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Foreword by ADP Chair

Over recent years, it is clear that Aberdeen City has had immense problems arising from substance use. This was brought to public prominence via previous lengthy waiting lists to access specialist drug treatment and support, recommendations contained within service inspection reports, and in regular media stories on reported drug seizures.

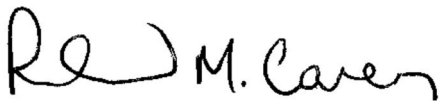
I am pleased however, that although much still needs to be done, improvement has been made over the intervening period. In that time frame, the national drugs strategy – ‘The Road to Recovery’, was also launched, with its clear emphasis on individual and community recovery.

Looking ahead, Aberdeen will face additional challenges through severe public sector budget restrictions and in the threats posed by new emerging drugs. Nevertheless, I think that by continuing to promote joint working, we can all improve the local drugs situation. Individuals, families and communities can all recover from the negative impact that drugs misuse has on our city.

However, in order to make further progress, and get as many local drug users as possible into recovery, a number of distinct elements will require being in place. These include:

- Maximising opportunities to encourage and support drug users to make a positive change.
- Drug users themselves taking personal responsibility in wanting to make a change for the better in their life.
- Community, voluntary, and statutory services being accessible as soon as drug users decide that they want and need their support.
- Ongoing peer and community support being available for drug users through their recovery process.

These can all be achieved through a spirit of partnership, co-operation and joint working. As Chair of the Aberdeen City Alcohol & Drugs Partnership, I am optimistic that the people of Aberdeen City can make a significant impact upon problems arising from drugs misuse over the lifetime of this strategy.



RICHARD CAREY

ADP Chair
Chief Executive of NHS Grampian

May 2011

Introduction

Aberdeen has a significant prevalence rate for opiate users, including those who inject heroin. In addition non-opiate drugs, such as psycho-stimulants (cocaine, crack-cocaine and amphetamine) as well as cannabis, ecstasy, volatile substances and Performance and Image Enhancing Drugs (PIED) are all known to be commonly used by various groups of city residents. Recent trends also include the emergence of synthetic uncontrolled/controlled chemicals.

Problems are further compounded when these assorted substances are used in combination (poly-drug use) and when alcohol is added. Police intelligence also indicates that Organised Crime Groups from outwith the area target Aberdeen City as it is seen by them as a lucrative drugs market.

The reasons for individuals using drugs are multifaceted, with no single causal factor being responsible. Nevertheless links have been established between drugs and social problems such as, inequalities, neglect, and poverty. However this does not mean that all of the drugs trade is connected to the deprived city areas; there are some drugs where their use may be more closely related to earnings, with purchasers needing to have the necessary disposable income to allow them to use the drug as part of their recreational activities.

Public health and public safety invariably suffer throughout. Drug users therefore need to be encouraged into available services for the known health and social benefits which they bring. Clearly criminal activity around drugs cannot be tolerated. Communities must also be supported, so that they can oppose individuals and organised crime groups involved in this trade.

The overall impact and consequence of local drug activity is acutely felt by individuals, families and communities within Aberdeen City. This particularly applies to the most vulnerable and marginalised members of our society, where in many cases inequalities are further exacerbated by drug use. Those most likely to be affected include children; those living in the most deprived areas; homeless people; those people who are unemployed; minority groups; those people who commit criminal offences, including the prison population; and those with mental health problems. Furthermore it results in local services, including: Criminal Justice Services; Education; Primary, secondary and acute Health services; Housing; Social Care and Wellbeing; Employment services; and the Voluntary sector, all having to devote considerable amounts of their limited resources to tackle the consequences of this problem.

Aberdeen City Alcohol & Drugs Partnership

The Aberdeen City Alcohol & Drugs Partnership (ADP) comes together in order to help co-ordinate and improve a range of statutory, voluntary and community led services which tackle issues arising from substance misuse.

Its strategic group meets on a regular basis, with representatives from all of the main partners, thereby ensuring that national, regional, local and community drugs concerns are all addressed. It is supported by other local groups, including its own Tasking and Co-ordinating group, which connects into the tactical and operational levels. It also links into other important city fora, such as the Aberdeen City Drugs, Alcohol and BBV Forum; a group which pulls together views and intelligence from a cross section, including service providers, and users.

This new strategy therefore aims to enhance ongoing positive work which occurs across the city; provide a focus for implementing further local actions; and be the main reference point for commissioners and funders in making their decisions on drug related matters. It complements the ADP alcohol strategy (published in December 2009). It also fits alongside other strategies, plans, and actions, in areas such as: community planning; community safety; GIRFEC (Getting it Right for Every Child); and Health and Social Care plans, including the Hepatitis C Action Plan.

In doing so, it acknowledges that issues arising from drug use are extremely complex, often emotive and occasionally contentious. It wants however, to help co-ordinate the work being done by individuals and organisations across the city so that **we can all support positive change** and achieve the best possible outcomes for those adults, children and communities who are most affected. Furthermore, it also strives to tackle stigma and **engender hope and belief in the recovery process**, in line with the national policy and strategy; The Road to Recovery: a new approach to tackling Scotland's drug problem (2008).

Strategic priorities

It is the vision of the Aberdeen City Alcohol & Drugs Partnership (ADP) that, **'Every person, family and community in Aberdeen is free from the harmful effects of drugs and able to achieve their full potential'**.

The quote from the Road to Recovery below indicates that this local strategy also needs to be realistic and clear about:

- The outcomes it can achieve over its lifetime.
- The actions it intends to take in order to deliver these outcomes.
- Who will be responsible for delivering the actions.

Road to Recovery:

Aiming for recovery means coupling common sense with aspiration, and pragmatism with idealism.

