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Foreword

The ADP aims to improve the health and quality of life for all of us by working to ensure that individuals, families and communities live in an area where fewer people are using alcohol and drugs and, for those that do, recovery is a realistic option.

Since the publication of our 2015-2020 strategyⁱ significant changes have taken place in terms of legislation and guidance and these are outlined in Section 3. Significant progress has been made locally in developing our services to provide earlier access to treatment and also we are proud of our growing recovery community led by Serendipity. However, this progress is overshadowed by the continuing and shocking rise in drug related deaths. The number of drug related deaths in Scotland reached its highest ever in 2018 and it is expected that 2019 will be even higher. Borders is no different; in the first four years of our strategy (2015-2018) we lost 47 people to drug deaths (2019 data not available).

Responding to the Public Health emergency of drug related deaths requires a whole system approach, we are confident that our alcohol and drugs services in Borders are performing well and changing practice in respond to need. I would also ask key partners to become more involved in addressing the needs of some of our most vulnerable individuals and families.

We were pleased to see the inclusion of a rights based approach to the recent alcohol and drugs strategyⁱⁱ and a reminder that people have the right to health and life – free from the harms of alcohol and drugs.

This strategy provides context and a high level overview of where our identified gaps and areas for improvement are in Borders. We have also agreed a two year delivery plan which outlines the new actions we will take. This strategy was developed in consultation with colleagues and people with lived and living experience of alcohol and drug use. I extend my thanks to them for their commitment, insight and wisdom.

Update: This document was finalised by Borders Alcohol and Drugs Partnership (ADP) in March 2020 subject to approval via local governance arrangements. At that time we were starting to deliver a response to COVID-19 which, of necessity, put final approval on hold and which has interrupted delivery of some of the actions described in section 7. Timescales for these will be updated in the ADP Delivery Plan 2020-22.

Tim Patterson

ADP Chair

Joint Director of Public Health

1 Introduction

The Scottish Borders Alcohol & Drugs Partnership (ADP) is tasked with delivering a reduction in the level of drug and alcohol related problems amongst young people and adults in the Borders, and reducing the harmful impact on families and communities. We are committed to working with the Scottish Government, colleagues, people with lived experience and local communities to tackle the problems arising from substance use.

This refreshed Strategic Plan builds on the work directed by the previous ADP Strategy and reflects current local context, new Ministerial Priorities and updated national strategiesⁱⁱⁱ as outlined in Section 4 below and is a response to the national Partnership Delivery Framework for ADPs^{iv}.

In line with the national strategies our refreshed Strategic Plan is aligned to the chapter headings in Rights, Respect and Recovery as follows:

- Prevention and Early Intervention
- Developing Recovery Orientated Systems of Care
- Getting it right for children, young people and families
- Public Health Approach in Justice

2 ADP membership

The ADP is made up of representatives from the following organisations:

- NHS Borders (Public Health, Mental Health, NHS Borders Addiction Service)
- Scottish Borders Council (Elected Members, Social Work, Safer Communities Team)
- Police Scotland
- Drug & Alcohol Third Sector organisations

The ADP is currently chaired by the Joint Director of Public Health for NHS Borders and Scottish Borders Council (SBC). The Vice Chair is the Chief Social Work Officer for SBC.

3 Context

Our 2015-2020 Strategy was underpinned by previous strategic documents related specifically to alcohol and drugs as well as the introduction of the Children's and Young People (Scotland) Act 2014^v. At the time of writing that strategy the process of Health and Social Care Integration was taking place which has led to a different local landscape including the way in which ADP funding is reported.

