



## ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT 2021/22:

- I. **Delivery progress**
- II. **Financial framework**

This form is designed to capture your **progress during the financial year 2021/22** against the of the Rights, Respect and Recovery strategy including the Drug Deaths Task Force emergency response paper and the Alcohol Framework 2018. This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Reporting you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Friday 5 August 2022** to:  
alcoholanddrugsupport@gov.scot



**NAME OF ADP:** **Aberdeenshire**

**Key contact:**

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**I. DELIVERY PROGRESS REPORT**

**1. Education and Prevention**

1.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

*Please select those that apply (please note that this question is in reference to the ADP and not individual services)*

Leaflets/ take home information	<input checked="" type="checkbox"/>
Posters	<input checked="" type="checkbox"/>
Website/ social media	<input checked="" type="checkbox"/>
Apps/webchats	<input type="checkbox"/>
Events/workshops	<input checked="" type="checkbox"/>
Please provide details...ADP Services promoted to members of public by Stakeholders, including Turning Point and Aberdeenshire Health & Social Care Partnership (HSCP) Alcohol and Drug service. Attendance at "Way to Wellbeing" Wellbeing Fair at Fraserburgh Leisure Centre 23/3/22. "3 Forums 1 Voice" Event, Community events for Alcohol awareness and International Woman's day,	
Accessible formats (e.g. in different languages)	<input checked="" type="checkbox"/>
Please provide details...Aberdeenshire Responsive Intervention Engagement Service (ARIES) – Outreach leaflet available in various languages	
Other	<input checked="" type="checkbox"/>
Presentation by ARIES staff 12/1/22 promoting ARIES service to Department of Work & Pension (DWP) staff. DWP staff now promote ARIES service to DWP customers who disclose risky drug use.	

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Overdose Awareness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Seasonal Campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Stigma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please specify... "Just Say Know" programme -workshops for staff within education, pupils and parents

For most of the year, COVID restrictions limited the ability to deliver face to face workshops, however, partners have managed this well by providing interaction through social media and TEAMS.

Information was provided on services and activities available over the festive period, this information also includes stay safe messages and was distributed across each of the localities.

The “Safer in Service” Days of Action are in local communities for full days with staff from HSCP Alcohol and Drug service, Police, Community Safety, Housing and Children and Families social work all promoting the safety message about alcohol and drugs. Leaflets and concern cards were distributed through visiting people’s homes and in the resource bus.

The three community forums carried out overdose awareness campaigns as part of Overdose Awareness Day. These events included training and awareness of Naloxone. Seasonal activities have included mental health week, alcohol awareness day and promotion of events, activity, and support throughout the festive season. There were a number of additional activities as part of the forum wide weekly Zoom meetings. These included inputs from: Scottish Recovery Consortium, HSCP Alcohol and Drug Service, Scottish Families Affected by Drugs, Police Scotland reduce stigma campaign and recovery testimonies.

Other activities included: Support to women who are involved in the sex Industry in Aberdeen and Aberdeenshire and availability of Needle Exchange.

Various campaigns through Aberdeenshire HSCP social media

1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

Teaching materials	<input checked="" type="checkbox"/>	
Youth Worker materials/training	<input checked="" type="checkbox"/>	
Promotion of naloxone	<input checked="" type="checkbox"/>	
Peer-led interventions	<input checked="" type="checkbox"/>	
Stigma reduction	<input checked="" type="checkbox"/>	
Counselling services	<input checked="" type="checkbox"/>	
Information services	<input checked="" type="checkbox"/>	
Wellbeing services	<input checked="" type="checkbox"/>	
Youth activities (e.g. sports, art)	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	“Just Say Know” programme-workshops for education staff, pupils and parents

1.4 Please provide details of where these measures / services / projects were delivered.

Formal setting such as schools	<input checked="" type="checkbox"/>	
Youth Groups	<input type="checkbox"/>	
Community Learning and Development	<input checked="" type="checkbox"/>	
Via Community/third Sector partners or services	<input checked="" type="checkbox"/>	
Online or by telephone	<input checked="" type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	Please provide details... CLD continued to support peer led interventions via the support to the Forums and associated groups. Participatory budgeting gave an opportunity for peer led funding of recovery groups and interventions. The distribution of this money also had impact on the wider recovery community, for example by funding projects such as Branching Out, a therapeutic programme which involves participants in outdoor learning, building resilience and supporting positive mental health for those with diagnosed conditions. Other projects supported included funding to work with young people in the Central Area in partnership with Live Life Aberdeenshire targeting young people at risk.



1.5 Was the ADP represented at the Alcohol Licensing Forum?

- Yes   
No

1.6 What proportion of license applications does Public Health review and advise the Board on?

- All   
Most   
Some   
None

In relation to the Licensing board, ADP have not been present this reporting period. Whilst most of the applications are reviewed, the Board are only contacted if there are grounds for objection from a public health perspective – which has been one report in this period.

1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).

Education and Prevention – The “Just say Know” workshops had been paused during COVID restrictions but commenced again in Q4 and will continue to be rolled out in 22/23. This was delivered in partnership with HSCP Alcohol and Drug service, Education and CREW 2000.

Work commenced to develop a resource for young people, parents and practitioners created through the personal accounts of Lived and Living Experienced adults and supported by ‘Street Cones’. Collaboration has taken place with Community Justice and HSCP Alcohol and Drug service in the development of this resource.

The take home Naloxone programme was implemented within Scottish Ambulance Service (SAS) in Jan 2021 after funding from the Drug Death Task Force, 93% of all SAS clinicians within Aberdeenshire are now trained to supply individuals at risk of an overdose or family members/ service workers. To date 78 Take Home Naloxone kits have been supplied covering Banff, Fraserburgh, Peterhead, Inverurie, Stonehaven and Banchory

Activities - HSCP Alcohol & Drug service, Police, Housing, Children’s Services and Community Safety Partnership worked in partnership to provide four “Safer in Service” Days of Action in Peterhead, Fraserburgh, Banff, Inverurie and the surrounding areas. This provided support to over 130 individuals and families affected by drug search warrants and those identified as having increased risk. The resource pod was available for community members to obtain information and to talk to people about their concerns.

Due to the withdrawal of all but essential services over the pandemic, campaigns within the prison have been restricted. Harm reduction and positive mental health leaflets were issued following contact with a COVID positive case, and information on community support services were issued to all at liberation. Funding applied for to increase education and prevention provision, the recruitment campaign for these roles is ongoing.

The commissioned service, ASSET, have provided Teams and Zoom based sessions training on delivery of Naloxone for a variety of professionals (63 staff trained over 8 different services). The service also delivered training to staff, clients and families throughout the year. Within all Aberdeenshire ASSET Service ensure a Harm Reduction is at the centre, this includes Education and Prevention measures. Throughout the last year, ASSET have maintained an Evening Webchat – which has been accessed by family members or those who are worried about someone they cared for – allowing an educational approach to be taken. ASSET South/Central also trained 3 members of staff in Seasons for Growth training – an educational programme that relates to managing loss, change and bereavement and have successfully run three courses with twenty-four individuals attending.



The Peer Support Service delivered peer supporter training both in the community and within HMP Grampian. They also trained a number of peers as naloxone trainers, again both in community and in prison to people serving both short and long-term sentences as well as Scottish Prison Service staff. E-learning continued to be made available to peers. Joint event took place with the Community Forums for International Women's Day. Pop up awareness events in three towns for Alcohol Awareness week.

Community Learning and Development (CLD) support the Community Forums to plan, deliver and evaluate their work. During 21/22, Naloxone awareness and training was identified as priority and training was carried out as part of overdose awareness day as well as during several other campaigns across Aberdeenshire.

CLD was able to continue support to the Forums throughout the pandemic. Due to the nature of the work some face-to-face work continued with the most vulnerable community members and was supported as allowed by Scottish Government. Wider support was developed and provided online so the reach increased. For example, CLD hosted weekly online meetings inviting participants from all over Aberdeenshire. Support varied from informal chat to invited guests speaking on topics such as the Scottish Recovery Consortium, SFAD & Police Scotland. Recovery testimonies remained an important part of the recovery work and played a large part in the education and prevention around drug and alcohol harm.

In addition, CLD directly supported a fortnightly book club providing valuable chances to interact and support online. Books usually focussed on recovery journeys with discussion encouraged around the impact of stories and the emotions they provoked.

All three forums are peer led and action plans are produced and agreed by people in recovery and with lived and living experience with support from CLD. Peer support training was also carried out with three community members. Reducing stigma remains a cornerstone of forum activity. The forums had input from Police Scotland around their own efforts to reduce stigma.



## 2. Treatment and Recovery

2.1 What treatment or screening options were in place to address alcohol harms? (*select all that apply*)

Fibro scanning	<input checked="" type="checkbox"/>
Alcohol related cognitive screening (e.g. for ARBD)	<input checked="" type="checkbox"/>
Community alcohol detox	<input checked="" type="checkbox"/>
Inpatient alcohol detox	<input checked="" type="checkbox"/>
Alcohol hospital liaison	<input checked="" type="checkbox"/>
Access to alcohol medication (Antabuse, Acamprase etc.)	<input checked="" type="checkbox"/>
Arrangements for the delivery of alcohol brief interventions in all priority settings	<input checked="" type="checkbox"/>
Arrangements of the delivery of ABIs in non-priority settings	<input checked="" type="checkbox"/>
Psychosocial counselling	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/> Assessment and preparation for
Residential Rehabilitation	

2.2 Please indicate which of the following approaches services used to involve lived experience / family members (*select all that apply*).

*For people with lived experience:*

- Feedback / complaints process
- Questionnaires / surveys
- Focus groups / panels
- Lived experience group / forum
- Board Representation within services
- Board Representation at ADP
- Other  Services collect feedback in various ways and often this is

part of the ongoing interaction with service users. This allows care planning to be adapted to meet individuals needs but also informs improvements to service delivery. HSCP Alcohol and Drug service have involved Lived and Living Experienced (LLE)/ family members in the development of Local Access Points and this provided valuable information on what this service should look and feel like, as well as informing the type of information that should be visible.

In Aberdeenshire there are three Alcohol and Drug Forums which represent people with mainly lived, but also living experience. There are also dozens of associated groups that have at some time been supported by the Forums. These groups include recovery groups and cafes, family support and kinship care groups. Implementation of a Lived and Living Experience sub-committee within ADP led and chaired by Community members established in 2021/22. Feedback from both lived experience and family members forms a regular part of on-going evaluation with service users.

CLD have continued to deliver key support via Community Development Officers to the three forums and associated groups in Aberdeenshire. Work is ongoing to empower and equip the Forum members to organise, deliver and manage support to the recovery community, while also encouraging people to develop skills and offer volunteering opportunities.

The commissioned peer support service has an established complaints procedure in place. All complaints are investigated and learning from them used to improve service quality. Staff have also attended and participated in service user-led and other community forums.

*For family members:*

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups / panels
- Lived experience group/ forum





- Board Representation within services
- Board Representation at ADP
- Other  As above...

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

Services are responsive to feedback from both people with LLE and family members. The importance of feedback is recognised, not only for service development, but to allow people and their families to gain the most from the support available. Few complaints are made but when received are taken seriously and time is spent to ensure a satisfactory resolution where possible and also to ensure understanding of the processes and procedures in place to allow safe and effective delivery. Feedback is asked for and acted upon to improve people's experience. Service staff also communicate regularly with the LLE representatives to gain feedback from Forums and community groups.

The ADP has also made progress over the last year incorporating people with lived and living experience and family members in ADP governance and commissioning processes. The community-led Lived and Lived Experience sub-committee focuses on 1) running quarterly thematic panels on the experience of services and current substance related harms in the community 2) collating and communicating experiential feedback from the community to complement service monitoring processes 3) providing a channel for advocacy in response to individual or community concerns 4) communicating and consulting on proposed changes in Service provision in an accessible manner through Community forums and liaison with other groups including national recovery networks.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

- Planning, I.E. prioritisation and funding decisions
- Implementation, I.E. commissioning process, service design
- Scrutiny, I.E. Monitoring and Evaluation of services
- Other  The Lived and Living Experienced

subgroup has been meeting since Q4 2021/22. Supported by CLD, early work in 2021/22 involved mapping services, organisations and groups involving those with lived and living experience. This information was then used to create a database of relevant agencies and organisations. Work is ongoing to consolidate this group and CLD continue to support the group offering Community development expertise and guidance. The HSCP Alcohol and Drug service have effective communication with existing service users to ensure they are consulted in developments in service.

Please give details of any challenges (max 300 words)

There has been a mixed response received across a range of different partners in relation to the views of the effectiveness of involving people with Lived and Living experience. The following challenges have been highlighted:

- Empowering people to represent the wide range of the community with lived and living experience.
- Understanding the role of involvement and contribution by LLE representatives, ensuring this is used effectively in the development of services.
- Supporting a solution focussed approach
- Potential confusion or conflict where dual roles held i.e. peer supporter and community member
- Lack of understanding of HSCP roles, policies and procedures
- Limited capacity of LLE community due to lack of people confident in attending more strategic meetings



2.5 Did services offer specific volunteering and employment opportunities for people with lived/living experience in the delivery of alcohol and drug services?

- a) Yes   
No

b) If yes, please select all that apply:

Peer support / mentoring

Community / Recovery cafes

Naloxone distribution

Psychosocial counselling

Job Skills support

Other  Internships and employment for individuals in recovery within 3rd sector service providers, Peer Support volunteers in Aberdeen Royal Infirmary via Alcohol & Drug Action. This was suspended due to the pandemic and hospital visiting restrictions. Navigator peers are planned to work alongside the Drug and Alcohol Care Team in the emergency department at Aberdeen Royal Infirmary. Some of these staff have lived experience and will link into recovery communities to increase engagement.

Those with lived and living experience are encouraged and supported by CLD to get involved with running their local forums and recovery groups. A representative from each forum sits on the ADP which required significant support and guidance around engagement from CLD. In Aberdeenshire, there are now around twenty-five support groups for those with lived and living experience, supported at arms-length with a Community Development offer. They include alcohol and drug forums, recovery cafes, kinship care groups, family support groups, SMART groups and Medication Recovery and Me groups. Many of these groups have been offered and accessed support from CLD, often including accessing funding from our three ADP forums in North, Central and South Aberdeenshire. With support from CLD, the three forums have helped enable a small number of people into paid employment in alcohol and drug services. Practical help from CLD around application forms and interview skills have proved a valuable support to community members encouraging them to see employment as an option for them. Members are involved in job seeking and accessing support and a number have gained and been able to sustain employment. This remains a clear pathway for the many volunteers involved, some of whom have also become involved in learning opportunities to assist and support them in their volunteering roles and building skills and resilience which impacts their lives as members of the Recovery community.

2.6 Which of these settings offered the following to the public during 2021/22? (select all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GPs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A&E Departments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Women's support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)

The referral protocol into mental health services takes place via GP referral or directly through statutory Drug and Alcohol Service to the Community Mental Health Team. Where there has been a requirement for treatment intervention from Consultant Psychiatrist in the Drug and Alcohol Service for people who present complex mental health and drug use issues, then direct liaison can take place with general psychiatry should there require to be a period of detention or progression into general psychiatric care and treatment. Assessment protocols feature the combined information and observation from both drug and alcohol services and mental health services.

During the reporting year, additionality has been achieved in this assessment process through access to Consultant Psychology within the Drug and Alcohol Service who can become involved in the formulation of the psychological and trauma needs of a person which informs the care and treatment plan.

Through Action 15 Mental Health Strategy funding an occupational therapist has also become part of the drug and alcohol service and provides an additional perspective to the assessment process. The contribution of the OT is evidencing as a valuable addition to the service in terms of outcomes for people given the better understanding of functionality so treatment and support approaches are more person centred.

There continues to be practice based discussions about responsibility for casework which features drug use and mental health and the timeline around assessment and intervention continues to be an area of debate and where resolution is not reached at a practitioner level then there are escalation protocols through team manager structures and in some situations adult support and protection processes.

The recommendations of the Mental Welfare Commission although related directly to Alcohol Related Brain Damage which was published in the reporting year has led to the establishment of a multi- agency working group to develop a Delivery Plan for Aberdeenshire. Members of the Drug and Alcohol Service are part of the group, and this work will hopefully resolve some of these practice areas

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes

No

Please provide details (max 300 words)

During the reporting year there was a further increase in referrals into the Drug and Alcohol Service through Adult Support and Protection and Police Scotland Vulnerable Persons database for people who presented as increasingly affected by poor mental health and wellbeing combined with a feature of drug or alcohol use. This has continued to highlight the need for mental wellbeing support as a component of support to address any drug or alcohol issues. Mental health services have also experienced an increase in referrals through these routes. In practice and in some localities, this has led to closer case discussions regarding joint working where appropriate to provide access to mental health support through support workers within mental health service or through the commissioned service which provides mental wellbeing support for people who do not require statutory mental health intervention.



Capacity across services has to be acknowledged as significant in terms of routine access to mental health support and in some situations, there continues to require to be a period of stabilisation which takes place before mental health support is accessed. Increasing capacity gradually through additional funding in to the HSCP Drug and Alcohol service will increase capacity in year 22/23 to provide stabilisation interventions through Access Points as part of the delivery of the MAT Standards. Mental health support is available through the Primary Care Wellbeing workers attached to GPs. Registration is required which in some instances is not in place and also a level of stabilisation is required in substance use before accessing. Capacity within this resource to meet demand has a further impact on routine availability.

An area of positive progress in the reporting year is the progress of the Crisis Intervention Service funding through Action 15 and is attached to the Fraserburgh Custody Suite and Minor Injuries Unit in North Aberdeenshire. Immediate access to mental health assessment and appropriate intervention following the crisis is established as a pathway into the core Drug and Alcohol Service and also the Outreach Team ARIES if high risk of harm is identified. Mental wellbeing support is then accessed through the mental health team or commissioned service.

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

The arrangements with mental health for referral and access to support are as described through existing protocols. There is not a different route applied for people who have co-occurring drug use and mental health although additional practitioners in psychology and occupational therapy may become involved in the assessment process to inform the treatment and care plan. There continues to be in some casework situations an ongoing debate regarding timeline requirements for treatment and support and which service “leads” the work and takes inherent responsibility. There has been increased openness in these discussions which can be escalated through management structures. Stabilisation is challenged by the impact of a person’s mental health so professionals’ meetings and in some situations Multi Agency Risk Strategy Meetings (MARS) are convened to determine risk management and treatment and support plans. Collaboration across all relevant agencies is the aspiration. As part of the project development to implement MAT Standard 8 in Aberdeenshire, funding was secured by HSCP Drug and Alcohol Service in 2021, to embed a drug and alcohol practitioner into Community Mental Health Team in North Aberdeenshire. This approach is hoped to increase the knowledge of mental health practitioners around the impact of drugs and alcohol, improve confidence and skills, identify wider training needs within both mental health and drug and alcohol services to enhance improved joint working, identify barriers which exist in access to mental health, barriers which exist in access to drug and alcohol services. These high-level outcomes will inform the work required to fully implement what is expected for Mat Standard 8 in terms of the shape of the resource and or changes required to meet new practice requirements

2.9 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes   
No

2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

There are three community ADP alcohol and drug forums in North Central and South Aberdeenshire. Each is given a grant of £15,000 to support activity around drugs and alcohol in their areas. The forums work broadly towards the following priorities: Prevention and early intervention, engagement and collaboration, promoting and supporting recovery, tackling inequalities and inclusion and connection. Aligned to and in many cases, supported by the forums, there are around twenty-five different recovery related groups meeting across Aberdeenshire and each have a CLD offer of Community Development

support. These groups are often set up by delivery partners including CLD, Turning Point Scotland and Alcohol and Drugs Action. Groups include: four SMART groups, five recovery cafes, two family support groups, ten recovery support groups, Medication Recovery and Me and a kinship care group.

The new Medication Recovery and Me group is aimed at those on substitute medication. The first group has been very well received and it is hoped other groups will be run across Aberdeenshire in 2022. This will be a good link and bridge for those with living experience to enjoy wider connections through the forums. All 3 forums regularly collaborate on annual events and consult to provide representation at the ADP Strategic level.

All groups receive support via their host organisation and/or the forum with a continued Community Development support offer.

The ADP has also commissioned a Peer Support Service to provide training to volunteer peer supporters and facilitators & support new-group start-ups. Workers for the complementary ASSET contract also actively support local recovery groups and forum management teams. The forums, with 3rd sector and Community Learning & Development support, also maintained continuity of engagement during COVID, shifting to online events and facilitating provision of IT and data allowances to support members during lock-down. There are quarterly Aberdeenshire wide facilitators meetings where all facilitators have the opportunity to come together and discuss common issues. Many of the groups have met online during the early part of 2021, but with the help of risk assessments and guidance on returning safely to face to face meetings, many have returned to mainly face to face meetings. Hybrid attendance is enabled wherever possible. Currently, recovery groups range from regular meetings within major towns such as Peterhead or Inverurie to remote rural locations such as Braemar.

Growth of recovery community has taken place through the expansion of peer led groups - recovery cafes, MRM, Smart recovery, family groups, Ladies group, cooking group, arts & crafts groups across all areas of Aberdeenshire. These new groups have been supported by the peer support service to train, mentor and support community members to grow and develop recovery communities across the area. Peer led researchers are supported by the peer support service.

