



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –  
28 AUGUST 2018

**REPORT ON:** SUBSTANCE MISUSE STRATEGIC AND COMMISSIONING PLAN FOR  
DUNDEE 2018 - 2021

**REPORT BY:** CHIEF OFFICER

**REPORT NO:** DIJB34-2018

## **1.0 PURPOSE OF REPORT**

To seek agreement from the Dundee Integration Joint Board to publish the Substance Misuse Strategic Commissioning Plan for Dundee in partnership with the Dundee Alcohol and Drug Partnership.

## **2.0 RECOMMENDATIONS**

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the content of the Substance Misuse Strategic and Commissioning Plan for Dundee as attached at Appendix 1 and the engagement and collaboration approaches used to produce this as detailed in sections 4.1.3 and 4.1.4.
- 2.2 Notes the good practice within current service areas.
- 2.3 Approves the publication of the Substance Misuse Strategic and Commissioning Plan for Dundee and notes that the Dundee Alcohol and Drug partnership has approved the Substance Misuse Strategic Commissioning Plan for Dundee.
- 2.3 Instructs the Chief Officer to provide a mid-term report on the implementation of the plan.

## **3.0 FINANCIAL IMPLICATIONS**

The Substance Misuse Strategic and Commissioning Plan for Dundee will be implemented within the financial framework which includes financial resources available to both the Dundee Alcohol and Drug Partnership and the Dundee Health and Social Care Partnership.

## **4.0 MAIN TEXT**

### **4.1 Background**

- 4.1.1 Substance misuse has been identified as one of the key priorities to be addressed within the Dundee City Plan, due to its negative impact on the health and wellbeing of those who use substances, as well as that of their families and carers, and the wider communities in which they live.
- 4.1.2 In April 2017 a report was presented to the IJB outlining proposals for future governance arrangements for the planning and commissioning of substance misuse services to support the emerging relationship between the Alcohol & Drugs Partnership (ADP) and the IJB. This report

also recommended that a Strategic & Commissioning Plan (the Plan) be developed and signed off by both the ADP and the IJB.

## 4.2 Development of the Strategic Commissioning Plan

- 4.2.1 The Substance Misuse Strategic Planning Group (the SPG) was established and meets on a monthly basis to ensure progress is being made. The Head of Service for Health & Community Care chairs the SPG and membership includes representation from all the substance misuse services (public and third sector organisations) as well as other key organisations/services, including Children & Families, Neighbourhood Resources and Housing, Violence Against Women, and carers' support. The SPG also includes representation from Carers' groups and representation from individuals accessing services. The SPG holds responsibility for the development of the Plan, including the development of an action plan. Following publication, the SPG will take responsibility to oversee, progress and monitor the implementation of the Plan.
- 4.2.2 The Plan is based on consultations with individuals accessing services, with family members and carers, with local communities and service providers. The engagement included focus groups, consultation with community groups and forums; online consultation and feedback from individuals accessing substance misuse services. In summary, people told us that there remained high levels of stigma and negative attitudes and perceptions in communities; that there was a need to improve information and access to support; that there were concerns regarding the impact on communities and that people often felt unsafe and that there was a need to better manage the access to substances including alcohol availability. It was noted that people wished to better understand the recovery process and how interventions might best help people.
- 4.2.3 In developing the plan, information regarding the nature and extent of substance use in Dundee and the related harm, was used to inform the strategic direction set. The information indicated the links between deprivation and the adverse effects of substance misuse; that alcohol is too widely available in the city and therefore we have high levels of consumption and subsequent harm; that there were a high level of drug deaths in the city, that we need to focus on prevention among young adults and promote Recovery across all ages. The plan builds on the strengths already in place within the city and through the case for change recognises areas where there has been significant progress made, such as the work through sexual health services to reduce Blood Borne Viruses.
- 4.2.4 The Plan extends to the full reach of the lead strategic partnership's respective areas of responsibility as follows:
- **People** – children & young people at risk of early initiation of substance misuse/ affected by parental misuse. Adults, older people using alcohol and drugs in harmful ways; those with additional support needs - mental ill health, blood borne virus, vulnerable to sexual exploitation/domestic abuse, homelessness, poverty and deprivation. People in prison and those subject to community based sentences.
  - **Carers and families** – in recognition of their key role in contributing to the recovery of people using services, as well as their own support and wellbeing needs.
  - **The workforce across all specialist and generic service providers** - supporting and providing learning and development opportunities and core competencies for statutory, third sector, and independent sector agencies, peer workers and volunteers alike.
  - **Area** - Dundee City with a focus on the specific demographic needs of localities and areas of greatest deprivation, Tayside-wide 'hosted' services - Psychology, In-patient Unit, Scottish Prison Services Healthcare and commissioned services.

## 4.3 Substance Misuse Strategic and Commissioning Plan for Dundee

- 4.3.1 By taking an approach which takes a greater focus on the prevention of substance misuse, the Plan responds to the issues experienced by individuals, families and communities affected. It seeks to improve responses to protecting children and young people affected by parental substance misuse and focuses on early intervention. At the heart of the Plan is a strengthened multiagency approach to recovery and harm reduction. The Plan is attached at Appendix 1.

4.3.2 Contained within the Plan is a shared vision to tackle substance misuse in Dundee:

*People will thrive within safe, nurturing and inclusive communities, supported by accessible and effective alcohol and drug services that focus on prevention, protection, harm reduction, resilience and recovery.*

4.3.3 Four key strategic priorities and shifts are outlined in the Plan:

- **Children & families**  
Children who are at risk of early initiation into alcohol and drug use, and / or are at risk of exposure to harm in family settings where substances are misused - will have improved life chances and will be safer.
- **Prevention & Protection**  
Prevention and early intervention approaches, including Harm Reduction, Trauma-based work and a clear link to Sexual Health and BBV are implemented to prevent and minimise the harm to children, families and individuals in Dundee.
- **Recovery**  
A well-coordinated and effective Recovery Oriented System of Care with integrated pathways through services that promote safety, health, wellbeing and help people achieve their personal goals.
- **Resilient communities**  
Individuals and communities are knowledgeable about the harmful effects of alcohol overconsumption and drug misuse, and are supported to build resilience.

4.3.4 To support the implementation of the Plan, each Strategic Priority has an associated strategic work-stream which is developing the action to implement the strategic priority. These action plans will provide the basis for the further redesign of services, including the redesign of Dundee Health and Social Care Partnership and commissioned services and tests of change which promote new ways of working. Included within the redesign will be a shift to aligning service delivery to locality areas. The Plan also describes the learning and workforce development approach to embed a Recovery Orientated System of Care at all levels.

4.3.5 The Plan does not sit in isolation and the SPG recognises the importance of the Dundee Drugs Commission and the work it will produce. As the development of the Plan commenced prior to the announcement of the Drugs Commission, it was agreed that the Plan would continue to progress to publication during 2018. This is in recognition of the collaborative approach to the development of the Plan and in the knowledge that the Plan covers a broader spectrum, such as alcohol services, than the scope the Commission allows. The SPG will embed the findings and recommendations of the Drugs Commission into the work-stream action plans. The work of the SPG will continue to develop in line with new national guidance and local initiatives. The Plan sets out a vision for the next 3 years and will be reviewed midway through the implementation phase.

## 5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	That the plan is not fully implemented and does not achieved the desired outcomes.
<b>Risk Category</b>	Operational
<b>Inherent Risk Level</b>	Likelihood (3) x Impact (4) = Risk Scoring 12
<b>Mitigating Actions</b> (including timescales and resources )	Work has commenced to develop both the priority action plans and the service redesign across DH&SCP and commissioned services. The service has developed a risk framework which describes the service risks and are seeking mitigating actions to address these. Over the next year, use will be made to test new models through the use of resources available across the partnership.
<b>Residual Risk Level</b>	Likelihood (2) x Impact (3) = Risk Scoring 6
<b>Planned Risk Level</b>	Likelihood (2) x Impact (3) = Risk Scoring 6
<b>Approval recommendation</b>	This risk should be accepted.

## 7.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

## 8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

## 9.0 BACKGROUND PAPERS

None.

David Lynch  
Chief Officer

DATE: 13 August 2018

Diane McCulloch  
Head of Health and Community Care



**SUBSTANCE MISUSE  
STRATEGIC & COMMISSIONING PLAN FOR DUNDEE**

**2018-2021**





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## FOREWORD

This plan outlines the vision, key priorities and actions to improve the lives of individuals and families in Dundee affected by substance misuse. It presents a way forward for developing and improving the responses to the impact of substance misuse on communities in Dundee.

This plan should be considered alongside the City Plan for Dundee (2017-2026); the Dundee Health & Social Care Strategic and Commissioning Plan (2016-2021); the Tayside Plan for Children, Young People and Families (2017-2020); the Dundee Community Justice Outcomes Improvement Plan (2017-2021); and the Dundee Community Safety Outcomes improvement Plan (2017-2022). All of these plans recognise the impact of substance misuse on individuals, families and communities and the importance of collective action across the whole system to address adverse outcomes.

***“Dundee is a city on a journey - and you only have to look around the amazing Waterfront to see how far we have already come” (City Plan for Dundee 2017-2026)***

***“We want to make a difference to the lives of those who need our support. Our collective ambition is to achieve the best outcomes for families and communities, so people are at the heart of everything we do. Our communities are unique and their sense of place defines our work”. (Dundee Health & Social Care Strategic and Commissioning plan 2016-2021).***

In order to improve lives and provide meaningful support that individuals and families deserve, we are committed to focus on children and young people who are at risk of early initiation of substance misuse. We will increase the focus on prevention and early intervention approaches, including a specific focus on trauma-based work. We will support individuals to progress with their recovery and achieve their personal goals. We will work with communities to improve knowledge about the harmful effects of substance use and build resilience.

We want to work with local people to challenge what has been seen as the inevitability of substance misuse in some of our communities and to achieve significantly improved outcomes in terms of prevention, prevalence, drug related deaths and recovery. We know that we will need to work in a radically different way. Transformation is an overused word, but there can be no doubt that services in Dundee need to be transformed if we are to achieve the better outcomes we seek, and which are so badly needed.



## **1. INTRODUCTION AND BACKGROUND INFORMATION**

**This section of the plan sets the scene regarding the need for having a specific plan for substance misuse. We outline the guiding principles that are being followed throughout the plan and the outcomes it has been designed to achieve.**

### **1.1 WHY DO WE NEED A PLAN FOR SUBSTANCE MISUSE IN DUNDEE**

The Alcohol & Drugs Strategic and Commissioning Plan (2018-2021) presents a way forward for developing and improving the responses to the impact of substance misuse in Dundee.

Substance misuse has been identified as one of the key priorities to be addressed within the Dundee City Plan, due to its negative impact on the health and wellbeing of those who use substances, as well as that of their families and carers, and the wider communities in which they live.

This plan proposes an approach that has a greater focus on the prevention of substance misuse. It responds to the issues experienced by individuals affected by their own substance misuse, their families and children. This plan responds to the issues experienced by communities, including the increased availability and use of New Psychoactive Substances, and the increase of alcohol consumption by the general population.

More specifically, this plan focuses on improving responses to protect children and young people affected by parental substance misuse, increasing the focus on early intervention and avoiding the escalation of problems, strengthening the multi-agency approach to recovery and working jointly with local communities to protect them from harm.

In addition, this plan emphasises the importance of a harm reduction approach, including Injecting Equipment Provision (IEP), providing safer alternatives to injecting practices and having a clear focus on early access to Opiate Substitution Therapy (OST). This emphasis is both in terms of increasing the safety and minimising the harm caused to individuals, and also as a first step to a Recovery Oriented System of Care (ROSC).

#### **Our shared vision to tackle substance misuse in Dundee:**

***People in Dundee thrive within safe, nurturing and inclusive communities, supported by accessible and effective alcohol and drug services that focus on prevention, protection, harm-reduction, resilience and recovery.***



## 1.2 BUILDING ON IMPROVEMENT

Improvement actions within this plan build on earlier achievements progressed through the *Dundee Alcohol and Drugs Review 2014*. In July 2013, the Dundee Alcohol & Drugs Partnership (ADP) embarked on a comprehensive review of all alcohol and drugs issues in the city. This brought about a change-plan for the delivery of services. The Review was co-produced; entailing consultation with a wide variety of stakeholders (including individuals who use services, carers and families affected by substance misuse, local communities and service providers). The Review was also informed by an assessment of needs and the collation of evidence describing the impact of substance misuse in Dundee.

