



SCOTTISH EXECUTIVE

Health Department

Dear Colleague

FRAMEWORK FOR ALCOHOL PROBLEMS 3 YEAR LOCAL ACTION PLANS

Introduction

1. This letter gives guidance on the framework for alcohol problems 3 year local action plans.

Action

2. The Plan for Action on alcohol problems, published in January 2002, requires Alcohol Action Teams (AATs) to draw up, publish by April 2003 and subsequently implement a local strategy covering a period of at least 3 years. This framework informs AATs of the information to be included in these plans.

3. AATs should submit their plans to the Executive by the end of March 2003. AAT members should 'sign off' the local action plan to confirm that their respective organisations are committed to jointly agreed action.

4. The framework has been constructed acknowledging that many AATs are combined with DATs and may plan action jointly on alcohol and drug problems. Items in the framework that also appear in the DAT Corporate Action Plan template are marked with an asterisk. Entries for these items should match DAT Corporate Action Plan entries wherever appropriate.

5. A copy of this letter and the framework document are available at <http://www.scotland.gov.uk/health/alcoholproblems>.

Yours sincerely

PAM WHITTLE
Director of Health Improvement

18 July 2002

Addresses

For action

AAT Chairs
Chief Executives, NHS Boards
Chief Executives, Local Authorities
Chief Constables
Clerks to the Licensing Boards
Prison Governors

For information

AAT Association
DAT Association
DAT Chairs
National Alcohol Liaison Officer
Alcohol Development Officers
ACPOS
Directors of Social Work
Directors of Education
Directors of Housing
Directors of Environmental Services
Directors of Leisure and Recreation
Clerks to District Courts
SCVO
SLTA
BBPA
SACAM
SACDM

Relevant documents

The Plan for Action on alcohol problems and HDL (2002) 17 which gives guidance on the Plan can be found at <http://www.scotland.gov.uk/health/alcoholproblems>

Enquiries to:

Miss Lindsay Liddle
3E(N), St Andrew's House
EDINBURGH EH1 3DG
Tel: 0131-244 2209
Fax: 0131-244 2689
Email:
lindsay.liddle@scotland.gsi.gov.uk



ALCOHOL PROBLEMS 3 YEAR LOCAL ACTION PLANS

Introduction

1. This document and the attached framework are to assist Alcohol Action Teams (AATs) to meet the requirement at paragraph 7.11 of the Scottish Executive's Plan for Action on alcohol problems (January 2002) to:

- **draw up, publish by April 2003 and subsequently implement a local strategy covering a period of at least 3 years**

Purpose of the framework and timetable for action

2. **The attached framework informs AATs of the information that should be included in 3 year local action plans.** The term "action plan" has been chosen to reflect the title of the national Plan for Action and to emphasise that the framework is a planning tool.

3. **AATs should submit their plans to the Executive by the end of March 2003, to allow the Executive to provide feedback and assess local progress towards delivering the Plan for Action.**

4. It is intended that the framework for local action plans will lend itself in future to establishing reporting on progress and accountability for this. The Executive will discuss further with AATs how reporting and accountability will work.

5. AAT members are asked to "sign off" the local action plan, as DAT members do the DAT Corporate Action Plan, to confirm that their respective organisations are committed to play their part in jointly agreed action.

Format of local action plans

6. Local action plans should cover the 3 years 2003-04 to 2005-06. Planned action and expected outcomes for 2003-04 will inevitably be more specific than those for later years. Nevertheless, indications should be given in local plans of broad intentions for developments in the second 2 years of the 3 year period.

Links between national Plan for Action and local plans

7. The attached framework incorporates direct quotes from the Plan for Action to indicate why specific information should be included in local plans. For convenience, these quotations are shown in italics and in bold.

8. Part B of the framework follows the structure of the Plan for Action, in particular the chapters on:

- Culture change
- Prevention and education
- Support and treatment services
- Protection and controls

9. Joint AAT and DAT action to meet the prevention, education and treatment needs of children and young people appears in Section B2 on prevention and education and B3 on provision of services.

10. Section B3 on provision of services follows the structure of the alcohol problems support and treatment services framework, published separately in August 2002.

