



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: East Ayrshire

Key contact:

Name: Liam Wells
Job title: ADP Lead Officer
Contact email: liam.wells@east-ayrshire.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 type="checkbox"/>
Website/ social media	<input checked="" type="checkbox"/>
Apps/webchats	<input checked="" type="checkbox"/>
Events/workshops	<input type="checkbox"/>
Please provide details...	
Accessible formats (e.g. in different languages)	<input type="checkbox"/>
Please provide details...	
Other	<input checked="" type="checkbox"/>
Signposting to services via media outlets, STV etc	

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 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 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...			

Click or tap here to enter text.



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... The NHS Prevention and Service Support Team (PSST) provides a wide range of education and training initiatives which focus on improving awareness, competence and knowledge of those affected by alcohol and drug use, and those working in the field. The PSST addictions training calendar, and bespoke training service features options for virtual and face-to-face course delivery. The team deliver Overdose Awareness, Naloxone awareness and Training for Trainer sessions. The team is actively involved in local and national initiatives to promote topics such as overdose awareness, mental health, sexual health and stigma. In July 2021, the ADP delivered a week long naloxone awareness campaign that included a radio ad and creation of local recovery champions

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... The Alcohol and Drug Liaison Officer within the PSST team is based within Ayrshire College and delivers workshops on campus to students and staff and provides 1 to 1 student support interventions. During the Covid 19 pandemic the PSST training calendar was adapted in order to deliver training virtually via Microsoft Teams. A number of youth groups are also supported with the delivery of alcohol and drug awareness sessions. The SPICE resource is also available to Education and Schools Colleagues for use within their areas

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).

Typically, NHS Ayrshire & Arran Public Health Department review all licence applications received from East Ayrshire Licensing Board. These applications are reviewed against locally agreed criteria agreed between Public Health and East Ayrshire ADP. When a licence application meets the criteria for objection Public Health will draft a response for the Licensing Board based on alcohol harms data and local knowledge. This is shared with the ADP for additional comments and then submitted by Public Health to the Licensing Board. The Public Health Department review alcohol harms data and produce a Traffic Light Report for the Licensing Board indicating the alcohol related health harms experienced by local communities and to support alcohol licensing decision making. Due to the restrictions imposed by the Covid-19 Pandemic, Public Health colleagues were sequestered into Test and Protect, reducing their capacity to advise on license applications



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 counselling	<input checked="" type="checkbox"/>	Please provide details...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 Activity that engaged with people with lived experience

was significantly curtailed during the Covid pandemic as face to face engagement was severely restricted. Despite this, the ADP was able to deliver a Lets Connect event early in 2022 that re engaged with local community groups and people with lived experience

For family members:

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups / panels
- Lived experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other Whilst the ability to engage with family members during

the pandemic was severely curtailed the ADP maintained contact with all recovery groups in East Ayrshire, with many local groups consisting of family members.

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

East Ayrshire ADP via its commissioned services have formal complaints procedures in place with timed processes and stages. The ADP and its partners recognise that however, much feedback is informal and constructive which is why 'you said, we did boards' have been developed. The ADP has lived experience partners sitting on our ROSC Sub Groups that provide feedback across all ROSC services, ensuring information is gathered and spread across the full breadth of East Ayrshire. ADP members have also met with specific families who have lost a loved one to addiction, and have created Lessons Learnt events, so all services and staff involved in the care of someone, can hear the experience from the family's perspective.

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 East Ayrshire Recovery Network

EARN Website provides an information resource for people with Lived Experience to engage in all aspects of ADP activity. As does both the EARN and EA ADP social media accounts. The ADP has lived experience partners sitting on our ROSC Sub Groups that provide feedback across all ROSC services, ensuring information is gathered and spread across the full breadth of East Ayrshire.



Please give details of any challenges (max 300 words)

The challenge is how we ensure effective and proportional representation of those with Lived Experience. Detailed work is underway to develop our 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 Advocacy

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	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input checked="" 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 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 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 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 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)

EAHSCP management arrangements are such that all adult Mental health, Learning Disability and Alcohol and Drug services are managed under one structure. We have informal development sessions and also individual case discussions based on need. There are more formal ASP and CPA processes in place for more complex cases. GP surgeries also have mental health practitioners, who provide



assessment and interventions to those in receipt of treatment. Alcohol and Drug Practitioners can refer clients into the Community Mental Health Team to receive additional and appropriate support.

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 staff team within NHS Treatment Services consist of mental health nurses and consultant psychiatrists.

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 staff team within NHS Treatment Services consist of mental health nurses and consultant psychiatrists, and peer workers.

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)

The ADP provided Development Funding for Grass- root organisations in 2021/22 and one such partner now has Charitable Status. Monies were given to the East Ayrshire Recovery Network EARN to build a website for information and the provision of a feedback loop. Our Recovery Coordinator identified additional Grass-roots community organisations to expand the breadth of recovery activity despite the challenges presented by COVID-19. In co-ordinating and consolidating support to recovery communities EA during the year in question in partnership with the CORRA Foundation has been developing our Recovery Hub which will co-ordinate Recovery activity across the diverse geographical area which is East Ayrshire. More on Lets Connect and expansion of Peers / CREW setting up recovery activity / calander of events

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)

NES Trauma Informed Practitioner Training made available across the EA HSCP inclusive of Third Sector Providers.



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 The ADP currently has a Drug Death Action Plan Group, which draws together, and monitors East Ayrshire-wide initiatives taken to reduce alcohol- and drug-related harms. In addition, the pandemic saw the establishment of a multi-agency alcohol and drugs protection group that met weekly to rapidly respond to local community need.

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)

An Alcohol Health Harm Hospital Pathways Needs Assessment was undertaken which consisted of two phases, the first concerned understanding our own system and the way people seek assistance from us. It utilised analysis of hospital statistics and interviews with alcohol liaison nurses to create patient vignettes, with which pathways could be explored and tested theoretically. Phase 2 involved interviewing experts working within and across alcohol health harm pathways about their experiences working with patients across the life course and across the spectrum of alcohol harms. Throughout the process themes emerged regarding those experiencing the most severe harm, with ARLD and ARBD, those at greatest risk of mortality. The next phase of the work is to revisit these themes in discussions with decision makers within health services in order to review findings, make changes and improve pathways based on gaps and areas requiring improvement which were highlighted during the process. It is intended that this is only an initial piece of work and that wider pathways and links into the community will be explored. This longitudinal piece of research remains ongoing and was delayed as a result of Covid-19.

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 Death Review results are shared with the local Chief Officers Group, who then have the opportunity to cascade within respective agencies, as appropriate. Additionally, the Covid alcohol and drugs public protection group discussed the findings of local reviews

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).

RADAR collaborative approach that provides rapid access to support and or treatment for anyone affected by drugs or alcohol in the East Ayrshire area. As part of a unique approach involving partners from: • NHS Addiction Services • We Are With You • Ayrshire Council on Alcohol • East Ayrshire Advocacy Service they aim to offer a same day or next day appointment to help individuals identify the recovery support best suited for their needs in line with specific MAT Standards. The service is open 9am to 5pm, Monday to Friday.

During the Covid pandemic the ADP was involved in home deliveries of naloxone and OST prescriptions



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 type="checkbox"/>
Third Sector services	<input 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 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 checked="" 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 Social Work Children and Families Addiction Workers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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) **East Ayrshire Carers Centre. Barnardos and East Ayrshire Advocacy Service.**

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>
Please provide details...	<input type="text"/>			



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)
Strategically, the ADP support staff sit within a public protection framework that supports integration and cross fertilisation of strategic plans within child protection and children's services planning. This joint planning with children's services is further enhanced via children's services representation at ADP groups including the chief social work officer. Conversely, the ADP is represented at various children's planning groups including the child protection committee and the Children and Young People's Strategic Partnership, as well as Adult Protection, Violence Against Women and MAPPA.

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

In East Ayrshire we are supported by Scottish Families Affected by Alcohol and Drugs SFAD, RADAR, WAWY



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)

The ADP adopts a strategic approach to the Family Approach/Family Inclusive Framework via the local Children's Strategic Planning Group and its associated sub groups i.e. EA GIRFEC Sub Group. Our planned audit of all services to children, young people and their families which was planned for 2021 was postponed/delayed as a result of the ongoing pandemic. Within this strategic children's planning framework decisions on ADP Whole Family Approach funding are made within the context of universal and targeted provision to children, young people their families and their carers. In this respect the partnership approved the employment of additional early years family support workers who engage with those most vulnerable families where drugs and alcohol are a specific concern.

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

In supporting this East Ayrshire approach across the Children's Planning Process a bid for CORRA Funding was submitted in February 22'.

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 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)
The Prisoner Health Centre addiction team will offer individuals Naloxone and Naxolone training pre-release. Police custody FME's also offer Naloxone to those identified as at risk in police custody.

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 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 type="checkbox"/> |
| Joint funding of activities | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> |
| Exercise and fitness activities | <input type="checkbox"/> |
| Peer workers | <input type="checkbox"/> |
| Community workers | <input 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
- 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 CJOIP for Ayrshire has been delayed due to the delays in the release of the National Strategy, however work has been taking place to build the evidence base for the new CJOIP through the Strategic Needs and Strengths Assessment (SNSA). This has included sharing data with Police and advice/guidance from CJ partners.

An independent evaluation demonstrated the success of The Navigator Project within HMP Kilmarnock which is now in its second year.

As an ADP partner, Justice Social Work Services staff ensure those on Community Payback Orders are signposted to appropriate recovery services for support as part of the Case Management Plan where there are alcohol or drug issues. The Diversion From Prosecution Service overseen by the Ayrshire Justice Services Partnership work in partnership with the Crown Service to identify those with alcohol/drug issues who are suitable to be diverted from the Criminal Justice System, placing an emphasis on providing direct support or signposting to recovery services where appropriate.



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	1,290,113
Additional funding from Integration Authority	973,061
Funding from Local Authority	188,230
Funding from NHS Board	
Total funding from other sources not detailed above	198,000
Carry forwards	476,160
Other	
Total	3,125,564

B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	71,397
Community based treatment and recovery services for adults	1,498,718
Inpatient detox services	105,283
Residential rehabilitation (including placements, pathways and referrals)	136,671
Recovery community initiatives	265,100
Advocacy services	35,000
Services for families affected by alcohol and drug use (whole family Approach Framework)	101,000
Alcohol and drug services specifically for children and young people	235,500
Drug and Alcohol treatment and support in Primary Care	
Residential Rehab	
Whole family Approach framework	
Outreach	6,350
Other – Prison throughcare	51,708



Total	2,506,727

Additional finance comments
Click or tap here to enter text.

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alcoholanddrugsupport@gov.scot



NAME OF ADP: East Dunbartonshire

Key contact:

Name: Lynsay Haglington
Job title: Alcohol and Drug Partnership Coordinator
Contact email: Lynsay.Haglington@eastdunbarton.gov.uk

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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 type="checkbox"/>
Website/ social media	<input checked="" type="checkbox"/>
Apps/webchats	<input checked="" type="checkbox"/>
Events/workshops	<input 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 type="checkbox"/>	<input checked="" 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 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 checked="" 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 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 type="checkbox"/>
Please specify...			

