

Substance Use Prevention Strategy

2018-2027

Summary

Draft for Discussion - Updated May 2019

1.Introduction

Aim

The Community Planning West Dunbartonshire Substance Use Prevention Strategy 2018-2027 aims to prevent, delay or reduce use of substances and reduce related harm. This will be achieved directly or indirectly using a variety of approaches (policies, programmes and/or activities).

Definition

Substances are defined as: alcohol, tobacco and other medications or drugs (both legal and illegal).

This prevention strategy, in line with national Public Health Priorities, considers that there is no completely safe level of using any of these substances. It therefore adopts the term 'substance use' (rather than 'substance misuse').

Prevention

Community Planning has an important role in shifting the focus of activity towards prevention. The Community Empowerment (Scotland) Act 2015 encourages partners to ask themselves 'how can we act earlier?'. The legislation requires Community Planning Partners to work together to improve outcomes and reduce inequalities that result from socio-economic disadvantage.

Whole System Approach

Prevention is everybody's business. The recently published national Public Health Priorities have been set for the "whole system". This means public services, private sector, third sector, community organisations and others working better together to plan and deliver services to improve health and reduce health inequalities. This involves making best use of collective resources, encouraging ownership and empowering people and communities.

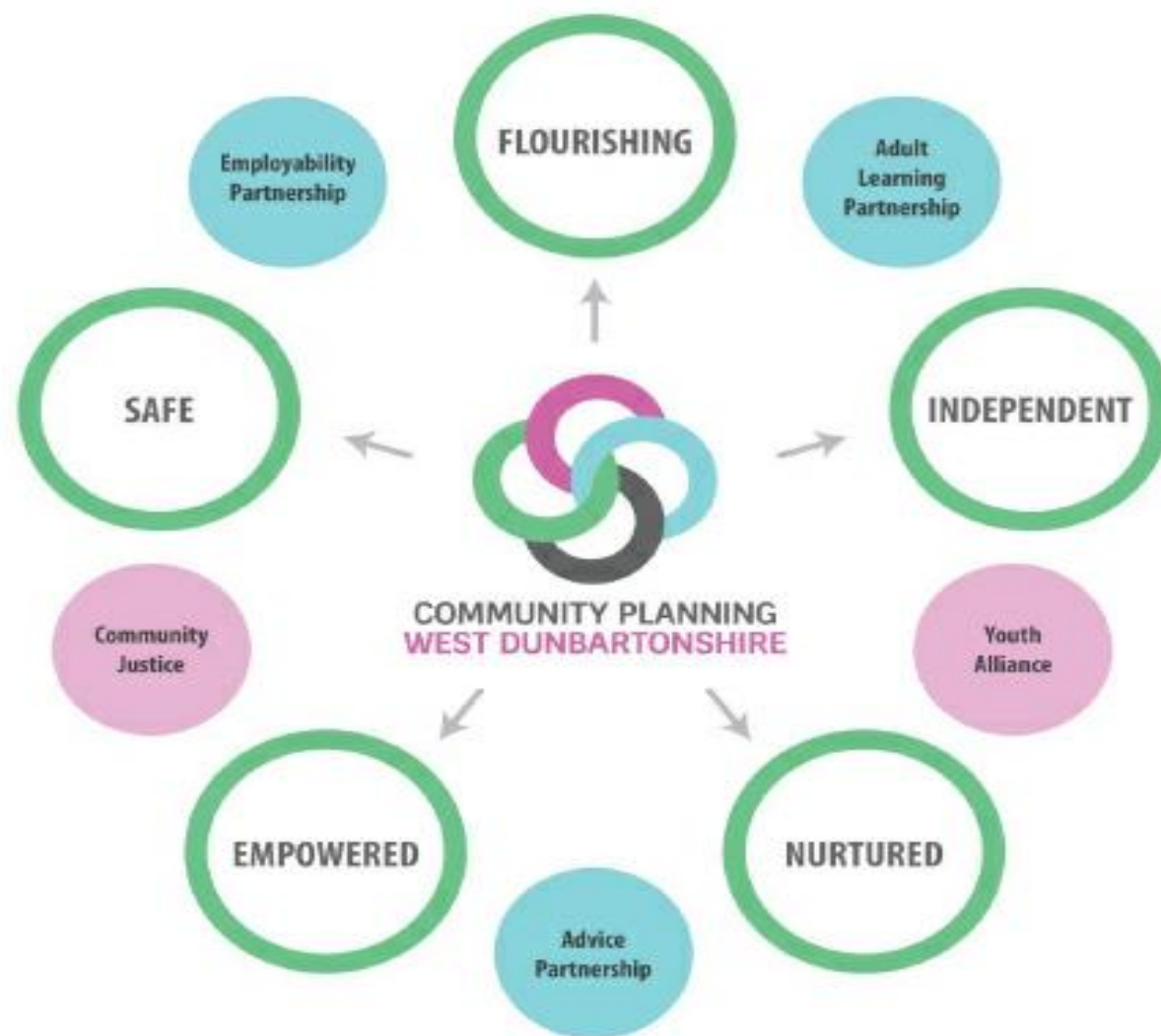
For this strategy a "whole system approach" will involve contributions from the fields of housing, education, employment, police, fire, health and social care and others.

