



East Ayrshire Alcohol and Drug Partnership

Annual report – 2019/20

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Foreword

As Independent Chair of the East Ayrshire Alcohol and Drugs Partnership it gives me great pleasure to introduce our first comprehensive annual report for 2019 – 20. The report has been researched, developed and prepared by our Information and Quality Support Officer after extensive dialogue, consultation and discussion with our ROSC partners who have contributed their knowledge and expertise to the content and detail of this important document.

The purpose of the annual report is to provide the ADP, our partners and the East Ayrshire community with a snapshot of the wide range of services and activities we have undertaken over the previous year to help improve the lives and ambitions of the people in East Ayrshire who may have had, or are experiencing, problem drug and alcohol use and also associated issues such as isolation, loneliness, poverty and related health conditions.

The report highlights qualitative and quantitative information, data and comment on service provision throughout East Ayrshire and although it explicitly outlines '*where we are now*', more importantly, it provides us with the clear direction in which we need to travel to be '*where we want to be*' by addressing gaps in service in a more collaborative, creative and innovative manner. An example of this approach will be the development and implementation of an immediate response pathway for non-fatal overdose which will allow people to be identified and supported more robustly.

Accordingly, the report provides the ADP with an opportunity to reflect upon our past achievements and performance and also to focus and build on areas we have identified that require to be developed and improved upon in order to better meet the needs of our communities. This is an opportunity for the ADP to plan the way ahead for us collectively to meet the new post COVID – 19 challenges and ensure that fairness, hope and inclusion are central to each and every service commissioned by the ADP.

In this regard, our ADP Strategy 2020 – 24 has focused on incorporating kindness, compassion, understanding and co-production within the fabric of our Strategic Improvement Plan and the 6 key strands of Support, Stigma, Prevention and Early Intervention, Engagement, Co-production and Justice which have been developed to impact positively on the lives of people with problem drug and alcohol use in East Ayrshire and to continue to provide support for our recovery communities.

Finally, I would like to thank everyone who was involved in the production of this document and I now look forward to the ADP working in partnership to deliver positive outcomes for our East Ayrshire communities.