The East Dunbartonshire ADP sub group; Substance Use Prevention Group (SUPG), co-ordinates public awareness, capacity building and training, please refer to the infographic for details of the activity during 21/22, including Go Sober October / Count 14 / Rethink your Drink / Alcohol Awareness week / Dry January22. Further local promotional campaigns have been delivered, supporting the role out of the



Naloxone Service and training. In addition to this work, a 'Summer Safety' and 'Elf and Safety' booklet is provided annually and updated with any specific legislation changes etc. These booklets were originally set up to provide alcohol and drug information during the festive period but were then adopted by the Healthy Working Lives group and have expanded; and are available for staff and members of the public.

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 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 type="checkbox"/> | Please provide details... |

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 type="checkbox"/> | Please provide details... |

1.5 Was the ADP represented at the alcohol Licensing Forum?

- Yes
No

The ADP is usually represented, however, no Licencing Forums were held in this period. There is representation across the NHS Greater Glasgow & Clyde Licencing meeting to discuss alcohol data etc and Licencing Officers are invited to attend the ADP.

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

- | | |
|------|-------------------------------------|
| All | <input checked="" type="checkbox"/> |
| Most | <input type="checkbox"/> |
| Some | <input 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).

Please note the attached infographic, which provides an overview to the core education and prevention capacity building activities undertaken during this year.



SUPG 2021-22
Overview.pdf



Elf and Safety 2021
Public.pdf



Summer Safety 2021
Final July 2021.pdf

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 checked="" type="checkbox"/>	
Psychosocial counselling	<input checked="" type="checkbox"/>	
Other screening clinics	<input checked="" type="checkbox"/>	Pabrinex clinic and physical health

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 checked="" type="checkbox"/>	
Lived experience group / forum	<input checked="" type="checkbox"/>	
Board Representation within services	<input checked="" 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 checked="" type="checkbox"/>
Focus groups / panels	<input checked="" type="checkbox"/>
Lived experience group/ forum	<input checked="" type="checkbox"/>
Board Representation within services	<input checked="" type="checkbox"/>
Board Representation at ADP	<input checked="" type="checkbox"/>



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)

Feedback from people with lived and living experience, and that of their family members/carers is vital to ensure continued service improvement and development. All commissioned providers gather feedback as part of their contracts and share with the ADP and the Health and Social Care Partnership's Alcohol and Drug Recovery Service (ADRS) where appropriate, both positive and negative. Scottish Drugs Forum (SDF) are also contracted to provide service user engagement support biannually. SDF provide this via peer support worker interviews and surveys and are usually based on priority themes.

In 2021 SDF provided a comprehensive report on the impact of COVID, which also took into consideration staff feedback, this report provided recommendations to improve service provision. Work has also commenced with the design and development of a general feedback card and a Medication Assisted Treatment (MAT) standards feedback card, these will also be available online. As well as feedback via commissioned services, and the SDF reports, any feedback provided to ADRS staff by individuals using the service or their family members is highlighted to the Team Manager (TM) and Nurse Team Leader (NTL) where appropriate. Feedback, both positive and negative is utilised for ongoing service improvements, this can come from services, SDF service user engagement or through the complaints procedure.

The COVID report by SDF in 2021 provided a number of recommendations which have been implemented by ADRS and the ADP where feasible such as investment in technology for service users to stay connected, phone consultations/appointments to be continued if requested, continue less frequent pick-ups of OST if requested and increased access to mental health services. Feedback is also welcomed from the family and carer support services and to ensure individuals have multiple ways to feedback ADRS and the ADP are in the process of developing feedback cards and surveys which will be available in paper format and online.

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)

Although the areas above have processes in place to gather feedback from people with lived and living experience, more work needs to be done to ensure individuals feel supported and see where their feedback is utilised. We recognise that processes to gather views to ensure they continue to inform service delivery can be further developed, and the planned establishment of lived and living experience forums/panels in East Dunbartonshire will support this. The availability of online and paper copies of surveys/feedback comments cards etc will provide more accessibility regarding feeding into decision-making processes. The addition of a peer support worker within ADRS will help support the voices of lived and living experience being at the forefront of decision-making and service improvement and development.



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

In 2021 the ADP funded two places on the SDF Addiction Worker Training Project. This funding supported two individuals to access the course and to take up placements within ADRS. One individual went on to support another service out with East Dunbartonshire and one individual did their whole placement within the East Dunbartonshire ADRS, supporting addiction workers and as part of that role helped to scope out and redevelop some team materials to be more user friendly.

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 type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&E Departments	<input checked="" 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 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 type="checkbox"/>	<input 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)

ADRS have mental health trained nurses who can provide mental health assessments. Other ADRS staff are trained to provide low-level mental health support such as Safety and Stabilisation. Co-location of ADRS with the mental health teams also ensures staff can ask advice if necessary. Trauma awareness and trauma informed practice is embedded within ADRS and ADRS and the mental health teams have contact with the Anchor Centre, a trauma specific service, if there are any significant risks around trauma requiring advice/referral. There are also joint protocols in place between ADRS and CMMT/MCMHT to support individuals with co-occurring alcohol and drug use and mental health.

A comprehensive drug related deaths report was undertaken early 2022, based on 2020 figures. This report provided a number of recommendations, which have been added to a draft improvement action plan. As part of the recommendations a mental health (MH) and alcohol and drugs protocol review has commenced. This review also includes children and families (C&F) and justice services to ensure a more joined up approach to service provision. Local protocols and NHS Greater Glasgow & Clyde interface documents are in place for effective liaison between MH and ADRS services. These are being updated as part of this process. Workforce development and additional training will be provided to staff to ensure any new protocols are being utilised effectively.

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) As in 2.7, ADRS have mental health trained nurses who can provide mental health assessments. Other ADRS staff are trained to provide low-level mental health support such as Safety and Stabilisation. The revision of multi-agency, departmental protocols will help to improve communication and support for individuals presenting with multiple and complex needs. Additional information is being compiled that will be available on the Health and Social Care Partnership website for self-access.

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)

NHS Greater Glasgow & Clyde Interface document is in place, which outlines referrals and joint assessments between ADRS and MH services. In addition, there are local protocols in place to support this work (as noted above these protocols are now subject to review to improve joint working to support multiple and complex needs). Co-location of services supports and helps to develop excellent communication and relationships between teams. Workforce development is also part of this process and a Moodle online platform is being developed to share training between departments. Additional resources will be available for staff to ensure there is a consistent level of knowledge that is accessible.

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)

The Treatment and Recovery (T&R) Sub Group sits under the ADP and promotes the continuous development and improvement of treatment and recovery opportunities for people who live within the East Dunbartonshire area. Turning Point Scotland, Near-Fatal Overdose Service and Ceartas Advocacy have recently been included within the membership as part of the support to the recovery community as part of implementation of the Medically Assisted Treatment (MAT) Standards. The aim of the T&R Sub Group is:

- 1) To ensure Human Rights-based, person-centred responses to people with problematic alcohol and drug use, and their families who may be impacted.
- 2) To reduce stigma and improve access to mainstream services to reduce harm and promote recovery. Ensure access to effective high quality services, which are person-centred, trauma-informed and integrated, prioritising those at most risk.
- 3) Ensure family inclusive services and whole family approaches to service delivery.
- 4) Listen to the lived experience of service users, their families and carers to develop, design and deliver treatment and recovery services.
- 5) To support the growth and expansion of the local recovery community to achieve its full potential by identifying any gaps and report these to the ADP.

An action plan has been developed and will be used to drive forward developments and future proof services to support the recovery community. Groups such as 'Flourish', a women's group, have continued to thrive and have had previous funding from the ADP for activities. Flourish have also been contacted as part of the lived experience forum work and will be feeding into service development and design. The Recovery Café that was previously active in East Dunbartonshire stopped running due to COVID; it is hoped this will be back in place in 2022/23 with support from statutory, third sector and members of the recovery community.

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)

Work undertaken in 2018 ensured all services, both statutory and third sector, within alcohol and drugs and mental health, had access to trauma informed training. Support around trauma informed practice, training and resources has since continued via an East Dunbartonshire wide Adverse Childhood Experiences (ACES) and Trauma collaborative and local trauma group work. These groups ensure that trauma is a high priority across services and there is also a sub group looking at environments through a trauma informed lens. A role has recently been advertised for a Trauma Co-ordinator to drive forward the agenda in a more focused way. Resources and paperwork have been reviewed through a trauma informed lens too, ensuring questions are asked in a sensitive manner and accurate information is collected where appropriate.

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

Public Health Surveillance reporting, drug

and alcohol deaths and harm information is circulated via the ADP. Information is provided via the NHSGGC Board and some is provided at a national level. The ADP also circulates any drug harms information via Police Scotland and have recently been linked into the Rapid Action Drug Alerts and Response (RADAR) early warning system. The ADP Coordinator is also a member of the National Drug Deaths Incident Management Team (NDDIMT). The Drug Death review group also supports discussion and investigation into alcohol related deaths and deaths by suicide.

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)

An Alcohol and drugs death review group meeting is held monthly to review all deaths of people in contact with services to identify any learning. As noted above this group supports discussion, review and investigation into drug and alcohol related deaths and deaths by suicide. Information is collated on each death to help inform the ongoing process and cross-checked against the information provided via NHSGGC and National Records Scotland (NRS) once the annual reports are published. Any trends are noted and the 'deeper-dive' reporting on each case helps to inform any lessons learned and change any practice where relevant. The most recent Drug Related Death report (2020) recommendations and draft action plan also support this process, a similar piece of work is commencing based on alcohol related deaths and suicide.

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)

An Alcohol and drugs death review group meeting is held monthly to review all deaths of people in contact with services to identify any learning. As noted above this group supports discussion, review and investigation into drug and alcohol related deaths and deaths by suicide. Information is collated on each death to help inform the ongoing process and cross-checked against the information provided via NHSGGC and National Records Scotland (NRS) once the annual reports are published. Any trends are noted and the 'deeper-dive' reporting on each case helps to inform any lessons learned and change any practice where relevant. The most recent Drug Related Death report (2020) recommendations and draft action plan also support this process, a similar piece of work is commencing based on alcohol related deaths and suicide. Work is underway at present to establish a reporting format and route into the Chief Officers for Public Protection meeting with a view to introduction of this during the current year.

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).

As noted above - The Drug Related Deaths Internal Report 2020, which was a 'deeper-dive' on each DRD, provided a national and local overview of drug related deaths, including those across Greater Glasgow and Clyde. This report offered an in-depth analysis of the fourteen drug related deaths reported in East Dunbartonshire in 2020, including team involvement at the time of death, age ranges, location of death and toxicology.

This report will be provided annually and continue to offer a number of recommendations and an action plan to support the reduction of drug related deaths in East Dunbartonshire.

