

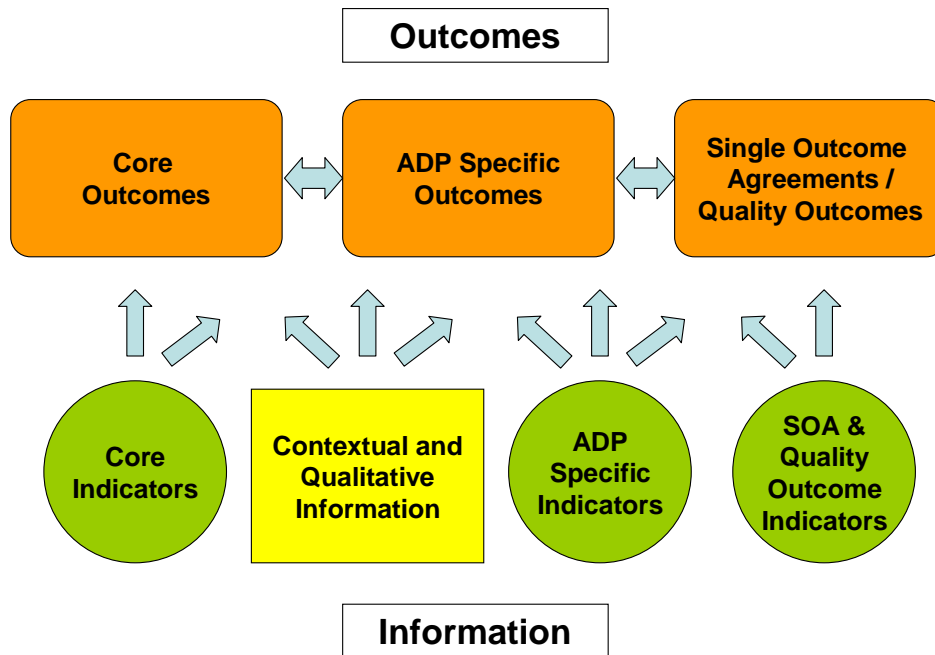
CORE OUTCOMES FOR ALCOHOL & DRUG PARTNERSHIPS (ADPs)

- 1. HEALTH: People are healthier and experience fewer risks as a result of alcohol and drug use:** a range of improvements to physical and mental health, as well wider well-being, should be experienced by individuals and communities where harmful drug and alcohol use is being reduced, including fewer acute and long-term risks to physical and mental health, and a reduced risk of drug or alcohol-related mortality.
- 2. PREVALENCE: Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others:** a reduction in the prevalence of harmful levels of drug and alcohol use as a result of prevention, changing social attitudes, and recovery is a vital intermediate outcome in delivering improved long-term health, social and economic outcomes. Reducing the number of young people misusing alcohol and drugs will also reduce health risks, improve life-chances and may reduce the likelihood of individuals developing problematic use in the future.
- 3. RECOVERY: Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use:** a range of health, psychological, social and economic improvements in well-being should be experienced by individuals who are recovering from problematic drug and alcohol use, including reduced consumption, fewer co-occurring health issues, improved family relationships and parenting skills, stable housing; participation in education and employment, and involvement in social and community activities.
- 4. FAMILIES: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances:** this will include reducing the risks and impact of drug and alcohol misuse on users' children and other family members; supporting the social, educational and economic potential of children and other family members; and helping family members support the recovery of their parents, children and significant others.
- 5. COMMUNITY SAFETY: Communities and individuals are safe from alcohol and drug related offending and anti-social behaviour:** reducing alcohol and drug-related offending, re-offending and anti-social behaviour, including violence, acquisitive crime, drug-dealing and driving while intoxicated, will make a positive contribution in ensuring safer, stronger, happier and more resilient communities.
- 6. LOCAL ENVIRONMENT: People live in positive, health-promoting local environments where alcohol and drugs are less readily available:** alcohol and drug misuse is less likely to develop and recovery from problematic use is more likely to be successful in strong, resilient communities where healthy lifestyles and wider well-being are promoted, where there are opportunities to participate in meaningful activities, and where alcohol and drugs are less readily available. Recovery will not be stigmatised, but supported and championed in the community.
- 7. SERVICES: Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery:** services should offer timely, sensitive and appropriate support, which meets the needs of different local groups (including those with particular needs according to their age, gender, disability, health, race, ethnicity and sexual orientation) and facilitates their recovery. Services should use local data and evidence to make decisions about service improvement and re-design.

