



ADP Chair
Integration Authority Chief Officer

Copies to:
NHS Board Chief Executive
Local Authority Chief Executive
NHS Director of Finance
Integration Chief Finance Officer
ADP Co-ordinators

17 June 2021

Dear ADP Chair and Integration Authority Chief Officer

SUPPORTING THE DELIVERY OF ALCOHOL AND DRUG SERVICES: 2021-22 FUNDING ALLOCATION AND MINISTERIAL PRIORITIES

1. We write to provide further detail on additional funding for Alcohol and Drug Partnerships (ADPs) and Ministerial priorities for the financial year 2021-22 following our letter of 31 March 2021.
2. In January of 2021 the First Minister announced a new National Mission to reduce drug related deaths and harms. This is to be supported by additional funding of £50 million per year over the lifetime of the next Parliament.
3. We are pleased to inform you that the Scottish Government will be providing ADPs with a £13.5 million funding uplift per year over the next five years, beginning in this financial year. £5 million is allocated to support the priorities of the National Mission, £5 million is allocated to support additional capacity and take up of residential rehabilitation and £3.5 million is allocated to support the implementation of the Whole Family Approach.
4. The full ADP funding will be transferred to NHS Boards for onward delegation to Integration Authorities for ADP projects. This funding will be allocated using the NRAC formula. The amount of funding allocated for each Integration Authority can be seen at **Appendix 1**.
5. The expectation of the Minister for Drugs Policy is £5 million of the uplift to ADPs is to be used for **additional** capacity and take up of residential rehabilitation. Further information on this is provided at **Appendix 2**. ADPs will be expected to provide reporting that shows how the funding has been used to support access to residential rehabilitation.

6. £3.5 million of the uplift should be used to implement the Whole Family Approach. The Whole Family Approach Framework will be published in the Summer.
7. Please note that £13.5 million will be the minimum uplift made available to ADPs in each year. This may be increased in this financial year or in future years according to the priorities of the National Drugs Mission and the decisions of Scottish Ministers.
8. Four funds worth a combined £18 million were launched on Friday 28 May. ADPs are encouraged to work with local partners to support bids to these funds which meet local need, strategy and priorities.
9. Today, the Minister for Drugs Policy made a statement to Parliament setting out the Government's plans for the remaining, unallocated investment from the additional £50 million. Details of this can be found at **Appendix 3**.
10. Scottish Government recognises the importance of addressing Alcohol Treatment and Alcohol Harm Prevention in the context of Rights, Respect and Recovery and the Alcohol Framework and anticipate these existing commitments and future plans to be delivered locally alongside the new Drugs Priorities. Full details of this work was highlighted in the Annexes of the letter dated 31/03/2021.

Context for delivery

11. Rights, Respect and Recovery is Scotland's national strategy for alcohol and drugs. Five priorities underpin both Rights, Respect and Recovery and the Alcohol Framework. These priorities cover both alcohol and drugs, with the exception of priority 5 which refers to alcohol harm prevention only:
 - i. A recovery orientated approach which reduces harms and prevents deaths
 - ii. A whole family approach
 - iii. A public health approach to justice
 - iv. Prevention, education and early intervention
 - v. A reduction in the affordability, availability and attractiveness of alcohol
12. Deliverables in relation to these priorities are outlined at **Appendix 4**.
13. Rights, Respect and Recovery is supplemented by the new National Mission to reduce drug-related deaths and harms. The priorities outlined above are still relevant, and ADPs and their partners should continue to plan services which deliver on these priorities. However, in recognition that the level of drug-related deaths in Scotland is a national crisis that requires emergency action, the First Minister and Minister for Drugs Policy have identified five key areas of work for the National Mission:
 - i. Fast and appropriate access to treatment
 - ii. Residential rehabilitation
 - iii. The creation of a more joined-up approach that supports people living with drug addiction to address all the underlying challenges that they face and which ensures better support after near-fatal overdoses
 - iv. The vital role of front-line, often third sector, organisations

- v. Exploring ways to overcome the barriers to introducing overdose prevention facilities.

Planning and reporting arrangements

- 14. The Scottish Government and COSLA have worked with a range of stakeholders to develop a *Partnership Delivery Framework*¹, published in July 2019 to support local planning arrangements to address alcohol and drug harms. This sets out joint expectations about the role and function of ADPs.
- 15. A reporting template will be issued to ADPs in the month of June 2021 to capture 2020-21 outturn, and ADPs will be given at least 6 weeks to complete and return the template. This will be similar to the template for the previous reporting year, but will be streamlined to ensure Scottish Government are only asking for information that is relevant and meaningful. We welcome feedback on this template and the reporting process.
- 16. If you have any queries on the content of this letter, please contact Fiona Robertson at drugsmissiondeliveryteam@gov.scot.

