MORAY ADP
2018 NEEDS ASSESSMENT:

Document: Version 3.
Produced: 01 June 2018
Revised: 01/06/2018
Paul Johnson: MADP Lead Officer

CONTENTS

EXECUTIVE SUMMARY 3
GLOSSARY OF TERMS AND ABBREVIATIONS 7
INTRODUCTION 8
The Moray Drug and Alcohol Partnership 8
Purpose 8
THE MAKE-UP OF MORAY 9
Information on Moray 9
Population and Projections 9
Scottish Index of Multiple Deprivations 9
Employment in Moray 9
Moray Populations 10
ALCOHOL AND DRUG PREVALENCE IN MORAY 11
Drug Prevalence 11
Number of Estimated Drug Users 11
Gender Split of Estimated Drug Users 11
Estimated Drug Users Age Groupings – Males only 11
Alcohol Prevalence 12
HEALTH DATA 14
Hospital Admissions 14
A&E Attendances in Moray 14
Alcohol Brief Interventions 15
Blood Borne Viruses 16
Needle Exchange 16
Drug Related Maternities in Moray 2016/17 16
Alcohol Related Deaths Moray 16
Alcohol-Related Death Rates and Alcohol Outlet Availability 16
Drug Related Deaths Moray 18
TREATMENT SUPPORT SERVICES IN MORAY 20
Moray Integrated Drug and Alcohol Service 20
ARROWS 20
ALCOHOL OR DRUG USE REFERRAL DATA 21
Waiting Times Data 21
Gender 21
Main Drug Use 21
Co-occurring Health Issues 23
Discharges 23
Injecting Behaviour in New Service Users 24
Outcomes Star Data 24
YOUNG PEOPLE ALCOHOL AND DRUG USE 26
Possession of Drugs Charges – Under 18 27
Emergency Admissions to Dr Gray's 0 – 19 age group 27
Arrows: Partnership Drugs Initiative: 28
ALCOHOL, DRUGS AND CRIME 29
Violent Crimes and Rowdy Behaviour 29
Drink/Drug Driving 30
Crimes Where Alcohol/Drug use is a Factor 30
Substance Use in Scottish Prisons 31
IMPACT OF ALCOHOL AND DRUG USE ON WIDER SERVICES 32
Reason for failing to maintain accommodation (Multiple responses allowed) 32
Service Users with Children 33
LICENSING IN MORAY 34
Alcohol Outlet Availability in Moray from 2012 to 2016 34
DRUG AND ALCOHOL INFORMATION SYSTEM (DAISY) IMPLEMENTATION 36
DELIVERY PLAN 2015/18 REVIEW 37
In summary, the key achievements: 37
Areas for further development 38

EXECUTIVE SUMMARY

- The purpose of the Needs Assessment is to assist the Moray Alcohol and Drug Partnership in identifying strategic priorities for Moray; taking account of both local, including (but not limited to) the Moray LOIP (Local Outcomes Improvement Plan) and national strategies.

- 0.59% of the population of Moray are estimated to use drugs.

- There is a ratio of 3.1 to1 for male to female drug users in Moray. This is above the Scottish average of 2.4 to1.

- The majority of estimated drug users in Moray are aged between 25 and 34.

- The estimated proportion of adults drinking above the recommended maximum of 14 units per week fell from 34% in 2003 to 25% in 2013 and has stayed at a similar level since (25% in 2014 and 26% in 2015 and 2016).

- The estimated cost of alcohol harm in Moray was £33.3 million in 2010/11, or £380 per person.

- The Moray LOIP has a priority of Changing Moray's Relationship with Alcohol and recognises the importance of minimum unit pricing and this is reflected in the strategy.

- General Acute Inpatient and Day Case Stays with an alcohol related diagnosis in any position shows that in 2016/17 there were 459 admissions compared to 476 in 2014/15.

- An in depth analysis of alcohol related Emergency admissions in Moray was carried out in 2016, for data in the 3 year period of October 2013 to September 2016.

    - There were 1,117 presentations to A&E within Moray over the period October 2013 – September 2016. Of those incidents, 994 had identifiable home addresses, 541 incidents (54%) presenting were for individuals living within Elgin. Forres (13%) was second, closely followed by Buckie (10%).
    - There is an increasing trend of female substance use presentations; through the 36 month period across all age groups there is an average of 42% presentation.
    - Within the 20-64 age groups, female substance misuse is higher than male substance misuse in the years 2015 & 2016.
    - Alcohol alone accounts for 51% of all incidents relating to admissions.

- In the period October 2015 to September 2017 Moray there were 602 ABIs done in GP practices, 143 done in A&E at Dr Gray's, 20 in antenatal at Dr Gray's and 33 done in Keep Well and Healthpoint.

- In Moray 80% of those who inject have been tested for Hepatitis B, 80% for Hepatitis C and 75% for HIV, this is around national averages, as well as that of Angus and Aberdeenshire (Approximately 80%).

- A total of 3128 needle exchange transactions took place in 2017/18 across 7 outlets. Keith is the only town in Moray not to have a needle exchange.

- In 2016/17 there were 2,671 births in Moray 34 of these births had a recording of substance misuse attached to them. 10 of these births were affected by the drug misuse.

- In 2016, there were 24 alcohol related deaths in Moray; this is an increase from 22 in 2015.

- In Moray, a statistically significant relationship was found between alcohol outlet availability and alcohol-related deaths: neighbourhoods with more places to buy alcohol had higher alcohol-related death rates.

- In 2016, there were 10 drug related deaths in Moray, which is the same as 2015. The last two years has shown an increase from 2014 where 2 deaths were recorded.

- The numbers of drug related deaths has increased in Scotland over the past 5 years.

- The trend in deaths shows an increase in Moray which is in line with Scotland as a whole.

- The 2017 figures for drug related deaths are likely to be similar or possibly higher.

- Moray Integrated Drug and Alcohol Service; MIDAS is an integrated alcohol and drug service within the Moray Health and Social Care Partnership, consisting of the NHS Grampian Community Psychiatric Nurses, Moray Council Social Work, and with input from a Consultant Addictions Psychiatrist.

- Arrows: Arrows operates the Single Point of Access for Moray from which service users are then linked into support based on their individual needs.

- Moray has had a steady increase of new clients accessing Alcohol and Drug services over the past 3 years. Moray's age profile is skewed towards more new younger clients in 2015/16. The Median age of 30 is the lowest in Scotland, with the average being 35.

- Moray has seen an increase in referrals to services, with 427 in 2017/18 compared to 356 in 2015/16.

- The split between male and females in service over a 2 year period is consistently, 65% males and 35% females.

- Moray has the highest percentage of individuals by main illicit drug whose main illicit drug is Cannabis (37.3%). Moray has a high percentage of clients who have never injected (55%) compared with the Scottish average of 48%.

- There were more clients engaging with alcohol and drug services due to issues with alcohol misuse rather than drug misuse, in fact 68% of referrals were referred due to alcohol misuse.

- A total of 438 clients were recorded on the NHS Waiting Times Database as using alcohol and drug services in Moray during October 2016 to September 2017.

- Most clients accessing Moray Drug and Alcohol Services have either self-referred or been referred by a GP.

- There is evidence to show that MIDAS cases are becoming more complex; with people having needs to both alcohol and drugs used in conjunction, with greater levels of harm and high levels of needs associated with areas such as mental ill health and poor physical health.

- Of the new referrals in 2016/17 and 2017/18, 68% presented with co-occurring health issues which included physical, and mental health issues. (Please note these are not mutually exclusive). This is supported in the Outcome Star data which shows high levels of need relating to both physical and mental health.

- 33% (alcohol) and 11% (drugs) of clients accessing Drug and Alcohol Service in Moray have left services after successfully receiving support.

- In 2016/17, 26% of drug users in Moray had injected in the past month, this is higher than the national average of 15%. However, 55% had never injected.

- The Outcomes Star is an evidence-based tool that supports and measures change when working with people.

- In addition to changes being required due to alcohol or drug use,emotional health (linked to mental wellbeing) was the highest area where the need to change was identifed.

- Changes were made across all of the outcome areas.

- Emotional health was the third highest area where change was identifed but not made.

- There is a lack of robust quantitative data in Moray on the needs of young people in relation to alcohol and drug use.

- Moray ranked 4th highest with 15% in the proportion of S4 pupils who are weekly drinkers.

- 4.8% of S4 pupils use drugs monthly.

- 19% of 15 year olds had never used any substance regularly, 8% were using more than one substance.

- 15 year old boys were more likely to have used any substance than 15 year old girls.

- There is data for the Possession of Drugs for young people under the age of 18, with a steady increase from 40 individuals in 2014/15 up to 59 in 2016/17.

- Emergency Admissions to Dr Gray's 0 – 19 age group shows that females account for 74 incidents (57%) whilst males account for 57 incidents (43%). Total presentation to Dr Grays for the period, inclusive of Moray localities was recorded at 131 incidents that were indicative of Alcohol and/or Drugs within the context of substance misuse.

- In 2017/18 there were 893 crimes recorded under the broad category of "dishonesty" of which 83 were recorded as the offender being under the influence of alcohol at the time of the offence.

- Crime rates in neighbourhoods with the most alcohol outlets were 7.7 times higher than in neighbourhoods with the least.

- Aside from an increase in Domestic Abuse incidents involving alcohol in 2015/16, over the past four years there has been an overall decline in the proportion of both Domestic Abuse incidents and Common Assaults that have involved alcohol. Between 2014/15 and 2016/17, a similar trend was evident with Serious Assaults. However, in the last year, the proportion of these Assaults involving alcohol has increased to 50%.

- In the 2016/17, both the number and proportion of Rowdy Behaviour incidents involving alcohol have decreased

- In December 2014, the drink driving limit in Scotland reduced from 35 micrograms per 100ml of breath to 22 micrograms per 100ml of breath. Annual statistics for Drink/Drug Driving offences between 2014/15 and 2017/18 show that to 2016/17 the number of offences were in decline. However, latest figures show an increase in detections by Police.

- The number of charges of Supply of Drugs (including possession with intent) and Possession of a Controlled Drug has increased in Moray. For the year 2017/18 (to the end of February), 51 Supply and 345 Possession of a Controlled Drug charges were recorded in Moray.

- Of the 1,026 tests carried out when entering prison in 2016/17, 79% were positive for drugs (which included drugs prescribed as part of a treatment programme), and 76% were positive for illegal drugs (including illicit use of prescribed drugs).

- In 2015 the Alcohol Use Disorders Identification Test (AUDIT) was administered to prisoners as part of the Scottish Prisoner Survey conducted by Scottish Prison Service. Among prisoners who completed the AUDIT assessment, 66% had an alcohol use disorder. Of these one third (33%) were classed as possibly alcohol dependent, 27% were hazardous drinkers and one in 20 (6%) were harmful drinkers.

- Alcohol and drug use impacts on many community services such as, but not limited to adult social care and housing; with staff in these services providing a high level of support. Housing presented a briefing paper to the Moray Alcohol and Drugs Partnership.
    - The main reasons for providing housing support during 2016/17 were: financial/literacy/correspondence issues (41.34%). Lack of life skills accounted for 32.67%. Mental health reasons and substance or alcohol use accounted for 15.14% (an increase of 7.9%) and 10.56% (a reduction of 2.24%) respectively.

- 43% of children on the Child Protection Register were registered under a concern of Parental Drug Misuse.

- 17% of children on the Child Protection Register were registered under a concern of Parental Alcohol misuse.

- The Moray data shows that 43.75% of licenses in Moray are both on and off sale licenses.

- Proportionally there is a licensed premise for every 240 people in Moray this is compared to 327 in Aberdeenshire and 279 in Angus.

- Moray has slightly more total licenses in force than the Scottish average of 38.1, with 41.6 premises per 10,000 head of population.

- The Drug and Alcohol Information System (DAISy) is a database being developed to collect Scottish Drug and Alcohol Treatment, Outcomes and Waiting Times data from staff delivering specialist drug and alcohol interventions. DAISy will come into operation in October 2018.

GLOSSARY OF TERMS AND ABBREVIATIONS

ABI – Alcohol Brief Intervention – a short, evidence-based, structured conversation about alcohol consumption with a patient/service user that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm.

Antisocial Behaviour Crimes – Minor assault, vandalism, breach of the peace, drunk and incapable, urinating in a public place and using threatening or abusive behaviour.