The HSCP Alcohol and Drug service also support a number of groups of people who may not be ready to move onto community forum or peer support activities. These groups are established through identified need and are delivered as part of a treatment and support plan. Participants are also given opportunity to give feedback on services they receive as well as what they feel is missing. This has supported the development of a range of groups as well as gathering valuable information on how services should provide support to individuals and also families.

## 2.11 What proportion of services have adopted a trauma-informed approach during 2021/22?

- All services
- The majority of services
- Some services
- No services

Please provide a summary of progress (max 300 words)

Those services within the Health and Social Care Partnership, the NHS, some partner organisations and commissioned services have engaged through their own organisational structures, in training to support the skills and knowledge of their workforce to understand and to respond to people affected by psychological trauma. Trauma training accessed through NHS Education for Scotland National Trauma Training Programme appropriate for the different parts of the workforce was establishing throughout the reporting year as part of induction and supported learning for practitioners who deliver drug and alcohol services.



Supported learning for the drug and alcohol services was enhanced through the work of a Consultant Psychologist who secured additional funding through Corra foundation during year 21-22. The tiered trauma training available through NES and other registered providers has been supported by colleagues in psychology. The integration of knowledge and skills gained through tiered training into practice has been a developing area supported through managers. Benchmarking of previous training and future requirements has been undertaken by psychology in preparation for the further development of the MAT Standards.

The role of trauma champions within services and partner agencies was also being defined during year 21/22 and has contributed to the aspiration to develop a consistent approach to trauma training. Important was also the increasing adoption by leaders and managers to develop trauma informed polices, systems and practices to achieve consistency in trauma informed approaches for the benefit and wellbeing of the workforce as well as people who receive services.

Partnership working in the delivery of projects has begun to influence the wider adoption of trauma-informed approaches across more parts of the service delivery. Wider partner inclusion in appropriate tiered trauma training was beginning to develop in the reporting year which should over time, achieve increased consistency of trauma awareness and trauma informed practice across all parts of the system.

2.12 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? *(mark all that apply)*

- |  |  |
|--|--|
| Alcohol harms group                                | <input type="checkbox"/>                           |
| Alcohol death audits (work being supported by AFS) | <input type="checkbox"/>                           |
| Drug death review group                            | <input checked="" type="checkbox"/>                |
| Drug trend monitoring group / Early Warning System | <input type="checkbox"/>                           |
| Other  | <input type="checkbox"/> Please provide details... |

2.13 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

For those people who had been open in Services due to alcohol issues, the Drug Related Review Group reviews the alcohol related death as detailed below. The same process is followed as is in place for Drug Related Deaths where the person was open to the service at time of death and the death was attributed to harm from alcohol use. Other cases are not discussed as there is not a process in place that feeds this information to the review process, unlike DRDs. Consistency in the review approach if information was readily available would be valuable in terms of learning to improve practice and challenge issues.

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

The Aberdeenshire Substance Use Review and Development Group continued to meet on a six weekly basis to review the circumstances of the people who had died as a result of a drug death. This took place on a virtual basis during the pandemic and continues to meet virtually via MS teams as this format gives easier access for GPs to attend and other workers involved in the deceased's care.

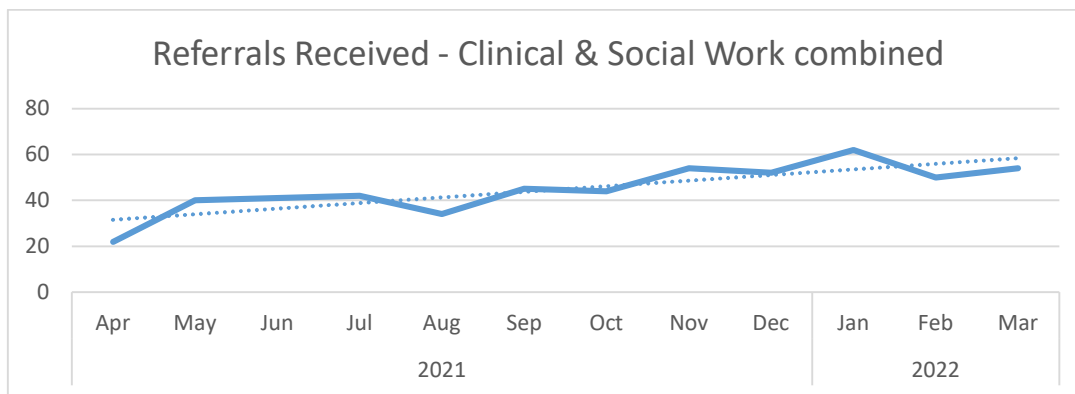
Membership is multi agency with core representatives from each professional group who has a role in the review process. In addition, practitioners who worked with the person from wider services are invited to be part of the review process. This ensures a holistic picture is presented which gives opportunity for a truer sense of chronology and significant events. From this a shared and informed understanding of the circumstances of the persons death is achieved.

The learning from the review and any good practice is shared through multi agency hubs across the localities. In addition, the Review Sub Group takes the Action Log from the Review and Development Group and looks at the specific operational and strategic changes which are required to ensure that learning which informs improved practice and contributes to saving lives is embedded across not only the drug and alcohol services but the wider partnership system.

Since year 2020/2021, the Executive Group for Public Protection (EGPP) has received bi-monthly quantitative data reports relating to drug and alcohol related deaths and near fatal overdoses. A risk register formed in response to the pandemic identifies the changes in service delivery across public protection agencies, the risks which are associated with the change and actions taken to mitigate identified risk. The arrangements for reviewing drug related deaths and the learning which informs immediate practice change and service development have continued to be reported in year 2021/22 through the EGPP to ensure oversight and influence should any issues require escalation to Chief Executive structures across multi agency organisations. DRDs are reported through the NHS Datix reporting system which is further monitored through both the Aberdeenshire wide Risk Partnership Group for HSCP and the Clinical and Social Work Governance Group. Learning outcomes form the basis of the monitoring activity to ensure immediate action is taken to address emerging risk and changes to practice evidenced through adverse events are embedded into service development and practice delivery

2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

During the latter half of 21/22, planning for implementation of MAT standards and activity to support the National Mission has taken place. This has identified much needed resources for the HSCP Alcohol and Drug service to deliver on many aspects of these new measures, including the expected increase in numbers receiving Opiate Substitute Therapy. The partnership approach to delivery of these measures has been delayed mainly due to issues relating to funding transfer. Aberdeenshire HSCP have supported the momentum of the development work so that readiness is achieved across the HSCP and partners to deliver the expectations of the MAT Standards. An improved response to increasing demand and changing practice standards will contribute to the aspirations of the National Mission and is reflected in the project work of the HSCP and partners. The chart below indicates the steady increase in referrals to the HSCP Alcohol and Drug service.



There has been an expansion of the Alcohol Liaison Nurse Service to become a Drug and Alcohol Care team (DACT) within the Emergency Dept and wider acute hospital site. The team now seeing patients at the time of presentation for a variety of medical issues including near-fatal overdoses. The team promotes recovery and engagement in services post discharge from hospital.

In addition to this, ARIES, the Near Fatal Overdose (NFO) response and outreach team, has developed further and have evidenced the need for additional resource for this service to include a partner response. This was included in the Project Specification Document submitted to MIST team during 2021/22. Close working with Police Scotland has allowed further developments, including ARIES





supporting directly following a drug search warrant and quicker identification of those at risk. Feedback from people who have received support from ARIES and their families, has been extremely positive. The team continue to work with SAS to encourage referrals, Aberdeenshire HSCP now receive daily NFO updates from SAS data for follow up. SAS and ARIES team created a partnership pathway for those at risk of NFO or following an NFO. SAS practitioners would contact a designated number and ARIES would follow up a referral within 48 hours. Referral pathways have been increased to include a wide range of partners including DACT, Housing and Unscheduled Care.

Commissioned services in South Aberdeenshire (ADA) provide Moving On and Out Service – this offers a wide range of groups and volunteering opportunities, that are open to all. These groups enable the building of recovery, life skills, increase confidence, give meaningful and purposeful activity and employability skills.

ADA have launched a Sharp's response service in this last year, this is a mobile needle exchange service that is recovery focused for South and Central Aberdeenshire. Delivery to collection and working in partnership with HSCP Alcohol and Drug service, has ensured a positive result. ADA also deliver food parcels and link clients into recovery café and services if appropriate within their local area. All areas of South and Central Aberdeenshire are covered.

Aberdeenshire commissioned services provide a range of services under the ASSET umbrella, from Gateway, Key-working, Opiate Replacement Therapy Stepped Care and Moving On and Out. They also provide joint working and partnership working approaches with HSCP Alcohol and Drug service within premises in Inverurie, Peterhead, Fraserburgh and Banff. ASSET also host a needle exchange and community fridge, drop in groups etc. Clients are offered appointments within one or two days for assessment. A trauma informed approach is applied which means clients are asked where they are most comfortable in attending appointments, from home, within community venues, offices, online or via telephone.





### 3. Getting it Right for Children, Young People and Families

3.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

- a) Yes   
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Third Sector services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please provide details... In collaboration with Police Scotland, Justice Social Work and Children's Services a protocol has been established to respond to young people subject to criminal exploitation associated with County Lines activity.

3.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

- a) Yes   
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carer support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please provide details... Developing work of the newly established Whole Family Approach team of practitioners who will deliver and support the expansion of family inclusive practice across adult and children's services teams



3.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes   
No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

One of the priorities of the multi-agency Children's Services Plan is to support and promote the wellbeing of children or young people adversely affected by their own or someone else's drug or alcohol use. The work of the Girfec Substance Use Thematic Group delivers this priority across several delivery areas. The group comprises twelve representatives from multi agency partners in both statutory and third sector and includes partner membership from the ADP. The group brings opportunity for collaborative practice and ensures greater consistency across strategic priorities. The Thematic Group reports to the Girfec Strategic Oversight Group and in the reporting period, the Chair also provided reports to the ADP Strategic Committee.

During year 2021/22, the ADP Delivery Plan informed by national and local strategic recommendations around provision of support for families and young people included the priorities identified in the Children's Services Plan. Linkage to emerging national policy and practice across either part of the system is incorporated through collaborative strategic planning and service delivery which makes for consistency and ensures that the ADP is not working outside the Girfec Framework and Children's Services planning. The Thematic Group is the way in which that consistency is achieved, and linkage created.

During the reporting year, more definite links were made with the Child Protection Committee specifically around the implementation of the Framework for Improving Holistic Family Support and Family Inclusive Practice in Drugs and Alcohol Services. The oversight of the Executive Group for Public Protection through multi-agency reporting structures providing increased assurance that there is collaboration across priority setting and strategic planning. This is done through the GIRFEC thematic group.

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved   
Stayed the same   
Scaled back   
No longer in place

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved   
Stayed the same   
Scaled back   
No longer in place

3.6 Did the ADP have specific support services for adult family members?

a) Yes   
No

b) If yes, please select all that apply below:



Signposting	<input checked="" type="checkbox"/>	
One to One support	<input checked="" type="checkbox"/>	
Support groups	<input checked="" type="checkbox"/>	
Counselling	<input checked="" type="checkbox"/>	
Commissioned services	<input type="checkbox"/>	
Naloxone Training	<input checked="" type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	HSCP Alcohol and Drug service provide support for members of a family system where this is appropriate in terms of support and treatment of the person requiring the service. A CORRA project with SFAD provided a member of staff to deliver family support in the community. This has been extended whilst a review is undertaken to identify need and future development. The HSCP outreach team, ARIES also offer support to family members for those identifying as at high risk of harm e.g. NFO. Family support also features as part of the residential rehabilitation pathway locally by HSCP and also available nationally through SFAD.

3.7 How did services for adult family members change in the 2021/22 financial year?

- Improved
- Stayed the same
- Scaled back
- No longer in place

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (Max 300 words)

In partnership with Children's Services, the HSCP Drug and Alcohol Service secured National Mission funding to progress the implementation of the Framework for Improving Holistic Family Support: Towards a Whole Family Approach and Family Inclusive Practice in Drug and Alcohol Services. The funding is resourcing a small team of practitioners which combines Children and Adult Services workers into one delivery system. The team will lead on the development of a family inclusive approach as a response to family systems considered to be at the highest risk due to drug and alcohol harm. Support and guidance will be offered by these practitioners to other parts of Children and Adult services to embed family inclusive practice as a delivery approach where factors of risk relating to substance use feature for any member of the family system.

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)

A Project Group oversees the development of the team, which is integrated within the Girfec Framework, Child Protection Committee Subgroup structures and complements the ongoing development of the Aberdeenshire Promise. Recruitment commenced in 2021 although delays in funding transfers has impacted on this process. Management structures are in place through existing resource therefore planning practice delivery has progressed well. The development of the Whole Family Approach has established within the project developments to implement the Medication Assisted Treatment Standards which ensures that the needs of families, children and young people feature in this work and do not develop as a separate workstream. A Review of an existing Family Support Service delivered through a national third sector provider SFAD and supported through ADP funding commenced in the reporting period and the outcome of this review will inform future investment in this family support service delivery model. Consistency and partnership in our approach a key component of the future and ongoing development of family support.



b) If no, when do you plan to do this?  
Click or tap here to enter text.

3.9 Did the ADP area provide any of the following adult services to support family-inclusive practice?  
(select all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...		

#### 4. A Public Health Approach to Justice

4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

- Yes
- No
- No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)

Throughout the reporting year, prison-based substance use nurses within the health centre HMP&YOI Grampian, have endeavoured to meet with all individuals at their point of liberation to encourage them to take Naloxone/Nyxoid with them. A process is in place to identify liberations and ensure that naloxone is available through coordination with prison staff. The Health Centre has done all they can with the resources available to them to provide this service to all liberations, but due to significant shortages in staffing during the reporting period, this has not been consistently possible. Within the community, a multi-agency group meets on a monthly basis to consider all prison releases over the forthcoming twelve-week period to coordinate throughcare provision and access to services. Access to drug and alcohol services following release from custody is included in this process. Justice social work coordinate this pre-release group which has representatives from housing, prison-based health services and community based third sector and statutory drug and alcohol support services. Unplanned releases following remand and backdated custodial sentences have presented difficulties in accessing all aspects of support services including the provision of naloxone/nyxoid. This issue relates to the impact on the Court system of a significant backlog of casework.

4.2 Has the ADP worked with community justice partners in the following ways? *(select all that apply)*

Information sharing	<input checked="" type="checkbox"/>
Providing advice/ guidance	<input checked="" type="checkbox"/>
Coordinating activities	<input type="checkbox"/>
Joint funding of activities	<input checked="" type="checkbox"/>
Access is available to non-fatal overdose pathways upon release	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/> Aberdeenshire ADP have been fundamentally supportive in applying for funding for bespoke SUS workers. Aberdeenshire ADP have been supportive in the application for national funding for harm reduction workers to respond to people who present most at risk following incidents of illicit drug use and/ or near fatal overdose whilst in custody. The role of these two practitioners will enhance the outreach response to people who continue to use drugs whilst in custody and brings equality of access to outreach services similar to those available in the community. Recruitment commenced in year 21/22 and the practitioners will become established during year 22/23. Collaboration between statutory partners in community justice, drug and alcohol services and justice social work a key component of the development of this work. Access to near fatal overdose pathways upon release has featured in the development work of the Aberdeenshire Responsive Intensive Engagement Service (ARIES) which was initially funded through Drug Death Task Force investment in year 20/21 and has been further enhanced through National Mission funding in year 21/22. Joint work with the community-based ARIES team, prison based health centre/social work and the new Harm Reduction practitioners will enhance information sharing, the provision of direct support including the access to naloxone and support the transition out of custody into services especially where near fatal overdose risk factors exist in a person's history including episodes of harmful drug use whilst in custody.



4.3 Has the ADP contributed toward community justice strategic plans (e.g., diversion from justice) in the following ways? (select all that apply)

Information sharing

Providing advice/ guidance

Coordinating activities

Joint funding of activities

Other  The National Mission funded Harm Reduction posts within HMP &YOI

Grampian were developed from evidence-based recommendations following an evaluation of projects across other parts of the Scottish Prison Estate. There was clear consistency in this approach to the outreach model recommended in the new Medication Assisted Treatment Standards. The approach offers inclusion of people in the justice system. The ADP support of the allocation of funding to SPS as a community justice statutory partner and HSCP, therefore, evidences the contribution to the strategic plans across different sectors which achieves consistency for people should they experience different parts of the whole system. The ADP also supported the further development of ARIES outreach in the community which collaborates with the outreach model developed through community justice and contained in the Community Justice Outcomes Improvement Plan priority of addressing the impact of County Lines activities on individuals and communities

4.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families.

a) Upon arrest (please select all that apply)

Please provide details on what was in place and how well this was executed.....

Diversion From Prosecution

Exercise and fitness activities

Peer workers

Community workers

Other  The Court and Custody Support Social Workers within the

Justice Social Work Team ensure that individuals who are appearing in Court from Police custody are able to access support pre-sentence, which can include linking in with community-based Drug and Alcohol Services. This service continued throughout 2021/22 despite the restrictions experienced in the Court process through Covid. Police custody is identified as a pathway into the ARIES outreach team should a person be released on undertaking or feel unable to take up the support of the Court support team but are identified as at risk of harm. During the reporting period, through Action 15 of the National Mental Health Strategy, Justice social work secured temporary funding for a justice social worker to work in the police custody suite in Aberdeen providing immediate access to support around mental wellbeing and also drug and alcohol issues for people who have been arrested and are processed through police custody. Direct support at Court should they appear following arrest can be followed up by the worker or by the Court Support team. If a person is processed but released, then the worker makes follow up contact to offer support. Where risks are identified there is an establishing pathway into ARIES if a planned referral into the Drug and Alcohol Service is not possible due to a person's readiness to engage. There is already an established Crisis Intervention Team funded through Action 15 in North Aberdeenshire. This team responds to people who may be experiencing distress due to a mental wellbeing crisis and are at risk of entering police custody. In many instances' drugs and alcohol feature in a person's circumstances. A key aspect of the Crisis Intervention Team is support that follows any intervention. This support ensures that needs are assessed and pathways into the right services are actively secured and at this early stage, many of whom require support in respect of drugs or alcohol. Pathways into Aries should the person present high risk of harm or through supported referral into the community-based drug and alcohol service feature as a follow up support. Support to family may take the form of appropriate information sharing at the point of initial contact with services as part of the most





appropriate response to the person requiring services. The ARIES outreach team offer family support in the response to crisis for people identified most at risk

b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed.....

- Diversion From Prosecution
- Exercise and fitness activities
- Peer workers
- Community workers
- Naloxone
- Other

Six weeks prior to release from HMP YOI Grampian people who are convicted are discussed at the Case Management Board (CMB). Partner organisations including DWP, third sector providers, Justice social work, housing officers and the drug and alcohol community-based service attend the meeting each week and plans to ensure housing, throughcare support and substance use support are agreed and arranged for all of those being released. Individuals who have been managed under the 'Managing an Offender at Risk from Any Substance' policy during their time in custody are highlighted to the support teams at CMB stage which allows those deemed to be most at risk to be approached and supported by the ARIES outreach team during their transition in to the community. The Harm Reduction practitioners working with the prison health centre will have a key role in this transition. During year 20/21, HMP Grampian introduced the use of Buvidal for those in custody and the prison health centre team were pioneering in ensuring this treatment pathway continued for individual's upon release. This has progressed further in year 21/22 and is consistent with increased access to this treatment choice within community services. Liberations are encouraged to take Naloxone/Nyxoid with them on their day of release, and people convicted to non-statutory sentences are offered the take up voluntary throughcare with the New Routes and Shine third sector support services. Statutory prisoners are provided ongoing support from their supervising justice social workers and all those released are supported to access community support services to ensure continuity of care and management of risk especially during the at-risk transition period following release. Support for families is available through Families Outside and Action for Children funded through Justice Social Work.

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

Due to the pandemic restrictions, it has taken longer than hoped for the Aberdeenshire Peer Support Service to roll out the Substance Use Service peer mentors, however those supported in the mentoring role, were fully trained in the reporting period and will be ready to take up their roles in the coming year. Turning Point Scotland supported some prison staff and people in custody to become trainers in Naloxone use. It is hoped that next steps will be the development of peer led training and naloxone distribution over the next year. The significant impact of covid and the constant changing landscape of restrictions prevented the progression of many of the community justice partnership subgroup activities. Inequality in accessing health and specifically health screening did not progress due to the lack of availability of colleagues in primary care and public health. The work which has taken place as the Aberdeenshire ADP response to addressing drug related harm has progressed through the establishment of the projects identified to deliver the new Medication Assisted Treatment Standards. This has created improved working links between drug and alcohol services in HSCP and community justice partners to work collaboratively to address drug and alcohol harm in communities.