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 checked="" 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 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 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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Carer support	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 helped develop the original Children Affected by Parental Substance Misuse (CAPSM) guidance and training, and CAPSM training is routinely delivered jointly by Team Managers in ADRS and Children & Families (C&F) to new staff, students and colleagues through the Child Protection Committee training calendar. There is also representation from C&F on the ADP and sub groups, the ADP Coordinator sits on the Promise Steering Group and feeds into reporting processes. The ADP Coordinator has previously fed into the Integrated Children's Service Plan and will continue to do so.

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
- 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)

NHSGGC Person Centeredness and equalities group is working with family representatives to implement the whole family approach across all ADRS in the NHSGGC area. This includes a review of local family support provision in each locality area, revision of a care plan review template to include family views and supports available, ensuring Next of Kin details are properly recorded and updated, and developing bereavement guidelines including advice and support to families following the loss of a loved one.

A needs assessment of all alcohol and drug services was undertaken in 2019 which initiated a service redesign process to also include mental health and ensure a 'No wrong door' approach would be taken to service provision. Unfortunately, there has been a delay to this process and it has been acknowledged that there have been changes in national priorities since the needs assessment took place. The redesign process delay has meant we can now factor in these changes and work in line with national work being progressed. We are already linking in with iHub to ensure best practice is followed.

The ADP already fund services that provide support to families in active addiction and those affected, young people are also supported across these services. It is anticipated the redesign will improve on these services and provide an enhanced 'Whole Family Approach'.

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

The above developments are in progress and ready to be implemented across NHSGGC in 2022.

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

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)
East Dunbartonshire ADP has been part of the Peer Naloxone Service facilitated via SDF. This ensures that all prisoners on liberation are provided with Nyxoid (intra-nasal delivery system for naloxone) and the training on how to use. The ADP has also provided a financial contribution to Nyxoid kits for East Dunbartonshire residents and will do so for 2022 - 2023. Prisoners on liberation are also able to use the ADRS postal naloxone service or contact ADRS for additional kits. At present injectable naloxone is available via these routes, and we are working with NHSGGC to expand provision to purchase Nyxoid kits for continuity of care.

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 A Senior Addiction Nurse post/Drug Treatment and Testing Orders was recruited, jointly funded by the ADP and Justice Social Work Services. This post is located within the Justice service 2 days a week and within ADRS 3 days per week.

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 A Senior Addiction Nurse post/Drug Treatment and Testing Orders was recruited, jointly funded by the ADP and Justice Social Work Services. This post is located within the Justice service 2 days a week and within ADRS 3 days per week.



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 The Criminal Justice Reintegration Group provides a multi-agency approach to support the successful reintegration of individuals back into the community, on release from prison. This process is underpinned by information received through the Data Sharing Agreement between the Scottish Prison Service (SPS), Justice Social Work and Housing services. The Reintegration Group engages with community partners and appropriate agencies and services to assist people in (i) accessing any necessary service provision, (ii) establishing/re-establishing prosocial relationships, (iii) influencing and motivating change. The group ensures that all individuals leaving custody and reintegrating back into the East Dunbartonshire communities are assessed to provide bespoke packages of care, and screened to ensure any adult or child protection issues are addressed. This will include those being liberated from SPS establishments out with the East Dunbartonshire region. Partners in the public and third sector work together in ensuring adequate support has been identified and referrals have been made for prisoners prior to liberation (i.e. housing, mental health, employability, welfare, addictions). This is based on individual needs. This group will also assess, and, where possible, offers and provides support to all those sentenced to short term sentences with no statutory or licence conditions placed on them once liberated. The group also shares and promotes best practice across Partners to encourage high level service delivery and on-going development of support to aid the reintegration of individuals leaving custody.

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).

Harm Reduction support services in HMP Low Moss, NHSGGC Prison Health Care Harm reduction team have worked in partnership with Scottish Prison Service and clinical services to provide support for people living in HMP Low Moss. From August 2021 to date the service received 518 referrals, 170 people chose not to engage. 52 people completed both group and individual work. There is currently a waiting list of approx. 70 individuals keen to engage with the service. Harm Reduction services are closely tied to the provision of Naloxone to people leaving custody and support the Peer Naloxone Programme.

Peer Naloxone provision was developed and piloted with SDF in HMP Low Moss in recognition that people living in prison listen to other people living in prison. A framework to allow peer supply was developed and implemented to allow the issue of Nyxoid the evening before liberation. In HMP Low Moss eight mentors



have been supported to join this programme and to date, 103 people have been trained and accepted Nyxoid prior to leaving prison. 86 of these people were recorded as receiving this as a 1st supply.

A Senior Addiction Nurse is co-located with the Justice Social Work Team to provide Drug Treatment and Testing Order testing and to work individually with those clients with the most complex of needs who are in contact with Justice Social Work through a Community Payback Order or Statutory Throughcare.

Funding from the Drug Deaths Taskforce Multiple and Complex Needs resource, was sought to employ a Peer Navigator (Criminal Justice) to provide practical support that is person centred, strength based and trauma informed, to adults subject to community-based disposals and those who are returning to the community after custodial sentences, to support the difficult transition from custody to community. The tender and recruitment process progressed and a preferred candidate currently awaiting PVG confirmation



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

Your report should identify all sources of income (Including 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	444,873
2021/22 Programme for Government Funding and National Mission Funding	851,642
Additional funding from Integration Authority	863,415
Funding from Local Authority	
Funding from NHS Board	
Total funding from other sources not detailed above	
Carry forwards	111,676
Other	
Total	2,271,606

B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	£13,200
Community based treatment and recovery services for adults	£209,350
Inpatient detox services	£100,000
Residential rehabilitation (including placements, pathways and referrals)	£74,730
Recovery community initiatives	£45,000
Advocacy services	0*
Services for families affected by alcohol and drug use (whole family Approach Framework)	£85,000
Drug and alcohol treatment and support services specifically for children and young people	£30,382
Drug and Alcohol treatment and support in Primary Care	£35,630
Outreach	£50,000
Other	£976,500
Total	£1,619,792



Additional finance comments

Plans are progressing to utilise the under spend to improve the MAT standards and to take forward the national mission priorities. A range of posts have been proposed to take forward the MAT standards work, including data analysis, increased prescribing/ medical session hours to cover contingencies, addictions nurses and peer support worker to support the lived and living experience panels. These have been delayed due to the delay in receiving funding. Additional residential rehabilitation placements are also being progressed. We are also working with third sector to look at service provision across the HSCP.

* Advocacy funding has been mainstreamed as the current advocacy model includes support for alcohol and drugs within the service

Other supports current staffing including the ADP Coordinator post and ADRS and includes any additional costs for supported living, naloxone, resource etc.



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: **Edinburgh**

Key contact:

Name: David Williams
Job title: EADP Commissioning manager
Contact email: david.williams@edinburgh.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 type="checkbox"/>	
Website/ social media	<input checked="" type="checkbox"/>	https://www.edinburghadp.co.uk/
Apps/webchats	<input checked="" type="checkbox"/>	ARC app
Events/workshops	<input type="checkbox"/>	
Please provide details...		
Accessible formats (e.g. in different languages)	<input type="checkbox"/>	
Please provide details...		
Other	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overdose Awareness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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...
Click or tap here to enter text.



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 checked="" type="checkbox"/> | |
| Information services | <input checked="" type="checkbox"/> | |
| Wellbeing services | <input type="checkbox"/> | |
| Youth activities (e.g. sports, art) | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please provide details... |

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"/> | Please provide details... |

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).

Direct education and prevention: A 4 session programme of drug and alcohol education is provided to P7 pupils in 2 Primary schools (16 sessions to 78 pupils). Secondary students in a school are provided with 2 sessions per class in each year group S1-S4 (48 sessions to 1641 students). School engagement was reduced as a result of Covid restrictions and teaching materials were supplied. Additional bespoke sessions delivered as required by schools. Support for youth work services identifying issues related to substance use included input on substance use for staff, sessions for youth groups and materials. Group work programme was delivered to Multicultural Family Base (25 sessions to 72 young people). EADP is reviewing educational provision along with colleagues in 3rd sector and health.



1.7

1.6 Some reviewed but none advised on.

Public Health have not prioritised licensing board work in the year under question due to other commitments/ opportunity cost. Numbers of applications to the Licensing Board look to have been lower than previous years. The Director of Public Health and others have been working through the Edinburgh Community Planning Partnership on measures to address drivers of poverty outlined by the Edinburgh Poverty Commission and the LOIP's focus on income maximisation and employability further supports this agenda.





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 type="checkbox"/>
Arrangements of the delivery of ABIs in non-priority settings	<input type="checkbox"/>
Psychosocial counselling	<input checked="" 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
- 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 services respond to feedback from users of the service and their carers. See below on development of this at strategic partnership level.

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)

Several national and local initiatives are focussed on ensuring that the design and delivery of services is systematically informed by the lived and living experience of those who rely on them. EADP has invested in several key initiatives including: Involvement of people with lived experience of addiction and recovery in delivery of services: peers are part of delivery in most treatment settings and an increasing proportion of the workforce are openly in recovery. Where this is (appropriately) shared it can have a significant impact on how people respond to support. It also influences the culture and insight of the system. Use of experiential evidence in the development of plans and services is a requirement of the MAT standards (see above) and is welcomed by the ADP. Development by April 2022 was several individual exercises, but a more systematic approach is in development supported by defined ADP role. Consultation and representation: lived and living experience panels are now a requirement for all ADPs and the local model is expected to incorporate events bringing carers, people in recovery and decision makers together as well as a standing panel and traditional consultation approaches. An existing forerunner of the approach is provided by the City Centre Engagement group which provides representation for those experiencing



homelessness. A senior post has been funded with Vocal to undertake consultation with family members to evidence MAT standard on family involvement and support. Further developments will seek to include children, young people and families in ways that are inclusive but respond to their unique circumstances.



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

These categories don't really align to the roles of peers in our system of care; there are posts in all hubs, residential rehabilitation, harm reduction teams and in a number of recovery community projects. Most of the people doing assertive outreach have lived experience.

EADP offers a pathway to employment for people with lived experience through volunteering, peer research, peer support, training and education through Access to Industry and employment training through CGL and SDF AWTP.

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 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 checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" 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)

See section 2.8

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) Psychosocial support and psychological therapies are on offer in all secondary care settings.

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)

Edinburgh's Community mental health teams in each locality are under shared management with the substance misuse teams. This, combined with the close relationships of 3rd sector services to statutory sector in the hubs models, create effective pathways in community services. Arguably weaker areas: Primary Care provide much of the ORT in Edinburgh and, while this can result in holistic care, the pathways to secondary mental health care are possibly less strong than in areas where all prescribing is held in secondary 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)

In 2021/22, the most substantial funded project supporting the development of the organised recovery community was Edinburgh Recovery Activities (ERA). This was initially funded by the ADP as an interim project pending the commissioning of a permanent contract. Over the course of the year, the co-produced contract for the long-term service was procured and from June 2021 onwards Cyrenians have been the provider. The service provides a vast range of activities online and in person and is currently seeking premises to expand the offer.