Links to drugs strategy

11. The Executive acknowledges that most AATs are combined with Drug Action Teams (DATs). For that reason, the attached framework includes similar information to that required in DAT Corporate Action Plans wherever possible. This reflects the fact that many combined teams already plan action jointly on drug and alcohol problems. **The framework is, however, intended as a separate planning tool, to emphasise that alcohol problems now need to be given a higher priority than in the past and that current activity and existing plans should be reviewed in the light of the Plan for Action.**

12. Items in the attached framework that are also in DAT Corporate Action Plans are marked with an asterisk. In many cases, the information requested will be the same as that provided in DAT plans. In particular, alcohol problems action plans and DAT plans should identify in similar terms services that encompass both prevention and treatment of drug and alcohol problems. This applies in particular to children and young people's services where the Plan for Action requires AATs and DATs to plan together.

Publishing 3 year local action plans

13. The Executive will place local plans in the attached format on our alcohol problems website. AATs may also wish to publish plans locally. The format may be adapted to meet local requirements, for example, to combine local action on drug and alcohol problems.

Information to support local action plan

14. The Executive is funding the Information Services Division (ISD) of the Common Services Agency to provide a National Alcohol Information Resource (NAIR) from April 2002. An early priority for this work is to support local information development and provide advice and guidance on information matters to AATs and their constituent organisations. ISD have already contacted AATs separately to offer specific assistance with local needs assessment and the preparation of local action plans.

15. Part B of the attached framework notes the national targets and key priorities that are incorporated in the Plan for Action. AATs are asked to consider whether they wish to set local targets in the light of these national targets and priorities. Local target setting will depend on the availability of suitable local data. **The Executive does not expect that all AATs will adopt local targets at present.**

Resources

16. Part C of the attached framework asks for information about direct spend by partner organisations. Notes are provided on the definition of direct spend. There is some flexibility to report estimated spend where action on drug and alcohol problems is combined.

17. The Executive appreciates that estimating direct spend may be difficult locally, in the absence of specific funding allocations for alcohol problems. Nevertheless, this is an important part of local planning. **Figures should also be quoted wherever possible, in both parts B and C, for desirable developments for which funding has not yet been identified.** Revised guidance on resources will be produced, should new funding become available from the Executive.

Enquiries and support

18. Please direct enquiries about this document and the attached framework to:

- Mary Cuthbert (0131-244 2174) or Lindsay Liddle (0131-244 2209), Substance Misuse Division, for general inquiries and
- Ian Grant, ISD (0131-551 8652) for queries about information.

**Substance Misuse Division
July 2002**

ALCOHOL PROBLEMS 3-YEAR LOCAL ACTION PLAN 2003-04 to 2005-06

[Area]

***Purpose: to reduce alcohol-related harm
in [area]***

***(National Plan for Action on alcohol
problems, para 2.7)***

PART A – THE ALCOHOL ACTION TEAM (AAT)

A1. AAT PROFILE:

ACTION TEAM NAME*	
--------------------------	--

ACTION TEAM REMIT*	ALCOHOL PROBLEMS	
	DRUGS	YES/NO
	SMOKING	YES/NO
	VOLATILE SUBSTANCES	YES/NO
	(Other – Please Specify)	

CHAIR*

NAME	
DESIGNATION	
ORGANISATION	

NUMBER OF MEETINGS 2002/03*	
------------------------------------	--

MEMBERS*

NAME	DESIGNATION	ORGANISATION

Each AAT should have at least one forum or reference group to make sure that community, voluntary sector and individual views are voiced and heard.

(National Plan for Action on alcohol problems, para 7.10)

PLEASE LIST THE NAME, MEMBERSHIP (ORGANISATION ONLY), AND PURPOSE OF ALL SUB-GROUPS AND CONSULTATIVE FORUMS WITH AN ALCOHOL PROBLEMS REMIT, LINKS TO THE AAT AND THE NUMBER OF MEETINGS HELD IN 2002/03*

SUB GROUP/FORUM	PERMANENT OR SHORT LIFE?	MEMBERSHIP	PURPOSE	LINK TO AAT	NO OF MEETINGS IN 2002/03

PLEASE DETAIL IN BROAD TERMS HOW SCOTTISH EXECUTIVE DAT/AAT SUPPORT FUNDING IS USED*

ALLOCATION FOR 2002/2003	DRUGS AND ALCOHOL PROBLEMS	TOTAL:
Category of spend eg salaries		Expenditure £
Total	£	

A2. PARTNERSHIP AND JOINED-UP WORKING:

*AATs will work within the community planning framework. Their strategies will need to join up with other relevant local plans including those for health services, children’s services, drugs and community care.
(National Plan for Action on alcohol problems, para 7.8)*