CJ – Criminal Justice

ISD – Information Services Division (Health Service Data)

Licensing Offences – Purchase of alcohol for consumption by persons under 18 years, sale of alcohol to persons under 18 years, persons under 18 buying or consuming alcohol in a bar. Other offences are: confiscation of alcohol from under 18, refusing to quit a licensed premises, drunk in charge of a child, drunk and attempting to enter a licensed premises, and disorderly on a licensed premises.

LOIP – Local Outcomes Improvement Plan

MADP – Moray Alcohol and Drug Partnership – The Moray Alcohol and Drug Partnership is a partnership of all the organisations involved in reducing the harm caused by alcohol and drugs to both individuals and communities across Moray.

MARAC – Multi Agency Risk Assessment Conferences

MIDAS – Moray Integrated Drug and Alcohol Services made up of Addictions Social Work and NHS Community Psychiatric Nurses.

New Clients – any person who at the time of presenting is not currently in contact with a service that provides specialist assessment of a client's drug misuse care needs.

NHS – National Health Service

Off-sales - is a term used to describe a shop licensed to sell alcoholic beverages for consumption off the premises? Off-licences can also be used. Off-sales premises can include supermarkets, grocers, convenience stores, dedicated off-sales, and garages.

On-sales - is a term used to describe venue which is licensed for consumption of alcohol at the point of sale. On-sales premises can include pubs, clubs, hotels, and restaurants.

SALSUS – Scottish Schools Adolescence Lifestyle and Substance Use Survey

Serious Crimes – Murder, attempted murder, culpable homicide, serious assault, rape, assault with intent to rape.

SW – Social Work

INTRODUCTION

The Moray Drug and Alcohol Partnership

The MADP is a partnership of all the organisations involved in reducing the harm caused by alcohol and drugs to both individuals and communities across Moray. Its purpose is to deliver the Government's Strategy and Local Strategies in relation to drugs and alcohol, by bringing together many agencies and co-ordinating a partnership approach to tackling substance use.

Purpose

The purpose of the Needs Assessment is to assist the Moray Alcohol and Drug Partnership in identifying strategic priorities for Moray; taking account of both local, including (but not limited to) the Moray LOIP and national strategies.

The Scottish Government is reviewing and revising both the Drug Strategy; Road to Recovery, and the alcohol strategy Changing Scotland's Relationship with Alcohol.

A combined Drug and Alcohol Treatment Strategy will be published in 2018 along with a new Alcohol Framework.

The combined strategy will have a greater focus on the continuum of reducing alcohol and drug related harm and promoting recovery; based on

1. Reducing alcohol and drug related harms through education, prevention, treatment, support, and enforcement.
2. Promoting engagement with services for those who have needs linked to alcohol and or drug use.
3. Keeping people in services; and being proactive in supporting re-engagement for those who may disengage with services.
4. Ensuring that there is a comprehensive range of services, support, and treatment, taking account of individual needs, reducing harms and supporting wider recovery.

Objectives of this Needs Assessment:

The objectives of this paper are set out as follows:

1. To conduct an assessment of need to support the development of strategic priorities and an operational delivery plan.
2. To identify evidence based recommendations for the MADP to consider.

Summary of Study Methods

The methods used to collate this data were:

- Open source internet searches
- Discussions with Service Users
- Discussions with Service Providers
- Data from ISD Waiting Times Database
- Outcomes Data from Service Providers
- Police Scotland
- Community Safety
- The Moray Council
- NHS Grampian
- Scottish Fire and Rescue Service
- AFR
- CRESH
- Scottish Government

Aberdeenshire and Angus Local Authorities were used, where possible, for benchmarking purposes due to their similarities with Moray with regards to population and geography.

THE MAKE-UP OF MORAY

Information on Moray

Moray is the 8th largest Local Authority in Scotland geographically however it ranks number 26th with regards to population size as it is not as densely populated as some other Local Authority areas in Scotland.

Population and Projections

According to the National Records of Scotland, approximately 80 percent of Moray's population lives in towns or villages. Almost 56 percent of Moray's population live in the five main towns which are; Elgin, Forres, Buckie, Lossiemouth, and Keith. There are several small towns in Moray such as Burghead, Cullen, Dufftown, Fochabers, Hopeman, Lhanbryde, Mosstodloch and Rothes who all have populations of approximately 1,000 to 2,000, with the rest of the population scattered across smaller rural areas. The population density of Moray is 39 people per square kilometer which is well below the national average of 67.2. [1]

The population of Moray was 93,295 at the time of the 2011 Census. Population levels vary across Moray's main towns ranging from 23,178 in Elgin to 4,734 in Lossiemouth. We also have a number of smaller, more rural areas.

Although the overall age profile broadly follows the national trend towards an aging population, in fact, Moray has higher percentages of people in each of the 75+, 60+, and 45+ age groups when compared with the Scottish average. In particular, the evidence indicates that we have higher percentages of older people in our more coastal and rural areas. According to the National Records of Scotland it is predicted that by 2039 the number aged over 65 will have increased by 73% in Moray compared to 66% nationally.

Further information on the make-up of Moray can be found in the Moray LOIP and on the Moray Council Website.

Scottish Index of Multiple Deprivations

Moray is a rural area and ranks highly for access deprivation, which is measured by the Scottish Index of Multiple Deprivation (SIMD) on journey time to services such as a doctor, shop, and post office. In 2016, 33.8% of Moray's population (31,982 people) were in the bottom 20% access deprived areas in Scotland. This presents us with challenges in ensuring that our rural communities can access services and that people can connect with each other to avoid social isolation and the negative outcomes that isolation can lead to.

Employment in Moray

Moray has relatively high employment rates in mainly low paid industries. The impact of our aging population is two-fold: a smaller working age population and an increased demand for services which are already experiencing skills shortages – each of which is a risk to the sustainability of our

[1] Moray Census 2011 Provided by Scotland Census
http://www.scotlandscensus.gov.uk/ods-web/area.html
National Records for Scotland – General Register Office for Scotland: April 2011

economy. The MOD continues to have a significant influence on our population dynamics and economy, and this adds to our economic vulnerability particularly in a time when the public sector is shrinking.

Further information on the make-up of Moray can be found in the Moray LOIP and on the Moray Council Website.

Moray Populations

The 2011 Census Data shows that the largest ethnic group in Moray is White Scottish with 71,837 people in this group the second largest ethnic group is White – Other British with 16,793 people. Of the non-white ethnic groupings, Asian or Asian British were the largest group with 560 people. The other 466 people are from 8 other ethnic groups this translates to less than 1% of the population of Moray being from other ethnic backgrounds.

Moray resident information is broken down to country of birth; it shows that 70,344 residents were born in Scotland with the second highest number being born in England (16,607), 17.8% of Morays population[2].

[2] Moray Census 2011 Provided by Scotland Census http://www.scotlandscensus.gov.uk/ods-web/area.html#!

ALCOHOL AND DRUG PREVALENCE IN MORAY

The latest data available for estimated number of drug users in Scotland is dated 2012/13. These figures are approximate and therefore need to be treated with caution[3].

Revised data will be available in the Autumn of 2018.

Drug Prevalence

Approximately 6 out of 1000 people in Moray are estimated to be drug users. This compares favourably with the rest of Scotland (17 out of 1000) and its comparators Angus (Approximately. 10) and Aberdeenshire (approx. 7). As stated above, these figures need to be treated with caution.

The number of male (270) drug users far outweighs the number of female (80). This represents a ratio of 3.4 to 1. This is higher than the Scottish average of 2.4 to 1, Angus (2.3 to 1) and Aberdeenshire (2.7 to 1).

The majority of estimated drug users in Moray are aged between 25 and 34 years old however the percentage of population (2.01%) is still half that of the Scottish Average (4.41%). The only age group that Moray is higher in than its comparators is the 15 to 24 age group (1.28%), but it is still below the Scottish average (1.84%).

Between from 2009/10 to 2012/13 the estimated percentage of Morays population with a drug use has dropped very slightly (0.04%). 17 out of the 32 Partnerships saw a decrease in this period.

Number of Estimated Drug Users

Council Area	Number of persons	% of Population
Moray	350	0.59
Angus	700	0.96
Aberdeenshire	1,100	0.67
Scotland	59,500	1.74

(Please note this data includes those aged 15-64 years old only)

Gender Split of Estimated Drug Users

Council Area	Male	Female
Moray	270 (0.91%)	80 (0.28%)
Angus	490 (1.35%)	210 (0.58%)
Aberdeenshire	820 (0.98%)	300 (0.36%)
Scotland *	43,300 (2.49%)	18,200 (1.01%)

Estimated Drug Users Age Groupings – Males only

Council Area	15-24	25-34	35-64
Moray	70 (1.28%)	100 (2.01%)	90 (0.49%)
Angus	70 (0.98%)	190 (3.24%)	230 (0.98%)
Aberdeenshire	100 (0.70%)	440 (3.14%)	280 (0.50%)
Scotland*	6,400 (1.84%)	14,700 (4.41%)	22,200 (2.10%)

*Figures for Mainland Scotland only. ( ) % of population aged 15-64 years with an estimated drug misuse issue.

[3] http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drugs-Misuse/

There are no comparable figures available for females at present as ISD could not break this data down further as there were such small numbers of estimated females who have a substance misuse issue.

Comparison 2006 and 2012 Estimated Percentage of estimated Drug Users[4]

Council Area	2006	2009/10	2012/13
Moray	0.53%	0.64%	0.59%
Angus	1.24%	1.38%	0.96%
Aberdeenshire	0.80%	0.75%	0.67%
Scotland	1.62%	1.71%	1.68%

Alcohol Prevalence

The recommended sensible drinking guidelines to keep health risks from alcohol to a low level, set out by the Scottish Government, are 14 units a week on a regular basis, for both men and women.

Within Scotland, the general trend shows the proportion of adults drinking above the recommended maximum of 14 units per week fell from 34% in 2003 to 25% in 2013 and has stayed at a similar level since (25% in 2014 and 26% in 2015 and 2016).

Male drinkers were twice as likely as female drinkers to drink above the recommended maximum of 14 units a week and male drinkers consumed significantly more alcohol on their heaviest drinking day than female drinkers in 2015/16 combined (8.4 units compared with 5.9 units respectively). The percentage of adults reporting that they do not drink alcohol increased significantly from 11% in 2003 to 16% in 2013, and has settled at that level since. [5]

When looking at this data there is a general observation that this survey underestimates the alcohol consumption rates. It is worth noting that although the alcohol consumption rate seems to be falling, this type of data relies heavily upon self-reporting, therefore the actual prevalence of alcohol consumption is likely to be greater than that suggested here.

In Scotland, alcohol-related death rates were 67% higher in men and 50% higher in women compared with England & Wales.

The Moray LOIP states that some young people are taking risks which may put them at danger of harm. In Moray, girls are more likely to consume alcohol than boys at both 13yr old and 15yr old stages. Further, over a third of 15 year olds report that they have been offered at least one illegal drug; and they reported that it would be easy to get an illegal drug. 10% of 15 year olds reported they were regular smokers.

The estimated cost of alcohol harm in Moray was £33.31 million in 2010/11, or £380 per person. This is in line with Highlands and Islands and also many of Scotland's other rural local authority areas. Perhaps not surprisingly it is substantially below the cost in more urban areas such as Aberdeen and Glasgow (£557 and £615 per person respectively). However the spend in Moray is significantly higher than it is in Aberdeenshire – £262 per person.

The Moray LOIP has a priority of Changing Moray's Relationship with Alcohol and recognises the importance of minimum unit pricing and this is reflected in the strategy

The Alcohol (Minimum Pricing) (Scotland) Act 2012 comes into effect from 1st May 2018.

Minimum pricing is particularly effective at reducing the amount of alcohol drunk by harmful drinkers as they tend to buy most of the cheap alcohol that is affected by minimum pricing.

[4] This is the latest available data

[5] *The Scottish Health Survey Published October 2017, for year 2016*
http://www.gov.scot/Resource/0052/00525472.pdf

Minimum unit pricing will be subject to evaluation by Scottish Government.