Yours faithfully

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¹ <https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/>

APPENDIX 1 – FUNDING TO SUPPORT THE DELIVERY OF THE NATIONAL DRUGS MISSION

2021-22 ALLOCATION TO INTEGRATION AUTHORITIES

Integration Authority	£5m to support priorities of National Mission	£5m to support access to Residential Rehabilitation	£3.5m to support implementation of Whole Family Approach	£13.5m total uplift
Aberdeen City	190,625	190,625	133,437	514,687
Aberdeenshire	210,544	210,544	147,380	568,468
Angus	108,024	108,024	75,617	291,665
Argyll and Bute	95,095	95,095	66,566	256,756
Clackmannanshire and Stirling	128,277	128,277	89,794	346,348
Dumfries and Galloway	149,599	149,599	104,719	403,917
Dundee City	144,885	144,885	101,420	391,190
East Ayrshire	119,489	119,489	83,642	322,620
East Dunbartonshire	92,708	92,708	64,896	250,312
East Lothian	92,944	92,944	65,061	250,949
East Renfrewshire	79,568	79,568	55,698	214,834
Edinburgh	418,355	418,355	292,849	1,129,559
Falkirk	143,995	143,995	100,797	388,787
Fife	340,638	340,638	238,447	919,723
Glasgow City	596,535	596,535	417,575	1,610,645
Highland	234,516	234,516	164,162	633,194
Inverclyde	81,537	81,537	57,076	220,150
Midlothian	80,517	80,517	56,362	217,396
Moray	80,733	80,733	60,013	221,479
North Ayrshire	135,738	135,738	95,016	366,492
North Lanarkshire	317,148	317,148	222,004	856,300
Orkney Islands	25,066	25,066	17,546	67,678
Perth and Kinross	137,621	137,621	96,334	371,576
Renfrewshire	169,848	169,848	118,893	458,589
Scottish Borders	106,308	106,308	74,416	287,032
Shetland Islands	24,422	24,422	17,095	65,939
South Ayrshire	113,552	113,552	79,487	306,591
South Lanarkshire	296,106	296,106	207,274	799,486
West Dunbartonshire	90,430	90,430	63,301	244,161
West Lothian	156,752	156,752	109,727	423,231
Western Isles	33,425	33,425	23,398	90,248
	£5,000,000	£5,000,000	£3,500,000	£13,500,000

*Figures have been rounded.

APPENDIX 2 – NATIONAL DRUGS MISSION PRIORITIES FOR ADDITIONAL FUNDING

1. The numbers of drug-related deaths in Scotland are far too high and reducing them is a priority for all of us. A National Drugs Mission to improve and save lives was announced by the First Minister in January 2021. This will be supported by an additional £50 million per year investment for the next five years.
2. This additional funding to ADPs should be used to progress the priorities of the National Mission in the key areas set out below.
3. We recognise that each ADP operates in a specific context and expect that the exact detail of what each ADP will deliver with the additional funding will vary according to local need. £5 million of the uplift **must** be used to support the residential rehabilitation aims as described below, and ADPs will be asked to provide reporting outlining how many **additional** placements their funding supported. £3.5 million must be used to implement the Whole Family Approach, further information on this will be provided when the framework launches in the summer. The remaining £5 million uplift can be used in any way the ADP sees fit within the priorities detailed below.
4. ADPs involved in Tests of Change funded by the Drugs Deaths Taskforce may wish to consider this additional funding to sustain and expand these projects, in line with the national mission, if evidence supports the approach. The Drugs Deaths Taskforce will continue to work with ADPs on these projects to support sustainability and to capture the evaluations and lessons learned during these projects.

Fast and appropriate access to treatment

5. More than half of people at risk of drug-related death are not making use of drug services. We must take urgent action to help more people into treatment and recovery. Services should be available in communities to support those who need them, and barriers which prevent the provision or accessibility of services need to be identified and overcome. No door should be the wrong door to help.
6. Protocols between mental health, and alcohol and drug services should be established to support access and outcomes for people who experience mental health, and alcohol and drug problems. ADPs should use this funding to support the development and implementation of these protocols.
7. Outcomes that ADPs should be working to achieve are:
 - a) **People at most risk are accessing treatment and recovery**
 - People at high risk are proactively identified and offered support
 - Effective pathways between justice and community services are established
 - Effective near-fatal overdose pathways are established across Scotland
 - b) **People receive high quality treatment and recovery services**
 - Rehabilitation is available for all those who will benefit