## 1.3 THE SCOPE OF THIS PLAN

This plan extends to the full reach of the lead strategic partnership's respective areas of responsibility. In brief, the scope is as follows:

- **People** – children & young people at risk of early initiation of substance misuse/ affected by parental misuse. Adults, older people using alcohol and drugs in harmful ways; those with additional support needs - mental ill health, blood borne virus, vulnerable to sexual exploitation/ domestic abuse, homelessness, poverty and deprivation. People in prison and those subject to community based sentences.
- **Carers and families** – in recognition of their key role in contributing to the recovery of people using services, as well as their own support and wellbeing needs.
- **The workforce across all specialist and generic service providers:** supporting and providing learning and development opportunities and core competencies for statutory, third sector, and independent sector agencies, peer workers and volunteers alike.
- **Area** - Dundee City with a focus on the specific demographic needs of localities and areas of greatest deprivation, Tayside-wide 'hosted' services - Psychology, In-patient Unit, Scottish Prison Services Healthcare and commissioned services.

## 1.4 GUIDING PRINCIPLES AND KEY THEMES IN THE PLAN

A number of principles and important themes underpin this plan. These have been adopted because they are either derived from local needs and national policy identified through the process of consulting stakeholders or through fact-finding exercises.

**Strengthening Governance:** partners working together to improve the safety, performance, quality of services and outcomes for people who need care and support – Alcohol and Drug Partnership, the Integration Joint Board, Community Planning Partnership and the Chief Officer’s Group.

**Delivering Service Improvements** through a fair and consistent approach to strategic commissioning, high quality and robust performance management.

**Improving Service User / Carers’ Involvement and opportunities for Community Activism** to ensure people with lived experience contribute to the process of measuring performance outcomes, quality, and efficacy of services; also ensuring supports are ‘person-centred’ where people are involved in care and treatment, and treated with dignity and respect.

**Value for Money** as a key strategic commissioning principle and feature of all service agreements and plans, quality standards and performance management.

**Integrating Services** in locality settings and between adults and children’s services; ensuring they are accessible from the service user point of view.

**Co-producing Developments** and service improvements; working alongside communities and people who have lived experience of substance misuse.

**Promoting Best Practice and Improving Quality** building upon successes, ensuring models of provision are evidence-based and follow best-practice, and improving compliance with national quality standards.

**Increased Focus on Prevention** is a key strategic shift for services in Dundee.

As highlighted in the Christie Report (2011): *“The costs to Scotland and its public services of negative outcomes such as excessive alcohol consumption, drug addiction, violence and criminality are substantial. Addressing the ‘failure demand’ that results from focusing on consequences rather than causes, and approaches which alienate or disempower service users, has a high cost for society and high costs for public services. This will be increasingly difficult to sustain into the future.”*

This plan is informed by the Christie Report (published 2011) and the Dundee ADP Prevention Strategy (2017).

## 1.5 THE OUTCOMES THIS PLAN FOCUSES ON

Set against the national outcomes for substance misuse, and from the information gathered for the *Case for Change* (see section 3 below), a number of outcome priorities have been identified that shape this Plan. These include:

Outcomes	Improvement Actions outlined in this plan
<b>Health</b>	Addressing health <b>inequalities</b> , <b>improved interventions</b> for people with complex needs, reducing harm, tackling the contributory factors associated with drug deaths, developing more trauma based therapeutic interventions
<b>Accessibility</b>	Ensure all services are accessible to those who needs them and are located within community settings
<b>Prevalence</b>	Increasing focus on <b>prevention</b> and early intervention; shifting the balance of resources invested in these approaches; develop the whole population approach to <b>reducing alcohol consumption</b>
<b>Recovery</b>	Improving the Recovery Oriented System of Care (ROSC) - the open <b>access</b> , supporting <b>engagement</b> with and <b>retention</b> in services, involving service users, developing peer supports, mutual aid and SMART Recovery. This includes effective through-put, people recovering in their own communities, supported through employability and to full citizenship.
<b>Families &amp; Children</b>	Increasing <b>prevention interventions targeting children and young people at risk</b> of early initiation into substance misuse and those affected by parental substance misuse, supporting carers and family members, developing family focussed interventions
<b>Quality</b>	Improving compliance with national <b>quality</b> standards, developing <b>integrated pathways</b> of care and a locality approach, strengthen joint working between substance misuse and generic services
<b>Community Safety</b>	<b>Involving communities</b> , building resilience and capacity, working with the Dundee Community Justice Partnership, improving the Community Justice pathway for alcohol and drugs. Working together to address the negative impacts of substance misuse, for example its link to offending.
<b>Local Environment</b>	<b>Reducing alcohol availability</b> , encouraging responsible drinking, supporting communities to influence alcohol licensing

## 1.6 WHAT WILL CHANGE

The Vision and Key Strategic Priorities for Dundee (see more details in section 4 below):

<p><b>Vision for Dundee</b></p> <p>People in Dundee thrive and prosper within safe and nurturing communities supported by accessible and effective alcohol and drugs services focusing on prevention, protection, resilience and recovery.</p> <p><b>SEEK / KEEP / TREAT</b></p>	
<p><b>Strategic Priority 1 Children &amp; Families</b></p> <p><b>SEEK / KEEP / TREAT</b></p>	<p>Children who are at risk of early initiation into alcohol and drug use, and / or are at risk of exposure to harm in family settings where substances are misused - will have improved life chances and will be safer.</p>
<p><b>Strategic Priority 2 Prevention &amp; Protection</b></p> <p><b>SEEK / KEEP</b></p>	<p>Prevention and early intervention approaches, including Harm Reduction, Trauma-based work and a clear link to Sexual Health and BBV are implemented to prevent and minimise the harm to children, families and individuals in Dundee. Co-ordinated activities between Substance Misuse services and Community Justice services to reduce the risk of reoffending where substance use is a factor.</p>
<p><b>Strategic Priority 3 Recovery</b></p> <p><b>TREAT</b></p>	<p>A well-coordinated and effective Recovery Oriented System of Care with integrated pathways through services that promote safety, health, wellbeing to help people and families achieve their personal goals.</p>
<p><b>Strategic Priority 4 Resilient Communities</b></p> <p><b>SEEK</b></p>	<p>Individuals and communities are knowledgeable about the harmful impact of alcohol overconsumption and drug misuse, and are supported to build resilience and reduce stigma.</p>



### **Working in Localities**

In line with the Dundee Health and Social Care Partnership's approach to place-based working, this plan proposes the adoption of a locality-model for alcohol and drug services.



## 2. WHAT INFORMED THIS PLAN

In this section we outline details of the consultation process that took place, and we list the documents, and other research papers, that inform this plan.

### 2.1 CONVERSATIONS WITH YOU

Local communities, individuals and families affected by substance misuse, and staff delivering services have been consulted as part of the development of this plan.

The writing of this plan has been shaped and informed by the conversations we held with the following groups and individuals:

- People who use services
- Their Carers and Families
- Children and Young people
- Peer Workers and Volunteers
- Drug & Alcohol Workforce, and other professionals working with people with substance misuse-related problems
- Citizens and Communities
- Elected Members

We utilised the following consultation methods to gather the information:

- An Online Survey that was open to all citizens of Dundee (July – August 2017)
  - Questionnaires and suggestion boxes in service areas (July – August 2017)
  - Face to face conversations with community groups
  - Focus groups with carers
  - Focus Groups with individuals accessing services through community hubs
  - Engagement Event for key partners, service providers and Elected Members (26 May 2017)
  - Seminars and meetings with Elected Members (June – August 2017)

#### 2.1.1 Participation and Engagement Process and Feedback

##### Summary of key points:

Individuals using services, carers, professionals and community members, highlighted a number of key issues, including:

- Individuals and families affected by substance misuse often experience **high levels of stigma and other negative attitudes** within their communities. This is often a serious barrier to people coming forward to use services and progressing with their recovery
- Services can be inaccessible and are often not delivered at the required time and location
- There is a lack of communication between services, creating duplication and a disjointed recovery process (for example, individuals are asked to provide information time and again to different professionals and do not feel involved in the assessment process)
- Information is often not being shared with individuals and their families
- Individuals experience difficulties maintaining engagement with services

- Individuals who collect methadone from community pharmacies on a daily basis often do not engage with any other recovery-focused services and struggle to progress with their recovery.

### **Feedback from focus groups**

People told us there should be **greater emphasis on individuals being able to access mental health and suicide-support services** and getting the right support from the right service (which may not be the specialist substance misuse services).

People felt that for many individuals affected by substance misuse, existing treatment options are not working and wanted to see an honest re-think in Dundee of our approach to providing services.

*“The fact there are no rehab facilities within Dundee or even a detox clinic within the city is not helpful to support people to recovery”.* Focus Group  
Lochee Hub

People told us that they would like to see a restriction on the length of time individuals are allowed to remain on a methadone prescription. They also said that stopping individuals' prescriptions without having the right support in place should also stop. It was highlighted that some individuals currently having to access a service from pharmacies in other locations due to the Dundee pharmacies being full.

*“More promotion of recovery from people who have went through the process. Promotion of all the different recovery paths that are available”.* Focus Group  
Lochee Hub

In the context of children and families affected by substance issues, people told us they would like to see more support offered to keep families together rather than removing children and making families “jump through various hoops” to see their children. It was suggested the approach to supporting families should be by support-workers who would have positive relationship with the whole family and offer support to parents (in relation to their recovery) and to their children.

However, feedback we received also highlighted a perception that on occasions children are being left in families where there is substance misuse for too long. Often in these occasions, information is not being shared with carers (e.g. grandparents) who can help to keep the children safe. It was highlighted that there is a need to have more specialist support for children and young people.

We have been told that those caring for family members affected by substance misuse are often not being fully recognised as carers and are subject to higher levels of stigma and negative attitudes from communities and service providers. This is often linked to beliefs that individuals are making a choice to use substances and are therefore not ‘deserving’ help.

*“People need more information, there is a lot of ignorance about the issues in the community”.* Focus group with Carers

## Meetings with community groups

During the meetings with community groups, participants spoke of the need to better manage the availability of alcohol in the city. Participants also described the extent of anti-social behaviour endured by local communities due to substance misuse. However, people also spoke of the contributions that licensed establishments, including pubs and clubs, make to their local communities and suggested that this could be better utilised. More generally, the message was that local citizens want a greater focus on responding to the impact of alcohol misuse.

Community members were aware and concerned by the fact that some individuals have been banned from local pharmacies and need to travel to neighbouring authorities to access methadone. Unanimously the view was that services should be delivered to people and their families within localities. At the same time, participants also raised the issue of the negative daily impact of drug-dealings and wanted to see greater focus on those dealing in drugs and more police presence in their neighbourhoods.

Participants asked that there is more regular communications with local communities to help them understand the recovery process and the interventions delivered by services. For example, participants were keen to have a better understanding regarding why it is the case that some people need to be taken off their methadone scripts.

## Feedback from the online community consultation:

183 people completed the online survey about the proposed priorities and actions for substance misuse.

The majority of people agreed that harmful alcohol (72%) and drug (61%) use is common in their community and that crime and social problems are worse in their community because of alcohol (64%) and drugs (70%).

**Safety:** A large number of people reported feeling worried about going out alone or at night because of alcohol (34%) and drug (40%) use in their communities. This highlights concerns that many have about personal safety due to drug and alcohol use.

**Knowledge:** Most people agreed that they know where to get help and advice if they or someone they know is experiencing problems with drugs (84%) or alcohol (87%). In addition, the vast majority of people stated that they know about alcohol units and safe levels of drinking (92%).

**Stigma:** The majority of people agreed that people find it difficult to ask for help when they experience problems with alcohol (84%). Furthermore, people did not think their community is understanding and supportive of people in recovery from drugs problems (88%). This suggests that stigma relating to alcohol and drug problems is still very prevalent.