ADP CORE INDICATORS

1.1 As shown in Figure 1, the core indicators are intended to be one type of a range of information that can help indicate progress towards both the core outcomes and locally specific outcomes. They sit alongside indicators which are specific to individual ADPs and their local needs and priorities, indicators contained in single outcome agreements, and a range of contextual and qualitative information. The latter can add much more depth and meaning (e.g. through case-studies and individuals' recovery stories) and help to explain – or even challenge – the picture shown by quantitative indicators.

Figure 1



1.2 There are limitations to what can be considered as core indicators. Some good potential indicators may only be collected in a few ADPs, but core indicators need to be available consistently for every ADP. The core indicators will evolve and change over time as new data becomes available. There are some outcomes, such as Community Safety, where, for historical reasons, more core indicators are available. For others - notably Recovery - there is clearly room for further development. The selection of these initial core indicators therefore focuses on what data is currently available, but the clear aspiration is to improve these indicators going forward. We have also sought to ensure consistency of approach to outcomes and indicators with the revised National Performance Framework, the Quality Strategy and other key policy frameworks such as early years and reducing offending and will continue to do so. For these reasons, the core indicators provided here should be seen as a starting point.

1.3 It is recognised that indicators are just that – they are intended to be indicative of progress towards outcomes, but inevitably provide a partial picture of that progress. All indicators are proxy measures of real outcomes, but some will be more

direct than others. In the short-term it may be necessary to use less ideal proxies and even output data to indicate progress towards outcomes. These indicators, while efficient to use, may not always get to the heart of an outcome or an ADP's contribution. Locally specific indicators and contextual and qualitative information will also be vital in interpreting indicators and outcomes and in providing a credible account of the contribution of local partners to observed outcomes.

1.4 A number of these indicators are only currently available at national or Health Board level and cannot be broken down by ADP. For some indicators, particularly those based on survey data, it is unlikely that samples can be expanded in the current financial climate in order to obtain ADP level data.

1.5 It will be for ADPs to determine locally for each indicator what direction of travel represents a positive outcome. This may require agreement with local partners. For instance, an increase in the "Number of Child Protection Case Conferences where parental drug and/or alcohol abuse has been identified" may be due to an increase in prevalence in an area and/or an increase in detection rates due to the efforts of local services and professionals. In this case, the ADP will need to discuss and agree both the actions to be taken and the expectations around the impact of these on the indicator with the local Child Protection Committees.

CORE OUTCOMES AND CORE INDICATORS

Outcome	National Indicators	Rationale for indicator	Source and availability
<p>1. HEALTH</p> <p>People are healthier and experience fewer risks as a result of alcohol and drug use</p> <p>A range of improvements to physical and mental health, as well wider well-being, should be experienced by individuals and communities where harmful drug and alcohol use is being reduced, including fewer acute and long-term risks to physical and mental health, and a reduced risk of drug or alcohol-related mortality.</p>	<p>Rate of drug-related hospital discharges (three year rolling average over last 5 years)</p>	<p>Overdoses and other acute drug-related health problems are key risks of drug use. The reduction in health risks due to the prevention of drug use, the recovery of drug users, and the reduction of health risks for those continuing to take drugs, should be reflected in fewer hospital admissions in an area.</p>	<p>Source: <i>ISD Scotland – SMR-01</i></p> <p>Frequency: Annual</p> <ul style="list-style-type: none"> • <i>Last:</i> May 2012 • <i>Next:</i> May 2013 <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input checked="" type="checkbox"/> • Local Authority <input checked="" type="checkbox"/> • Other: gender, age group, SIMD
	<p>Rate of alcohol-related hospital discharges (three year rolling average over last 5 years)</p>	<p>The reduction in health risks due to the prevention of alcohol misuse and the recovery of people with problematic use should be reflected in fewer hospital admissions in an area.</p>	<p>Source: <i>ISD Scotland – SMR-01</i></p> <p>Frequency: Annual</p> <ul style="list-style-type: none"> • <i>Last:</i> May 2012 • <i>Next:</i> May 2013 <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input checked="" type="checkbox"/> • Local Authority <input checked="" type="checkbox"/> • Other: gender, age group, SIMD
	<p>Rate of alcohol-related mortality (three year rolling average over last 5 years)</p>	<p>Direct measure of the level of alcohol-related harm in a given area. The reduction in health risks due to the prevention of alcohol misuse and the recovery of people with problematic use should be reflected in fewer alcohol related deaths in an area.</p>	<p>Source: NRS (ISD analysis)</p> <p>Frequency: Annual</p> <ul style="list-style-type: none"> • <i>Last:</i> Aug 2012 (2011 data) • <i>Next:</i> Aug 2013 (2012 data) <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input checked="" type="checkbox"/> • Local Authority <input checked="" type="checkbox"/> • Other: gender, age group, SIMD