HEALTH DATA

Hospital Admissions

For each hospital admission, a number of different diagnosis codes are recorded to describe the reason for admission. Often when substance misuse has played a part in leading to hospital admission the underlying admission (i.e. the first admission code applied) may not identify substance misuse. For that reason, this report has used a dataset of alcohol related admission codes and drug related admission codes

General Acute Inpatient and day case Stays with an alcohol related diagnosis in any position[6]

	2014/15	2015/16	2016/17
Scotland	38,183	38,248	36235
Moray	476	468	459
Angus	528	553	436
Aberdeenshire	801	755	833

General Acute Hospital Stays (EASR) with diagnosis of drug misuse[7]

	2014/15	2015/16	2016/17
Scotland	134.1	144.7	162.2
Moray	56.5	84.5	63.6
Angus	117.1	67.2	61.1
Aberdeenshire	39.5	38.8	49.0

A&E Attendances in Moray

An in depth analysis of alcohol related Emergency admissions in Moray was carried out in 2016, for data in the 3 year period of October 2013 to September 2016.

Key findings of this report were as follows:
There were 1,117 presentations to A&E within Moray over the period October 2013 – September 2016. Of those incidents, 994 had identifiable home addresses, 541 incidents (54%) presenting were for individuals living within Elgin. Forres (13%) was second, closely followed by Buckie (10%).

All areas, but one (Lossiemouth) had more Males presenting than females. However, in the 19/20 year old age groups, young females presented more than young males
There were 490 multiple incidents within this 36 month period.

- 56 multiple incidents occurred between Oct ’13 and Dec ’13.
- 169 multiple incidents occurred between Jan ’14 and Dec ‘14
- 146 multiple incidents occurred between Jan ’15 and Dec ‘15
- 120 multiple incidents occurred between Jan ’16 and Sep ‘16

There were 220 (44% - N=491) incidents recorded as Mental/Behavioural within these multiple incidents. The Breakdown of multiple incidents within age groups is as follows:

- 0-19: 18% of all incidents are multiple.
- 20-64: 51% of all incidents are multiple.
- 65+: 36% of all incidents are multiple.

[6] http://www.isdscotland.scot.nhs.uk/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2017-11-21/visualisation.asp
[7] http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2017-09-26/DRHS_dashboard.swf

The data for the year 2016 covers the period of Jan'16 to Sep'16; at the time of writing this report from data available the number of incidents presenting at A&E for alcohol and drugs appear to be higher than the previous year.

There was a total of 149 incidents where individuals arrived at A&E via Police and/or Prison transport.

101/149 (68%) of these incidents resulted in patients being discharged home. This suggests that current Police activity is making a positive impact in the prevention of substance misuse.

There is an increasing trend of Female substance use presentations; through the 36 month period across all age groups there is an average of 42% presentation.

Within the 20-64 age groups, female substance misuse is higher than male substance misuse in the years 2015 and 2016.

A more detailed analysis of the 2015/16 figures showed the following:

- In 2015/16, there were 334 incidents recorded at the Emergency Service department of Dr Grays Hospital, of which 63 incidents required further treatment and admission to NHS wards.
- The analysis of 295 incidents within Moray evidences alcohol related conditions as the highest factor at 266 total incidents or 90% of all presenting conditions at A & E.

Alcohol alone accounts for 51% of all incidents relating to admissions. Alcohol alone accounted for 57% of total alcohol related incidents.

The remaining 33% of incidents related to wider/more serious conditions such as medical related or mental health related attendance at 115 incidents or 39% of total incidents within Moray.

29 remaining incidents account for drug related substance misuse and/or behavioural conditions related to substance observed mental health. This equates to 10% of the 295 incidents.

The CRESH data[8] for Moray reports:

- Alcohol-related death rates in the neighbourhoods with the most off-sales outlets were 4.3 times higher than in neighbourhoods with the least.

- Alcohol-related hospitalisation rates in the neighbourhoods with the most off-sales outlets were 90% higher in neighbourhoods with the least.

- The link between alcohol outlet availability and harm was found even when other possible explanatory factors, such as age, sex, urban/rural status, and levels of income deprivation, had been taken into account[9].

This data above support the analysis of A & E admissions above.

Alcohol Brief Interventions

An Alcohol Brief Intervention is described as a:
"short, evidence-based, structured conversation about alcohol consumption with a patient/service user that seeks in a non-confrontational way to motivate and support the individual to think about

---

[8] Centre for Research on Environment, Society, and health (CRESH) – and Alcohol Focus Scotland – April 018. alcohol-outlet-availability-and-harm-in-mo

[9] Centre for Research on Environment, Society, and health (CRESH) – and Alcohol Focus Scotland – April 018. alcohol-outlet-availability-and-harm-in-mo

and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of *harm."* [10]

In the period October 2015 to September 2017 Moray there were 602 ABIs done in GP practices, 143 done in A&E at Dr Gray's, 20 in antenatal at Dr Gray's and 33 done in Keep Well and Healthpoint.[11]

Blood Borne Viruses

In Moray 80% of those who inject have been tested for Hepatitis B, 80% for Hepatitis C and 75% for HIV, this is around national averages, as well as that of Angus and Aberdeenshire (Approximately 80%).[12]

Needle Exchange

The following pharmacies provide a needle exchange service in the Moray area in 2017/18:

Needle Exchange Transactions April 2017 - March 2018

Site	Total
Arrows (Quarriers) Elgin	**278**
Bishopmill Pharmacy	**258**
Boots Pharmacy Forres	**170**
Boots Pharmacy Glassgreen	**729**
LLoyds Pharmacy Lossie - 4300	**4**
Lloyds Pharmacy, 48 High Street, Elgin	**1443**
Norvik Pharmacies Buckie	**246**
Total	**3128**

Drug Related Maternities in Moray 2016/17 [13]

In 2016/17 there were 2,671 births in Moray 34 of these births had a recording of substance misuse attached to them however only 10 of these births were affected by the drug misuse.

Alcohol Related Deaths Moray[14]

In 2016, there were 24 alcohol related deaths in Moray; this is an increase from 22 in 2015. Alcohol related deaths reached their peak in Moray in 2003 and 2004 where there were 28 alcohol related deaths in each year. In 2016, 1.9% of all of the alcohol related deaths in Scotland occurred in Moray. Ranking Moray at 18 out of the 32 Local Authority areas for alcohol related deaths.[15]

Moray has an annual average of 20.3 alcohol-related deaths for those aged 20 and over (from 2011-2016). This is equivalent to 21.5 deaths per 100,000 adults, which is around the same as the Scottish rate of 21.8 deaths per 100,000 adults.

Alcohol-Related Death Rates and Alcohol Outlet Availability

In Moray, a statistically significant relationship was found between alcohol outlet availability and alcohol-related deaths: neighbourhoods with more places to buy alcohol had higher alcohol-related death rates.

---

[10] *HEAT: Alcohol Brief Interventions National Guidance on Data Reporting: 2011-12: December 2010* http://www.healthscotland.com/uploads/documents/15219-ABI%20National%20Guidance%20on%20Data%20Reporting%202011_12.pdf

[11] *NHS Grampian Health Intelligence Team*

[12] *Same as 21*

[13] *http://www.isdscotland.org/Health-Topics/Maternity-and-Births/Births/*

[14] https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/alcohol-related-deaths/tables

[15] *National Records for Scotland – General Register Office for Scotland: April 2011* http://www.gro-scotland.gov.uk/files2/stats/alcohol-related-deaths/ard-10-table3.pdf

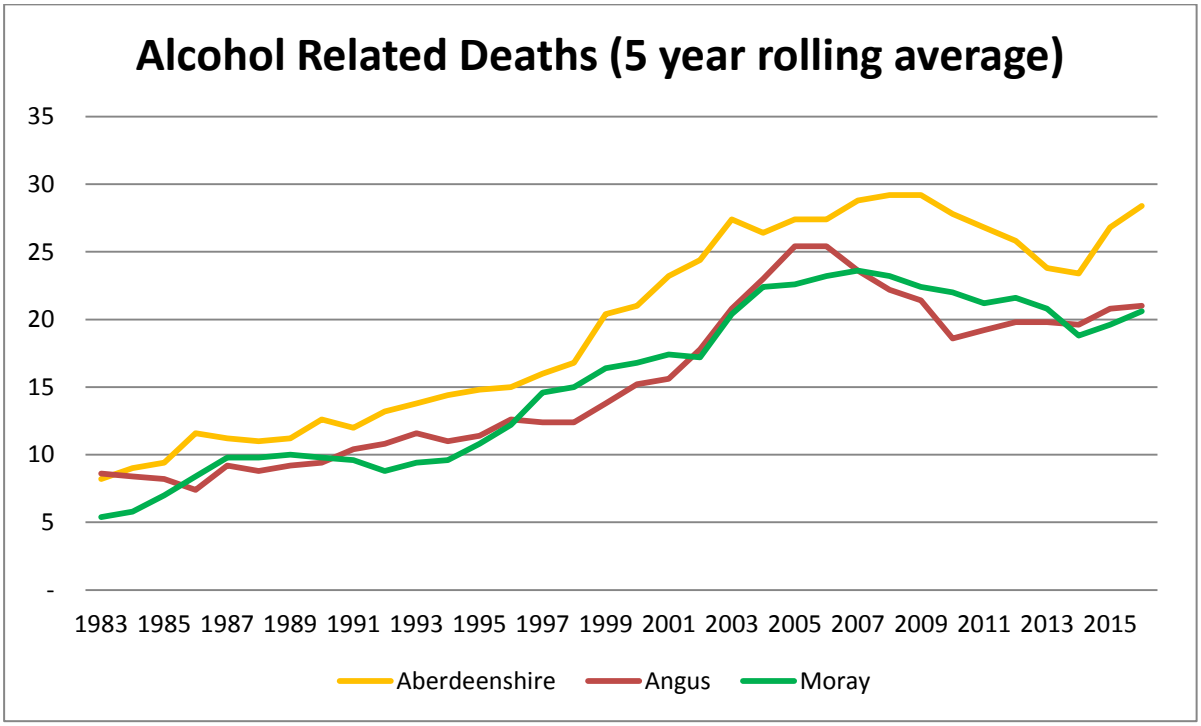
Moray Area Profile – Highlands and Islands Enterprise: May 2014

Alcohol-related death rates were associated with the number of off-sales outlets:

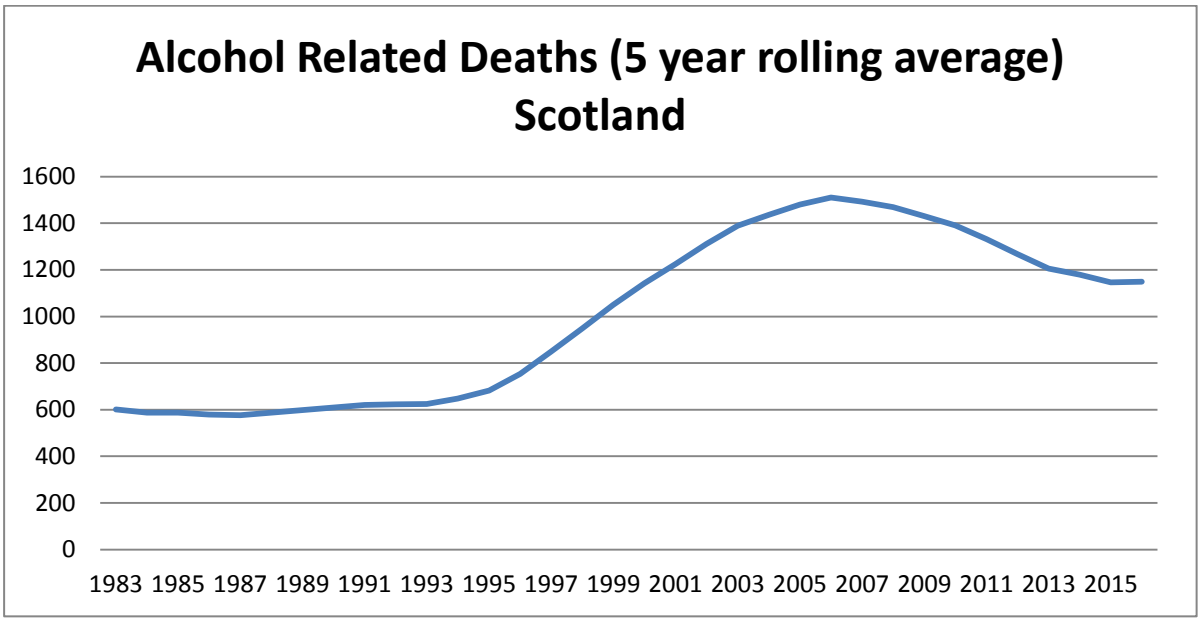
- Alcohol-related death rates in the neighbourhoods with the most off-sales outlets were 4.3 times higher than in neighbourhoods with the least.