Generally, people were very supportive of the direction proposed in the draft version of the plan that was used for the consultation. Specific comments from community members included:

*“Making help more easily available and helping to reduce the stigma on substance misuse and also on people in recovery is key to any strategy working. There is also a need to streamline the agencies providing care and treatment. There is a danger of ‘too many cooks spoiling the broth’.... Different philosophies and ways of working cause too much confusion”* Community member

*“Involving communities is essential, problem drug users need to be seen as part of the communities in which they live and supported by those communities to recover”* Community member

*“I would like to see more support for people affected by drug misuse. Safe places to go to in the city to let drug wear off or to get help and support”.* Community member

*“What can we do to help prevent injecting in tenement closes and other public places”?* Community member

*“In my view a massive step towards dealing with drug use is understanding that there is no ‘war on drugs’ as has been the typical government rhetoric”* Community member

*“Utilising families and individuals with lived experience throughout the plan will be essential”* Community member

In Addition, drug and alcohol misuse was highlighted by Dundee citizens as the main cause of anti-social behaviour in their areas (Dundee City Plan).

### **Feedback from individuals accessing substance misuse services consultation:**

During October and November 2017, 24 individuals who were accessing substance misuse services also completed the survey about the proposed priorities and actions for substance misuse.

The majority of service users agreed that harmful alcohol (79%) and drug (75%) use is common in their community and that crime and social problems are worse in their community because of alcohol (74%) and drugs (75%). These attitudes are similar to those in the community consultation however service users agreed even more strongly.

**Safety:** A large number of service users reported feeling worried about going out alone or at night because of alcohol (42%) and drug (62.5%) use in their communities.

**Knowledge:** Most service users agreed that they know where to get help and advice if they or someone they know is experiencing problems with drugs (92%) or alcohol (88%). Service users were less likely to agree that they know about alcohol units and safe levels of drinking (67%) than those from the community consultation.

**Stigma:** Almost all service users agreed that people find it difficult to ask for help when they experience problems with alcohol (96%). Around about half of service users agreed that their community is understanding and supportive of people in recovery from drugs problems (55%).

As a whole individuals accessing services were very supportive of the direction proposed in the draft version of the plan. Stigma surrounding substance misuse and access to drugs and alcohol 'being too easy' were two issues repeatedly identified as problematic by service users. Specific comments from service users included:

*"Recovery in Dundee is growing. We should have people in recovery doing more in services."* Service User

*"Drug use in Lochee is getting worse. The hub has been a great way to support vulnerable people."* Service User

*"The help is there if people feel safe to admit they have a problem"* Service User

*"Through my experience drugs are readily available. This makes it difficult to stay away from them."* Service User

## **2.2 ADDITIONAL SOURCES OF INFORMATION**

Building a case for change and improvement involves a number of fact finding exercises and conversations with people who use services, those who provide them and others in our communities who experience the effects of substance misuse in their everyday lives. Different tools are used to quantify levels and types of needs, to gauge the quality of services and whether these services provide the right type of support and help to meet the needs of the population.

- Review of Substance Misuse Issues in Dundee: Consultations with Stakeholders 2013-2014 (Dundee ADP)
- Profile of the Substance Misusing Population in Dundee 2017 (NHS Tayside)
- Dundee Report on the Alcohol Overprovision (updated 2017)
- Alcohol and Drug Partnership Prevention Strategy 2017
- Validated Self Evaluation of Dundee ADP 2016 – [Quality Standards 2014](#)
- [Tayside Drug Death Report](#) 2016
- [Staying Alive in Scotland](#) June 2016
- NHS Tayside *Make It Good*: Research Project and Report
- NHS Tayside Sexual Health & Blood Borne Viruses Framework and Blood Borne Viruses Prevention Framework
- Dartington Research Unity – ['Children Count' Wellbeing Survey 2017](#)
- Conversations with You – Stakeholder Engagement Plan 2017





### 3. THE CASE FOR CHANGE

In this section we describe the reasons for change relating to substance misuse in Dundee. It includes presenting the current demographic and other specific information on substance misuse in Dundee and outlining the drivers for change.

#### 3.1 DRIVERS FOR CHANGE

In the context of substance misuse, the following drivers for change have been identified:

- Dundee has a high prevalence of individuals misusing substances which is higher than expected even after adjusting for deprivation
- Many of the individuals in Dundee affected by substance issue are also affected by other underlying issues and risk factors, including childhood trauma, abuse and more
- In Dundee there is a high level of harm caused to individuals, families and children, as a result of substance misuse. Those living in the more deprived area of the city are significantly more likely to be affected by substance misuse related harm
- In Dundee has one of the highest levels of drug and alcohol-related deaths in Scotland
- Communities in Dundee are adversely affected by substance misuse
- In Dundee there is high level of drug and alcohol related crime
- There is a need to identify mechanisms that demonstrate the impact of prevention interventions and improve the quality of prevention activities.

#### 3.2 ANALYSIS FOR CHANGE

##### 3.2.1 Dundee General Demographics

The most recent estimate of Dundee's population is 148,270 (National Records of Scotland 2016 Mid-year population estimate).

##### **Deprivation, mental health and substance misuse:**

A significant proportion of the difference in life expectancy between Scotland and the rest of the UK can be accounted for by deaths at a young age from drugs, alcohol, violence and suicide. Substance misuse disproportionately affects the most vulnerable and socioeconomically deprived in our community and is associated with other aspects of adversity, including mental health problems, crime, domestic abuse and child neglect and abuse. Substance misuse is therefore recognised both at national and local level as a major public health issue and as both a consequence and driver of entrenched health inequity.

Overall Dundee is the third most deprived local authority in Scotland, with only Glasgow and Inverclyde having higher deprivation. Levels of poverty and deprivation which make everyday life a struggle for many individuals, families and communities.

In Dundee, 28.6% of the population live within a data zone which is ranked within the 15% most deprived in Scotland. 35% of children in Dundee live within one of the

15% most deprived data zones. There are also wide divisions in health and life expectancy between the richest and the poorest communities in the city. Based on the Scottish Index of Multiple Deprivation, Dundee has six of the city's eight local authority wards identified as community regeneration areas.

It is estimated that in Dundee 6,319 individuals aged 16-64 have mental health conditions.

**For more information on the Dundee City Profile, please see the Dundee City Plan 2017-26 <https://www.dundee.gov.uk/city-plan-for-dundee-2017-2026>**

### **3.2.2 The Impact of Substance Misuse on Individuals and Communities in Dundee**

Dundee has the third highest prevalence of drug misuse in Scotland. It is estimated that there are around 2,800 problem drug users in Dundee - 59% of whom are men and 41% of whom are women. Dundee has a significantly higher proportion of female problem drug users than Scotland where only 30% of problem drug users are female. The high proportion of women who are drug users is significant, given the known impact of substance misuse on parenting capacity and the ability to keep children safe.

**It is estimated that alcohol-related harm cost to Dundee City is approximately £71million per annum.**

## **ALCOHOL CONSUMPTION, AVAILABILITY AND RELATED HARM**

### **Alcohol Availability in Dundee and Scotland**

- In 2015, there was 20% more alcohol sold in Scotland than England and Wales
- Three-quarters of alcohol sold in Scotland is in **off-sales trade** (shops and supermarkets)
- **Areas in Scotland with higher numbers of alcohol outlets have a higher rate of alcohol-related harm**
- Dundee has the fourth highest alcohol availability in Scotland

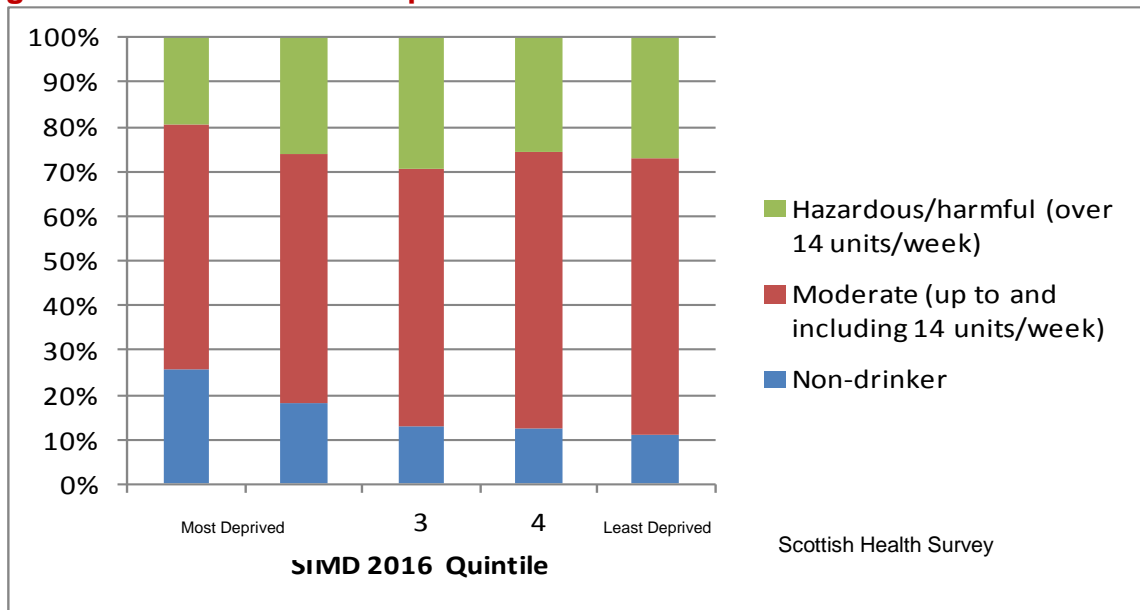
*For additional information on alcohol availability and harm see the Dundee Overprovision Report (2016 update).*

A considerable proportion of adults in Tayside drink alcohol in excess of safe government guidelines. The Scottish Health Survey showed that for Tayside, during the period 2013-2016, 29% of men and 14% of women were drinking alcohol at levels that are considered hazardous or harmful (over 14 units per week).

Generally, those living in more affluent areas consume more alcohol than those in more deprived areas (see figure 3.1 below). Within the most deprived areas more individuals report abstaining from alcohol completely.

However, harm to the health of individuals caused by the overconsumption of alcohol tends to be greater amongst those living in areas of deprivation. Reasons for this are thought to include differences in how alcohol is consumed and co-existing health conditions.

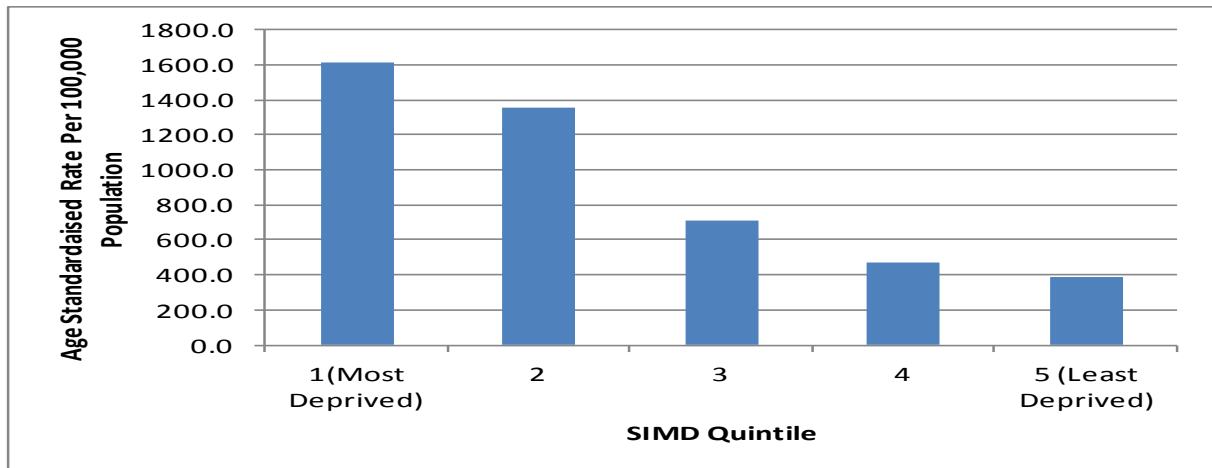
**Figure 3.1: levels of consumption**



In general, individuals living in the most deprived areas are around 6 times more likely to attend A&E due to alcohol-related harm (see figure 3.2 below), 5 times more likely to have an acute hospital stay as a result of alcohol and 2.4 times more likely to die with an alcohol related diagnosis than those from the least deprived areas.