## II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners.

It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

### A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	1,105,173
2021/22 Programme for Government Funding and National Mission Funding	1,879,070
Additional funding from Integration Authority	3,296,804
Funding from Local Authority (CLD Workers, Housing)	170,000
Funding from NHS Board BBV	38,404
Total funding from other sources not detailed above	
Carry forwards	
Other CORRA – Psychology £89,811, DACT £154,169	243,980
<b>Total</b>	<b>6,563,601</b>

### B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	185,445
Community based treatment and recovery services for adults	3,223,766
Inpatient detox services	25,000
Residential rehabilitation (including placements, pathways and referrals)	174,864
Recovery community initiatives	346,069
Advocacy services (Part of current Local Authority contract)	
Services for families affected by alcohol and drug use (Whole Family Approach Framework)	103,910
Alcohol and drug services specifically for children and young people	4,950
Drug and Alcohol treatment and support in Primary Care	764,450
Residential Rehab	30,837
Whole Family Approach framework	136,200
Outreach	152,450
Community treatment and support services specifically for people in the justice system	115,090
Other	237,290
<b>Total</b>	<b>5,296,178</b>

#### Additional finance comments

A review of current ADP finances has been agreed and will be undertaken by the Chief Finance Officer. Priority areas for spend will thereafter be identified and progressed in line with regulations. This is a significant piece of work which again requires focus and support from the appropriate partners including an internal audit by Aberdeenshire Council.

Whilst this sheet indicates an underspend of £1,267,423, £821,120 was approved by ADP and IJB in October/November 2021 to be allocated to HSCP Alcohol and Drug service but this transfer has not yet taken place. A further £252k was received to support MIST projects as per the Project Specification Document and this too is still to be transferred.



## ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT 2021/22:

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2021/22** against the of the **Rights, Respect and Recovery strategy** including the Drug Deaths Task Force **emergency response paper** and the **Alcohol Framework 2018**. This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Reporting you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Friday 5 August 2022** to:  
alcoholanddrugsupport@gov.scot



**NAME OF ADP:** Angus ADP

**Key contact:**

**Name:** Niki McNamee  
**Job title:** Lead Officer  
**Contact email:** McNameeN@angus.gov.uk

**I. DELIVERY PROGRESS REPORT**

**1. Education and Prevention**

1.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

*Please select those that apply (please note that this question is in reference to the ADP and not individual services)*

Leaflets/ take home information	<input checked="" type="checkbox"/>
Posters	<input checked="" type="checkbox"/>
Website/ social media	<input checked="" type="checkbox"/>
Apps/webchats	<input checked="" type="checkbox"/>
Events/workshops	<input checked="" type="checkbox"/>
Please provide details...	
Accessible formats (e.g. in different languages)	<input checked="" type="checkbox"/>
Some of our services have leaflets and information that is available in different languages and our psychology service has translated its group work supporting materials into other languages e.g. Polish)	
Please provide details...	
Other	<input type="checkbox"/>
Website:	<a href="https://www.angus.gov.uk/social_care_and_health/protect_someone_from_harm/alcohol_and_drugs">https://www.angus.gov.uk/social_care_and_health/protect_someone_from_harm/alcohol_and_drugs</a>

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Overdose Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Seasonal Campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify...			



As AADP and its partners continued to operate within Covid-19 restrictions in this period a significant amount of prevention and awareness raising activity was conducted online. Specific messages/campaigns focussed on; promotion of services and available supports, provision of postal naloxone, needle exchange equipment and HIV/BBV Testing, support for family members and carers, alcohol awareness week, overdose awareness and training opportunities, recovery month, covid-19 and vaccination information, access to local emergency support such as food parcels and hubs, suicide prevention, mental health and wellbeing supports, LGBTQ+ month, free access to Breaking Free Online (online recovery support programme) and FASD. Services that managed to operate face to face offered support around wider aspect of individual's health and wellbeing alongside seasonal campaigns e.g., winter packs that included hats, scarfs, gloves etc were provided to those who were vulnerable.

Education sessions held in schools and community settings continued to be impacted by the pandemic restrictions. When permitted, sessions were delivered in Arbroath College and Angus High Schools covering early intervention risk taking behaviours, consequences and behaviour choices, community safety and educational session on the use of substances. During sessions educational "drug boxes" were used alongside service developed tools and teaching materials and nationally developed resources.

Justice Services have provided one to one, needs led and focussed drug education for individuals whose substance misuse may have been integral to their offending and risk-taking behaviour. The Moving On Group (MOG) gives opportunity to promote consequential thinking and general harm reduction with individuals in a group discussion setting.

All services have access to a range of educational and awareness raising resources that are provided to people where appropriate.

AADP has been concerned about an increase in the level of cocaine/crack use and harms in Angus and our Psychostimulant Group has taken forward a number of activities to engage with people who are using stimulants; from harm reduction campaigns and resources to specific treatment and support pathways and training for staff in services, pharmacies and wider health settings.

1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

- Teaching materials
- Youth Worker materials/training
- Promotion of naloxone
- Peer-led interventions
- Stigma reduction
- Counselling services
- Information services
- Wellbeing services
- Youth activities (e.g. sports, art)
- Other  Please provide details...

It must be noted that Covid-19 restrictions continued to severely impact this type activity in 2021/22.

Angus schools continued to deliver substance use education in line with the Tayside Substance Misuse Curricular Framework.

At the start of the pandemic Angus ADP began funding mobile phones and top-up cards for those in services who were identified as particularly vulnerable or who had identified risks such as adult



protection, domestic abuse and nonfatal overdose. This has continued in 2021/22 and 68 phones were provided in this time period.

AADP continued to work with SCVO in delivering digital devices and wifi to individuals and families with substance use issues. 6 devices with wifi connectivity were provided in 2021/22.

Naloxone Training & Distribution – this was delivered via a hybrid model in 2021/22 where some training was held online and some were face to face. Angus’ Harm Reduction Service have trained Third Sector, Criminal Justice Services, Through Care and Aftercare Service, Scottish Fire and Rescue Service, NHS staff, Mental Health Workers, AIDARS staff, service users and family members and supplied kits across Angus in Community Café Projects and community groups. 560 Naloxone kits were distributed in this period with a number of them being supplied via the postal delivery service that was available. Wellbeing hubs that have targeted homeless and supported accommodation populations were also utilised to reach those at risk of overdose. Overdose and Naloxone training was offered to most licensed premises in Angus in an attempt to reduce the apathy and stigma that continues to exist towards drug users and overdose.

AADP services have provided people the opportunity to take part in activities to improve their physical and mental wellbeing. They employ five peer workers who support education sessions, share their experience of substance use and examples of how positive change has been made and the improved effect this has had on individuals and families. They provided peer-led harm reduction interventions in the wellbeing cafes in Forfar, Montrose and Arbroath and in North Grimsby and Glen Moy Hostel wellbeing drop ins. Presentations to community groups such as Rotary Clubs were delivered to help reduce the stigma involved with substance use and increase awareness and understanding.

Peer Navigators are present in Ninewells Hospital which serves the Angus community, and they are trained to supply Naloxone.

1.4 Please provide details of where these measures / services / projects were delivered.

Formal setting such as schools	<input checked="" type="checkbox"/>	
Youth Groups	<input checked="" type="checkbox"/>	
Community Learning and Development	<input checked="" type="checkbox"/>	
Via Community/third Sector partners or services	<input checked="" type="checkbox"/>	
Online or by telephone	<input checked="" type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	2021/22 continued to be impacted by the covid-19 pandemic and face to face interventions were limited. However, a number of sessions were delivered in schools and colleges across Angus as well as in community group settings, recovery cafes, drop-in’s and hostels, when restrictions permitted. Individual and group-based support sessions have been provided to young people and adult services providing the best opportunity to support the wider community in a range of settings. Online and face to face SMART Recovery meetings were facilitated on a weekly basis with a total of 30 individuals attending these meetings.

1.5 Was the ADP represented at the alcohol Licensing Forum?

Yes   
No





1.6 What proportion of license applications does Public Health review and advise the Board on?

- |      |                                     |
|------|-------------------------------------|
| All  | <input type="checkbox"/>            |
| Most | <input type="checkbox"/>            |
| Some | <input checked="" type="checkbox"/> |
| None | <input type="checkbox"/>            |

1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).

All license applications are received by public health and reviewed. Advice is offered as appropriate but there are no overprovision issues identified by Angus Licensing Board in its overprovision policy therefore public health objections/comments are rarely provided.

Education sessions with young people have been key in engaging them in accurate and informed discussions relating to substance use and provide an opportunity for all individuals to understand more about the substance they or their friends/family may use, the effects both short and long term in an environment that encourages honesty and a non-judgemental view. Education sessions have led to individuals seeking personal support and further education. Providing support to 28 parents of young people allowed them to understand the current drug trends, risks, signs, and symptoms and how to approach conversations with their children relating to drugs and alcohol in a supportive way.



## 2. Treatment and Recovery

2.1 What treatment or screening options were in place to address alcohol harms? (*select all that apply*)

Fibro scanning	<input type="checkbox"/>
Alcohol related cognitive screening (e.g. for ARBD)	<input checked="" type="checkbox"/>
Community alcohol detox	<input checked="" type="checkbox"/>
Inpatient alcohol detox	<input checked="" type="checkbox"/>
Alcohol hospital liaison	<input checked="" type="checkbox"/>
Access to alcohol medication (Antabuse, Acamprase etc.)	<input checked="" type="checkbox"/>
Arrangements for the delivery of alcohol brief interventions in all priority settings	<input checked="" type="checkbox"/>
Arrangements of the delivery of ABIs in non-priority settings	<input type="checkbox"/>
Psychosocial counselling	<input checked="" type="checkbox"/>
Other counselling provision	<input checked="" type="checkbox"/> Tayside Council on Alcohol



2.2 Please indicate which of the following approaches services used to involve lived experience / family members (*select all that apply*).

*For people with lived experience:*

- Feedback / complaints process
- Questionnaires / surveys
- Focus groups / panels
- Lived experience group / forum
- Board Representation within services
- Board Representation at ADP
- Other  Please provide details...

*For family members:*

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups / panels
- Lived experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other  Please provide details...

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

ADP partners use the feedback provided to improve and develop services. Services take time to listen to feedback via regular listening group and other methods as outlined in their service user/consultation guidance and in line with their service level agreements. Services may deal with negative feedback as a complaint and thus in accordance with their complaints policy. Services have a presence in several community drop-ins including Well Bean Café's where those attending have the opportunity to give feedback on services to staff and volunteers. The Support in Recovery Group and Peer Focus Group has developed and facilitated interviews with those using services to gain understanding and knowledge of current challenges and barriers to accessing and engaging in service support. Two Peer Support Workers completed their SVQ level 3 in Health and Social Care. This training allowed the Peer Workers to share their own personal lived experience to the benefit of those Service Users accessing support. Through this training/education Peer Workers developed their individual practice and were able to provide a beneficial level of support to individuals accessing the service.

Senior leaders of Angus ADP and HSCP have and will meet with any group that wishes to share its experiences of drug and alcohol services and identified learning opportunities will be taken forward as and when required.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

- Planning, I.E. prioritisation and funding decisions
- Implementation, I.E. commissioning process, service design
- Scrutiny, I.E. Monitoring and Evaluation of services
- Other  Please provide details...



Please give details of any challenges (max 300 words)

Angus ADP have utilised recent Scottish Government funding uplifts to employ a peer worker with lived experience in our Independent Advocacy Service to work with the ADP to develop lived experience forums that will act as a critical friend to the ADP and have input into planning, commissioning and evaluation of our services. The coronavirus pandemic has had a significant impact on our ability to develop community groups over the last two years and it may take time for people to have the confidence to attend face to face opportunities. We have welcomed SRC's involvement in 2021/22 and will prioritise the offer of support that they have extended to us to help us to develop our forums further in 2022.

Angus ADP have been recruiting lived experience locality interviewers as part of the MAT Standards evaluation work and 5 individuals have completed the training provided by the MISTQ Team.



2.5 Did services offer specific volunteering and employment opportunities for people with lived/living experience in the delivery of alcohol and drug services?

- a) Yes   
No

b) If yes, please select all that apply:

- Peer support / mentoring   
Community / Recovery cafes   
Naloxone distribution   
Psychosocial counselling   
Job Skills support   
Other

Peer Workers with lived experience are employed in Angus community recovery and harm reduction services and they have the opportunity to study towards SVQ3. Peer Workers have been involved in the facilitation of community wellbeing cafes as well as supporting drop-in services and have provided one-to-one support to individuals and families. They have provided training and distribution of Naloxone and IEP equipment. ADP services support volunteers who have been integral to the success of Well Bean Cafes. Angus Recovery Services have supported people on a one-to one basis to find and attend volunteering and employment opportunities away from drug and alcohol services. Individuals have been successful in finding opportunities volunteering in food banks, community cafes and within local businesses. Voluntary Action Angus (VAA) work closely with our recovery services and provide signposting and support for people who wish to engage in volunteering out with the substance use arena.

Angus ADP have made links with the Angus HSCP Volunteer Service which has recruited individuals who are keen to volunteer in the substance use sector.

2.6 Which of these settings offered the following to the public during 2021/22? (select all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Peer-led initiatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A&E Departments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Mobile / outreach services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist Harm Reduction Nursing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)

There is a local Comorbidity Care Pathway between Community Mental Health and Substance Services to support engagement for people presenting with coexisting conditions. Both services meet twice weekly to discuss referrals and support to engage with this group of people. There is also a referral hub based within primary care in Montrose that supports comorbidities and is staffed by both statutory and third sector services. This model has been successfully evaluated and it is planned to be rolled out over the next 12 months to other primary care sites in Angus. This model was recognised at a recent NHS Scotland award ceremony.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes   
No

Please provide details (max 300 words) Although there is a pathway in place, due to the lack of consultant/ medic provision with the Angus area this remains a challenge for services. These areas are being reviewed as part of the ongoing developments in relation to mental welfare within Angus.

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

There is a local Comorbidity Care Pathway between Community Mental Health and Substance Services to support engagement for people presenting with coexisting conditions. Both services meet twice weekly to discuss referrals and support to engage with this group of people. There is also a referral hub based within primary care in Montrose that supports comorbidities and is staffed by both statutory and third sector services. This model has been successfully evaluated and it is planned to be rolled out over the next 12 months to other primary care sites in Angus. This model was recognised at a recent NHS Scotland award ceremony.

Angus ADP are working with Healthcare Improvement Scotland around a mental health and substance use pathfinder programme with the two other Tayside ADP's to ensure improvements, developments and learning around this are shared by all services across the Health Board. A leadership programme has been developed to ensure this is given the level of priority and resourcing that is required.

Angus ADP was involved in the development of the Living Life Well Strategy and Improvement Plan and the engagement and consultation process that was involved with this.

Staff in both mental health and substance use services are encouraged to access e-learning training and resources around comorbidity on TURAS as face to face training has not been delivered during the coronavirus pandemic.

Angus ADP provides an ongoing overdose and naloxone training programme which is open to all staff, volunteers and community members. There has been a significant increase in staff from mental health services attending the training and being supplied with Naloxone for use in an emergency.





2.9 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes   
No

2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

Click or tap here to enter text. Angus ADP have continued to deliver Community Cafés across Angus when covid restrictions allowed. These cafes provide a safe place for individuals to access support without the need for an appointment; they provide social contact enabling positive relationships to be made.

There are now 5 Peer Workers employed across ADP services who use their lived experience to support others in their recovery. In 2021/22 a new peer-led drop-in service in Arbroath was established to provide immediate crisis, wellbeing and recovery support and information.

There are active SMART Recovery Groups across Angus. Two of these moved online when pandemic restrictions were in place but one of the groups continued to meet face to face when guidelines allowed.

There is one well attended Narcotics Anonymous (NA) Group in Arbroath and a number of Alcoholics Anonymous (AA) Groups across Angus.

Perth Prison healthcare staff work closely with SPS to support recovery work/recovery cafés. Angus ADP has funded a peer worker to work in HMP Perth who will promote recovery and signpost those being released to local services.

The National Recovery Walk took place in Perth and is a positive event that the Angus recovery community benefits from attending. All ROSC services support people to attend and funding is provided by the ADP to assist those who may struggle with transport and/or accommodation.

2.11 What proportion of services have adopted a trauma-informed approach during 2021/22?

All services   
The majority of services   
Some services   
No services

Please provide a summary of progress (max 300 words)

All AIDARS staff have undertaken safety and stabilisation training. Psychology Services have developed a service pathway for the implementation of an Emotion Regulation (ER) pathway. 12 AIDARS staff are now trained in ER with support and supervision to deliver trauma informed interventions at Tier 2 and 3 level. Psychology will continue to offer ER training as part of core training in AIDARS. AIDARS psychology service is trained in Survive and Thrive and intends to work with Angus Community Mental Health Team (CMHT) to determine how AIDARS service users can link into Survive and Thrive groups run by CMHT. AIDARS psychology service offer consultations/ formulation sessions around trauma informed care, supporting AIDARS staff to implement safety and stabilisation interventions as required. AIDARS psychologist also provides highly specialist trauma work including Schema Therapy.



ROSC services have training opportunities provided by the ADP/SDF including Trauma Informed Practices. During the pandemic all services have been encouraged to access the national online programme of training that is available from SDF and a local training plan has been developed for 2022/23 that includes trauma and substance use.

A review of the Housing Options Service is currently underway, with the objectives to:

- Make better use of existing resources
- Improve collaboration in homelessness services and prevention
- Increase focus on prevention and ensure homelessness is prevented at an earlier stage
- Ensure homeless households can access the right type of support at the right time

The job outline and person specification of a new case manager role have been finalised and embed a values based and trauma informed approach to preventing and addressing homelessness.

Justice Services are committed to embedding trauma-informed practice for service users throughout all of our services Munro Team, The Glens and Horizon Team and in all interventions we provide as well as creating trauma informed spaces for service users in waiting rooms, interview and group work.

2.12 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? *(mark all that apply)*

- |  |                                     |
|--|-------------------------------------|
| Alcohol harms group                                | <input type="checkbox"/>            |
| Alcohol death audits (work being supported by AFS) | <input type="checkbox"/>            |
| Drug death review group                            | <input checked="" type="checkbox"/> |
| Drug trend monitoring group / Early Warning System | <input checked="" type="checkbox"/> |
| Other  | <input checked="" type="checkbox"/> |
| Tayside Non-Fatal Overdose Prevention Group.       | Tayside Needs Assessment Group and  |

2.13 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

Area level surveillance data on alcohol related deaths and other alcohol harms is undertaken routinely by NHS Tayside public health intelligence officers and reported to ADPs. Individual review of alcohol related deaths is not currently undertaken. As noted in the Alcohol Focus Scotland report published recently, (<https://www.alcohol-focus-scotland.org.uk/media/440037/alcohol-deaths-reviews-practical-guidance-for-alcohol-and-drug-partnerships-and-public-health-teams.pdf>) there is significant diversity and complex interactions of long term and more proximal factors in early death associated with excess alcohol use. Additional analytical resources would need to be identified to undertake review of individual alcohol deaths, as well as capacity constraints for others who would be required to participate in such a review group to make it effective. Angus ADP recognises the significant burden of mortality caused by alcohol deaths. The ADP also notes that a proportion of drug deaths subject to review demonstrate significant co-existing alcohol related harm as well. The ADP receives regular reports on alcohol related harms, service provision and support, and considers national and other data, including that from NRS and PHS, to ensure it maintains an intelligence-led response to alcohol use issues. AADP will consider the guidance emerging from the AFS report in future work planning.



2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

The Tayside Drug Death Review Group comprises representation from multiple agencies across Tayside.

Suspected drug deaths are notified to the Health Intelligence team within NHS Tayside Public Health. Details are then collected from partner agencies, assimilated and subsequently reviewed by the Tayside Drug Death Review Group to determine if the case should be considered a drug death or not and to identify any emerging trends and key themes to inform strategic work going forward. Specific areas of feedback in relation to a reviewed case are provided directly by the Tayside Drug Death Review Group to the service involved, where appropriate.

Recommendations identified by the Tayside Drug Death Review Group inform the work of the Tayside Overdose Prevention Group and action plans developed by each of the ADPs in Tayside.

AADP has provided funding to NHST Public Health to employ an additional analyst - The increased capacity to co-ordinate and analyse drug death information continues to be of significant benefit to exploring and understanding drug deaths in Tayside. Over the last 6 months a range of analysis based on local data has taken place to inform ADP partners on the links between non-fatal overdoses and drug death, location of fatal overdose, and age and other demographics of those who have died from a suspected drug death. Continued analysis of substances taken, in what quantity and combination, and monitoring the annual trends in illicit and illicitly obtained drugs is supporting the work of services to educate and create awareness. This post continues to support and inform the work of services, support organisations, health, police and other individuals and organisations to understand more about why, when, how and where people develop problematic substance use. This ongoing complex subject continues to develop and requires sustained investigation to ensure a breadth of evidence can support people, families and communities affected by addiction and substance use.

The Tayside Drug Related Deaths Review Group (DDRG) is a pan-Tayside multi-agency group that meets monthly to review all deaths where the immediate cause appears, based on post-mortem and toxicology reporting and police assessment, to be non-intentional overdose of a controlled substance. The group does not review deaths by suicide using controlled substances-Tayside has a separate suicide review group which considers these events. The group also does not review drug deaths ascribed to conditions that may be related to drug use but not the direct result of the controlled substance itself-for example deaths due to Hepatitis C acquired through injecting, deaths due to sepsis of embolism, or deaths due to trauma sustained under the influence of drugs. The group has representation from the NHS substance use services, ADPs, Voluntary Sector, Police Scotland, Social Work, Scottish Prison Services, Public Health, pharmacy, and harm reduction services. An annual report with recommendations for reducing drug deaths is published ([https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/PublicHealth/PROD\\_213564/index.htm](https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/PublicHealth/PROD_213564/index.htm)) and individual ADPs incorporate responses to these recommendations within their own work plans as appropriate to local needs. The DDRG is supported by a dedicated analyst employed within NHS Tayside Public Health Directorate who collates information on each deceased person from multiple agencies, prepares summaries of each case and leads on preparation of the annual report. Individual agency adverse event reporting systems are also used to inform each case review (eg DATIX for people in contact with NHS services). The review group members follow up actions and lessons learned in relation to their own services, whilst the annual report aims to identify common themes and areas for strategic action across Tayside.