WHAT ARRANGEMENTS ARE IN PLACE TO HELP PROMOTE EFFECTIVE INVOLVEMENT BY BOARD AND ELECTED MEMBERS IN THE WORK OF THE AAT?*	
--	--

WHAT ARRANGEMENTS ARE IN PLACE TO HELP PROMOTE EFFECTIVE COMMUNITY INVOLVEMENT IN THE WORK OF THE AAT*	
--	--

WHAT ARRANGEMENTS ARE IN PLACE TO HELP PROMOTE EFFECTIVE SERVICE USER AND CARER INVOLVEMENT IN THE WORK OF THE AAT*	
---	--

ARE MECHANISMS NOW IN PLACE TO ENSURE JOINT WORKING WITH SIPs,* CSPs* AND LICENSING BOARDS?		
SOCIAL INCLUSION PARTNERSHIPS	YES/NO	(Briefly Outline)
COMMUNITY SAFETY PARTNERSHIPS	YES/NO	(Briefly Outline)
LICENSING BOARDS	YES/NO	(Briefly Outline)

HOW DOES THE AAT CONTRIBUTE TO / INFORM THE COMMUNITY PLANNING PROCESS AND SPECIFIC LOCAL PLANS AND STRATEGIES?*	BRIEFLY OUTLINE, AND IF IMPROVEMENTS ARE NECESSARY EXPLAIN ACTION BEING TAKEN.
---	--

COMMUNITY CARE PLANS	
JOINT HEALTH IMPROVEMENT PLANS	
LOCAL HEALTH PLANS	
CHILDRENS SERVICES PLANS	
HEALTH AND HOMELESSNESS ACTION PLANS/LOCAL AUTHORITY HOMELESSNESS STRATEGY	
CRIMINAL JUSTICE STRATEGIC PLAN	
MENTAL HEALTH	
DOMESTIC ABUSE	
MATERNITY SERVICES	
OTHER (PLEASE SPECIFY)	

A3. ACTION LINKED TO NATIONAL INITIATIVES AND PRIORITIES:

ALCOHOL PROBLEMS COMMUNICATIONS STRATEGY:

BRIEFLY OUTLINE WHAT THE ACTION TEAM IS DOING:

TO COMMUNICATE LOCAL ACTION ON ALCOHOL PROBLEMS TO THE WIDER COMMUNITY

TO FOSTER GOOD RELATIONS WITH THE LOCAL MEDIA

ON OTHER ASPECTS OF COMMUNICATIONS (If NOT already identified in Part B)

SCOTTISH TRAINING ON ALCOHOL AND DRUG ABUSE:*

HAS THE ACTION TEAM HAD CONTACT WITH STRADA?

YES/NO

TO WHAT EXTENT ARE STRADA CONTRIBUTING TO LOCAL DEVELOPMENT NEEDS?

VOLUNTARY SECTOR:*

HAS THE SECURITY OF 3 YEAR FUNDING PROVIDED BY THE EXECUTIVE BEEN PASSED ON TO ALL THE VOLUNTARY SECTOR AGENCIES UNDERTAKING COMMISSIONED WORK IN THE AAT AREA THROUGH SERVICE LEVEL AGREEMENTS?

YES/NO

(If NO briefly outline reasons)

JOINT FUTURE GROUP:*

WHAT INITIATIVES ARE ALREADY IN PLACE, OR PLANNING DONE ON:

SINGLE SHARED ASSESSMENT?

JOINT MANAGEMENT AND RESOURCING?

A4. HOW THE AAT UNDERTAKES ITS PLANNING:

NEEDS ASSESSMENT*

DESCRIBE NEEDS ASSESSMENT WORK UNDERTAKEN TO SUPPORT THE 3 YEAR LOCAL ACTION PLAN	
--	--

REVIEWING EXISTING SERVICES

HOW HAS THE AAT REVIEWED EXISTING ACTIVITIES AND SERVICES IN IT'S AREA IN THE LIGHT OF NEEDS ASSESSMENT WORK?	Briefly Outline
--	-----------------

MONITORING AND EVALUATION

HOW DOES THE AAT MONITOR AND EVALUATE ACTIVITIES AND SERVICES?	Briefly Outline
HAS THE AAT USED THE EIU EVALUATION GUIDES OR SIMILAR TOOLS TO DEVELOP OR IMPROVE LOCAL SERVICES?*	