This strategy is clear that together we all have a part to play, and that this can be done through co-ordinated actions arising from delivery of three main strategic priorities:

1 Educating and preventing

Local outcome objectives:

- Reduce prevalence of drug use.
- Reduce demand for specialist drug services.
- Reduce time from onset of drug use to seeking support.

Road to Recovery:

Preventing drug use is more effective than treating established drug problems.

Key priority:

- Better prevention of drug problems, with improved life chances for children and young people, especially those at particular risk of developing a drug problem, allowing them to realise their full potential in all areas of life.

2 Supporting positive change

Local outcome objectives:

- More drug users assisted to stabilise chaotic drug use.
- More drug users assisted to move on from drug use and develop skills to avoid relapse.
- More drug users assisted to move out of treatment and rehabilitation to sustained community based recovery.

Road to Recovery:

Recovery should be made the explicit aim of services for problem drug users in Scotland.

Key priorities:

- More people recover from problem drug use so that they can live longer, healthier lives, realising their potential and making a positive contribution to society and the economy.
- Improving the effectiveness of delivery at a national and local level.
- Supporting families affected by drug use.

Recovery is described as:

'a process through which an individual is enabled to move on from their problem drug use towards a drug free life as an active and contributing member of society'

3 Making communities safer and stronger

Local outcome objectives:

- More young people and families at risk are supported to stay together.
- More children and young people at risk as a result of parental drug use are safer.
- Reduce drug related criminal activity.

Road to Recovery:

Reducing the supply of illegal drugs is an essential part of our overall strategy.

Key priorities:

- Having communities that are safer and stronger places to live and work because crime, disorder and danger related to drug use have been reduced.
- Ensuring that children affected by a parental drug problem are safer and more able to achieve their potential.

Whilst these are the three main strategic priorities, other key elements have been highlighted, and approved by the partners on a consistent basis in the development of this document. These are listed below:

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

Strategic Priority 1 – Educating and preventing

Everyone in Aberdeen needs to be better informed so that they understand the potential risks, consequences and impact of drug use. Some of this work is already being driven through national as well as local campaigns. However, further work needs to be done in educating and preventing within communities, particularly among young people, about the risks and consequences of drug use, so that we can achieve the following objectives.

Local outcome objectives:

- Reduce the prevalence of drug use.
- Reduce demand for specialist drug services.
- Reduce time from onset of drug use to seeking support.

The Road to Recovery – key priority:

- Better prevention of drug problems, with improved life chances for children and young people, especially those at particular risk of developing a drug problem, allowing them to realise their full potential in all areas of life.

Education is traditionally associated with children and young people through teaching in primary and secondary schools. Drugs education for this cohort will continue to be delivered; it is now carried out through 'Curriculum for Excellence' (within the health and wellbeing outcomes framework). We must ensure that educational opportunities beyond this are also further developed. This includes opportunities in areas such as: peer education, targeting specific groups, particularly those who are at high risk of developing a drug problem and promoting healthy lifestyle and resilience factors across the population.

Prevention activity is crucial and needs to be focused upon:

- Discouraging people from starting to experiment with drugs.
- Preventing those people who have started to use drugs from this becoming a regular and risky occurrence.
- Reducing the likelihood of early drug users becoming prolonged, risky and problematic drug users and the subsequent demand for specialist services.
- Earlier intervention aimed at reducing harm to individuals due to problematic drug use and increase the number of people seeking appropriate support much earlier.

While some of these may overlap with activity within the other two strategic priorities, key elements for local delivery of educating and preventing will include:

- **Information and communication**

- Clear, consistent information and messages across the whole population to better inform about risks, consequences and impact of drug use.
- Supporting national and local drug campaigns.
- Provision of information on the range of services available.
- Provision of specific information to targeted groups; 'face to face' interpreters and written material in whatever languages required when communicating with non-English speakers; additional support to people with a communication disability.
- Awareness raising and provision of appropriate training.

- **Education**

- Provision of consistent evidence-based drugs education for children and young people.
- Provision of drugs education for adults, including specific topics such as parenting skills.
- Encouraging employers to operate effective workplace drug policies.

- **Prevention**

- Promoting healthy activities, such as sports, hobbies and other such interests to divert people from becoming involved in drug use.
- Promoting peer education and support to encourage self esteem and resilience in drug users.
- Provision of harm reduction messages and earlier intervention opportunities, including areas such as overdose prevention and early signposting/referral opportunities, e.g. needle exchange provision.
- Encouraging and supporting appropriate community resources to build capacity and reduce stigma by encouraging and assisting drug users to seek help.

Outcomes for educating and preventing

National outcomes	We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.						
Related national outcomes	Our young people are successful learners, confident individuals, effective contributors and responsible citizens.	Our children have the best start in life and are ready to succeed.	We have improved the life chances for children, young people and families at risk.	We have tackled the significant inequalities in Scottish Society.			
Road to Recovery	Better prevention of drug problems, with improved life chances for children and young people, especially those at particular risk of developing a drug problem, allowing them to realise their full potential in all areas of life.						
A	Single outcome agreement	Ensure education is appropriate to pupils' needs and ensure pupils leave school with skills essential for living.	We will engage young people to facilitate their personal, social and educational development and enable them to gain a voice, influence and place in society.	Improve the healthy development of young children and their families, particularly those children most at risk.	Improve the life chances of looked after children.	Sustain long term change by focusing on the prevention in and reduction in health inequalities.	
					Improve the quality of life in our most deprived areas.	Reduce drug related harm, morbidity and mortality.	
B	High level outcome	1. Reduce prevalence of drug use.				3. Reduce time from onset of drug use to seeking support.	
		2. Reduce demand for specialist drug services.					
C	Intermediate outcome	1. All people in Aberdeen are better informed about the risks, consequences and impact of drug use.	2. People are able to make informed choices about drug use.	3. Increase resilience (protective factors) in target populations.	4. Increase earlier intervention opportunities for those at risk in particular the hard to reach, taking into account family and/or carer specific support needs.	5. Reduce the number of drug overdose and fatalities.	6. Reduce stigma attached to drug users and barriers associated with seeking and delivering help.
D	Delivery outcome	1. Increase availability of accurate communication and educational resources.	2. Support positive choices and positive relationships by increasing awareness and access to healthy lifestyle and protective factors.	3. Increase earlier access to appropriate services and interventions for children and young people at risk of developing a drug problem.	4. Decrease in numbers of children and young people requiring specialist drug services.	5. Increase the number of trained individuals as first-line response to drug overdose situations.	6. Community engagement and community development activity will be prioritised through needs-led evidence.