**Neil Kerr, Independent Chair
East Ayrshire ADP**

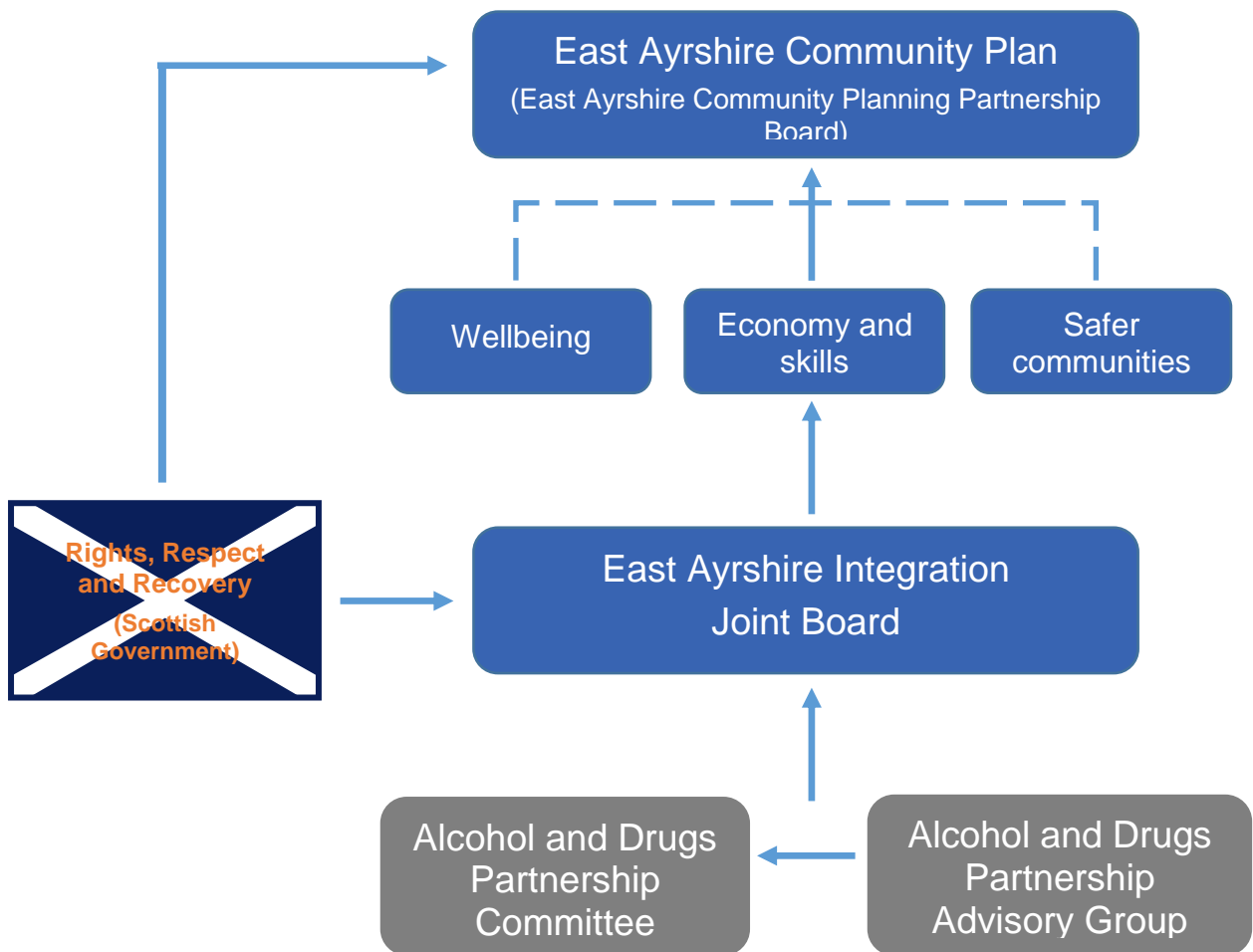
1. Introduction

What is an Alcohol and Drug Partnership?

An Alcohol and Drug Partnership is a Scottish Government-created partnership, which sits within each Local Council. An ADP is responsible for drawing together local partners including health boards, local authorities, police and voluntary agencies to commission and develop local strategies for tackling problem alcohol and drug use and promoting recovery, based on an assessment of local needs.

The Scottish Government established the Alcohol and Drug Partnerships within each council area to help deliver an alcohol and drug harm prevention strategy that could be address drug and alcohol issues locally specific to each council. Within East Ayrshire, the Alcohol and Drug Partnership sits within the Health and Social Care Partnership, whose activities are overseen by the Integration Joint Board

Residents of East Ayrshire like many areas in Scotland experiences alcohol and drug related issues which are interwoven with wider social determinants of poor health outcomes. In order to address these issues and target support to those most in need detailed information that can be used to track information on alcohol and drug use prevalence should be collected and utilised. The strategic governance framework within East Ayrshire, the ADP structure is illustrated in the diagram below:



In addition to receiving input from the ADP Advisory Group, who receive updates on ADP activity and provide regular recommendations, the ADP also maintains smaller working groups that guide its Strategic Plan and accompanying Quality Improvement Plan. The ADP also sits within the Recovery-oriented System of Care (ROSC), whose responsibility is to co-ordinate the wide network of local recovery services. This process hinges on incorporating the feedback of those with lived experience of the recovery system (and those with ongoing drug and alcohol use issues) into the ADP's own Strategic Plan, that outlines the broad aims for how East Ayrshire's recovery service network will be improved between 2020-2024, and the accompanying Outcome Improvement Plan, which will provide specific benchmarking criteria for measuring performance.

2. Summary of ADP Activity and Achievements 2019/20



In preparation of the ADP's Strategic Improvement Plan spanning 2020-2024, East Ayrshire ADP has undertaken several activities to lay a foundation for the Plan:

- Conducted a critical review of East Ayrshire's Recovery-Orientated System of Care (ROSC), undertaken by the Scottish Drugs Forum
- Commissioned peers in recovery to benchmark and measure the experience of service users against the Scottish Government Quality Principles
- Expanded and supported the extensive and innovative distribution of Naloxone throughout East Ayrshire
- Funded the new post of Recovery Co-ordinator, with the intention of developing a network for services to better co-ordinate with each other.
- Obtained funding via CORRA Foundation for the new post of Information and Quality Support Officer within the ADP.
- Supported local community initiatives via funding, managing and monitoring the highly successful Community Development Fund
- Funding an East Ayrshire Prison Community Navigator within HMP Kilmarnock.
- Introducing a new Custody Navigator to Kilmarnock Custody Suite in partnership with 'We are With You' (formerly Addaction)
- Delivery of a successful annual conference with over 150 participants
- Support and promote 'Best Bar None' in East Ayrshire to raise standards and wellbeing in our licensed trade

2.1. Developing a Recovery-orientated System of Care

SDF previously completed a comprehensive review of East Ayrshire's current ROSC model, interviewing 119 service users to develop a cross-section of service user experience and opinion. Within the SDF's critical review of the ROSC model, an event was held in March 2020 to present a summary of the SDF's findings.

3. Recovery Network development - 2019/20

What is the Recovery Network?

East Ayrshire Recovery Network was established in February 2020 to create a platform focussed on bringing grassroots/ community groups together so they have a stronger voice, promote sharing of best practice, encourage joined up working approaches and improve communication/ signposting between community, voluntary and statutory agencies.