RESEARCH

GIVE BRIEF DETAILS OF ANY RESEARCH BEING CONDUCTED LOCALLY WITH THE SUPPORT OF THE AAT, AS EITHER A LOCAL STUDY OR PART OF A BROADER EXERCISE	
--	--

PART B – 3 YEAR LOCAL ACTION PLAN

LONG TERM AIMS

- *To reduce consumption of alcohol by some groups within the population, whose drinking gives particular cause for concern. [eg binge drinkers]*
- *To reduce harmful patterns of alcohol consumption.*

(National Plan for Action on alcohol problems, para 2.8)

KEY PRIORITIES

- *To reduce binge drinking, because of the harmful social and individual consequences;*
- *To reduce harmful drinking by children and young people because of the particular health and social risks.*

(National Plan for Action on alcohol problems, para 2.9)

NATIONAL TARGETS

- *To reduce the incidence of adults exceeding weekly sensible drinking levels from:*
 - *33% to 31% for men between 1995 and 2005 and to 29% by 2010;*
 - *13% to 12% for women between 1995 and 2005 and to 11% by 2010.*

The Plan for Action (para 2.11) also sets key priorities to reverse current upward trends [in]:

- *binge drinking*
- *harmful drinking by children and young people*

LOCAL TARGET SETTING

Has the AAT set local targets, measurable against baselines through data collected locally eg in lifestyle surveys, for any of the following? If so please give details:

Adults exceeding weekly sensible drinking levels	Yes/No	
Binge drinking	Yes/No	
Harmful drinking by children and young people	Yes/No	
Other local priorities	Yes/No	

B1. CULTURE CHANGE

Aims:

- *Addressing some underlying broad issues such as poverty, that may foster harmful drinking cultures and prevent health improvement.*
- *Prompting thought and debate among the general public and opinion-formers about the issues involved.*
- *Giving people the information that they need.*
- *Influencing attitudes of individuals and organisations.*
- *Giving people access to help when they want to change their behaviour.*
- *Ultimately, changing behaviour.*

(National Plan for Action on alcohol problems, para 3.13)

Action:

- **Each AAT should make prevention, education and communications an integral part of its local strategy (para 4.11)**
- **AATs should include, as part of local prevention, education and communications, action targeted at the needs of significant local equality groups (para 4.45)**

Element	Current Activity	Planned action, and expected outcomes 2003/04	Planned action, and expected outcomes 2004/05	Planned action, and expected outcomes 2005/2006	Approx. costs in each year applicable & source of funding (where identified)
Local communications with the public eg leaflets, campaigns					
Communications targeted at significant local equality groups					
Work with local media					
Changes in terminology to "alcohol problems" in relevant communications with the public					

Promoting sensible workplace alcohol policies in organisations and professions locally and providing training					
Workplace alcohol policies in AAT member organisations					
<i>(Add other local priorities)</i>					

B2 PREVENTION AND EDUCATION

Aims:

Short term:

- *To promote clear and consistent messages relating to alcohol problems [as set out in the Plan for Action]*

Long term:

- *To reduce specific risks relating to alcohol consumption, such as hazards through work or sports*

(National Plan for Action on alcohol problems, para 2.8)

Action:

- **Each AAT should make prevention, education and communications an integral part of its local strategy**
- **AATs and DATs should plan together to meet the prevention, education and treatment needs of children and young people in their area.**
- **LHCCs [or PCTs] with the support of public health practitioners and the wider multi-disciplinary team should consider organising health promotion activities that address alcohol problems or potential problems, in the context of delivering other health promotion advice. They should publicise that these services are available, in ways that are appropriate to the target client group.**
- **The Executive will consider with knowledgeable representative groups, whether it would be helpful to develop material on preventing alcohol problems within the overall communications strategy, targeted at specific equality groups.**
- **AATs should include, as part of local prevention, education and communications, action targeted at the needs of significant local equality groups.**

(National Plan for Action on alcohol problems, paras 4.11, 4.38, 4.45)

Standards (under the drugs strategy, these should have been met by 2002. "Drugs" here include alcohol and tobacco)

- **All schools to provide drug education to every pupil and to have written procedures for managing incidents of drug misuse, in line with national advice.**
- **All local authorities to have an agreed written policy on drug misuse applying to community education settings, covering drug education and the management of incidents of drug misuse.**