Community Planning West Dunbartonshire

This strategy has been developed for Community Planning West Dunbartonshire by the SAFE Delivery and Improvement Group.

The strategy will contribute towards the achievement of Strategic Priorities and Outcomes within West Dunbartonshire's Plan for Place 2017-2027.

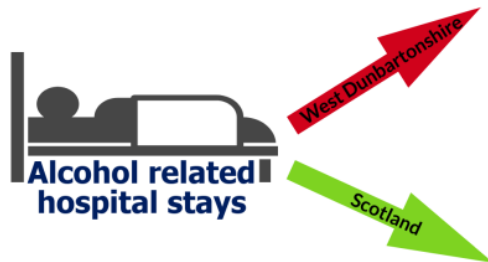
In addition, many of the activities undertaken through other groups will contribute to achieving the outcomes of the Substance Use Prevention Strategy.



2.The Scale of Challenge in West Dunbartonshire

West Dunbartonshire has a long legacy of substance use, damaging lives, impacting on families and contributing to violence and crime. Many of those affected by substance use will have experienced difficult life circumstances. They are often among the most vulnerable in society and subject to stigma.

The greatest 'Burden of Disease' in West Dunbartonshire is due to cancer. The second highest is mental ill health and substance use disorders.



Rates of alcohol related deaths remain higher than the Scottish average



Rates of alcohol-related hospital stays are rising whilst the national rate is in decline



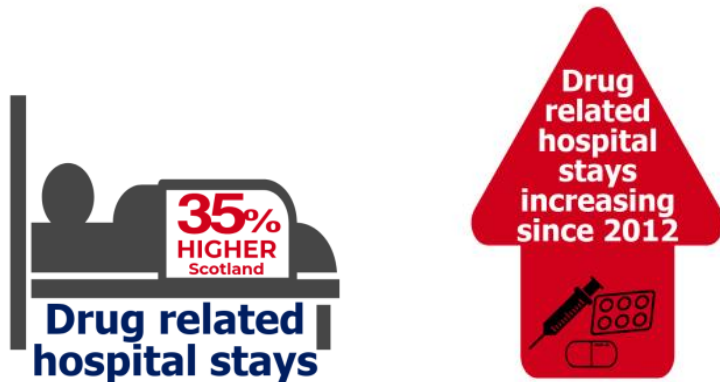
Smoking rates among adults aged 16+ is the 8th highest in Scotland

Rates of smoking related hospital admissions are higher than the Scottish average and rising



Death rates from diseases caused by smoking are the 2nd highest in Scotland

Rates of hospital admissions due to drugs are higher than the Scottish average and rising



West Dunbartonshire also has high levels of deprivation (measured by the Scottish Index of Multiple Deprivation). In the last ten years our understanding of the underlying causes of addiction and substance use has developed, recognising that deprivation, poverty, trauma and adverse childhood experiences can cause people to turn to alcohol and drugs.

3.Strategy Development Process

Stakeholder Workshops

Strategy development began in November 2017. Workshops held in March and June 2018 were attended by representatives from Police Scotland, Scottish Fire & Rescue, Dumbarton Area Council on Alcohol (DACA), Alternatives, Y Sort-It, WDHSCP Addictions Services, Working 4U, WDCVS, NHSGG&C and WDC Trading Standards.

The workshops identified the following important activities:

- Education (school/youth)
- Diversionary activities
- Resilience and protective factors
- Social media
- Information for parents
- Linking with Family Opportunity Hubs and West Dunbartonshire Adverse Childhood Experiences (ACEs) Hub
- Signposting/information for support for parents/families

Focus on Health Inequalities

Health inequalities are differences in health experienced by people depending on the circumstances in which they live and the opportunities they have for health and social wellbeing.