The network's creation stemmed from communications and relationship building within the community groups and the peers. This highlighted a desire from those with lived experience and community based recovery groups to develop a platform/ mechanism to allow for increased opportunities to be involved in the design, development and delivery at both community and a more strategic level, whilst bringing about consistency and reducing duplication to provide quality experiences for those engaging in recovery related activities. The Recovery Network is also intended to act as a feedback vehicle to EA ADP. Members of the Network include:

- Patchwork,
- Recovery Enterprises
- EACHA
- Someone Else's Addiction
- Moving on Moving Up (Cumnock)
- We Are With You
- SDF and SDF Peer Researchers
- East Ayrshire Advocacy peer workers
- NHS peer addictions workers (Maxine Morrison-Ball and Stephen Wilson)
- East Ayrshire Woodlands Trust

4. NHS Ayrshire and Arran achievements



In addition to activities undertaken by the ADP to improve service provision, NHS Ayrshire and Arran (NHSAAA) has undertaken several measures to improve service provision, with services having either expanded or are currently undergoing improvement:

- 1. Decider Skills Training/Practice** – Treatment services staff underwent training, which has been incorporated into routine patient contact. The Decider Skills use some Cognitive Behaviour Therapy (“CBT”) techniques to teach young people and adults the skills to recognize their own thoughts, feelings and behaviours, enabling them to monitor and manage their own emotions and mental health.
- 2. Maternity Liaison Clinic** – A monthly joint clinic with a Consultant Psychiatrist, keyworker and Safeguarding Midwife to provide monthly contacts, antenatal stabilisation of MAT and Mental Health, neonatal withdrawal monitoring and postnatal Mental Health review.
- 3. Maternity Database** – Gathering information relating to the impact on foetus to exposure to illicit drugs/medications, measures including gestational age at birth, birth weight, neonatal withdrawal scores, antenatal and perinatal mental health.
- 4. Medication Assisted Treatment** – Expansion of treatment choice for patients introducing Buprenorphine Oral lyophilisate (Espranor) preparation.
- 5. Medication Assisted Treatment (MAT)** – NHSAAA is working to improve service access and explore new methods of working. NHSAAA is currently achieving most of the 10 standards for MAT that are currently being developed by the Drug Deaths Taskforce.
 - People are supported to make an informed choice on what medication to use for MAT and the most appropriate therapeutic dose.
 - People (in or out of drug treatment) at high risk of drug-related harm are identified and offered support to continue MAT or other treatment.
 - People can access evidence-based harm reduction at the point of MAT delivery.
 - People receive support to remain in treatment for as long as needed.
 - The system that provides MAT is psychologically-informed and underpinned by Core Behavioural and CBT Skills for Relapse Prevention and Recovery.

- People have the option of MAT shared with Primary Care.
- People have access to advocacy and support for housing, welfare and income needs from presentation to services. Needs identified at assessment prompting appropriate referral to these services.
- People with a dual diagnosis can receive mental health care at the point of MAT delivery.
- People receive trauma-informed care.

6. Mixed Model Prescribing – continued success and enhancing mixed model prescribing comprising of Consultant Psychiatrists, Specialty Doctor, Advance Nurse Practitioner, sessional GP Prescribing and Pharmacist prescribing.

7. Low Threshold Prescribing – Following evaluation of Low Threshold Prescribing in the previous year, this has been adopted as a model of delivery.

8. Guideline Development – Management of Problematic Opioid Users in Acute hospital setting aimed at early detection of problems, withdrawal management and early communication with treatment services for treatment continuation and optimisation and appropriate follow up.

9. Research – In discussion with DDTF research subgroup for Ayrshire to take part in Benzodiazepine Prescribing Research as one of the four sites proposed for this study.

10. Audits – Annual audits on High Dose Methadone Prescribing, ECG monitoring for High Dose methadone prescribing and Long term Benzodiazepine Prescribing (monitoring controlled gradual reductions).

11. Education/ Training – Offering training opportunities for Core and Higher Psychiatric Trainees, GP Trainees, Medical and Nursing students. Naloxone training and supply now incorporated into regular medical student (psychiatry placements) teaching activity.

4.1. NHS Ayrshire and Arran Prevention and Service Support Team



Who are we?

The Prevention and Service Support Team (PSST) facilitates the development, co-ordination, and delivery of drug and alcohol prevention and training awareness related events. Co-ordinates the reporting, evaluation and benchmarking of best practise national and local procedures and planning for NHS Addiction services. PSST is active in providing educational and training support throughout 2019 in East Ayrshire, providing:

Training and Awareness – Offered through a yearly planned calendar and bespoke individual tailored courses offered to services. The team also provide support, co-ordination and facilitation for campaigns and initiatives in support of national and local agreed targets and service developments including Alcohol Brief Interventions (ABI) for the NHS, East Ayrshire ADP (Alcohol Awareness week) and the Blood Borne Virus Managed Care Network (BBV MCN). A total of 56 events were provided, with 1046 participants attending. The Alcohol Liaison Officer also made 753 contacts in 2019.

Naloxone – Co-ordination of Training, awareness, promotion and supply of Naloxone. Twelve events focussing on Naloxone were hosted by PSST, with 89 participants attending and 83 kits provided.

Addictions App – Information, signposting, awareness and support on alcohol and drug related topics.