Element	Current Activity	Planned action, and expected outcomes 2003/04	Planned action, and expected outcomes 2004/05	Planned action, and expected outcomes 2005/06	Approx. costs in each year applicable & source of funding (where identified)
Community based activities and promoting healthy alternative lifestyles*					
LHCC health promotion activities for the community					
Drugs education in schools (includes all substances)*					
Written procedures for managing alcohol-related incidents in schools					
Prevention and education targeted at significant local equality groups					
Training and education provided on alcohol problems matters for professional groups and others					
<i>(Add other local priorities)</i>					

B3. PROVISION OF SERVICES

Aims:

Short term:

- *To provide equitable, accessible and inclusive services to address the needs of others who experience problems with alcohol and those affected by others' alcohol problems*
- *To improve awareness of sources of help and support with alcohol problems*

(National Plan for Action on alcohol problems, para 2.8)

Action

- **To use the framework for alcohol problems support and treatment services to assess local needs, identify service gaps and develop plans to fill these. The framework will include guidance on core principles, assessment of individual needs, provision of services for specific groups, working across organisational boundaries, effectiveness and quality standards. It will cover a range of services that may be run by statutory, voluntary or independent providers: whichever can do the best job (Chapter 5).**
- **To ensure that local strategies take into account the particular needs of service users in rural areas and from other specific groups. The evidence summary identified particular gaps in services suitable for children and young people. This includes services tackling young people's own drinking and supporting children who are affected by other people's alcohol problems (Chapter 5).**

Element	Current Activity	Planned action, and expected outcomes 2003/04	Planned action, and expected outcomes 2004/05	Planned action, and expected outcomes 2005/06	Approx costs in each year applicable & source of funding (where identified)
Tier 1: services for the whole community <ul style="list-style-type: none"> • Advice and information about support and treatment services • Support for families, carers and friends • Workplace alcohol policies (see under B1) 					

<p>Tier 2: local services:</p> <ul style="list-style-type: none"> • Identifying alcohol problems • Single shared assessment • Care management and local integrated care pathways • Support for groups who have difficulties accessing mainstream services 					
<p>Tier 3: services for people with more complex needs:</p> <ul style="list-style-type: none"> • Specialist health and social work support for local services • Identifying and addressing alcohol problems in NHS secondary care • Specialist services for adults • Specialist services for young people • Services for people who also have drug or mental health problems • Specialist support for criminal justice services • Support for prisoners whilst detained on release 					
<p>Tier 4: services for people with highly specialised needs</p>					
<p><i>(Add other local priorities)</i></p>					

B4. PROTECTION AND CONTROLS

Aims:

Long term:

- *To reduce crime, nuisance and fear of crime relating to alcohol*

(National Plan for Action on alcohol problems, para 2.8)

Action:

- **Police to work in partnership with other agencies and with the licensed trade to prevent alcohol-related criminal and anti-social behaviour (para 6.16)**

Element	Current Activity	Planned action, and expected outcomes 2003/04	Planned action, and expected outcomes 2004/05	Planned action, and expected outcomes 2005/06	Approx costs in each year applicable & source of funding (where identified)
Linking AAT activities to Licensing Board decisions and initiatives					
Preventing underage sales					
Other Enforcement initiatives					
Community safety initiatives					
Specific action to protect vulnerable groups identified locally from alcohol related nuisance or crime					
Community-based criminal justice interventions linking offenders to support, treatment and rehabilitation					
Joint approaches to training in responsible serving					
Other local initiatives with producers or suppliers of alcohol					

<i>(Add other local priorities)</i>					
-------------------------------------	--	--	--	--	--

PART C: RESOURCES - DIRECT SPEND BY PARTNER ORGANISATIONS.

Action:

- *AATs should sign off plans by constituent agencies for providing and commissioning services, using both existing resources and any new funding that becomes available in future.*

(National Plan for Action on alcohol problems, para 7.11)

Direct Spend estimates for 2002-03 for the activities at Part B should be provided at NHS Board or Local Authority level by all AATs. See guidance notes on definition of direct spend.

Information for future years should be provided wherever possible. This will depend in part on any future announcements of new resources by the Executive. However resources may also be released locally through redesign of existing services. Indicate where resources are required for desirable developments included in Part B but for which funding is not yet identified from any source: local or national.

Those AATs which cover only part of a Local Authority, or which are one of a number of AATs in an NHS Board area are not required to identify expenditure at AAT level separately.

a) NHS Board(s)

NHS Board	Category of Spend	Amounts: £'000s			
		2002-03 (baseline)	2003-04 (planned)	2004-05 (planned)	2005-06 (planned)

b) Local Authority(ies)

Local Authority	Category of Spend	Amounts			
		2002-03 (baseline)	2003-04 (planned)	2004-05 (planned)	2005-06 (planned)

Other sources and amounts of **direct** spend on alcohol problems, if available:

Please identify source (e.g. SIP, CCSF, charitable foundation, etc.)