The above relationship was found even when other explanatory factors were accounted for, namely income deprivation, urban/rural status and the age and sex demographics of the population. This means that the association between outlet availability and alcohol-related deaths is not explained by the level of income deprivation, how urban or rural an area is, or the demographics of those living in an area.

Alcohol related deaths year on year can vary greatly so the 5 year rolling average is more use in showing trends. The graph below shows the trends for Moray vs Angus and Aberdeenshire:



It should be noted that the trend throughout the 80s and 90s was an increase throughout Scotland as illustrated below, but that there may be cause for concern in the most recent years (2014-2016) that deaths have not seen a decrease.



The 2016/17 figures for alcohol related deaths are likely to be similar or possibly higher.

Drug Related Deaths Moray [16]

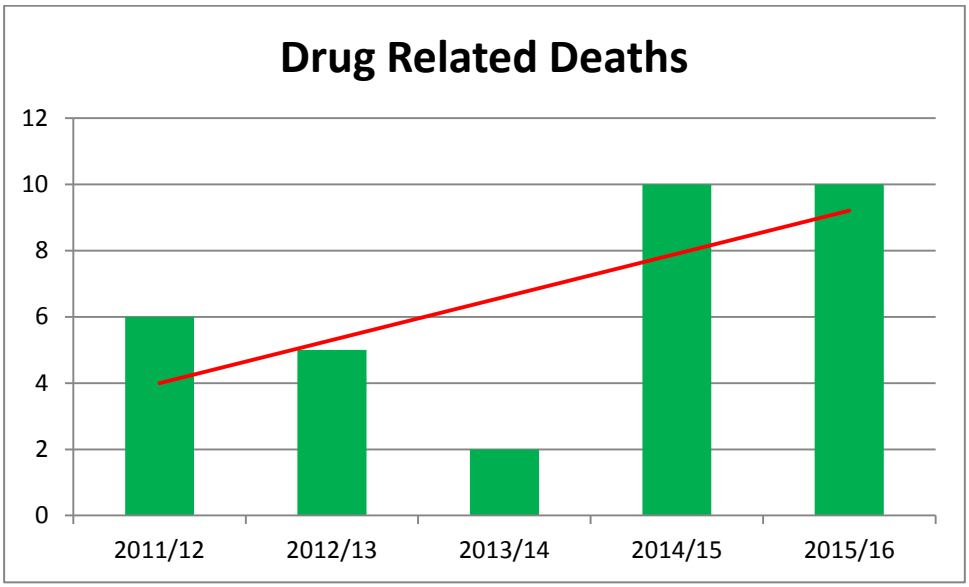
In 2016, there were 10 drug related deaths in Moray, which is the same as 2015. The last two years has shown an increase from 2014 where 2 deaths were recorded. In 2012 there were 6 drug related deaths and 5 in 2013. The 2017 figures will be released in August 2018 and it is expected that they will be similar or higher than those in 2016. In 2016, 1.5% of the entire drug related deaths in Scotland occurred in Moray. Ranking Moray at 25 out of the 32 Local Authority areas for drug related deaths.[17]

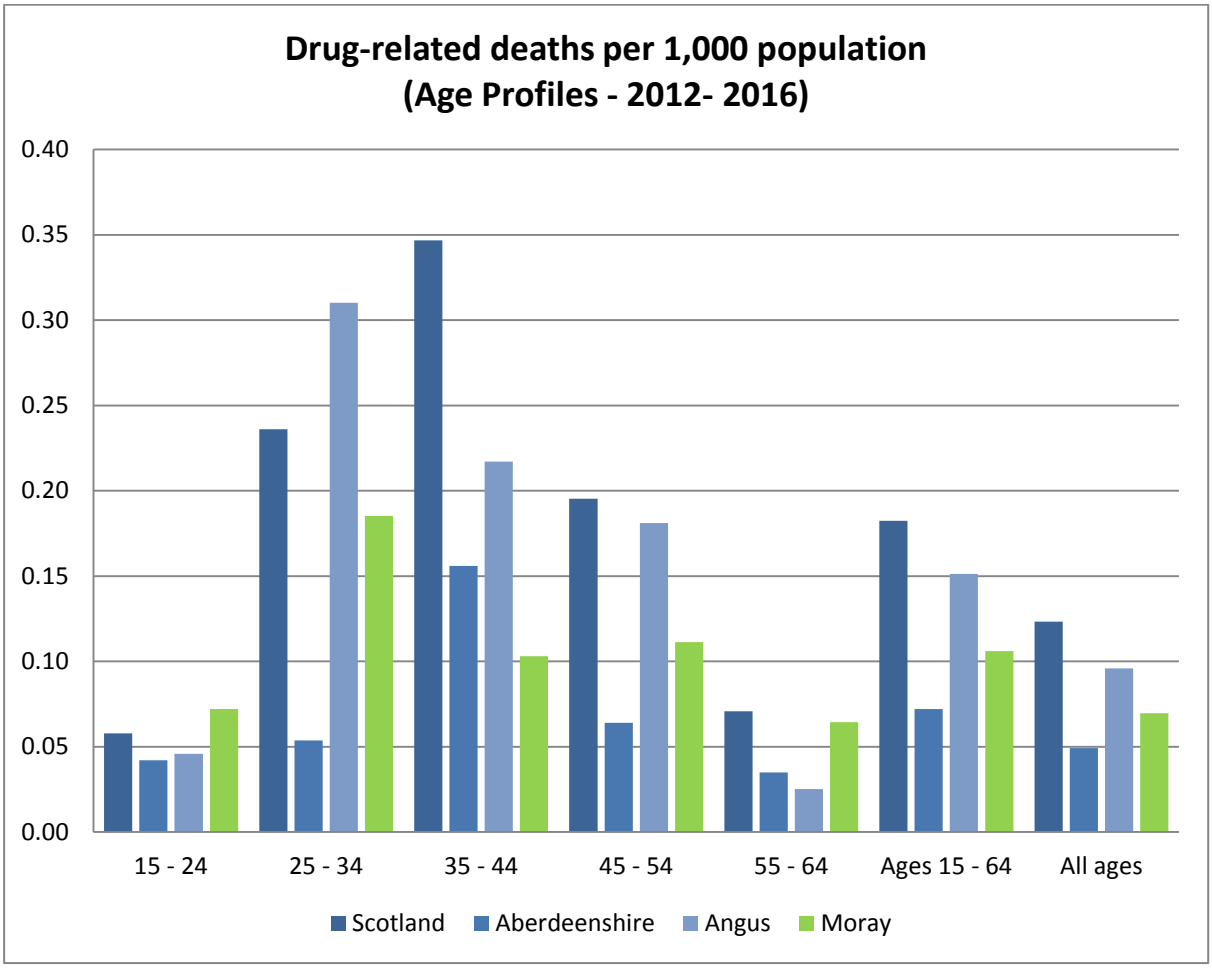
	2011/12	2012/13	2013/14	2014/15	2015/16
Scotland	581	527	614	706	867
Moray	6	5	2	10	10
Angus	8	10	8	17	13
Aberdeenshire	9	21	8	14	12

The numbers of drug related deaths has increased in Scotland over the past 5 years. While there have been increases in Moray and its comparators the low numbers make it difficult to correlate this with the Scottish trends.

[16] https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2016/list-of-tables-and-figures

[17] *National Records for Scotland – General Register Office for Scotland: April 2011*
http://www.gro-scotland.gov.uk/files2/stats/alcohol-related-deaths/ard-10-table3.pdf
Moray Area Profile – Highlands and Islands Enterprise: May 2014





Comparing the 5 year averages against the age profiles Moray has lower deaths per 1,000 in all age ranges than Scotland except for the 15-24 rates and has a peak in the 25-24 age range which is contrary to the Scottish peak in the 35-44 age range. However, the trend in deaths shows an increase in Moray which is in line with Scotland as a whole.

The 2016/17 figures for drug related deaths are likely to be similar or possibly higher.

TREATMENT SUPPORT SERVICES IN MORAY

Moray Integrated Drug and Alcohol Service

MIDAS is an integrated alcohol and drug service within the Moray Health and Social Care Partnership, consisting of the NHS Grampian Community Psychiatric Nurses, Moray Council Social Work, and with input from a Consultant Addictions Psychiatrist.

MIDAS provides:

- Advice and support for drug/alcohol users.
- Assessment, advice, and support to people with complex health and social needs where substance misuse is a factor.
- Supporting other services who are working with people who have drug or alcohol related needs
- Substitute prescribing.
- Information on how to access free needle exchange.
- Home detoxification, advice, and support.
- Testing and support on blood born viruses.
- In patient detoxification.
- Naloxone kits and training.
- Free condom service and family planning advice.
- Substance education/training for clinical staff/social work staff and other agencies.

ARROWS

Arrows operates the Single Point of Access for Moray from which service users are then linked into support based on their individual needs.

Arrows provides:

- A drop in centre for anyone who needs help or advice, this also caters for those who do not wish to have a case worker or a key worker but would still like to have support and guidance.
- An initial assessment of need.
- Shared Care with MIDAS services.
- A link between Prison and community support.
- Support to carers and young people who are affected by parental alcohol or drug use.
- A needle exchange is also operated from Arrows where those who inject can obtain information and advice on their injecting habits.
- Group work where those engaging with the service can access alternative therapies, and groups with regards to the following: Arts and craft, music, peer support, family support, harm reduction, anger management and safe working practices.
- SMART Recovery Groups to all clients.
- A local support and help line for those wishing to get further information or help over the telephone.

Arrows is open each week day from 0900 hours to 1800 hours Monday, Tuesday, Wednesday, and Friday; on Thursday until 2100 hours and on a Saturday from 1000 hours till 1700 hours.

Arrows has surgeries in Forres, Buckie and Keith and in addition are able to undertake home based appointments where are person is unable to travel.

MIDAS and Arrows work together, forming the overall unified Moray service.

ALCOHOL OR DRUG USE REFERRAL DATA

Waiting Times Data

Moray has had a steady increase of new clients accessing Alcohol and Drug services over the past 3 years with 427 in 2017/18 compared to 356 in 2015/16. Moray's age profile is skewed towards more new younger clients in 2015/16. The Median age of 30 is the lowest in Scotland, with the average being 35.