This table is available on www.aberdeencyadp.org.uk where it can be magnified.

Strategic Priority 2 – Supporting positive change

The ADP wants to support positive change for everyone who is affected by drug misuse, so that the following objectives are achieved.

Local outcome objectives:

- More drugs users assisted to stabilise chaotic drug use.
- More drug users assisted to move on from drug use and to develop skills to avoid relapse.
- More drug users assisted to move out of treatment and rehabilitation to sustained community based recovery.

Road to Recovery – key priorities:

- More people recover from problem drug use so that they can live longer, healthier lives, realising their potential and making a positive contribution to society and the economy.
- Improving the effectiveness of delivery at a national and local level.
- Supporting families affected by drug use.

For the purpose of this strategy we are using the national definition of recovery: 'recovery is a process through which an individual is enabled to move on from their problem drug use towards a drug free life as an active and contributing member of society'.

We believe that every drug user has the ability to make and sustain positive changes in his or her life. Recovery from drug misuse is not easy and relapse can be a normal and important part of the process. Therefore, it is important that the right services and other supports are there for people when they need them.

Evidence based treatment such as substitute prescribing will continue to be the key to providing people with the stability to reduce harm and engage in achieving their longer term objectives.

Whilst specialist drug services are essential, the support from wider services such as GPs, Health Visitors, Housing, Education and Employment services is also vital. We want to support drug users to achieve recovery, improve their sense of self worth and self efficacy and to attain positive citizenship. This includes challenging and addressing the negative attitudes and perceptions which cause, or contribute to, for example, barriers to work, training and housing. It is important to invest in community regeneration and social integration to reduce the problems associated with drug misuse and to support recovery for both communities and individuals.

To achieve this we aim to focus on supporting recovery by providing a range of easily accessible generic and specialist interventions and services, including:

- Making sure that services are outcome focused, and that they can demonstrate the difference they make to service users.
- Proactive commissioning of appropriate services and interventions, to provide best value and promote best practice.
- Ensuring that service user feedback and evaluation contributes to future development of services.
- Making sure that service users are fully involved in assessments and planning their own recovery strategy.
- Ensuring that services are integrated and work together to help the individual.
- Developing a competent and skilled workforce across all sectors that can respond to the complexities of drug use and promote the recovery agenda by:
 - Using workshops, community activities and media to get across how we can all be involved in supporting recovery.
 - Ensuring that employees in all sectors are aware of drug misuse issues and their own role in promoting recovery.
 - Ensuring that employees involved in delivering services are well trained, motivated and flexible to changing need.
- Making sure that children of families affected by drug misuse have the best start in life by:
 - Improving the identification, assessment recording and planning for children.
 - Providing quality support services for children and families affected by parental drug misuse.
 - Ensuring that children and young people receive the particular support and care they need.
 - Ensuring that agencies work together within the GIRFEC principles, focusing on improving outcomes for children.
- Working with communities to provide a range of supports, including engaging with local people to help develop inclusive activities and resources, thereby:
 - Ensuring that communities have access to high quality information.
 - Ensuring that communities have the opportunity to learn from each other and to share good practice.
 - Ensuring that communities are part of the solution.

Outcomes for supporting positive change

National outcomes	We live longer healthier lives.			
Related national outcomes	Economic potential.	Children get the best start in life.	Tackled inequalities.	Improved life chances of those at risk.
Road to Recovery	More people recover from problem drug use so they can live longer, healthier lives, realising their potential and making a positive contribution to society and the economy.			
A Single outcome agreement	Reduced drug related harm, morbidity and mortality.			Increased engagement in long term community based recovery.
B High level outcome	1. More drug users assisted to stabilise chaotic drug use.			
C Intermediate outcome	1. Reduce chaotic or risky behaviour. 2. Reduce illicit drug use. 3. Reduce risk of spread of blood borne viruses. 4. Reduce number of unintended pregnancies. 5. Increase number of people immunised and/or engaged in BBV treatment.			
D Delivery outcome	1. Reduce levels of injection equipment sharing and BBV transmission among injecting drug users.	2. Increase numbers of people accessing other support, treatment and rehabilitation services further on in the recovery pathway.	3. Reduce health, social, crime and other problems attributable to drug misuse and risky behaviours.	4. Increase controlled, non-dependent or non problematic drug use.
			5. Increase abstinence from main problematic drugs.	6. Increase abstinence from all drugs.
			6. Improve physical health. 7. Improve mental health and wellbeing. 8. Reduce involvement in criminal activity. 9. Improve stability in housing and accommodation.	3. More drug users assisted to move on from drug use and develop skills to avoid relapse.
			10. Improve personal, social and family functioning. 11. Reduce risk to children and improved parenting skills. 12. Increase number of people in education and employment. 13. Reduce reliance on benefits.	10. More drug users assisted to move out of treatment and rehabilitation to sustained community based recovery.

This table is available on www.aberdeencyadp.org.uk where it can be magnified.