**Figure 3.2: alcohol-related attendance at Accident & Emergency**

**Tayside Alcohol Related Attendances (2015) at A&E by SIMD 2016**



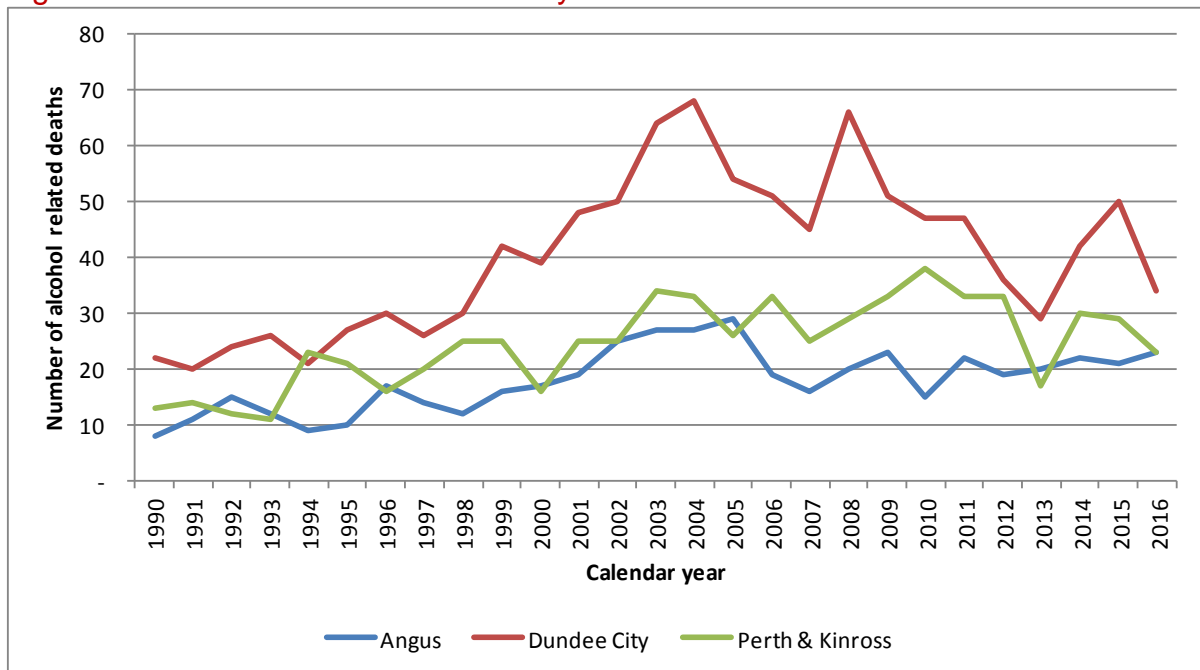
NHS Tayside Business Ur

There were 1,035 alcohol related attendances at A&E in Dundee during 2015/16.

**Alcohol-related deaths**

Figures released in 2015 showed Dundee to be amongst the worst Local Authorities in Scotland for alcohol-related deaths rates – 38 per 100,000 population. By comparison, the average for Scotland is 23 per 100,000 population. As indicated in figure 3.3 below, in recent years there has been a moderate reduction in the alcohol-related deaths in Dundee, which mirrors national trends. However, the decrease in rates of alcohol-related deaths is stalling and showing signs of increasing again. Overall rates of alcohol-related deaths are still much higher than those seen in the early 1980s, and the Scottish rates are much higher than those seen in England and Wales.

**Figure 3.3 Alcohol-related deaths in Tayside 1990-2016**



### **Alcohol-related crimes**

The number of alcohol related crimes increased from 1,377 recorded in 2012/13 to 1,434 in 2013/14. Alcohol was thought to be a contributory factor in 58% of serious assaults committed in Dundee in 2013/14. However, it is likely that the impact of alcohol on criminal behaviour is greater than current figures suggest. For example, the recording of domestic abuse incidents does not include information on whether or not alcohol was a contributor.

## **DRUG MISUSE AND RELATED HARM**

It is estimated that in Tayside there are 4,600 problem drug users and 2,800 (61%) live in Dundee city. Heroin is the most common main problem drug amongst adults, although most drug misusers use a range of drugs in combination with alcohol. It is also estimated that just under half of the individual drug users in Dundee are not in touch with care and support services. It is important to recognise that many who are not in formal drug treatment services, may be accessing low threshold and anonymised services, such as Injecting Equipment Provision (IEP). Out of the individuals who are in touch with services, it is known that the overwhelming majority live in deprived areas of the city and are also more likely to be affected by childhood trauma and other mental health issues. In addition, a large proportion have children who may or may not be under their care.

### **Children and Young People**

- Out of the 135 children placed on the child protection register between January to December 2017, 58 (43%) were placed on the register due to parental substance misuse
- It is estimated that many more children in Dundee are neglected due to parental substance misuse
- In 2013 in Dundee, 3% of 13 year olds and 13% of 15 year olds reported 'ever using drugs' (Scotland; 4% and 18%).

### **Individuals receiving substitute prescriptions**

Substitute prescribing and contact with care and support have a positive impact on levels of drug use, offending behavior, risk of overdose and are important in reducing the spread of blood-borne viruses. The aim is therefore to increase individuals' safety, support them to stabilise their lifestyle and support / enhance their recovery.

In 2016-17 in Dundee, 1,714 individuals (61% of the estimated problem drug users) received a substitute prescription (e.g. Methadone).

### **Drug Deaths in Dundee 2001 – 2016**

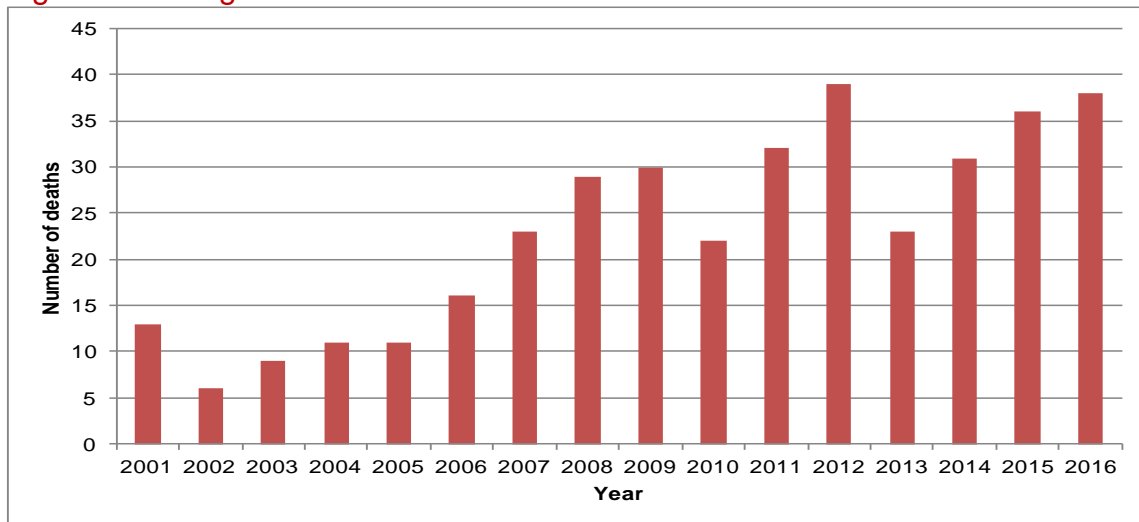
Scotland has one of the highest rates of drug-related deaths per head of population in Europe. Significant efforts have been made in Scotland to understand these deaths, including the development of local processes to investigate the nature, health and social circumstances of all individuals who have died due to their drug misuse.

Over the period 2010-16, for Scotland as whole, the average of 659 drug related deaths per year represented a death rate of 0.12 per 1,000 of population. In Dundee

drug deaths have been rising almost every year since 2001 to an average of 34 deaths per year (Figure 3.4). This represents a death rate of 0.23 per 1,000 of population – the highest rate of all Local Authorities in Scotland.

A drug death is a death that has occurred from the presumed non-intentional overdose of illicit (or illicitly obtained) controlled substances in Tayside. The number of drug deaths in Dundee has increased since the early 2000s and in 2016 there were 38 drug deaths in Dundee. The highest number of deaths was in the 35-44 age group

Figure 3.4: Drug Deaths in Dundee 2001 - 2016



### Reviews and analysis of drug deaths in Dundee

The Tayside Drug Deaths Report Review Group has been collating information on the individual victims of drug deaths over a number of years. Over time as data has been collected, some distinctive characteristics emerge repeatedly to present the following profile:

- **Birth:** living in a deprived community
- **Childhood:** unstable living conditions and school environment; parental substance misuse and mental health issues; physical and sexual abuse
- **Age 16:** leaves school, employment, drinking at weekends
- **Age 20-26:** use of cannabis → LSD → ecstasy → cocaine → smoking heroin
- **Age 27-36:** unstable relationships, children, estranged from family, crime, cocktail of drugs, known to GP and services, in treatment
- **Age 37 (time of death):** single, unemployed and living alone; often with chronic health issues, poor mental health and experience of at least one adverse life event

Profiling in this way helps planners and managers of services to target resources, and to focus on the characteristics that indicate a person to be at particular risk of harm or death.

### **Prevention of drug deaths**

The entire Recovery Process in Dundee aims to prevent drug deaths. In addition, there are specific drug-deaths prevention measures that are in place, including the provision of the take-home naloxone programme. Naloxone is an emergency antidote to opiate overdose and provides a quick and effective way to reverse the effect of the overdose temporarily, giving more time for the emergency services to respond. A range of interventions are also provided by the NHS Tayside acute services.

During 2016 there were **218 non-fatal overdoses** recorded and it is estimated that there will be more unrecorded incidents of non-fatal overdoses that are not seen by emergency services. This is an indication that measures such as the take-home naloxone programme are increasingly effective at preventing drug deaths. In 2015 – 16 there were **731 naloxone kits issued** in Dundee. In addition, during 2015 -16 there were **304 drug-related episodes** were recorded in the acute hospital settings. There is nevertheless much more that is needed to address complex and multifactorial contributors to drug related deaths in the city.

### **Harm Associated with injecting and Blood-borne Viruses (BBV)**

The practice of injecting drugs can often lead to wound and bacterial infection that can also result in vein damage and amputation and an increase in hospital admissions. Sharing or unsafe injecting also has a serious risk of BBV – HIV, Hepatitis B and C - transmission.

The availability of clean needles and other injecting equipment and the availability of harm reduction services is another essential measure helping to keep individuals safe and also can be the start or 'gateway' to recovery. In 2015-16 there were **183,881 clean needles/syringes** distributed, this fell to 164,893 in 2016-17. The World Health Organisation (WHO) has set a global target as part of its Hepatitis Elimination Strategy of providing 300 needles/syringes per PWID per annum by 2030. Tayside and Dundee, whilst having amongst the higher rates in Scotland, still fall far short of the global target. In Dundee, there were 3,384 unique identifiers registered with IEP sites, which would suggest a rate of 49 per PWID per year. As a result, we are taking steps to review Injecting Equipment Provision (IEP) with the aim of increasing and uptake.

### **Hepatitis C**

Hepatitis C is an infectious disease that if untreated can be fatal, however recent dramatic improvements in treatment mean that it can be cured in almost all cases. In Tayside 90% of all new transmissions of Hepatitis C are in people who inject drugs and, an estimated 29% of people who inject drugs (and an estimated 40% of those on OST) have chronic Hepatitis C virus. The risk of Hepatitis C transmission can be significantly reduced by ensuring that there is high coverage of IEP to enable individuals to practice safer injecting as well as ensuring that there is adequate access to Opiate Substitution Therapy (OST).

The Sexual Health and BBV Managed Care Network has pioneered whole systems approaches to prevent transmission, identify, test and diagnose individuals at risk and to develop streamlined pathways to care together with Treatment as Prevention (TasP) for people who actively inject drugs. This has contributed to lower prevalence rates than for Scotland overall. However, hepatitis C remains a significant public health challenge and the Partnership therefore needs to sustain and scale up harm reduction, proactive case-finding and access to treatment to meet the goal of elimination in this population.

### **HIV**

The main transmission route for HIV is sexual, however there remains a risk through sharing injecting equipment. We have continued to test for HIV in this population and prevalence of HIV in PWID in Tayside is extremely low.

The recent significant outbreak of HIV in PWID in the city of Glasgow, predominantly in homeless individuals not in contact with care, exemplifies the importance of routine testing in this population, together with access to harm reduction, OST and BBV treatment and support.