Difficult economic and social conditions can be a risk factor for substance use. Successful approaches to prevention are underpinned by crosscutting activity aimed at tackling the wider determinants of health considering the following (Economics of Prevention, NHS Health Scotland 2016):

- Where universal services are provided, invest more in services for vulnerable groups.
- Promote actions and policies that make it easier for everyone to adopt healthy behaviours by increasing the price and/or reducing the availability of products that are damaging to health

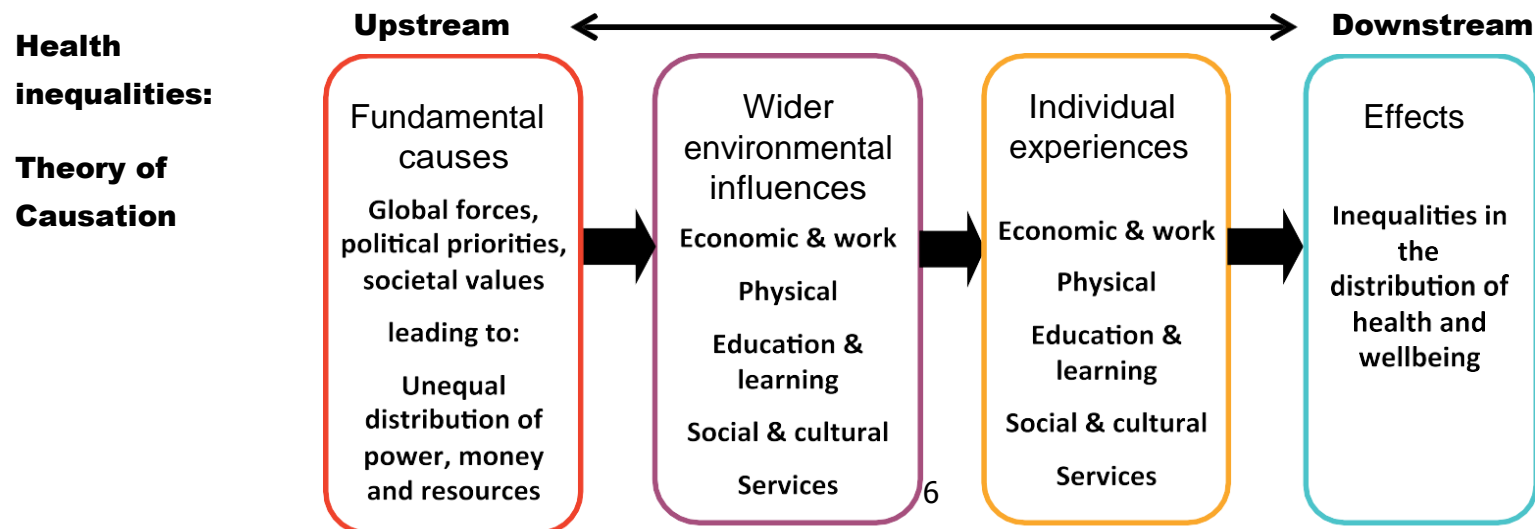
Priority Groups

Interventions delivered to whole populations can unexpectedly increase inequalities, as everyone has different access or ability to take up opportunities to improve their health. Therefore this strategy includes a combination of approaches, both for the whole population and targeted, proportionate to the level of need.

The workshop discussions identified the following priority target groups:

- Alcohol: Men and pregnant women
- Tobacco: Young people and early years, particularly children exposed to second hand smoke
- Drugs: Young people and early years

These priority groups will feature prominently in the detailed action plans.



National Policies

This strategy contains our response to the recently published national policies for public health, alcohol, tobacco and other drugs namely:

- Public Health Priorities for Scotland (June 2018)
- Raising Scotland's Tobacco-free Generation: Our Tobacco-Control Action Plan (June 2018)
- Alcohol Framework 2018: Preventing Harm – next steps on changing our relationship with alcohol (November 2018)
- Rights, Respect and Recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths (November 2018)

Effective Prevention – The Evidence

A scoping exercise was undertaken to find evidence of effective interventions to prevent substance use and related harm across the life course. A number of recent high level reviews of evidence were identified.

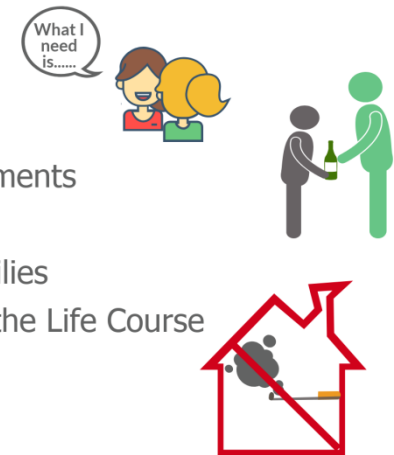
To achieve positive outcomes a consistent and co-ordinated approach is required. This will be delivered through a range of activities, programmes and in a variety of settings (e.g. at home; in school; among peers; in the workplace; throughout the local community and in the media).