Service Support – Responsible for the co-ordination of service development activity. This involves local and national reporting, benchmarking and identification of best practice and agreed standards of care, risk management, clinical and non-clinical audit and review and support to service development initiatives for the Addictions Clinical team.

5. Barnardo's Scotland – East Ayrshire



What is Barnardo's Scotland's Connect Project?

Barnardo's East Ayrshire Families Service was established in 2010 and is an established part of East Ayrshire's Children's Service provision. The CONNECT project is one of three projects currently provided by Barnardo's East Ayrshire Families Service, alongside the Choices and Axis Projects. Connect was developed in collaboration between Barnardo's, Kilmarnock Football Club, and EA ADP, in order to deliver targeted support to children and young people affected alcohol/drug use issues. Direct work with the children and young people is aimed at building resilience, improving knowledge and understanding on alcohol use, and supporting diversionary activities delivered by Kilmarnock Football Club.

Barnardo's Scotland uses Connect Outcomes to assess an individual's progress, which is graded quarterly and highlight areas of change. A grade from 5 (critical need) to 1 (needs met) is given which identifies where the individual sees themselves and the worker and service user come to an agreement of which grade to choose. As part of its' Connect Project, Barnardo's was able to provide:

- One-to-one support/diversionary tactics to 40 males and 24 females.
- Delivered drug and alcohol awareness sessions to Stewarton, St Joseph's, Kilmarnock, Doon, Auchinleck, and Loudon Academies. These sessions were intended to raise general awareness on the risks of drug and alcohol use issues, and were also employed to identify at-risk children who required one-to-one support.
- The Match Fit programme was open to young people taking part in sports programmes, and support to improve numeracy, literacy, and core skills needed in academic learning, in addition to providing guidance on avoiding risk-taking behaviour in alcohol and drug use.
- The Choices and Impact on Futures programme was used to generate debate amongst young people on the harmful consequences of drug and alcohol use on their futures.
- Within group sessions, Barnardo's identified that 58% of individuals finished with an improved outcome score, 32% with the same score, and 10% with a lower score.

6. Scottish Drugs Forum



Scottish Drugs Forum continued to engage with people who are currently using drugs, engaged, or disengaged with drug and alcohol support services and encouraged their voices to be heard using a Peer Research Model. Peer Researchers were recruited from the recovery community as volunteers. They undergo a robust recruitment process and receive training through SDF at both a local and national level. The training programme included:

- SDF National Volunteer Induction
- Models of Research
- Research Methods
- Ethical Principles
- Boundaries
- Listening Skills
- Vulnerable Adult and Child Protection

The training is designed to provide volunteers with a good grounding in research methods as well as group work skills and an understanding of the local structures and decision-making processes.

Peer Researchers also attended training on:

- Basic Drug Awareness
- BBV & Sexual & Reproductive Health
- Drinkwise, Age Well

East Ayrshire ADP supported the group to conduct an evaluation of the implementation of the Scottish Government's Quality Principles in Drug and Alcohol Services across the main providers in East Ayrshire. The work was carried out in collaboration with SDF's National Quality Development Team who were carrying out a review of ROSC in East Ayrshire. The Peer Research role was to engage with service users and gather data on their experiences of receiving support with their drug and alcohol use and to explore whether the service they received was in line with the Quality Principles.

To do this the Peer Researcher team engaged with a total of 54 service users of the three main support services:

- NHS Drug & Alcohol Services
- We Are With You
- Ayrshire Council on Alcohol

The evaluation was based on service user's experiences in the three months leading up to the survey. Participants were recruited through the above services and through community organisations including:

- EACHA
- Patchwork
- Catalyst
- Heart & Soul (Cumnock)
- Cumnock Recovery Group

The results of the evaluation were collated and analysed by the Peer Research Group and a summary of the main results presented at the ROSC event in early March 2020 and to the Service Delivery Group. Due to lockdown the final report will not be available until later in 2020.