### **Drug misuse and crime**

Drug related offences data recorded by Police Scotland show that in 2016/17, there were 1,208 drug related offences in Dundee. This equated to a rate of 81.5 per 10,000 population and was an increase of 20% from 2015/16.

## **3.3 THE CASE FOR CHANGE – CONCLUDING REMARKS**

In almost every respect, Dundee has a high prevalence of substance misuse. This includes levels of use, the availability of substances and the levels of harm – especially the impact of harm on the more deprived communities. The high level of harm also includes individuals and families experiencing stigma and negative attitudes, which also impacts on individuals liberated from prison.

The information presented above indicate a links between deprivation and the adverse effects of substance misuse. We know that individuals, children, families and communities within the most deprived areas of the city are disproportionately impacted by substance misuse. We are therefore committed to directing resources to where they can make the most positive impact.

More specifically, the above figures indicate that alcohol is too widely available in the city. Research conducted over a number of years and presented by Alcohol Focus Scotland demonstrates the direct link between the availability of alcohol and the increase in levels of consumption and subsequent harm. The Partnership will continue to focus on a population-wide approach to reduce the consumption of alcohol and support all Dundee citizens to develop responsible patterns of alcohol consumption.

In terms of drug misuse, as well as continuing to do everything possible to prevent drug deaths, and strengthening the Recovery care pathway, the ADP will also focus



on effective prevention interventions (especially for those aged 13 and above – which is a key stage for the onset of substance use).

We know that children living in households where there is substance misuse could be at risk of neglect and harm, and are more likely to misuse substances themselves in later life. The feedback we received from those with caring responsibilities indicates that many are willing and able to provide more support to their children and families and we will support them to do so.

Communities and citizens in Dundee have highlighted to us the impact of substance misuse on them but have also indicated a willingness to be part of the solution.



#### 4. WHAT NEEDS TO CHANGE

Drawing from the case for change (presented in section 3 above) – including the analysis of the demographic information, the consultations/ conversations we held and the feedback we received, **Four Key Strategic Priority Areas** have been developed to form the response to the impact of substance misuse in Dundee.

##### Key Strategic Priorities

<b>Vision for Dundee</b> <b>People in Dundee thrive and prosper within safe and nurturing communities supported by accessible and effective alcohol and drugs services focusing on prevention, protection, resilience and recovery</b>  <b>SEEK / KEEP / TREAT</b>	
<b>Strategic Priority 1</b> <b>Children &amp; Families</b>  <b>SEEK / KEEP / TREAT</b>	Children who are at risk of early initiation into alcohol and drug use, and / or are at risk of exposure to harm in family settings where substances are misused - will have improved life chances and will be safer.
<b>Strategic Priority 2</b> <b>Prevention &amp; Protection</b>  <b>SEEK / KEEP</b>	Prevention and early intervention approaches, including Harm Reduction, Trauma-based work and a clear link to Sexual Health and BBV are implemented to prevent and minimise the harm to children, families and individuals in Dundee. Co-ordinated activities between Substance Misuse services and Community Justice services to reduce the risk of reoffending where substance use is a factor.
<b>Strategic Priority 3</b> <b>Recovery</b>  <b>TREAT</b>	A well-coordinated and effective Recovery Oriented System of Care with integrated pathways through services that promote safety, health, wellbeing to help people and families achieve their personal goals
<b>Strategic Priority 4</b> <b>Resilient Communities</b>  <b>SEEK</b>	Individuals and communities are knowledgeable about the harmful effects of alcohol overconsumption and drug misuse, and are supported to build resilience

### **Working in Localities**

**In line with the Dundee Health and Social Care Partnership's approach to place-based working, this plan proposes the adoption of a locality-model for alcohol and drug services.**

This will enable collaborative working with complementary services for children and families.

It is proposed that specific staff groups and/or teams will be linked to a locality. Accordingly, they can develop a better understanding of the local communities and their people, target the resources according to need and make closer links to local resources. This model of working will ensure local people affected by substance misuse and their families can have easier access to the services they need. These services will be confidential; will include specialist treatment services and all other supports people require to aid their recovery.

It is recognised that some services will need to continue to be delivered at a city-wide or pan Tayside level; i.e. Psychology, in-patient units.

Under each of these four priorities there are a range of strategic shifts that have been identified. It is recognised that all of these priorities, and their associated strategic shifts, are 'cross cutting' and will impact on each other. For the purposes of clarity, however, the following are the strategic shifts which are most strongly related to each of the four priorities identified.

## 4.1 STRATEGIC PRIORITIES AND SHIFTS

### 4.1.1 Children and Families Affected by Substance Misuse

*“Our children and young people will have the best start in life and Tayside will be the best place in Scotland to grow up”* (Tayside Plan)

The *Tayside Plan for Children, Young People and Families* focuses on reducing inequalities and disadvantages, protecting vulnerable children and young people from harm, providing effective and early interventions, and promoting educational attainment. The plan aims to address the key issues which can act as barriers to children and young people achieving their full potential as they move towards and into adulthood.

Children and young people can be affected by their own substance misuse and by their parents and/ or carers' substance misuse. Although the 2015 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) reported a decrease in young people reporting that they use alcohol and / or drugs, the early initiation of substance use remains a significant issue affecting children and young people. The Dartington surveys (2017) identified that 41% of the young people in Dundee reported at least one occasion of smoking cigarettes, drinking alcohol or taking illicit drugs. Children and young people further reported that the majority of this substance misuse related to alcohol, and the average age at which they first drunk more than a small amount of alcohol was 12 years old.

In terms of Child Protection, parental substance misuse is considered to be when one or both parent(s)/carer(s) are unable to meet the basic needs of the child due to their problematic use of alcohol and/or drugs and its impact on their parenting capacity. In addition, the death of a parent or a carer due to substance misuse has a serious and detrimental impact on children and young people.

A recent Scottish Government report reviewing the SALSUS 2015 data found that the factors with the strongest association to substance misuse included: exclusion from school, truanting, number of evenings spent with friends, age of friends and degree of 'parental' supervision. Taken together, this would suggest a crucial role for schools and youth work; engaging young people in structured activity that they value and which fosters prosocial behaviour.

Where children are assessed as at higher risk of substance misuse NICE guidance advocates offering parents and carers information to develop their parenting skills, such as problem-solving, communication skills, advice on setting boundaries and teaching children how to resist peer pressure.

#### **Our aim:**

**Children will have improved life chances and are safer where there is a risk of early initiation into alcohol and drug use, or exposure to harm in family settings where substances are misused**

## To do this we will:

### Strategic action 1:

#### **Focus on providing services and support to children at risk of harm due to parental substance misuse**

#### **Specific actions:**

- Improve identification and responses to children at risk of harm from parental substance misuse
- Increase family-focussed services that also support parents to recover from substance misuse
- Work with partners to strengthen support to first-time parents affected by substance misuse
- Ensure effective links with the new Tayside Children's Services Collaborative (TCSC) Priority Groups; established to achieve improved outcomes for children
- Strengthen the whole-family approach through joint working between children services and adult services, and increasing support to carers
- Develop responses to support the children whose parents died due to their drug or alcohol misuse

### Strategic action 2:

#### **Delay the initiation of substance use amongst young people in Dundee**

#### **Specific actions:**

- Target and support groups of young people at risk of early initiation into alcohol/drug use
- Improve joint-working between Named Persons and specialist substance misuse services
- Work collaboratively with the new TCSC Health & Wellbeing Priority Group to support the development and implementation of a framework to prevent and address early initiation into substance misuse
- Agree trigger points for intervention, e.g. number of truanting episodes and appropriate mechanisms/interventions
- Work with NHS Tayside Public Health to implement the recommendations of the *Make It Good* research project
- Work with partners to engage young people in structured activities that they value
- Create links with Parenting programmes in the city, and with the implementation of the Dundee Parenting Strategy, ensure joint working between those generic programmes and measures to specifically targeting early harmful drinking/other substance misuse.

#### 4.1.2 Prevention and Protection

*“A cycle of deprivation and low aspiration has been allowed to persist because preventative measures have not been prioritised...” (Christie Commission report 2010)*

**The Dundee Substance Misuse Prevention Strategy (2017-2027):** ‘*Stop People Starting & Supporting People to Recovery*’ aims to prevent substance misuse in the city and embed the recovery of individuals and families in all activities (a full copy of this strategy is available from the PP Team).

Following the recommendations of the Christie Commission (report published 2010), the Dundee Substance Misuse Prevention Strategy focuses on the need for a fundamental shift towards prevention, and on the need to develop a coherent framework for prevention as part of the overall Recovery approach.

The Prevention Strategy considers any activity which is designed to delay, reduce and potentially prevent onset and escalation of substance misuse and reduce associated risk as prevention activities. Such activities can target the entire population of Dundee (e.g. measures to reduce levels of alcohol consumption) or target specific populations (e.g. young people or those at risk of drug deaths).

Furthermore, based on the ***European Prevention Standards***, the Prevention Strategy outlines the following elements as necessary for effective prevention activities, including:

- **Relevant activities** - focusing on responding to the needs of the target population whilst making reference to relevant policy;
- **Ethical activities** - incorporates the principles of ethical conduct;
- **Evidence-based activities** - making use of the best available scientific evidence;
- **Evidence-providing activities** – to help inform and develop activities;
- **Cost Effective activities** – aimed at achieving set goals and objectives without causing harm and with appropriate use of resources;
- **Feasible activities** – that are achievable with available resources and developed with an internally consistent logic;
- **Sustainable activities** – that are sufficiently resourced to ensure they can continue as long as necessary in order to respond to the target population needs.

#### Prevention and Young People

Looking specifically at prevention activities designed to focus on young people - the available literatures (including the SALSUS report, the NICE guide for those under 25, and NHS Health Scotland) identify the following groups of young people (0-25) as at increased risk of misusing substances:

- those whose family members that misuse substances
- those with behavioural, mental health and social problems
- those excluded from school and those that truants
- young offenders
- Looked After Children
- those who are homeless

- those from some black and minority ethnic groups

It is therefore proposed that preventative activities aiming specifically at young people will take place within the following strands:

**Schools and youth work:** engaging with children and young people within a broader context of health, wellbeing and prosocial behaviour to strengthen resilience and prevent the early initiation of substance misuse. This also includes offering support to parents and providing family-focused interventions.

**Services providing care and support:** this strand includes harm-reduction, treatment and recovery initiatives focusing on specific risk groups, parents affected by substance misuse and communities.

**A whole family approach:** recognises that identification, treatment and recovery of substance misusing parents is likely to have a positive generational impact. Evidence presented by NHS Health Scotland (2014) identifies an approach combining parenting initiatives and treatment/ support interventions as the most effective.

**This national and local prevention landscape will inform, and be reflected, within the Tayside Multi-Agency Framework to Prevent and Address Early Initiation into Substance Misuse by Young People.**

### **Links to BBV & Sexual Health Prevention**

There is clear synergy and inter-dependence between substance misuse, Blood Borne Virus (BBV) and poor sexual and reproductive health and it is often the case that these issues affect the same populations (especially so in respect of hepatitis C). Given the common root causes or risk factors, there is a requirement and significant benefit from collaboration to ensure that evidence-based preventative interventions are in place and at sufficient scale that also include opportunities for the delivery of integrated care.

### **Prevention of Drugs Deaths and Non-Fatal Overdoses**

Evidence presented within the Prevention Strategy suggests that taking a longitudinal approach to prevention – and utilising opportunities for preventative interventions at a range of stages along individuals' lives is effective at reducing future problems including drug deaths. Such a longitudinal view increases the likelihood that effective work with children, adolescents, and their families now could, amongst many other outcomes, reduce the toll of drug deaths in decades to come.

**Preventing early initiation into substance misuse should therefore be seen as contributing to tackling Drug Deaths, through early intervention.**

The focus on the prevention of drug deaths will continue to be a top priority for the ADP. In addition to improving the Recovery focused services (see section 4.1.3 below), the take-home naloxone programme and the harm-reduction approach, there will also be an increased focus on the specific characteristics making a person more at risk of drug deaths.



