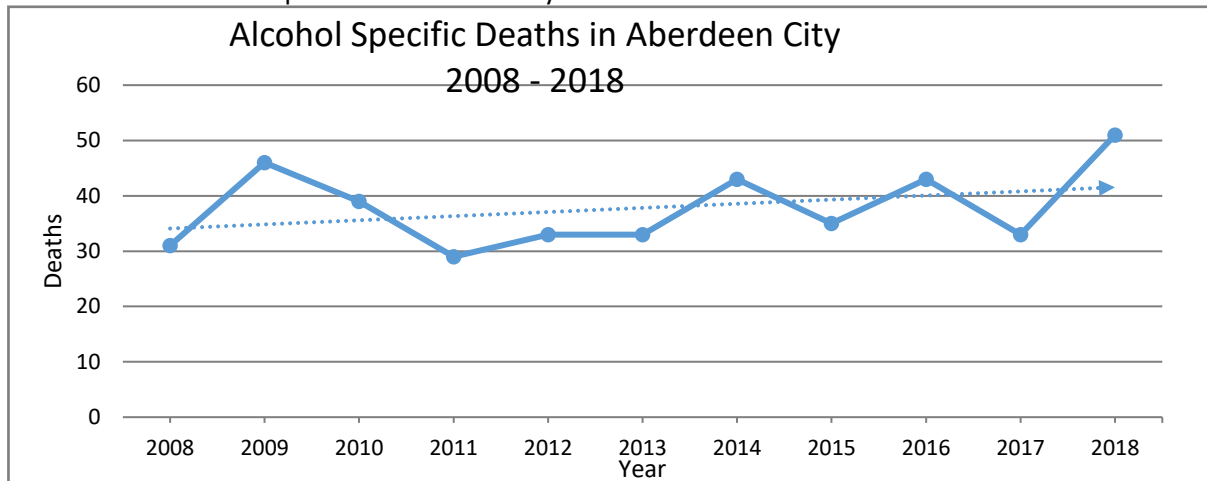


12.9 Promotion and increase uptake of Alcohol Service

Improvement Project Title: Promotion and increase uptake of Alcohol Service
Executive Sponsor (Chair of Outcome Improvement Group or Locality Partnership): Richard Craig (ADP Chair)
Project Lead: Simon Rayner/Gillian Robertson, Alcohol and Drugs Partnership / Substance Misuse Service Job Role & Organisation: Development Manager/ Officer, ADP/SMS Email Address: simon.rayner@nhs.scot Gillian.robertson10@nhs.scot
Aim statement Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2021. This aims to reach all parts of the population and as such aim will address common message and also identify areas where additional resource or alternative communication is required to increase numbers of people benefitting from the alcohol services available.
Link to Local Outcome Improvement Plan: Stretch Outcome 12 - Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026 Improvement Aim: This project also links into other improvement aims against Stretch Outcome12: <ul style="list-style-type: none">• Increase by 100% the number of Alcohol brief interventions (ABI) delivered in Aberdeen City by 2021• Increase by 10% the percentage of adults in Aberdeen City who are non-drinkers or drink alcohol in a low risk way by 2021• 100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021.• Increase % of the population who feel informed about using alcohol responsibly by 2021.
Why is this important: The UK Chief Medical Officer published recommendations on low risk alcohol consumption in 2016. High risk alcohol consumption is associated with an increased risk of physical health, mental health, social and economic impacts in the short medium and long term. Low risk consumption is no more than 14 units of alcohol spread through a week. People with long term conditions and those on regular medication may be recommended to drink less than 14 units. Pregnant women and those planning a pregnancy are recommended to not drink any alcohol at all. The Scottish Health Survey tells us that across Grampian, One in three men and one in six women regularly drink more than 14 units a week. Drinking more than 14 units a week is reported more commonly in people living in our most affluent areas compared to our most socioeconomically deprived areas.