Outcome	National Indicators	Rationale for indicator	Source and availability
	Prevalence of hepatitis C among people who inject drugs	A decrease in this indicator will reflect a lower risk from injecting drugs and mean fewer injecting drug users are infected with hepatitis C	Source: HPS Frequency: 2 years <ul style="list-style-type: none"> • <i>Last: 2011</i> • <i>Next: April 2013</i> Breakdowns available: <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input checked="" type="checkbox"/> • Local Authority <input checked="" type="checkbox"/>

Outcome	Indicators	Rationale for indicator	Source and availability
<p>2. PREVALENCE</p> <p>Fewer adults and children are drinking or using drugs at levels or patterns that are damaging to themselves or others</p> <p>A reduction in the prevalence of harmful levels of drug and alcohol use as a result of prevention, changing social attitudes, and recovery is a vital intermediate outcome in delivering improved long-term health, social and economic outcomes. Reducing the number of young people misusing alcohol and drugs will also reduce health risks, improve life-chances and may reduce the likelihood of individuals developing problematic use in the future.</p>	<p>Estimated prevalence of Problem Drug Use Amongst 15-64 year olds in Scotland, by age group.</p> <p>Estimated prevalence of injecting drug use amongst 15-64 year olds in Scotland.</p>	<p>The reduction in the prevalence of problematic drug use as a result of both prevention and recovery should be directly reflected in reduced estimates of adult problem drug use and injecting drug use.</p>	<p>Source: ISD study <i>Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland</i>.</p> <p>Frequency: 3 yrs approx</p> <ul style="list-style-type: none"> • Last: Nov 2011 (2009-10 prevalence) • Next: mid 2014 (2012/13 data, TBC) <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input checked="" type="checkbox"/> • Local Authority <input checked="" type="checkbox"/> • Other: Community Justice Authority Area, Police Board
	<p>Percentage of 15 year old pupils who usually take illicit drugs at least once a month (areas with larger prevalence).</p> <p>Percentage of 15 year old pupils who have taken an illicit drug in the last year (areas with lower prevalence).</p>	<p>Reducing the number of young people misusing alcohol and drugs will be reflected in a reduction in both frequent use and any use amongst 15 year old school pupils.</p>	<p>Source: ISD Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)</p> <p>Frequency: 2 years*</p> <ul style="list-style-type: none"> • Last: December 2011 (2010 data) • Next: October 2014 (2013 data) <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input checked="" type="checkbox"/> • Local Authority <input checked="" type="checkbox"/> • Other: ADP <p>* Local authority and ADP level data being collected in 2013, a year earlier than originally planned</p>