## Secondary Prevention

Individuals affected by alcohol and substance misuse can experience high levels of harm, which often leads to emergency interactions with Acute Healthcare Facilities, including Accident & Emergency, Acute Medical Admissions, the Liver Wards and Orthopaedic Wards. The individuals accessing these acute facilities are those who are experiencing the most harm, morbidity and mortality. It is our intention to provide specific intensive support to these individuals to prevent the escalation of harm to themselves and work with them to progress their recovery.

## Focus On Alcohol

The Focus on Alcohol (FOA) project was created in 2011 in response to the Scottish Government strategy: *Changing Scotland's Relationships with alcohol: Framework for Action*.

FOA is a preventative / early intervention approach, which uses a whole population approach to promote responsible attitudes to alcohol. Through a focus on community engagement FOA aims to reduce alcohol related issues and harm and develop a co-ordinated response to alcohol misuse in localities.

To date the FOA project has followed a health promotion approach focusing on education, public information campaigns and awareness-raising about the impact of alcohol over-consumption. **Increasingly evidence suggest that although such activities are effective in increasing the knowledge of the population, they are ineffective in changing long-term behaviour and reducing consumption and harm.** We therefore propose that in addition to organising awareness raising activities, our focus will shift to measures that would help reduce the availability of alcohol at a local level. This would include working with and supporting the Dundee Licensing Board and Licensing forum.

## Our aim:

***Prevention and early intervention approaches, including Harm Reduction, Trauma-based work and a clear link to Sexual Health and BBV are implemented to prevent and minimise the harm to children, families and individuals in Dundee.***

## To do this we will:

### Strategic action 1:

**Increase the resources allocated for prevention, early intervention and harm reduction activities**

### Specific actions:

- Hold a review of the resources allocated to substance misuse with a view to shifting resources towards prevention and early interventions
- Increase education / prevention activities within schools and other relevant settings engaging with children and YP to delay the onset of substance misuse

## **Strategic action 2:**

**Ensure harm-reduction and early intervention services are available and accessible to all individuals and communities across the city**

### **Specific actions:**

- Ensure individuals are not deterred from approaching services by work with local communities and professionals to address the stigma (and negative attitudes) impacting on individuals and families affected by substance misuse
- Work with the Sexual Health and BBV MCN to improve access and uptake of harm reduction services – IEP and specialist nursing (including timeliness, availability, treatment options)
- Increase IEP coverage to meet the WHO global target (300 n/s per PWID per year)
- Improve responses to non-fatal overdoses, including the issuing of naloxone and the development of an effective pathway of care
- Hold a public event focusing on reducing and preventing drug and alcohol deaths in the city
- Work with the Sexual Health and BBV MCN to increase access and uptake of sexual and reproductive healthcare, including contraception, especially Long Acting Reversible Contraception (LARC), and STI screening

## **Strategic action 3:**

**Reduce the harm to individuals, families and the community caused by the over-consumption of alcohol**

### **Specific actions:**

- Review the Focus on Alcohol Project to identify ways it can increase support to early intervention/ prevention
- Support the Dundee licencing Board to reduce the availability of alcohol in the city
- Strengthen and support the work of the Dundee licensing Forum to ensure joint working with local license holders
- Ensure teachers, other education and youth workers are provided learning and workforce development opportunities to help the delivery of prevention work within schools
- Strengthen the links between Substance Misuse services and Community Justice Services to provide the most effective interventions and support to individuals where substance misuse is a factor in reoffending
- Ensure that Community Justice staff have widespread training in Alcohol Brief Interventions (ABI) and that assessments for Drug Treatment Requirements or Alcohol Treatment Requirements, as part of Community Payback Orders are timeously and appropriately carried out by staff.

### 4.1.3 Recovery Oriented System of Care

***“A Recovery Friendly Dundee is a city where everyone feels valued, respected and supported rather than defined by their health condition or life circumstances” (Dundee Fairness Commission action plan).***

Recovery is defined as a process through which a person identifies the underlying causes of their substance misuse, addresses the impact drug and/or alcohol use has on their lives to become well and enjoy being an active and contributing member of society.

This concept of Recovery is underpinned by the belief that people can and do achieve full recovery from the impact of the harmful alcohol and drugs use.

#### **Distinguishing features of an effective Recovery Oriented System of Care (ROSC) include:**

- Inclusive of family and significant others
- Support the Public Protection agenda - keeping people safe from harm
- Ensure access to other key services such as housing, employability etc.
- Services are well connected to localities and communities
- Offer psychological supports that are trauma-informed

At its centre there is a strength-based assessment that takes account of individuals' recovery potential. There is usually a commitment to peer recovery support services, and most importantly, it is inclusive of the voices and experiences of individuals in recovery, and their families.

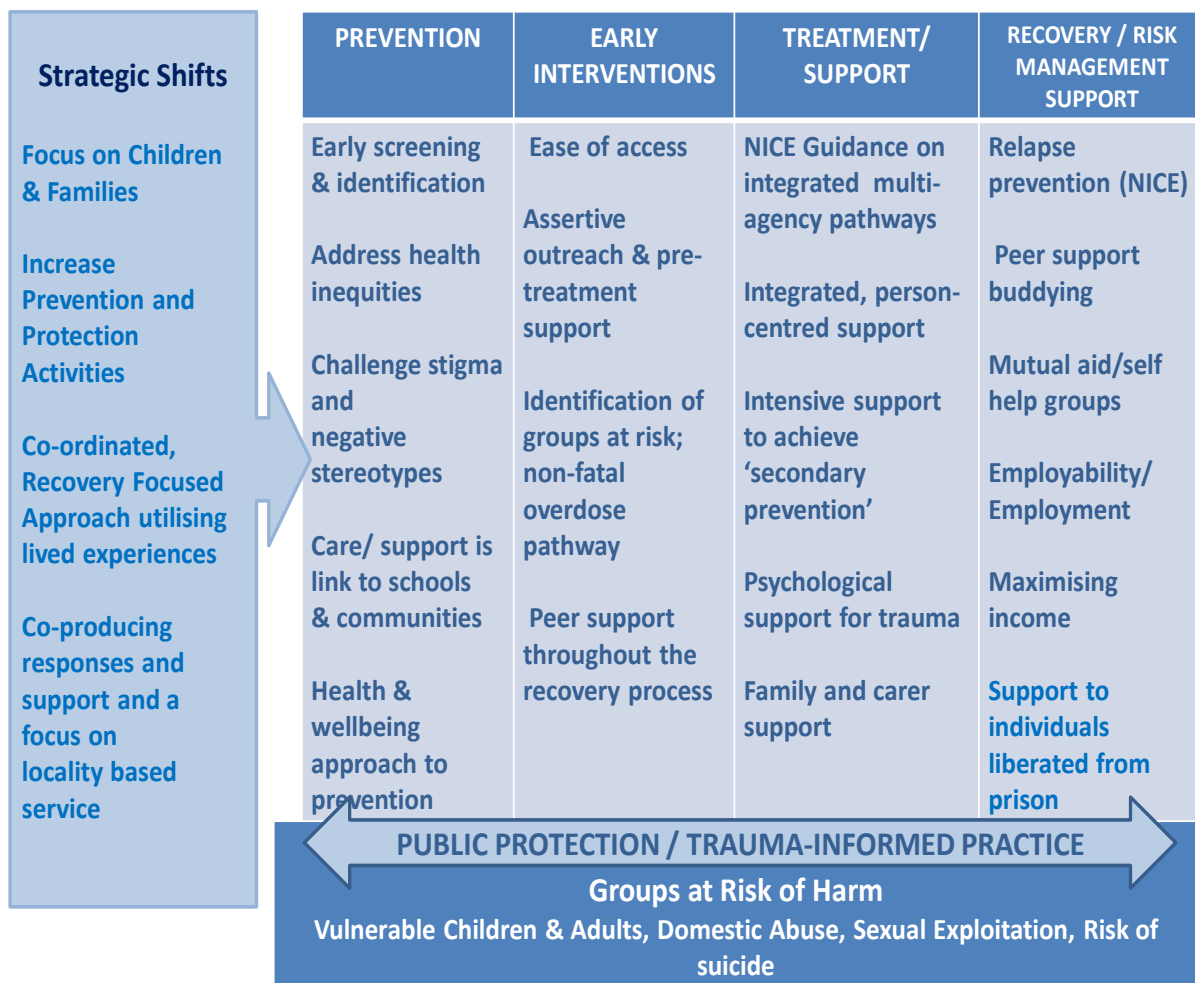
Because issues related to substance use are constantly evolving, a commitment to continuous improvement is essential to ensure individual's needs are met.

In Dundee, the ROSC will be further developed through the plan to ensure it is flexible and responsive to these challenges, and supports the critically important *Public Protection - Supporting People* agenda – including specific focus on children affected by parental substance misuse, vulnerable adults, and women affected by domestic abuse, sexual violence and prostitution.

The plan also details a commitment to enhancing the *Prevention* service model that will begin to refocus and target resources towards evidence-based approaches to prevent problems from occurring in the first instance.

The ROSC will reflect the Strategic Assessment of Needs and presents the Case for Change which are mapped onto the diagram below:

**Proposed key areas for development for a Recovery Oriented System of Care (ROSC):  
Seek/ Keep/ Treat**



**Our aim is:**

To create an inclusive, accessible, co-ordinated and integrated Recovery Oriented System of Care (ROSC) for people and communities affected by substance misuse. This System of Care will provide the necessary person-centred support to enable everyone to achieve recovery.

**We will do this by:**

Adopting the following core principles, including:

- ✓ All developments will be informed by lived experience
- ✓ Community based support will be the norm, including for individuals liberated from prison
- ✓ We will evidence how we meet Quality Standards

- ✓ **Our focus will be on improving outcomes for individuals, families and communities**
- ✓ **Our underpinning belief is that recovery is not just possible but desirable and the visibility of Recovery in Dundee needs to increase**

### **Strategic action 1:**

**Accessibility** – the Dundee ROSC will be easily accessible, dynamic and highly visible. It will include a range of evidence-based support, services and activities shaped by lived experiences. The ROSC will also include specific intensive support to individuals experiencing the highest level of harm to prevent deaths.

#### **Specific action:**

- Support and services will be located in the community and be linked to the Locality Plans
- Individuals (including those liberated from prison) will be able to access the range of support they need, including intensive support, trauma-based support, housing, benefits, domestic abuse, exiting prostitution and more
- Support will be available 7 days a week
- We will review community-based services and other generic (i.e. non substance misuse specialist) services to ensure they are designed to support recovery and are not stigmatising

### **Strategic action 2:**

**Focus on the quality of services** – we will ensure that the care and support available as part of the ROSC, will be delivered to the highest standards and by suitably qualified staff. The provision of services will be person-centred and shaped by the experiences of the individuals that access them.

#### **Specific actions:**

- We will implement the National Quality Standards of Care & Support for drug and alcohol services in Dundee
- We will create a Learning & Workforce Development (LWFD) strategy
- We will implement a Lead Professional model and ensure that individuals are fully involved in the development of their own recovery plans
- We will support individuals, and their networks, to maintain control of their recovery plans at all stages of their recovery

### **Strategic action 3:**

**The visibility of recovery** – the ROSC will focus on supporting individuals to develop the tools to initiate and sustain their recovery. It will promote social inclusion and encourage personal responsibility, including active engagement and participation of individuals with lived experience.

**Specific actions:**

- Promote a culture change and increase awareness about the process of recovery and reduce the stigma associated with it. This would be done jointly with the Sexual Health & BBV MCN to also reduce stigma around hepatitis C and HIV
- Ensure the principles of the new ROSC model in Dundee are shared and individuals, providers and communities are aware of their roles and responsibilities
- Promote the value of peer support as a key to both initiating and sustaining recovery and encourage the involvement of carers and families

#### 4.1.4 RESILIENT COMMUNITIES

**Dundee's Communities are more resilient as a result of developing a recovery-friendly approach within localities, which recognises and builds on the strengths and assets currently available in the city.**

According to the Dundee City Plan, the quality of Life in the neighbourhoods of Dundee has remained consistently high according to our annual citizen surveys, maintaining the overall satisfaction levels since 2013. The proportion of residents who are very satisfied with the quality of life in their neighbourhood increased from 61% in 2015 to 69% in 2016. This trend is also seen when looking at quality of life in Dundee overall with 62% of respondents to the survey being very satisfied in 2015 increasing to 72% in 2016. The overall satisfaction with the physical environment has remained consistently high, with at least 96% of people rating their neighbourhood as a good or very good place to live since 2012 (Source: Dundee Citizen Survey).