Strategic Priority 3 – Making communities safer and stronger

Although Aberdeen City is generally felt to be a safe place in which to live, work and socialise, activity surrounding drug use is a major factor in helping to lessen this perception. Local Grampian Police figures on drug seizures and related offences show that there is significant criminal activity associated with the production, supply and distribution of illicit drugs. The visible evidence of this is more acutely felt and seen within the deprived communities across the city. Drug use can also impact on vulnerable groups, particularly children and young people.

Local outcome objectives:

- More young people and families at risk are supported to stay together.
- More children and young people at risk as a result of parental drug use are safer.
- Reduce drug related criminal activity.

Road to Recovery – key priorities:

- Ensuring that children affected by a parental drug problem are safer and more able to achieve their potential.
- Having communities that are safer and stronger places to live and work because crime, disorder and danger related to drug use have been reduced.

Parental substance misuse has a significant impact on children in Aberdeen. Not all children whose parents use drugs are at risk of harm, but many of them would benefit from additional support. The Aberdeen Alcohol and Drug Partnership is working with the Integrated Children's Services Partnership to make sure that we know about these children and work in partnership with their parents to provide them with help and support.

Research shows that a high number of children who live in households where parents use drugs, grow up to become drug users themselves. It is therefore important that we all work towards breaking this cycle and reduce the chances of these children using drugs when they grow up.

Parents are encouraged to take up services which will support them to manage their drug use in a way that means that they can continue to look after their children.

For some children, particularly children under school age and of primary age, the impact of parental drug use can result in them being at risk of harm. Sometimes parents cannot manage their drug use in a way that is safe for the children they care for and other arrangements need to be made to look after them. In March 2011, parental drug misuse was identified as a significant risk factor for 49% of the children on the Child Protection Register.

There are strong links between drugs, organised crime groups and violence. We know that the majority of street robberies are committed by persons desperate to fund their drugs addiction. Violence associated with drug dealers looking to 'call in' drug debts is also common with many victims often being forced into sub-dealing in order to help pay debts to their supplier.

Emerging issues relating to uncontrolled psychoactive substances (commonly known as 'legal highs') are providing a challenge, with the manufacturers of such substances exploiting legal loopholes and selling their commodities as 'not for human consumption' in order to continue their illicit trade. At the same time, we cannot overlook the continued availability and misuse of volatile substances (e.g. solvents).

There are strong links to the sex industry, with the vast majority of local prostitutes working on the street in order to fund their own and/or their partner's drugs habit. It is of great concern that vulnerable drug users are often exploited and victimised in this area.

Issues also include drivers under the influence of drugs, who pose a risk to other road users. Domestic abuse does and can occur in homes where drug use is present, although the main factor in this type of crime remains alcohol.

Each year there are a number of local drug users who: overdose; need urgent medical treatment including acute hospital care; and tragically, who die. Whilst each case serves to illustrate the harm that drug users can cause to themselves, their family and friends, they do unfortunately also add to the anxiety and perceived threat of crime felt by some sections of the community.

Grampian Police is the leading partner for tackling drug related crime. However, like previous strands within this strategy, others including the remaining ADP partners, individuals, families and communities all have a contributory part to play in 'Making Aberdeen Safer' a reality rather than just a mere statement.

This can be achieved by implementing actions which:

- Make it easier for the public to report child protection concerns.
- Make sure that all children living with parents who use drugs are provided with the support they need.
- Increase staff and public knowledge and understanding of the impact of parental substance misuse, including the cumulative impact of neglect, so that children at risk are identified quickly and receive effective help to reduce the risk to their safety.

- Improve the support offered to kinship carers so that they can continue to care for children in the longer term.
- Reduce the number of children affected by parental drug use becoming looked after away from home by the local authority.
- Improve collection and sharing of drugs intelligence: Partners will then be able to use this in order to direct resources to the most appropriate areas on an intelligent basis.
- Reduce the supply of drugs: By disrupting, diverting, deterring and detecting thereby reducing the availability of drugs in the community. This will include particularly focusing activity on those individuals who are involved in trafficking and supplying.
- Reduce anti-social behaviour: Drug related activity is responsible for much of the lower level incidents within communities that are reported to statutory authorities.
- Maximise opportunities to divert people away from drug related crime: Thereby reducing the cycle of offending and re-offending. This includes schemes that work with those people who come into contact with the criminal justice services, including Arrest Referral, Drug Treatment and Testing Orders and rehabilitative schemes operated within and on release from prison.
- Actively implement powers under the Proceeds of Crime Act 2002: Allowing assets belonging to people who have profited financially from crime to be identified so that they can be restrained and seized by the court. This then enables money obtained from their sale to be redistributed to help support positive activity within communities.