During the timeline of the 2015-20 Strategy a series of significant national developments took place which impacted on ADPs:

- December 2015: ADP's were informed of 22.4% reduction to ring-fenced funding from 2016-17.
- January 2016: introduction of new Chief Medical Officer alcohol guidelines
- January- July 2016: the Care Inspectorate undertook a 'validated self-assessment' of ADPs in line with the Quality Principles.^{vi}
- April 2017: introduction of new Health and Social Care Standards
- Programme for government 2018: ADP's were informed of additional funding for 2018-19 which was confirmed in August 2019
- November 2018: publication of Rights, Respect and Recovery (RR&R) ⁽ⁱⁱ⁾ and the Alcohol Framework ⁽ⁱⁱ⁾
- July 2019: publication of Partnership Delivery Framework for ADPs
- November 2019: publication of RR&R Action Plan
- January 2020: draft monitoring framework for RR&R issued^{vii}

Various legislative changes have also taken place:

- May 2015: Introduction of Air Weapons and Licensing (Scotland) Act 2015 (consideration of licensing objectives and over provision)
- May 2016: Introduction of Psychoactive Substance Act 2016
- May 2019: Introduction of Alcohol (Minimum Pricing) (Scotland) Act 2012
- October 2019: New drug driving offence

In addition to 'business as usual' the ADP and its Support Team was required to respond to each of these developments and/or changes, at a time when all partners

continue to work in a landscape where public sector services are required to make year on year efficiency savings within increasingly constrained budgets.

4 Context – Rights, Respect and Recovery

The following infographic from Rights, Respect and Recovery (reproduced with permission from Scottish Government) clearly illustrates the national context in which ADPs and partners are working.



5 Local Data (May 2020)

Drinking outwith guidelines
2014-17
21% Borders
25% Scotland

Alcohol related hospital stays
2018/19 (rate per 1000 pop)
449.5 Borders
669.1 Scotland

Alcohol related mortality
2013-17 (rate per 1000 pop)
12 Borders
20 Scotland

Prevalence rate of Drug Use (2015/16)
0.7% Borders
1.6% Scotland

Drug related hospital stays
2015-18 (rate per 1000 pop)
104.51 Borders
180.51 Scotland

For more information on data relating to Borders please see ADP Technical Report available [here](#)

6 Drugs Deaths – a Public Health Emergency

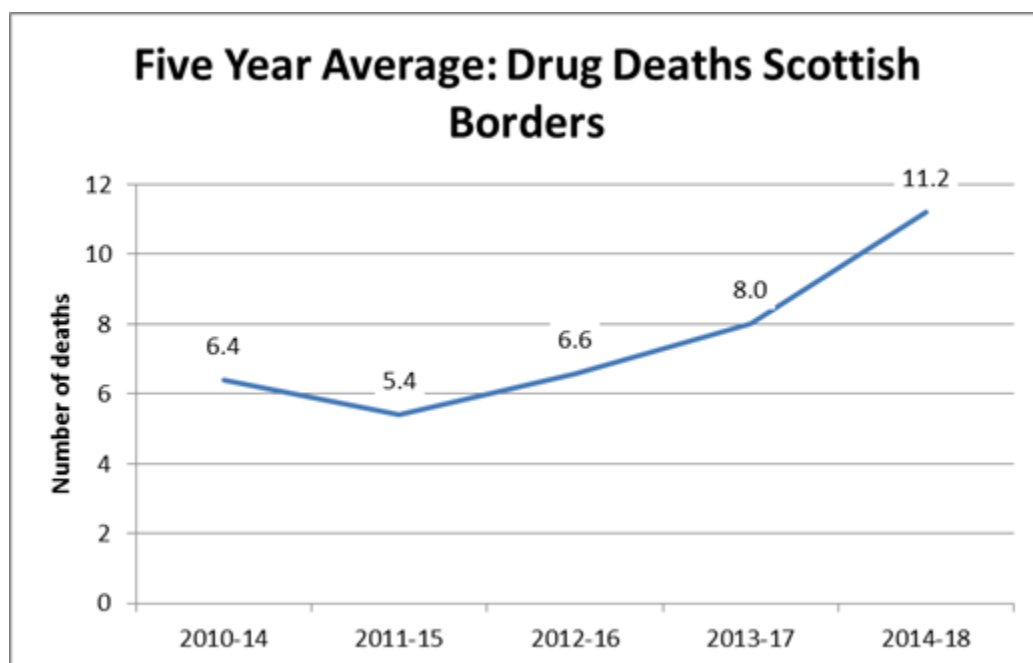
Significant concern has been raised locally and nationally about the increase in drug related deaths and the ADP is keen to report on local work to reduce deaths.

