

# **Dumfries and Galloway Alcohol and Drug Partnership Alcohol and Drug Strategy**

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**2023 - 2026**

**Working in  
partnership to prevent and  
reduce alcohol and drug-  
related harm**

## Foreword Penny Halliday- Alcohol and Drug Partnership (ADP) Independent Chair



As Independent Chair of Dumfries and Galloway Alcohol and Drug Partnership I know and understand the challenges we face across our communities regarding drug and alcohol use, particularly post Covid and in the midst of one of the worst cost of living crisis for many years. The question on most people's lips usually is why don't more people access treatment, there are complex reasons for this, one of them is the stigma that individuals and families face on a day to day basis who are affected by drugs and alcohol. This is recognised in the Drugs Death Taskforce, A Strategy To Address The Stigmatisation of People and Communities Affected by Drugs, as evidence shows, stigma can stop people accessing the life saving treatment they deserve. Since June 2022 the Partnership has delivered two Development Days where we engaged with our stakeholders, most importantly, people with Lived and Living Experience. This approach has helped to guide our strategy and, will further inform the changes we need to make if we are to reduce the use of substances across our communities overall and, ultimately reduce the number of people dying from drugs and alcohol. We will continue to listen to the stories and experiences of those with Lived Experience and value the huge difference our Lived/Living Experience Partners bring to the work we do, if we are to truly make a difference we cannot do it without them.

What has also been clearly evident to me are the efforts, dedication, compassion, love and hard work of family, friends, ADP Support Team, the statutory sector, Third Sector, volunteers and all those who have worked tirelessly to try and reduce harm. On behalf of the Partnership I would like to thank every single one of them.

The introduction of the Medication Assisted Treatment Standards is well underway thanks to the hard work and dedication of all the staff involved in overseeing and delivering them. One of the standards relies on gathering experiential information from people using the service which we are collecting on an ongoing basis and will provide us with valuable learning. The Partnership Delivery Framework is also progressing and makes up the basis for the new Alcohol and Drug Partnership yearly Self Assessment.

The ADP has benefited from strong support from our national Partners, Scottish Families Affected by Alcohol and Drugs, Scottish Drugs Forum, Scottish Recovery Consortium, Public Health Scotland, Alcohol Focus Scotland and the Drug Death Taskforce.

We will continue to have a greater focus on a public health and human rights based approach led by trauma informed practice across the Partnership, continuing to learn from lived experience, tackling stigma, implementing prevention and early intervention tactics, meeting the requirements of the MAT Standards, delivering the Partnership Delivery Framework and coming together at our yearly ADP Development Day.

Additionally, we will continue to work closely with our Public Protection Partners, Community Justice Partnership, Children and Young Peoples Planning Partnership, Integration Joint Board and Community Planning in taking an integrated approach to improving the lives of people in our communities.

Every life lost is a tragedy and we commiserate with the families, friends and communities affected.

## **Acknowledgements**

**With thanks to Highland ADP for the permission to use their template for this strategy.**

**Thanks to all those who provided comment which has helped shape this strategy:**

**People with Lived/Living Experience**

**Family members**

**Service staff**

**ADP colleagues**

## Contents

<i>Strategy – Overview .....</i>	<i>6</i>
<i>1. Background.....</i>	<i>7</i>
<i>1.1 Introduction .....</i>	<i>7</i>
<i>1.2 Role.....</i>	<i>8</i>
<i>1.3 Governance and Accountability.....</i>	<i>8</i>
<i>1.4 Delivery in Partnership.....</i>	<i>9</i>
<i>1.5 Delivering with Our Communities .....</i>	<i>9</i>
<i>2. Policy Drivers .....</i>	<i>10</i>
<i>2.1 Rights, Respect and Recovery .....</i>	<i>10</i>
<i>2.2 Alcohol Framework .....</i>	<i>10</i>
<i>2.3 National Mission.....</i>	<i>11</i>
<i>2.4 Public Health Priorities.....</i>	<i>11</i>
<i>2.5 Drug Deaths Taskforce.....</i>	<i>11</i>
<i>2.6 NHS Standards .....</i>	<i>12</i>
<i>3. Context and Challenges .....</i>	<i>13</i>
<i>3.1 Poverty and the Cost of Living Crisis.....</i>	<i>15</i>
<i>3.2 Drug Deaths.....</i>	<i>15</i>
<i>3.3 Increase in use of Cocaine and Street Benzodiazepines.....</i>	<i>16</i>
<i>3.4 Increase in Alcohol Referrals into Service.....</i>	<i>16</i>
<i>4. Local Priorities .....</i>	<i>17</i>
<i>5. Prevention and Targeted Early Intervention .....</i>	<i>20</i>
<i>6. Developing Recovery Orientated Systems of Care (ROSC).....</i>	<i>23</i>
<i>6.1 Human Rights Approach.....</i>	<i>23</i>

6.2	<i>Treatment and Recovery</i> .....	23
7.	<i>Public Health Approach to Justice</i> .....	25
7.1	<i>Public Health Approach</i> .....	25
7.2	<i>Police Engagement</i> .....	25
7.3	<i>Diverting Vulnerable People</i> .....	26
7.4	<i>Continuity of Care</i> .....	26
7.5	<i>Online Supply</i> .....	26
8.	<i>Governance Structure</i> .....	28
9.	<i>References</i> .....	29
10.	<i>Glossary</i> .....	30
	<i>Appendix 1- MAT Standards</i> .....	31
	<i>Appendix 2 -Values and Principles</i> .....	32
	<i>Appendix- 3 Recovery Orientated System of Care (ROSC) – Key Elements</i> .....	34

## Strategy – Overview

Vision								
Dumfries and Galloway is an area where “we live long, healthy and active lives regardless of where we come from”. Where individuals, families and communities have the right to health and a life free from the harms of alcohol and drugs and are treated with dignity and respect.								
Strategic Priorities								
Prevention and Early Intervention	Developing Recovery Orientated Systems of Care		Getting It Right for Children, Young People and Families		A Public Health Approach to Justice		Alcohol Framework	
National Mission Outcomes								
Fewer people develop problem alcohol and drug use	Risk is reduced for people who take harmful drugs		People at most risk have access to treatment and recovery & people receive high quality treatment and recovery services		Quality of life is improved to address multiple disadvantages		Children, families and communities affected by drug and alcohol use are supported	
Performance Indicators								
We acknowledge that our current indicators do not capture all that we wish. We are reviewing these and identify the best indicators to measure the success of our activity against our outcomes.								
Values and Principles								
Human rights based approach	Prevention and early intervention	Whole population approach	Reduce inequality	Tackle stigma	Whole family approach	Evidence-informed	Lived experience and family involvement	Community asset building
Peer support and mutual aid	Quality improvement	Effective communication	Person-centred and strengths based	Remote and rural	Workforce development	People First – Language Matters	Public Health approach	Partnership working

## 1. Background

### 1.1 Introduction

Dumfries and Galloway Alcohol and Drug Partnership (ADP) was formed in September 2009 to bring together a range of agencies and organisations working together to tackle the harmful effects of alcohol and drugs.

The overarching aim of the ADP is to drive forward the alcohol and drugs agenda through the planning, design, commissioning of services and prevention initiatives that help to reduce the harm from alcohol and drugs. People with lived and living experience, including families are at the heart of this strategy and their voices and experiences will inform all aspects of the alcohol and drugs agenda from prevention through to treatment and recovery. People with lived/living experience and family members attended the 2022 ADP Development Day, which also included partner organisations. Delegates were able to discuss and share their views on the way forward for the ADP and helped identify priorities and gaps in the current landscape. Further input includes conducting an engagement exercise seeking the views of those with lived/living experience and families around the contents of this strategy and what is important to them.