NEW REFERRALS 2017/18	
Alcohol	64.4%
Drugs	35.6%

	NEW REFERRALS		
	2015/16	**2016/17**	**2017/18**
Alcohol	215	288	275
Drugs	141	98	152
Total	356	386	427

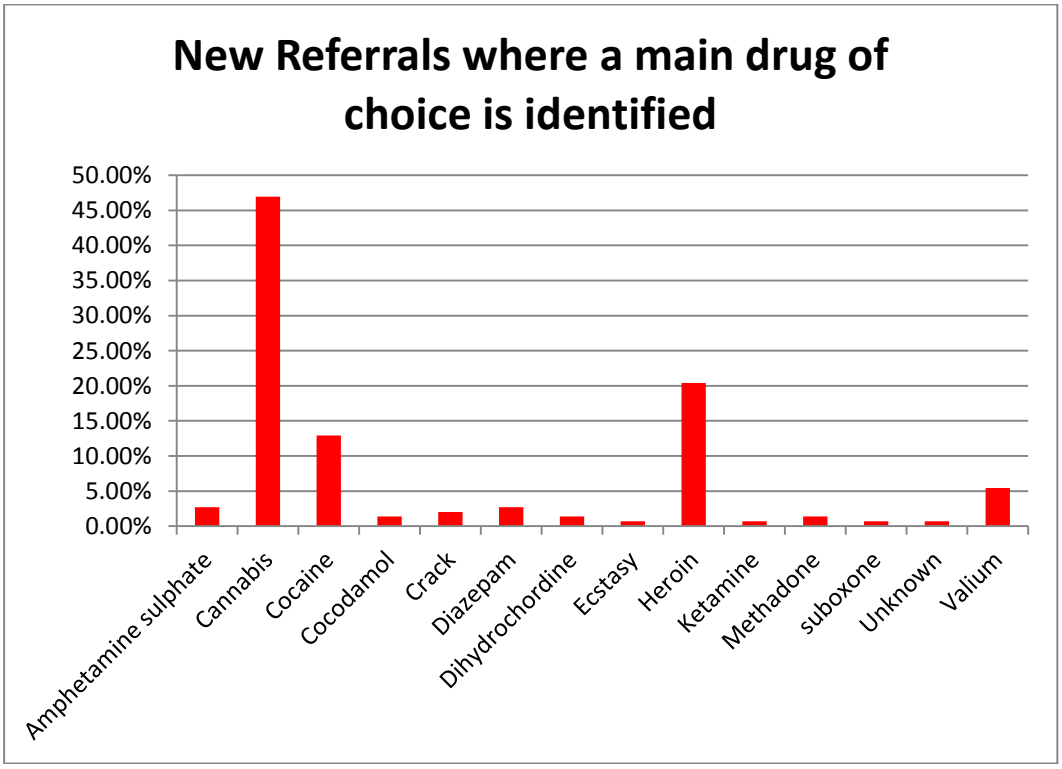
N=427

Gender

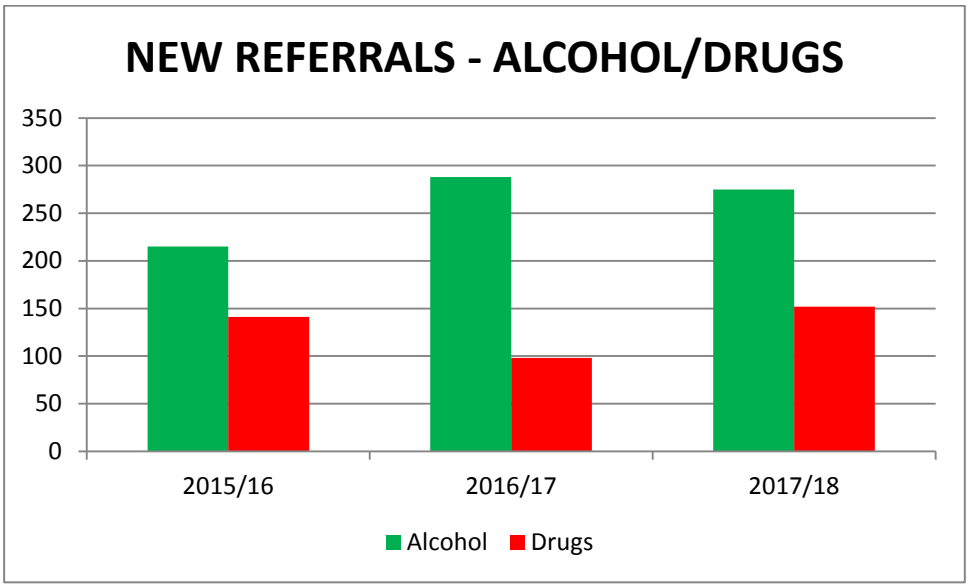
The split between male and females in service over a 2 year period is consistently, males – 65% and females – 35%

The tables below show the breakdown between alcohol and drugs as the primary product of use at the time of referral.

Main Drug Use



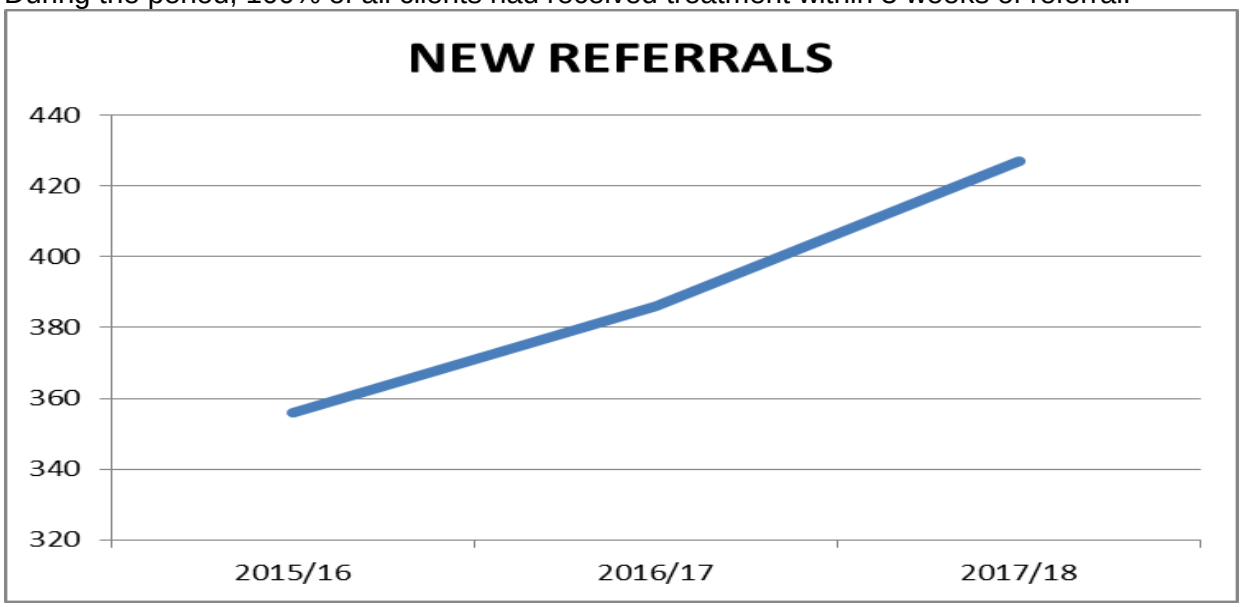
Moray has the highest percentage of individuals by main illicit drug whose main illicit drug is Cannabis (37.3%). Moray has a high percentage of clients who have never injected (55%) compared with the Scottish average of 48%.



In the time period there were more clients engaging with alcohol and drug services due to issues with alcohol misuse rather than drug misuse, in fact 68% of referrals were referred due to alcohol misuse.

During October 2016 to September 2017 there were 438 persons recorded on the NHS Waiting Times Database for alcohol and drug service users. Of this number, 298 had alcohol as the substance they use and 140 used drugs.

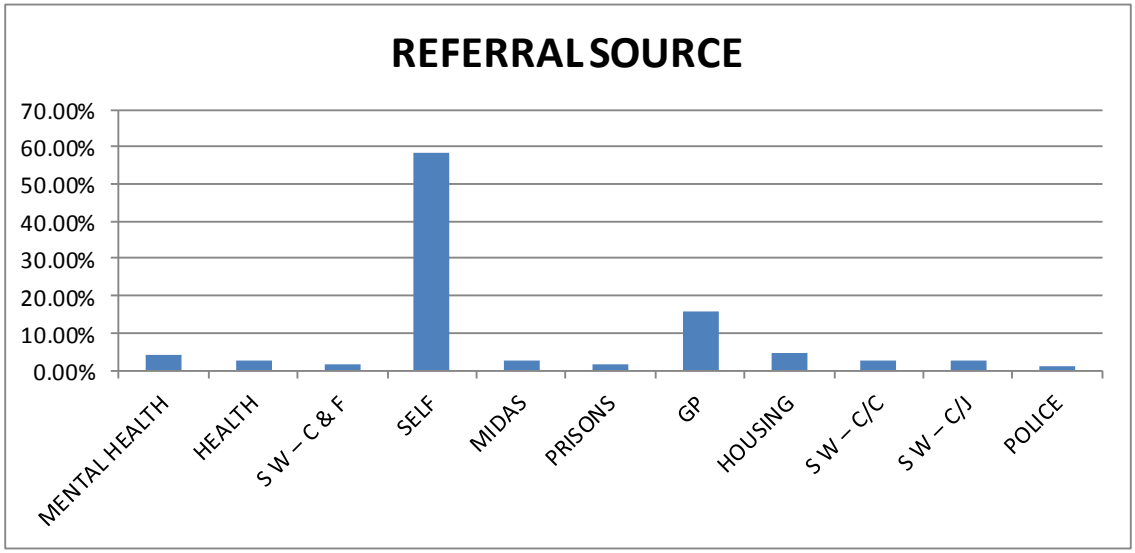
During the period, 100% of all clients had received treatment within 3 weeks of referral.[18]



The trend shows that new referrals have continued to increase. This is projected to continue.
In the year from October 2016 to Sept 2017 the highest number of clients are either self referred (326) or referred by their GP (81).

There was a high percentage (61%) of self-referrals which implies that the service is currently approachable.[19]

[18] Data gathered from ISD Waiting Times Database.
[19] N= 1243



There is evidence to show that MIDAS cases are becoming more complex; with people having need to both alcohol and drugs used in conjunction, with greater levels of harm and high levels of needs associated with areas such as mental ill health and poor physical health.

Case load details from MIDAS Health show the following:

- Case load at 08/02/17: 303
- Current case load at: 01/02/18: 368

Comparison figures:

- There is a 21% increase in the MIDAS Health case load, comparing the two dates.

Co-occurring Health Issues

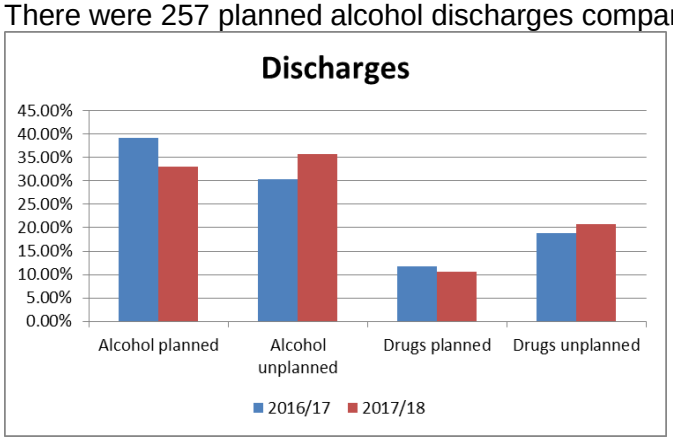
Of the new referrals in 2016/17[20] and 2017/18, 68% presented with co-occurring health issues which included physical, and Mental Health issues. (Please note these are not mutually exclusive). This is supported in the Outcome Star data which shows high levels of need relating to both physical and mental health.

Discharges

DISCHARGE FIGURES				DISCHARGE PERCENTAGES		
	2016/17	2017/18			2016/17	2017/18
Alcohol planned discharges	133	124		Alcohol planned discharges	39.12%	32.98%
Alcohol unplanned discharges	103	134		Alcohol unplanned discharges	30.29%	35.64%
Drugs planned discharges	40	40		Drugs planned discharges	11.76%	10.64%
Drugs unplanned discharges	64	78		Drugs unplanned discharges	18.82%	20.74%

[20] 2016/17 N=368, 2017/18 N=427

There were 257 planned alcohol discharges compared to 237 unplanned alcohol discharges.



There were 80 planned drug discharges compared to 142 unplanned drug discharges over the 2 year period.

This information provides baseline data for using as a basis for reducing unplanned discharges and promoting engagement.

Injecting Behaviour in New Service Users [21]

2016/17	Injected in previous Month	Injected in the past	Had never Injected	information available: % of clients
Scotland	18%	34%	48%	83.2%
Moray	19%	26%	55%	96.8%
Angus	21%	35%	44%	95.5%
Aberdeenshire	28%	37%	35%	94.7%

In 2016/17, 26% of drug users in Moray had injected in the past month, this is higher than the national average of 15%. However, 55% had never injected.

Outcomes Star Data

The Outcomes Star is an evidence-based tool that supports and measures change when working with people.

The Drug and Alcohol Star is designed for use with adults in substance or alcohol misuse services. Up to July 2017, the Outcome Star was used by both Arrows (and prior to that Turning Point Scotland) and MIDAS. After July 2017, Moray services moved over to using pan Scotland outcomes tool (Recovery Outcomes), which will be embedded within DAISy.