Scotland's drug related deaths have continued to increase and reached 1,187 in 2018, the highest number ever recorded and a 27% increase on 2017 figures. In Scottish Borders the trend overtime is increasing and reflects the national picture. Every death is a tragedy and impacts on families and friends. National Records of Scotland reported 22 drug deaths for Scottish Borders. Scottish Borders Drug Death Review Group (DDRG) examined 21 drug deaths for 2018. The remaining one death was out with the remit of the DDRG.

The following table sets out how Borders death rates based on estimated prevalence of drug users compare with seven similar local authority areas.

Area	Estimated number of problem drug users (2015/16)	Number of drug deaths according to NRS (2018)	Drug deaths as a percentage of the population at risk
Scottish Borders	510	22	4.3%
Moray	270	17	6.3%
Highland	1400	36	2.6%
East Lothian	920	18	2.0%
Argyll & Bute	560	9	1.6%
Stirling	1000	19	1.9%
Midlothian	760	14	1.8%
Angus	800	13	1.6%

The annual average number of deaths investigated by DDRG for the five year period 2014 – 2018 was 11.2, an increase on the 2010 – 2014 average of 6.4 deaths.



At the time of writing, the data for 2019 was not available. This is due to a delay in national toxicology processes which are outwith local control. However, based on local intelligence we expect another year where we sadly lose another significant number of people.

In our last strategy we highlighted the actions we would take to reduce drug related deaths. We have taken the following actions forward since the last strategy:

- The local Naloxone Co-ordinator provides overdose prevention training within the ADP Workforce Directory and also offers a bespoke service.

- Participants in all ADP training and events are provided with a drugs deaths briefing which outlines risk factors and circumstances for drug deaths.
- Provision of Take Home Naloxone has extended to Addaction*, pharmacies providing injecting equipment and Accident and Emergency. Funding has been agreed for ensuring all community pharmacies have access to naloxone for use in an emergency situation.
- Alcohol and drug service make proactive contact with families who have been bereaved by drugs deaths.
- Scottish Families Affected by Alcohol and Drugs provide 'Bereaved by substance use' training as part of the ADP Workforce Development Directory All first appointment letters contain information about (SFAD) helplines.

*NB Addaction rebranded to 'We are with you' as of 26 February 2020. Actions relating to the service previous to the rebranding will be noted as Addaction. Future actions will be recorded as 'We are with you'.

In 2018, in response to the concerning higher numbers of deaths, a specific group was set up in response to the increase in deaths in Borders to allow a closer look at service responses. Actions arising from the group were as follows: review of Risk assessments, review of potential barriers to accessing services and an audit of adult concern forms. No apparent 'missed opportunities' or areas of concern were noted.

In January 2020 a briefing was issued by Scottish Government of evidence based emergency responses to drug related deaths; the table below provides a high level assessment of Borders progress at May 2020.

Evidence based strategy	Borders Assessment
Targeted distribution of naloxone	<p>Since March 2011 first supplies of naloxone have been provided to 75% of out estimated targeted population.</p> <p>Going forward we will look to expand naloxone supply into Mental Health Settings.</p>