This document sets out the ADP's strategy for preventing and reducing alcohol and drug related harm from 2023-2026 in line with the Scottish Government's [Partnership Delivery Framework](#).

The current Partnership Delivery Framework replaces three previously agreed Memoranda of Understanding (MoU) between the Scottish Government and Convention of Scottish Local Authorities (COSLA). It states that Alcohol and Drug Partnerships (ADPs) will continue to lead the development and delivery of a local comprehensive and evidence based strategy. The purpose of ADP is therefore to achieve improved outcomes for individuals, families and communities by preventing and reducing drug and alcohol related harm. As a multi-agency partnership, ADP is responsible for setting the overarching alcohol and drugs strategy and action plan for Dumfries and Galloway. The current membership includes Dumfries and Galloway Council, NHS Dumfries and Galloway, Police Scotland, Third Sector, Scottish Prison Service, DG Community Justice Partnership, Violence Against Women and Girls and Department for Work and Pensions.

## 1.2 Role

It is the role of ADP to:

<ul style="list-style-type: none"><li>• <i>Implement an alcohol and drugs strategy informed by local voices, in particular those with lived and living experience</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Reduce inequality and harm via activity ranging from prevention through to recovery</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Deliver quality services that support recovery and ensure people and families with personal experience of drug and alcohol problems and people currently using relevant services are involved in ongoing service development</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Direct funding towards agreed priorities, working within local commissioning frameworks</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Regularly report on performance and measure progress against a set of indicators</i></li></ul>
<ul style="list-style-type: none"><li>• <i>Respond to changing national and local priorities</i></li></ul>

## 1.3 Governance and Accountability

ADP is accountable nationally to the Scottish Government and locally to the Integrated Joint Board (IJB) and Community Planning Partnership (CPP). The work of ADP has been collated in the past into an annual report that was submitted to Scottish Government, who in turn provided feedback highlighting good practice, as well as areas for improvement. This has been superseded by the ADP Self Assessment, introduced in 2022, which gives the ADP a tool to engage and discuss opportunities and barriers to delivery. The self-assessment is designed to help local stakeholders ensure that these key relationships are in place and that the local system is supporting the work of the ADP and vice versa. All ADP governance structures are being reviewed to meet with the requirements of the Partnership Delivery Framework

As part of the new governance structures, ADP has agreed to establish a risk management framework which include five crucial components; **risk identification; risk measurement and assessment; risk mitigation; risk reporting and monitoring; and risk governance**. A risk register will be used to record the ADPs identified risks, the likelihood and consequences of a risk occurring, the actions that will be taken to reduce those risks and who is responsible for managing them.

Work is underway to co-produce a joint approach to develop an active and inclusive ADP Partnership role for people with Lived/Living Experience



What we will do:

- Develop Performance Indicators to monitor the delivery of the strategy
- Implement the Scottish Governments [Partnership Delivery Framework](#)
- Develop a Risk Framework
- Develop a Strategic Risk Register
- Have identified roles and responsibilities for ADP members
- Provide induction and development opportunities for ADP members

#### 1.4 Delivery in Partnership

Delivering the best health outcomes possible for people can only be done effectively in partnership. The success of this strategy depends on the ability and willingness of partners to take an asset-based approach to working together to plan, invest and deliver in partnership. Partners individually can only achieve so much, it is only through active collaboration and the sharing of skills, knowledge and resources that the harm from alcohol and drug use can be reduced or prevented. Key partners that have a role to play in the delivery of this strategy are: Children and Families Social Work; Community Justice Partnership; community organisations; Justice Social Work; Housing; Integration Authorities; Local Authorities; people with lived/living experience; Mental Health Services; Nationally Commissioned Organisations (Scottish Drugs Forum, Alcohol Focus Scotland and Scottish Recovery Consortium); people who use services; Police Scotland; Adult Social Work; Scottish Prison Service; Scottish Ambulance Service; specialist drug and alcohol services; The Third Sector; Violence Against Women and Girls, Youth Services and Education.

#### 1.5 Delivering with Our Communities

It is people and communities who will deliver this strategy. Building on existing expertise, ADP needs to ensure that people have the appropriate values, knowledge and experience, as well as access to training and ongoing support, to put these into practice. ADP's approach needs to reach beyond those working in treatment and other public services - to volunteers, those leading recovery communities, family members as well as the public.

## 2. Policy Drivers

### 2.1 Rights, Respect and Recovery

[Rights, Respect and Recovery](#) (2018) aims to improve health by preventing and reducing drug and alcohol related harm and associated deaths. The national strategy is recovery focused and has a human rights and public health approach at its centre. It recognises the essential need to reduce inequalities and tackle stigma, which can often act as a barrier to treatment. It acknowledges that people with personal experience of drug and alcohol problems should be meaningfully involved in service and policy development. Building on previous strategies there are four key priorities including; ***Prevention and Early Intervention, Recovery Orientated Systems of Care, Getting It Right for Children, Young People and Families and A Public Health Approach to Justice***, which are closely aligned to this local strategy. The vision for Rights, Respect and Recovery is a Scotland where; “we live long, healthy and active lives regardless of where we come from” and where individuals, families and communities have the right to:

- 2.1.1 Health and life – free from the harms of alcohol and drugs
- 2.1.2 Be treated with dignity and respect
- 2.1.3 Be fully supported within communities to find their own type of recovery

### 2.2 Alcohol Framework

The [Alcohol Framework: Preventing Harm](#) (2018) sets out twenty key actions that seek to reduce consumption and minimise alcohol-related harm arising in the first place. The strategy follows on from the implementation of [Minimum Unit Pricing](#) (MUP) which along with other Whole Population Approaches including; Alcohol Brief Interventions (ABIs), the Public Health Licensing Objective (Protecting and improving public health) and the lowering of the drink driving limit, will contribute towards the step-change required to reduce levels of alcohol-related harm. The Alcohol Framework has three key themes including;

- 2.2.1 Reducing consumption
- 2.2.2 Positive attitudes, positive choices
- 2.2.3 Supporting families and communities

Other key actions include; investigating the impact of telephone and online alcohol sales, reviewing the licensing system, protecting children and young people from TV advertising, encouraging improved labeling, raising awareness of the link between alcohol use and cancer, reviewing education resources and the prevention and diagnosis of Fetal Alcohol Spectrum Disorder (FASD). [Count 14](#) is the national marketing campaign to raise public awareness of the revised Chief Medical Officer weekly drinking guidelines and launched in 2019. Many of the key actions set out in the alcohol framework are also reflected in this local strategy.

## 2.3 National Mission

A new national mission to reduce drug related deaths and harms was established in January 2021. The aim of the national mission is save and improve lives through:

- fast and appropriate access to treatment and support through all services
- improved frontline drugs services (including third sector)
- services in place and working together to react immediately and maintain support for as long as needed
- increased capacity in and use of residential rehabilitation
- more joined-up approach across policies to address underlying issues

Central to the mission is the implementation of the [Medication Assisted Treatment Standards](#) (MAT Standards) (May 2021) which cover access, choice and support. These ten standards ([see Appendix 1](#)) are evidence based to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. These are relevant to people and families accessing or in need of services, and health and social care staff responsible for delivery of recovery oriented systems of care.