Source:

Category of Spend	Amounts			
	2002-03 (baseline)	2003-04 (planned)	2004-05 (planned)	2005-06 (planned)

ALCOHOL PROBLEMS 3 YEAR LOCAL ACTION PLAN – GUIDANCE NOTES

Timescale

1. Completed local action plans should be signed off by all current AAT members and returned to the Alcohol and Smoking Policy Team, Scottish Executive by the end of March 2003. An electronic version should also be e-mailed to alcoholaction@scotland.gsi.gov.uk.

IT

2. The template is constructed in Word 97 tables. Local information should be entered electronically in the relevant boxes, which will expand as information is typed in.

Overlaps with DAT Corporate Action Plans

3. The framework has been constructed, acknowledging that many AATs are combined with DATs and may plan action jointly on alcohol and drug problems. Items in the framework that also appear in the DAT Corporate Action Plan template are marked with an asterisk. Entries for these items should match DAT Corporate Action Plan entries wherever appropriate.

Part A

- To be completed for year ending 31 March 2003
- Should reflect alcohol problems and drugs and other substance misuse remit of AATs/DATs and Sub-Groups
- Support funding information should be provided about combined drugs and alcohol spend, including staffing and other related costs (eg research commissioned or development work)
- If the AAT structure or Chair has changed within the year, please give the most recent information

Part B

- Local target setting – if local targets are being set, provide details of baseline data and how progress towards meeting targets will be measured eg through lifestyle surveys.
- Sections B1 to B4: planned action for 2004-05 and 2005-06 is unlikely to be as specific as details of current activity and planned action for 2003-04. A broad indication of future plans should be provided, however, focussing on outcomes wherever possible. Where costs and sources of funding can be specified in the final column, figures should be consistent with those provided at Part C on direct spend.
- Young people's strategies: action relating to young people should be consistent with action in the DAT Corporate Action Plan. This applies in particular to entries relating to young people in Sections B2 and B3, although information in Sections B1 and B4 may also be relevant.
- Section B3 on provision of services reflect the structure of the alcohol problems support and treatment services framework to be issued separately in August 2002.
- Any local priorities, not otherwise specified, should be added.

Part C: Resources

- Direct spend information should be provided at the relevant NHS Board and Local Authority level. Those AATs which cover more than one local authority or only part of a Local Authority area, or which are one of a number of AATs in a NHS Board area, are not required to separately identify expenditure at AAT level.
- Direct spend relates to expenditure on alcohol problems – specific services, facilities or workers. It is recognised that information on treatment and support services may be more readily available than information on culture change, prevention and education and protection and controls. However, estimates on the latter should be provided where possible.
- If Direct Spend information also includes other substance misuse this should also be highlighted.
- Direct spend does not relate to purely generic services.
- Expenditure on the indirect consequences of alcohol problems, should not be included
- Direct spend should be grouped according to convenient local spending categories. It would be helpful if these matched figures for costs shown in Part B.

Key Definitions

- **Binge drinking:** Drinking an excessive amount on any one occasion. There is no commonly-accepted definition, but the Scottish Health Survey uses the criterion of drinking more than twice the recommended daily benchmark on a person's heaviest drinking day (more than 8 units for men and more than 6 units for women).
- **Children and Young People:** children: those under the age of 16; young people: those aged between 16 and 25.
- **Equality Groups:** This term, included in the Executive's Equality Strategy, is used to describe a range of different groups, reflecting diversity in race, disability, sexual orientation, language, social origin and religion that may experience inequality or discrimination.
- **Joint Management and Resourcing:** A framework that enables a more co-ordinated and effective approach to services, includes planning, commissioning, operational management and the bringing together of resources (in their widest sense) into a "joint pot".
- **Needs Assessment:** Aims to establish the nature and extent of alcohol problems in an area to assess whether the currently available services address that need. This information helps to plan and deliver services.
- **Sensible Drinking Levels:** No more than 3-4 units a day for men and no more than 2-3 units a day for women.
- **Single Shared Assessment:** Simplifies the assessment process and reduces bureaucracy to make best use of resources and achieve better outcomes for individual service users. Should include single shared assessment procedures, tools, and protocols for sharing information and obtaining clients' consent.