ADPs: Influencing Service Delivery



Improved engagement of participants with learning	<ul style="list-style-type: none"> - School/college/training attendance - Qualifications achieved
Improved parental and community engagement by service users	- % of adults who feel involved in their local community great deal or a fair amount (SHeS)

Annex A: Glossary

Indicators	a measure of performance against the intended outcome
Inputs	the resources that contribute to the delivery of the service. Inputs commonly include staff and financial resources
Measures	defining the activity or outcome a service or organisations wishes to measure and why, using this information to make decisions and improve delivery or performance
Outcomes	<p>the impacts or consequences for the individual, service, community etc of the activities. Outcomes are normally what is trying to be achieved and can be a process outcome or focused on an individual</p> <p><u>High-level</u>: community or population-level outcomes, may be equivalent to “local outcomes” in Single Outcome Agreements</p> <p><u>Intermediate</u>: impacts which are more specific to local areas. Also, many outcomes will be long-term aspirations which will take a number of years to achieve. Intermediate outcomes can be the changes which can be achieved in the medium term</p> <p><u>Service-delivery</u>: impacts which are more specific to service-users, which if combined demonstrate the achievements of services</p>
Outputs	the final measurable products or services delivered, eg the number of people accessing treatment
Process	the mechanism through which inputs deliver outputs, how work is carried out
SALSUS	Scottish Schools Adolescent Lifestyle and Substance Use Survey- biennial survey of smoking, drinking and drug use by 13 and 15 year olds. Reports at national level or local level alternately
Service	process of treatment and care that individuals receive, includes education programmes and other interventions
SDMD	Scottish Drugs Misuse Database
SHeS	Scottish Health Survey - provides a detailed picture of the health of the Scottish population in private households. There have been three previous Scottish Health Surveys in 1995, 1998 and 2003. Currently the Scottish Health Survey is running continuously from 2008-2011

SOA

Single Outcome Agreement. The outcomes which each community planning partnership has agreed with the Scottish Government to achieve. These will reflect local needs, circumstances and priorities in local outcomes which will contribute to National Outcomes

Annex B: National Outcomes most relevant to drugs and alcohol work

National Outcome 2:	We realise our full economic potential
National Outcome 4:	Our young people are successful learners, confident, effective contributors & responsible
National Outcome 5:	Our children have the best start in life
National Outcome 6:	We live longer, healthier lives
National Outcome 7:	We have tackled the significant inequalities in Scottish Society
National Outcome 8:	We have improved the life chances for children, young people and families at risk
National Outcome 9:	We live our lives safe from crime, disorder and danger
National Outcome 11:	We have strong, resilient communities

Annex C: Outcomes by Theme - (1) Recovery

National outcomes

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

High-level outcomes

- Reduced alcohol related injuries, physical and psychological morbidity and mortality
- Less alcohol related violence/abuse/offences and antisocial behaviour
- Less absenteeism/presenteeism caused by drug use/alcohol consumption in the workplace and educational establishments
- Reduction in drug related morbidity, mortality and deaths
- Reduction in adults on benefits due to drugs/alcohol related incapacity
- Reduced number of children looked after and accommodated/separated from parents
- Safer and happier families and communities
- Reduction in adults on benefit due to drug/alcohol related incapacity
- Less drug-related crime:
 - Acquisitive
 - Violent
 - Organised

Intermediate outcomes

- Fewer individuals drink above recommended daily and weekly guidelines
- Reduced mean per capita consumption
- Reduced consumption in those below legal purchase age
- Fewer women drinking/taking drugs during pregnancy
- Reduction in drug use in local area
- Individuals in need receive timely, sensitive and appropriate support
- Increased knowledge and changed attitudes to alcohol, drinking and drugs

Service delivery outcomes

- Service users are fully involved and participate in planning for their own sustainable recovery (i.e. a person centred approach is used)
- Services make appropriate referrals to other support or treatment services when required and as appropriate
- Service users reduce chaotic or risky behaviour
- Increased knowledge of consequences and risks of alcohol consumption and drugs use in participants of education programmes
- Service users stop drug misuse/reduce drug use/reduce drug related harm
- Service users stop drinking alcohol/reduce amount of alcohol drunk/reduce alcohol related harm
- Service users have improved/no deterioration in health
- Service users have improved/no deterioration in mental health
- Service users have increased self-awareness
- Service users have increased confidence/self esteem
- Service users have improved/no deterioration in social functioning/personal relationships
- Service users are more involved/included in their community
- Service users have improved financial status and stability
- Service users have improved participation in meaningful activity
- Service users have improved employability status (e.g. moved into employment/voluntary work)
- Service users have an increased awareness of work/training opportunities open to them
- Service users have improved engagement with education and training
- Service users have improved career aspirations
- Service users have an improved understanding of their rights and responsibilities