AADP provide regular information updates to Public Protection Chief Officers and are currently reviewing the information that is provided.



2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

[Click or tap here to enter text.](#)

AADP have continued to work towards the treatment and recovery outcomes set out in the strategic delivery plan and governance routes are in place in terms of the Chief Officers Group and IJB. The ADP Strategic Delivery Plan sets out Key Performance Indicators. Those indicators that can be, are reported quarterly to the ADP Strategy Group with onward communication to the Chief Officers Group.

All commissioned services provide quarterly performance reports to our contracts team and meet twice a year with ADP, HSCP and Contracts Officers to review activity and outcome data.

All services submit quarterly HEAT A11 Drug and Waiting Times information.

AADP carries out an annual evaluation of all of its services via a service user questionnaire. This measures how effectively services are delivered in terms of the Quality Principles.

Pressures related to Covid-19 have impacted on us progressing with a performance framework portal which was being planned with HSCP colleagues and the introduction of the MAT Standards has meant that our priorities have been focussed around these.



### 3. Getting it Right for Children, Young People and Families

3.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

- a) Yes   
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionsary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Third Sector services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Angus ADP commissions 2 services specifically for young people and their families – these are delivered by Tayside Council on Alcohol and Hillcrest Futures. Funding is also provided to Angus Independent Advocacy to work with families affected by substance use. Angus Council’s Children, Families &amp; Justice Service funds 3 levels of children, young people and families’ support. Level 1 provides an early intervention service through Hillcrest Futures that works with children (aged 5-18) and families affected by parental substance use. The service is therapeutic, and trauma informed and focusses on building resilience and reducing risk. Level 2 is an intensive family support service that is delivered by Aberlour. This focuses on families with children (0-18 years) and provides intensive support 7 days a week, including evenings. Angus Council’s Enhance Team provides specialist social work support to children, young people and their families who are at risk of family breakdown and accommodation. Improving parenting capacity and keeping</p>				



families together safely are key outcomes for these services

3.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

- a) Yes   
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionsary Activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Please provide details...	Kith n Kin offer access to specialist creative therapies for children impacted by parental substance use. Angus Carers Service works with young carers who may be affected by a family members substance use.			





3.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes   
No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)  
AADP subgroup Children, Young People and Families Group (CYPFG) has initiated partnership working with the local Integrated Children's Services Group, as well as engaging with the local Child Protection Committee. The CYPFG meets on a quarterly basis to review and monitor the families affected by parental substance misuse. Both AADP and ACPC, along with others are represented within the Protecting People Angus umbrella, which develops shared strategies, priority areas, learning and development framework and opportunities and working towards shared communication and engagement.

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved   
Stayed the same   
Scaled back   
No longer in place

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved   
Stayed the same   
Scaled back   
No longer in place

3.6 Did the ADP have specific support services for adult family members?

a) Yes   
No

b) If yes, please select all that apply below:

Signposting   
One to One support   
Support groups   
Counselling   
Commissioned services   
Naloxone Training   
Other

Please provide details...Hillcrest Futures provide one-to-one support to family members; staff are trained to facilitate SMART Family & friends, Naloxone training and Drug Awareness. Six family members were supported through 1 to 1 appointments, SMART Friends and Family and CRAFT resilience and support tools were provided. Angus Carers Centre is funded to work with carers of people with substance use issues. Support is provided on a one to one and group basis.



3.7 How did services for adult family members change in the 2021/22 financial year?

- Improved   
 Stayed the same   
 Scaled back   
 No longer in place

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision? No this is planned for 2022/23

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)

In 2021/22 Angus ADP allocated its Whole Family Approach funding to the provision of therapeutic groupwork for young people and their families across Angus, additional education provision and training for staff which included Safe & Together and Seasons for Growth. A spend plan for 2022 onwards will be developed on the recommendations set out in the framework that was published in February 2022, with mapping of current service provision underway, alongside discussion with Integrated Children's Services partners as to potential for joint commissioning opportunities.

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)

Click or tap here to enter text.

b) If no, when do you plan to do this?

Click or tap here to enter text.

3.9 Did the ADP area provide any of the following adult services to support family-inclusive practice? (select all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...		



#### 4. A Public Health Approach to Justice

4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

- Yes
- No
- No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)  
Click or tap here to enter text. Although there is no prison in the Angus ADP area Justice Services offer every individual in prison returning to Angus on liberation the option of Voluntary Through Care (VTC) support. Workers liaise with the individual and services to create a package of support to meet the individual's needs prior to liberation. Individuals identified as at risk of opioid overdose are issued with naloxone from the Scottish Prison Service on day of liberation. Any individuals deemed at risk who have not been issued with naloxone or refused the offer from prison are encouraged to uptake the provision. Angus Justice Services liaise with AIDARS to confirm treatment arrangements are in place within the community. Ongoing intensive support is provided by Justice Services for the first few weeks of liberation or for as long as required. For those individuals deemed at risk of overdose when liberated who decline VTC it is more difficult to ensure naloxone is issued

4.2 Has the ADP worked with community justice partners in the following ways? (select all that apply)

- |   |   |
|---|---|
| Information sharing   | <input checked="" type="checkbox"/>             |
| Providing advice/ guidance                                      | <input checked="" type="checkbox"/>             |
| Coordinating activities   | <input checked="" type="checkbox"/>             |
| Joint funding of activities                                     | <input checked="" type="checkbox"/>             |
| Access is available to non-fatal overdose pathways upon release | <input checked="" type="checkbox"/>             |
| Other   | <input type="checkbox"/> Please provide details |

AADP has provided funding toward the Glen Isla and Glen Clova Projects. These are projects that offer trauma focussed support for women who have a history of offending and/or are considered vulnerable in the community. Justice Services have worked closely with AADP statutory and third sector agencies throughout 2021-22 to deliver support on both a statutory and voluntary basis to minimise the disruption to service delivery during the pandemic which has in turn created stronger links between agencies.

The Chief Officers Group has established the "Chairs and Lead Officers Group" under the "Protecting People Angus" banner. This group facilitates information sharing and joint approaches across the Community Justice Partnership, Child Protection Committee, Adult Protection Committee, Suicide Prevention Collaborative, Violence Against Women Partnership, the ADP and MAPPA.

Prison healthcare work closely with the SPS Recovery Team to identify pathways for recovery.

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? (select all that apply)

- Information sharing



- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Other  Please provide details

4.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families.

a) Upon arrest (please select all that apply)

If the individual is known to Justice services the Case Manager will contact the drug and alcohol service within the pertinent locality via telephone or email to advise of the individual's arrest. If unknown to Justice, the police or prison have the responsibility to liaise with the appropriate drug and alcohol service within the person's locality. If a Justice Social Work Report has been requested and it has been identified the individual is suffering from alcohol or drug issues the report writer will make an appropriate referral to the service in their locality. If they are intoxicated, they will be seen by the custody nurse and treated accordingly. If in receipt of a prescription for OST, this will be continued whilst in police custody following assessment. Upon sentencing, if the individual has been given a community sentence the Case Manager will relay this information to the relevant team and will continue to liaise; alternatively if the person has been given a prison sentence whilst subject to a current Order, the Case Manager will regularly liaise with the prison drug and alcohol service until time of release. Those who are not subject to a statutory Order are offered Voluntary Throughcare support by a Community Justice Assistant for a period of twelve months post-sentence. At least six-weeks prior to an individual's release from prison, the worker will contact the drug and alcohol service, to advise the locality the individual is returning to and provide details of any prescriptions etc to allow an appropriate pharmacy to be identified, ensure the transfer of the prescription and any appointments dates are arranged.

- Diversion From Prosecution
- Exercise and fitness activities
- Peer workers
- Community workers
- Other  Please provide details...

b) Upon release from prison (please select all that apply)

Individuals are asked at the beginning of any statutory or voluntary involvement with Justice if they would like their worker to liaise with their family. If consent is given, the worker will provide updates on the welfare of their family member prior to release. Upon release, if a person is returning to the home of a family member, home visits will be undertaken in the presence of the family, therefore involving them in the recovery of the individual from the onset of their return to their home and community. The substance misuse named nurse will provide a handover to community services for those on OST and ensure that links are made with the service. Referrals are made, as appropriate, for those not on OST, to third sector services. Prison healthcare work closely with SPS to support people into residential rehab.

- Diversion From Prosecution
- Exercise and fitness activities
- Peer workers



Community workers

Naloxone

Other

Through the Angus Integrated Referral Hub all new referrals for OST or recovery/drug and alcohol support are discussed. Peer workers can be allocated support roles at this time to support the re-engagement in community activities. Harm reduction and Naloxone support will remain available to all service users or community members who feel this is needed.

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

[Click or tap here to enter text.](#)



## II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners.

It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

### A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	942,177
2021/22 Programme for Government Funding and National Mission Funding	121,222
Additional funding from Integration Authority	632,251
Funding from Local Authority	
Funding from NHS Board	1,151,780
Total funding from other sources not detailed above	
Carry forwards	76,066
Other	
<b>Total</b>	<b>2,923,496</b>

### B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	24,296
Community based treatment and recovery services for adults	2,411,829
Inpatient detox services	27,509
Residential rehabilitation (including placements, pathways and referrals)	33,389
Recovery community initiatives	20,400
Advocacy services	0
Services for families affected by alcohol and drug use (whole family Approach Framework)	118,595
Alcohol and drug services specifically for children and young people	59,100
Drug and Alcohol treatment and support in Primary Care	0
Other	228,378
<b>Total</b>	<b>2,923,496</b>

#### Additional finance comments

Click or tap here to enter text.





## ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT 2021/22:

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2021/22** against the of the **Rights, Respect and Recovery strategy** including the Drug Deaths Task Force **emergency response paper** and the **Alcohol Framework 2018**. This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Reporting you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Friday 5 August 2022** to:  
alcoholanddrugsupport@gov.scot



**NAME OF ADP:** Argyll & Bute alcohol and Drug Partnership

**Key contact:**

**Name:** Craig McNally  
**Job title:** ADP Coordinator  
**Contact email:** CraigThomas.Mcnally@nhs.scot

**I. DELIVERY PROGRESS REPORT**

**1. Education and Prevention**

1.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

*Please select those that apply (please note that this question is in reference to the ADP and not individual services)*

Leaflets/ take home information	<input type="checkbox"/>
Posters	<input type="checkbox"/>
Website/ social media	<input checked="" type="checkbox"/>
Apps/webchats	<input type="checkbox"/>
Events/workshops	<input checked="" type="checkbox"/>
Please provide details...	
Accessible formats (e.g. in different languages)	<input type="checkbox"/>
Please provide details...	
Other	<input type="checkbox"/>

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
General Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Overdose Awareness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Seasonal Campaigns	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Youth	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Stigma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Please specify...			

Scottish Government Covid-19 advice; WHO World Health Day 2021; Social Security Scotland Family benefits; WHO Equity and COVID-19; Family Support is for Men Too awareness raising; Medically Assisted Treatment Standards; Cary Naloxone Campaign; Mental Health Awareness Week; Volunteer of the Year 2021; International Nurses Day 2021; Be Kind to Yourself Day; WHO: The Helping Adolescents Thrive Toolkit; Drug Deaths Taskforce; Dementia Awareness Week; Child Safety Week; Recovery Walk



Scotland 2021; Scotland's Kilt walk 2021; Dunoon Recovery Community; World Hepatitis Day 2021; Scottish Health Awards 2021; Expanding Access to Naloxone Advice; Alcohol Awareness Week 2021; local police Campaign mocktail beer mats and spikeys; Suicide Bereavement Support Service - Argyll and Bute pilot; The Promise Partnership funding; Scottish Government Children and Families Fund; Argyll and Bute Council Coronavirus Financial Support; Right Care Right Place; International Overdose Awareness Day 2021; Third Sector Collaboration Week 2021; Argyll & Bute Children & Young People's Service Plan; CRAFT Practitioner Training; World Suicide Prevention Day 2021; Sexual Health Awareness Week 2021; The National care Service Consultation; World Alzheimer's Day; Sober October 2021; Icelandic Prevention Model; Trans Awareness Week; Mouth Cancer Awareness month; COVID 19 Tenant Grant Fund; The Promise Partnership; Communities Mental Health and Wellbeing Fund; Dry January; Cervical Cancer Prevention Week; #OrangeTheWorld Campaign from UN Women; International Women's Day; Women's Recovery Month; Lets End the Stigma of Addiction Campaign; Communities Mental Health and Wellbeing Fund; Clear Your Head; National Collaborative; No Smoking Day; Addiction Worker Training Project; Scottish Apprenticeship Week 2022; Young Carer Grant; Sober Spring 2022; Scotland's Census 2022; Road Safety Week; Water Safety Scotland Drowning Prevention campaign.

1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

- Teaching materials
- Youth Worker materials/training
- Promotion of naloxone
- Peer-led interventions
- Stigma reduction
- Counselling services
- Information services
- Wellbeing services
- Youth activities (e.g. sports, art)
- Other

**SCHOOL BASED WORK** – Work with the education department to provide school based support and education services in nine of the ten Secondary Schools across Argyll & Bute. The education interventions vary in length and type and have significantly changed in some cases because access to the schools has been limited or stopped. There has been a change to texting, phoning and use of Webchat, Skype and social media as well as meeting outside and in locations off campus. The support work is not exclusively targeted at people with identified drug or alcohol use issues (their own or another's use) but is open ended in order that young people can gain support for a range of issues. This is viewed as part of an early intervention strategy which, it is hoped, will prevent young people from turning to alcohol or drugs as a coping mechanism.

**COUNSELLING SERVICE** – The ADP has funded a counselling service for Primary 6 and 7 pupils to compliment the Scottish Government funding of counsellors in secondary schools. This covers an important transitional period in a child's emotional, physical, social as well as educational journey.

**COOL2TALK** – A web-based question and answer service aimed at young people aged 12 up to and including 25. The service answer questions posted on a website within 24 hours. The majority of questions are around emotional health including asking about anxiety how to cope with stress. The ADP has been the main funder of this service for a number of years. Although there are only a few questions which are specifically related to the use of alcohol or drugs the service is seen as an opportunity for early intervention and prevention rather than as a specific support for alcohol and drug issues. People are signposted to local services that can provide support related to the question they have asked.



S3 DRAMA - The ADP has supported the S3 Health Drama programme, both financially and by attending a number of the events, for several years. The annual programme is a partnership approach between Health and Education where a drama production, pupil workshop, three lessons plans, a Q&A with service providers and a pupil resource booklet are provided for each S3 pupil. Prior to the Covid-19 pandemic the production has been part of a roadshow. In the last 2 years, due to Covid distancing rules we have delivered an on-line version of the live drama, which was facilitated and supported by class and guidance teachers and a variety of staff from partner agencies and NHS. These sessions included FAQ's, followed up with literature and completed with a series of 3 lesson plans. We look forward to resuming live in-person dramas from 22/23. The drama production covers a wide range of issues including alcohol use, sexual exploitation, sexuality, mental wellbeing, self-harm and other key issues. Previous evaluations have consistently demonstrated that pupils are better informed of services and have found the medium of live drama particularly effective.

ICELANDIC PREVENTION MODEL – The ADP is one of the pilot areas for the Icelandic Prevention models. Two of the ten secondary schools have completed and received the results of their survey. The ADP will work with the Education Department and the schools to address the issues highlighted from these results. The ADP has committed to continue funding Planet Youth for 2022-23.

1.4 Please provide details of where these measures / services / projects were delivered.

- |   |                                     |                           |
|---|-------------------------------------|---------------------------|
| Formal setting such as schools                  | <input checked="" type="checkbox"/> |                           |
| Youth Groups                                    | <input checked="" type="checkbox"/> |                           |
| Community Learning and Development              | <input type="checkbox"/>            |                           |
| Via Community/third Sector partners or services | <input checked="" type="checkbox"/> |                           |
| Online or by telephone                          | <input checked="" type="checkbox"/> |                           |
| Other   | <input type="checkbox"/>            | Outside and via zoom, etc |

1.5 Was the ADP represented at the alcohol Licensing Forum?

- Yes   
No

Argyll and Bute does not have a functioning licensing forum and plans to reform and rejuvenate a forum have been put on hold due to COVID.

1.6 What proportion of license applications does Public Health review and advise the Board on?

- All   
Most   
Some   
None

Due to COVID the ADP has not received licensing applications. All licensing applications were received in the past and will be going forward.



1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).

The ADP has received the results of a Needs Analysis which will inform future provision of services for Children and Young, both preventative and for those who require treatment for alcohol and drug use.

## 2. Treatment and Recovery

2.1 What treatment or screening options were in place to address alcohol harms? (select all that apply)

Fibro scanning	<input checked="" type="checkbox"/>
Alcohol related cognitive screening (e.g. for ARBD)	<input checked="" type="checkbox"/>
Community alcohol detox	<input checked="" type="checkbox"/>
Inpatient alcohol detox	<input checked="" type="checkbox"/>
Alcohol hospital liaison	<input checked="" type="checkbox"/>
Access to alcohol medication (Antabuse, Acamprase etc.)	<input checked="" type="checkbox"/>
Arrangements for the delivery of alcohol brief interventions in all priority settings	<input type="checkbox"/>
Arrangements of the delivery of ABIs in non-priority settings	<input checked="" type="checkbox"/>
Psychosocial counselling	<input type="checkbox"/>
Other	<input type="checkbox"/> Please provide details...

2.2 Please indicate which of the following approaches services used to involve lived experience / family members (select all that apply).

*For people with lived experience:*

Feedback / complaints process	<input checked="" type="checkbox"/>
Questionnaires / surveys	<input type="checkbox"/>
Focus groups / panels	<input type="checkbox"/>
Lived experience group / forum	<input checked="" type="checkbox"/>
Board Representation within services	<input type="checkbox"/>
Board Representation at ADP	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/> Please provide details...

*For family members:*

Feedback/ complaints process	<input checked="" type="checkbox"/>
Questionnaires/ surveys	<input type="checkbox"/>
Focus groups / panels	<input type="checkbox"/>
Lived experience group/ forum	<input type="checkbox"/>
Board Representation within services	<input type="checkbox"/>
Board Representation at ADP	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/> Please provide details...



2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

Feedback is always positively received and responded to. The feedback is normally, though only if appropriate, shared with the ADP partners. The feedback is responded to and views of this response sought maintaining a dialogue until any issues are resolved.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

- Planning, I.E. prioritisation and funding decisions
- Implementation, I.E. commissioning process, service design
- Scrutiny, I.E. Monitoring and Evaluation of services
- Other  Please provide details...

Please give details of any challenges (max 300 words)

The ADP are in the process of developing our lived experience panel. In Argyll & Bute the biggest challenge faced is the size and rurality of the area with many remote communities. It has been hard to maintain motivation and engagement. The main option being investigated, due to time, travel and access to video-conferencing technologies, is setting up distinct groups in each locality, however the small and declining population of Argyll & Bute means that there are issues attracting and retaining membership of the necessary size that would allow the groups to see results and maintain motivation.

2.5 Did services offer specific volunteering and employment opportunities for people with lived/living experience in the delivery of alcohol and drug services?

- a) Yes
- No

b) If yes, please select all that apply:

- Peer support / mentoring
- Community / Recovery cafes
- Naloxone distribution
- Psychosocial counselling
- Job Skills support
- Other  Please provide details...

2.6 Which of these settings offered the following to the public during 2021/22? (select all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Peer-led initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GPs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A&E Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other ... <i>(please detail)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Several services work in partnership (eg Homelessness, mental health and addiction team) which means services are often easier to access through collaborative approaches than the response suggests.

2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)

Click or tap here to enter text.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes

No

Please provide details (max 300 words)

The Statutory Service and Community Mental Health Teams in Argyll & Bute are managed as part of the same system with a single manager supporting both services. This has significantly reduced barriers to accessing services.

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

The Statutory Service and Mental Health Team exist within the same structure which fosters better communication and shared practice. At present all psychiatric services are provided by the Mental Health Psychiatric Team while the addiction team recruits to the vacant psychiatrists post.

2.9 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes

No



2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

During 2021/22 a panel of people with lived experience was formed to look at setting up a recovery cafe in the Cowal area. This involved walk and talks, events and leaflets that were distributed to encourage engagement of the community. The panel now consists of 12 people who all have lived experience. They have designed a logo and created a constitution and terms of reference. They have organised a number of summer activities to engage the community. The panel have also completed training in administering Naloxone and the volunteer program of training. In the Bute area there are also walk and talk groups, men's shed and breakfast clubs. This area has an average of 32 members. Discussions are taking place with Argyll & Bute Council to look at permanent premises which will allow this community to operate in the evening and at weekends. The Bute recovery community is welcomed and supported by the wider community and services.

2.11 What proportion of services have adopted a trauma-informed approach during 2021/22?

- All services
- The majority of services
- Some services
- No services

Please provide a summary of progress (max 300 words)

Our substance misuse services both use trauma informed approaches in all of their work.

2.12 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? (*mark all that apply*)

- Alcohol harms group
- Alcohol death audits (work being supported by AFS)
- Drug death review group
- Drug trend monitoring group / Early Warning System
- Other  Please provide details...

2.13 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

The method of identifying who would be an alcohol related death has not yet been identified.

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

Drug related Deaths group, lead by the ADP Chair and involving key partners, service providers, GPs, Police, Community Justice, SAS and others when relevant, schedule regular meetings to discuss each identified DRD. These are discussed in full when all information is available (this process can often be delayed by several months). An interim conversation around new, possible DRDs has been introduced



while the information gathering process is ongoing. This allows for any early learning to be shared with appropriate partners while ensuring no assumptions are made without full information.

2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).  
Click or tap here to enter text.

### 3. Getting it Right for Children, Young People and Families

3.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

- a) Yes   
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionsary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Sector services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The ADP is using information gathered through a Needs Assessment in conjunction with a Short Life Working group containing key partners to identify the most appropriate approach to the delivery of specific treatment and support drug and alcohol services for young people given the low numbers and large geography needing to be covered. This will be put in place in 2022/23. There are existing services which provide non- drug and alcohol specific support and are funded by and engaged with the ADP.

3.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

- a) Yes   
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionsary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Carer support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The ADP is using information gathered through a Needs Assessment in conjunction with a Short Life Working group containing key partners to identify the most appropriate approach to the delivery of specific treatment and support drug and alcohol services for young people given the low numbers and large geography needing to be covered. This will be put in place in 2022/23. There are existing services which provide non- drug and alcohol specific support and are funded by and engaged with the ADP.

3.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes   
No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The ADP Coordinator sits on the CPC and vulnerable YP sub group. CP lead sits on ADP. Chairs of APC, CPC and ADP have a regular meeting to ensure collaborative approaches across all three areas.

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved   
Stayed the same   
Scaled back   
No longer in place

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved   
Stayed the same   
Scaled back   
No longer in place

3.6 Did the ADP have specific support services for adult family members?

a) Yes   
No

b) If yes, please select all that apply below:



- Signposting
- One to One support
- Support groups
- Counselling
- Commissioned services
- Naloxone Training
- Other  Advocacy, support for victims of gender based violence

7 How did services for adult family members change in the 2021/22 financial year?

- Improved
- Stayed the same
- Scaled back
- No longer in place

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)

Click or tap here to enter text.

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)

Click or tap here to enter text.

b) If no, when do you plan to do this?

We are working with Scottish Families to meet these requirements.

3.9 Did the ADP area provide any of the following adult services to support family-inclusive practice? (select all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input type="checkbox"/>	<input type="checkbox"/>
Mutual aid	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Support for victims of gender based violence	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...		

#### 4. A Public Health Approach to Justice



4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

- Yes   
No   
No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)

Whilst there is no prison in the ADP area, community justice work is ongoing with the Scottish Prison Service to improve our custody to community pathway, with attempts to streamline processes. Our key third sector partners We Are With You also have a presence, as required, for those they continue to support who are in prisons.

4.2 Has the ADP worked with community justice partners in the following ways? (select all that apply)

- Information sharing   
Providing advice/ guidance   
Coordinating activities   
Joint funding of activities   
Access is available to non-fatal overdose pathways upon release   
Other  Please provide details

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? (select all that apply)

- Information sharing   
Providing advice/ guidance   
Coordinating activities   
Joint funding of activities   
Other  Please provide details

4.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families.

a) Upon arrest (please select all that apply)

Please provide details on what was in place and how well this was executed.....

- Diversion From Prosecution   
Exercise and fitness activities   
Peer workers   
Community workers   
Other  Please provide details...

b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed.....





- Diversion From Prosecution
- Exercise and fitness activities
- Peer workers
- Community workers
- Naloxone
- Other  Please provide details...

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

The ADP, in partnership with Community Justice, Police Scotland and We Are With You, established a pathway for people held in Police Custody who wished to speak to a member of staff from We Are With You. The offer of support is not limited to those with identified needs associated with their use of alcohol or drugs but can link into a wide range of services and opportunities through the ADP ROSC. We Are With You function as a first point of contact and link people into the appropriate service providers on their release from custody. If an individual is admitted to prison and is in receipt of ORT, the prison contacts the service prescribing this to confirm both the prescription and the willingness of the service to continue this on release. Due to the challenges of the pandemic, this pathway requires review, this will form one of the Argyll & Bute Community Justice Partnership Priorities for 2022/2023, in partnership with the ADP. Upon release from prison: The ADP and CJC continue to work on the development of the pathways for those people leaving Prison and returning to Argyll & Bute. Central to this is the need to ensure all are provided with Naloxone on liberation. Argyll & Bute and prisoners can be held in a range of prisons, work is ongoing to ensure an equitable approach. Prior to release from prison contact is made to the addictions service in order to continue with any clinical treatments in the community. This has worked well for the continuation of prescribed methadone and buprenorphine. There has been no indication that the process being used does not work. Should there be a requirement under a release order for the individual to engage with treatment services, this is normally arranged prior to release through criminal justice social work as they have the statutory responsibility of monitoring the order. Again there has been no indication that this does not work

4.2 Has the ADP worked with community justice partners in the following ways? *(select all that apply)*

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Access is available to non-fatal overdose pathways upon release
- Other

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? *(select all that apply)*

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Other  Please provide details



4.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families.

a) Upon arrest (please select all that apply)

Please provide details on what was in place and how well this was executed.....

- Diversion From Prosecution
- Exercise and fitness activities
- Peer workers
- Community workers
- Other  Please provide details...

b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed.....

- Diversion From Prosecution
- Exercise and fitness activities
- Peer workers
- Community workers
- Naloxone
- Other  Please provide details...

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

The ADP, in partnership with Community Justice, Police Scotland and We Are With You, established a pathway for people held in Police Custody who wished to speak to a member of staff from We Are With You. The offer of support is not limited to those with identified needs associated with their use of alcohol or drugs but can link into a wide range of services and opportunities through the ADP ROSC. We Are With You function as a first point of contact and link people into the appropriate service providers on their release from custody. If an individual is admitted to prison and is in receipt of ORT, the prison contacts the service prescribing this to confirm both the prescription and the willingness of the service to continue this on release. Due to the challenges of the pandemic, this pathway requires review, this will form one of the Argyll & Bute Community Justice Partnership Priorities for 2022/2023, in partnership with the ADP. Upon release from prison: The ADP and CJC continue to work on the development of the pathways for those people leaving Prison and returning to Argyll & Bute. Central to this is the need to ensure all are provided with Naloxone on liberation. Argyll & Bute and prisoners can be held in a range of prisons work is ongoing to ensure an equitable approach. Prior to release from prison contact is made to the addictions service in order to continue with any clinical treatments in the community. This has worked well for the continuation of prescribed methadone and buprenorphine. There has been no indication that the process being used does not work. Should there be a requirement under a release order for the individual to engage with treatment services, this is normally arranged prior to release through criminal justice social work as they have the statutory responsibility of monitoring the order. Again there has been no indication that this does not work.



## II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners.

It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

### A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	972,277
2021/22 Programme for Government Funding and National Mission Funding	494,493
Additional funding from Integration Authority	1,488,419
Funding from Local Authority	
Funding from NHS Board	40,000
Total funding from other sources not detailed above	
Carry forwards	
Other	
<b>Total</b>	<b>2,995,189</b>

### B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	47,252
Community based treatment and recovery services for adults	1,841,443
Inpatient detox services	
Residential rehabilitation (including placements, pathways and referrals)	144,160
Recovery community initiatives	
Advocacy services	56,500
Services for families affected by alcohol and drug use (whole family Approach Framework)	18,500
Drug and alcohol treatment and support services specifically for children and young people	155,589
Drug and Alcohol treatment and support in Primary Care	202,486
Outreach	
Other	
<b>Total</b>	<b>2,456,030</b>

#### Additional finance comments

£223k carried forward to IJB reserves for use in 22/23



## ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT 2021/22:

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2021/22** against the of the **Rights, Respect and Recovery strategy** including the Drug Deaths Task Force **emergency response paper** and the **Alcohol Framework 2018**. This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Reporting you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Friday 5 August 2022** to:  
alcoholanddrugsupport@gov.scot



**NAME OF ADP:** **Borders ADP**

**Key contact:**

**Name:** **Fiona Doig**  
**Job title:** **Head of Health Improvement/Strategic Lead - ADP**  
**Contact email:** **fiona.doig@borders.scot.nhs.uk**

**I. DELIVERY PROGRESS REPORT**

**1. Education and Prevention**

1.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

*Please select those that apply (please note that this question is in reference to the ADP and not individual services)*

Leaflets/ take home information	Y
Posters	Y
Website/ social media	Y
Apps/webchats	Y
Events/workshops	Y
Please provide details...Introduction to Drug & Alcohol Services Training (2 hour session)	
Accessible formats (e.g. in different languages)	Y
Please provide details...Available on demand	
Other	<input type="checkbox"/>

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22(E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
General Health (Covid Vaccine)		<input type="checkbox"/>	Y
Overdose Awareness		Y	Y
Seasonal Campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify...			
Peer Naloxone Provision: Pop up stands held in local communities.			



1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol(select all that apply).

Teaching materials	<input checked="" type="checkbox"/>	
Youth Worker materials/training	<input checked="" type="checkbox"/>	
Promotion of naloxone	<input checked="" type="checkbox"/>	
Peer-led interventions	<input checked="" type="checkbox"/>	
Stigma reduction	<input type="checkbox"/>	
Counselling services	<input type="checkbox"/>	
Information services	<input type="checkbox"/>	
Wellbeing services	<input type="checkbox"/>	
Youth activities (e.g. sports, art)	<input type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	Please provide details...

During 2021-2022, the ADP Support Team coordinated 13 training courses which were delivered online with 194 participants in attendance (130 participants in 2020-21). There were 133 participants from statutory agencies, 57 from voluntary sector and 4 from other organisations. While the shift to online delivery was made in response to the pandemic, it has benefits by allowing more accessible training by reducing travel time. A range of stakeholders including local service providers, Police Scotland, Scottish Drugs Forum, Crew, Scottish Families Affected by Drugs and Alcohol (SFAD) and NHS Ayrshire and Arran, provided training.

In 2021-22 the ADP extended the Drug Trend Monitoring Group CPD events to any interested parties. These 30 – 60 min CPD events occur twice a year and provide a relevant update from Police Scotland Drug Expert Witness Unit. Staff have found these short sessions very informative and easy to attend rather than trying to find longer periods available in their diaries. Numbers attending have been high with around 30 participants at each session.

1.4 Please provide details of where these measures / services / projects were delivered.

Formal setting such as schools	<input type="checkbox"/>	
Youth Groups	<input type="checkbox"/>	
Community Learning and Development	<input type="checkbox"/>	
Via Community/third Sector partners or services	<input checked="" type="checkbox"/>	
Online or by telephone	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	Please provide details...

1.5 Was the ADP represented at the alcohol Licensing Forum?

Yes   
No

1.6What proportion of license applications does Public Health review and advise the Board on?

All   
Most   
Some   
None



1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).

Borders ADP Support Team review all new licence and variations on behalf of Public Health. Occasional licences which have a child/family element and are brought to the attention of ADP Support Team by Licensing Standards Officer are also reviewed.

Borders Alcohol Profile was updated by Borders ADP Support Team and published in August 2021. A presentation was delivered to the Licensing Board highlighting the most recent alcohol data available, good practice recommendations from the Review of Statements of Licensing Policy 2018 – 2023 (Alcohol Focus Scotland) and Alcohol Consumption and COVID – 19.

Due to lack of membership no LLF meetings have been held except the joint Licensing Board and Forum meeting in 2021/22. Scottish Borders Council colleagues are recruiting for new members in July 22.

An evaluation of the Substance Use Education programme rolled out in Primary and Secondary schools in November 2019 took place in November 21. This evaluation showed that as a result of the programme being launched just prior to COVID-19 pandemic there was a need to relaunch the programme. This was carried out in May to both Primary and Secondary schools along with specific training for Youth Work Services on the programme and an update from Crew on Drug Trends.

DRAFT





## 2. Treatment and Recovery

2.1 What treatment or screening options were in place to address alcohol harms? (select all that apply)

Fibro scanning	N
Alcohol related cognitive screening (e.g. for ARBD)	Y
Community alcohol detox	Y
Inpatient alcohol detox	Y
Alcohol hospital liaison	Y
Access to alcohol medication (Antabuse, Acamprase etc.)	Y
Arrangements for the delivery of alcohol brief interventions in all priority settings ABI postponed in A&E.	Y although due to Covid-19 restrictions,
Arrangements of the delivery of ABIs in non-priority settings	Y
Psychosocial counselling (Structured psychosocial intervention)	Y
Other	<input type="checkbox"/> Please provide details...

DRAFT



2.2 Please indicate which of the following approaches services used to involve lived experience / family members (*select all that apply*).

*For people with lived experience:*

Feedback/ complaints process	Y
Questionnaires/ surveys	Y
Focus groups / panels	Y
Lived experience group/ forum	Y
Board Representation within services	Y
Board Representation at ADP	Y
Other	<input type="text" value="Please provide details..."/>

*For family members:*

Feedback/ complaints process	Y
Questionnaires/ surveys	Y
Focus groups / panels	Y
Lived experience group/ forum	Y
Board Representation within services	N
Board Representation at ADP	N
Other	<input type="checkbox"/> Please provide details...

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

ADP Support team ensure that any concerns raised by people with lived experience are fed back to the appropriate staff within the Health & Social Care Partnership. The ADP Support Team regularly attend the local Lived Experience Forum. People with lived experience were involved in a service evaluation in November 2021. The findings from the SDF Service Evaluation were reported to the ADP along with copies of the report. The recommendations were presented to service managers to review and develop an action plan. A poster was developed highlighting the feedback and the actions agreed in the form of 'You Said, We Will'. ADP Support Team took this back to the Lived Experience Forum and shared with services to make available to people who do not attend the Lived Experience Forum.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

Planning, I.E. prioritisation and funding decisions	Y
Implementation, I.E. commissioning process, service design	Y
Scrutiny, I.E. Monitoring and Evaluation of services	Y
Other	<input type="checkbox"/> Please provide details...

Please give details of any challenges (max 300 words)

Rurality is an ongoing challenge in Borders– provision of services across a dispersed population is challenging especially given our lower prevalence. Access for individuals can be limited by available transport especially outside office hours.  
Stigma and confidentiality concerns for people accessing services can be heightened in a rural area due to smaller communities. This applies equally to people attending Lived Experience Forum.  
A smaller population means there are fewer potential participants in Lived and Living Experience panels.



2.5 Did services offer specific volunteering and employment opportunities for people with lived/living experience in the delivery of alcohol and drug services?

- a) Yes   
No

b) If yes, please select all that apply:

- Peer support / mentoring   
Community / Recovery cafes   
Naloxone distribution   
Psychosocial counselling   
Job Skills support   
Other  Please provide details...

Funding was provided to recruit an Addiction Worker Training Post within Scottish Drugs Forum (SDF) and hosted within We Are With You (WAWY). SDF also worked alongside WAWY to continue delivering Peer Naloxone supply to people at risk of, or likely to witness and overdose. WAWY has volunteering roles for people with lived experience.

2.6 Which of these settings offered the following to the public during 2021/22? (select all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	N/A	N/A	N/A	N/A
Drug Services NHS	Y	Y	Y	Y
Drug services 3rd Sector	Y	Y	Y	Y
Homelessness services	Emergency Supply	N	N	N
Peer-led initiatives	Y	N/A	N/A	N/A
Community pharmacies	Y	N	Y	N
GPs	N	Y	N	Y
A&E Departments	Y	N	N	Y
Women's support services	Emergency Supply	N	N	N
Family support services	N	N	N	N
Mental health services	Y	N	N	N
Justice services	Emergency Supply	N	N	N
Mobile / outreach services	Y	Y	Y	Y
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)



There are no formal protocols in place, however, the Borders Addiction Service is housed within NHS Borders Mental Health directorate so there is ready opportunity for liaison. As part of our MAT 9 response we aim to appoint a band 7 Advanced Nurse Practitioner (ANP) to provide more joint working and input to adult mental health, allowing us to outreach more and offer more input where patients sit within adult and have difficulties with substances or alcohol, but do not wish for formal addictions input.

We also intend to develop a more formalised pathway that clarifies the expectations from different services for this patient group.

In addition, the ANP role will work as part of our assertive engagement team (ES Team) and allow us to provide a greater level of initial assessment and consideration of mental health needs for our hardest to reach patient group.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes   
No

Please provide details (max 300 words)

BAS aims to offer support around mental health difficulties to all in service regardless of if they have a formal diagnosis of a mental illness. As part of the MAT 6 response all staff are being offered safety and stabilisation training and will be supported by psychology colleagues to deliver tier 2 interventions to those on their caseload. Alongside this the addictions psychology team will accept referral and offer tier 3 or 4 work as felt needed to individuals based on formulation rather than diagnosis.

A consultant psychiatrist (with from August 2022 both a higher and core psychiatric trainee) is available within BAS to offer psychiatric review and both diagnostic input and medication where needed. In addition the service has recreated and recruited to an OT post (due to start August / September 2022) to offer support to the team to take more occupational approaches as well as offer time to directly work with patients.

We are also aiming to recruit a band 7 ANP to provide a liaison role between adult mental health and the addictions service.

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

Borders is a small area and the service works closely and flexibly with colleagues from adult mental health and rehabilitation psychiatry where there are joint patients. Generally in these situations the mental health team takes the lead on decisions around care more directly relating to mental health interventions, though where it has been better for some individuals this has been lead by the BAS consultant. As part of our response to MAT 9 the service aims to appoint a band 7 ANP to provide more joint working and input to adult mental health, allowing us to outreach more and offer more input where patients sit within adult and have difficulties with substances or alcohol, but do not wish for formal addictions input. We also intend to now more to develop a more formalised pathway that clarifies the expectations from different services for this patient group.

2.9 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes   
No



2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

MAP Groups – Mutual Aid Partnership Groups have resumed in person but also continue to meet online for those who are unable to attend.

Serendipity Recovery Community Network – reopened in August 2021 and worked with We Are With You during September to promote Recovery Month. This halted due to further covid restrictions and, following the sale of the premises have successfully secured a new building. Serendipity is planning to resume face-to-face in August 2022.

Lived Experience Forum: This group has been meeting over the last two years on a monthly basis and is led by the Community Engagement & Peer Naloxone Coordinator, We Are With You. Within this group are people with lived and living experience including family members. A nominated representative from this group attends the ADP Board with alongside the coordinator. A member of the ADP Support Team attends each Forum.

Borders Recovery Group - This group formed in January 2022 on the back of the Lived Experience Forum. This grass roots organisation is self-managed and has been delivering a Recovery Café and music group on a weekly basis with increasing numbers of people attending. Recovery Coaching Scotland provide support around webhosting and administrative support and the group are also supported by We Are With You.

Recovery Coaching Scotland is a Community Interest Company run by people with lived experience of recovery and has successfully gained funding to deliver Recovery Coaching courses from the Mental health and Wellbeing Fund. Programmes of work in Scottish Prisons have taken place through 2021-22 and a Borders course planned for Summer 2022.

2.11 What proportion of services have adopted a trauma-informed approach during 2021/22?

- All services
- The majority of services
- Some services
- No services

Please provide a summary of progress (max 300 words)

Over April 2021 - March 2022, there are a few examples which illustrate our services' progress towards adopting a trauma-informed approach:

i) Both the Nurse Team Manager and Consultant Psychologist attended the Scottish Trauma-Informed Leaders Training programme. Opportunities to instil the training broadly across our services has been limited by Covid prioritisation and remobilisation as well as the limitations in staff capacity to devote to this.

ii) Although the Lead Psychologist within the partnership of our 3 services has not had the capacity to lead on a trauma-informed approach being developed across our services, there was agreement in early 2022 that this post would have additional time to devote specifically to the MAT standard 10, which states "All people receive trauma-informed care." This necessary additional capacity from August 2022 will allow



the Consultant Psychologist to lead on the scoping, evaluation and service developments necessary to ensure we can meet MAT standard 10.

iii) As part of our services' approach to broadening the delivery of trauma-informed interventions, 3 members of staff within the Addiction Psychological Therapies Team (APTT) were trained as trainers by NES in Safety and Stabilisation Training in November 2021, with a view to delivering this training to all staff within our 3 drug and alcohol services in the summer of 2022.

Although the examples above point to the importance of a trauma-informed approach becoming embedded in our services but not yet explicitly established, there will be more momentum and success achievable in this regard from Summer 2022 onwards. In the meantime, there continue to be everyday examples evident of trauma-informed practice such as the presence of drop-in clinics and same-day prescribing, which offer clients approaching our services: accessibility, choice and empowerment. Similarly, each service can refer to APTT which offers clients trauma-focused psychological interventions.

2.12 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? (mark all that apply)

- Alcohol harms group N
- Alcohol death audits (work being supported by AFS) N
- Drug death review group Y
- Drug trend monitoring group / Early Warning System Y
- Other  Please provide details...

2.13 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

There are no formal arrangements to undertake alcohol related deaths specifically. However, any death in service (e.g. NHS or third sector) is subject to a review and lessons learned applied to that service. Borders ADP has been unable to progress with recommendations from the AFS alcohol death audit guidance due to capacity within the ADP Support Team and requirement to implement other competing national priorities.

We will seek to commence a review this year through a Specialist Registrar in Public Health (SPR) as a standalone project as there is no local capacity to undertake this work.

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

Borders Drug Death Review Group (DDRG) meets quarterly, carry out reviews on drug related deaths and ensure liaison between agencies in efforts to introduce interventions aimed at reducing drug-related deaths at local level.

Any implications for policy or practice are then taken back through members to their organisations for progression facilitated by an Outcomes Reporting template for each review. Where an individual has been a patient of NHS Borders at time of death or within 12 months of death the Outcomes Reporting template is sent to the Healthcare Governance Lead of the appropriate Clinical Board.





Borders Addictions Service also carries out separate Management Reviews following the DDRG or prior as applicable where a client is in service at time of death with actions identified where appropriate. Membership of the DDRG group includes NHS, Police, Scottish Borders Council, Drug Services and ADP Support Team. An annual report is provided to Critical Services Oversight Group (Borders' Chief Officer Group) to allow scrutiny of the process as well as the NHS Borders Clinical Governance Committee.

2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

A non-fatal overdose (NFO) pathway has been in place in Borders since May 2021 and is led by the assertive engagement team (ES Team). This pathway involves Police, Scottish Ambulance Service and Borders General Hospital staff being able to refer direct to Borders Addiction Service when someone has presented to their service having experienced a NFO.

A multiagency group led by ES Team meets twice weekly (Monday and Thursday) at 10.00am to review referrals for all people notified as having experienced an NFO and ensure any relevant actions identified are completed; ensures appropriate outreach to vulnerable individuals and aftercare including referral into drug treatment service if not currently engaged. The service aims to see people within 48 hours of referral.

There have been 130 referrals into the pathway since May 2021. There is a quarterly performance report to Borders Chief Officers' Group.

Borders participated in an audit of Residential Rehabilitation (RR) pathways in March 2021 which identified a need to review our local pathway and to include input from people with lived experience.

A consultation took place between November 2021 and January 2021 with drug and alcohol services, wider stakeholders including homelessness and people with lived experience to identify demand (where possible) and seek feedback on the current pathway. A total of 7 different stakeholder meetings were held where views were gathered for the consultation.

A workshop was held on Wednesday 23 February 2022 to share findings from the consultation work and to identify actions for improvement.

A short life working group is now taking forward the actions for improvement.

Borders has successfully implemented MAT Standards 1-5. Achieving a 'maintenance' status will require local reporting systems to be developed as there is no national solution.





### 3. Getting it Right for Children, Young People and Families

3.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

- a) Yes   
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Third Sector services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				

3.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

- a) Yes   
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	Y	Y	Y	Y
Diversionary Activities	<input type="checkbox"/>	Y	Y	Y
School outreach	N/A	Y	Y	<input type="checkbox"/>
Carer support	<input type="checkbox"/>	Y	Y	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	Y	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	Y	Y	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				



3.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes   
No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The ADP Strategic Lead is a member of the local Children and Young People's Leadership Group (CYPLG) and Chair of the Commissioning Sub-group. The current Children and Young People's Integrated Services Plan for 2021-23 has four key priorities and these are relevant to children and young people impacted by their own or others' substance use: 1. Keeping children and young people safe 2. Promoting the health and well-being of all children and young people and reducing health inequalities 3. Improving the well-being and life chances for our most vulnerable children and young people 4. Raising attainment and achievement for all learners 5. Increasing participation and engagement. The Whole Family Approach audit was completed in partnership with the CYPLG and Child Protection Delivery Group.

3.4 How did services for children and young people with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved   
Stayed the same   
Scaled back   
No longer in place

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved   
Stayed the same   
Scaled back   
No longer in place

3.6 Did the ADP have specific support services for adult family members?

a) Yes   
No

b) If yes, please select all that apply below:

Signposting   
One to One support   
Support groups   
Counselling   
Commissioned services   
Naloxone Training   
Other  Please provide details...



3.7 How did services for adult family members change in the 2021/22 financial year?

- Improved  X  
 Stayed the same   
 Scaled back   
 No longer in place

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

Yes

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)

- Additional funding to Action for Children CHIMES service £42,646
- Additional funding to We Are With You £31,500

CHIMES is the service in Borders that provides support to young people under the age of 18 who are impacted by parental/carer alcohol or substance use. Additional funding was provided to CHIMES to increase capacity, engagement with appropriate services (e.g. Justice Women's Service) and ensure support is available at weekends and evenings.

WAWY is the service in Borders that provides support to people over the age of 16 who are impacted by another's drug/alcohol use. Additional funding was provided to WAWY to increase capacity and ensure support available at weekends and evenings.

An audit of support for children and young people was carried out in November 2021 which highlighted the need to increase knowledge of current support services and ensure targeted training was provided on whole family approach. Specific training is being provided through 2022 to meet this identified need.

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)

Click or tap here to enter text.

b) If no, when do you plan to do this?

Click or tap here to enter text.

3.9 Did the ADP area provide any of the following adult services to support family-inclusive practice? (select all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	Y	Y
Mutual aid	Y	Y
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	Y	Y
Personal Development	<input type="checkbox"/>	<input type="checkbox"/>



Advocacy	Y	Y
Support for victims of gender based violence	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...		
WAWY provide CRAFT groups for impacted members.		
Action for Children support family members e.g. kinship carers		

#### 4. A Public Health Approach to Justice

4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

- Yes
- No
- No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)  
Click or tap here to enter text.

4.2 Has the ADP worked with community justice partners in the following ways? (select all that apply)

- Information sharing  Y
- Providing advice/ guidance  Y
- Coordinating activities
- Joint funding of activities
- Access is available to non-fatal overdose pathways upon release  Y
- Other  Please provide details

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? (select all that apply)

- Information sharing  Y
- Providing advice/ guidance  Y
- Coordinating activities
- Joint funding of activities  Y
- Other  Please provide details

4.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families.

a) Upon arrest (please select all that apply)

Please provide details on what was in place and how well this was executed.....

Diversion From Prosecution  Y



- Exercise and fitness activities
- Peer workers
- Community workers
- Other  Please provide details...

Opportunities to refer people assessed as suitable for Diversion, to community support services both NHS and 3<sup>rd</sup> sector are in place.

b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed.....

- Diversion From Prosecution
- Exercise and fitness activities
- Peer workers
- Community workers
- Naloxone Y
- Other  Please provide details...

Justice staff including Social Work and Unpaid Work are trained in the administration of Naloxone. All justice offices hold a small supply of Naloxone kits that can be issued to individuals for personal or family/partner use where there is considered high risk of overdose.

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

The service has a half time Welfare Worker, funded through the Joint Health Improvement non-recurring funding and Community Justice budget. Initial funding is for 2 years. The post seeks to break down barriers of discrimination, health and social isolation to those involved in the Justice System, in order to enhance positive outcomes including reduced offending behaviour, social inclusion and enhanced healthy living opportunities.

As part of a restructure of Drug Treatment and Testing Order (DTTO) delivery, the post holder utilises an additional 7 permanent hours to support individuals subject to DTTO, who require generic mental health support while awaiting specialist mental health provision.



## II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners.

It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

### A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	1,062,749
2021/22 Programme for Government Funding and National Mission Funding	868,558
Additional funding from Integration Authority	0
Funding from Local Authority	212,979
Funding from NHS Board*	628,052
Total funding from other sources not detailed above	191,539
Carry forwards	433,202
Other	0
<b>Total</b>	<b>3,397,079</b>

\* provisional figure subject to final calculations

### B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	26,575
Community based treatment and recovery services for adults*	1,731,488
Inpatient detox services <sup>1</sup>	0
Residential rehabilitation (including placements, pathways and referrals)	40,178
Recovery community initiatives	677
Advocacy services	2,500
Services for families affected by alcohol and drug use (Whole Family Approach Framework) <sup>2</sup>	268,354
Alcohol and drug services specifically for children and young people <sup>3</sup>	0
Drug and Alcohol treatment and support in Primary Care	0
Outreach	257,848
Other	253,452
<b>Total</b>	<b>2,581,072</b>

provisional figure subject to final calculations

### Additional Finance Comments

<sup>1</sup> it is not possible to disaggregate the spend on inpatient detox from overall mental health spend

<sup>2</sup> Our children and families service works with adult family members e.g. kinship carers, WAWY provides 1:1 and facilitated group support to family members. It is not possible to disaggregate this from the wider overall contract.

<sup>3</sup> Children and young people access existing community based third sector mental health service. It is not possible to disaggregate this work from the wider overall contract.



## Non-recurring spend

The following sums are committed from our ADP reserves in 2022-23:

<b>Project</b>	<b>Funding</b>
Whole Family Approach Training	£5,400
Youth Work Research	£21,850
ARBD Co-ordinator	£51,140
ADP Health Improvement Specialist (2022-2025)	£30,000
Buvidal	£40,000
Additional workforce development	£7,500
Service improvement costs (co-location, service developments)	£400,000 (est)

DRAFT





## ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT 2021/22:

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2021/22** against the of the **Rights, Respect and Recovery strategy** including the Drug Deaths Task Force **emergency response paper** and the **Alcohol Framework 2018**. This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Reporting you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Friday 5 August 2022** to:  
alcoholanddrugsupport@gov.scot



**NAME OF ADP:** Dumfries and Galloway

**Key contact:**

**Name:** Jackie Davies  
**Job title:** ADP Strategic Lead  
**Contact email:** Jackie.Davies@nhs.scot

**I. DELIVERY PROGRESS REPORT**

**1. Education and Prevention**

1.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

*Please select those that apply (please note that this question is in reference to the ADP and not individual services)*

Leaflets/ take home information	Y
Posters	N
Website/ social media	Y
Apps/webchats	N
Events/workshops	N
Please provide details...	
Accessible formats (e.g. in different languages)	N
Please provide details...	
Other	<input type="checkbox"/>

Zcards contain the names of the local drug and alcohol treatment services as well as contact information for VAWG, and moving on projects.

The ADP webpage <https://dqhscp.co.uk/alcohol-drugs-partnership-adp/> contains information on local treatment services as well as links to national support agencies and IEP information.

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overdose Awareness	<input type="checkbox"/>	Y	Y
Seasonal Campaigns	<input type="checkbox"/>	<input type="checkbox"/>	Y
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communities	<input type="checkbox"/>	<input type="checkbox"/>	Y
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	Y
Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify...			



Overdose awareness campaign established for International overdose awareness day. Public buildings were lit up purple to mark the day. People affected by a drug death were invited to tie a purple ribbon outside WAWY service's railings. Social media campaign provided information on where to get Naloxone. Alcohol awareness week was mainly highlighted through the ADP and services social media pages due to the constraints of covid. Seasonal overdose awareness campaign and alcohol awareness highlighted through social media. Taxi marshalls funded by ADP to help reduce anti-social behaviour over the festive season

1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

- Teaching materials
- Youth Worker materials/training
- Promotion of naloxone
- Peer-led interventions
- Stigma reduction
- Counselling services
- Information services
- Wellbeing services
- Youth activities (e.g. sports, art)
- Other  Please provide details...

Ongoing awareness raising of naloxone to people who use drugs, their families and friends. Counselling services were available throughout the year to people who used drugs and or alcohol and also available to their significant others who were affected by their loved ones use of these substances

1.4 Please provide details of where these measures / services / projects were delivered.

- Formal setting such as schools
- Youth Groups
- Community Learning and Development
- Via Community/third Sector partners or services
- Online or by telephone
- Other  Please provide details... Alcohol and Drugs
- Support South West Scotland; ADP Social Media

1.5 Was the ADP represented at the alcohol Licensing Forum?

- Yes
- No

1.6 What proportion of license applications does Public Health review and advise the Board on?

- All
- Most
- Some
- None



1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).

A lot of our prevention work was curtailed due to Covid restrictions. We used social media and the ADP web page as well as NHS communications department to help get messages out around prevention and keeping people safe.



## 2. Treatment and Recovery

2.1 What treatment or screening options were in place to address alcohol harms? (select all that apply)

Fibro scanning	<input checked="" type="checkbox"/>
Alcohol related cognitive screening (e.g. for ARBD)	<input checked="" type="checkbox"/>
Community alcohol detox	<input checked="" type="checkbox"/>
Inpatient alcohol detox	<input checked="" type="checkbox"/>
Alcohol hospital liaison	<input checked="" type="checkbox"/>
Access to alcohol medication (Antabuse, Acamprase etc.)	<input checked="" type="checkbox"/>
Arrangements for the delivery of alcohol brief interventions in all priority settings	<input checked="" type="checkbox"/>
Arrangements of the delivery of ABIs in non-priority settings	<input checked="" type="checkbox"/>
Psychosocial counselling	<input type="checkbox"/>
Other	<input type="checkbox"/> Please provide details...



2.2 Please indicate which of the following approaches services used to involve lived experience / family members (*select all that apply*).

*For people with lived experience:*

- |                                      |                                     |                           |
|--------------------------------------|-------------------------------------|---------------------------|
| Feedback / complaints process        | <input checked="" type="checkbox"/> |                           |
| Questionnaires / surveys             | <input checked="" type="checkbox"/> |                           |
| Focus groups / panels                | <input type="checkbox"/>            |                           |
| Lived experience group / forum       | <input type="checkbox"/>            |                           |
| Board Representation within services | <input checked="" type="checkbox"/> |                           |
| Board Representation at ADP          | <input type="checkbox"/>            |                           |
| Other                                | <input type="checkbox"/>            | Please provide details... |

*For family members:*

- |                                      |                                     |                           |
|--------------------------------------|-------------------------------------|---------------------------|
| Feedback/ complaints process         | <input checked="" type="checkbox"/> |                           |
| Questionnaires/ surveys              | <input checked="" type="checkbox"/> |                           |
| Focus groups / panels                | <input type="checkbox"/>            |                           |
| Lived experience group/ forum        | <input type="checkbox"/>            |                           |
| Board Representation within services | <input type="checkbox"/>            |                           |
| Board Representation at ADP          | <input type="checkbox"/>            |                           |
| Other                                | <input type="checkbox"/>            | Please provide details... |

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

For complaints we would contact the person to discuss further and put a plan in place to address their concern. For positive feedback we would inform the relevant people to highlight this. For evaluations and surveys we would feedback to services to disseminate the report to service users.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

- |  |                                     |                           |
|--|-------------------------------------|---------------------------|
| Planning, I.E. prioritisation and funding decisions        | <input type="checkbox"/>            |                           |
| Implementation, I.E. commissioning process, service design | <input checked="" type="checkbox"/> |                           |
| Scrutiny, I.E. Monitoring and Evaluation of services       | <input checked="" type="checkbox"/> |                           |
| Other  | <input type="checkbox"/>            | Please provide details... |

Please give details of any challenges (max 300 words)



2.5 Did services offer specific volunteering and employment opportunities for people with lived/living experience in the delivery of alcohol and drug services?

- a) Yes   
No

b) If yes, please select all that apply:

- Peer support / mentoring   
Community / Recovery cafes   
Naloxone distribution   
Psychosocial counselling   
Job Skills support   
Other  Please provide details...

2.6 Which of these settings offered the following to the public during 2021/22? (select all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	Y	Y	Y	Y
Drug services 3rd Sector	Y	<input type="checkbox"/>	Y	<input type="checkbox"/>
Homelessness services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	Y	Y
GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&E Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	Y	<input type="checkbox"/>	Y	Y
Other ... (please detail)	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMP Dumfries provide Naloxone kits to prisoners on release				

2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)

There is no protocol currently in place however service managers from the Specialist Drug and Alcohol Service, CMHT and CRISIS Team are working together to develop guidance around this.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?





Yes   
No

Please provide details (max 300 words) Yes, the Specialist Drug and Alcohol Service provides mental health support for individuals with co-occurring drug or alcohol use in the form of mental health and mood reviews by a dedicated addiction psychiatrist. The service also has a number of Mental Health Specialist Addiction nurses who provide support to service users and to non mental health colleagues within the service.

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)  
There are close links and collaborative working with local Community Mental Health Teams, the Acute Psychiatric Liaison Team and the CRISIS Team, with service-to-service referrals. Joint appointments are encouraged where appropriate and with the agreement of the service user.

2.9 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes   
No

2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

During 2021-22 recovery communities in Dumfries and Galloway (Dumfries and Galloway Recovery Together network) have been established in the four localities – Nithsdale, Annandale & Eskdale, Stewartry and Wigtownshire. In person groups currently run weekly in Dumfries, Annan, Newton Stewart and Castle Douglas. Groups are currently been developed in Stranraer and Upper Nithsdale –each group runs multiple activities. We also have online meets fortnightly where we meet as a wider group. During COVID these meetings proved vital and we were also able to secure funds from Connecting Scotland to get devices and wifi to keep the group connected during this time especially with those faced with digital exclusion. Development and capacity building has been identified as a key factor in sustainability for RC's therefore since beginning Recovery Communities this has been training regularly offered to the members of recovery communities across D&G – some of this has included IT skills, Introduction to Being a Volunteer, Walk Leader training, Health Issues in Communities and Participatory Appraisal training. The next training will be Peer Naloxone for those wanting to participate. The members have also participated in numerous events including focus groups locally to find out what communities need to support recovery, attending Parliament committees in Edinburgh to discuss health inequalities and social justice following the HiTC training, attending an ADP Development Day, attending various Scottish Recovery Consortium events in Glasgow, Residential Rehabilitation in Lanarkshire, and soon to be various recovery communities around Scotland due to be chosen as the RC to represent the recoverist flag for D&G by the SRC. Recovery Communities make a huge difference to the lives of its members some of them have commented that it provides them with structure and focus and has increased their confidence, helped them connect with their lived experience peers and reduced isolation.

2.11 What proportion of services have adopted a trauma-informed approach during 2021/22?

All services   
The majority of services



- Some services
- No services

Please provide a summary of progress (max 300 words)

All statutory and commissioned services have undergone trauma informed training as part of staff development. The Specialist Drug and Alcohol Service are currently taking part in NHS Education Scotland's Trauma Informed Pathfinder Project, to develop a trauma informed service. This work commenced in January 2022 and will continue over the next 5 years.

2.12 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? (mark all that apply)

- |  |  |
|--|--|
| Alcohol harms group                                | N  |
| Alcohol death audits (work being supported by AFS) | N  |
| Drug death review group                            | Y  |
| Drug trend monitoring group / Early Warning System | N  |
| Other  | <input type="checkbox"/> Please provide details... |

2.13 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

No arrangements in place. ADP support team staff long term sickness, and workload commitments of other support team staff meant that there was no one able to progress this.

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

Drug related deaths are notified by Police Scotland to the Support Team for dissemination to drug death group members. Summaries of each service providers contact with the deceased are circulated prior to the meeting. These are reviewed at the meeting and discussion takes place around each death. Any learning points or actions are noted and a quarterly update provided to the ADP Board. The Strategic Drug Death Group has not met this year due to change in ADP Chair. Normally this is where learning and reports would be discussed. Toxicology and PM reports are also discussed.

The ADP Chair attends the Chief Officer's group meetings on a quarterly basis and provides updates around drug related deaths. Any challenges or learning will be raised at this meeting

2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

Across the region services were under great strain to provide drug and alcohol treatment during Covid restrictions. Despite this the services had coped and worked in partnership with a variety of agencies to ensure services have been available. Referrals to services have increased in the past year, in particular alcohol referrals. Staff mental health has been greatly affected over this period and service managers have put in place processes to support staff, such as reflection time/days and peer support.



### 3. Getting it Right for Children, Young People and Families

3.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

- a) Yes  Y  
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Sector services	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Y
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Y
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Y
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				

3.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

- a) Yes  Y  
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Y
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> Y
Please provide details...	ISSU18 – NHS statutory service			



3.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes   
No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

Child Protection sits within the PPC which is represented on the ADP board. The Independent Chair of The ADP is also a member of the PPC. Children's Services plan reflects ADPs priorities and are reported on as required.

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved   
Stayed the same   
Scaled back   
No longer in place

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved   
Stayed the same   
Scaled back   
No longer in place

3.6 Did the ADP have specific support services for adult family members?

a) Yes   
No

b) If yes, please select all that apply below:

Signposting   
One to One support   
Support groups   
Counselling   
Commissioned services   
Naloxone Training   
Other  Please provide details...



3.7 How did services for adult family members change in the 2021/22 financial year?

- Improved  Y  
 Stayed the same   
 Scaled back   
 No longer in place

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)  
 Click or tap here to enter text.

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)  
 Click or tap here to enter text.

b) If no, when do you plan to do this?

The funding has been issued to Children and Families Social Work this year (2022-23) who will be working in partnership with the local Aberlour service to progress this agenda.

3.9 Did the ADP area provide any of the following adult services to support family-inclusive practice? (select all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	Y	Y
Mutual aid	Y	N
Mentoring	N	N
Social Activities	N	N
Personal Development	Y	N
Advocacy	Y	N
Support for victims of gender based violence	N	N
Other	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...		

4. A Public Health Approach to Justice

4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

- Yes  Y  
 No   
 No prison in ADP area



Please provide details on how effective the arrangements were in making this happen (max 300 words)  
Naloxone has been offered to prisoners pre release for a number of years.

4.2 Has the ADP worked with community justice partners in the following ways? (select all that apply)

Information sharing	Y
Providing advice/ guidance	Y
Coordinating activities	Y
Joint funding of activities	Y
Access is available to non-fatal overdose pathways upon release	Y
Other	<input type="checkbox"/> Please provide details

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? (select all that apply)

Information sharing	Y
Providing advice/ guidance	Y
Coordinating activities	<input type="checkbox"/>
Joint funding of activities	Y
Other	<input type="checkbox"/> Please provide details

4.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families.

a) Upon arrest (please select all that apply)

Please provide details on what was in place and how well this was executed.....

Diversion From Prosecution	N
Exercise and fitness activities	N
Peer workers	N
Community workers	Y
Other	<input type="checkbox"/> Please provide details...

b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed.....

Diversion From Prosecution	N
Exercise and fitness activities	N
Peer workers	N
Community workers	Y
Naloxone	Y
Other	<input type="checkbox"/> Please provide details...



4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).  
Click or tap here to enter text.





## II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners.

It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

### A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	
2021/22 Programme for Government Funding and National Mission Funding	
Additional funding from Integration Authority	
Funding from Local Authority	
Funding from NHS Board	
Total funding from other sources not detailed above	
Carry forwards	
Other	
<b>Total</b>	

### B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	
Community based treatment and recovery services for adults	
Inpatient detox services	
Residential rehabilitation (including placements, pathways and referrals)	
Recovery community initiatives	
Advocacy services	
Services for families affected by alcohol and drug use (whole family Approach Framework)	
Alcohol and drug services specifically for children and young people	
Drug and Alcohol treatment and support in Primary Care	
Residential Rehab	
Whole family Approach framework	
Outreach	
Other	
<b>Total</b>	

#### Additional finance comments

Click or tap here to enter text.





## ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT 2021/22:

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2021/22** against the of the **Rights, Respect and Recovery strategy** including the Drug Deaths Task Force **emergency response paper** and the **Alcohol Framework 2018**. This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Reporting you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Friday 5 August 2022** to:  
alcoholanddrugsupport@gov.scot



**NAME OF ADP:** Dundee City

**Key contact:**

**Name:** Vered Hopkins  
**Job title:** Lead Officer Protecting People  
**Contact email:** vered.hopkins@dundeecity.gov.uk

**I. DELIVERY PROGRESS REPORT**

**1. Education and Prevention**

1.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

*Please select those that apply (please note that this question is in reference to the ADP and not individual services)*

Leaflets/ take home information	<input checked="" type="checkbox"/>
Posters	<input checked="" type="checkbox"/>
Website/ social media	<input checked="" type="checkbox"/>
Apps/webchats	<input checked="" type="checkbox"/>
Events/workshops	<input type="checkbox"/>
Please provide details: naloxone promotion in community hub/ Boots Pharmacy	
Accessible formats (e.g. in different languages)	<input checked="" type="checkbox"/>
Please provide details...	
Other	<input checked="" type="checkbox"/>

Information on local campaigns, specific health and wellbeing messages, is cascaded widely through the Dundee Health and Wellbeing Network mailing lists.

More specifically, the Dundee Drug & Alcohol Recovery Service (DDARS) has a website providing information to the public about how to access DDARS, the services provided, news updates, and Dundee ISD performance figures. The website also contains links to partner agencies and NHS Tayside patient information leaflets for methadone, Buprenorphine and Chlordiazepoxide. DDARS has access to an interpreter service. The link to the website is [https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/TaysideSubstanceUseServices/PROD\\_347157/index.htm](https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/TaysideSubstanceUseServices/PROD_347157/index.htm).

Tayside Council on Alcohol (TCA) promotes its services primarily via a Website (a new website has recently been launched and will be further developed over the next year) and social media. To supplement this, there is also a stock of information and advice leaflets. TCA has a supply of leaflets in other languages and have specific material for those over 50 and women.

The Dundee Independent Advocacy Service (DIAS) have developed a generic advocacy leaflet and have plans to further develop a substance use specific leaflet. There has been an easy read generic advocacy information leaflet developed recently by the 3 Dundee independent advocacy organizations. Any support offered is all done via verbal communication – including text, phone or face to face. The organisation is also looking to develop a 2 sides A4 for information for professionals to raise awareness of what independent advocacy can offer as support. If successful with the Local Support Grant application, DIAS also plans to develop the educational work we can offer. From a statutory Children & Families Service perspective, this would involve direct conversations with individuals and families about what is available to support them across the partnership.

Positive Steps Partnership developed and distributed a leaflet providing key information on accessing treatment and recovery groups as well as information on accessing healthcare, housing and money advice support services. Positive Steps Partnership utilised social media and their own website to provide information



1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
General Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Overdose Awareness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Seasonal Campaigns	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reducing Stigma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify...

NHS Tayside Public Health and Health Promotion regularly share Public Health Information promoting positive wellbeing with appropriate signposting and links to local services and relevant resources for further information. Campaigns that have been covered include Mental Health & Wellbeing - rolling programme of regular posts - linking to National Campaigns as well as local services; Suicide Awareness Week - online facilitated workshop training; Alcohol Awareness Week; and Tackling Substance Use Related Stigma, which included promotion of National Stigma Campaign - using this as a platform to focus local tackling stigma around use of language. Schools in Dundee have continued to deliver the substance use strand of the curriculum designed to meet the needs of learners at an age and stage appropriate level. This work is supported by the implementation of the Substance Use Curricular Framework for Tayside and Dundee's Substance Use Prevention framework. Partners will support delivery as part of a planned, progressive approach alongside teachers. World Overdose Awareness Events were held in 2021 and the Naloxone Postal campaign during COVID-19 lockdowns. A campaign to address stigmatising language was planned for 2020 but delayed to early 2022 due to Covid-19. Alcohol Awareness, Hep C Campaigns were held in the Community Hub at Boots. Participated in the #Stop the Deaths campaign, and the National Naloxone campaign is prominent in Dundee. Awareness raising and key supporting substance use public health messaging associated with national campaigns and/or local data circulated via NHS Tayside social media channels as well as all ADP partner agencies. The main campaigns include Overdose Prevention Day, Alcohol Awareness Week, Suicide Prevention Week and Mental Health Awareness Week. In addition to messaging, health promoting materials were promoted within local community pharmacies and services during these campaigns. DDARS has a news webpage to update the public. The link to the webpage is: [https://www.nhstayside.scot.nhs.uk/OurServicesAZ/TaysideSubstanceUseServices/PROD\\_347256/index.htm](https://www.nhstayside.scot.nhs.uk/OurServicesAZ/TaysideSubstanceUseServices/PROD_347256/index.htm). Hillcrest Futures run the ODnotMe campaign throughout the period, providing information on IEP and harm-reduction awareness. Hygiene packs were provided to all those using the Hillcrest services. TCA have used social media to contribute to specific national campaigns as appropriate. As with was the case in previous years, activities this year were much reduced as a result of diverting resources towards dealing with vulnerable individuals and communities impacted by the Covid-19 pandemic.

1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

- Teaching materials
- Youth Worker materials/training
- Promotion of naloxone



- Peer-led interventions
- Stigma reduction
- Counselling services
- Information services
- Wellbeing services
- Youth activities (e.g. sports, art)
- Other

A Dundee pilot of Planet Youth Scotland is currently underway.

This long-term approach has begun with the delivery of a survey for young people in S3 and S4 in two secondary schools. A community implementation group has been established to analyse the data, identify three key areas of action and design interventions and supports. Planning for a strategic overview group to provide resources and support the community in their delivery has begun. Further action planning and delivery will take place over the next year with the next survey planned for Autumn 2023. Education via national naloxone campaign to the public, publicity in Dundee Overgate – including peers holding events. Training to staff groups, including mental health development days. Police Scotland received training for the Dundee naloxone test of change, and training was delivered to community pharmacies. Hillcrest futures employs a peer worker involved in the delivery of the IEP service it has enabled for further footfall to be signposted to the service where brief interventions around safer injecting, overdose and naloxone have taken place. In addition, by having a worker that has a joint role within the community has resulted in a wider reach when identifying individuals who have been requiring treatment for Hepatitis C. Focusing on the prevention and escalation of harm, Positive Steps Partnership provides assertive outreach engaging with vulnerable individuals who have experienced a recent non-fatal overdose, have presented begging in the street and those staying in homeless/supported accommodation to offer crisis intervention including harm reduction advice, overdose awareness, naloxone training and supply, sign posting and referrals into partner agencies. Further supporting this Positive Steps Partnership developed 2 easy to read engaging harm reduction leaflets that have been widely distributed in the community. Positive Steps endeavour to widen access to naloxone and have provided naloxone training and supply to multiple staff, students, volunteers and service users.

1.4 Please provide details of where these measures / services / projects were delivered.

- Formal setting such as schools
- Youth Groups
- Community Learning and Development
- Via Community/third Sector partners or services
- Online or by telephone
- Other

All schools in Dundee are required to deliver the Health and Wellbeing curriculum, of which substance use is one key strand. In addition, Baldrigon Academy and St Paul's Academy are pilot schools for Planet Youth Scotland. National campaigns are increasingly delivered face to face, and there was also a campaign posters across Dundee highlighting the benefits of naloxone. [Click or tap here to enter text.](#)

1.5 Was the ADP represented at the alcohol Licensing Forum?

- Yes
- No



1.6 What proportion of license applications does Public Health review and advise the Board on?

- All   
Most   
Some   
None

All licence applications are reviewed by NHS Tayside Public Health and where an objection is appropriate this is made in writing to the Licensing Board. Objections are generally made under the Dundee City Licensing Board Overprovision Policy statement, but also sometimes under the licensing aim of protecting public health. The overprovision policy is based on the assessment that the whole of Dundee City is over-provided in terms of off-sales licences.

1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).

Responding to the increase awareness of poly drug use and stimulant use, during 2021, in a run up to the Festive Period, two new **OD not Me** posters were developed to raise awareness about the risk of overdose and how to stay safe. The overdose campaign was developed again in partnership with people with lived experience and since continued to raise awareness of the risk factors of drug related overdose, provide safety advice, and reduce community stigma around overdose. Posters were disseminated around hostels, GP Surgeries, Community Pharmacies and local partner agencies. Hillcrest Futures staff have provided training and awareness of naloxone to people in the community accessing recovery groups and mutual aid. As well as family members and significant others who may be supporting someone at risk.

Furthermore, in a bid to keep vulnerable people safe, mobile phones were provided through the Dundee Non-fatal overdose rapid response. Specific help with benefits was available and a digital library set up through Hillcrest.

The Dundee Licencing Forum has not resumed meetings yet since the Covid-19 lockdowns. The membership of the Licencing Forum was approved at the Statutory meeting of Dundee Council held in May 2022 and meetings will resume after the summer holidays. On an on-going basis, NHS Tayside Public Health advice to the Licensing Board is provided where applications are considered inconsistent with published overprovision policy or licensing principles.

[Click or tap here to enter text.](#)





## 2. Treatment and Recovery

2.1 What treatment or screening options were in place to address alcohol harms? (select all that apply)

Fibro scanning	<input checked="" type="checkbox"/>
Alcohol related cognitive screening (e.g. for ARBD)	<input checked="" type="checkbox"/>
Community alcohol detox	<input checked="" type="checkbox"/>
Inpatient alcohol detox	<input checked="" type="checkbox"/>
Alcohol hospital liaison	<input checked="" type="checkbox"/>
Access to alcohol medication (Antabuse, Acamprase etc.)	<input checked="" type="checkbox"/>
Arrangements for the delivery of alcohol brief interventions in all priority settings	<input checked="" type="checkbox"/>
Arrangements of the delivery of ABIs in non-priority settings	<input checked="" type="checkbox"/>
Psychosocial counselling	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/> TCA Counselling Service, which includes cognitive behavioural with a person centered ethos. Regarding the delivery of ABIs in Tayside, an ABI co-ordinator has been appointed and is progressing a renewed focus on this approach, including a revised training programme for GPs / Primary Care staff / other priority and non-priority settings. Keep Well Nurses deliver ABIs during health checks.



2.2 Please indicate which of the following approaches services used to involve lived experience / family members (*select all that apply*).

*For people with lived experience:*

- Feedback / complaints process
- Questionnaires / surveys
- Focus groups / panels
- Lived experience group / forum
- Board Representation within services
- Board Representation at ADP
- Other  Please provide details...

*For family members:*

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups / panels
- Lived experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other  Please provide details...

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

Individual organisations collate feedback and utilise this to deliver change, improvements and learning opportunities. All contracted organisations report feedback within their quarterly reports as part of the contractual monitoring process. The Children & Families Service use feedback to directly influence service development such as the current review of services for older young people and the recently established kinship care team. Feedback is also directly linked to practice development across the teams and on the day to day planning in individual cases.

TCA use the feedback provided to shape the development of services. The organisation takes time to listen to feedback via regular listening group and other methods as outline in the TCA service user/consultation guidance. Negative feedback is dealt with as a complaint and per our policy.

The Gendered services project aims to embedded gendered approaches to service delivery across Dundee with a specific focus on drug and alcohol services. This project is rooted in and supported by women with lived experience. It has been highly effective and women have designed resources that are used for training and development of substance use organisations, contributed to the developed pathway maps for the mental health and substance use 'Working Better together' project and other sense-checking activities. The feedback received and inclusion of women's voices drives the focus and direction of this project.

Concerns raised about DIAS support / staff are resolved through line management system, a formal complaints process is also available and any learning is cascaded to all staff. DIAS also use Case Studies and reflective practice to look at what could we have done better / differently or share best practices.

Positive Steps Partnership used anonymous feedback forms to gather feedback from service users and partner agencies, this information was collated and used to outline areas that were doing well and areas that may require additional training. Positive Steps Partnership have implemented written reflective case studies and reflective discussions to promote awareness and develop and improve future practice.



2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

- |  |                                     |  |
|--|-------------------------------------|--|
| Planning, I.E. prioritisation and funding decisions        | <input checked="" type="checkbox"/> |  |
| Implementation, I.E. commissioning process, service design | <input checked="" type="checkbox"/> |  |
| Scrutiny, I.E. Monitoring and Evaluation of services       | <input type="checkbox"/>            |  |
| Other  | <input checked="" type="checkbox"/> | Training resources development for the Gendered Services Project |

Please give details of any challenges (max 300 words)

[Click or tap here to enter text.](#) The Dundee ADP allocated £10,000 to the eight Local Community Planning Partnerships in Dundee to develop local projects which improve outcomes for people affected by or at risk from substance use. A planning and implementation group, consisting of staff from various organisations and community representatives, has been formed in each area to progress project proposals. The process is led by Community Learning and Development colleagues in each area. It has been challenging to identify people with lived experience to be part of these groups as there has been less engagement with people with lived experience in some parts of the city compared to others but the process itself aims to increase engagement. The ADP has also invested in a Lived Experience / Peer Support Project managed by DDVA. This project reported that for most of the period it was still impacted by Covid-19 restrictions which made it more difficult to engage. The project also reported some issues of lack of trust, making individuals reluctant to share their stories, and some individuals who are not sure their involvement has an impact of service development and design. The projects focus on building trust and relationships and is currently developing closer working relationship with front line specialist organisations. This project is also supporting the Working Better Together/ substance use and Mental Health Project. This project specifically supports the work of the ADP, including collating the experiential data around MAT standards/ participating in need assessment processes and within the development of the new ADP strategic framework. It works with groups on a longer-term basis and facilitates involvement and feedback within a supportive environment.



2.5 Did services offer specific volunteering and employment opportunities for people with lived/living experience in the delivery of alcohol and drug services?

- a) Yes   
No

b) If yes, please select all that apply:

- Peer support / mentoring   
Community / Recovery cafes   
Naloxone distribution   
Psychosocial counselling   
Job Skills support   
Other  Please provide details...

Most of the local services in Dundee offer individuals with lived experience either involvement positions, either on an employed or voluntary basis. Where people are keen to use their lived experience to support others in recovery there are opportunities to explore options and find or create suitable roles, especially within third sector organisations.

Hillcrest has embedded Peer Involvement Activity within service delivery. People with lived experience involved in a range of voluntary and paid roles within the organisation. Peer involvement within Young People's services including involvement in Peer Education. Hillcrest Futures has 5 peer mentors who have developed training for services, using their lived experience knowledge and current service deliver. This training model fits in with several recommended actions and priorities on the local and national strategic plans by strengthening the third sector, reducing health inequalities, working alongside people with lived experience and increasing training capacity and opportunities

In addition, volunteers offer support within the Albert St. and Lochee Community Hubs, and have been able to support individuals on a 1:1 basis and within the hub settings. This included trained in Naloxone provision and risk assessment work. This also offers peer support to individuals and is able to share their own experiences and recovery capital. Volunteering positions are also available to supports services with administrator roles providing support teams and organisations. 3 Volunteers within WRWY received funding to take on employment (15hr sessional) during COVID-19 and 2 now in permanent positions within the team. Opportunities are available for individuals with lived experience to volunteer at the Connect Recovery Café at Minzieshill. DIAS interviewed a person with lived experience for one of their independent advocacy position, the post was offered to the person who when declined it due to an offer of another post.

2.6 Which of these settings offered the following to the public during 2021/22? (select all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Homelessness services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Peer-led initiatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GPs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A&E Departments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Women's support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other ... (please detail)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following organisations provide overdose awareness training and supply take home naloxone kits across Dundee: Statutory Services: Dundee Drug and Alcohol Recovery Service; Custody Nurses; Harm reduction nursing staff. Third Sector Organisations (drug treatment): Hillcrest Futures, Cairn Centre (including outreach); We Are With You, Signpost Centre (including Albert St hub); Peers (Hillcrest Futures & SDF project) Non-drug treatment services (under Lord Advocates Letter of Comfort); Positive Steps Partnership; Social Work Community Justice (Friarfield House); Navigators Scotland (Ninewells)- Safe Zone Street Outreach; Venture Trust; The Corner (young people); Parish Nursing; WRASAC Dundee & Angus; Dundee Volunteer and Voluntary Action. Community pharmacies now hold and supply naloxone as part of the new community pharmacy service level agreement. Postal naloxone is available locally, via cairn centre and SFAD webpage/telephone.

2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)



Dual diagnosis Agreement

Click or tap here to enter text.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes   
No

Please provide details (max 300 words) Click or tap here to enter text. Where there is a situation of an individual presenting with psychological difficulties and difficulties with substances/alcohol use, a protocol exists within DDARS psychology service to establish the best service. DDARS psychology service also provides consultancy to adult psychological therapies where appropriate (for example, if a person is appropriately being offered psychological therapy within Dundee adult psychological therapy service but has some co-existing difficulties with alcohol and where relapse prevention work may be helpful alongside the psychological therapy). In addition, there are previously agreed shared care arrangements, for example where clients can access group work offered by DAPTS, such as access to survive and thrive group intervention (trauma focused intervention). The substance use Healthcare Service within Perth Prison works together with the Mental Health Team to support individuals with complex needs. All the Dundee Keep Well Nurses are Trauma Informed, and some are also Trauma skilled and enhanced practitioners. The Gendered Services Project offers training and guidance to organisations to help establish a trauma-informed services and focus to their work.

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

At present, people with co-occurring mental health problems are managed within Community Mental Health Teams (CMHTs) or within the Assertive Rehabilitation Team for those requiring more intensive mental health support. Those with complex presentations may be managed within the Care Programme Approach but, for the majority of people, liaison will happen less formally between the involved professionals. Although there is



currently no specialist service for this patient group, a Tests of Change for alternative models of service delivery are currently being designed and will help to support future plans.

CMHTs are staffed by the expected range of different disciplines and operate Monday-Friday 9-5. Intensive home treatment (as an alternative to hospital) is available for people experiencing acute mental health care crises and this operates every day with extended hours to 9pm. This function is delivered by the Crisis Resolution and Home Treatment Team. This same team assesses people requiring emergency mental health assessment both in hours and through unscheduled care.

2.9 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes   
No

2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

[Click or tap here to enter text.](#) At the start of the year some recovery communities in Dundee were supported by third sector substance use service providers and Health and Social Care community health workers. Latterly, DVVA (utilising ADP funding allocation) appointed a Recovery Network Co-ordinator and two Recovery Engagement Workers (with lived experience) to support the growth of recovery communities and a lived experience network. These staff are employed within the Third Sector interface and began to work alongside services in all the neighbourhoods across the city to engage people with lived experience and build capacity for recovery-focussed activities.

Hillcrest futures has continued to support the delivery of recovery cafes across Dundee and were involved in the early plans for a Recovery Café at St Mary's Community Centre. Discussions continue with a number of partners as a result of funding from Dundee ADP to the Local Community Planning Partnerships. A community consultation is to be carried out by Dundee City Council Communities Team to gain the views of local people in regard to the type of groups and activities they would like to see at the café.

Resolve and Evolve is a recovery community in the North East of Dundee that formed through a merger of a Recovery Friendly Ambassadors group, which was set up to tackle stigma, and a Health Issues in the Community group, which has been trying to improve mental health support in Dundee. Both groups have received capacity-building support from the Community Health Team and Dundee Volunteer and Voluntary Action. Resolve and Evolve is led by people with lived experience and has a strong working relationship with local services. The group's most prominent development is weekly drop-in which offers information, support and social connections for the whole community and they have recently been constituted.

WRWY have supported a partnership group with the Change Centre offering health and wellbeing activities around sport and recovery, seeing up to 12-17 participants weekly. Individuals can help out in group programmes, training and/or volunteering opportunities within the Change Centre. The success of this group led to another group being started at a drop-in location in Douglas, supported by the ADP Recovery Funds. During COVID recovery groups were supported on line, giving people access to mobile devices where required allowing them to join.

A hillwalking programme is on-going alongside our partners in Hillcrest and Lochee Hub - running from April to November and well attended. This project is supported by four of the local community wards with the ADP Recovery Money.

Each year Dundee ADP purchase an area-wide SMART Recovery license, and SMART groups continued to be supported and developed in the city, with most third sector organisations supporting this approach. There was also a good attendance from Dundee at the Recovery Walk in Perth.



2.11 What proportion of services have adopted a trauma-informed approach during 2021/22?

- All services
- The majority of services
- Some services
- No services

Please provide a summary of progress (max 300 words)

[Click or tap here to enter text.](#)

Dundee's strategic trauma implementation steering group launched an Implementation Plan in March 2022. The steering group has representation from DDARS through the lead for Psychology Services. One of the offers in place for any service wishing to progress a trauma informed approach is an organisational development programme. Health Improvement Scotland Pathfinder/ Dundee Working Better Together Project has signed up to this programme and this will start soon. The DDARS / Primary Care shared care group have also been involved in discussions with the Trauma Steering Group about embedding this approach in the early stages of the redesign. A series of learning exchange events will begin in September 2022 with trauma informed supervision being the first topic. A session on trauma informed work will be delivered to IJB and elected members.

DDARS' Psychology Service has developed a workforce plan to support and deliver Trauma Informed and Skilled Practice in Tayside Substance Use Services. The Dundee Trauma Steering Group leads this work and is developing a wider workforce training and implementation plan for trauma informed practice. A number of third sector organisations have already undertaken trauma training and implemented the approach including We are With You. Hillcrest Futures work with the Gendered Services Project and this includes a strong focus on trauma informed practice.

The Dundee Independent Advocacy Service (DIAS) provides some trauma-informed work as part of the independent advocacy support. From a Social Work DDARS perspective, trauma-informed work is embedded in the majority of the work and that includes a gendered approach.

Both the PAUSE Project and TCA Mentoring service are Trauma informed with all staff having been trained. All the Keep Well Nurses work within a trauma-informed approach

Positive Steps Partnership are a trauma informed service, the nurse led service was developed by a mental health nurse and staff continue to undertake wide range of training to deliver the service in a trauma informed way.

2.12 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? *(mark all that apply)*

- Alcohol harms group
- Alcohol death audits (work being supported by AFS)
- Drug death review group
- Drug trend monitoring group / Early Warning System
- Other  Both the Tayside Needs Assessment Group and

the Tayside Non-Fatal Overdose Prevention Group provide surveillance and monitoring of the use of drugs and alcohol. In addition, the Tayside Drug Trends Monitoring Group (DTMG) is chaired by colleagues within Police Scotland Scotland, supported by Hillcrest and has representation from public Health, Custody Suite, Third Sector, education, Social Work and NHS. Hillcrest Futures has a Staff Inbox that collates information on going trends that are identified through those accessing IEP at the Cairn Centre as well as within community groups. This information is shared during DTMG meetings and then disseminated across wider staff teams. Hillcrest futures represented Tayside at Public Health Scotland surveillance Event via teams in June 2021. More specifically,



through enhanced drug screening for individuals, data is collated and presented on a monthly basis. This includes drugs detected within screening, which will be provided to DDARS, which is shared with relevant parties.

2.13 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

[Click or tap here to enter text.](#)Area level surveillance data on alcohol related deaths and other alcohol harms is undertaken routinely by NHS Tayside public health intelligence officers, and reported to ADPs. Individual review of alcohol related deaths is not undertaken at the moment. As noted in the Alcohol Focus Scotland report published recently, <https://www.alcohol-focus-scotland.org.uk/media/440037/alcohol-deaths-reviews-practical-guidance-for-alcohol-and-drug-partnerships-and-public-health-teams.pdf>, there is significant diversity and complex interactions of long term and more proximal factors in early death associated with excess alcohol use. Additional analytical resources would need to be identified to undertake review of individual alcohol deaths, as well as capacity constraints for others who would be required to participate in such a review group to make it effective. Dundee City ADP has inevitably had to prioritise work in relation to drug deaths, but recognises the significant burden or mortality caused by alcohol deaths. The ADP also notes that a proportion of drug deaths subject to review demonstrate significant co-existing alcohol related harm as well. The ADP receives regular reports on alcohol related harms, service provision and support, and considers national and other data, including that from NRS and PHS, to ensure it maintains an intelligence-led response to alcohol use issues. The ADP will consider the guidance emerging from the AFS report in future work planning. More specifically, within DDARS there is an established adverse event management process that requires the monitoring, review and response to any significant event including fatalities for both drugs and alcohol. In the absence of a wider review forum the learning would be taken forward at a service level and escalated and shared as required.

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

[Click or tap here to enter text.](#)The Tayside Drug Related Deaths Review Group (DDRG) is a pan-Tayside multi-agency group that meets monthly to review all deaths where the immediate cause appears, based on post-mortem and toxicology reporting and police assessment, to be non-intentional overdose of a controlled substance. The group does not review deaths by suicide using controlled substances-Tayside has a separate suicide review group which considers these events. The group also does not review drug deaths ascribed to conditions that may be related to drug use but not the direct result of the controlled substance itself-for example deaths due to Hepatitis C acquired through injecting, deaths due to sepsis or embolism, or deaths due to trauma sustained under the influence of drugs. The group has representation from the NHS substance use services, ADPs, Voluntary Sector, Police Scotland, Social Work, Scottish Prison Services, Public Health, pharmacy, and harm reduction services. An annual report with recommendations for reducing drug deaths is published ([https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/PublicHealth/PROD\\_213564/index.htm](https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/PublicHealth/PROD_213564/index.htm)) and Dundee City ADP incorporates relevant actions into its improvement planning based on this report and other relevant intelligence. The DDRG is supported by a dedicated analyst employed within NHS Tayside Public Health Directorate and funded by the Tayside ADPs. The analyst collates information on each deceased person from multiple agencies (which from Dundee this includes information from the Specialist Women's services), prepares summaries of each case and leads on preparation of the annual report. Agency adverse event reporting systems are also used to inform each case review (e.g. DATIX for people in contact with NHS services). The review group members follow up actions and lessons learned in relation to their own services, whilst the annual report aims to identify common themes and areas for strategic action across Tayside. In addition to the Local Adverse Event Review (LAER) process in place to review all deaths in custody, prison healthcare work with SPS to review the death in the Death in Prison, Learning Audit and Review (DIPLAR) – both of which provide learning to be embedded in the organisations



2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

DDARS offers people the full range of Opiate Substitution Treatment options, and alcohol treatment options, including choices with the exception of heroin assisted treatment. Evidence for this includes the NHST Substance Use Services Prescribing Guidelines, the NHST patient information leaflets, DDARS prescribing data, and the DDARS website. A comprehensive assessment of need including substance and alcohol use and harms, physical and mental health comorbidities, housing, welfare, child and adult safeguarding. The service is able to access health and social work records and a psychiatrist is present to assess mental health if indicated. Harm reduction interventions are also delivered. Individual and holistic care plans and risk management plans are developed in line with the award-winning Tayside mental health and learning disability nursing standards for person centred care planning. As a result of more person-centred working approach within DDARS, DVVA Peer Recovery Network had an increase in referrals for 1:1 peer support. From a SW perspective, person centred planning is embedded practice. This is further enhanced by the continued investment in the role of the Independent advocate. This role is not only embedded within statutory Services, but across our partnerships. Hillcrest Futures provide a person-centered approach and builds on strengths and resilience of individuals, families and communities. The organisation recognise there are many pathways to recovery, including treatment, mutual aid groups etc. Hillcrest Futures offers choice by providing a flexible menu of services and supports designed to meet each individual's specific needs, we aim to build on assets rather than emphasizing barriers. CrossReach is primarily a recovery focussed service, and provide harm reduction advice / interventions as required depending on the needs of the individual. Aberlour outreach provision offers a whole family approach that is based on kindness, compassion and hope. Positive Steps Partnership offer a person centred holistic approach engaging with individuals who have experienced or are at risk of non-fatal overdose or drug related harm offering crisis intervention that meets the physical, mental and psychosocial needs of the individual.



### 3. Getting it Right for Children, Young People and Families

3.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

- a) Yes   
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Third Sector services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please provide details: This is an area of work that all social work teams directly undertake with children and commensurate with their age/stage. Aberlour provides mobile outreach to children and young people.

3.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

- a) Yes   
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionary Activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Carer support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Please see below</b>				



*Kith n Kin* offer access to specialist creative therapies for children impacted by parental substance use, and TCA delivers a children and Young People mentoring service, which supports children impacted by parental substance use as one of the referral criteria. Hillcrest Futures Young People's Drug and Alcohol Service supported young people aged 12-17 with early intervention, as well as young people at risk of their own/or parental substance use. Structured period of intervention to identify triggers and improve relation with positive role models in their communities. In addition, the service has delivered education sessions with Dundee schools, off-site and residential settings. This has been around issues relating to substance use and risk-taking behaviours. Two Peer Education groups were set up using a mutual aid approach to bring young people together and provide informal education around drugs alcohol and sexual health themes. Hillcrest Futures Young People Drug and Alcohol service has also supported families over the last year on a weekly basis where there was parental substance use affecting the young person and contributing to their own use. This was done in partnership with Hillcrest Futures Adult Drug and Alcohol team and taking a whole family approach to recovery. This also included support over the phone which included emotional support, advice on harm reduction and more, and in collaboration with the Children & Families Service.



3.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes   
No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)  
Please note information above about the joint working between the ADP and Children & Families Service. The ADP contributed to discussions, planning and financial support for the development of the Whole Family Approach. This also includes a focus (funded by the ADP) on a Kinship Care support to families. Those leading on the integrated children's services plan sit on the ADP and provide a link to both planning streams. Going forward, it is planned that the ADP and Children and Families Executive Board will work together to confirm joint priorities in the next iteration of the Dundee City Plan, currently being developed.

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved   
Stayed the same   
Scaled back   
No longer in place

It is anticipated that the review of services for older young people which commenced Jan 2022 will directly contribute to improvements in this area.  
Service development has continued across 7 primary schools to support group work delivery for children who have experienced separation and loss caused by fatal overdose and other impacts of adult relapse and recovery.  
A gendered services approach to recovery and relapse prevention has provided women with a safe space to explore their recovery journey using the SMART framework.  
A tri-partnership has been developed by the Children & families Service with 2 3rd sector partners (TCA and Barnardos) for ongoing development of whole family approach to recovery and support (Families Linked In Project FLIP), including ongoing alliance support for the FORT triage system.  
Aberlour continue to work in collaboration with partners to ensure a coordinated approach to children and families service delivery across Dundee City. This has included providing initial assessment for the Intake Care and Protection Team – to reduce the necessity for statutory intervention, particularly for families where problematic substance use has been a feature. Aberlour Mother and Child Recovery House is continuing to be developed within Dundee City to provide bespoke residential recovery and support for women and their babies to remain together during their stabilisation and recovery journey.  
More generally, digital Infrastructure is providing a hybrid model of support that enables individuals to engage in a format that is most suitable for them, removing the necessity for travel where appropriate and reducing engagement waiting times.

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved   
Stayed the same   
Scaled back   
No longer in place

3.6 Did the ADP have specific support services for adult family members?

a) Yes



No

b) If yes, please select all that apply below:

Signposting

One to One support

Support groups

Counselling

Commissioned services

Naloxone Training

Other

Click or tap here to enter text. Family members were able to access

support services both on-line and in person (when restrictions allowed). These were provided by Dundee Carers Centre and several different drug and alcohol support charities



### 3.7 How did services for adult family members change in the 2021/22 financial year?

- Improved   
Stayed the same   
Scaled back   
No longer in place

Dundee Carers Centre worked closely with schools in the city, and other partners to continue to provide support to young carers during the year including 1:1/group support, short breaks, access to digital equipment and accreditation opportunities. The Centre also supports the Lifeline Group of carers who support people affected by substance or alcohol use. Support took place via telephone, video call and online platforms as well as increasing face-to-face support as restrictions have eased. Additional resources were secured to increase counselling, involvement, and self-directed support. The Centre was also able to run a Winter Assistance Fund providing financial assistance to carers who needed it most.

Positive Steps Partnership have provided 1:1 support for family members of individuals affected by substance and alcohol, this included harm reduction advice, overdose awareness, naloxone training and supply, general health and wellbeing advice and referrals into partner agencies for additional support.

### 3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)

[Click or tap here to enter text.](#)

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)

[Click or tap here to enter text.](#) The Children and Families Substance use working group (sub group of the ADP) are planning to carry out an audit of the existing provision across the public protection partnership in the later part of 2022/2023 year with the attention of addressing any identified gaps. The Whole Families Framework will be utilized as the benchmark. Ringfenced funding from Scottish government to enhance the development of the Whole Family Approach has been allocated to the Children & Families Service to support the development of a Kinship-Care Team and to co-ordinate with 3<sup>rd</sup> sector partners the implementation of the Whole family Approach in Dundee.

The new Kinship Care team is in place, there are 387 kinship carers, caring for around 400 children (please note that numbers vary from one quarter to another). It is often the case that both kinship carers and children experience a range of significant trauma and adversity. Parental substance use is a major contributory factor to the requirement for children to live with a kinship carer. In a number of cases both children and their kinship carer are dealing with the loss of a loved one (son/daughter/mum /Dad) due to a drug or alcohol related death. The opportunity to enhance the capacity of the statutory service involved in assessing and supporting kinship families would maximise opportunities to undertake focused activity with whole families aimed at breaking the repetitive cycle of familial substance use. The team will have a clear focus on all aspects of care-planning related to carers and children's journeys, including: Assessment; Preparation; training and ongoing support. This team will work in partnership with TCA Kith n Kin Kinship family service through a co-location model and with a focus on enhancing and developing the role of the kinship Hub. This approach will create opportunities for dedicated whole family generational support for those families impacted by trauma including substance/alcohol use.





One key element of the Dundee Whole family Approach is the C&F/ DDARS locality nurse project which is funded through Programme For Government funding and involves 3 nurses co-locating and working directly with social work teams. The nurses provide a range of support alongside social work colleagues, including intensive therapeutic input to parents, initial assessment and sign posting. This co-located model allows for a swift response to support parents who are experiencing challenges, improved levels of communication across services and provide an intensive level of support to families. There has been improved working relations between social work and DDARS providing a more holistic model of care for service users and improved outcomes for individuals.

In addition, *Functional Family Therapy* (FFT) is a new specialist family service in partnership between Dundee City Council and Action for children. The team uses a specific evidence-based model that has been used extensively in the USA, Norway, Sweden and across the globe and is being implemented in partnership by Action for Children and local authorities across Scotland. The FFT therapists provide, home-based family therapy sessions with families utilising the FFT model with families who have adolescents between the ages of 11 and 17.

b) If no, when do you plan to do this?

3.9 Did the ADP area provide any of the following adult services to support family-inclusive practice? (select all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details...

Hillcrest Futures provides a weekly family support group to family members, this group is co facilitate by a peer volunteer. We have also provided family members with one-to-one support as required along with the Resilience Toolkit for family members to help them understand substance use, build coping strategies and improved their own mental health and wellbeing.

#### 4. A Public Health Approach to Justice

4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

- Yes
- No
- No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)  
Click or tap here to enter text.



4.2 Has the ADP worked with community justice partners in the following ways? (select all that apply)

- |   |   |
|---|---|
| Information sharing   | <input checked="" type="checkbox"/>             |
| Providing advice/ guidance                                      | <input checked="" type="checkbox"/>             |
| Coordinating activities   | <input checked="" type="checkbox"/>             |
| Joint funding of activities                                     | <input checked="" type="checkbox"/>             |
| Access is available to non-fatal overdose pathways upon release | <input checked="" type="checkbox"/>             |
| Other   | <input type="checkbox"/> Please provide details |

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? (select all that apply)

- |                             |   |
|-----------------------------|---|
| Information sharing         | <input checked="" type="checkbox"/>             |
| Providing advice/ guidance  | <input checked="" type="checkbox"/>             |
| Coordinating activities     | <input checked="" type="checkbox"/>             |
| Joint funding of activities | <input checked="" type="checkbox"/>             |
| Other                       | <input type="checkbox"/> Please provide details |

The Community Justice Partnership and ADP have recently liaised to review support to people in the criminal justice system with a substance use problem, including in relation to thresholds, capacity building measures and effective targeting of resources from arrest to sentence and prison release. The initial outcomes including agreement to coordinate joint Social Work and Health workforce development sessions; use CPO/DTR and DTTO resources more flexibly; and sustain support to prison leavers via a multi-agency virtual team established during the pandemic. This is now being progressed and further liaison will occur to develop the next iteration of the Community Justice Outcome Improvement Plan, to both strengthen this work and explore new opportunities.

4.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families.

a) Upon arrest (please select all that apply)

Please provide details on what was in place and how well this was executed.....

- |                                 |  |
|---------------------------------|--|
| Diversion From Prosecution      | <input checked="" type="checkbox"/>                |
| Exercise and fitness activities | <input checked="" type="checkbox"/>                |
| Peer workers                    | <input checked="" type="checkbox"/>                |
| Community workers               | <input checked="" type="checkbox"/>                |
| Other                           | <input type="checkbox"/> Please provide details... |

b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed.....

- |                                 |  |
|---------------------------------|--|
| Diversion From Prosecution      | <input checked="" type="checkbox"/>                |
| Exercise and fitness activities | <input checked="" type="checkbox"/>                |
| Peer workers                    | <input checked="" type="checkbox"/>                |
| Community workers               | <input checked="" type="checkbox"/>                |
| Naloxone                        | <input checked="" type="checkbox"/>                |
| Other                           | <input type="checkbox"/> Please provide details... |



4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

[Click or tap here to enter text.](#)

Arrest Referral Scheme is operated on behalf of the Dundee Partnership by Positive Steps – this began as a test of change which ran from July 21 to July 22. A needs assessment was offered to anyone who had a connection to Dundee within the Dundee Custody Unit, and community support offered after liberation to source support for specific issues. This service is now a 7 day a week service. In the first 2 weeks of July 22, of the 127 people seen in the custody unit, 14 agreed to an assessment and of those, 8 has either alcohol or drug use as a primary or secondary concern.

Positive Steps also run a *Violence Reduction Programme* funded in part by CJS which is based in Stobswell and which provides support in terms of a drop-in service and community outreach support. This service is to assist people with issues to be signposted and/or support to relevant agencies and services.

Diversion from Prosecution when referred by the Procurator Fiscal and results in 3 months voluntary involvement with CJS when assessed as suitable by Support Worker. Also included in this would be Fiscal Work Orders, where the PF will offer unpaid work for between 10 and 50 hours which is completed within 6 months. Structured Deferred Sentence (both high and low level) have weekly input from CJS worker.

Bail with Mentoring is undertaken jointly between CJS and TCA and includes weekly meetings with CJS worker and TCA mentor and has a review within the Court process at 3 months.

In terms of the mentoring that TCA provide as a part of Bail, this is under their Women Only Mentoring and Mentoring For Men schemes. In terms of Substance Use, 30% of women felt that they were making progress in this area, and 53% of men felt that they were making progress.

Voluntary Through Care/Supervised Release Order – both result in working with CJS staff whilst in custody to prepare for release and then within the community to help with resettlement.

Any individual in Dundee engaged with CJS who has alcohol and/or drug treatment needs can be referred to have those needs met, whether this is on a voluntary basis, or by Court Order. Referral is made to DDARS Nurse, who undertake assessment, and if suitable, start treatment, all of which is done within Friarfield House. Likewise, any individual can be referred to our Keep Well Nurse for a health check and look at positive use of time and healthy living as part of recovery e.g. referral and support to attend a walking group or gym membership etc. In terms of positive use of time and healthy living, referrals are also made to Street Soccer, The Maxwell Centre, Cairn Centre etc.

Referrals are also made to TCA for *Beyond Mentoring For Women* when they are at a good stage in their recovery. TCA report that the level of engagement in this service is at 65%, which may reflect their struggle with the voluntary aspect of this as it is no longer a court directed service.

Naloxone provision– Social Work Community Justice Service is a registered non-drug treatment service able to supply Naloxone. Training is offered to staff on 2 levels; firstly on how to use Naloxone in an emergency, and secondly to allow staff to supply Naloxone to service users.





## II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners.

It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

### A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	1,874,285
2021/22 Programme for Government Funding and National Mission Funding	193,847
Additional funding from Integration Authority	2,104,949
Funding from Local Authority	163,453
Funding from NHS Board	2,980,485
Total funding from other sources not detailed above	
Carry forwards	237,463
Other	
<b>Total</b>	<b>7,554,482</b>

### B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	218,992
Community based treatment and recovery services for adults	6,355,890
Inpatient detox services	61,827
Residential rehabilitation (including placements, pathways and referrals)	111,293
Recovery community initiatives	158,796
Advocacy services	7,447
Services for families affected by alcohol and drug use (whole family Approach Framework) <b>figure will be provided ASAP</b>	
Alcohol and drug services specifically for children and young people	405,474
Drug and Alcohol treatment and support in Primary Care	25,000
Residential Rehab	See above
Whole family Approach framework <b>figure will be provided ASAP</b>	
Outreach	27,354
Other	182,410
<b>Total</b>	<b>7,554,482</b>

#### Additional finance comments

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