Alcohol is one of five lifestyle behavioural risk factors which contribute to the majority of chronic and non-communicable disease in our population. Clustering of lifestyle risk factors is associated with higher risk of premature disease development and mortality. Research within Grampian into the clustering of lifestyle risk factors indicates that these are spread unevenly through the population, increased multiple lifestyle risk factors were observed in men and in people from socioeconomically deprived neighbourhoods.

There is a need to target the whole population, with an emphasis on supporting multiple risk factor reduction in more socioeconomically deprived areas and ensuring those requiring access to support to reduce alcohol consumption can do this easily.



Alcohol specific deaths are on the increase and there was a 10 year high in 2018 of the number of people dying.

There is a growing awareness that those experiencing problematic alcohol and drug use are often carrying other burdens such as poverty, inequality and health challenges.

Rights, Respect and Recovery is Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths and focus is on ensuring that people have the opportunity to understand and reduce the health harms of alcohol with a key focus on prevention work.

<https://www.gov.scot/publications/rights-respect-recovery/>

The Scottish Health Survey suggests that Aberdeen City have 38% of males drinking above the guidelines and 19% of women (this is based on self-reported data). We have also highlighted that males aged 16-25 and females aged 16-34 have higher instance of drinking over the guidelines and not received appropriate advice or support. For both males and females those aged 45-54 have the highest percentage of people drinking above guidelines in Aberdeen City.

The impact of alcohol consumption in Scotland and the loss to health and life it entails has been well documented. Approximately 6.5% of deaths in Scotland in 2015 were attributable to alcohol consumption. More than one in four (28%) of these alcohol-attributable deaths were due to cancer.

According to the 2016 UK Chief Medical Officers' low risk drinking guidelines, in relation to cancer risk there is no safe level of alcohol consumption. The risks associated with cancer start from any level of regular drinking and rise with the amounts of alcohol being drunk.

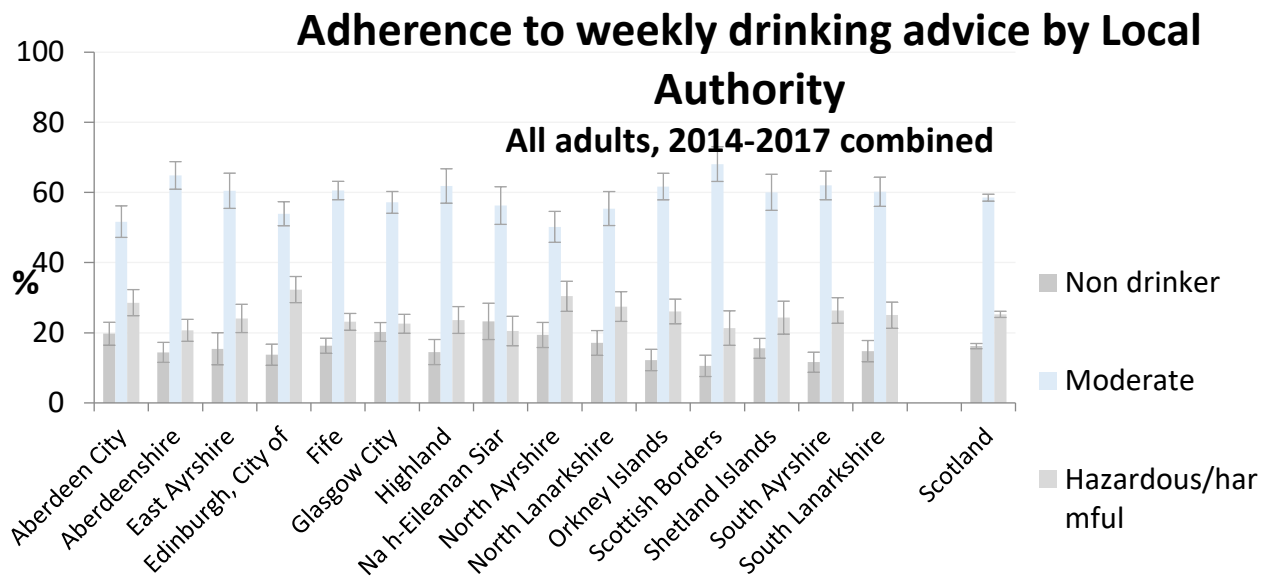
Further information on alcohol and Cancer can be found