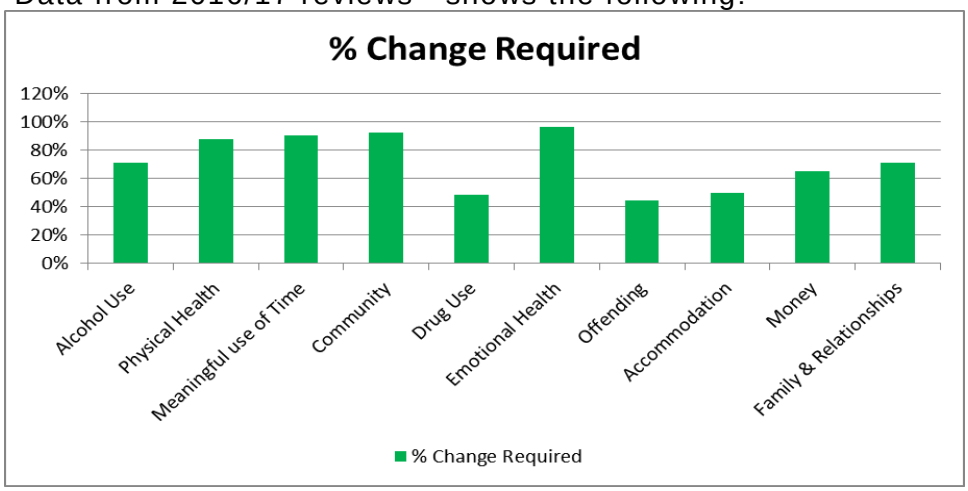
The Drug and Alcohol Star focuses on ten outcome areas that have been found to be critical in supporting people to progress towards and maintain a life free from drug misuse and problem drinking:

1. Drug use
2. Alcohol use
3. Physical health
4. Meaningful use of time
5. Community
6. Emotional health
7. Accommodation
8. Money
9. Offending
10. Family and relationships

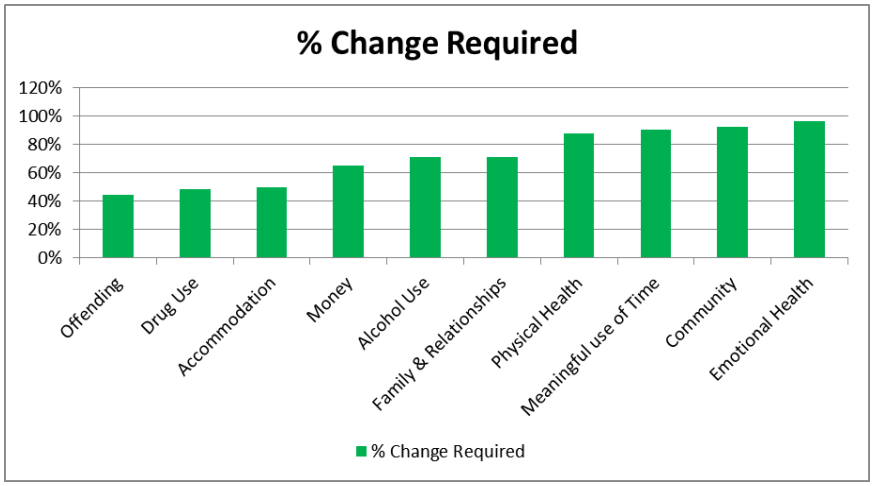
The outcome areas are measured on a scale 1 – 10, with 1 being the highest level of need and 10 being that no changes are required.

[21] Same as14

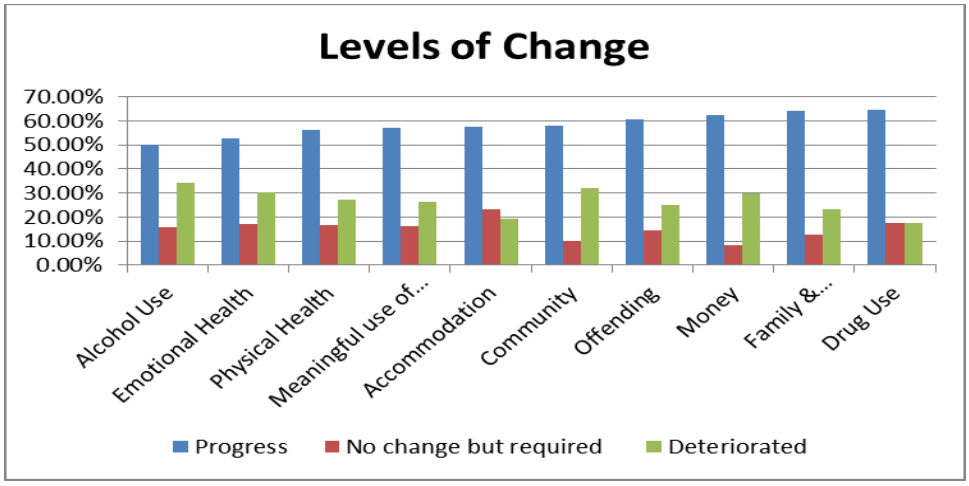
Data from 2016/17 reviews[22] shows the following:



In addition to changes being required due to alcohol or drug use,emotional health (linked to mental wellbeing) was the highest area where the need to change was identifed.



The following chart shows levels of change across the identifed outcomes, where change had been identified as being required.



The above chart shows that changes were made across all of the outcome areas. The area where there had either been detioration or no change were Alcohol use, engaging in the community and emotional health. Emotional health was also the third highest area where change was identifed but not made.

[22] N=124

YOUNG PEOPLE ALCOHOL AND DRUG USE[23]

There is a lack of robust quantitative data in Moray on the needs of young people in relation to alcohol and drug use. Therefore the data below does not fully represent the levels of need.

The last SALSUS data which gave a Moray profile was undertaken in 2013. The next SALSUS survey will be carried out in autumn 2018 with the results being published in either 2019 or 2020. The Moray Children's Services Plan 2017 – 2020 has the following targets linked to SALSUS:

Aim
We will ensure children and young people are informed to make healthy lifestyle choices.
Actions
We will work in partnership to educate young people regarding the risks of smoking, drug and alcohol consumption.
Improvement Measures

- *Increase percentage of 13 and 15 year-olds (taking part in 2-yearly SALSUS survey) who have never smoked at all.*
- *Decrease percentage of 13 and 15 year-olds (taking part in 2-yearly SALSUS survey) who said they had drunk alcohol in the week prior to the survey.*
- *Increase percentage of 13 and 15 year-olds (taking part in 2-yearly SALSUS survey) who said they had never used drugs.*

The data needs to be considered with caution as it is the last data available. The 2018 SALSUS data will provide a more up to date analysis of local demand. However, SALSUS in itself does not provide a comprehensive assessment of need as it only covers pupils aged 13 and pupils aged 15. In addition, it is recognised that there is under reporting for those who have heavy or concerning levels of use, and for those who have multiple levels of need of which alcohol or drug use is part.

Similar to the SALSUS data, the ScotPHO data does not provide up to date data on the needs of young people.

ScotPHO reports that in 2013 at the time of the latest survey available Moray ranked 4th highest with 15% in the "Proportion of S4 pupils who are weekly drinkers." The Scottish average was 11.5% which was higher than both Aberdeenshire (11.4%) and Angus (10.9%).

Moray ranks below the Scottish average of 5.4% in the measure of "Proportion of S4 pupils who use drugs monthly" at 4.8%. It is still above its comparators though (Aberdeenshire 3.6% and Angus 0.7%)

Consistent with other surveys of substance use in Scotland and England, regular use of individual substances (tobacco, alcohol, and drugs) has fallen over time and is now at an all-time low. A similar pattern emerged for multiple substance use: among 13 year olds, the use of two or more substances has decreased from 5% in 1998 to 1% in 2013 and among 15 year olds from 23% to 8%.

Nineteen per cent of 15 year olds had never used any substance regularly. Less than half of those (8%) were using more than one. Of the 8% of pupils who had used more than one substance:

- 3% used all three substances regularly
- 2% had smoked and used drugs regularly
- 2% drank and used drugs regularly
- 1% smoked and drank regularly.

Substance use patterns were broadly similar across boys and girls. That said, 15 year old boys were more likely to have used any substance than 15 year old girls (20% of boys compared with 18% of girls).

[23] https://scotpho.nhsnss.scot.nhs.uk/scotpho/spineChartAction.do

Overall, many different aspects of pupils' lifestyles were associated with higher levels of multiple substance use. However, two key risk factors emerged:

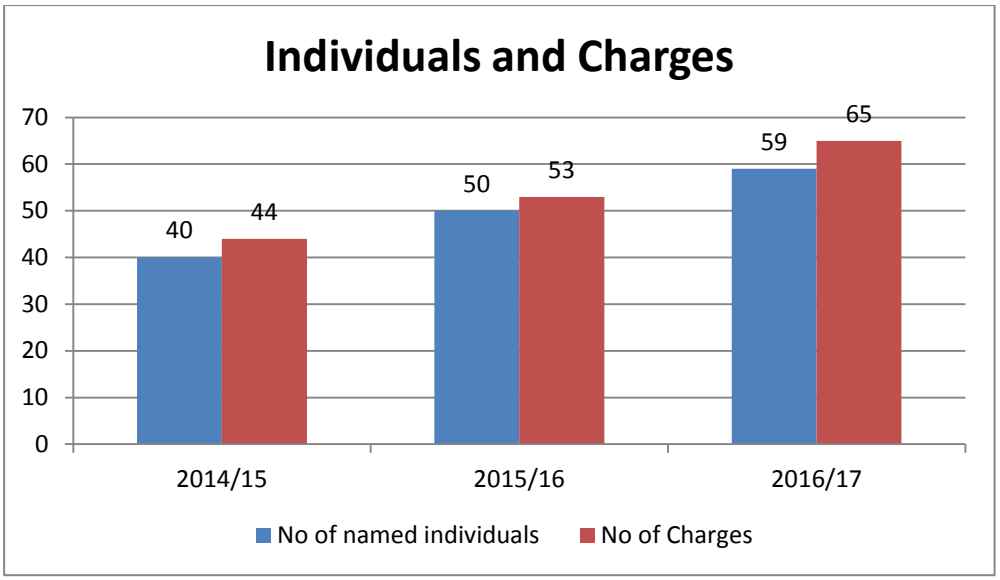
- Disengagement with school (increased levels of exclusion and truanting were strongly associated with the use of two or more substances)
- Lower supervision and structure in leisure time activities (a greater number of evenings spent out with friends, more time spent 'hanging out in the street', lower levels of club/group membership and lower parental knowledge of activities were associated with the use of two or more substances).

There is qualitative information from some Senior Schools in Moray; that they are seeing young people who are involved in alcohol or drug use that is impacting on their school attendance or performance. However, there is currently no quantitative data to that can be used to assess and determine levels of need or assess the extent of the use.

Work to assist school staff in supporting young people is being planned for and will be delivered in 2018.

Possession of Drugs Charges – Under 18[24]

There is data for the Possession of Drugs for young people under the age of 18, with a steady increase from 40 individuals in 2014/15 up to 59 in 2016/17.



Elgin had the highest number of charges per year for each of the three years followed by Forres.

Emergency Admissions to Dr Gray's 0 – 19 age group

The data analysed within this report is from the period October 2013 to September 2016.

- Total presentation to Dr Grays for the period, inclusive of Moray localities was recorded at 131 incidents that were indicative of Alcohol and/or Drugs within the context of substance misuse.

- Females account for 74 incidents (57%) whilst Males account for 57 incidents (43%).

- The 15 – 19 age bracket accounts for 98/131 incidents or 75% of all incidents over this three year period. Within this 75% bracket, females account for 58% of total incidents.

[24] Data covers 2013/14 up to 2016/17

- The majority required no follow up after the initial presentation. However, 52 people did require a follow up. Females accounted for 56% (29) of all incidents requiring further treatment, with males at 44% (23).

- During the period there were 8 individuals who presented on more than one occasion, totalling 23 incidents.

- In 26 of the incidents the person required further treatment in hospital.

Arrows: Partnership Drugs Initiative:

The Moray Alcohol and Drugs Partnership provides match funding to quarriers, in partnership with Lloyds TSB, now the Corra Foundation, for the provision of a Family Recovery project implemented through Quarriers' Arrows service which aims to improve the lives of young people affected by parental substance misuse.

The service supported 24 families in year two (2017), made up of 31 parents; 24 of those adults were in Recovery and 7 were adult carers of a person with needs linked to alcohol or drug use. Seven of these families were supported from year 1, continuing into year 2, with a further 17 families commencing support in 2017. The target families are those not being supported through Social Work services.