Data and information

Key facts for 2019

Health impacts

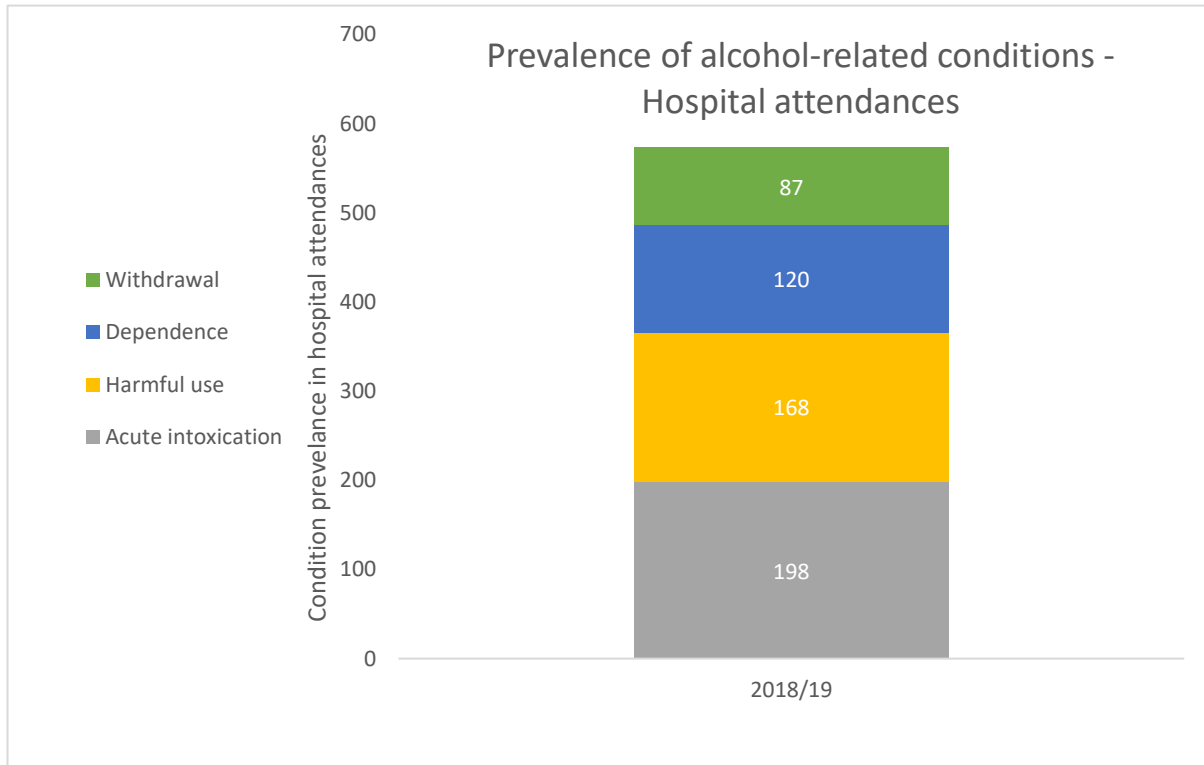
- 537 people in East Ayrshire were recorded as having alcohol-related conditions between 2018-2019 through hospital attendances.
- Unplanned discharges from NHS Addiction Services remains conspicuously high for those who do not complete treatment:
 - 1) Nearly 70% of those recommended for alcohol use treatment and discharged before treatment began, carried out an unplanned discharge (i.e. that they self-discharged).
 - 2) 85% of those recommended for drug use treatment completed an unplanned discharge
 - 3) Amongst those who started treatment for alcohol use, 35.5% discharges were unplanned.
 - 4) Amongst those who started treatment for drug use, 37.2% discharges were unplanned.
- Unfortunately, there is a persistently high percentage of potential service users (25.5-33.7% for alcohol service users, and 18.8-30.8% for drug use services) who do not attend allotted assessments.

Social impacts

- Between Q1-Q4 3479, 2619 Alcohol Brief Interventions were conducted in HEAT settings, and 2828 in non-HEAT scenarios.
- Between Q1-Q2 2019 – the Council registered six incidents of child domestic abuse where alcohol consumption was involved, and 8 where illicit drug use was identified.
- Adult Protection identified eighteen individuals at risk due to illicit drug use, and thirty-five due to alcohol.

7. Alcohol-related conditions

Between 2018-2019, there were 537 recorded incidents of alcohol-related conditions¹, divided into withdrawal, dependence, harmful use, and acute intoxication.



Prevalence of alcohol-related conditions identified during hospital attendance in East Ayrshire for 2018/19.

8. Waiting times for alcohol and drug use issues

Given the urgency that alcohol and drug use issues present for individuals, the Scottish Government introduced waiting time targets in 2013, outlining that no less than 90% of individuals must be seen within three weeks or less after a referral is made, and 100% of individuals must be seen within six weeks. NHS Ayrshire and Arran in East Ayrshire performs highly in meeting Scottish Government targets, seeing at least 93.2% of service users with alcohol use issues within three weeks, and 100% six.

NHSAAA performed similarly highly, with a minimum of 89.9% of service users with drug use issues seen within three weeks, and 100% within six weeks.

	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Percentage of service users seen within three weeks - alcohol	97.8	97.8	93.2	95.6
Percentage of service users seen within six weeks - alcohol	100	100	100	100
Percentage of service users seen within three weeks - drugs	97.6	95	91	89.9
Percentage of service users seen within six weeks - drugs	100	100	100	100

9. Alcohol Brief Interventions

An Alcohol Brief Intervention (or ABI) is a short (typically 5-20 minute), evidence-based, and structured conversation held with an individual. These conversations are intended to inform individuals on the risks of excessive alcohol consumption and encourage a change in thinking and motivation towards potentially less harmful levels of alcohol consumption. How ABIs are recorded are classified in two ways:

- A “HEAT” (Health, Efficiency, Access, Treatment) intervention is a Scottish Government-mandated intervention programme. This was originally introduced in 2008-2011, with the intention of delivering approximately 150,000 Heat setting (i.e. those that take place in Primary Care, Accident and Emergency, and antenatal) Alcohol Brief Interventions by 2011.
- A non-HEAT Alcohol Brief Intervention is any ABI that is conducted outside of Primary Care, A&E, or antenatal services. This can apply, for example, to locally-run community services, crime and justice services, services relating to leisure, social work and care.