Outcomes for making communities safer and stronger

National outcomes	We live our lives safe from crime, disorder and danger.		
Related national outcomes	We have strong, resilient communities where people take responsibility for their own actions and how they affect others.		
Road to Recovery	Having communities that are safer and stronger places to live and work because crime, disorder and danger related to drug use have been reduced.		
A Single outcome agreement	Reduce anti-social behaviour, violence and domestic abuse, racist incidents and drug/alcohol related incidents.		
B High level outcome	1. More young people and families at risk are supported to stay together.	2. More children and young people at risk as a result of parental drug use are safer.	3. Reduce drug related criminal activity.
C Intermediate outcome	1. Extended family members are supported to care for children and young people who may be at risk because of parental drug use.	2. Children are better protected from the negative impact of parental drug use.	3. Increase the effectiveness of the identification of risk to children where parental drug misuse is a factor.
	4. Increase the effectiveness of the management of risk to children where parental drug use is a factor.	5. Target and dismantle organised crime groups operating in Aberdeen.	6. Reduce drug related acquisitive crime, violence and anti-social behaviour.
	7. Increase the effectiveness of the identification of risk to children where parental drug misuse is a factor.	8. Increase the number of local communities where residents report that they feel safer from drug related crime.	9. Reduce the number of drug users involved in the Criminal Justice System.
D Delivery Outcome	1. Increase in the number of children at risk going to stay with Kinship Carers. 2. Improve the assessment approval and support for Kinship carers. 3. Increase in the public reporting of child protection concerns. 4. All children affected by parental drug use have a support plan in place that meets their needs. 5. Increase the number of vulnerable pregnant women receiving support who are drug users or have drug using partners.	6. Increase the percentage of staff working with adults who report that they are aware of and understand their responsibility to identify and support children at risk, including neglect. 7. All children at risk affected by parental substance misuse have a protection plan or support plan in place. All plans are monitored regularly and involve the families and all those working with the family in reviewing progress. 8. All protection plans and support plans are outcome focused. 9. Develop and deliver effective multi-agency campaigns and operations to reduce the impact of drug related activity in communities. Evaluate the impact and success of these campaigns and operations and share learning across services and communities. 10. Make it easier for street workers to report concerns about drug related crime specifically in crimes of violence.	11. Encourage and give street workers the means to ensure their personal safety. 12. Increase the use of diversion approaches as an alternative to prosecution for drug users and street workers. 13. Improve information-sharing across agencies to enable drug users who have contact with the Criminal Justice System to access treatment and support quickly. 14. Encourage and give residents the means to target harden their homes and ensure their personal safety. 15. Make it easier for residents in communities to report concerns about drug related crime and anti-social behaviour.

Strategic action plan

In order to deliver the desired outcomes, there needs to be an action plan, which everyone has a part in and is actively involved in delivering. This action plan will develop over the course of the lifespan of the strategy, and will contain various indicators to help measure ongoing performance. Key strategic level actions are listed below and will be expanded upon within the full action plan. The full action plan will be made available on the ADP website in due course.

Educating and preventing (EP)

High level outcome	Intermediate outcome	Strategic actions
Reduced prevalence of drug use.	<ol style="list-style-type: none"> 1. People in Aberdeen are better informed about the risks, consequences and impact of drug use. 2. People are able to make informed choices about drug use. 	<ul style="list-style-type: none"> • To regularly review the range of drug information and educational resources available to ensure their accuracy, quality, and credibility. • To enhance communication lines to communities and other relevant organisations. • To actively promote and cascade information and education on drugs to communities, organisations, other relevant areas and to targeted populations.
Reduced demand for specialist drug services.	<ol style="list-style-type: none"> 1. Increased resilience (protective factors) in target populations. 2. Increased earlier intervention opportunities for those at risk, in particular the hard to reach, taking into account family and/or carer specific support needs. 	<ul style="list-style-type: none"> • To promote and support the availability of healthy activities and lifestyle choices in local communities. • To improve earlier access to appropriate services and interventions for children and young people at risk of developing a drugs problem.
Reduced time from onset of drug use to seeking support.	<ol style="list-style-type: none"> 1. Reduction in number of drug overdoses and fatalities. 2. Reduction in stigma attached to drug users and barriers associated with seeking and delivering help. 	<ul style="list-style-type: none"> • To increase the number and range of individuals trained and enabled to assist prevention activity and provide first response to drugs overdose situations. • To establish a coordinated approach to address stigma for drugs users in communities and services.

Supporting positive change (SPC)

High level outcome	Intermediate outcome	Strategic actions
More drug users assisted to stabilise chaotic drug use.	<ol style="list-style-type: none"> 1. Reduction in chaotic or risky behaviour. 2. Reduction in illicit drug use. 3. Reduction in spread of blood borne viruses. 4. Reduction in number of unintended pregnancies. 5. Increased number of people immunised and/or engaged in BBV treatment. 	<ul style="list-style-type: none"> • To reduce levels of injecting equipment sharing and other risk behaviours to prevent the transmission of BBVs. • To encourage earlier engagement with harm reduction services. • To increase the availability of testing and access to BBV treatment.
More drug user assisted to move on from drug use and develop skills to avoid relapse.	<ol style="list-style-type: none"> 1. Improved physical health. 2. Improved mental health and wellbeing. 3. Reduction in involvement in criminal activity. 4. Improved stability in housing and accommodation. 	<ul style="list-style-type: none"> • To improve access to and uptake of available services in areas such as healthcare, social work, housing, counselling, advocacy and financial advice. • To identify and address relapse issues for all service users. • To improve access to and uptake of services providing education, training and employability support.
More drug users assisted to move out of treatment and rehabilitation to sustained community based recovery.	<ol style="list-style-type: none"> 1. Improved personal, social and family functioning. 2. Reduced risk to children and improved parenting skills. 3. Increased number of people in education and employment. 4. Reduced reliance on benefits. 	<ul style="list-style-type: none"> • To improve long term career prospects for service users who move out of treatment and support. • To encourage and promote the development of mutual aid peer support groups. • To develop and support opportunities to improve the parenting skills of service users.

Making communities safer and stronger (MCSS)

High level outcome	Intermediate outcome	Strategic actions
More young people and families at risk are supported to stay together.	1. Extended family members are supported to care for children and young people who may be at risk because of parental drug use.	<ul style="list-style-type: none"> • To identify and improve assistance available for extended families and carers who provide support to children affected by parental substance misuse.
More children and young people at risk as a result of parental drug use are safer.	<ol style="list-style-type: none"> 1. Children are better protected from the negative impact of parental drug use. 2. Increased effectiveness of the management of risk to children where parental drug use is a factor. 	<ul style="list-style-type: none"> • To improve identification, earlier intervention, and support for children and young people affected by parental substance misuse.
Reduced drug related criminal activity.	<ol style="list-style-type: none"> 1. Targeted dismantling of organised crime groups operating in Aberdeen. 2. Reduction in drug related acquisitive crime, violence and anti-social behaviour. 3. Reduction in number of drug users involved in the Criminal Justice System. 4. Increased number of local communities where residents report that they feel safer from drug related crime. 	<ul style="list-style-type: none"> • To improve use of community led intelligence to tackle drug related criminality. • To improve opportunities to direct drugs users to treatment and support services as an integral part of enforcement activity.