## 2.4 Public Health Priorities

To improve Scotland's health and wellbeing, the Scottish Government and COSLA have established six [Public Health Priorities](#) which include a commitment to: [Reduce the use of and harm from alcohol, tobacco and other drugs](#). The priorities are intended to support national and local partners to work collectively to improve healthy life expectancy and reduce health inequalities. Public Health Scotland (PHS) has been tasked with providing leadership and expertise to inform policy and practice development, with a key focus on tackling the economic and social conditions that can be a driver of harmful drug and alcohol use. Underpinning the public health priorities is the need to work more effectively as part of a [whole systems approach](#). Whole system working can be defined as applying systems thinking and tools that enable: *"An ongoing, flexible approach by a broad-range of stakeholders to identify and understand current and emerging public health issues where, by working together, we can deliver sustainable change and better lives for people"*. Whole systems working will involve ADP proactively building and strengthening partnerships with a broad range of stakeholders including those working in; Justice Social Work, Early Years, Education, Health, local businesses, Housing, the licensing of alcohol, sale of alcohol, the Third Sector, Police as well as local communities, individuals and families with lived experience.

## 2.5 Drug Deaths Taskforce

Scotland faces a public health emergency in relation to increasing numbers of drug-related deaths. To drive action to improve the health and wellbeing outcomes for people who use drugs and reduce the risk of harm and death, the Scottish Government have set up the [Scottish Drug Deaths Taskforce](#) (DDTF). The DDTF recognises the unique challenges Scotland faces from; high risk patterns of drug use, a high risk cohort of vulnerable people, stigma as a barrier to treatment and concentrated social deprivation. [The DDTF published Preventing drug related deaths in Scotland: emergency response strategies](#) which identifies six evidence based strategies for ADP's and partners to adopt.

The strategies include:

- 1. Targeted distribution of Naloxone**
- 2. Implement immediate response pathway for non-fatal overdose**
- 3. Optimise the use of Medication-Assisted Treatment (MAT)**
- 4. Target the people most at risk**
- 5. Optimise Public Health surveillance**
- 6. Ensure equivalence of support for people in the criminal justice system**

## **2.6 NHS Standards**

The NHS Local Delivery Plan (LDP) sets out the delivery agreement between the Scottish Government Health Department and NHS Dumfries and Galloway, based on key Ministerial Targets. There are two alcohol and drug LDP standards:

**ABIs** – *Deliver the agreed number (1,743) of ABIs in priority and wider settings*

**Waiting Times** – *90% of clients will wait no longer than three weeks from referral received for appropriate drug or alcohol treatment that supports their recovery, and no one should wait over six weeks*

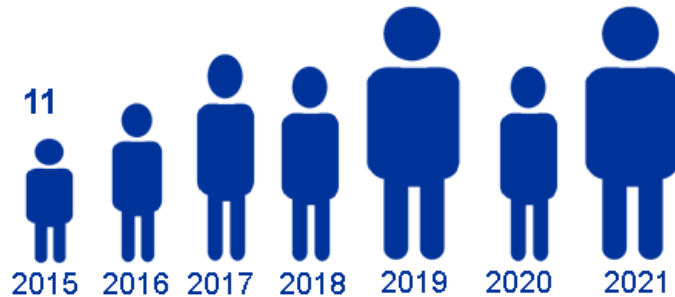
The LDP standards are embedded within the ADP planning and performance framework. Whilst NHS Dumfries and Galloway has consistently exceeded the Waiting Times standard, achieving the ABI standard is challenging.

### 3. Context and Challenges

Considerable  
**Increase in** Number of  
Drug-Related Deaths



35



**Increasing** Number of  
Drug Related Hospital  
Stays



186

2015/16

+ 53%  
Stays

285

2020/21



Harmful Alcohol and Drug Use  
Remains High

@June 2020

Estimated **1,428** people  
aged 15 to 64 with problem drug  
use

Alcohol Specific Deaths  
Remain High in 2021



25

Alcohol-Related  
Hospital Stays  
Remain High in 2021



413

**Higher** than the National  
Rate for Recorded  
Drug Crimes



**81 crimes per**  
**10,000 population**  
(2020)

Non-Fatal Overdoses  
Remain High in 2021



251

Respect Diversity and  
Ensure Equity

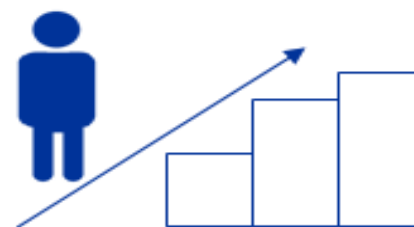
Implementation of MAT  
Standards

Dynamic and Changing  
Drugs Market

Recovery Communities are  
Growing

## Problematic Alcohol and Drug Use Disproportionately Impacts Deprived Communities

In 2021, **3 in 4 drug deaths** resided in the most deprived areas.  
3% lived in the least deprived areas.



## Complex Health Needs of an Ageing Population Using Drugs and Alcohol



## The Whole Family Needs Support

In 2021-22

**17 in 1000** maternities recorded drug use during pregnancy

**26% of maternities** recorded drinking 1+ units in a typical week during the first 3 months of pregnancy



In 2021

**15 children** lost a parent due to a drug death

More Needs to be Done to Protect those at Risk of Harm and Death, for example



In 2021-22

**300**

Take Home Naloxone Kits

issued in NHS Dumfries and Galloway—an **Increasing** Trend in Naloxone Distribution



Stigma Remains a Significant Barrier

Services Need to be Person-Centred, Trauma-Informed and Better-Integrated

Information and Evidence is Vital

There are four key challenges that have been identified:

### **3.1 Poverty and the Cost of Living Crisis**

Around 1 in 5 Dumfries and Galloway residents live in poverty. Whilst poverty is broadly spread across the region, there are pockets of concentrated poverty in North West Dumfries, Stranraer and the Rhins, Mid and Upper Nithsdale, Annandale South and Nithsdale.

The cost of living crisis has further exacerbated this, resulting in many more individuals and families living in or at risk of poverty. Increasing energy, fuel and food costs combined with limited public transport, employment and childcare options, have the greatest impact on people living in rural areas with 'the rural poverty premium'.

Poverty impacts on every aspect of people's lives and life chances. In turn, any aspect of people's lives, the lives of their families, and the communities in which they live, can increase or reduce their risk of finding themselves in poverty, and of staying there.

People facing unemployment or income reduction face increased levels of psychological distress which can lead to increased alcohol and drug consumption as a self-medication mechanism.

Evidence shows that when alcohol is less affordable, less is consumed. Therefore with the economic downturn, a reduction in overall consumption may be seen at population level however problematic use can increase. For individuals facing reduced income, switching to cheaper products or between drugs and alcohol can lead to market shifts and the introduction of new/previously unseen substances and black markets. Individuals may prioritise household spending on alcohol and drugs. In communities where binge drinking is common, increased problematic alcohol use or other problematic alcohol and drug use such as increased opiate pain killer use can emerge.

Young people, particularly those affected by wider unemployment and income reduction, and people with existing problematic alcohol and drug use can be more vulnerable from increases in consumptions and associated harms.

### **3.2 Drug Deaths**

Drug deaths have risen substantially in Dumfries and Galloway over the last few years in line with national trends. Each death has an impact on family members and friends and local communities. Long term problem drug use combined with often considerable mental health problems, housing issues and experience of social deprivation means they have significant health problems and support needs. Key challenges include engaging with drug users not in services to provide them with harm reduction messaging and resources such as Naloxone.

### 3.3 Increase in use of Cocaine and Street Benzodiazepines

Drug Related Deaths in Dumfries and Galloway are showing an increase of cocaine and street benzodiazepines. This is in line with what is happening at national level.

The proportion of drug deaths implicating benzodiazepines in Scotland has increased from 26% in 2008 to 69% in 2021.