https://www.shaap.org.uk/images/Alcohol_and_Cancer_Guide.pdf

The Alcohol Framework highlights a number of actions to help reduce the harms caused by alcohol with a particular emphasis on ensuring support is available for young people and communities which this project would support

<https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/>

The most recent Scottish Health survey results for Aberdeen city indicate that 29% of the population is drinking at harmful or hazardous levels. This equates to almost 56,000 people across the city. 39% of the male population and 19% of the female population are drinking at these harmful levels. Only a very small number of these people, just less than 1% are in alcohol services.



Source: :\\HI Dataset\Public Health\Scottish Health Survey\Alcohol

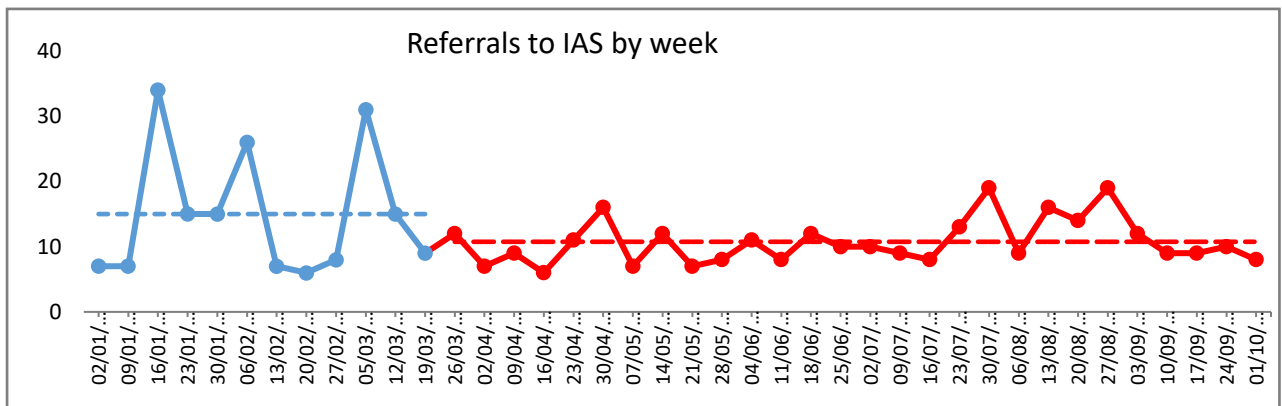
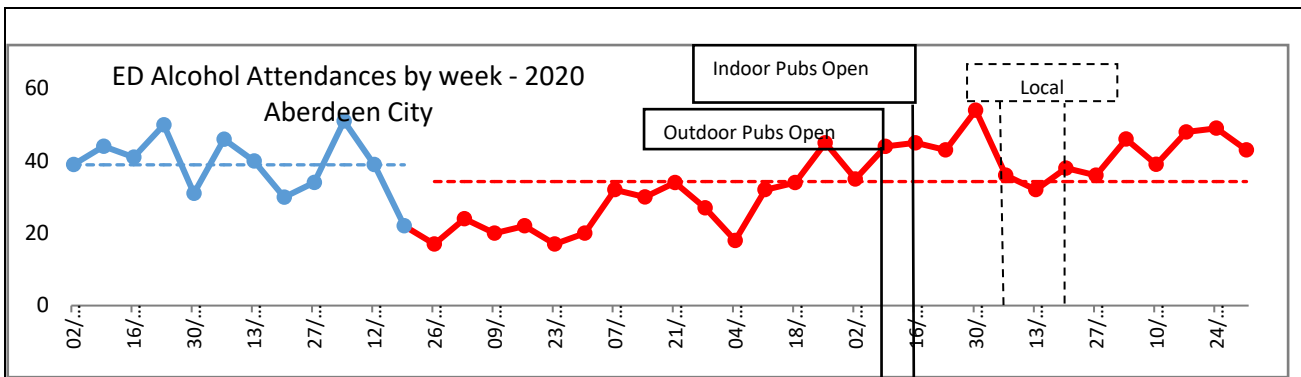
Alcohol and Drugs Action have run a couple of Alcohol awareness campaigns on Social media and we have identified some areas to improve and support some of the aims of this LOIP and for future campaigns to allow a route into services.