4.Action Areas

Based on the stakeholder workshops and the evidence of what works, seven areas for action in relation to alcohol, tobacco and other drugs were established as follows:

Action Areas

1. Reduced Availability
2. Healthier and Safer Environments
3. Engaged Communities
4. Supported Parents and Families
5. Resilient Individuals across the Life Course
6. Accurate Public Information
7. Supported Individuals



These are presented in this order to reflect the 'upstream approach' (see previous page).

In each of these action areas, more detailed evidence from the last 10 years was reviewed to establish best practice that might be adopted in West Dunbartonshire. This included a range of published sources including guidance, systematic reviews, primary research, modelling and observational studies. This evidence will guide what we do in the future.

1 Reduced Availability

- Support development and implementation of local alcohol Licensing Policy
- Reduce the number of children and young people buying alcohol and tobacco
- Target adults buying alcohol and tobacco for children and young people
- Prevent supply of illegal tobacco and alcohol
- Prevent supply of controlled drugs



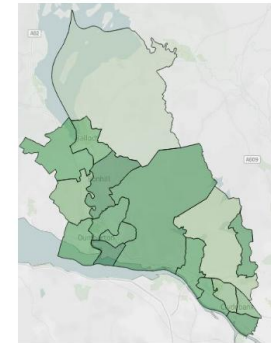
2 Healthier and Safer Environments



- Provide diversionary activity programmes to those most at risk of harm
- Reduce visibility of smoking through smoke free zones in schools, hospital grounds and play parks
- Reduce children's exposure to secondhand smoke
- Enforce drink drive legislation
- Ensure staff have access to information on alcohol, tobacco and other drugs through workplace policies

3 Engaged Communities

- Strengthen the links between Community Councils, Community Planning, Licensing and Planning
- Ensure engagement and involvement of local residents to address issues in relation to substance use through **Your Community** approach

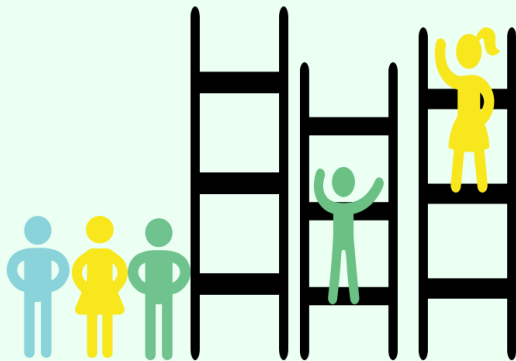




4 Supported Parents and Families



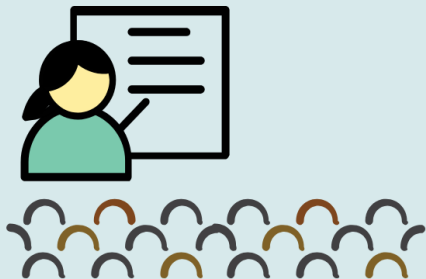
- Utilise parenting programmes and Health Visitor support to prevent substance use
- Support parents and carers to access wider community networks via Family Opportunity Hubs



5 Resilient Individuals Across the Life Course

- Develop emotional wellbeing and resilience of children and young people
- Maximise opportunities to prevent substance use through the Corporate Parenting Strategy
- Develop an Adverse Childhood Experience (ACE) hub to provide a safe and supportive community for families and children
- Use West Dunbartonshire's Child Poverty Action Plan to prevent substance use