In recent years, in Dumfries and Galloway, the number of deaths where street benzodiazepines (for example, etizolam) were implicated has increased from no deaths in 2015 to 18 in 2021. Street benzodiazepines now account for the vast majority of drug deaths where benzodiazepines were implicated.

Similarly deaths that involved cocaine have increased from 0 in 2015 to 6 in 2021.

### 3.4 Increase in Alcohol Referrals into Service

Over the past 3 years there has been a significant increase in alcohol referrals across statutory and Third Sector drug and alcohol service providers. In Dumfries and Galloway around 1 in 3 men (30%) and 1 in 10 women (10%) drink at levels harmful or hazardous to their health. In Scotland as a whole, 1 in 4 people drink at levels harmful or hazardous to their health (from the 2019 Scottish Health Survey). Action is required to create environments that support a reduction in consumption of alcohol are required to address this issue.

Policies such as

- minimum unit pricing,
- reviewing alcohol licensing policy,
- environmental prevention through for example alcohol licensing
- targeting support to those most at risk of alcohol and drug related harm
- universal prevention through education and awareness raising in the whole population

#### What we will do:

- Work with key partners to raise awareness of the links between drug deaths, poverty and inequalities
- Identify ways to provide harm reduction information for those not in contact with drug and alcohol services
- Produce an alcohol overprovision report for the Council Licensing Statement
- Develop a plan for education and awareness raising for the whole population



## 4. Local Priorities

4.1 Prevention and Early Intervention aims to reduce the number of people developing alcohol and/or drug problems. Prevention activity takes place on a number of different levels often referred to as primary, secondary and tertiary prevention and needs to be supported over the course of different ages and stages (sometimes termed a life course approach). Primary prevention is aimed at addressing the wider determinants of health to create environments that support our health and wellbeing. This includes advocacy for changes in policy and the law and tackling inequalities but also includes education and awareness raising and creating supportive communities where individuals are treated with respect and kindness. Secondary prevention involves early detection of a condition/illness and involves putting in place support and interventions to reduce levels of harm. Tertiary prevention aims to stop an established illness getting worse and minimise any negative consequences of the illness. This strategy will seek to address prevention at all levels and throughout the lifecourse in its areas of action.

4.2 Lived/Living Experience is a key driver for change. The insights of people with lived/living experience are extremely valuable in many aspects of drug and alcohol issues. Peer support is a means of enabling people with lived experience to provide knowledge, experience, emotional, social or practical help to each other. Their voices can be a catalyst for change around areas such as prevention, service improvement, strategy development and reducing drug deaths. ..

### 4.3 Tackling Stigma

People who experience alcohol or drug problems, either through use or by association, often experience the most stigma in our society. Negative attitudes from society, professionals, and self-stigma can be one of the biggest barriers to accessing treatment, community services and other forms of support. Stigma needs to be challenged across sectors and society.

The current levels of harm and the discrimination people and their families experience is unacceptable, and needs to change. Viewing problem alcohol and drug use similarly to other long-term health conditions will help to reduce stigma and discrimination. The Scottish Drug Deaths Taskforce (DDTF) has published a national [Stigma Strategy](#) which recognises the role of stigma as a key underlying component of the drug related deaths crisis.

### 4.4 People First – Language Matters

The language used to describe people with drug and alcohol problems can have an impact on how they perceive themselves and how others view them. Inaccurate and derogatory use of language creates and perpetuates stigma. ADP believes that a person should not be defined by their alcohol or drug use, as it is only one aspect of their life. ADP promotes the use of 'People First' language; that focuses on the person, as opposed to the behaviour. Our use of language is important because it reminds us to be compassionate and that we are talking about human beings; People with Rights, who deserve respect, and should be supported in their recovery. Importantly, evidence tells us that health outcomes improve for people who are described and treated in a non-judgmental manner

4.5 Communication has been identified as a priority by staff, people with lived/living experience and community members who reported that they did not know what the role was of the ADP. They didn't find reports or documents accessible and didn't know where to access help. It was also identified that communication was needed around purpose and goals of the ADP and what was happening nationally. There was feedback for the ADP to make more use of online platforms as well as media outlets to raise awareness of the ongoing work around reducing harm from drugs and alcohol.

4.6 Workforce Development is also a key national priority. It is recognised that those working with people who use alcohol and drugs either in a treatment, recovery, or wider setting such as housing, employability services and general health settings, need to have the knowledge and skills to ensure they meet the needs of their clients. ADPs have to ensure that services are of high quality and meet quality standards in service delivery, which is included as part of commissioning drug and alcohol services.

4.7 Whole Family Approaches build on the strengths within families which is essential to the wellbeing of children and adults affected by drug and alcohol use. The impact of alcohol and drug use on family members can be vast and these family members may be that persons only support, so it is vital that the entire family is included in treatment and recovery. Outcomes for each family member improve when the family is treated as a whole.

4.8 Drug Related Deaths are a Public Health Emergency This area is a national and local priority. Each suspected drug death in Dumfries and Galloway is reviewed by a multi-disciplinary case review group and learning points (if any) are identified and reported back to the appropriate services.

There is also a Strategic Drug Related Death Group, which oversees drug related deaths, identifying improvements and opportunities for collaborative working.

At an operational level, the Assertive Outreach Service, which consists of NHS staff and Third Sector staff working together, provides people who have experienced a non-fatal overdose with an increased level of support and encouraging engagement with treatment services.

Naloxone kits are also supplied as part of harm reduction. Naloxone is a medication that temporarily reverses the effects of an opioid overdose and has been available in Dumfries and Galloway for several years. It can be supplied to opiate users, their families, friends and staff who may come into contact with them.

#### 4.9 Residential Rehabilitation

Residential rehabilitation programmes aim to support individuals to attain an alcohol and drug-free lifestyle and be re-integrated into society. They provide intensive psychosocial support and a structured programme of daily activities which residents are required to attend over a fixed period.

The referral pathway to residential rehabilitation needs to be clear, consistent and easy to navigate. Through Dumfries and Galloway's pathway, we are seeking to achieve the following aims:

- increased access to residential rehabilitation through ADP funding

- people feel more supported and have more choice in their treatment journey
- services are connected (e.g. NHS, third sector, housing, justice social work...) offering robust and person centred support

#### 4.10 Values and Principles

ADP's values and principles ([Appendix 2](#)) provide the foundations for partnership working and they describe the beliefs, ideals and priorities that all partners are committed and signed up to. They are the foundations that ADP builds on to achieve its vision for Dumfries and Galloway communities and provides the basis for guiding all partnership activity. The values and principles are not set out in any particular order, but illustrate what partners have in common with each other with particular applications or combinations being weighted more toward the remit of certain agencies.

##### What we will do:

- Support bereaved families including specific help for children and young people affected by a drug related death
- Increase Naloxone provision across Dumfries and Galloway
- Develop a communications plan
- Host ADP development days, encouraging engagement from a range of stakeholders including services, people with lived/living experience and families.
- Establish lived/living experience partners to explore ways to involve them in service design and development
- Promote and support joint training between ADP partner organisations and agencies to ensure the workforce has opportunities to develop knowledge and skills
- Increase the focus on prevention, education and early intervention
- Ensure services apply a whole family approach to treatment and recovery
- Develop an anti-stigma campaign in partnership with lived and living experience representatives
- Conduct an evaluation of the Residential Rehabilitation pathway
- Consider a dedicated ADP subgroup for Children, Young People and Families

## 5. Prevention and Targeted Early Intervention

Outcome	Fewer people develop problem alcohol and drug use
<b>ADP will work to</b>	<ul style="list-style-type: none"><li>• <i>Reduce inequalities, improve health, involve people with personal experience of drug and alcohol problems, address stigma, intervene early, promote evidence based education (in schools, non-traditional settings and communities), engage vulnerable children and young people, target at risk groups, develop online resources and promote positive choices</i></li></ul>

As outlined previously prevention is a key priority for this strategy and all elements of the strategy contribute to prevention across either primary, secondary or tertiary levels.