Glossary of relevant terms

Although not comprehensive, the following list contains descriptions of common terms used in relation to drug use.

Aberdeen City Drugs Alcohol & BBV Forum

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

Abstinence

Refraining completely from drug use whether as a matter of principle or for other reasons.

ACC

Aberdeen City Council.

Addiction

Repeated use of a psychoactive substance or substances, to the extent that the user is periodically or chronically intoxicated, shows a compulsion to take the preferred substance (or substances), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means. Typically, tolerance is prominent and a withdrawal syndrome frequently occurs when substance use is interrupted.

ADP

Alcohol and Drugs Partnership.

Agency

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

Amphetamine (see also psychostimulant)

Amphetamine is a synthetic stimulant drug often referred to as 'speed', with current medical use limited for use in treatment of narcolepsy.

Assessment

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

BBV

Blood borne virus.

Cannabis

A generic term used to denote the several psychoactive preparations of the marijuana (hemp) plant, *cannabis sativa*. They include marijuana leaf (in street jargon: grass, pot, dope, weed, or reefers), bhang, ganja, or hashish (derived from the resin of the flowering heads of the plant), and hashish oil.

Care plan

An agreement between the drug user, health professional and/or social work or other provider to help achieve recovery.

Carer

Someone who voluntarily helps another person who cannot manage without their support, due to illness, frailty, disability or use of drugs. Carers are often other family members.

Cocaine (see also psychostimulant)

Cocaine is a powerful central nervous system stimulant used non-medically to produce euphoria or wakefulness; repeated use produces dependence.

Commissioning

The systematic process of specifying, choosing and monitoring services on the basis of identified need, to deliver particular outcomes under contract or service level agreement.

Community

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

Community-based recovery

The building or re-building of healthy family, social and personal relationships and the achievement of improvements in quality of life via education, housing and employment through involvement and support of local communities and resources.

Community-led intelligence

Information derived from a community when analysed can be used to inform policing interventions. Information can come from a variety of sources but will inform Police of the views, needs and expectations of a community.

Community Health Partnership

The part of NHS Grampian charged with managing and delivering health services in Aberdeen.

Community involvement

Local people consulting, informing and actively involved in decisions regarding local services.

Community Planning Partnership

The lead partnership of the major providers of public and voluntary services in our area working together with the community to deliver better services on a variety of topics. In Aberdeen City this group is known as the Aberdeen City Alliance (TACA).

Competencies

Minimum standards of the skills essential to perform work-related tasks within service delivery.

Continuous performance improvement

The application of various methods, on an ongoing basis, to improve service quality and value for money.

Controlled substances

Psychoactive substances and their precursors whose distribution is forbidden by law or limited to medical and pharmaceutical channels and controlled under the Misuse of Drugs and Medicines Acts.

Crack Cocaine (see also psychostimulant)

'Crack' Cocaine is an alkaloidal (free base) version of cocaine. 'Freebase' refers to the increased potency of cocaine where pure cocaine alkaloid (the free base) has been extracted. "Crack" refers to the crackling sound made when the compound is heated.

Curriculum for Excellence (CfE) Health & Wellbeing Framework

Curriculum for Excellence is the education strategy in Scotland providing a coherent, flexible and enriched curriculum from ages 3 to 18. The curriculum includes the totality of experiences which are planned for children and young people through their education, wherever they are being educated. This includes a range of experiences and outcomes in relation to health and wellbeing (and specifically includes substance misuse).

Dependence

A cluster of cognitive, behavioural and physiologic symptoms that indicate a person has impaired control of psychoactive substance use and continues use of the substance despite adverse consequences. In unqualified form, dependence refers to both physical and psychological elements. Psychological or psychic dependence refers to the experience of impaired control over drug use while physiological or physical dependence refers to tolerance and withdrawal symptoms.

Depressant

A chemical agent that diminishes the function, or activity of a specific part of the body. The most common include alcohol, barbiturates, benzodiazepines, and solvents.

Detoxification (De-tox)

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

Drug

A synthetic or natural chemical substance that affects one or more biological processes. In this context, psychoactive drugs alter mood, emotion, or state of consciousness and affect function of the brain. Drugs include legal substances such as prescription medicines, solvents, glues, alcohol and tobacco, etc. Other drugs such as opiates, psycho stimulants, depressants, hallucinogens and steroids, etc, may be illegal to use and possess unless lawfully prescribed.

Drug misuse

Use of a substance for a purpose not consistent with legal or medical guidelines (as in the non-medical use of prescription medications), the term is preferred by some to 'abuse' in the belief that it is less judgmental.

Drug problem

Any of the range of adverse accompaniments of drug use, particularly illicit drug use.

Dual diagnosis

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

Early intervention

Early detection of hazardous or harmful substance use and/or its effects, directed particularly at individuals who are at risk but have not developed physical dependence or major psychosocial complications.

Ecstasy

Street name for 3-4 methylenedioxymethamphetamine (MDMA) a synthetic substance with both hallucinogenic and stimulant properties.

Employability

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

Evidence base

The conscientious use of current best information in making decisions about the delivery of services to maximise benefit and minimise risk from the resources available.

Excluded children

Children excluded from schools due to unacceptable, abusive or violent behaviour. The majority of excluded children will come from families facing a range of social problems.

Experimental drug use

Usually refers to the first few instances of using a particular drug. The term sometimes refers to extremely infrequent or non-persistent use and denotes individuals unlikely to be in touch with drug services, except for those providing information. They will come from a mixed social and demographic group.