Outcome	Indicators	Rationale for indicator	Source and availability
	<p>The proportion of individuals drinking above daily and/or weekly recommended limits</p>	<ul style="list-style-type: none"> • Drinking above recommended limits is associated with an increased risk of developing a range of health conditions. A reduction in population consumption is a prerequisite to delivering many of the core outcomes. 	<p>Source: Scottish Health Survey Frequency:</p> <ul style="list-style-type: none"> • <i>Last: Sept 2012</i> • <i>Next: Sept 2013</i> <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input checked="" type="checkbox"/>* • Local Authority <input type="checkbox"/> • Other: Gender, age, SIMD <p>* Health Board level data available for all Boards every 4 years; every 2 years for larger Boards.</p>
	<p>The proportion of individuals drinking above twice daily ("binge" drinking) recommended limits</p>	<p>"Binge" drinking is associated with increased risk of acute harm and is linked to a range of anti-social behaviours.</p>	<p>Source: Scottish Health Survey Frequency:</p> <ul style="list-style-type: none"> • <i>Last: Sept 2012</i> • <i>Next: Sept 2013</i> <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input checked="" type="checkbox"/>* • Local Authority <input type="checkbox"/> • Other: Gender, age, SIMD <p>* Health Board level data available for all Boards every 4 years; every 2 years for larger Boards.</p>

Outcome	Indicators	Rationale for indicator	Source and availability
	The proportion of individuals who are alcohol dependent	Reducing the number of individuals who are alcohol dependent will lead to a range of positive individual and societal outcomes	<p>Source: Scottish Health Survey CAGE questionnaire (screening tool used to identify potential alcohol dependence)</p> <p>Frequency:</p> <ul style="list-style-type: none"> • Last: Sept 2012 • Next: Sept 2013 <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input checked="" type="checkbox"/> • Local Authority <input type="checkbox"/> • Other: Gender, age, SIMD <p>* Health Board level data available every 4 years (every 2 years for larger Health Boards).</p>
	Proportion of 15 year olds drinking on a weekly basis (and their mean weekly level of consumption)	Drinking in childhood is associated with increased risk of a range of potential harms (as evidenced by SALSUS). There is also some evidence that drinking patterns learnt early in life stay with the individual into later life.	<p>Source: Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)</p> <p>Frequency: 2 years*</p> <ul style="list-style-type: none"> • Last: December 2011 (2010 data) • Next: October 2014 (2013 data) <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input type="checkbox"/> • Local Authority <input checked="" type="checkbox"/> • Other: <p>* Local authority and ADP level data being collected in 2013, a year earlier</p>

Outcome	Indicators	Rationale for indicator	Source and availability
			than originally planned

Outcome	Indicators	Rationale for indicator	Source and availability
3. RECOVERY Individuals are improving their health, well-being and life-chances by recovering from problematic drug and alcohol use A range of health, psychological, social and economic improvements in well-being should be experienced by individuals who are recovering from problematic drug and alcohol use, including reduced consumption, fewer co-occurring health issues, improved family relationships and parenting skills, stable housing; participation in education and employment, and	Percentage reduction in daily drugs spend during treatment Reduction in the percentage of clients injecting in the last month during treatment Proportion of clients who abstain from illicit drugs between initial assessment and 12 week follow-up	People who are recovering from problematic drug use are likely to show reductions in the level of drug use and, for those who inject, a reduction in injecting. While this indicator is restricted to those in treatment it provides a robust indicator of treatment assisted recovery in an area.	Source: Service submissions to <i>ISD Scottish Drug Misuse Database</i> (SMR-25b) Frequency: Annual <ul style="list-style-type: none"> • Last: Dec 2012 • Next: Dec 2013 Breakdowns available: <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/>* • NHS Board <input checked="" type="checkbox"/>* • Local Authority <input checked="" type="checkbox"/>* • Other: <p>* No data available this year due to low levels of data completeness</p>
	Proportion of clients receiving drugs treatment experiencing improvements in employment/ education profile during treatment	People who are recovering from problematic drug use are likely to show improvements in their wider well-being, including their social profile. While this indicator is restricted to those in treatment it provides a robust indication of treatment assisted recovery in an area.	Source: Service submissions to <i>ISD Scottish Drug Misuse Database</i> (SMR-25b) Frequency: Annual <ul style="list-style-type: none"> • Last: - Dec 2012 • Next: Dec 2013 Breakdowns available: <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/>* • NHS Board <input checked="" type="checkbox"/>* • Local Authority <input checked="" type="checkbox"/>*

Outcome	Indicators	Rationale for indicator	Source and availability
involvement in social and community activities.			* See above