Alongside the work of the ADP, partners across the region are contributing to primary prevention in addressing key risk factors for substance use, such as work to reduce poverty (including child poverty) and inequality. Improving quality of life, income maximisation, good quality housing, educational opportunities and employment are critical to reducing the impacts of alcohol and drug related harm in the longer term.

The ADP has an important role to play in advocating for policies and legislative change that provide an environment which promotes good health for example around minimum unit pricing and marketing of alcohol and in relation to review of local licensing statements. This is in addition to working together with partners to address stigma, develop compassionate communities and ensure appropriate advocacy support is available for those who need it.

Our communities also provide us with opportunities to engage in positive experiences and activities which lead to people being more likely to report good health and life satisfaction, be less lonely and therefore less likely to engage in health harming behaviours. Dumfries and Galloway has an abundance of green space and the ADP supports work of partners to maximise positive use of this both as a means of primary prevention but also to support recovery.

Alcohol Brief Interventions (ABIs) have been shown to lead to changes in behaviour in those with harmful and hazardous drinking, however this is an area of activity that we need to strengthen in Dumfries and Galloway.

Use of naloxone is highly effective at reducing drug related deaths, much work has taken place with partners across Dumfries and Galloway to distribute naloxone and further expansion of this highly effective tertiary prevention measure is critical.

People who inject drugs are at higher risk of both blood borne viruses (BBV) and other infections. Working with people who inject drugs to enhance access to BBV testing and support to carry out safe injecting practice needs to be a key area of focus.

A key focus for the ADP is protecting children from the harms of substance use and preventing initiation. This is set within the context of Scotland's vision to be the best place for children and young people to grow up – which is supported by the Getting it Right for Every Child approach (GIRFEC) which recognises that children's individual growth and development is experienced in the context of their family and care networks, local communities, and wider societal influences. There is growing recognition of the link between Adverse Childhood Experiences (ACEs) and problematic alcohol and drug use in later years. At a population level universal services of pre and post natal maternity care, health visiting and our education system provide support to the whole population with targeted maternity, health visiting and social services for those identified as at most risk of harm due to ACEs including parental substance use.

Education about drugs and alcohol should not just be within the school setting but also wider educational and community environments. The Curriculum for Excellence includes a health and wellbeing component of which education about drugs and alcohol is a key part. Education around this topic needs to be delivered in a supportive way, which doesn't arouse fear and enables broader discussions about choices and risks. Educational approaches also need tailored to the audience and delivered in innovative ways local examples of this include "The Toon" an issue based drama production designed and delivered by Young People as part of the Youth Beatz Festival. The ADP understands the importance of, and supports the delivery of high quality and innovative delivery of education around drugs, alcohol and other risk taking behaviours.

Engagement with those with lived and living experience has highlighted the importance of easily accessible information on drug and alcohol related harm and how to access advice, support and treatment services. The growth of digital communications presents both challenges in relation to drug and alcohol related harm but also opportunities in relation to prevention and early intervention and is an area that the ADP is committed to developing through its communications plan.

The pandemic and ongoing cost of living crisis creates a challenging environment for many but in particular for children and young people, with mental health being reported as suffering as a consequence of these external situations. There are services in place to support children and young people's mental health and for those who have begun to use drugs and alcohol. However the trends in drug use in younger people are changing and we need to develop a better understanding of our local situation in order to develop effective interventions at the earliest possible stage.

Evidence is developing around the use of multi-component prevention programmes for young people "the Icelandic Prevention Model or Planet Youth Model". This is an area other ADPs in Scotland have explored and one which merits consideration for application in Dumfries and Galloway.

For prevention and early intervention to be successful and sustainable in the longer term, we will ensure that we have the right scaffolding of help, support and accountability to achieve the reduction in harm caused by alcohol and drug use.

## Key Achievements 2020-2023

- Children and Young People's Needs Assessment completed
- Festive season, Naloxone drive and radio campaign

### What we will do:

- Continue to work with Community Planning Partners to take action to reduce poverty and inequality within our region
- Advocate for increases in minimum unit pricing of alcohol, and increased controls on alcohol marketing
- Work with key stakeholders around licensing issues and overprovision
- Develop our strategic vision for recovery communities and support partners in exploring how this could link to development of the compassionate communities concept
- Ensure advocacy services are available for those who need it
- Support our Community Planning Partners in development of their place based approach to make best use of our regions natural assets and opportunities for positive activities
- Review the delivery of Alcohol Brief Interventions (ABIs) - a short, evidence-based, structured conversation about alcohol consumption used to motivate and support individuals to think about a change in their drinking behaviour
- Increase access to BBV testing and advice and support about safe injecting practice to people who inject drugs
- Review delivery of our education within schools and wider community settings to ensure an evidence based approach is taken which focuses on addressing risk tacking behavior and continue to support innovation in this area.
- Increase our understanding of patterns of drug and alcohol use in children and young people
- Explore the "Icelandic Model of Prevention - Planet Youth" concept and its potential application in Dumfries and Galloway

## 6. Developing Recovery Orientated Systems of Care (ROSC)

Outcome	People access and benefit from effective, integrated, person-centred support to achieve their recovery
<b>ADP will work to</b>	<i>Deliver a human rights-based approach when planning and delivering alcohol and drug services, deliver rapid access to recovery services, reach and maintain engagement with people at higher risk of death, target people injecting drugs, deliver effective harm reduction, involve people with personal experience of drug and/or alcohol problems, strengthen trauma-informed approaches, utilise surveillance data and evidence, support the growth of recovery communities.</i>

People with alcohol and drug problems have the right to health and life. For many this will mean that they require quick access to effective treatment, support and other interventions. Many people who access treatment and recovery services will have had an experience of trauma, as an adult or a child or both. Many will have used alcohol and drugs as a means of coping with, and managing, these experiences. Staff working in treatment and recovery services need to be able to recognise the signs of trauma. Training and strengthening staff in trauma informed approaches will build trust and empower those accessing treatment services.

In developing a ROSC, it is important to consider previous learning and identify gaps in service design and delivery. Needs assessments are often used to provide this information. However, consideration needs to be given to learning from alcohol and drug related deaths. These provide a means to look into the treatment services contacts and the wider primary care and Third Sector contacts that people may have had over time prior to death. The learning from this can help to identify where the critical points may be in a person's life and help raise awareness across treatment services and the wider ROSC

### 6.1 Human Rights Approach

This involves ensuring that human rights are at the very centre of policies and practice. A human rights-based approach empowers people to know and claim their rights. Everyone has a right to life and health and we need to ensure this is the case for people who experience alcohol and drug problems.

### 6.2 Treatment and Recovery

Services in Dumfries and Galloway have already taken steps to improve access to services, particularly in relation to reducing waiting times and delivering support to people at higher risk of alcohol and drug-related death. Many elements of a recovery orientated system of care (ROSC) ([Appendix 3](#)) are established in Dumfries and Galloway, so the focus of this strategy is to build on existing work to further strengthen the ROSC, as well as ensure any gaps and emerging challenges will be met.

## Key Achievements 2020-2023

- Provided opportunities for people with personal experience of drug and/or alcohol problems to be involved in the design of services
- Development of partnership approaches, for example, the Housing First programme
- Development of Recovery Communities regionwide
- Introduction of Buvidal
- Provided opportunities for people with personal experience of drug and/or alcohol problems to take part in community based physical activity programmes including Branching Out and Physical Activity Referral
- Residential Rehabilitation Pathway developed
- Practitioner Forums re-established
- Development Day for all ADP Stakeholders
- Assertive Outreach Service established
- Significant progress towards the implementation of the MAT Standards

### What we will do:

- Continue to Implement MAT Standards
- Embed the Involving People Toolkit across all drug and alcohol service providers to improve service quality
- Work with Violence against Women and Girls , Community Justice and Sexual Health to ensure services meet the general needs of women with alcohol and drugs issues
- Invest and promote local advocacy service to people using alcohol and drug services
- Take a strategic approach to Recovery Communities which will be person centred
- Enhance and strengthen the Housing First options
- Enhance access and availability of community based physical activity opportunities including opportunities for outdoor nature-based wellbeing.
- Work with partners to support trauma informed approaches to service delivery
- An Alcohol Death Review Group will be formed, in partnership with key stakeholders
- Strengthen skills and understanding amongst staff on the concepts of trauma informed practice
- Crisis responses delivered by trauma informed supported and skilled staff



## 7. Public Health Approach to Justice

<b>Outcome</b>	<b>Vulnerable people are diverted from the justice system wherever possible, and those within justice settings are fully supported to improve health and wellbeing and access positive opportunities</b>
<b>ADP will work to</b>	<i>Wherever possible, ensure people in contact with the justice system receive seamless support, are offered alternative community based interventions to divert people away from custody into treatment and support for recovery, tackle the exploitation (county lines and cuckooing) of vulnerable people, disrupt drug dealing and distribution.</i>

People with alcohol and drug problems are more likely to come into contact with the justice system. In addition, they can experience high rates of mental health problems and other long term conditions, and may have experienced trauma as children or adults. Furthermore, they disproportionately come from the most disadvantaged communities. In many instances the criminalisation of this group of people only presents further challenges and can increase the risk of harm and premature death.

### 7.1 Public Health Approach

A public health approach means focusing the community justice response on improving health and wellbeing, reducing inequalities and reducing crime. This means that, where appropriate, services should focus on diverting vulnerable people away from the justice system and into treatment and support. This support should be provided in the community where most people's support networks already exist. Applying a public health approach involves providing opportunities for diversion from prosecution, harm reduction, treatment, recovery and behaviour change at key points along the community justice pathway including; those at risk of offending/who have offended/on community payback orders, in police custody or on remand whilst serving a sentence, and upon liberation into the community.

### 7.2 Police Engagement

The role of the Police has changed, and while it is still important that there remains a focus on reducing offending and tackling serious organised crime (SOC), it is now recognised that SOC groups often exploit vulnerable people in deprived communities. Often through intimidation, people can be coerced in to supplying illegal drugs, participating in county lines or becoming victims of cuckooing. Police Scotland are also changing the way they engage with people using or experiencing problems with drugs and alcohol (alongside other criminal behaviour). Police Scotland are working in partnership to pilot more innovative responses to drug overdoses and the prevention of drug deaths. Making use of engagement opportunities demonstrates a clear commitment to a public health approach and is aligned to the Police's key function, which is to preserve life. The Recorded Police Warning (RPW) Scheme can provide police officers with an alternative disposal option for those found in possession of small quantities of specified controlled drugs. The scheme provides the police with a proportionate response that can be used as an alternative to arrest in cases where diversion in to treatment may be more appropriate.

### **7.3 Diverting Vulnerable People**

At the point of arrest, healthcare provision to people in police custody provides opportunities for the delivery of ABIs, overdose prevention, Naloxone, referral into treatment and the provision of in-reach services from the Third Sector. At the point of sentencing there are a range of options, including a monetary penalty, Community Payback Orders (CPOs), which can include an Alcohol or Drug Treatment requirement, and Drug Treatment and Testing Orders (DTTOs). Evidence suggests that DTTOs can have a positive impact on both drug use and offending. During any period in prison, all opportunities should be taken to ensure people with problem alcohol and drug use are identified and are offered appropriate support. Further work is required to better understand how best to increase the uptake of alcohol and drug treatment within the prison setting.

### **7.4 Continuity of Care**

Ensuring close links with community services is vital to ensuring continuity of care. There can be a higher risk of drug-related death resulting from increased use in the period just after release, particularly if liberation is unsupported. It is imperative that all people with a history of opiate use are encouraged to carry Naloxone on release. Again, every opportunity needs to be taken to ensure vulnerable people are identified and offered Throughcare support that meets practical needs and aids community integration. Peer support and advocacy can make an important contribution to encouraging engagement with community services and mutual aid support groups.

Remand can be a particularly challenging environment in which to provide support services, with the need to encourage greater uptake of harm reduction, advocacy support and links to community services among this group.

### **7.5 Online Supply**

The internet and digital communication have significantly changed the drugs supply chain, from the use of the internet and the dark web by bulk manufacturers, to the use of mobile phone technology by local suppliers. It has contributed to the accelerated pace of development and distribution of new substances and allowed markets to be reached beyond traditional geographic and socio-economic boundaries. There is a need to build an evidence-base in this area, so that future activity can effectively disrupt supply, whilst at the same time achieve public health outcomes.

### **Key Achievements 2020-2023**

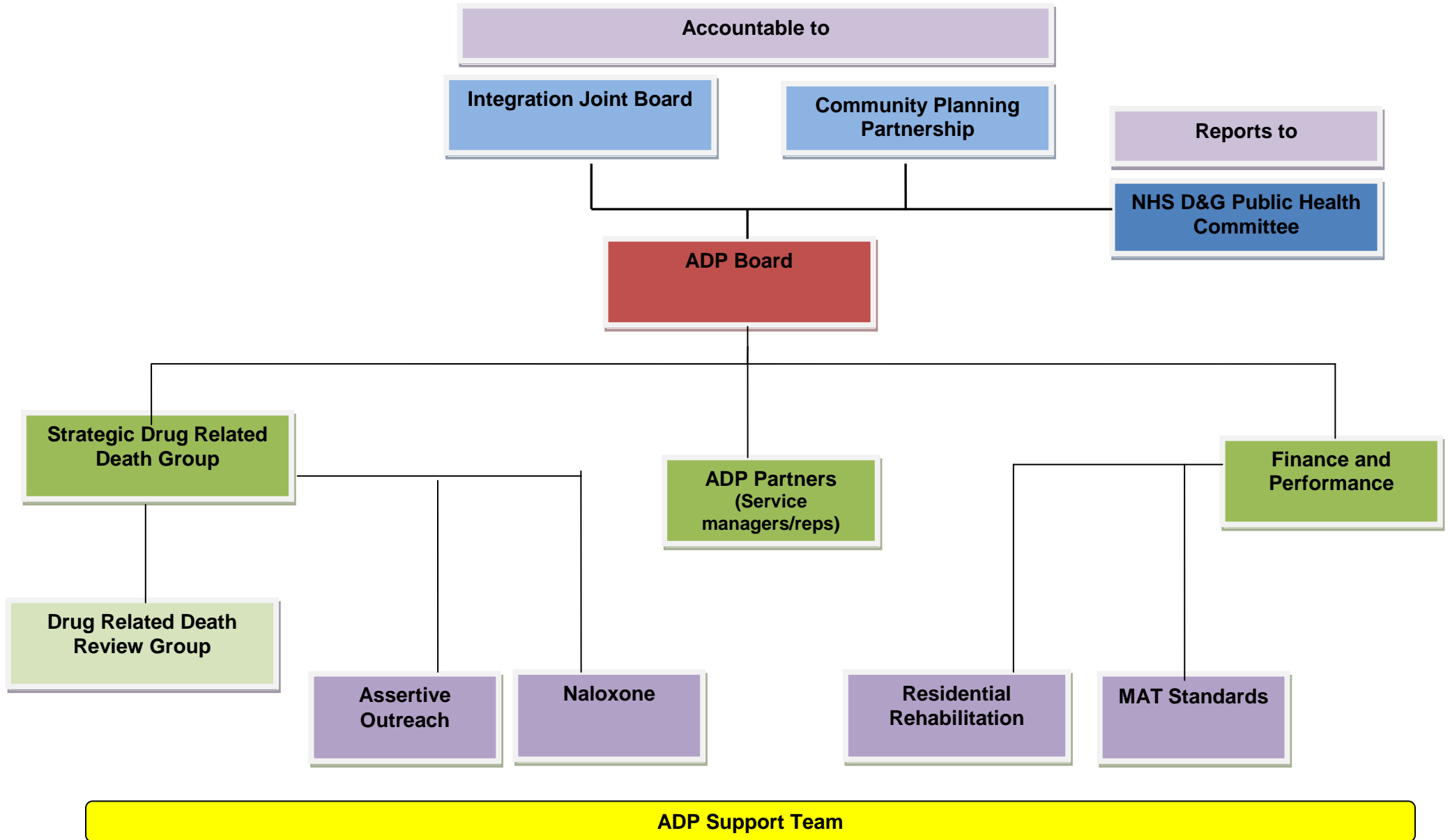
- Two Drug and Alcohol Justice Social Workers funded
- Provided an Arrest Referral Service
- Developed Diversion and Non-Custodial schemes: Diversion, Structured Deferred Sentences, Bail Supervision, Electronic Bail
- Provided Throughcare Services for those transitioning to the community: Justice Social Work (JSW), Shine (women) New Routes (men)

- The Multi Agency Community Reintegration Board (MACRIB) Identifies throughcare needs of those transitioning back to the community from Scottish Prison Service (SPS)
- Naloxone distribution at point of liberation from SPS

What we will do:

- Ensure Arrest Referral is available in custody suites
- Ensure Naloxone is available to prisoners on liberation
- Develop recovery communities within the prison and promote community recovery groups that are available on liberation
- Implement MAT standards in a justice setting
- Maximise the opportunities for health and wellbeing within diversion and non-custodial services
- Develop our existing Throughcare services
- Revise Drug Treatment and Testing Orders (DTTOs)

## Governance Structure



## 9. References

1. Understanding the Treatment and Care Needs of Pregnant Women Who Use Substances in Dumfries and Galloway (2021) Scottish Drugs Forum.
2. Families and Communities First – Learning Report (2022) – Collaborate CIC (in partnership with Aberlour, DG Council, ADP)
3. Alcohol and Drug Partnership Mapping of Services 2022 – DG Public Health
4. Alcohol and Drug Partnership Team: Staff Alcohol & Drugs Knowledge & Skills Survey March 2022 – Justice Social Work
5. Dumfries and Galloway ADP Development Day Report (2022) – Figure 8 (on behalf of Dumfries and Galloway ADP)
6. Drug-Related Deaths in Dumfries and Galloway 2021- ADP
7. Dumfries & Galloway Needs Assessment of Children and Young People Affected by (their own or someone else's) Substance Use Part 1 - The Report (2021) and Part 2 – Supporting the Evidence Report (2021) – Figure 8 Prepared for Dumfries and Galloway Alcohol and Drug Partnership
8. Involving People and Improving Service Quality (2019) – Scottish Drugs Forum
9. D&G Poverty and Inequalities Strategy 2021-2026 [https://www.dumgal.gov.uk/media/25837/Poverty-and-Inequalities-Strategy/pdf/Dumfries-and-Galloway-Poverty-and-Inequalities-Strategy-2021-2026\\_FINAL.pdf?m=637848410572900000#:~:text=The%20Poverty%20and%20Inequalities%20Strategy,contribute%20to%20achieving%20our%20vision](https://www.dumgal.gov.uk/media/25837/Poverty-and-Inequalities-Strategy/pdf/Dumfries-and-Galloway-Poverty-and-Inequalities-Strategy-2021-2026_FINAL.pdf?m=637848410572900000#:~:text=The%20Poverty%20and%20Inequalities%20Strategy,contribute%20to%20achieving%20our%20vision)
10. Rights, Respect and Recovery - Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths. Scottish Government (2018)
11. National Drugs Mission Plan: 2022-2026 Scottish Government (2022)
12. The Alcohol Framework 2018: Preventing Harm Next Steps on Changing Our Relationship with Alcohol Scottish Government (2018)

## 10. Glossary

ACE	Adverse Childhood Experience
ADP	Alcohol and Drug Partnership
ABIs	Alcohol Brief Interventions
CPOs	Community Payback Orders
CPP	Community Planning Partnership
COSLA	Convention of Scottish Local Authorities
DDTF	Drugs Death Taskforce
DTTOs	Drug Treatment and Testing Orders
FASD	Fetal Alcohol Spectrum Disorder
GIRFEC	Getting It Right for Every Child
IJB	Integrated Joint Board
LDP	Local Delivery Plan
MACRIB	Multi Agency Community Reintegration Board
MAT	Medication Assisted Treatment
MoU	Memoranda of Understanding
MUP	Minimum Unit Pricing
PHS	Public Health Scotland
RPW	Recorded Police Warning
ROSC	Recovery Orientated Systems of Care
SOC	Serious Organised Crime
SPS	Scottish Prison Service

## Appendix 1- MAT Standards

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people are offered evidence based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically informed (tier1); routinely delivers evidence-based low intensity psychosocial interventions (tier2); and supports individuals to grow social networks
7. All people have the option of MAT shared with Primary Care.
8. All people have access to independent advocacy and support for housing, welfare and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery
10. All people receive trauma informed care.

## Appendix 2 -Values and Principles

Values and Principles	
<b>Human Rights Approach</b>	Ensuring that human rights are at the very centre of policies and practice. A human rights-based approach empowers people to know and claim their rights. Everyone has a right to life and health and we need to ensure this is the case for people who experience alcohol and drug problems.
<b>Public Health Approach</b>	Focusing on improving health and wellbeing, reducing inequalities and providing equity of opportunity. All services must address the social determinants of health with support provided in the community where most people's networks will already exist. This includes family, support from others in recovery, treatment and other community based services which can help people to change behaviour and reduce the harm that both they and their communities experience.
<b>Prevention and Early Intervention</b>	Shifting emphasis toward prevention and early intervention will improve the longer term health and wellbeing for all of society.
<b>Whole Family Approach</b>	Where appropriate, families/networks should be included in an individual's care as a resource for strengthening social and recovery capital. A whole family approach underpins effective integrated practice between adult and children's services and delivers improved outcomes for children and their families.
<b>Tackle Stigma</b>	Viewing problem drug and alcohol use similarly to other health issues will help to address prejudice and marginalization. Challenging discriminatory attitudes and practices is essential for building equality and tackling inequality.
<b>People First language</b>	To tackle stigma, ADP encourages the use of 'People First' language; language that focuses first on the person, not the behaviour (e.g. people who use drugs). People First language reminds us to be compassionate and that we are talking about human beings. People with Rights, who deserve Respect, and should be supported in their Recovery.
<b>Reduce Inequality</b>	Tackling poverty and inequality through improving economic, environmental and social circumstances will support people to make positive choices, improve health and reduce the risks and harms associated with drug and alcohol use.
<b>Evidence-informed</b>	Better outcomes for people and communities can be achieved by applying evidence of what works. It identifies the potential benefits, harms and costs of interventions, whilst acknowledging that what works in one context may not be appropriate in another.
<b>Whole Population Approach</b>	Reducing overall alcohol consumption across the population will reduce associated health and social problems. Alcohol control measures (price and availability), drink-driving laws and brief interventions for harmful and hazardous drinkers are the most effective alcohol policies.
<b>Workforce Development</b>	Improving drug and alcohol outcomes for individuals, families and communities requires the delivery of quality workforce development opportunities.
<b>Involvement of individuals/families with living/lived experience</b>	People and families with personal experience of alcohol or drug problems should be actively involved in planning, delivering and evaluating service provision. It strengthens accountability, ensures genuine responsiveness to needs and fosters a sense of ownership and trust.
<b>Community Asset Building</b>	Positive health and social outcomes occur when people and communities have opportunities to control their own futures. Asset based approaches facilitate community action that can achieve positive social change by utilising local knowledge, skills and personal experience.



<b><i>Peer Support and Mutual Aid</i></b>	Sustained recovery and positive outcomes are associated with mutual aid and peer support. Mutual aid can make a significant contribution to aftercare, particularly in remote and rural areas where service provision may be limited.
<b><i>Quality Improvement</i></b>	All workers are responsible for ensuring drug and alcohol services continue to improve by applying formal approaches to the analysis of performance and by making systematic efforts to improve it. The delivery of services must always be safe, effective, person-centred, timely, efficient and equitable.
<b><i>Communication</i></b>	Positive images and stories of recovery provide hope and inspiration to others, whilst challenging stereotypes, stigma and discriminatory attitudes towards people with problem drug and alcohol use. We should encourage the use of People First Language; that focusses on the person, as opposed to the behaviour.
<b><i>Remote and Rural</i></b>	Equal access to high quality drug and alcohol services should be achieved regardless of geographic location. This requires development of new service models and a significant shift in skill mix across the remote and rural health and social care workforce.
<b><i>Strengths-based</i></b>	A strengths-based approach values the capacity, skills, knowledge, connections and potential in individuals and communities. It involves people being co-producers in their support and can improve retention in treatment services for those with problem drug and alcohol use.
<b><i>Recovery</i></b>	Genuinely believing that people can and do recover to become active and contributing members of society is fundamental to drug and alcohol service and policy development.

**Source: Based on Rights, Respect and Recovery (2019)**

## Appendix- 3 Recovery Orientated System of Care (ROSC) – Key Elements

No	Recovery Orientated System of Care (ROSC) – Key Elements	
1	People access treatment and support – particularly those at most risk of drug and alcohol related death	<ul style="list-style-type: none"> <li>• People most at risk of harm and death receive the support they need and remain in effective treatment for as long as is required</li> <li>• Support services are well publicised and accessible to all those in need in the community</li> <li>• Public Health surveillance data informs approaches to improving access for those most at risk of harm and death</li> <li>• Low threshold outreach services are provided with pro-active offers of support following key events such as non-fatal overdose and hospital discharge</li> <li>• Other health and social care services help people at significant risk of harm and death including; housing, employability, hospital, primary care, welfare, mental health, children and families services amongst others</li> <li>• Assertive outreach and other arrangements are in place to enable access to treatment for people that have relapsed or moved on</li> </ul>
2	People engage in effective high quality treatment and recovery services	<ul style="list-style-type: none"> <li>• Evidence and guidance underpins treatment delivery at a service and practitioner level</li> <li>• Whole system approaches to service redesign and the development of stepped care models of delivery</li> <li>• A stepped care model for delivery of psychosocial interventions</li> <li>• Access to a range of medically assisted treatment (MAT) options</li> <li>• People receive optimal dose and are supported to remain in treatment for as long as it is needed</li> <li>• Adherence to improvement frameworks; the <a href="#">Quality Principles</a><sup>14</sup> and the <a href="#">Health and Social Care Standards</a><sup>15</sup> to support high quality treatment and care</li> <li>• Regular assessment of progress against a set of national benchmarks for treatment and recovery</li> </ul>
3	People with personal experience of drug and/or alcohol problems are involved in service design, development and delivery	<ul style="list-style-type: none"> <li>• Commitment from services and key professionals along with investment of time and resources to ensure meaningful involvement of people with personal experience; people currently using relevant services</li> <li>• Key professionals and decision-makers prepared to be challenged and hand over power to make changes</li> <li>• Training and development opportunities for people with personal experience to enable their involvement in service planning, development and delivery</li> </ul>
4	People access interventions to reduce harm	<ul style="list-style-type: none"> <li>• A comprehensive approach to harm reduction is embedded within ROSC and delivered in a range of settings</li> <li>• Harm is reduced among people who inject drugs through provision of; injecting equipment, wound care, BBV testing / follow-up treatment and Naloxone distribution to all individuals with a history of opiate use and family members/friends/associates</li> <li>• Interventions are delivered in accessible ways to people at highest risk of harm and death and in collaboration with housing/ homelessness services, physical and mental health services, primary care and hospital services</li> <li>• Involvement of peers/people with personal experience of alcohol and drug problems to help guide approaches</li> <li>• Support delivery of the <a href="#">Hepatitis C Elimination Strategy</a><sup>16</sup></li> </ul>

5	A person-centred approach is developed	<ul style="list-style-type: none"> <li>• Multi-disciplinary working and integrated practice across recovery services, primary care, pharmacy, mental health, sexual health and social care services</li> <li>• Utilise the potential of pharmacists to deliver harm reduction/health interventions to people not in treatment and act as liaison to encourage engagement in treatment and recovery</li> <li>• Shared decision-making in relation to chronic pain and management of polypharmacy to reduce risks of dependency and overdose risk</li> <li>• Protocols between mental health services and the drug and alcohol recovery service to support access and improve outcomes for people who experience co-occurring problems</li> <li>• Partnership working with homelessness services and time/resource investment in Housing First</li> <li>• Strong links with employability services to respond to the educational, volunteering and employment needs of people in recovery</li> </ul>
6	The recovery community achieves its potential	<ul style="list-style-type: none"> <li>• Recovery and support services connect people to recovery communities/networks and mutual aid fellowships as a part of their core offer</li> <li>• Prison settings connect people with others in recovery in community settings</li> </ul>
7	A trauma-informed approach is developed	<ul style="list-style-type: none"> <li>• An understanding of trauma in all aspects of service delivery and placing priority on the person's safety, choice and control</li> <li>• Workers are able to recognise the signs of trauma and develop approaches which are safe, build trust, offer choice and build empowerment</li> <li>• Consideration is given to specific cultural and gender issues</li> </ul>
8	An intelligence-led approach future-proofs delivery	<ul style="list-style-type: none"> <li>• Implement the Drug and Alcohol Information System (DAISy)</li> <li>• Link existing and new data to answer key policy questions and identify key harms/emerging trends to inform responses</li> <li>• Utilise the Drug Research Network Scotland, the Scottish Alcohol Research Network and the Alcohol Deaths Researcher Network to link research and expertise to service planning and delivery</li> </ul>
9	Recognising the needs of different equalities groups	<ul style="list-style-type: none"> <li>• Services are accessible and deliver high quality support to people regardless of age, gender, disability, ethnicity, sexual orientation, religion, nationality or socioeconomic status</li> <li>• Awareness of the commonalities but also the differences in the motivations and antecedents for alcohol and drug use amongst men and women and differences in their care needs, particularly in relation to parental roles</li> <li>• Adoption of <a href="#">gender mainstreaming practices</a> in substance-use policy and practice</li> </ul>