The current scientific evidence is that an alcohol-free childhood is the healthiest and best option. Young people's bodies and brains are more vulnerable to the effects of alcohol because they are still growing and developing.

Drinking can cause short and long-term harm to health, as well as put young people in risky situations when drunk. Research shows that the earlier a young person starts drinking alcohol, the more likely they are to drink in ways that can be harmful later in life.

We currently have measures in place re activity and have identified that an increase in activity and referrals is required and has increased need during COVID

We will use the existing charts below to measure impact and as baseline



The recent SALSUS data for 2018 has been published and highlighted that in Aberdeen City

	Base	2013	Scotland
50% of 13 year olds reported that they had never been drunk	168	-12%	+3%
29% of 15 year olds reported that they had never been drunk	251	-6%	-1%
50% of 13 year olds said they had ever been drunk	168	+12%	-3%
71% of 15 year olds said they had ever been drunk	251	+6%	+1%
4% of 13 year olds said they had been drunk more than 10 times	168	-4%	-5%
21% of 15 year olds said they had been drunk more than 10 times	251	+9%	-4%

These results would indicate that alcohol is becoming the norm for more young people. Messages need to be delivered to help inform young people and their parents and carers of the harms that alcohol can have on young people. Our services have very low numbers of people under 35 in services and we need to review our offering so it is appropriate support and attractive to this age group.

<https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2019/11/scottish-schools-adolescent-lifestyle-substance-use-survey-salsus-national-overview-2018/documents/summary-findings-aberdeen-city-council/summary-findings-aberdeen-city-council/govscot%3Adocument/summary-findings-aberdeen-city-council.pdf>

Measures: (How will we know if a change is an improvement?)

Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2021

Outcome measures

- Number of people accessing Alcohol Services (city wide and targeted areas)
- Numbers of people completing support in alcohol services and having a planned discharge
- Number of people accessing online support

Process measure

- Numbers of services referring into Alcohol services
- Numbers of people engaging with Alcohol services
- Number of referrals to alcohol services from community support e.g. Housing support
- No of referrals and starts in service from Targeted approach in Torry and Northfield
- Number of sessions with alcohol service resources in GP s/hubs in targeted areas.
- Numbers of people referred into support through GPs or community hubs
- Media Campaign analytics, including number of hits, clickthroughs, podcast listeners, social media comments etc,
- No. of manage your intake packs issued.
- No. of people using the outreach service

Balancing measures

- Attendance / uptake of services which are non-mandatory (otherwise attendance at services which are non mandatory may fall).
- Allocation of resources at most appropriate location and as identified by need

Data collection will be developed to meet the requirements of the individual setting, where electronic systems are available we will explore the potential for using these systems for recording.

Change ideas (What changes can be made that will result in improvement?)