Outcome	Indicators	Rationale for indicator	Source and availability
4. CAPSM/FAMILIES Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances This will include reducing the risks and impact of drugs misuse on users' children and other family members; supporting the social, educational and economic potential of children and other family members; and helping family members support the recovery of their	Rate of maternities recording drug use (three year rolling average)	A reduction in the number of maternities recording drug use means that fewer children are likely to be born into households where the mother is a drug user which, in turn, makes it less likely they will be affected by parental substance misuse.	Source: ISD, SMR-02 Frequency: <ul style="list-style-type: none"> • <i>Last:</i> April 2012 (data for 2004/05-2006/07 to 2007/08-2009/10) • <i>Next:</i> April 2013 (data for 2010/11, 2011/12, 2012/13) Breakdowns available: <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input type="checkbox"/> • Local Authority <input checked="" type="checkbox"/>
	Rate of maternities recording alcohol use (three year rolling average)	A reduction in the number of maternities recording alcohol use means that fewer children are likely to be born into households where the mother misuses alcohol. Heavy alcohol use during pregnancy increases the risk of Foetal Alcohol Spectrum Disorder (FASD).	Source: ISD, SMR-02 Frequency: <ul style="list-style-type: none"> • <i>Last:</i> 2011/12 • <i>Next:</i> April 2013 (data for 2010/11, 2011/12, 2012/13) Breakdowns available: <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input checked="" type="checkbox"/> • Local Authority <input checked="" type="checkbox"/>

Outcome	Indicators	Rationale for indicator	Source and availability
parents, children and significant others.	Number of Child Protection Case Conference where parental drug and alcohol abuse has been identified as a concern/risk	To provide an indication of number of children identified by local authorities as at significant risk due to parental drug and alcohol abuse.	Source: Scottish Government Child Protection statistics Frequency: Annual <ul style="list-style-type: none"> • <i>Last: March 2013 (2011/2 data)</i> • <i>Next: March 2014</i> Breakdowns available: <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input type="checkbox"/> • Local Authority <input checked="" type="checkbox"/>
	Proportion of positive ABI screenings in ante-natal setting	Highlights the number of pregnant women where problematic drinking has been identified. Possible risks to baby and existing children.	Source: NHS Board Frequency: Annual <ul style="list-style-type: none"> • <i>Last: Local data collection</i> • <i>Next: Local data collection</i> Breakdowns available: <ul style="list-style-type: none"> • National <input type="checkbox"/> • NHS Board <input checked="" type="checkbox"/> • Local Authority <input type="checkbox"/>

Outcome	Indicators	Rationale for indicator	Source and availability
<p>5. COMMUNITY SAFETY</p> <p>Communities and individuals live their lives safe from alcohol and drug related offending and anti-social behaviour</p> <p>Reducing alcohol and drug-related offending, re-offending and anti-social behaviour, including violence, acquisitive crime, drug-dealing and driving while intoxicated, will make a positive contribution in ensuring safer, stronger, happier and more resilient communities.</p>	<p>Percentage of new clients at specialist drug treatment services who report funding their drug use through crime</p>	<p>Communities will be safer where there is less drug-related acquisitive crime and this should be reflected in fewer reports of crime-funded drug use by clients entering drugs treatment</p>	<p>Source: Service submissions to <i>ISD Scottish Drug Misuse Database</i> (SMR-25a)</p> <p>Frequency: Annual</p> <ul style="list-style-type: none"> • Last: March 2013 (2011-12) • Next: March 2014 (2012-13) <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input type="checkbox"/> • Local Authority <input checked="" type="checkbox"/>
	<p>One year reconviction frequencies rate (per 100 offenders), for offenders given a Drug Treatment and Testing Order</p>	<p>Communities will be safer where drug-related reoffending is being successfully tackled.</p>	<p>Source: Scottish Government <i>Reconviction Rates in Scotland</i></p> <p>Frequency: Annual</p> <ul style="list-style-type: none"> • Last: 2012 (2009-10 cohort) • Next: Summer 2013 (2010-11 cohort) <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input type="checkbox"/> • Local Authority <input checked="" type="checkbox"/>
	<p>Number of cases of vandalism (or malicious mischief), breach of the peace, assault or anti-social behaviour per 1,000 population</p>	<p>Strong link between alcohol misuse and crime. Individuals, families and communities will benefit for a reduction in offences where alcohol is likely to be a contributory factor.</p>	<p>Source: Police data (Crimefile recording system and the STORM command and control system)</p> <p>Frequency:</p> <ul style="list-style-type: none"> • Last: March 2012 • Next: April 2013 <p>Breakdowns available:</p>