Implement immediate response pathway for non-fatal overdoses and target people most at risk	<p>A local protocol is in place between Scottish Ambulance Service and Borders Addiction Service, however, referrals are low.</p> <p>Borders Addiction Service and Addaction deliver an Assertive Engagement Service which aims to make rapid contact with individuals who are not or have ceased engaging with services.</p> <p>Going forward this team will lead on developing improved alcohol and drug pathways for patients attending acute hospital.</p>
Optimise use of medication-assisted treatment (MAT) – this involves low barrier access to treatment (e.g. methadone); appropriate dose levels	<p>Borders Addiction Service and Addaction are trialling ‘drop-in’ clinics for those at highest risk and successfully initiating the majority of prescriptions within 7 days (48%* same day).</p> <p>*Quarter 3 2019-20</p> <p>Going forward we will work towards implementing MAT Standards once published.</p>
Ensure equivalence of support for people in the Criminal Justice System	<p>There is no prison in Borders and the majority of Borders citizens tend to be released from HMP Edinburgh. Positive relationships are in place between local services and the Justice Service.</p>

Our emergency response: Drug Death Task Force January 2020

On 26 February 2020 a Drugs Death Workshop was held in Borders. This was facilitated by SDF and linked to the Staying Alive Toolkit. Immediate actions arising from this workshop are being followed up. A report was received from SDF in May

and it was agreed at the DDRG that an action plan would be developed and progressed by the ADP Quality Principles sub-group which next meets in September 2020.

Scottish Government has convened a Drugs Death Task Force which has as its primary role to co-ordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death. The ADP Support Team is represented on the Task Force.

The ADP believes it is taking a robust approach to reducing drug deaths and this will continue in 2020 and beyond.

7 Areas for Improvement

While the high level outcome areas and aims are set through RR&R, we have identified gaps/areas for improvement which the ADP is required to address within this high level Strategic Plan. Over the period of the last strategy significant work was done to assess current performance and gaps/needs in our system particularly in response to the removal of ADP funding and the investment of new monies released in 2018-19.

In preparation for refreshing this Strategic Plan a progress report was developed which updated on work related to objectives in the previous strategy. This was presented to the ADP Executive group. The ADP Executive Group agreed an approach to refreshing the Strategic Plan through consultation on gaps/areas for improvement with key partners including people with lived experience. This inclusive approach acknowledged the significant previous engagement work. An updated progress report¹ was shared with and discussed with people with lived experience and wide stakeholders to help develop this refreshed Strategic Plan. This report was updated throughout the process in response to findings.

A list of groups involved in the refresh is included in Appendix one.

Based on this consultation work the following areas for improvement have been identified and shared by partners.

7.1 Prevention and early intervention:

Stigma continues to be a concern for people affected by alcohol and drugs. Stigma can lead to prejudice and discrimination and prevent people with problems, and their families (including carers), from seeking help. It can also impact on the help provided.

In addition, stereotypical reporting of drug and alcohol use in printed and social media can perpetuate stigma while there is little reporting on positive recovery.

The incidence of childhood adverse experiences and experience of trauma in people using alcohol and drugs is well evidenced, however, the portrayal of some of our most vulnerable people via printed and social media can compound the difficulties experienced.

Reducing stigma will be of benefit to individuals, families (including carers) and communities experiencing impact of alcohol and drug use.

7.2 Developing Recovery Orientated Systems of Care (ROSC)

7.2.1 Co-morbidity

In the foreword to this Strategic Plan Refresh the ADP Chair noted the developments and improvements in service delivery and options for people with alcohol and drugs problems. An improvement approach, however, requires us to consider where services can be further developed. Locally we have identified a need to improve responses for people with co-occurring alcohol and/or drug use and mental health problems and also clarity of pathways for responding to alcohol care, particularly post hospital discharge.

We have also identified that people with alcohol and/or drug use are more likely to experience physical ill-health and co-occurring long term conditions.

Public Health England^{viii} note that alcohol and drug problems are common among people with mental health problems and cite evidence that people with co-occurring conditions are often unable to access the care they need from both mental health and addiction services. Locally staff and people with lived experience have reported that it is not always possible to readily access correct support for people who have concurrent alcohol and/or drug problems and mental health concerns. Some initial scoping work has been undertaken to try to confirm the extent to which individuals within our relevant services self-report (or are diagnosed) with co-occurring problems. Mental health services in Borders are undergoing significant transformation and understanding and addressing the needs of this cohort are part of that work with which the ADP will want to be involved.