Annex C: (2) Children Affected by Parental Substance Misuse (CAPSM)

National outcomes

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

High-level outcomes

- Reduction in absenteeism/presenteeism caused by drug use/alcohol consumption in educational establishments
- Increase in young people completing school, college or training
- Reduction in children's exposure to substance misuse
- Reduced number of children looked after and accommodated/separated from parents
- Safer and happier families

Intermediate outcomes

- Increased number of children in touch with services living in supportive and stable households/safe environments
- Increased participation in community activities for children affected by parental substance misuse
- Improved school attendance and achievement in children affected by parental substance misuse and in touch with services

Service delivery outcomes

- Improved parenting skills of service users
- Increased identification and assessment of children affected by parental substance misuse
- Increased number of children in touch with services living in supportive and stable households/safe environments
- Increased number of children in touch with services having positive relationships with their substance misusing parents
- Increased participation in community/diversionary activities for children affected by parental substance misuse
- Increase in children using services' self confidence allowing them to be more resilient in their situation
- Increased recognition by parents in touch with services of the impact of their substance use on their children
- Improved school attendance and achievement in children affected by parental substance misuse and in touch with services

Annex C: (3) Enforcement and Availability

National Outcomes

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

High-level outcomes

- Less alcohol related violence/abuse/offences and antisocial behaviour
- Less absenteeism/presenteeism in the workplace caused by drug use and alcohol consumption
- Increased productivity in the workplace
- Reduced alcohol related injuries, physical and psychological morbidity and mortality
- Reduction in drug related morbidity, mortality and deaths
- Safer and happier families and communities
- Less drug-related crime:
 - Acquisitive
 - Violent
 - Organised

Intermediate outcomes

- Reduced availability of alcohol
- Reduced acceptability of hazardous drinking and drunkenness
- Fewer individuals drink above recommended daily and weekly guidelines
- Reduced mean per capita consumption
- Reduced alcohol and drug related violence and offences
- Reduced drug dealing in local area
- Reduction in drug use in local area

Service delivery outcomes

- Increase in the enforcement of current legislation e.g. refusal to serve underage, not selling alcohol to drunk people
- Managers and staff have increased knowledge of their legal obligations
- Supply chain of drugs in local area disrupted
- Increase in confiscation (seizure) of drugs and assets

Annex C: (4) Prevention

National Outcomes

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

High-level outcomes

- Reduced alcohol related injuries, physical and psychological morbidity and mortality
- Less alcohol related violence/abuse/offences and antisocial behaviour
- Less absenteeism/presenteeism caused by drug use/alcohol consumption in the workplace and educational establishments
- Increased productivity in the workplace.
- Reduction in drug related morbidity, mortality and deaths
- Less drug-related crime:
 - Acquisitive
 - Violent
 - Organised

Intermediate outcomes

- Fewer individuals drink above recommended daily and weekly guidelines
- Reduced mean per capita consumption
- Reduced consumption in those below legal purchase age
- Reduced acceptability of hazardous drinking and drunkenness
- Reduction in drug use in local area
- Individuals in need receive timely, sensitive and appropriate support
- Increased knowledge and changed attitudes to alcohol, drinking and drugs

Service delivery outcomes

- Increased knowledge of consequences and risks of alcohol consumption and drugs use in participants of education programmes
- Improved and increased engagement of participants with age appropriate social activity, positive lifestyle, community activities
- Fewer service users drink above recommended daily and weekly guidelines
- Service users stop/reduce drug misuse and drug related harm
- Improved engagement of participants with learning
- Improved parental and community engagement

Annex D: Links to useful documents

Improvement Service Website – range of guidance on Single Outcome Agreements
<http://www.improvementservice.org.uk/core-programmes/single-outcome-agreements-/>

Health Improvement Performance Management Review
<http://www.healthscotland.com/scotlands-health/evaluation/hi-performancemanagement-nhs.aspx>.

“The Road to Recovery: A New Approach to Tackling Scotland’s Drug Problem”,
Drugs Strategy, Scottish Government 2008
<http://www.scotland.gov.uk/Publications/2008/05/22161610/0>

“Changing Scotland’s Relationship with Alcohol: A Framework for Action”,
Alcohol framework, Scottish Government 2008
<http://www.scotland.gov.uk/Publications/2009/03/04144703/0>