Outcome	Indicators	Rationale for indicator	Source and availability
			<ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input type="checkbox"/> • Local Authority <input checked="" type="checkbox"/> • Other: Locus of offence is recorded so potential to identify other geographies. <p>* Data may need to be derived at the local level</p>
	<p>Number of Community Payback Orders issued where alcohol and drug treatment is required, and proportion that are successfully completed</p>	<p>Low level offenders are required to carry out their punishment in the community where they committed the crime. Ensures that offenders receive effective treatment for alcohol and drugs, the community also receives reparation for the offender's crimes. Proportion of Orders completed potentially more of an outcome measure.</p>	<p>Source: Scottish Court Service data Frequency: Annual</p> <ul style="list-style-type: none"> • Last: December 2012 • Next: December 2013 <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input type="checkbox"/> • Local Authority <input checked="" type="checkbox"/>
	<p>Proportion of victims of a crime who reported that the offender was under the influence of alcohol / drugs</p>	<p>Indication of how alcohol and drug related crimes are impacting on communities, and also whether communities are becoming safer.</p>	<p>Source: Scottish Crime and Justice Survey Frequency: Bi annual</p> <ul style="list-style-type: none"> • Last: October 2013 • Next: October 2014 <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input type="checkbox"/> • Local Authority <input checked="" type="checkbox"/>

Outcome	Indicators	Rationale for indicator	Source and availability
<p>6. LOCAL ENVIRONMENT</p> <p>People live in positive, health-promoting local environments where alcohol and drugs are less readily available</p> <p>Alcohol and drug misuse is less likely to develop and recovery from problematic use is more likely to be successful in strong, resilient communities where healthy lifestyles and wider well-being are promoted, where there are opportunities to participate in meaningful activities, and where alcohol and drugs are less readily available. Recovery will not be stigmatised, but supported and championed in the community.</p>	<p>Percentage of young people who have been offered drugs in the last year</p>	<p>Young people are less likely to become involved in drug use when drugs are less readily available and this is likely to be reflected in reductions in the number of school pupils aged 13 and 15 who are offered drugs.</p>	<p>Source: Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)</p> <p>Frequency: 2 years*</p> <ul style="list-style-type: none"> • Last: Dec 2011 (2010 data) • Next: Oct 2014 (2013 data) <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input type="checkbox"/> • Local Authority <input checked="" type="checkbox"/>* <p>* Local authority and ADP level data being collected in 2013, a year earlier than originally planned</p>
	<p>Percentage of people perceiving drug misuse or dealing to be very or fairly common in their neighbourhood</p>	<p>Communities which are safer as a result of reductions in drug related offending and anti-social behaviour are likely to exhibit fewer signs of drug use and dealing which should be reflected in reductions in both experienced and perceived levels of drug misuse and dealing.</p>	<p>Source: Scottish Household Survey</p> <p>Frequency: Annual</p> <ul style="list-style-type: none"> • Last: Aug 2012 (for years 2009/10 – every LA reported every second year) • Next: Aug 2013 <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input checked="" type="checkbox"/> • Local Authority <input checked="" type="checkbox"/>* <p>* Larger local authorities each year, and every local authority over a two-year period.</p>