Families felt connected to their community, with 29 parents having a better understanding of recovery with 18 parents feeling more connected to their community.

Amongst the 17 new families working with the project in 2017, 28 young people were identified. Onward referral to the Quarriers Carer Support Service for 3 Young Carers was made, where one to one support independent of the CFRT was viewed as desirable. Direct support has been provided to 16 through the CFRT in the form of one to one sessions as well as joint activities with their parents. For the remaining 12 young people, one to one support has not been identified as a need. This is due to the age of the young person, other supports being in place, support not being required, or the young person not willing to engage on a one to one basis. Through contact and support with the parent(s) any requirement for future support will be reviewed and encouraged where appropriate.

16 young people, from 9 families had received one to one sessions.

In Year 2 a total of 6 families completed a successfully planned closure from the service. Of these, 3 had been referred in Year 1. Two families engaged for 8 months, one for 9 months, two for 13 months and one for 18 months. Of these families, three parents in recovery continue to engage with the Arrows recovery community as a form of self-management.

In 2017, 65 adults with children were supported by Arrows Recovery Support, with 36 identifying improvements in relation to their parenting and 11 of these referred on internally into the Lloyds TSB funded service to begin coordinated family support.

In 2017, the Quarriers Carer Support Service Young Carers Team supported 22 registered young carers, and the 70 registered Adult Carers of people with problematic substance use.

ALCOHOL, DRUGS AND CRIME

In 2017/18 there were 893 crimes recorded under the broad category of "dishonesty" of which 83 were recorded as the offender being under the influence of alcohol at the time of the offence.

In Moray, a statistically significant relationship was found between alcohol outlet availability and crime rates: neighbourhoods with more places to buy alcohol had higher crime rates than neighbourhoods with the least.

The data used was from the Crime Domain of the Scottish Index of Multiple Deprivation, which includes crimes of violence, sexual offences, domestic house breaking, vandalism, drug offences, and common assault. The data however does not record whether the perpetrators of crime had consumed alcohol and excludes some offences which are commonly associated with alcohol consumption, such as breach of the peace, or anti-social behaviour.

Crime rates were associated with the number of all types of alcohol outlets (total, on-sales, and off-sales):

- Crime rates in the neighbourhoods with the most alcohol outlets were 7.7 times higher than in neighbourhoods with the least.
- Crime rates in the neighbourhoods with the most on-sales outlets were 8.5 times higher than in neighbourhoods with the least.
- Crime rates in the neighbourhoods with the most off-sales outlets were 7.8 times higher than in neighbourhoods with the least.

The above relationships were found even when other explanatory factors were accounted for, namely urban/rural status of the neighbourhoods and level of income deprivation. This means that the association between outlet availability and crime rate is not explained by more crime being committed in more urban or deprived areas.

Violent Crimes and Rowdy Behaviour

According to Police Scotland evidence, there is a link between alcohol consumption and violence both within the home and in public spaces in our towns and villages. Police work closely with other Partnership agencies to tackle the issue including the annual Safer Streets campaign.

	2015/16		2016/17		2017/18*	
	Number	%	Number	%	Number	%
Domestic Abuse involving alcohol	364	50%	293	40%	235	34%
Common Assaults involving alcohol	232	23%	224	21%	184	21%
Serious Assaults involving alcohol	17	43%	18	40%	27	50%
Rowdy Behaviour involving alcohol	324	45%	396	46%	278	39%

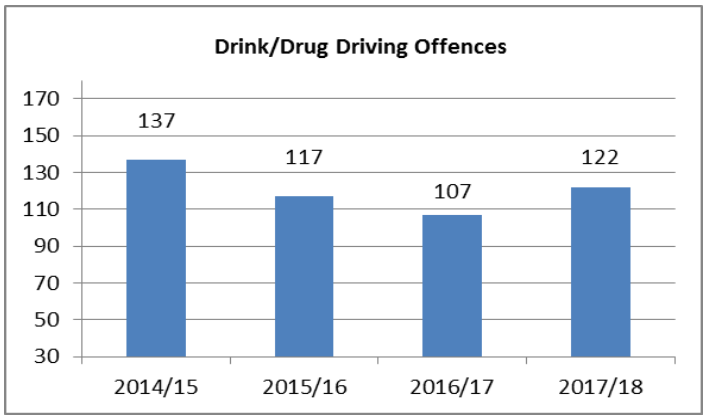
Aside from an increase in Domestic Abuse incidents involving alcohol in 2015/16, over the past four years there has been an overall decline in the proportion of both Domestic Abuse incidents and Common Assaults that have involved alcohol. Between 2014/15 and 2016/17, a similar trend was evident with Serious Assaults. However, in the last year, the proportion of these Assaults involving alcohol has increased to 50%.

Rowdy Behaviour involving alcohol includes incidents of Threatening or Abusive Behaviour, Breach of the Peace, Urinating and Drunk & Incapable offences recorded by Police. Looking at the number of these incidents that involved alcohol, a significant increase is noted between 2014/15 and 2016/17. However, during the same period, the actual proportion remained relatively static. In

the last year, both the number and proportion of Rowdy Behaviour incidents involving alcohol have decreased

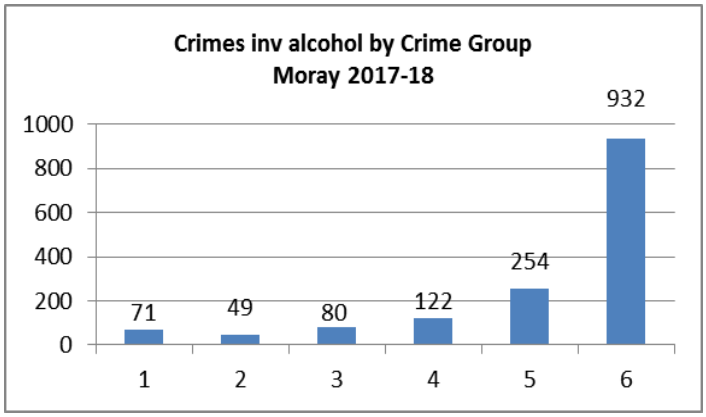
Drink/Drug Driving

In December 2014, the drink driving limit in Scotland reduced from 35 micrograms per 100ml of breath to 22 micrograms per 100ml of breath. Annual statistics for Drink/Drug Driving offences between 2014/15 and 2017/18 show that to 2016/17 the number of offences were in decline. However latest figures show an increase in detections by Police.

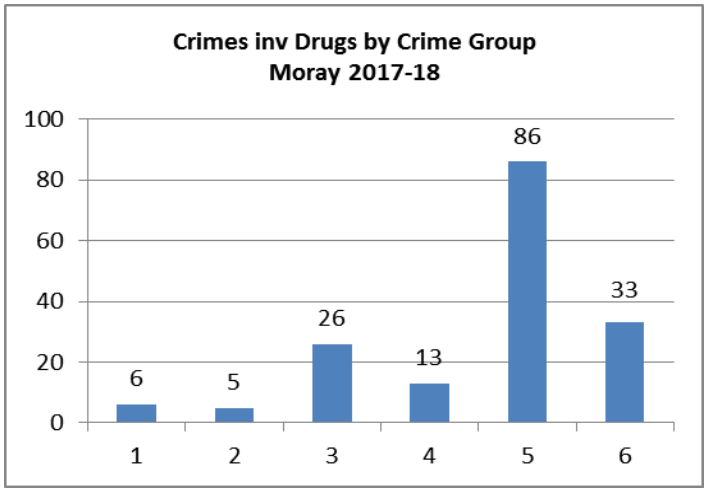


Drink/Drug Driving continues to be a priority for Police Scotland with initiatives held during both the summer and winter months targeting the issue. In 2017/18, 15 drivers were detected during these initiatives compared to 19 drivers in 2016/17.

Crimes Where Alcohol/Drug use is a Factor[25]:



	Crime Group Description
1	Crimes of Violence
2	Crimes of Indecency
3	Crimes of Dishonesty
4	Fire-raising/Malicious Mischief
5	Other Crimes (Knives, Supply/Possession of Drugs)
6	Miscellaneous (Minor Assault, Breach of the Peace, Threatening Behaviour)



	Crime Group Description
1	Crimes of Violence
2	Crimes of Indecency
3	Crimes of Dishonesty
4	Fire-raising/Malicious Mischief
5	Other Crimes (Knives, Supply/Possession of Drugs)
6	Miscellaneous (Minor Assault, Breach of the Peace, Threatening Behaviour)

25 Copy of MADP Needs Assessment Crime.inv

To disrupt drug dealing activity in the area, Police undertake targeted action via intelligence led proactive work. As this is how drug specific crime is usually detected, using crime statistics alone will not infer the level of drug use within a population.

Over the past few years the number of charges of Supply of Drugs (including possession with intent) and Possession of a Controlled Drug has increased in Moray. For the year 2017/18 (to the end of February), 51 Supply and 345 Possession of a Controlled Drug charges were recorded in Moray. This compares to 50 Supply and 321 Possession charges for the whole of 2016/17 and 34 Supply and 217 Possession charges in 2015/16.

Substance Use in Scottish Prisons

Of the 1,026 tests carried out when entering prison in 2016/17, 79% were positive for drugs (which included drugs prescribed as part of a treatment programme), and 76% were positive for illegal drugs (including illicit use of prescribed drugs). The illegal drugs most commonly detected when entering prison in 2016/17 were cannabis (47% tests), benzodiazepines (41% tests) and opiates (33% tests).

Of the 633 tests carried out at prisoner liberation in 2016/17, 30% were positive for illegal drugs. The illegal drugs most commonly detected when leaving prison were buprenorphine (12%) cannabis (9% tests) and opiates (9% tests).

In 2015 the Alcohol Use Disorders Identification Test (AUDIT) was administered to prisoners as part of the Scottish Prisoner Survey conducted by Scottish Prison Service. Among prisoners who completed the AUDIT assessment, 66% had an alcohol use disorder. Of these one third (33%) were classed as possibly alcohol dependent, 27% were hazardous drinkers and one in 20 (6%) were harmful drinkers.

These figures are in contrast to the general population where only one per cent are classed as possibly alcohol dependent (1% in 2013) and 82% classed as low risk drinkers (82% in 2013) (The Scottish Health Survey 2013 and 2015).

- Predominately young, male and from deprived backgrounds.
- A third of prisoners tested positive for illicit opiates at reception.[26]
- Significantly higher risk of Drug Related Death soon after release.[27]

Drug problems in prisoners will often exist along with other co-morbidities such as alcohol misuse and mental health problems, making diagnosis and treatment of these complex needs challenging.

Prisoners with drug problems have high rates of social exclusion factors such as unemployment, low educational achievement and limited social support as well as adverse childhood experiences (such as being in care) and particularly for women, experience of physical and sexual trauma e.g. 1 in 4 of prisoners had been in care at some point.
In contrast to the general population, drug use in prisons is rising.

[26] Scottish Prisoner Survey 2015
[27] . Farrell M, Marsden J Acute risk of DRD among newly released prisoners in England and Wales Addiction 103:251-5

IMPACT OF ALCOHOL AND DRUG USE ON WIDER SERVICES

Alcohol and drug use impacts on many community services such as, but not limited to adult social care and housing; with staff in these services providing a high level of support.

Housing presented a briefing paper to the Moray Alcohol and Drugs Partnership. This briefing identified the following:

The council received 554 homeless applications during 2016/17. The number of homeless applications received over the last six years has remained fairly stable years, ranging from 520 to 560.

The main reason cited by applicants for failing to maintain their accommodation continues to be financial difficulties/debt/unemployment, followed by mental health reasons, lack of support from family/friends and difficulty managing on their own. Drug/Alcohol use/dependency does feature but is not one of the main reasons cited by applicants for losing their accommodation.

Reason for failing to maintain accommodation (Multiple responses allowed)

Reason	2014/15	2015/16	2016/17
Financial difficulties/debt/unemployment	127	151	134
Welfare Reform-Under occupancy penalty/RSRS	5	2	3
Welfare Reform-Benefit Cap	2	2	5
Welfare reform-Other	6	1	4
Physical health reasons	29	23	25
Mental health reasons	70	51	59
Unmet need for support from housing/social work/health services	7	10	14
Lack of support from friends/family	66	26	40
Difficulties managing on own	37	29	32
Drug/alcohol dependency	33	21	22
Criminal/anti-social behaviour	22	15	15
Not to do with applicant household	68	35	29
Refused	14	16	4

It can be harder for individuals with needs linked to substance use to access services and they are more likely to fall through cracks.