- People are supported to make informed decisions about treatment options
- People are supported to remain in treatment for as long as requested
- People have the option to start MAT from the same day of presentation
- People have access to high standard, evidence based, compassionate and quality assured treatment options

c) Fewer people develop problem drug use

- People have early access to support for developing problem drug use

d) Risk is reduced for people who take harmful drugs

- Overdoses are prevented from becoming fatal
- People who use drugs have access to information about risks and harm reduction
- All people are offered evidence based harm reduction

e) All needs are addressed through joined up, person centred services

- Wider health and social care needs are addressed through informed, compassionate health services
- All people have access to advocacy

8. There are several cross-cutting priorities to consider when working to achieve these outcomes. These are:

- Putting lived and living experience at the heart of all we do
- Tackling stigma
- Surveillance and data
- A resilient and skilled workforce
- Psychologically informed at every level
- An approach based in equalities and human rights

9. ADPs should use the additional investment to achieve these outcomes in a way that meets local need. This may include the following activities:

- Increase treatment service availability and capacity
- Improve same day prescribing of opiate substitute therapy (OST) and other treatment
- Provide or improve access to a range of OST including buprenorphine and heroin assisted treatment
- Increase assertive outreach activity (including approaches for at-risk groups)
- Increase provision of community rehabilitation
- Provide specialist provision for people who are underrepresented in treatment, such as women, younger people, veterans and people with mental health diagnosis
- Ultimately support more people in to treatment and provide services for more people

Residential rehabilitation

10. For some people, the most appropriate treatment option will be residential rehabilitation. £5 million of the uplift provided to ADPs should be used to provide **additional** capacity and increase access to residential rehabilitation. Scottish Government will require reporting that clearly shows how this investment has been used to improve access to residential rehabilitation, including how many additional placements this investment has provided and information on waiting-lists to access treatment.
11. Residential rehabilitation should be available to everyone who needs it and where it is clinically appropriate, at the time they ask for it. ADPs should use this investment to:
 - a) **Increase capacity of residential rehabilitation services:**
 - Make better use of existing capacity by commissioning more treatment places;
 - Invest in expanding existing services;
 - Increase capacity by commissioning and providing funds for the acquisition and/or establishment of new premises;
 - Establish new rehabilitation models and services.
 - b) **Improve pathways for vulnerable groups and those with complex needs:**
 - Support placements for groups who are underrepresented in treatment such as women, younger people, veterans, people who experience homelessness and people with mental health diagnosis;
 - Support the acquisition and/or establishment of specialist services for groups who are underrepresented in treatment groups;
 - Invest in the recruitment of specialist professionals to support vulnerable groups in residential settings;
 - Invest in workforce and training to overcome barriers to entry where people have residential rehabilitation and mental health service needs i.e. a dual diagnosis;
 - Ensure there is a clear pathway to residential support for people who experience a near-fatal overdose, when it is clinically safe;
 - Improve access to residential services for people in contact with the criminal justice system;
 - Link detox to residential rehabilitation pathways by funding in-house detox services and/ or supporting clinical detox units which are linked to residential rehab services.
 - c) **Embed aftercare as a core component of residential rehabilitation and ensure rehab is seen in the context of wider community services and support:**
 - support treatment and support services to make sure aftercare is comprehensive and targeted on individuals at risk;
 - increase assertive linkage to mutual aid and other community resources;
 - develop peer support/worker training and employment;
 - invest in supported housing models and embed the routine provision of care for families.

Whole Family Approach/Family Inclusive Practice

12. Families affected by alcohol and drug use should have access to support in their own right, and where appropriate, be included in their loved one's treatment and support. This should be underpinned by family inclusive practice. A Whole Family Approach/Family Inclusive Practice Framework is currently being developed. A draft version has been shared with ADPs for feedback. A final version is to be published in the summer.

APPENDIX 3 – REMAINING ALLOCATION OF £50 MILLION INVESTMENT

1. In March, the Minister for Drugs Policy announced four funds totalling £18 million. These funds opened on 28 May 2021.
2. Today, the Minister for Drugs Policy announced the allocation of the remaining £32 million investment. £13.5 million is being provided to ADPs, as detailed previously in this letter. £13.3 million is funded from the additional £50 million investment, with £0.2 million being funded from other Scottish Government budgets.
3. £14.4 million is allocated to support front line delivery in the following areas:
 - £4 million to support the implementation of MAT standards
 - £4 million to support expansion of Buprenorphine
 - £0.4 million to support expansion of Heroin-Assisted Treatment
 - £3 million to support establishment and expansion of near-fatal overdose pathways
 - £3 million to support improvement and expansion of assertive outreach
4. The remaining funding is allocated in the following ways:
 - £1 million to establish a Lived and Living Experience forum and maintain existing panels
 - £1 million to support third-sector initiatives
 - £800,000 for a campaign to tackle the stigma around drug use
 - £1.5 million for public health surveillance, evaluation, monitoring and research
5. ADPs will receive further information on the way this funding will be routed in the coming weeks.