Outcome	Indicators	Rationale for indicator	Source and availability
	<p>Percentage of people spontaneously reporting 'alcohol abuse' as a negative aspect of their neighbourhood</p>	<p>Surveys demonstrate that alcohol is seen as the drug impacting most on Scotland, impacting on too many communities. A positive shift in this indicator is likely to improve individual quality of life and community cohesion.</p>	<p>Source: <i>Scottish Household Survey</i> Frequency: Annual</p> <ul style="list-style-type: none"> • <i>Last: October 2012</i> • <i>Next: August 2013</i> <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input checked="" type="checkbox"/> • Local Authority <input checked="" type="checkbox"/> <p>* Larger local authorities each year, and every local authority over a two-year period.</p>
	<p>Number of premise and occasional licences in force per annum and the overall capacity of premise licences</p> <p>Number of new applications for premise or occasional licences, and proportion refused on the grounds of overprovision</p>	<p>Strong evidence that reducing the availability of alcohol is a key component of an effective alcohol strategy.</p>	<p>Source: Licensing Boards; routine returns of some data to the Scottish Government Frequency:</p> <ul style="list-style-type: none"> • <i>Last: April 2013/Local data collection</i> • <i>Next: April 2014/Local data collection</i> <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input type="checkbox"/> • Local Authority <input checked="" type="checkbox"/> • Other: <p>* Licensing statistics being collected (published April 2013) by the Scottish Government but some data will (e.g. capacity) need to be derived at the</p>

Outcome	Indicators	Rationale for indicator	Source and availability
			local level.

Outcome	Indicators	Rationale for indicator	Source and availability
<p>7. SERVICES</p> <p>Alcohol and drugs prevention, treatment and support services are high quality, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into sustained recovery</p> <p>Services should offer timely, sensitive and appropriate support, which meets the needs of different local groups (including those with particular needs according to their age, gender, disability, health, race, ethnicity and sexual orientation) and facilitates their recovery. Services should use local data and evidence to make decisions about service improvement and re-design.</p>	<p>The number of screenings (using a validated screening tool) for alcohol use disorders delivered and the percentage screening positive with the breakdown of i) % eligible for ABI and ii) % eligible for referral to treatment services</p>	<p>Identification of those with alcohol use disorders, and potential demand for services. This indicator should be used in conjunction with the indicator below on the delivery of alcohol brief interventions to provide an overall picture of activity.</p>	<p>Source: Health Boards Frequency: Annual</p> <ul style="list-style-type: none"> • Last: Local data collection • Next: Local data collection <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input checked="" type="checkbox"/> • Local Authority <input type="checkbox"/>
	<p>The number of alcohol brief interventions delivered in accordance with the HEAT Standard guidance</p>	<p>Strong evidence demonstrating the effectiveness of alcohol brief interventions (ABI) in reducing consumption. Health Boards and partners expected to embed ABI delivery at end of current HEAT target.</p>	<p>Source: Health Boards Frequency: Quarterly (to ISD); published annually (by ISD)</p> <ul style="list-style-type: none"> • Last: June 2012 • Next: June 2013 <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input checked="" type="checkbox"/> • Local Authority <input checked="" type="checkbox"/> (ADP delivery to be collected from 2012/13)
	<p>Percentage of clients waiting more than three weeks between referral to a specialist drug and alcohol service and commencement of treatment</p>	<p>Offering person-centred support for recovery from drug and alcohol misuse requires that people are able to access support when they require it. This will be reflected in the reduction in the time people have to wait for this support.</p>	<p>Source: Service submissions to ISD Drug and Alcohol Treatment Waiting Times Database Frequency: Quarterly</p> <ul style="list-style-type: none"> • Last: Mar 2013 (Oct-Dec 2012 data) • Next: June 2013 Jan – Mar 2013 data) <p>Breakdowns available:</p>

Outcome	Indicators	Rationale for indicator	Source and availability
	<p>Number of treatments drug service clients receive at 3 month and 12 month follow-up (and annually after that)</p>	<p>Highlights the range of services available to client in each ADP at key stages of recovery.</p>	<ul style="list-style-type: none"> • National <input checked="" type="checkbox"/> • NHS Board <input checked="" type="checkbox"/> • Local Authority <input checked="" type="checkbox"/> • Other: ADP <p>Source: Service submissions to <i>ISD Scottish Drug Misuse Database</i> (SMR-25b)</p> <p>Frequency: Annual</p> <ul style="list-style-type: none"> • <i>Last:</i> - Dec 2012 • <i>Next:</i> Dec 2013 <p>Breakdowns available:</p> <ul style="list-style-type: none"> • National <input checked="" type="checkbox"/>* • NHS Board <input checked="" type="checkbox"/>* • Local Authority <input checked="" type="checkbox"/>* <p>* No data available this year due to low levels of data completeness</p>