HEAT became a Scottish Government target between 2012-2013, and has since become an imbedded target in the Local Delivery Plan (LDP) for each NHS Scotland Board. Information on HEAT and non-HEAT delivery for 2019 is only available between Q1 and Q3

	01/04/19 - 30/06/19		01/07/19 - 30/09/19		01/10/2019 - 31/12/2019	
	<i>Target</i>	Total	<i>Target</i>	Total	<i>Target</i>	Total
HEAT	855	887	855	904	855	828
Non-HEAT	214	716	214	815	214	859

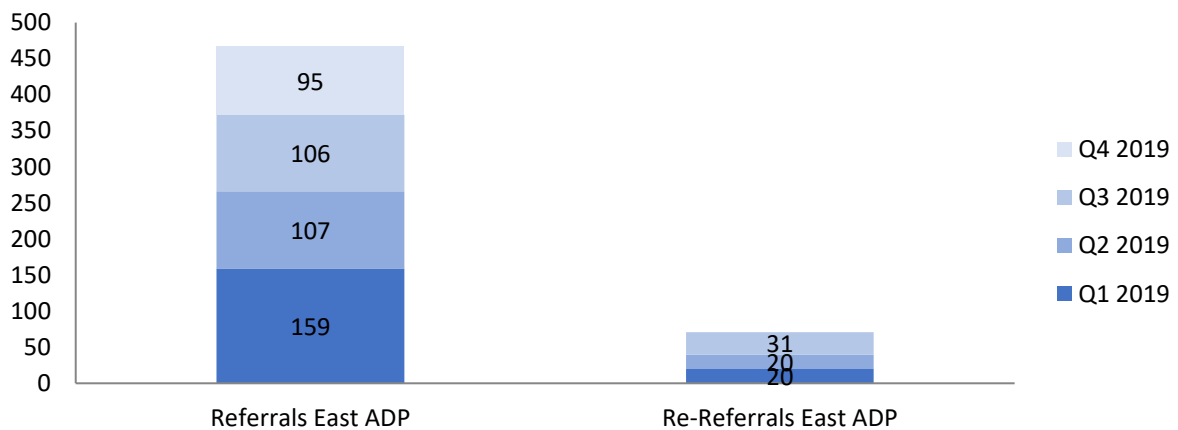
10. Alcohol and drug referrals and re-referrals

A referral can relate to one of two scenarios:

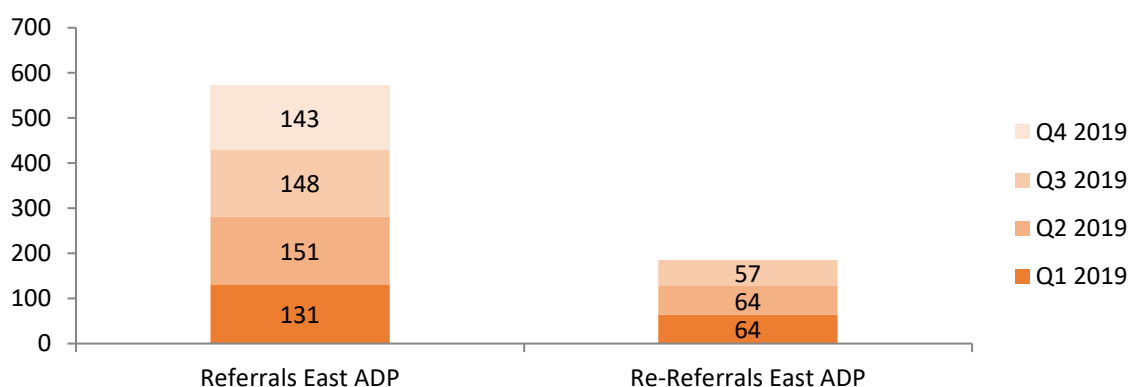
- A referral can be made by a GP, on behalf of an individual, for a specialist service, while a re-referral refers to an individual being referred to a service for a second time.
- A self-referral can be made by an individual, who feel that they have a particular physical or mental health issue that requires a specialist service.

467 individuals were referred to alcohol use services between March 2019-2020, while 573 were referred to drug user services. 71 and 185 received re-referrals to alcohol and drug use services, respectively.