We do know that substance misuse has a direct impact on the lives of communities. But some communities (e.g. communities affected by deprivation) are disproportionately affected by the adverse impact of substance misuse. This impact includes Community Safety, anti-social behaviour (including serious disorder), the health and wellbeing of community members and the opportunities for communities to prosper.

The Dundee Community Plan states that the number of reported cases of antisocial behaviour has remained fairly static over the last five years. The Plan outlines a commitment to developing innovative and proactive ways of responding to antisocial behaviour. This would include an element of responding to anti-social behaviour linked to substance misuse.

Following the locality model outlined in the Dundee Health & Social Care Plan, regular engagement, and co-productive activities will be developed to support communities to respond to the impact of substance misuse. In addition, there will be an increased focus on linking to the Dundee locality-model by delivering community-based services to individuals and families affected by substance misuse. In addition, key emphasis of *Recovery Friendly (Dundee)* is to reduce the stigma associated with substance misuse.

The feedback we received from the consultation suggests citizens would like to see a greater focus on tackling alcohol misuse in the city. We were also told that individuals and families are still affected by the stigma associated with substance misuse. We will engage widely to encourage workers, citizens and communities to believe that recovery is possible for all.

Reporting on the development of a 'Recovery Community' in Scotland,

*"A man describes doctors crushing his hope by saying he had "zero chance of recovery". Another talks about the daily experience of walking past newspapers with headlines about "junkies", deepening his shame about illness and making him even more reluctant to seek help" (from a report on BuzzFeed News September 2017).*

### **Our aim:**

**Individuals and communities are knowledgeable about the harmful impact of alcohol overconsumption and drug misuse, and are supported to build resilience and reduce stigma.**

### **To do this we will:**

#### **Strategic action 1:**

**Develop a communication strategy and implement targeted actions to support individuals, communities and organisations to promote safe use of alcohol and substances.**

#### **Specific actions:**

- Work with *Recovery-Friendly Lochee* (as a model that could be rolled out city-wide) to promote positive recovery messages that also focus on reducing stigma
- Develop a Dundee campaign to raise awareness about the safe consumption of alcohol
- Work with local media to improve the coverage of these complex issues and reduce stigmatising reporting
- Work with local business, including licenced premises, to support safe use of alcohol consumption through display of materials (charter)
- Review the alcohol overprovision assessment to manage the availability of alcohol

#### **Strategic action 2:**

**Bring a culture change around the consumption of alcohol**

#### **Specific actions:**

- Manage the availability of alcohol through a revised alcohol overprovision assessment
- Organise an engaging campaign to raise awareness about the safe consumption of alcohol at license premises and with local Communities.
- Review FOA project to ensure messages about the safe consumption of alcohol are more visible

#### **Strategic action 3:**

**In partnership with communities and their representatives identify the impact of alcohol and substance misuse in their area and take appropriate actions.**

#### **Specific actions:**

- Through local community partnerships identify key issues arising from alcohol and substance misuse within communities and develop joint local action plans to address this
- Ensure individuals collecting clean needles and other paraphernalia receive clear instruction on safe discarding
- Ensure a rapid and efficient response to discarded needles.



- Working with partner agencies implement approaches which ensure the responses to disruptive behaviours in communities include the ability to highlight and address concerns
- Utilising established Engagement Strategies (including the CPP, the H&SCP, the Protecting People Team and NHS Tayside) to ensure an on-going engagement process with local communities to facilitate joint responses to the impact of substance misuse.

#### **Strategic action 4**

**Support communities to build resilience by developing a community based recovery approach within localities which recognises and builds on the strengths and assets currently available.**

#### **Specific actions**

- Work with communities and community groups to develop a better understanding of recovery approaches and how this can be applied at a community level
- Map current community resources to identify gaps, develop local resources and support the promotion of group work.
- Deliver services at a community level to support the health and wellbeing needs of those affected by alcohol and substance misuse.
- Support Recovery and make it visible in Dundee (ensure people know where meetings take place and how to join them).
- Ensure communities in Dundee are aware of Recovery
- Work with local communities to change views about Recovery and challenge stigma
- Develop agreed consistent messages in relation to the ROSC and work with the local media to portray these messages.



## 5. ACCOUNTABILITY AND REPORTING ON PROGRESS

We will use four broad types of indicators to report on the progress we make, including:

- Context Indicators
- Input Indicators
- Activity Indicators
- Outcome Indicators

**Context indicators**, although not measuring performance directly, enable us to understand the scale or nature of the problem/ situation around substance misuse that we are all working to address. Examples of context indicators include the number of problematic drug users in Dundee / the number of children affected by parental substance misuse / the number of individuals reporting to exceed the recommended levels of alcohol consumption.

**Input indicators** provide information on what we invest in Dundee (e.g. staff / budgets) to enable us to provide the activities / support and services to those affected by substance misuse and to prevent further escalation.

**Activity / Output indicators** measure the range of activities (e.g. number of referrals to specialist services / number of assessments / number of individuals receiving services) we are able to deliver to individuals.

**Outcome indicators** measure the impact that the activities and interventions we provide have on the lives of individuals, families and communities.

Inputs	→ →	Outputs	→ →	Outcomes - Impact		
		Activities		Short-term	Medium - term	Long-term
What we invest		What we do		What change happens in the short term	What change happens in the medium term	What change happens in the long term

### High Level outcomes we will be working to:

- Children have improved life chances and are safer where there is risk of early initiation into substance misuse or harm resulting from a family environment where substances are misused;
- A prevention service model and delivery system incorporating recovery based-prevention, universal prevention, targeted prevention, and early intervention;
- Recovery Outcome System of Care (ROSC) with integrated service pathways that reduce harm and support individual through the entire recovery journey

- Strong, mutually trusting and cohesive communities where citizens can build resilience and live lifestyles free from problematic substance use

**A performance-reporting framework will be developed to monitor progress with the implementation of this plan.**

## **5.1. PROTECTING PEOPLE IN DUDNEE**

The Protecting People structure in Dundee is a well-established multi-agency support and interventions to protect people of all ages. The Dundee Protecting People structure reflects the following vision:

*“Dundee’s people will have the protection they need, when they need it, to keep them safe from harm”.*

The Protecting People strategic themes include: Child Protection, Adult Support and Protection, Violence Against Women, Alcohol and Drugs, Suicide Prevention, Humanitarian Response and Tayside Multi Agency Public Protection Arrangements (MAPPA).

There are clear crossovers between these strategic themes and it is recognised that to successfully tackle the issues related to drug and alcohol use in the city we must consider the full impact of life challenges on individuals and how they are supported.

The linking of substance misuse to the Protecting People structure reflects the increasing recognition that individuals, families and children affected by substance misuse are also affected by a range of other underlying issues. These issues include mental health, existing and historical trauma, learning disabilities, and victims of domestic abuse, prostitution and child sexual exploitation.

## **5.2. GOVERNANCE ARRANGEMENTS FOR STRATEGIC PARTNERSHIP**

The Alcohol & Drugs Partnership (ADP) continues to take overall strategic responsibility and leadership on all issues relating to substance misuse in the city. The ring-fenced substance misuse funding allocated to Dundee by the Scottish Government (through NHS Tayside) will be placed with the Dundee Health & Social Care Partnership (H&SCP). The H&SCP, Children & Families Services, NHS Tayside and the voluntary sector will be the key service delivery agencies. The ADP will continue to strengthen its links and collaborative working with the Sexual Health and BBV MCN to maximise the impact of collective prevention and harm reduction interventions.

### **5.2.1 Strategic Planning Group (SPG)**

The Substance Misuse SPG has been established and will have responsibility for the implementation and monitoring of the improvement and change processes outlined in this plan. The Head of Service for Health & Community Care chairs the SPG and membership includes representation from all the substance misuse services (public and third sector organisations) as well as other key organisations/ services, including Children & Families, Neighbourhood Resources and Housing, Violence Against Women, and carers’ support. The SPG also includes representation from Carers’ group and individuals accessing services. The SPG will report to the ADP and the IJB.

### **SPG work-streams**

To allow the SPG to oversee the progress and monitor the implementation of the Plan, four Work-Streams have been established. These Work-Streams coincide with the four strategic priorities of this Plan and include: Children & Families/ Prevention/ Recovery system of care/ Resilient Communities. It is planned that each work-stream will be co-chaired.

### **5.3 Finance and Resources**

In the light of resource challenges for drug and alcohol services, the ADP and IJB are currently undertaking a comprehensive review of resources to ensure they demonstrate Best Value, and to identify the level of funding available to continue further innovation and tests of change.

### **5.4 A 'Whole System Approach' to the Development of Services**

The integration of health and social care services has already demonstrated a significant improvement in both service delivery models and outcomes for people. Drug and alcohol (NHS Tayside) services were managed through the Mental Health Directorate and transferred to the IJB at the latter part of 2016. The social work/care services and health services, alongside the commissioned services will be managed through a single management and service structure. This change provides an ideal opportunity to consider integrated pathways, redesign service models at both a statutory and commissioned level, and develop stronger links across the wider partnership arrangements (Community Planning Partnership and Integrated Children Services).

By bringing both strategic and operational functions closer together and aligning the IJB, ADP and partnership funding into an aligned budget it will be possible to make best use of the available resources while delivering the strategic priorities within a reduced financial framework.

### **5.5 COMMUNICATIONS**

The Partnership is committed to ensure that individuals and communities will be kept updated about the progress being made with the implementation of this plan.

This commitment also include ensuring that the Dundee public is kept informed regarding up to date and relevant issues in respect of substance misuse.

A range of communications approaches (including the new **Protecting People Website** and other forms of social media) will be utilised to ensure communities in Dundee have the opportunity to express views, share experiences and request additional information.

More generally, the **Protecting People Communication and Engagement Strategy** includes a commitment to developing and delivering awareness raising campaigns focusing on different groups and individuals at risk of harm. This commitment would include a programme of communications events with the Chief Officers' Group, providing a range of staff the opportunity to discuss topical issues with the Chief Officers, and a number of engagement events with Elected Members.

The cross cutting nature of the Protecting People approach will ensure that substance misuse features in any activity relating to adult and child protection, violence against women, suicide prevention and more.

Building on the progress achieved to date in respect of Substance Misuse Strategic Planning Group (SPG), there will be a greater focus on the involvement of practitioners across the partnerships in the development of strategy and services in respect substance misuse.

## 6. LEARNING AND WORKFORCE DEVELOPMENT APPROACH

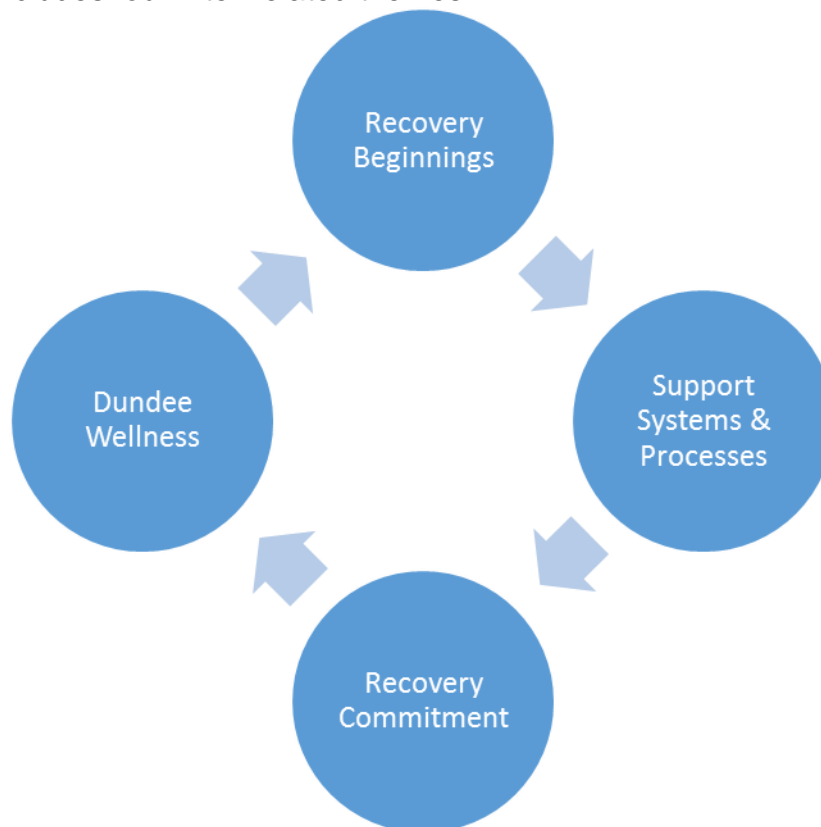
This Strategic & Commissioning Plan outlines a commitment to establish a Recovery Oriented System of Care (ROSC) in Dundee. As part of the establishment of the ROSC, we will ensure that the workforce in Dundee (including staff, volunteers and managers working in a wide-range of organisations) is supported to implement the ROSC. The approach to Learning & Workforce Development (LWFD) outlined below will be integrated to the Protecting People LWFD framework which is underpinned by the requirement to fulfil Public Protection statutory duties.

Five qualities have been identified that apply equally to the whole workforce, regardless of organisation or role within that organisation. These include:

- ✓ Demonstrable belief that recovery is possible
- ✓ Commitment to own learning
- ✓ Enthusiastic/ Relentless Optimism
- ✓ Interested
- ✓ Curious/Inquisitive

### Learning and Development (LD) Plan

Our LD Plan includes four inter-related themes:



### Recovery Beginnings

This theme includes how people gain access to the support they will need to initiate their recovery. How we ensure access is as simple and flexible as possible, including promotion of outreach services and locality working. This also includes

understanding the role of relapse prevention, harm reduction, family and peer support as well as how services such as housing, welfare reform, primary care, criminal justice, mental health and children's services are involved.

### **Support Systems & Processes**

This theme covers the referral pathways, eligibility criteria and discharge protocols for the different support services across the city. A key area priority is to jointly identify and implement the conditions for integrated working and for each member of staff/volunteer to understand their contribution to an individual's recovery. This will cover issues such as building trust, knowledge, information sharing and our value base. It will also establish partnership-wide agreements regarding missed appointments, lateness etc.

### **Recovery Commitment**

This theme covers what each "party" can expect, what their role and responsibilities are in supporting their own and/or another's recovery. It will support the establishment of the necessary mutual respect between all involved. By being open and clear about what each "party" contributes and their expectations we can collectively demonstrate what our recovery orientated system of care means.

### **Dundee Wellness**

This theme covers all those wider aspects of support necessary to sustain and maintain recovery. This includes those services listed under Recovery Beginnings as well as mutual aid, sport & leisure and employment & training.

***For the full plan please contact the Protecting People Team***



## 7. FINANCIAL FRAMEWORK AND STRATEGIC SHIFTS

### 1. THE SHIFTS WE NEED TO DELIVER INCLUDE:

**Health:** Addressing health inequalities, improved interventions for people with complex needs, reducing harm, tackling the contributory factors associated with drug deaths, developing more trauma based therapeutic interventions

**Accessibility:** Ensure all services are accessible to those who needs them and are located within community settings

**Prevalence:** Increasing focus on prevention and early intervention; shifting the balance of resources invested in these approaches; develop the whole population approach to reducing alcohol and drug consumption

**Recovery:** Improving the Recovery Oriented System of Care (ROSC) - the open access, supporting engagement with and retention in services, involving service users, developing peer supports, mutual aid and SMART Recovery. This includes effective through-put, people recovering in their own communities, supported through employability and to full citizenship.

**Families & children:** Increasing prevention interventions targeting children and young people at risk of early initiation into substance misuse and those affected by parental substance misuse, supporting carers and family members, developing family focussed interventions

**Quality:** Improving compliance with national quality standards, developing integrated pathways of care and a locality approach, strengthen joint working between substance misuse and generic services

**Community Safety:** Involving communities, building resilience and capacity, working with the Dundee Community Justice Partnership, improving the Community Justice pathway for people who use alcohol and drugs. Working together to address the negative impacts of substance misuse, for example its link to offending.

**Local environment:** Reducing alcohol availability, encouraging responsible drinking, supporting communities to influence alcohol licensing

### 2. TO ACHIEVE THESE SHIFTS WE HAVE IDENTIFIED 4 KEY PRIORITIES

**Children & families:** Children who are at risk of early initiation into alcohol and drug use, and / or are at risk of exposure to harm in family settings where substances are misused - will have improved life chances and will be safer.

**Prevention & protection:** Prevention and early intervention approaches, including Harm Reduction, Trauma-based work and a clear link to Sexual Health and BBV are implemented to prevent and minimise the harm to children, families and individuals in Dundee. Co-ordinated activities between Substance Misuse services and Community Justice Services to reduce the

risk of reoffending where substance use is a factor.

**Recovery:** A well-coordinated and effective Recovery Oriented System of Care with integrated pathways through services that promote safety, health, wellbeing to help people and families achieve their personal goals.

**Resilient communities:** Individuals and communities are knowledgeable about the harmful impact of alcohol overconsumption and drug misuse, and are supported to build resilience and reduce stigma.

**Within these 4 priorities, resources will be prioritised towards:**

- Implementing family-focused interventions and work to strengthen parenting capacity to prevent harm to children.
- Improving our responses to non-fatal overdoses and develop effective pathway of care, treatment and support which prevent drugs deaths.
- Development of approaches to reduce drug diversion, promote wellbeing, recovery and protect children and adults from harm linked to a transformation of primary care.
- Development of integrated locality multi-disciplinary and multi-agency teams providing services and support from community-settings and following the principles of the ROSC to increase accessibility, engagement and full recovery.
- Working in partnership Scottish Prisons Services and the development of the PAUSE approach, develop specific and targeted interventions to support women in Dundee recover from substance misuse.
- Increasing non-medical prescribers to increase accessibility of services and range of treatment options available.
- Promoting culture change and increase awareness about the process of recovery, reduce the stigma associated with it and support local communities.
- Peer support, volunteering, learning from those with lived experiences, including involvement of carers and families linked to integrated locality multi-disciplinary teams.

### **3. FINANCIAL FRAMEWORK**

To support the delivery of drug and alcohol treatment and support services in Tayside, the funding allocation for 2018-19 is £4,158,654. Some of this funding supports cross Tayside substance misuse services with the balance allocated to individual ADP's for local commissioning decisions. The formula for this allocation is currently undergoing a review and final local allocations have yet to be determined.

The Scottish Government announced that a further £20m is to be made available in 2018/19 for drug and alcohol services however the allocation to Integration Authorities has as yet to be communicated by the Scottish Government.

## 8. APPENDICES

**Appendix 1:** A summary of the sources of information used to develop the ‘case for change’ and the strategic outcomes expected

Sources of Information	The Case for Change	Strategic Outcomes
<b>ADP Review (2014): consultations with Stakeholders (Dundee ADP)</b>	<ul style="list-style-type: none"> <li>• Improve access to services in communities</li> <li>• Work in more joined up ways to help people with complex needs</li> <li>• Improve coordination and consistency when assessing people’s needs and planning care</li> </ul>	<ul style="list-style-type: none"> <li>• Quicker access to services, support and advice - within Community Hubs</li> <li>• Experience higher quality services – Support &amp; Connect Approach</li> <li>• Increased choice and opportunity to access recovery-based services</li> <li>• Increased focus and investment in prevention interventions.</li> <li>• Reduced duplication and increase joint working and integration</li> </ul>
<b>Profile of the Substance Misusing Population in Dundee 2016 (NHS Tayside)</b>	<ul style="list-style-type: none"> <li>• Reduce alcohol consumption/drug use</li> <li>• Increase preventative approaches</li> <li>• Health harm/social harm</li> <li>• Integrate Recovery pathways</li> <li>• Needs of children and families</li> <li>• Capacity and response times in services</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer people will be drinking harmful levels of alcohol</li> <li>• Fewer people will be using drugs</li> <li>• People live in positive, health-promoting environments where alcohol and drugs are less available</li> <li>• Reduced levels of health harm (i.e. casualty visits)</li> <li>• Increased numbers of people progressing through a Recovery pathway</li> </ul>
<b>ADP Prevention Strategy 2017</b>	<ul style="list-style-type: none"> <li>• Increase indicated, selected and universal prevention services and activities</li> <li>• Aiming, over time, to achieve decisive shift to prevention advocated by The Christie Commission</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer young people inducted early into substance misuse</li> <li>• Reduction in the contributing factors leading to drug deaths</li> <li>• Fewer people progressing into problematic use of alcohol and/or drugs</li> <li>• There is an increase in the resources invested in prevention/ early interventions</li> </ul>
<b>Tayside Sexual Health &amp; Blood</b>	<ul style="list-style-type: none"> <li>• Early intervention to address the wider determinants of health</li> </ul>	<ul style="list-style-type: none"> <li>• Fewer newly acquired BBV and sexually transmitted infections and unintended pregnancies;</li> </ul>

<b>Sources of Information</b>	<b>The Case for Change</b>	<b>Strategic Outcomes</b>
<b>Borne Virus (BBV) MCN's BBV Prevention Framework 2013</b>	<ul style="list-style-type: none"> <li>• Focussing on the needs of marginalised and excluded groups</li> <li>• Awareness raising, education and behavioural interventions with a focus on de-stigmatisation</li> <li>• Reducing transmission from those who are already infected</li> </ul>	<ul style="list-style-type: none"> <li>• A reduction in the health inequalities gap in sexual health and blood borne viruses;</li> <li>• People affected by blood borne viruses lead longer, healthier lives;</li> <li>• Sexual relationships are free from coercion and harm; and</li> <li>• A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood borne viruses are positive, non-stigmatising and supportive</li> </ul>
<b>Validated Self Evaluation (Care Inspectorate) 2016</b>	Support services to improve compliance with all national Quality Principles	<ul style="list-style-type: none"> <li>• Alcohol and drugs prevention, treatment and support services are effective, continually improving, efficient, evidence-based and responsive, ensuring people move through treatment into recovery</li> <li>• Services develop a culture of <i>self-evaluation</i> – a constant cycle of review and improvement actions</li> <li>• Stakeholders views (in particular services users) and recommendations are fully accounted for in policy development and service improvement</li> </ul>
<b>Self - Evaluation NICE Alcohol Pathway</b>	Address gaps in services, improve integrated working - psychological support/ trauma focussed services, relapse prevention,	<ul style="list-style-type: none"> <li>• More people recover from harmful drinking and alcohol dependency</li> <li>• Children and family members of people misusing alcohol are safe, well-supported and have improved life-chances</li> </ul>
<b>Tayside Drug Death Report 2015</b>	Support services to improve focus on groups identified at risk of harm or drug death	<ul style="list-style-type: none"> <li>• More people supported to reduce harm and risk of drug death</li> <li>• Families and carers are supported to cope with the challenges of caring</li> </ul>
<b>Staying Alive in Scotland 2106</b>	Support services to implement best practice in reducing drug deaths	<ul style="list-style-type: none"> <li>• People supported to reduce harm and risk of drug death</li> <li>• More families and carers are supported to cope with the challenges of caring</li> </ul>
<b>Dartington Research Unit - Children Count Wellbeing Survey 2017</b>	Services and activities to avert children and young people from early substance misuse	<ul style="list-style-type: none"> <li>• Children and young people protected from harm due to early initiation into substance misuse</li> <li>• Children exposed to parental substance misuse are identified and supported more quickly</li> </ul>

<b>Sources of Information</b>	<b>The Case for Change</b>	<b>Strategic Outcomes</b>
		<ul style="list-style-type: none"> <li>• Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances</li> </ul>
<b>Conversations with You – Consulting Our Stakeholders</b>	Individual citizens in Dundee, local communities, carers and individuals affected by substance misuse are given the opportunity to determine and influence the direction of change	<ul style="list-style-type: none"> <li>• Establish mechanism for on-going consultation and communications</li> <li>• Increase the visibility of Recovery in Dundee</li> <li>• Communities in Dundee are involved in, and have a sense of ownership of the strategic approach to substance misuse</li> </ul>



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The International Standards on Drug Use Prevention rate the evidence base for  
these interventions as Very Good (\*\*\*\*). indication of reduced marijuana use at 18  
and potentially also impact on other illicit drug use and smoking.

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Tayside Sexual Health & Blood Borne Virus (BBV) MCN's BBV Prevention  
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