APPENDIX 4 – PRIORITIES AND NATIONAL DELIVERABLES FOR 2021-22

In addition to the priorities of the National Mission as specified in Appendix 2, ADPs will be asked to report progress against these improvement goals in their annual reports

Ministerial Priorities	National deliverables 2021/22 against which local areas will report against in their annual reports
<p>1. A recovery orientated approach which reduces harms and prevents alcohol and drugs deaths</p>	<ul style="list-style-type: none"> • Update and implement plans to reduce deaths from alcohol and other drugs, making use of best practice outlined in Staying Alive in Scotland, Dying for a Drink and the forthcoming Alcohol Deaths Review Guidance from Alcohol Focus Scotland, in collaboration with local partners. • Implementation of the Drug Death Task Forces six evidence based strategies to reduce drug-related deaths. • Establish protocols between mental health, and alcohol and drug services to support access and outcomes for people who experience mental health, and alcohol and drug problems • Services are delivered in line with the Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services, including clear plans to respond to the individualised recommendations within the Care Inspectorate Reports, which examined the local implementation of these Principles. (https://www.gov.scot/publications/quality-principles-standard-expectations-care-support-drug-alcohol-services/) • Ensure mechanisms are in place for people with lived and living experience of addiction/recovery and of participating in services to be involved in planning, developing and delivering services • Continued delivery against the Local Delivery Plan Standards Waiting Times Standard. • Support the implementation of Medication Assisted Treatment standards

<p>2. A whole family approach/family inclusive practice on alcohol and drugs</p>	<ul style="list-style-type: none"> • Ensure all family members will have access to high quality family support in their own right and, where appropriate, will be included in their loved one’s treatment and support. • Enhance and sustain existing support, but also respond to gaps in provision by being a catalyst to bring delivery and commissioning leaders together, to collectively assess the evidence, contributing to the condition for change, sources of investment in service design and improvement for shared priorities. • Under take a full audit (quantity, quality and reach) and critically assess what is currently available (includes paid staff, volunteers/peers, including mutual aid/fellowships) in the local area to support, children, young people and adults affected by harms from alcohol and drug use. • In response to these findings ensure a range of evidence based family support options are available locally to support children, young people and adults. Each member of the family must be supported in their own right and all relationships are recognised. • Ensure the wider alcohol and drug workforce are trained in family inclusive practice and whole family approaches. • Involve children, parents and other family members in the planning, development and delivery of services at local, regional and national level. • Sign up to The Promise and support the delivery of the commitments within this to compassionately and collaboratively move towards broad, engaging and relational approaches in supporting families and to embrace whole family approaches together with children’s Services Partnerships.
<p>3. A public health approach to justice for alcohol and drugs</p>	<ul style="list-style-type: none"> • Identify the investment, outcomes and outputs delivered by alcohol and drug services that act as a diversion measure from justice including those services which work with people: <ul style="list-style-type: none"> ○ as a condition of sentence ○ in prison ○ leaving prison / voluntary through care • Develop improvement plans as needed

<p>4. Education, prevention and early intervention on alcohol and drugs</p>	<ul style="list-style-type: none"> • Develop plans to address stigma surrounding alcohol and drugs, including: <ul style="list-style-type: none"> ○ Ensure the appropriate use of language to address stigma ○ Identify and improve capacity for advocacy • A working group has been established to deliver Action 4: We will develop a comprehensive approach to early intervention amongst young people who are at risk, though deprivation, inequality or other factors of developing problem alcohol and drugs use. This Group aims to report June 2022.
<p>5. A reduction in the attractiveness, affordability and availability of alcohol</p>	<ul style="list-style-type: none"> • Engage with Licensing Forums, local partnerships and Licensing Boards to address overprovision and control the availability of alcohol, in line with the licensing objectives, including the public health objective. • Undertake activity to build on the Count 14 campaign with your local population and further increase awareness of the UK Chief Medical Officers' lower-risk maximum weekly drinking guidelines. • Continued delivery against the Local Delivery Plan Standard for the delivery of Alcohol Brief Interventions.
<p>Cross Cutting work</p>	<ul style="list-style-type: none"> • Implement the Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs • Contingency planning in relation to COVID-19

As a part of local strategic planning ADPs should set their own actions, improvement goals, measures and tests of change, alongside the national deliverables, to drive quality improvement at a local level.