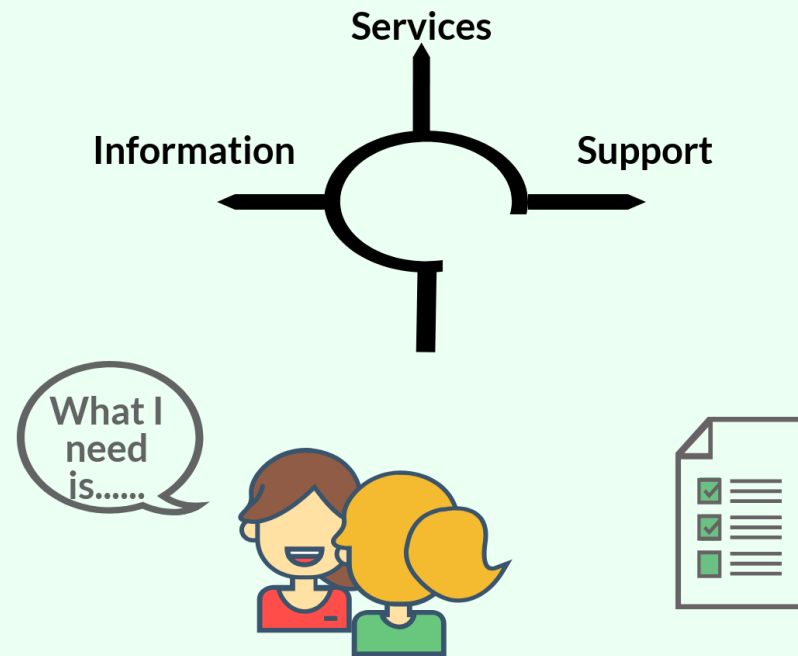


6 Accurate Public Information

- Use local media to reinforce national information campaigns for alcohol, tobacco and other substances
- Ensure education in schools on alcohol, tobacco and other substances is in line with Curriculum for Excellence
- Identify training needs across the workforce prioritising those working with groups most at risk

7 Supported Individuals

- Promote clear pathways for information and referral to specialist support
- Implement Carer Assessments so all carers can identify and describe what they need
- Implement Young Carer Statements where appropriate



5.Implementation, Monitoring and Reporting

The delivery of the strategy will be coordinated by a dedicated Implementation Group. This group will develop detailed action plans and ensure that these are carried out. Partners will embed activity to support the action areas in their own forward plans.

Progress will be reported annually to the Community Planning West Dunbartonshire Safe Delivery and Improvement Group and to the West Dunbartonshire Alcohol and Drug Partnership.

The CPWD Substance Use Prevention Strategy contributes to the achievement of the CPWD strategic priorities through the Safe DIG as follows:

LOCAL OUTCOME 3: Residents live in positive, health promoting local environments where the impact of alcohol and drugs is addressed.

We will assess what difference the strategy makes by monitoring high level (long term) outcome indicators such as:

- alcohol, tobacco and drug related deaths
- alcohol, tobacco and drug related hospital admissions
- alcohol consumption, smoking prevalence and drug use prevalence

The Implementation Group will work in line with the CPWD guiding principles as follows:

- Adopt a preventative and early intervention approach
- Ensure effective community engagement in the planning and delivery of local services
- Work with our communities to empower them and strengthen their voice
- Promote equality and tackle inequality

For further information on the Implementation Group please contact:

West Dunbartonshire Health and Social Care Partnership
Health Improvement Team

Email WDHSCP@ggc.scot.nhs.uk

Phone 01389 776990

6.Engagement Strategy

Engagement on the CPWD Substance Use Prevention Strategy will be an ongoing and dynamic process for the “lifetime” of the document (2018-2027). We are seeking comments via existing engagement mechanisms in West Dunbartonshire but also working to hear the voices of those who may be “easy to ignore”.

The strategy is a “living” document that will be refreshed as feedback on priorities is assessed, indicators are updated and approaches evaluated. We are keen to hear the views of individuals and organisations and will use responses to inform the ongoing development of detailed action plans.

In particular, we would like to hear views in relation to the following questions:

1) Based on the stakeholder engagement in 2018 priority groups were proposed as follows:

- Men and pregnant women in relation to alcohol
- Young people and early years in relation to tobacco, particularly children exposed to second hand smoke.
- Young people and early years in relation to drugs

Do you agree with these priority groups? Are there other groups that should be a priority and why?

2) We are updating an Equality Impact Assessment to ensure that the strategy does not adversely affect any of the groups of people with the following protected characteristics:

- | | |
|------------------------------|-------------------------------|
| • Age | • Race |
| • Civil Partnership/Marriage | • Religion/belief |
| • Disability | • Sex |
| • Gender Reassignment | • Sexual Orientation |
| • Pregnancy/ maternity | • Socio-economic disadvantage |

Please share any views you have on how this strategy will impact on equalities groups.

3) The seven action areas proposed are based on the evidence of “what works” in prevention. **Please provide any comments or suggestions in relation to the actions areas proposed. In particular we welcome suggestions that will support the development of detailed action plans.**

4) Do you have any other comments/suggestions for what you feel should be included within the strategy?

To submit feedback or to obtain a full version of the strategy and the appendices please contact WDHSCP@ggc.scot.nhs.uk or phone 01389 776990.

Thank you.