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)

A steering group for MAT 6&10 is in place, led by clinical psychology, with agreed terms of reference and action plan. An initial survey of needs has been completed and trauma informed walkthroughs of individual services is progressing to inform and develop trauma informed services.



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 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)

This has not begun due to challenges securing PH capacity to support the process.

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)

Learning from DRD is in two levels within the partnership; 1) regular, well attended multi- agency review groups (treatment services, social work, public health, police etc.) in local areas, with support from public health, examine individual deaths to identify local trends and practice issues and improve practice and service delivery. 2) An overview report on DRD is published annually informed by these reviews and statistical data and this report is shared with the COG.

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.

Consultation undertaken to shape new contract for 3rd sector hub involvement and development.



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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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... Low threshold access to services for advice, information and signposting is provided through Crew digitally and in person at drop-in and The Junction at digital drop-in. Nurse led treatment and support service linked to CAMHS and Substance Misuse Directorate. Psychosocial support for young people affected by substance use, primarily their own use but also that of a parent or both is provided by 3rd sector partners.				

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 type="checkbox"/>	<input type="checkbox"/>
Diversionary Activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Please provide details... Children affected by substance use (CAPSU) services are provided jointly with Communities and Families, taking a whole family approach to working with families and providing specific support and counselling services for children. A specific service is provided to fathers of children affected by substance use. Staff are trained in the Parents under Pressure programme (PuP) and use this approach when working with families. Children's counselling service has been extended on a pilot basis to provide group work preparing children for involvement in counselling, this will be reviewed along with joint review of CAPSU services with Communities and Families. Young people's services use a health and wellbeing approach which addresses mental health and other health concerns. Young people's services link to schools, youth services, substance use treatment, health and social work and looked after young people. services. YP Services are provided where suitable to young people and outreach is a feature of this.</p>				



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)

EADP is represented on the Children's Partnership and informs a strategic priority focused on drug and alcohol use and developing whole family support. A joint Commissioning and Collaborating group with Chief Social Work Officer, Thrive Strategic Manager, Education and other partners meets to plan and develop commissioning plans for joint work. EADP is also a member of Locality Operational Groups (LOGS) Task Force, initially set up to ensure swift response to Covid this forum provides an opportunity to identify issues and present to the Children's Partnership for action.

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
- 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)

Yes, audit is in completion. VOCAL family support received new funding for a senior worker to engage with adult treatment services to promote family inclusive practice and access to family support from the Hubs. Pre-Pare (pre and post partum care for parents and children) received funds for an Early Years Worker to support new parents. Circle received £10k to train staff in PuP (Parents under Pressure) programme. Commissioning and Collaborating group has developed plans to pilot a single point of access service to address inter-generational trauma with Mental health, social work, whole family support and education and EADP will fund a development post..

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

Children, young people and families collaborative meets regularly to promote joint work across partnerships and make strategic and funding recommendations. The Collaborative also informs the drug and alcohol use special interest group of the Children's Partnership. Joint work with Children' Partnership, Mental Health and Education progressing and SBAR being agreed to develop joint work to address inter-generational trauma. EADP and Children's Partnership are currently reviewing CAPSU services in light of the WFA framework to develop new specification for tendering. Progressing work on learning and development for drug and alcohol staff on family inclusive practice and Social Workers on drug and alcohol use, treatment and recovery. Audit of existing services undertaken and reporting at future partnership meeting.

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 type="checkbox"/>	<input type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>



Other
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)
Several agencies are involved in delivering THN: the NHS team to those on ORT, the specialist 3rd sector team (EMORS) to those who aren't and peer delivery supported by SDF.

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 type="checkbox"/>
Other	<input type="checkbox"/>

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

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)

There is arrest referral support via St Leonard's police station on a Wednesday, Thursday, and Sunday afternoon. At other times, a referral system is used to enable follow up. There is also a court liaison service which diverts people into/ supports people to access treatment.

Diversion From Prosecution	<input checked="" type="checkbox"/>
Exercise and fitness activities	<input type="checkbox"/>



- 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).
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	4,745,315
2021/22 Programme for Government Funding and National Mission Funding	4,085,539
Additional funding from Integration Authority	
Funding from Local Authority	
Funding from NHS Board	
Total funding from other sources not detailed above - CORRA	286,748
Carry forwards	2,088,640
Other	
Total	11,206,242

B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	81,510
Community based treatment and recovery services for adults	5,031,435
Inpatient detox services	82,314
Residential rehabilitation (including placements, pathways and referrals)	543,137
Recovery community initiatives	175,000
Advocacy services	40,000
Services for families affected by alcohol and drug use (Whole Family Approach framework)	234,619
Drug and alcohol treatment and support services specifically for children and young people	345,634
Drug and Alcohol treatment and support in Primary Care	131,219
Outreach	247,000
Other	187,428
Total	7,099,296

Additional finance comments

Additional spending plans have been agreed for monies in reserve.



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: Highland

Key contact: Elisabeth Smart (Interim Chair)

Name: Debbie Stewart

Job title: Coordinator

Contact email: deborah.stewart2@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

Posters

Website/ social media

Apps/webchats

Events/workshops

Please provide details...31/05/21 – Community Planning Partnership Workshop, 21/06/21 – Parents Under Pressure Workshop, 17.09/21 – Funding Workshop, 25/09/21 – National Recovery Walk, 03/11/21 - Planet Youth – Next Steps – School Event, 19/11/21 – Lived Experience Panel – Getting Involved Event – Highland Families Are Recognised and Included (FARI) Events 26/10/21, 27/10/21, 29/10/21

Accessible formats (e.g. in different languages)

Please provide details...

Other

The Highland Overdose Awareness & Engagement (HOPE) was launched in April 2021. While including information on what to do in an overdose situation, it also includes harm reduction information, and contacts of various drug / alcohol and other support available to people in the Highlands. We encourage everyone to be overdose aware and download the app. HADP produce a Directory of Services that is updated on a bi-annual basis.

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 checked="" 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 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 checked="" 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...			

Video messages were developed for FASD Awareness Day. These were informed by experiences of pregnant women via the Highland Maternity Voice Partnership. These were shared on social media and a press release was also shared from NHS Highland, quoting partners. Support of Alcohol Awareness Week with messaging in payslips (NHS Highland and Highland Council), social media messages. Creation of alcohol messages, including for the national Count 14 campaign and for local hospital radio.

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 type="checkbox"/>	
Information services	<input checked="" type="checkbox"/>	
Wellbeing services	<input checked="" type="checkbox"/>	
Youth activities (e.g. sports, art)	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	Please provide details...

The Highland Substance Awareness Toolkit ([H-SAT](#)) is our online resource to promote prevention and education strategies specifically around drugs and alcohol to young people, parents/ carers and professionals. The H-SAT provides evidence-based resources including a series of age-appropriate lesson plans aligned to the Curriculum for Excellence and the Substance Use Prevention and Education Framework for delivery in schools and wider youth work settings. All the lesson plans from H-SAT have also been shared to the "School Hub" therefore when teachers are looking for Personal and Social Education (PSE) resources they will see these resources.

A study into the effectiveness of this education has been completed in a primary school as a test of change and will be used to evidence this work at a strategic level. This will lead to much wider use of evidence-based substance awareness education in schools.

The H-SAT also contains a short online CPD session which highlights what works and what doesn't work in substance awareness education and prevention to support evidence-based approaches.

HADP also administers an annual Substance Aware School (SAS) Award to encourage schools to focus efforts on prevention and education. This year the HADP provided funding to the winning schools as well as all the schools which entered the competition. This money is spent on early intervention work or diversionary activities.

The Planet Youth (Icelandic Alcohol Tobacco and other Drugs Prevention) model has been an important approach for early intervention and prevention. Five high schools in Highland have taken part in the pilot with 4th year pupils (ages 15–16 years) completing an online survey which has identified associations between substance use and a range of risk and protective factors. HADP are currently sharing findings with the communities and key stakeholders to raise awareness of the challenges young people face. HADP have also been planning the next steps to ensure measures are taken to increase protective factors and reduce risk factors. For example, this will include increasing the number of diversionary activities for young people or using the parent's guide (in the H-SAT) to support parental engagement.



The Planet Youth model provides a useful whole systems and evidence-based framework to inform a more structured approach to prevention and education work.

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 type="checkbox"/>	Please provide details...

These measures are delivered by both universal and targeted services to ensure reach to the widest number of young people while also ensuring reach to those most at risk. All schools and youth work settings have access to the evidence-based lesson plans via H-SAT and the "school hub". Through the Substance Aware School (SAS) award, several schools have made significant steps in implementing early intervention work. This includes delivery of substance awareness education, implementing smoke free / substance aware policies and support for young people. This work has occurred in both primary and secondary schools. The previously mentioned Planet Youth work takes place in 5 secondary schools and their wider communities.

The Youth Action Team (YAT) also delivers substance awareness sessions to those who are most at risk of using substances. Utilising the resources from the H-SAT, such as the Parent/Carers Guide also supports wider conversations on substance use along with strategies to reduce risk and strengthen protective factors.

1.5 Was the ADP represented at the alcohol Licensing Forum?

Yes
No

The Forum was suspended during the COVID 19 pandemic but started up at the beginning of 2022.

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

All
Most
Some
None

Public Health does not receive occasional licenses to review.

The Licensing Board agreed an overprovision statement restricting on-sales capacity over 40 square meters. This has been adhered to.

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 Highland Substance Awareness Toolkit (H-SAT)

<https://www.highlandsubstanceawareness.scot.nhs.uk/> is an online resource to promote prevention and



education strategies specifically around drugs and alcohol to young people, parents/carers and professionals. The H-SAT provides a one-stop shop for evidence-based resources including a series of age appropriate [Lesson Plans](#) aligned to the Curriculum for Excellence and the Highland Substance Awareness [Prevention and Education Framework](#) for delivery in schools and wider youth work settings. The H-SAT is well utilised, with the site traffic increasing to the highest levels recorded in 2021/22. HADP also administers an annual [Substance Aware School \(SAS\) Award](#) to encourage schools to focus efforts on prevention and education. 2021/22 saw the highest number of schools entering the award. H-SAT provides a platform to promote the [Prevention and Intervention Model](#) that highlights stages of substance use and corresponding evidence-based interventions that can be delivered by a range of partners. A quarterly H-SAT newsletter is distributed widely across relevant networks to raise awareness of upcoming campaigns and new resources. In 2021/22 an H-SAT [CPD](#) online interactive course was added to support evidence-informed prevention and education practice.

Discussing Drugs and Alcohol with Young People (DDAYP) is a training course targeted at a range of workers including guidance and other teaching staff, youth development officers from Highlife Highland and Third Sector youth work agencies. The training promotes applying a brief intervention approach to discussing drugs and alcohol with young people in a structured and evidence-based manner. Although opportunities to deliver the training were restricted during lockdown, plans are in place to restart. HADP has funded a full-time Prevention and Education Officer with Highland Council to collaborate with HADP partners and drive the local education and prevention programme. The post will further develop the H-SAT and provide direct support and guidance to schools and youth work settings to fully utilise the resources and deliver the lesson plans. Specific guidance for schools on applying a [whole systems approach](#) to tackling substance use issues that may be affecting schools directly was produced in 2021/22. The Prevention and Education Officer is also working in partnership with a local primary school to develop a model for roll out across Highland.