Alcohol referrals between April 2019 to March 2020



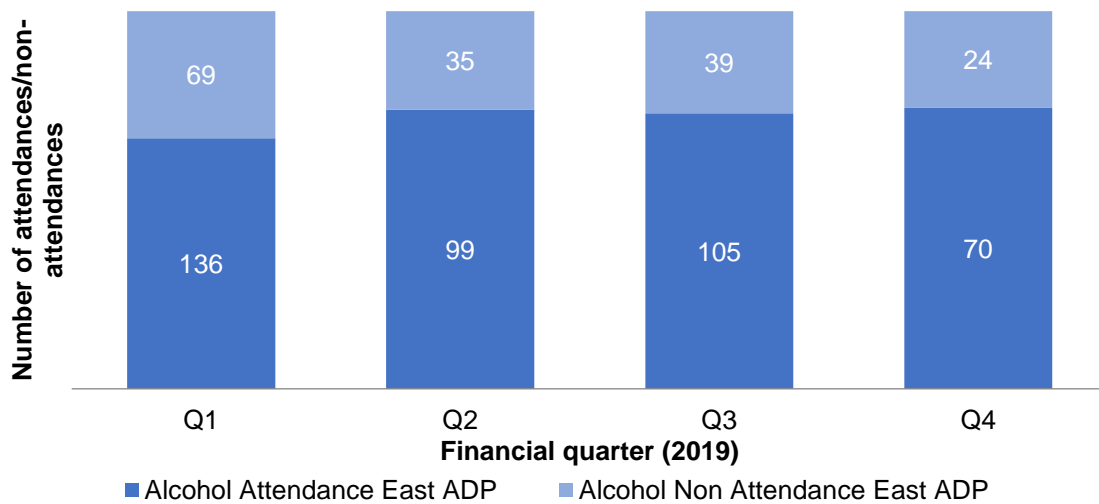
Drug referrals between April 2019 to March 2020



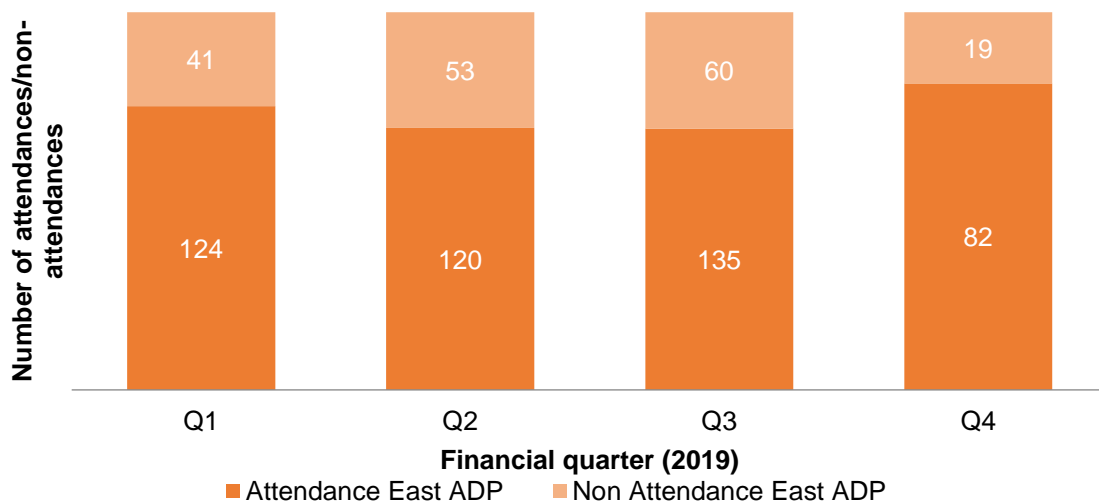
11. Attendance rates for drug and alcohol assessments.

Where an individual is identified as being at risk of suffering alcohol or drug use issues, they will receive a referral for assessment, to determine what recovery options are best suited to them. With this in mind, there is persistent non-attendance of assessment for drug and alcohol use issue services across Scotland. Within East Ayrshire, there is a persistently high percentage of potential service users (25.5-33.7% for alcohol service users, and 18.8-30.8% for drug use services) who do not attend allotted assessments.

Attendance of alcohol use assessments



Attendance of of drug use assessments



12. Opioid Substitute/Replacement Therapy (OST/ORT) and detox

Opioid Substitute (or Replacement) Therapy is a prescribed course of opioid substitute medications, intended to reduce opioid dependency in individuals. Within East Ayrshire, there are three substitutes currently provided - Methadone, which is by far the most commonly prescribed, suboxone, and espranor. 24 Non-addiction medications prescriptions were provided between Q1-Q3 of 2019-2020.

Prescription medication dispensation				
	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Methadone	718	720	740	738
Suboxone	9	13	7	13
Espranor	0	0	3	14
Non-addiction medications	9	8	7	9
Number of successful detoxifications				
	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Number	8	9	8	3

13. Naloxone Distribution

Naloxone is an anti-opioid that can be to temporarily reverse the effects of overdose until a person can be attended to by Emergency services, and can either be administered by syringe or nasal ingestion.

Naloxone distribution through NHS Addiction Services remained stable through Q1-Q3 of 2019-2020, ranging between 73 in Q1 to 81 in Q3.