GIRFEC

Getting it Right for Every Child: a national approach to supporting and working with all children and young people in Scotland. It affects all services for children and adult services where children are involved. It is based on research, evidence and best practice and designed to ensure all parents, carers and professionals work effectively together to give children and young people the best start we can and improve their life opportunities.

Harm reduction

In the context of alcohol or other drugs, describes policies or programmes that focus directly on reducing the harm resulting from the use of alcohol or drugs. The term is used particularly of policies or programmes that aim to reduce the harm without necessarily affecting the underlying drug use; examples includes needle/syringe exchanges to counteract needle-sharing among heroin users.

Health inequalities

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

Health promotion

The process of enabling people to improve and increase control over aspects of their lives that affect their health and wellbeing.

HEAT

Performance targets in the NHS around the areas of Health improvement, Efficiency, Access and Treatment.

Heroin

Opiate drug derived from Morphine, though more potent than Morphine and very addictive.

Integrated care pathway

A locally-agreed multidisciplinary care plan, based on guidelines and evidence where available, describing the essential anticipated steps, over a set time period in the care of a specific client group and the resultant progress to be expected.

Integrated drug service

Service where key providers work together, often within the same building, to provide a better holistic response for clients.

Kinship carers

There is no statutory definition of kinship carers. Kinship care refers to the main full-time care arrangement provided by a member of a child's extended family or wider network of friends and where the child is looked after or would otherwise be looked after, if a kinship carer were not able to provide the care arrangement.

Lapse

Surrendering to the craving/desire to use and using, i.e. having one drug using episode, but not returning to original level of substance use.

Legal highs (see also uncontrolled substances)

Legal highs is a media coined term for substances which contain various chemicals, herbs and extracts that mimic the effects of some illegal drugs, e.g. ecstasy, although not currently controlled by the Misuse of Drugs Act. They cannot accurately be described as 'legal' as the supply could constitute under the Medicine Act.

Local Community Planning

In Aberdeen this is the Aberdeen City Alliance (TACA) which performs the community planning function for the city utilising input from a range of challenge forums, one of which is the Alcohol and Drug Partnership.

Looked after children

Refers to young people for whom the local authority shares or has exclusive parental responsibility.

Mainstream

Using universal services routinely available to the general public to deliver support rather than through narrowly available specialist services.

Moving on service

Services that help people tackle their wider relationship and housing needs whilst reducing their need for specialist treatment services.

Mutual-aid Peer Support Groups

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

Needle-sharing

The use of syringes or other injecting instruments by more than one person – particularly as a method of administration of drugs. This confers the risk of transmission of viruses.

Many interventions such as methadone maintenance and needle/syringe exchanges are designed partly or wholly to eliminate needle-sharing.

Northern Community Justice Authority

A statutory partnership covering the North of Scotland that brings together a broad range of agencies to achieve a co-ordinated approach to delivering quality services for offenders and their families at a local level, with the jointly agreed task of reducing re-offending.

Opiate

One of a group of alkaloids derived from the opium poppy (*papaver somniferum*) e.g. heroin, with the ability to induce analgesia, euphoria, and, in higher doses, stupor, coma, and respiratory depression. The term opiate excludes synthetic opioids.

Opioid

The generic term applied to alkaloids from the opium poppy (*papaver somniferum*), their synthetic analogues, and compounds synthesized in the body, which interact with the same specific receptors in the brain, have the capacity to relieve pain, and produce a sense of well-being (euphoria). The opium alkaloids and their synthetic analogues also cause stupor, coma, and respiratory depression in high doses.

Outcome

The identifiable impact on, or consequences for individuals and the community due to the planned actions, interventions or services of the ADP or its partners.

Overdose

The use of any drug in such an amount that acute adverse physical or mental effects are produced. Deliberate overdose is a common means of suicide and attempted suicide. In absolute numbers, overdoses of licit drugs are usually more common than those of illicit drugs. Overdose may produce transient or lasting effects, or death; the lethal dose of a particular drug varies with the individual and with circumstances.

Overdose prevention

Refers to a range of steps taken to attempt to reduce risk and occurrence of drug overdose e.g. raising awareness, providing information/resources and practical guidance for the management of emergency situations.

Partner

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

Partnership

Collection of partner agencies with mutual understanding, parity of esteem and shared objectives brought together to co-plan and share responsibility for service design to optimise outcomes for service users.

Peer education

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

Peer support (see also Mutual-Aid Peer Support Groups)

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

Performance and Image Enhancing Drugs (PIED)

A generic and collective term for a wide range of substances that include; anabolic androgenic steroids, fat burners and tanning agents all of which are taken to either enhance physical performance, image or in some cases taken to off-set the effects of taking another substance.

Performance management

Process which contributes to the effective management of services to achieve high levels of performance. It establishes shared understanding about what is to be achieved and an approach to leading and developing services which will ensure that it is achieved.

Person centred approach

Views the person as their own best authority on their own experience, and as being fully capable of fulfilling their potential for growth.

Poly-drug use (Multiple use)

The use of more than one drug or type of drug by an individual, often at the same time or sequentially, and usually with the intention of enhancing, potentiating, or counteracting the effects of another drug. The term is also used more loosely, to include the unconnected use of two or more drugs by the same person. It carries the connotation of illicit use, though alcohol, nicotine, and caffeine are the substances most frequently used in combination with others in industrialized societies.

Prescription medicine

A drug that is legally available only with written instructions from a doctor or dentist to a pharmacist.

Prevention

Information and advice to the general population to reduce alcohol related harm plus early detection and intervention to stop problems from becoming more severe.

Problem drug use

A category of use that denotes experience and/or cause of social, psychological, physical medical or legal problems associated with drug use. Individuals experiencing problems from drug use are likely to be in touch with drug treatment services, although many will not.