While there may be many individuals who turned to substance abuse as a means to cope with homelessness, there are undoubtedly many who ended up in this situation because of such abuse. Abusing alcohol and drugs can be highly detrimental to the life of an individual and their associates/family. It can rob them of everything including their job, family, home, possessions, and friends.

A total of 502 households were referred for housing support. This is a slight decrease of 7.37% from the 539 referrals in the previous year. An average of 198 households received housing support each month. The source of the referral:

- 69.33% were internal from the Council's housing options, allocations, homeless and/or temporary accommodation teams and the area housing teams;
- 11.16% from social work;
- 9.96% were self-referrals; and
- 9.55% was made up of small numbers of referrals from RSL's, Benefits, Moray Women's Aid, **Drug and Alcohol** or family and friends.

The main reasons for providing housing support during 2016/17 were financial/literacy/correspondence issues (41.34%). Lack of life skills accounted for 32.67%. Mental health reasons and substance or alcohol use accounted for 15.14% (an increase of 7.9%) and 10.56% (a reduction of 2.24%) respectively.

The council has 167 units of temporary accommodation compromising of council ordinary dwellings, RSL/housing association properties, hostels and supported accommodation. The homeless occupants may also present with chaotic and challenging behaviours, alcohol and/or substance use issues, an offending history, self-harming and/or mental health issues.

Service Users with Children

The source for this data comes from the outcomes data provided to the MADP by each individual service on a quarterly basis.

- Of the 58 children on the Child Protection Register (CPR) in Moray as at 28 February 2018, 43% were registered under a concern of Parental Drug Misuse, equating to 25 children.
- 10 (17%) Children on the CPR in Moray were registered under a concern of Parental Alcohol Misuse.
- 3 children in Moray had more than one concern listed. (These children were registered under a concern of both alcohol and drug misuse)

LICENSING IN MORAY

The Moray data shows that 43.75% of licenses in Moray are both on and off sale licenses.

Proportionally there is a licensed premise for every 240 people in Moray this is compared to 327 in Aberdeenshire and 279 in Angus.

Moray is ranked 28th out of 30 local authority areas for alcohol outlet availability in Scotland (25th for on-sales and 28th for off-sales outlets)[28].

Alcohol outlet availability is calculated by measuring the number of outlets within 800m (approximately a ten minute walk) of each data zone (neighbourhood)'s population centre. There are 126 neighbourhoods in Moray. The average number of outlets for each neighbourhood was calculated to obtain ranks for outlet availability for all local authority areas within Scotland (with the area ranked 1st having the highest availability and 30th the lowest availability).

The most deprived neighbourhoods had double the number of off-sales outlets than the least deprived neighbourhoods.

The total number of alcohol outlets in Moray increased by 1 (0.3%) from 317 in 2012 to 318 in 2016.

- There were 318 alcohol outlets: 228 on-sales and 90 off-sales outlets.
- Neighbourhoods had between 0 and 47 alcohol outlets within 800m of the population centre.
- Neighbourhoods had an average of 8.3 alcohol outlets within 800m of the population centre, compared to the Scottish average of 16.8 outlets. 14% of neighbourhoods had total outlet availability higher than the Scottish average.
- Neighbourhoods had an average of 5.8 on-sales outlets within 800m of the population centre, compared to the Scottish average of 11.4 outlets. 18% of neighbourhoods had on-sales outlet availability higher than the Scottish average.
- Neighbourhoods had an average of 2.5 off-sales outlets within 800m of the population centre, compared to the Scottish average of 5.4 outlets. 12% of neighbourhoods had off-sales outlet availability higher than the Scottish average.

Moray has alcohol outlet availability lower than Scotland as a whole.

Alcohol Outlet Availability in Moray from 2012 to 2016[29]

The total number of alcohol outlets increased by 1 (0.3%) from 317 in 2012 to 318 in 2016. This is a smaller increase than that found across Scotland as a whole (2.9%).

The number of on-sales outlets decreased by 5 (2.1%) from 233 in 2012 to 228 in 2016. This is in contrast to the 1.5% increase found across Scotland as a whole.

The number of off-sales outlets increased by 6 (7.1%) from 84 in 2012 to 90 in 2016. This is a slightly larger increase than that found across Scotland as a whole (6.4%).

To take account of any changes in population over time, changes in alcohol outlet availability were calculated per 10,000 adult populations:

---

[28] See CRESH 2018 for detailed data. alcohol-outlet-availability-and-harm-in-mo

[29] See CRESH 2018 for detailed data. alcohol-outlet-availability-and-harm-in-mo

The total number of alcohol outlets per adult population decreased by 4.2%. This is in contrast to the 0.6% increase found across Scotland as a whole.

The number of on-sales outlets per adult population decreased by 6.6%. This is a much larger reduction than the 0.8% decrease found across Scotland as a whole.

The number of off-sales outlets per adult population increased by 2.3%. This is a smaller increase than that found across Scotland as a whole (4%).

Moray has slightly more total licenses in force than the Scottish average of 38.1, with 41.6 premises per 10,000 head of population (which translates to 240 people per license). Both our comparators, Aberdeenshire (30.6) and Angus (35.8) have fewer licenses per 10,000 people. This indicates that Moray perhaps has a slightly higher number of licenses per population than would be expected.

DRUG AND ALCOHOL INFORMATION SYSTEM (DAISY) IMPLEMENTATION

The Drug and Alcohol Information System (DAISy) is a database being developed to collect Scottish Drug and Alcohol Treatment, Outcomes and Waiting Times data from staff delivering specialist drug and alcohol interventions.

When fully implemented DAISy will:

- support local and national decision making;
- inform national policy and practice development;
- offer the potential to join person-level data with other datasets;
- provide timely information to support local service delivery, improvement, and planning.

The current Scottish Drug Misuse Database (SDMD) and Drug and Alcohol Treatment Waiting Times systems will remain operational until the development and implementation of the new system is fully complete. Ongoing work to improve compliance and quality will also continue during this time.

DAISy will come into operation in October 2018 and will comply with GDPR.

DELIVERY PLAN 2015/18 REVIEW

The Needs Assessment will contribute to developing the 2018/21 Delivery Plan.

The Delivery Plan Review 2018 identified achievements as well as areas for development.

In summary, the key achievements are:

I. The service redesign was completed with a new contract awarded to Quarriers. They continue to meet all of their objectives and contract requirements. A decision was taken by the MADP (13/11/2017) to invoke the two year extension of their contract.

II. Individuals accessing services benefited from high quality treatment and support that met their needs. Person-centred practice and co-production in deciding treatment and support options ensured that a choice of harm reduction interventions and initiatives was available at point of access and provided throughout their recovery.

III. A range of strategic activity was underway to help better understand and respond to the local needs of their communities to support a whole population approach. This had included working with a wide range of partners to gather information on alcohol and drug prevalence and use. Performance management information was proactively used to invest and focus resources to develop and build community capacity and early intervention. This included community development initiatives and community events delivered by tsiMoray and Arrows in conjunction with other organisations

IV. Contracts are subject to performance management processes, in conjunction with commissioning colleagues.

V. Carers and family members are supported both through Arrows and the Quarriers Carer's services.

VI. Moray has easy access to treatment; meeting the national target (100% compliance) of nobody having to wait longer than three weeks for treatment. In addition, Moray has a local target of 72 hours, with a 100% compliance rate.

VII. Moray is able to offer a wide range of treatment ranging from clinical intervention (including Opioid Replacement Therapy) through to focussed SMART Recovery groups, 1 – 1, needle exchange, support to families, and peer support; linking in with a range of other services across Moray as part of promoting recovery.

VIII. The MADP has positive links with Police Scotland and other partners which encompass Community Safer; Criminal Justice and Community Justice.

IX. Naloxone (which reverses the effects of opiate overdose, allowing time for medical assistance to arrive) is now more widely available. Individuals, peers, staff, and family members have been trained (and continue to be so) in its use. The Scottish Ambulance Service provides advice about treatment services to every non-fatal overdose.

X. The MADP links into MARACs to support victims of domestic abuse.

XI. The MADP links in the Moray Licensing Forum to support the Moray Licensing Broad in carrying out their duties.

XII. Moray services have developed a good relationship with HMP Inverness and Grampian, to ensure that those being released can be linked into support services directly upon release. This will need to be continued' recognising that people being released from prison are at greater risk of alcohol and drug related harm in the first month following their release.

XIII. Workforce Development is now firmly embedded in Moray, with courses being provided and a Frontline Forum running quarterly.

Areas for further development, in addition to continuing key areas:

I. Taking forward the revised performance framework, utilising the new Scottish Government Drug and Alcohol Information System (DAISy) which incorporates the Recovery Outcomes tool. DAISy is due to be implemented this year (October 2018). Moray is well prepared for the implementation, and has started to use the Recovery Outcomes tool which will provide information on how well a person is recovering across ten domains, which are:

1. Substance use (both alcohol and drugs)
2. Self-care and Nutrition
3. Relationships
4. Physical health and Wellbeing
5. Mental health and Wellbeing
6. Occupying Time and Fulfilling Goals
7. Housing and Independent Living
8. Offending
9. Money Matters
10. Children

II. Take forward the key areas which will included within the planned revised Alcohol and Drug Treatment Strategy; preventing and reducing alcohol and drug related harms, promoting and enabling recovery.

III. Take forward the proposed Alcohol Framework, as part of a whole population approach which includes licensing policy and managing the availability of alcohol is a key part of reducing alcohol related harms. Further work is required support the Licensing Forum and Licensing Board in using

II. Hospital admissions continue to be an area requiring consideration. Work is being developed with Health Improvement Grampian to examine areas of intervention within hospital settings, taking account of unscheduled care pathways and repeat presentation to Accident and Emergency, in conjunction with the lead Public Health Consultant; considering areas such as alcohol related cancers, and liver disorders and opportunities to reduce harms associated with alcohol use. This will compliment work planned by Dr Grays.

III. A systematic approach needs to be developed to address the lack of up to date quantitative information on the needs of young people in relation to alcohol and drug use; covering the areas of education, prevention and support; tying in with Curriculum for Excellence, GIRFEC, Team Around the Child, and strategies such as (but not limited to) the Children's Services Plan; Corporate Parenting Strategy , Youth Justice; taking account of and supporting the implementation of Moray 2026 Plan for the Future[30], and the Moray LOIP.

IV. Supporting the joint working between services is an important part of providing a comprehensive recovery plan and promoting engagement. Further work is required to enhance a shared care approach, ensuring there is an integrated response to meeting individual needs.

V. Further work is required on developing whole family approaches working with both children's and adult services, supporting families where there is alcohol and or drug use;

[30] Moray 2026; Ambitious and confident young people – the focus under this heading is to improve the life chances of children by supporting them and their families at the earliest possible stages and as required thereafter to give all children in Moray the best possible opportunities to achieve their potential.
Moray Corporate Plan 2018/23: Healthier Children: children get the healthiest start in life and are supported to achieve the best possible mental health and wellbeing and there is equity for vulnerable groups.
Moray LOIP: We will deliver an appropriate curriculum and intervene early for those who are disengaging from education and provide support to children, young people and their families

tying in with GIRFEC, and taking account of Getting Our Prioritess Right and the needs of children affected by parental substance use.

VI. Further work is being planned and taken forward to deliver Alcohol Brief Interventions and MEOC (Making Every Opportunity Count) interventions in a range of settings, in conjunction with Health Improvement colleagues.

VII. The Moray LOIP has a strategic priority of Changing Moray's Relationship with Alcohol; with actions that wil be included in the updated Delivery Plan.[31]

VIII. Reducing stigma and promoting engagement in services will require a range of actions covering ares such as policy and practice development, working with communities, and workforce development.

IX. Supporting the workforce is a key part of education prevention, reducing alcohol and drug related harms and promoting recovery. The MADP will continue to support workforce development both through the commissiomnig of training through the MADP budget as well as linking in with strategic planning bodies as opart of their workforce development planning.

31 Moray LOIP.pdf