	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Number of kits issued.	46	38	54	74
Number of first supply (i.e. first-time recipients of Naloxone kits)	25	20	29	46
Number of issued kits used for overdose	4	5	2	3

14. Discharge

Discharge from NHS Addiction Services can be divided into two categories:

- Planned discharge, where discharge is agreed between the service user and service staff.
- Unplanned discharge, where service users voluntarily discharge themselves, or are discharged by service staff due to anti-social behaviour.

When a potential service user is referred to Addiction Services, the Scottish Government mandates that 90% of potential service users receive treatment within three weeks, and 100% within six. Unplanned discharges are extremely high for those waiting to receive treatment for alcohol and drug use issues. Unplanned discharge for alcohol use ranged between

15. Discharges whilst waiting for treatment to start (Ongoing)

	Totals for 2019/20 - Alcohol	Totals for 2019/20 - Drugs
Planned	25	16
Unplanned	58	91
Total	83	107

15.1. Discharges once treatment has started (Completed)

	Totals for 2019/20 - Alcohol	Totals for 2019/20 - Drugs
Planned	182	208
Unplanned	101	123
Total	283	331

16. Social impact - Alcohol and drug use issues amongst adults

There is a complete record of alcohol use- and drug use issue-related incidents in Adult Protection. Between 2019-2020, there were eighteen incidents where drug use (specifically illicit drug use) were recorded, and 35 where alcohol was involved. Situations where alcohol and drug use are complex. Examples of incidents where alcohol and illicit drug use were involved between 2019-2020 included:

- Drug use – Suicide ideation (contemplation of suicide), domestic violence,
- Alcohol use – Suicidal ideation, legal drug overdose involved with excess alcohol use, alcohol-fuelled domestic violence, and anti-social behaviour (e.g. destruction of own property, aggressiveness towards council staff)

Housing Options (which sits within East Ayrshire Council) identified a total 723 emergency re-housing applications between Q1-Q4 2019, 134 of which were tied to alcohol and drug use issues. For the purposes of this report, in instances where single cases were identified, these have been grouped into broader categories to prevent potential confidentiality issues:

Total	Number
Total number of homeless decisions (TOTAL)	723
Applicants who stated they had a drug and/or alcohol dependency (TOTAL)	134
Demographic	Number
Lead applicant male	95
Lead applicant female	39
Households with children	14
Single male under 18	1
Single male 18-24	5
Single male 25+	70
Single female under 18	0
Single female 18-24	3
Single female 25+	31
Couple with children	1
Couple without children	10
Lone parent household	13

Several reasons were provided for applying for emergency accommodation:

Reason for homeless application	Number
Asked to leave	12
Discharge from prison/hospital/institution	35

Dispute with household: non violent	24
Dispute with household: violent or abusive	14
Fleeing non domestic violence	15
Harassment	2
Other action taken by a landlord (not rent arrears)	8
Action taken by a landlord due to rent arrears	7
Applicant terminated secure accommodation	7
Other reason for loss of accommodation	5
Other reason for leaving accommodation/household	4
Loss of service/tied accommodation	1

Reason for homeless application	Number
LA/RSL tenancy	68
Returned to previous/current address	2
Private rented tenancy	2
Moved in with existing household	4
Not known	2
Outstanding applications/alternative outcomes	Number
Still a live application	47
Other (known)	2
Other private rented	2
Not known	2

17. Appendix

Term/abbreviation	Meaning
IJB	Integration Joint Board
HSCP	Health and Social Care Partnership
ADP	Alcohol and Drug Partnership
EA ADP	East Ayrshire Alcohol and Drug Partnership
Recovery-Orientated System of Care (ROSC)	A co-ordinated network of local services intended to provide better integration between services towards delivering recovery.
Local Outcome Improvement Plan (LOIP)	The pan-East Ayrshire Council strategy that provides a roadmap to improve public services provision. The LOIP is part of the council's wider Community Plan, which covers 2015-2030.
Alcohol Brief Intervention (ABI)	A short (5-20 minute), evidence-based, and structured conversation with someone intended to motivate an individual to consider and change their drinking behaviour, in order to prevent the further risk of harm.
HEAT setting (ABI)	An ABI delivered in a clinical service.
Non-HEAT setting (ABI)	An ABI delivered in a non-clinical service.
Naloxone	A synthetic drug, which acts as an anti-opioid to block opiate receptors in the human body and reverse the effects of overdose.
Opioid Substitute/Replacement Therapy (OST/ORT)	An intervention intended to provide those with opioid dependencies substitute opioids, with the intention of reducing dependency and helping recovery.
Planned discharge	Someone who has either completed their substance use treatment, or been referred on to another service.
Unplanned discharge	Someone who did not attend assessment or treatment.

18. References

1. [East Ayrshire's Children and Young People's Service Plan 2017-2020](#)
2. ISD – Alcohol-related hospital statistics (<https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/index.asp>)
3. https://www.who.int/substance_abuse/terminology/withdrawal/en/
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6. NHS Ayrshire and Arran Q4 2019 ASPIRE Report