Psychostimulant

In reference to the central nervous system, any agent that activates, enhances, or increases neural activity; such as amphetamines, cocaine, caffeine and other xanthines, nicotine, and synthetic appetite suppressants resulting in increased excitation, alertness and wakefulness .

Recovery

The Road to Recovery describes this as ‘a process through which an individual is enabled to move on from their problem drug use towards a drug free life as an active and contributing member of society’.

Regular/risky drug use

Individuals regularly using legal and illegal drugs and usually from a mixed social and demographic profile, and may have had some contact with drug information services, but are unlikely to have used any other drug service.

Rehabilitation

In the field of substance use, the process by which an individual achieves an optimal state of health, psychological functioning, and social well-being. Rehabilitation follows the initial phase of treatment (which may involve detoxification and medical and psychiatric treatment). It encompasses a variety of approaches including group therapy, specific behaviour therapies to prevent relapse, involvement with a mutual-help group, residence in a therapeutic community or half-way house, vocational training, and work experience. There is an expectation of social reintegration into the wider community.

Relapse

A return to drug use after a period, of abstinence often accompanied by reinstatement of dependence symptoms where some distinguish between relapse and lapse (“slip”), with the latter denoting an isolated occasion of drug use.

Relapse prevention

A set of therapeutic procedures employed in case of drug problems to help individuals avoid or cope with lapses or relapses to uncontrolled substance use. The procedures may be used with treatment based on either moderation or abstinence, and in conjunction with other therapeutic approaches. Patients are taught coping strategies that can be used to avoid situations considered dangerous precipitants of relapse, and shown, through mental rehearsal and other techniques, how to minimize substance use once a slip has occurred.

Resilience

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

Scotland's Healthy Working Lives

Provides workplaces, including small and medium sized enterprises, large companies and the public sector with the necessary advice, resources and tools to confidently address their own workplace health and safety.

Self-help group

A term that refers to two kinds of therapeutic groups, but is most commonly used for what is more properly called a mutual-help group. It also refers to groups that teach cognitive behavioural and other techniques of self- management.

Service user

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

Single outcome agreement

An outcome based approach to define the relationship between the Scottish Government, Local Authorities and Community Planning Partnerships. This is part of the Scottish Government National Performance Framework which set out how each will work in the future towards improving national outcomes for the local people in a way that reflects local circumstances and priorities.

Statutory sector

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

Stigma

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

Tiered interventions

Interventions designed where each tier accommodates a specific level of need.

Tier 1: Mainstream community services (offering information, brief interventions and sign-posting to other services); Tier 2: Open access drug services (offering extended interventions, advice, harm reduction and referral to specialist services); Tier 3: Referral only specialist community based drug services; Tier 4: Highly specialist.

Uncontrolled drugs

A range of psychoactive substances and their pre-cursors not specifically covered by international drug conventions or legislation such as the Misuse of Drugs or Medicines Acts (although this can vary between different countries).

Use (drug)

Self-administration of a psychoactive substance.

Volatile substances

Substances that vaporize at ambient temperatures, including substances that are inhaled for psychoactive effects (also called inhalants) including the organic solvents present in many domestic and industrial products (such as glue, aerosol, paints, industrial solvents, lacquer thinners, gasoline, and cleaning fluids) and amyl nitrite.

Voluntary sector

Range of agencies that are non-profit distributing, non-statutory, autonomous, and often may hold charitable status.

Vulnerable

A person or group is vulnerable when support is required to enable or promote independent living and safe and active participation in the community.

Wellbeing

A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

Withdrawal

A group of symptoms of variable clustering and degree of severity which occur on cessation or reduction of use of a psychoactive substance that has been taken repeatedly, usually for a prolonged period and/or in high doses. The syndrome may be accompanied by signs of physiological disturbance. A withdrawal syndrome is one of the indicators of a dependence syndrome.

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Aberdeen City ADP

The Aberdeen City ADP, which has been responsible for the production and publication of this document, has a membership from the partnership organisations listed below. Names of the current persons who attend meetings are shown within the ADP minutes. These are available on the website at www.aberdeencityadp.org.uk

- Aberdeen City Council
- NHS Grampian
- Grampian Police
- Scottish Prison Service
- Procurator Fiscal Service
- Aberdeen Council of Voluntary Organisations
- The Aberdeen Drug, Alcohol and BBV Forum
- The Civic Forum



Aberdeen City Drugs, Alcohol & BBV Forum

Responsive Courage Partnership Hope Trust Support
Responsibility Equality Openness Clarity Participation Citizen
Opportunity Dignity Empathy Commitment Aspiration Inclu
Integrity Empowerment Safety Respect Responsive Courag
Partnership Hope Trust Support Responsibility Equality Ope
Clarity Participation Citizenship Opportunity Dignity Empa
Commitment Aspiration Inclusion Integrity Empowerment S
Respect Responsive Courage Partnership Hope Trust Supp
Responsibility Equality Openness Clarity Participation Citize
Opportunity Dignity Empathy Commitment Aspiration Inclu
Integrity Empowerment Safety Respect Responsive Courag
Partnership Hope Trust Support Responsibility Equality Ope
Clarity Participation Citizenship Opportunity Dignity Empa
Commitment Aspiration Inclusion Integrity Empowerment S
Respect Responsive Courage Partnership Hope Trust Supp
Responsibility Equality Openness Clarity Participation Citize
Opportunity Dignity Empathy Commitment Aspiration Inclu
Integrity Empowerment Safety Respect Responsive Courag
Partnership Hope Trust Support Responsibility Equality Ope
Clarity Participation Citizenship Opportunity Dignity Empa
Commitment Aspiration Inclusion Integrity Empowerment