The following are areas of delivery where we would like to test change

1. Social Media and Alcohol awareness pages

This test would look at providing more information on how people access services and would be a media campaign over a year which will

- Provide a new webpage with videos from service workers encouraging people to come for support
- Pod casts with service workers and service users explaining the support received and impact on wellbeing and lifestyle
- Targeted messages linking in with local and national campaigns to highlight alcohol harms and the importance of accessing support

2. Introducing direct referral into alcohol support from other services and self referrals

This test would look at introducing new referral routes e.g. Community wardens referring people into service. This would include community staff upskilling to increase confidence in starting a conversation about alcohol use

3. Increasing awareness and accessibility in prioritised areas in localities

This test would increase the alcohol services visibility and accessibility in local areas of need and alcohol services working with community services to support people to understand the impacts of alcohol consumption at a local level. With the aim that increasing awareness of the impacts of alcohol will encourage people to ask about alcohol intake and support people to self refer into alcohol services for support.

This will include:

- Alcohol services providing named points of contact for new referral services to link into and develop new referral opportunities and flexibility in appointment times etc
- Increase visibility of Alcohol services in community by attending team community service meetings, being present in local gp meetings etc
- Providing an outreach service where required for those most at risk and disengaged
- Providing links to services at a local level in Kincorth, Woodside, Torry and Northfield. Ideally these would be through GP services or local hubs
- ensuring appropriate materials are available and displayed
- Adapting services to meet local needs and analysis of presentations

4. Develop a manage your alcohol intake pack

We will produce safer drinking alcohol packs that people can request to be posted. This will be promoted through the media campaigns and will make available to appropriate services e.g. housing, custody suite, link workers etc.

Posting out pack to include:

Measuring cups

Drink Diary

Scratch card

Fact sheet - how to access services

2 x leaflets

The aim of this is to help people identify if people are drinking in excess and provide tools to reduce intake and access services and support. We anticipated that it may be a significant other who is concerned about someones alcohol intake and this would allow the tools to have a meaningful conversation about alcohol intake, concerns and the support available to help. People often don't want to go to the Dr and have this

conversation and this is currently the main referral route and this pack will allow people to self refer and understand the potential harms of their current alcohol intake.

Potential risks and/or barriers to success & actions to address these

Reaching people and getting support during the restrictions we face at the moment due to COVID

Project Team:

Gillian Robertson - Aberdeen City Alcohol and Drug Partnership, Substance Misuse Service

Seonaid Anderson - Consultant Addiction Psychiatrist (Alcohol)

Lucy McNicol – SW CJ and Domestic Abuse

Anne-Marie Steehouder-Ross -| Community Development Officer (South Locality)

Graeme Gardener – ACC housing (Leads in localities as appropriate)

Lorraine Stephen – Aberdeen Foyer

Lauren Mackie – ACC (Schools/ Young People)

Fraser Hoggan – Alcohol and Drugs Action

Linda Buchan – Kittybrewster Custody Health

Derek Bain – Police Scotland

Carol McDougall - Alcohol Liaison Nurse service

Leah Dawson – Corporate Comms NHSG

Michelle Cochlan – Improvement Adviser

Claire Blomfield – Analyst ADP/SMS

In addition to this we will call on service user and family feedback to help developments etc. This will be done through existing alcohol services and members with community contacts.

Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> • Project team established • Initial baseline established • Draft charter developed • Charter submitted to CPA Board • Starting tests and ensuring all in place • Ensuring reporting mechanisms in place 	Oct 2020 December 2020 January 2021
Designing and Testing Changes	<ul style="list-style-type: none"> • Engaging with customers and colleagues on change design 	Jan 2022

(Project Score 4-7)	<ul style="list-style-type: none"> • Evaluate overall achievement to date and plan further PDSAs or move to implementation • Initial tests of change complete 	
Implementing and sustaining changes that demonstrate improvement (Project Score 7-9)	<ul style="list-style-type: none"> • Agree which change ideas tested are proven to work that we will seek to embed permanently • Continue to gather data • Assess whether improvement levels are sustained 	June 2022
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> • Assess opportunities for spreading change to other areas where applicable 	September 2022