The Planet Youth pilot has progressed well. Over 340 S4 pupils from 5 secondary schools participated in a lifestyle survey to identify risk and protective factors for substance use. Survey results have been analysed and an infographic produced. A more detailed report is currently being collated. The survey results will be shared with schools, community partnerships, parent councils/groups and other relevant partners to inform local action plans. A range of [Planet Youth](#) resources have been produced and are accessible via the H-SAT including a link to a [short video](#) about Planet Youth in Highland. There is also a [Parents Guide to Alcohol Tobacco and other Drugs](#)

In 2021/22 HADP provide one off funding to Third Sector partners to increase young people's participation in community activity and apply a whole family approach to reducing substance 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 type="checkbox"/>
Alcohol related cognitive screening (e.g. for ARBD)	<input 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 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 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 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... |

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

There is representation from Families Anonymous on the HADP Strategy Group. Representation from AA is also invited, albeit AA have as yet not attended but do participate in other ADP related work. HADP is currently supporting the development of the Lived Experience Advisory Panel (LEAP) Group. The LEAP Groups experience of service delivery is fed back to services. HADP acknowledges the need to improve on structure and mechanisms for more formal feedback arrangements as well as broader representation. Development support is being provided by the Scottish Recovery Consortium (SRC) to establish the Terms of Reference, learning from other areas and future training opportunities. Accredited and workshop training/learning opportunities on advocacy and the Medication Assisted Treatment (MAT) Standards will be accessible via Reach Advocacy in summer 2022.

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 type="checkbox"/> | Please provide details... |

Please give details of any challenges (max 300 words)

It would be helpful is LEAP Group members could access a structured training programme that provided a clear knowledge and skills pathway that effectively supported meaningful participation in lived experience panels and other forums for policy and service development.



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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile / outreach services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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)

Although there are joint working practices in place, it is acknowledged there is a need to develop written protocols that are regularly reviewed and updated to aid effectiveness and accountability. For those patients who are diagnosed with a severe mental health condition, there is a specialist practitioner within the Inverness area supporting individuals and family members/significant others. Out with Inverness there



is an integrated team approach, as services are predominantly co-located, so referral can be made easily between mental health and drug and alcohol recovery services. This support takes a joint approach along with other clinicians as appropriate. As part of a Care Programme Approach protocol, this model appears to work well as individuals can often be complex in presentation. The approach ensures risks are shared and individuals have access to consistent support from a team who know them well. This is beneficial during any staff leave.

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) Support for lower level mental health problems is provided by many drug and alcohol nursing staff where they have received appropriate training. Within drug and alcohol treatment services, mental health problems for individuals who are not diagnosed with a severe and enduring mental health problem, are identified at the time of assessment. Mental health support is provided as part of care with the majority of practitioners being Registered Mental Health Nurses. Training and supervision and regular coaching sessions are provided for staff by the service's clinical psychologist, so the teams can seek guidance and direction on supporting people with their mental health in treatment. Psychiatry input is also available directly to any individual with mental health difficulties. Psychiatry advice is available for staff via the consultant psychiatrist and associate doctors informally daily and formally once a week.

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 dedicated post based centrally in Inverness that is a dual diagnosis practitioner. DARS and mental health services have developed joint working practices for those with dual diagnosis. In more remote and rural areas, services are often co-located or members of the same integrated team. Training and supervision and regular coaching sessions are provided for staff by the service's clinical psychologist, so the teams can seek guidance and direction on supporting people with their mental health in treatment. Psychiatry input is also available directly to any individual with mental health difficulties. Psychiatry advice is available for staff via the consultant psychiatrist and associate doctors informally daily and formally once a week.

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)

Highland has a vibrant network of mutual aid opportunities provided through AA and SMART Recovery U.K. HADP continues to cover the licence site fees to develop and provide access to new mutual aid groups and continues to fund a Highland SMART Coordinator post to develop peer recovery mutual aid groups. However, HADP recognises the need for increased focus and effort to provide dedicated community development support to grow recovery communities across Highland. Support for recovery, opportunities for meaningful activities, socialising, leisure and personal development continues to be provided by a range of partner organisations to varying degrees. To increase opportunities, improve



cohesion, consistency and a greater focus on responding to the specific needs of people in recovery and their families, HADP has funded development of a Recovery Café in Inverness and a Positive Activities Coordinator. HADP has also provided funding for residential rehabilitation that includes employability/meaningful use of time/volunteering support. The development work underway to strengthen the living/lived experience panel will establish the foundations to grow and develop recovery communities. HADP recognises that we require moving on from supporting a strong infrastructure for mutual aid towards establishing independent recovery communities. Dedicated resource is required to fully develop recovery communities across Highland. HADP has facilitated a growing online recovery network that participates well in local and national events such as the national recovery walk. We have also supported the second in-take of the Recovery Workers Training Project with an increase in places from 3 to 5, albeit recruitment can be challenging. HADP continues to encourage potential employers to place value on the experience of recovery. Albeit the best outcome for people in recovery is gaining employment, this can result in limited longer-term availability for involvement in developing recovery groups and initiatives in local communities. HADP continues to work to resolve current challenges and establish a more sustainable model.

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)

DARS services have developed an increased focus on a trauma informed approach over recent years, both for people with drug and alcohol problems and for staff teams. A full time psychologist within DARS provides support to individuals and practitioners, and is available for any staff member to access for advice and guidance. This psychological support has been utilised by locality teams and individual staff members and has been invaluable for supporting work to embed a trauma informed approach. Psychological input can include regular or one off targeted support following a traumatic incident. The support provided is flexible and collaborative. The specialist service within Inverness has moved from 9am to 5pm opening to 8am to 8pm opening hours from Monday to Saturday in order to be more flexible in response to people's needs for flexibility and to maximise opportunities for engagement in treatment. Ways are being explored on how best to extend opening hours across all services in the future. There is trauma informed training which is offered to all staff as core training with on-going coaching offered thereafter to support staff. Uptake has been challenging throughout the pandemic period which has been exacerbated by difficulties with recruitment, retention, changes in staffing and vacancies. There are additional challenges with accommodation for contact with individuals in parts of treatment services, particularly where individuals do not wish, or it may not be appropriate for them to be seen in their home environment. NHS Highland is aware of these issues at present and options to address this are being explored. DARS does provide an environment of empathic understanding whereby staff are mindful of the role people's experiences can have on the development and maintenance of substance use problems. This does require further consolidation and development to ensure people always receive services that are fully trauma-informed.

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)

HADP has previously produced a detailed report of Alcohol Deaths in Highland (2018) and provided advice on the development of the Alcohol Deaths Review guidance produced by Alcohol Focus Scotland (AFS). HADP also produces Highland briefings extrapolated from the National Records for Scotland (NRS) annual report on alcohol-specific deaths for use by the Strategy Group and partners for performance management purposes. Structures for reviewing individual deaths are not currently in place and are challenging to establish. It is planned that the AFS guidance will inform development of processes for undertaking reviews and will identify local initiatives to reduce risks from harm. Capacity issues have delayed the development of formal alcohol death review structures being established. Many of the findings from the 2018 HADP report continue to be useful and have been used to inform targeting of alcohol brief interventions in deprived communities.

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 drug death review group and the drug death prevention group contribute to the surveillance of drug deaths and harms. Through these groups, intelligence is shared across partners on a range of areas such as trends in; drug deaths, non-fatal overdose, availability, serious and organised crime impacts and service activity including opiate substitution therapy (OST) prescribing, Naloxone and IEP provision. Relevant learning points identified by the review group when reviewing individual deaths, are shared with the multi-agency prevention group whose role is to develop initiatives that reduce risk. A detailed [Review of DRD \(2012 - 2019\) in Younger People in Highland](#) has been produced by HADP in collaboration with NHS Highland and the University of the West of Scotland. The report contains a foreword from the Chief Officers for Public Protection. HADP reports into the Public Protection Chief Officers Group on drug related death trends. A system for oversight of the findings from reviews will require to be developed in 2022. Lessons learned from reviews are fed back to services via managers on the review group. HADP recognises the need to develop a more formalised approach and plan to provide a written anonymised summary each quarter listing lessons learned and improvements to practice.

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).

DARS are working towards embedding the MAT Standards and developing an improvement plan. There are currently challenges, especially in more remote and rural areas in relation to staff recruitment, retention and also medical capacity to support MAT 1, in particular. Work is progressing to increase the non-medical prescribing cohort and develop an advanced nurse practitioner pathway within the drug and alcohol recovery service. This has been well received by the staff team and provides career progression which it is hoped will help with the recruitment and retention of staff in service.

Overdose and Naloxone training remains a top priority for all those who access treatment services and beyond. There is an active focus on encouraging individuals to encourage friends and family members to be trained and document same.

A staff member from the drug and alcohol recovery service has been seconded to HADP from 2021/22 to strengthen and develop the current non-fatal overdose alert system into an immediate response pathway. Learning has been drawn from Aberdeenshire and Glasgow with an operational plan produced and agreed by key partners. A small team (nurse, social worker, support worker) will pilot a multi-agency assertive outreach approach in Inverness initially, with learning cascaded and adapted for other areas. The posts will go to advert in summer 2022/23.



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: Young people over 16 that are not in school can access the NHS Drug and Alcohol Recovery Service (DARS) for treatment and support with substance use problems. The Highland Council, Youth Action Team (YAT) is a specialist Highland wide youth justice social work service. YAT offer full assessment and intervention for young people aged between 12 – 18 years. YAT deliver education on substance use, harm reduction and support to reduce or become abstinent. For those over 16, YAT support applications for residential rehabilitation, where appropriate. For young people over the age of 18 who have been working with the service previously, YAT continue to offer care until the young person can be supported by adult services, where appropriate. YAT also signpost young people over 18 that have made enquiries about substance use on how to access support. HADP in partnership with NHS and the University of West of Scotland has produced a [Review of Drug Related Deaths \(2012-2019\) in Younger People in Highland](#) for action locally.

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 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 checked="" type="checkbox"/>	<input checked="" 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: HADP works in partnership with the Child Protection Committee (CPC) and the Integrated Children's Services Partnership (ICSP). Representatives from the partnerships and other agencies, collaborate via the Children and Young Peoples Committee (drugs and alcohol). This is a joint improvement group which aims to strengthen multi-agency and integrated support to children, young people and families affected by parental problem substance use. The group assists in directing the children and young people's strand of the HADP strategy and oversees progress of HADP funded posts including the Whole Families Coordinator, Action for Children, Education and Prevention Officer, Highland Council, Specialist Midwife (drugs and alcohol), NHS Highland and the



CAMHS Clinical Psychologist (drugs and alcohol), NHS Highland. HADP and ICSP supported a successful bid by Action for Children to CORRA Foundation Family Fund for £1000,000 per year for five years to develop a Families First support service.

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionsary Activities	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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...	<input type="text"/>			



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) For Highlands Children 5 (FHC5) is Highland's Integrated Children's Service Plan and was developed to support planning from 2021-23. The most recent iteration of the plan centres on improving outcomes for whole families through focussing on six key outcome themes across the Highland partnership. These themes are Child Poverty, Child Protection, Corporate Parenting, Rights and Participation, Health and Wellbeing and Drugs and Alcohol. Our partnership recognises that whole family support is central to improving outcomes for all Highland's children and that central to good planning is to ensure a robust connect between all national and local strategic planning. Our integrated plan connects partnership planning within one strategic framework through the 6 key outcomes themes of child protection, corporate parenting, rights and participation, child poverty, health and wellbeing and drugs and alcohol. This agreed framework enables a strong connect to drive forward in a shared strategic direction supporting the whole family framework across all key themes with a vision of improving outcomes and ensuring families receive the support they need to stay together in their local community.

Highlands' Child Protection Committee has a key focus on drugs and alcohol through the work of the child protection sub-committee for drugs and alcohol. This sub-committee is remitted to drive forward strategic improvements across the partnership through developing services, support and staff using a whole family approach, through providing oversight to specific developing supports and initiatives and leadership to pan Highland Child Protection Learning Reviews.

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... Family members are encouraged

to access national support services provided by Scottish Families Affected by Alcohol and Drugs (SFAD) to overcome accessibility and geographic challenges. HADP routinely promotes SFAD services and events to raise awareness of support services and commissioned SFAD to consult with family members and provide recommendations to inform development of improved family inclusive practice in Highland. A representative from Families Anonymous attends the Strategy Group. A number of family members are active participants in the Lived Experience Advisory Panel (LEAP) Group. HADP has also assisted with promoting a mutual aid support group based in Inverness with another group developed by a family member in Caithness. In partnership with SFAD, HADP has funded small grants to kick-start development of family support groups. HADP has also covered the costs of CRAFT training to support development of local groups. HADP continues to promote development of Family and Friends SMART mutual aid groups and has provided funding to a local Third Sector provider to develop a Families and Young Peoples Project to strengthen a whole family approach and family inclusive practice.



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)
 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)

HADP has funded a Whole Family Coordinator with Action for Children (AfC). The post is leading development of the Parents Under Pressure programme within AfC. The post has been conducting consultations with professionals within Adult and Children's services. Consultations have also been undertaken with Children and Families with lived experiences. Consultations have been guided by the Ask the Family resource found within the framework document. AfC were also successful in securing 5yrs of funding from the Corra Foundation Family Fund of £100,000 per year. This was achieved due to the partnership with HADP and the ICSP. It will enable AfC to deliver a Family First Service by employing whole family workers and a volunteer coordinator to progress a whole family approach to the provision of support services. HADP has also funded a Highland Council project to strengthen a whole family approach to workforce development. The project aims to embed whole family approach training within health and social care across 2022/23. HDAP continue to fund the nurse specialist posts within the Youth Action Team. An opportunity is being taken across 22/23 to develop nurse specialists in these posts through additional masters level advanced nurse practitioner training. This will develop the post to advanced practitioner level and enable the refocus of the posts to providing whole 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 type="checkbox"/>	<input 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 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)
As in previous years, the supply of Naloxone to individuals is well embedded in HMP Inverness. At risk individuals are offered naloxone training on three occasions over the course of their sentence period to enhance uptake. They are offered the choice of the Nyxoid intranasal or Naloxone Intramuscular versions or if requested both. Packs are included in peoples' personal property at the point of liberation. Data is recorded and shared with Highland Alcohol and Drug Advice and Support Service (HADASS) on a quarterly basis and is reported and monitored via national reports that are shared with HADP. Moving forward there are plans in place to expand training to family members. There have been some challenges with respect to staff shortages affecting training delivery. There has also been a drop-off in individuals wishing to come forward for training. However, measures are being taken to re-energise and promote delivery.

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 |

HADP has provided funding to deliver DTTO2 in Highland. Courts in Highland are now well acquainted with DTTO2 and are using them regularly for young people and women. The DTTO2 service is offered across Highland, including in remote rural areas such as Caithness, Sutherland, Skye and Lochaber.



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... Medics Against Violence (MAV)

received funding via the Drug Death Taskforce (DDTF) to deliver a test of change for a pathfinder project in Inverness for people with problematic drug use. MAV use a quality improvement approach and take referrals from Police Scotland for individuals arrested or cautioned for Class A or C drug use and work with them through a community outreach model to provide support and to connect them with community organisations that can aid their recovery. The Community Justice Partnership, Highland Third Sector Interface (HTSI) and Police Scotland work in partnership to deliver the Custody Link Project is funded via the national lottery for 3 years and works across Highland. Custody Link Workers support individuals who have been in police custody to identify aspects of their life which are placing them at risk of offending and returning to custody. They support individuals to identify actions, access support and assistance to reduce risks of reoffending, enhance quality of life and improve life chances. The project is externally evaluated by the University of Stirling.

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...

Upon release from prison individuals who are not under statutory supervision have the option of accessing 12 months throughcare support with the criminal justice service. (CJS). CJS has the responsibility of supervising in the community those who are on parole or non-parole licence conditions.

When a person has identified alcohol and/or drug treatment needs CJS will work with the local drug and alcohol recovery service and/or with Third Sector organisations to ensure those needs are met.

The Community Integration Plan works with individuals with significant treatment needs who are at risk of relapse or an accidental overdose. Work starts while the individual is in prison and it carries on in the community, providing consistent support by the same workers to enable a smooth transition, wherever possible.

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	1,793,114
Additional funding from Integration Authority	
Funding from Local Authority	
Funding from NHS Board	4,551,569
Total funding from other sources not detailed above	
Carry forwards	
Other	
Total	6,344,683

B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions	442,050
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)	
Drug and alcohol services specifically for children and young people	186,465
Drug and Alcohol treatment and support in Primary Care	
Outreach	
Other	5,605,492
Total	6,234,007

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: Outer Hebrides Alcohol and Drug Partnership

Key contact:

Name: Colin Gilmour
Job title: Health Improvement Manager
Contact email: colin.gilmour@nhs.scot

I. DELIVERY PROGRESS REPORT DRAFT 1

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...	
Accessible formats (e.g. in different languages)	<input type="checkbox"/>
Please provide details...	
Other	<input type="checkbox"/>

Due to Covid19 restrictions we were unable to distribute posters/leaflets to the public so used social media and website to relay information. The OHADP Recovery Services Directory was available online and paper copies which contains details of all alcohol and drug services across Western Isles and contains a summary of service referral route, recovery stage, age group and contact details. Services also used their own platforms to inform general public of services available.

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 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 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...

Although there were restrictions due to Covid-19 and support staff were reassigned to Covid-19 work, the OHADP prepared and published press articles and social media posts on Alcohol use (May 21), Summer Campaign on Alcohol and Stress 'Know your units – Creating a healthier mind and body' and Drugs and Stress – 'Know about drugs – creating a healthier mind and body' (July 21), International Overdose Awareness Day (Aug 21) 'Saving Lives in the Western Isles', FASD – 'Avoiding alcohol during pregnancy' to tie in with FASD Awareness day with resources & tools info sent to relevant staff. All online alcohol, drugs and mental health awareness training was offered and circulated to NHS staff and alcohol and drug services across Western Isles.

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

Naloxone Training the Trainer and Naloxone Awareness sessions were provided. Local workshops facilitated by SDF took place in April and May 2021 where staff from Substance Misuse services look at the Good Practice Indicators for the Staying Alive Report. OHADP offered a local Concessionary Travel Voucher Scheme for individuals requiring access to alcohol and drug services across the Western Isles. This was well received and OHADP agreed to continue to fund for further 2 years. The OHADP agreed to fund purchase of a police dog detection vehicle for Police Scotland. A press release was issued to publicise this in July 2021.

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...

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).

The DPH receives all applications. Where there is a public health concern, the DPH would advise the Board and discuss with OHADP Support Team.

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 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 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 Star Tool. | <input checked="" type="checkbox"/> All funded services use Outcome |



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

For family members:

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups / panels
- Lived experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other The OHADP Recovery Community Officer has undertaken CRAFT training and will now be in a position to promote family inclusiveness.

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

As part of the terms and conditions of grant OHADP funded services are asked to involve lived/living experience and family members for feedback and be involved in service design, development and delivery. This information is included in the Annual and 6 monthly monitoring forms. When the OHADP plan stakeholder events, service users are invited and encouraged to attend and participate. The feedback is used when considering and developing services.

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)

OHADP has a person with lived experience sitting on the Partnership who is involved in the business of the meeting with freedom to speak and participate in discussion and review of services.



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

A number of funded services offer peer support and mentoring. The Shed provides drop in support with recovery cafe along with Catch23 which offers a recovery group for individuals with mental health, alcohol and/or substance use problem. A number of service staff have undertaken Naloxone Training the Trainer and Naloxone Awareness courses and have been issued with supply of Naloxone. Various services have employed staff with lived experience and Cothrom offers job skills support and further educational training as well as furniture restoration and gardening opportunities.

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 type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GPs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A&E Departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's support services	<input checked="" 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 checked="" 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 type="checkbox"/>	<input 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)

There are protocols and informal pathways in place that provides good communications, expertise, and joined up support. The substance misuse team is based in, and supervised by the mental health team. Development of formalised pathways did not progress during Covid-19, however, NFODOHADP will be working in partnership with mental health to formalise current pathways as per MAT standards.

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) **Due to the small population and geography of the Islands, the mental health services and alcohol and drug services have good links with each other and refer on individuals when required. A Mental Health Forum has been established which has representation from a variety of organisations, voluntary and third sector services. This forum will act as a platform to improve current support. Relevant training is offered to agencies across the different sectors. Awareness training is offered to alcohol and drug services so they are aware of their limitations in addressing mental health support if more specialised input is required. The OHADP funds Cothrom, a registered charity, which is a Community Learning and Development organisation. Cothrom provides adult learning, recovery support, learning disabilities and mental health support. This is undertaken through a learning centre, volunteering, a garden project and a furniture restoration workshop**

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)

Due to the small population and geography of the Islands, the mental health services and alcohol and drug services are co-ordinated, and have good links with each other and refer on individuals when required. As part of MAT standards, support workers will be employed and based within Mental Health services with remit for alcohol and drugs.

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)

The OHADP Recovery Community Officer supported and promoted the virtual and face to face meetings set up by various agencies. The RCO organised weekly walks and Wednesday evening meetings. A further Recovery cafe/drop in was established with Catch23 on Mondays. CRAFT training was offered to agencies to support whole families. . The OHADP funded a Concessionary Travel Voucher Scheme for individual's resident in the Outer Hebrides who are engaging in one or more recovery service which requires the individual to travel by bus in order to attend appointments or participate in activities as part of regular and ongoing support, care, treatment and rehabilitation, including those provided by voluntary sector organisations.



Caraidean Befriending Recovery service has received additional OHADP funding to enhance women and childrens' services. All GP practices across Outer Hebrides were issued with resources from Scottish Families Affected by Alcohol and Drugs. OHADP funds local service users to attend the annual National Recovery Walk and includes family involvement. Advocacy and homeless service was set up in 2 locations across the Western Isles.

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)

Trauma training and Motivational Interviewing is regularly delivered to services across Western Isles as part of annual OHADP training programme through SDF. Customised local trauma training is being planned for 2022-23 through use of Turas platform and also being delivered by a Clinical Trauma Training Co-ordinator. This will be offered to Tier 1 & 2 services initially with more specialist training to follow.

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 **Early Intervention Pathway has been set up but not yet implemented. The NFOD with SAS is up and running with daily checks and notifications are passed to the Mental Health Substance Misuse team for follow up. This will ensure people experiencing NFOD receive appropriate outreach and aftercare including referral to appropriate service.**

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)

OHADP met with Alcohol Focus Scotland in May 2021 to discuss how ARD reviews would be undertaken. It was agreed that the Public Health Health Intelligence Analyst will undertake a records review. Due to covid19 and staffing shortages the reviews have not yet taken place.

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 OHADP leads on a multi-agency Drug Death Review Group (DRD) and convenes to discuss details of the most recent deaths to determine whether lessons can be learned. Information is requested and gathered on each death and is analysed by Health Intelligence. Membership of the group includes Social Work Criminal Justice, Mental Health Director, Director of Public Health, Health Improvement Manager, Police Scotland and Scottish Ambulance Service. Each case is



reviewed to determine if lessons can be learned across agencies. An action plan is produced after each meeting to follow progress on any findings and actions to be taken. The DRD reports back to the OHADP 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).
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"/>
Diversory 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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

Outcome star Toolkit assessments completed. Funded Early Intervention Programme through AfC where young people and children reduce or stop their own substance misuse and improvement in mental health . Life skills offered.

-

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionsary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Carer support	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Delivery of Triple P and Mellow Parenting groups, Vulnerable in Pregnancy groups; Good links with CAMHS team. . . .

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 ICSP has worked in partnership by discussion and consultation through NHS and representatives on the Outer Hebrides Community Planning Partnership and CPC. The ICSP includes information on adolescent alcohol and drug use, alcohol and drug hospital admissions, domestic abuse etc. As per the priorities, outcomes and vision in the Rights Respect and Recovery Strategy and using local and national data to inform of areas to focus on and being able to measure improvements.

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

Recovery Community Officer advertised support for family members via telephone or online. Campaigns signposted family members to national support services such as We Are With You and SFAAD helplines and websites.

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)
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?

Due to Support Staff reassigned to covid testing centre there was a reduction in operational work. An audit will be undertaken with our funded services by December 2022. Despite no audit, our funded AfC service supported a number of babies and children through the Early Years service, offered wider support to families. A number of families were also supported in matters around budgeting, healthy eating, stage and play, milestones and home safety. There were referrals to the local authority financial inclusion service. Several families were supported to apply for best start pregnancy/nursery & school age/foods grants and the baby box scheme. Supported 25 families to access emergency fund grants, school clothing and ICT equipment fund.

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 type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Development	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input checked="" 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...		

Draft 2



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 type="checkbox"/> |
| Joint funding of activities | <input type="checkbox"/> |
| Access is available to non-fatal overdose pathways upon release | <input checked="" type="checkbox"/> |
| Other | <input checked="" type="checkbox"/> Community Justice partners are represented on the OHADP and provide advice and guidance when required. During Covid-19 Pandemic the Recovery Support Workers were dealing with high, complex caseloads so the OHADP offered the services of the Recovery Community Officer to undertake two days of Outreach work. |

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 type="checkbox"/> |
| Joint funding of activities | <input type="checkbox"/> |
| Other | <input type="checkbox"/> The Director of Public Health who is vice chair of OHADP is also a member of the Outer Hebrides Community Justice Partnership and contributes towards the CJ strategic plan. All funded services have a role to support and assist clients that may be at risk of offending/re-offending. The OHADP funds licences for Outcome Star with all the funded alcohol and drug services who are trained to use the tool. This is mandatory for each SLA with the services. The ADP funded services are essential locally in providing quick access to help and support for individuals, in order to prevent issues becoming more acute and leading to offending. This early intervention and prevention work are a central focus of the Community Justice Partnership Outcome and Improvement Plan. |

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...- The Justice Social Work service employ two Recovery Support Workers which includes treatment needs for those in the CJ pathway. The local Substance Misuse Service are available for support and accept referrals. Separate to a specific arrest referral scheme locally, referrals are made routinely for access to recovery services through the scrutiny of Police VPD forms weekly. The SMS Drugs and Mental health Liaison Nurse (part funded by OHADP) provides Naloxone training to individuals and families where someone may be at risk of an opiate overdose. During lockdown the nurse offered a local postal service and the OHADP widely advertised the Scottish Families Affected by Alcohol and Drugs free postal Naloxone take home kit service. Several individuals accessed the SFAD postal service as they can feel stigmatised so are given a choice. A referral scheme is in place locally where people in custody in circumstances where alcohol or drug misuse is evident are offered a referral and a form is submitted for the CPN. If the person is still in custody when the CPN receives the referral, they will attend at the police station to carry out an early intervention.

- 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- **The Substance Misuse Services Drug and Mental Health Liaison Nurse is part funded by OHADP and the post holder has links with community Justice partners and arranges with CJ when any prisoners on mainland are being liberated back to the islands to ensure their needs are being met. The OHADP Support team regularly share information on training, news, reports etc. with Community Justice partners. The OHADP fund 2 local services to provide a homelessness and Advocacy Support service where they work with individuals who have difficulty maintaining tenancy, difficulty engaging in services and works with Justice Social Work when required The SMS Drugs and Mental health Liaison Nurse (part funded by OHADP) provides Naloxone training to individuals and families where someone may be at risk of an opiate overdose. During lockdown the nurse offered a local postal service and the OHADP widely advertised the Scottish Families Affected by Alcohol and Drugs free postal Naloxone take home kit service. Quarterly reporting from SFAD informs OHADP of number of orders postal service as they still feel stigmatised and it is good that they were offered a choice.**

Local recovery services are engaged in providing a service to those being released from custody. Information is provided through SPS to Homeless and Justice Social Work partners about release dates for this planning and engagement to occur.

- 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).
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	557,206
2021/22 Programme for Government Funding and National Mission Funding	313,648
Additional funding from Integration Authority	
Funding from Local Authority	
Funding from NHS Board	
Total funding from other sources not detailed above	
Carry forwards	198,248
Other	
Total	1,069,102

B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	84,029
Community based treatment and recovery services for adults	136,886
Inpatient detox services	
Residential rehabilitation (including placements, pathways and referrals)	80,000
Recovery community initiatives	70,547
Advocacy services	28,500
Services for families affected by alcohol and drug use (Whole Family Approach framework)	35,543
Drug and alcohol treatment and support services specifically for children and young people	54,427
Drug and Alcohol treatment and support in Primary Care	
Outreach	
Other	50,396
Total	540,328

Additional finance comments

The funding for NHS, CnES treatment and recovery services is allocated directly and not through ADP. The ADP has developed a 4 year financial plan until 2025/6 which increases core addiction services and



offers stability to third sector service providers. This will utilise all expenditure and carry forward to a break even position

Draft 2



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: Renfrewshire ADP

Key contact:

Name: Donna Reid

Job title: ADP Co-ordinator

Contact email: Donna.reid@ggc.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	<input checked="" type="checkbox"/>
Posters	<input checked="" type="checkbox"/>
Website/ social media	<input checked="" type="checkbox"/>
Apps/webchats	<input checked="" type="checkbox"/>
Events/workshops	x
Naloxone November campaign to raise awareness, and increase momentum around naloxone supplies. Workshops have taken place to develop Renfrewshire's Alcohol and Substance Education Resource. The school lessons have been prepared and developed with young people and people who have lived experience of drug and alcohol addiction with support from teaching staff and Renfrewshire's Health Improvement Team (more information in 1.7)	
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overdose Awareness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Seasonal Campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Renfrewshire – RADAR did an input	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Safe Kids event – for all P6 kids in
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 checked="" type="checkbox"/>
Please specify...			
<p>Naloxone November - The aim of the campaign is to raise awareness of Naloxone and how it can save lives. Mental Health – Promotion of CIRCLE Recovery Hub. CIRCLE aims to address a key gap within Renfrewshire's mental health and alcohol and drug services, where a lack of recovery opportunities for people in treatment was previously identified. Blood-Borne Virus training - to increase workers' understanding and knowledge of key issues related to HIV, Hepatitis B and Hepatitis C with a particular emphasis on risks associated with drug use and sexual health. Renfrewshire's Alcohol and Substance Resources developed with young people from Renfrewshire Schools and those with lived experience.</p>			

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 type="checkbox"/>
Promotion of naloxone	<input checked="" type="checkbox"/>
Peer-led interventions	<input 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 checked="" type="checkbox"/>
Other	<input type="checkbox"/>

Renfrewshire's Alcohol and Substance Education Resource is in the process of being developed following the findings of the Renfrewshire Alcohol and Drug Commission report, which highlighted the need for a review of current materials within Education and a focus on teacher skills and knowledge. Naloxone provision has been included as a priority area within Renfrewshire's Preventing Drug Deaths Action Plan from the Drug Death Prevention Group (DDPG). This DDPG subsequently requested the implementation of a Naloxone Delivery Group to implement actions identified by the Drug Death Taskforce 2020. Circle Recovery Hub has been developed to act as a central recovery hub for individuals referred to the service, with recovery activity delivered across local communities throughout Renfrewshire. These activities are both alcohol and/or drug and mental health related. The service will provide a wide and varied programme of activities, aimed at encouraging, involving and supporting people in recovery.

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 type="checkbox"/>
Via Community/third Sector partners or services	<input type="checkbox"/>
Online or by telephone	<input type="checkbox"/>
Other	<input type="checkbox"/>

Services and Projects have been primarily delivered within NHS Greater Glasgow and Clyde and Renfrewshire HSCP settings. The workshops to develop Renfrewshire's Alcohol and Substance resource for Education was delivered in Renfrewshire Council Education settings e.g. council offices, primary schools, nurseries and secondary schools.



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).

Alcohol Brief Interventions

An ABI Coordinator was recruited to work within Renfrewshire HSCP Health Improvement Team. They have developed Half Day ABI training sessions have been for both online and face-to-face delivery. An easy-to-use ABI reporting form was developed and will be given to all staff trained to use when delivering Screenings and ABIs. A screening card has also been developed for staff to use when carrying out a screening/ABI. All training sessions are set up to include pre and post evaluation to ensure learning outcomes are met, what learning will be put into practice and if any improvements/development are required in the training package. Training sessions have commenced and are booked in for Q1 and Q2 2022/23 which include KAIROS Women, Our Place Our Families, Scottish Fire Service, Barnardo's, Blue Triangle and Renfrewshire HSCP Mental Health Team.

School Resource – Renfrewshire's Alcohol and Substance Education Resource

Members of the ADP have been working with lamme Scotland to produce Renfrewshire's Alcohol and Substance Education Resource. The resource has developed following the findings of the Renfrewshire Alcohol and Drug Commission report, which highlighted the need for a review of current materials and a focus on teacher skills and knowledge. The resource is designed to be used from nursery through to S5. There is a theme of tackling stigma throughout the lessons. All lessons are accessible, with voice-overs and are interactive for pupil participation. There is a variety of learning materials, including video, animation, audio and text. The lessons have been prepared and developed with young people and people who have lived experience of drug and alcohol addiction with support from teaching staff and Renfrewshire's Health Improvement Team. The resource will be launch in September 2022 and evaluated throughout the school year.



Blood-borne Virus Training

Scottish Drug Forum hosted, in partnership with NHS GGC Health Improvement (Sexual Health) and Renfrewshire Sexual Health Planning Group a full day training on Blood Borne Viruses for staff working in Renfrewshire.

This training aimed to increase workers' understanding and knowledge of key issues related HIV, Hepatitis B and Hepatitis C with a particular emphasis on risks associated with drug use and sexual health. Some of those in attendance included Police Scotland, Health Improvement, Young Person's Substance Misuse Worker, Family Support Recovery Worker, Homeless Prevention Officers, Housing Advisers and Officers, Senior Crisis Liaison Worker and Prescribing Support Pharmacist.

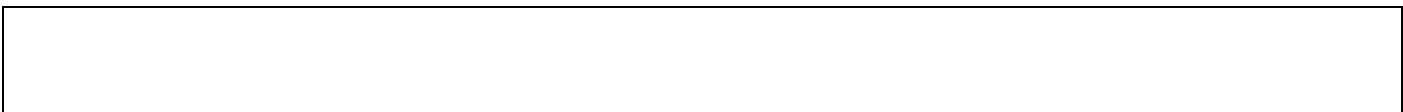
Naloxone Delivery Group

The Renfrewshire Naloxone Delivery Group is a sub group of Renfrewshire Drug Death Prevention Group, was set up, and developed a work plan that seeks to prioritise:

- Education: raising awareness of overdose prevention and naloxone
- Removing barriers: working with partners to reduce any barriers which impedes the knowledge or availability of naloxone
- Expanding supply: ensuring naloxone is available for those who need it most

The delivery group ran the Naloxone November campaign from 5th November to raise awareness, and increase momentum around naloxone supplies. Activities included goody bags issued to people at risk to encourage uptake, a press release, promotion in internal communications, and an information stand within the community.

The group have also been planning and developing a training calendar as well as organising for staff to undertake SDF naloxone training to enable staff to deliver Naloxone and Overdose awareness sessions in 2022/23.





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 type="checkbox"/>
Community alcohol detox	<input type="checkbox"/>
Inpatient alcohol detox	<input checked="" type="checkbox"/>
Alcohol hospital liaison	<input checked="" type="checkbox"/>
Access to alcohol medication (Antabuse, Acamprasate 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
- Questionnaires / surveys
- Focus groups / panels
- Lived experience group / forum
- Board Representation within services
- Board Representation at ADP
- Other

the interviewing of posts within ADRS.

People with lived experience are routinely involved in

For family members:

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

There is a recently appointed Family Support Worker, working in CIRCLE Recovery Hub, with the post hosted by Barnardo's Scotland. This follows an extensive review of Family Support provision within Renfrewshire carried out by SFAD. Family inclusive practice training has been sourced for all staff at ADRS and CRAFT training has been arranged for the Family Support Worker and two additional CIRCLE staff who will support the Family Support provision.

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

CIRCLE Recovery Hub receives feedback through a service forum, evaluation of core activities and solicitation of suggestions and feedback. The feedback is collated by the Recovery Facilitator and discussed at management meetings. Responses to this are shared via the Client Forum and – where appropriate – as a personal response by the Team Lead to individual concerns. The service is currently developing a satisfaction questionnaire in collaboration with our client forum in order to monitor the efficacy of the service and provide outcomes monitoring.

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)

Attendance at pre-planned events can be erratic at times and consistent engagement over any planning/ implementation period has been difficult to maintain.



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 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 checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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)

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) Mental Health and Addiction Interface Protocol is in place in Renfrewshire.

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)

A dedicated OPs Manager for Recovery and Mental Health has been recruited. CIRCLE opened its doors this year which provides support for individuals affected by alcohol/drugs and/or mental health. Co-morbidity team in place within the Alcohol and Drug Recovery Service (ADRS). Prescribing of Psychotropic medications is in place. Community Psychiatric Nurses within ADRS. CBT Training completed by one member of staff. Consultant Psychiatrist medicalised service. The RADAR Team has developed working relationships with the local CAMHS in order to promote dialogue at an early stage for children and young people where dual diagnosis looks to be present to agree whether a joint assessment is the most appropriate approach going forward.

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)

CIRCLE Recovery Hub has been established in Renfrewshire, with a current active client population of 69. The community is working in partnership with the Scottish recovery Consortium to plan this year's Recovery Walk in Renfrewshire and the legacy of this event will support further growth in the service. A lived experience forum is responsible for decision making with a full programme of activities currently offered, covering health and wellbeing, employability and education. New Family Support and Occupational Therapy programmes are commencing soon and a volunteer programme is being established. Youth Interventions is a multi-disciplinary team of professionals who specialise in the mental/emotional wellbeing of young people aged 11-25, and their families. The Team consists of Youth Workers, Recovery Practitioners and BACP Accredited Relational Person Centred/Integrative Psychotherapists and central to our work is their collaborative approach.,

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)

Renfrewshire ADRS is committed to using a trauma-informed approach in relation to service delivery, design and future planning. We continue to promote trauma-informed training for staff and are working to ensure that the environment is considered through a trauma-informed lens. We are continuing to train our staff in NES trauma-informed working - Safety and Stabilisation. Our new recovery hub CIRCLE



(Continuing in Recovery Changes Lives Entirely) opened its doors in December 2021. This is a trauma-informed environment which has been well received by our Service Users and staff alike. We will continue to ensure that any environment that our services operate from is also taking a trauma-informed approach. Our Trauma-Informed Lens Focus Group was postponed until we are able to recruit a new Psychologist but we continue to learn from the voices of those with lived and living experience through our CIRCLE focus group. Specific Trauma-Skilled level training is being planned for our business support team incorporating online modules and in person training delivered in conjunction with people with lived experience.

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 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)

The ADP has secured funding to recruit a dedicated post for one year to carry out a review of alcohol related deaths and embed this approach into future practice. Alcohol harms and alcohol related deaths are discussed at the Clinical Governance Group. There is a clear process for staff in place which involves completing a DATIX along with a briefing note which is then fully discussed at a Clinical Governance Group meeting. Any learning from this process is disseminated across staff groups.

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)

Currently, the review of drug-related deaths take place for individuals open to addiction services. Review follows local clinical governance processes. Learning points and actions, including how learning will be implemented, is agreed at a monthly Care and Governance meetings attended by the management team.

A review of all drug-related deaths, including those not open to addiction services, also takes place throughout the year in line with the input requirements for the National Drug-Related Deaths Database. An analysis specific to Renfrewshire from this review process is provided by the Drug Research Associate to the Chief Officers Group, the ADP executive group, and other groups on request.

Planning is currently underway to enhance the drug death review process in Renfrewshire to include multiagency partners, where services across the ADP will be able to share information about individuals from multiple systems. The group will work to identify learning and implications for services following reviews, as well as good practice and relevant trend information which will be shared these finding across the ADP.



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 checked="" type="checkbox"/>
Diversionsary 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 type="checkbox"/>	<input 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 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionsary Activities	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<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)

Data from the ADP was considered by the children's services planning partnership to consider the areas of priority support for children in Renfrewshire. Information from the ADP was shared and considered by the Child Protection Committee. The prioritisation of early intervention is a joint agreement. Supporting young people's mental health and implementing The Promise priorities have also been influenced by the ADP data.

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

Due to relaxation of Covid restrictions RADAR (young person's alcohol and drug service) was able to return to more face to face contact with young people. This enabled us to be more responsive to changes in risk levels, and promote better engagement with other services. Previous group activities such as Wellbeing and the Lunch Club have still not restarted but it is expected that they will resume in the current year.

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
 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?

A review of family support in Renfrewshire was recently carried out by SFAD. The report is currently being finalised and will inform spending priorities in this area.

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 type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Development	<input checked="" type="checkbox"/>	<input 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)
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 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"/> Renfrewshire has for many years had a clear pathway, where addiction services are contacted prior to individuals subject to ORT being released. Where justice social work are involved in supervising individuals then they will also ensure contact and planning with local services. The MAPPA process also involves addiction services in pre-release planning and ongoing management of risks and needs. |

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 type="checkbox"/> |
| Coordinating activities | <input type="checkbox"/> |
| Joint funding of activities | <input checked="" type="checkbox"/> |
| Other | <input type="checkbox"/> Both relate to the CORRA post – see 4.5 which was one of the local actions within the community justice Outcomes Improvement Plan. |

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 type="checkbox"/> |
| Exercise and fitness activities | <input type="checkbox"/> |
| Peer workers | <input type="checkbox"/> |
| Community workers | <input type="checkbox"/> |
| Other | <input checked="" type="checkbox"/> Justice social workers provide arrest referral, engaging with individuals in custody and referring them to appropriate addiction services. Increasing numbers of individuals are now deferred from prosecution for the possession of drugs, services are provided by either addiction staff, 3rd sector addiction colleagues, or justice social work dependent on risks and needs |

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

Individuals subject to statutory orders are supervised by justice social workers on release from custody, in these cases addiction supports are available to those on release where they meet the criteria for assessment and intervention, with agreement gained through CORRA discussions (see 4.5) to ensure all those involved with justice services would be assessed. Justice social work offers voluntary support to short-term prisoners on release, utilising information provided by the Scottish Prison Service. Where they take up this service and have addiction needs they would be referred to relevant addiction services.

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).

Within 2021/22 a CORRA funded community justice development worker was in post, to look at developing improved pathways and information sharing between justice social work and addiction staff. Whilst progress was achieved, it was recognised that this is the start of the process. Discussion also commenced within 2021/22 in relation to Drug Treatment and Testing Orders, and how nurses were best supported within the service to ensure that they were up to date with addictions requirements/practice standards. On this basis it was agreed to pursue an additional nurse management post, which would include management of DTTO nurses, and allow capacity to continue to ensure cross cutting developments could be taken forward. A 2 year post was recently agreed.



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	1,640,575
2021/22 Programme for Government Funding and National Mission Funding	577,343
Additional funding from Integration Authority	
Funding from Local Authority	
Funding from NHS Board	
Total funding from other sources not detailed above	
Carry forwards	
Other	340,000
Total	2,557,918

B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	
Community based treatment and recovery services for adults	1,980,575
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	
Outreach	
Other	577,343
Total	2,557,918

Additional finance comments

Click or tap here to enter text.