7.22 Alcohol Pathways

During our consultation staff and people with lived experience described missed opportunities for intervention relating to people's alcohol consumption, in particular relating to people who may have emergency hospital admissions for a variety of conditions but where there is an underlying contributory factor from their alcohol use.

It is also the case that initial work on an Alcohol Related Brain Damage (ARBD) pathway including awareness raising and training is still to be fully implemented and it is anticipated that this work will continue during the lifetime of this strategy.

A stakeholder workshop to review alcohol pathways and identify areas for improvement was planned for May 2020. This was postponed due to COVID and will take place in Autumn 2020. Actions arising from this work will be included in the ADP Delivery Plan 2020-2022.

7.23 Recovery opportunities

As well as accessing high quality services for treatment and support to reduce harm from alcohol and drug use, a ROSC requires opportunities for people to both address wider aspects of their lives and also take steps towards recovery which is away from the harm experienced towards a healthier and more fulfilling life. While recovery remains a contested term and will mean different things for individuals there is recognition that recovery activities and communities can reduce social isolation, provide peer and mutual support, allow safe spaces to connect with others and help reduce stigma as people see visible recovery.

Activists in rural areas such as Borders face particular challenges. A challenge for many services in Borders is transport, however local activists potentially experience increased stigma as people are less 'anonymous' than in cities. Also, there is a smaller population from which to develop activists. In Borders, however, Borders Recovery Community has sustained the Serendipity Cafe in Galashiels and are ambitious to spread their success. In December 2019 Serendipity and Addaction hosted their first joint Christmas party.

The ADP has funded a whole time post in We Are With You to support development of recovery opportunities in partnership with the local recovery community.

There is a role for ADP partners to support this work through providing training and capacity building opportunities for activists and ensuring that they remain up to date with the work of the community.

7.24 Involvement of lived and living experience in planning of services

Over time Borders ADP has tried different approaches to involving people with lived experience (e.g. people who have used substances, family members and carers) in developing and planning services and while services have made improvements in their recruitment and client feedback, we have not found a consistent, regular and

meaningful way of finding a way to have the voices of people with lived experience influencing the work of the ADP.

At a meeting of the ADP Executive Group in December 2019 people with lived experience discussed an approach which will be further explored in early 2020.

This is a workstream requiring to be prioritised in this strategic plan.

7.3 Getting it right for children, young people and families

At the time of writing the governance and structure for the Children and Young People's Leadership Group (local Children's Planning Partnership) is under review.

The CYPLG is a statutory consultee in developing this Strategic Plan.

The expected arrangements for the CYPLG will include oversight of alcohol, drugs and tobacco work and the needs of impacted children.

Local protection arrangements have also recently been reviewed in order to deliver Public Protection Services (PPS) where co-located children and adult protection; domestic abuse and community safety staff will adopt a 'think family' approach to their work. ADP Support Team is represented on the Delivery Groups for the PPS and the Assertive Engagement Team is a confirmed link to operational work.

The ADP considers a key role to continue to raise awareness of the needs of children impacted by another's alcohol and/or drug use. During Spring-Summer 2020 training in Oh Lila (learning for children age 3 to 5 years which aims to build resilience and protective factors in young children, helping them to develop social skills and encouraging them to communicate) was commissioned for all local authority early years staff. This is a significant investment but will provide assurance that the needs and responses to this group are highlighted in this session. The delivery of these sessions is incomplete due to COVID. The training provided is exploring how best to deliver the remaining sessions.

The ADP is supportive of Alcohol Focus Scotland's work to support children's right to an alcohol free childhood and will continue to support the local Licensing Board to

support its Licensing Objectives including protecting and improving public health and protecting children and young people from harm.

A new package of resources held on Glow (School Intranet) was launched in November 2019 for teachers across Scottish Borders Schools (Primary and Secondary) on drugs, alcohol and tobacco education and prevention. These resources are age and stage appropriate and linked to Curriculum for Excellence, experiences and outcomes and benchmarks held on GLOW. At time of writing this strategy there has been 12,800 visits to the site.

The next stage of this work will be to consider education-based approaches that are delivered in line with evidence-based practice to reach our children and young people not present in traditional settings, such as Youth Groups and Community Learning and Development. This work will align with any national recommendations from Scottish Government.

7.4 A Public Health Approach in Justice

A partnership between Borders Community Justice, Statutory Justice Social Work Services and NHS Borders Public Health is developing a Wellbeing Worker post. The focus of the post will be to assist people who find themselves within the Justice System, many of whom present as socially and financially disadvantaged, to overcome barriers with regard to the attainment of healthier life styles. Advice, signposting and 1:1 or group learning opportunities will be offered to all those who are made subject to a Community Payback Order or other community disposal. Outcomes will be focused on the improvement of dental hygiene, physical and mental wellbeing and drug and alcohol related issues.

7.5 Crosscutting work

Strategic Partnerships

Throughout the discussions in developing this Strategic Plan the significant progress and innovation from the alcohol and drugs services was acknowledged. ADP

members and partners continue to have a role to ensure the needs and rights of our client groups are addressed and to ensure appropriate priority is given to the needs of people with alcohol and/or drug related problems particularly during this challenging time in public services.

7.6 Summary of gaps/areas for improvement:

- Involvement of lived experience
- Further development of recovery communities
- Alcohol pathways
- Co-morbidity with mental health and long term conditions
- Strategic partnerships

8 Monitoring progress

Supporting this strategy is an ADP Delivery Plan 2020-22 (and subsequent two-year plans) which sets out key activities, indicators and timescales against each of the Core Outcomes listed to address our strategic aims.

Progress will be monitored via the following mechanisms:

- Monthly reporting on alcohol and drugs service waiting times target
- Monthly reporting on ABI target
- Quarterly performance report to ADP and ADP Executive Group
- Quarterly financial report to the ADP and ADP Executive Group
- A minimum of six monthly contract monitoring meetings with commissioned services
- Bi-annual Alcohol Profile updates will collate local information relating to alcohol related harm
- Annual Reports based on the Strategy and Delivery Plan will be submitted to the IJB, CPP and Scottish Government.
- Regular feedback and engagement with people with lived experience based on agreed future ways of working

In future we will be expected to report on the MERRR framework. At time of writing the process for this is not confirmed.

9 Conclusions

Locally there has been significant progress from our previous strategy, however, there are identified gaps areas for improvement requiring attention of ADP partners as outlined above. The strategic approach outlined above informs our 2020-2022 Delivery Plan.

Appendix one Consulted Groups

Discussions to inform this strategy were held with the following groups:

- Children and Young People's Leadership Group
- Community Justice Board
- Integrated Joint Board Leadership Group
- People with lived experience – We Are With You (previously Addaction)
- Serendipity Recovery Cafe members
- Staff from alcohol and drugs services

References

- ⁱ Borders Alcohol and Drugs Partnership Strategy [http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/general-services/alcohol-and-drugs-partnership-\(adp\)-support-team/key-documents/local-adp-strategies/](http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/general-services/alcohol-and-drugs-partnership-(adp)-support-team/key-documents/local-adp-strategies/)
- ⁱⁱ Rights, respect and recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths <https://www.gov.scot/publications/rights-respect-recovery/>
- ⁱⁱⁱ Alcohol Framework, 2018, next steps on changing our relationship with alcohol <https://www.gov.scot/publications/rights-respect-recovery/>
- ^{iv} Alcohol and Drugs Partnership Delivery Framework available at: <https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/>
- ^v The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services available at: <https://www.gov.scot/publications/quality-principles-standard-expectations-care-support-drug-alcohol-services/>
- ^{vi} The Health and Social Care Standards available at: <http://www.newcarestandards.scot/>
- ^{vii} RR&R Monitoring Framework available at: TBC
- ^{viii} Better care for people with co-occurring mental health and alcohol/drug use conditions available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf