



**REPORT TO:** HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 21 AUGUST 2024

**REPORT ON:** REDUCING HARM FROM DRUG AND ALCOHOL USE – UPDATE REPORT

**REPORT BY:** INDEPENDENT CHAIR, DUNDEE DRUG AND ALCOHOL PARTNERSHIP

**REPORT NO:** DIJB39-2024

**1.0 PURPOSE OF REPORT**

To provide the Integration Joint Board with a summary overview of progress made during the first year of the Dundee Alcohol and Drug Partnership’s Strategic Framework 2023-2028, and inform them of priorities for the second year of delivery. To seek approval of the annual return from the Dundee Alcohol and Drug Partnership to the Scottish Government.

**2.0 RECOMMENDATIONS**

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

- 2.1 Note the content of this report and the progress toward implementation of the Dundee Alcohol and Drug Partnership’s (ADP) delivery plan (section 4.2)
- 2.2 Note the priority areas for year two of delivery (2024/25) identified by the ADP and approved by the Chief Officers Group (section 4.3).
- 2.3 Notes that the ADP’s Annual Report to the Scottish Government has already been approved by the group and submitted as a draft to the Scottish Government on the 28 June 2024, to meet the Scottish Government submission date guidelines (section 4.4).
- 2.4 Approves the draft ADP Annual Report (section 4.4 and appendix 1).

**3.0 FINANCIAL IMPLICATIONS**

- 3.1 Delegated resources to the Dundee Integration Joint Board (IJB) provide funding for statutory and commissioned drug and alcohol services. These resources are managed within the overall Dundee IJB Financial position. Additional funding is allocated annually from the Scottish Government to manage developments to support national drug and alcohol priorities. The specific utilisation of these funds is managed via Dundee Alcohol and Drug Partnership to meet local priorities within these national guidelines.
- 3.2 The value of additional Scottish Government allocation funding for drug and alcohol services in Dundee is approximately £2.4m in 2024/25. The totality of this funding will be used to support the implementation of the delivery plan with direction of spend provided through the publication of the Alcohol and Drug Partnership’s Strategic Framework.

**4.0 MAIN TEXT**

**4.1 BACKGROUND**

4.1.1 The Alcohol and Drug Partnership’s (ADP) strategic framework and delivery plan were published in January 2023 and sets out the vision that “*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.*” This vision is underpinned by 5 key priorities:

- Reducing significant harms linked to drug and alcohol use by delivering the right care in the right place at the right time.
- Reducing the enduring impact of drug and alcohol use through an increased focus on prevention.
- Empowering people with lived experience to participate in and influence decision-making, commissioning, planning and improvement.
- Promoting cultures of kindness, compassion and hope, tackling stigma and discrimination and embedding trauma-informed approaches.
- Ensuring appropriate and effective governance arrangements and strengthening communications with stakeholders.

The whole framework is underpinned by a statement of values informing the work of the ADP at every stage as they move forward with implementation: human rights; person-centred; trauma-informed; gendered-based; kindness and compassion; innovation; collaboration; transparency and evidence-based.

4.1.2 The work of the ADP continues to be informed by the wider planning context that recognises poverty, deprivation, the range of trauma and adversities present across the population that contribute to high levels of drug and alcohol related harm. The implementation of the delivery plan reflects the high priority given by all local partner agencies to tackling harm caused by drugs and alcohol and recognise the need to continue to work at pace to improve responses to people currently affected alongside preventing future harm. Significant progress has been made during the first year of the strategic framework (2023/24) towards achieving the 5 key priorities, key achievements are summarised in section 4.2 of this report.

## 4.2 YEAR ONE – PROGRESS AND KEY ACHIEVEMENTS

4.2.1 The implementation of the national Medication Assisted Treatment (MAT) Standards has been a key aspect of the work of all ADPs across Scotland during 2023/24. The national 2024 benchmarking report on MAT implementation was published on 9 July 2024 (see [MAT Benchmarking 2024](#) for full report). The 2024 report demonstrated considerable progress made in Dundee:

Table 1: **MAT Standards Benchmarking by Reporting Year - Dundee**

	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 6 & 10	MAT 7	MAT 8	MAT 9	MAT 10
2022	Red	Provisional Amber	Provisional Amber	Provisional Amber	Provisional Amber	N/A	N/A	N/A	N/A	N/A	N/A
2023	Provisional Amber	Amber	Amber	Amber	Amber	Amber	N/A	Provisional Amber	Provisional Amber	Amber	Provisional Amber
2024	Green	Green	Green	Green	Green	N/A	Green	Green	Green	Green	N/A

	Red
	Provisional Amber
	Amber
	Provisional Green
	Green

2022 MAT 6 to MAT 10 were not assessed  
 2023 MAT 6 and MAT 10 were assessed separately  
 2024 MAT 6 and MAT 10 were assessed jointly

Except for two ADP areas (Dumfries & Galloway and Greater Glasgow) these are the highest scores achieved at this at this stage. Dundee's results demonstrate year-on-year improvement and consistency in standards of care across the city. This reflects the innovation, hard work, dedication and development of good practice by frontline staff; the ADP is currently planning an event to acknowledge their contribution to this area of work.

4.2.2 It is now the case that individuals in Dundee have fast access to treatment, a choice of medication prescribed to them and wraparound supports and are supported to remain in treatment for as long as required. Those who have experienced a non-fatal overdose are quickly identified and supported to access treatment. Individuals can opt out to be supported by the new shared-care arrangements with Primary Care and everyone can access the support of independent advocators at any stage of their recovery journey. Harm reduction support and equipment is available at any stage for those accessing MAT. Of particular note, during 2023/24 Dundee achieved:

- 0 days from date of engagement with services to date of first MAT assessment.
- 75% of those people experiencing a high-risk event were contacted within 24 hours.
- 97.3% of the individual caseloads in Dundee were retained in treatment for six months or more.
- During 2023-24 18 people from Dundee accessed residential rehab establishments. This has included more women accessing residential rehabilitation than ever before, and almost all people embarking on residential support completing their full treatment.
- Increased participation of GP Practices in Shared Care and increased uptake by individuals, supported by input from Third Sector keyworkers, DDARS staff, Community Pharmacy and Dundee Independent Advocacy Service (DIAS). During 2023/24 there were 18 people referred for keyworker support under the Shared Care arrangements (of whom 3 did not engage)

At a national level experiential feedback indicates that most people felt they were treated with dignity and respect while accessing services. However, most people also felt they were not offered trauma-informed care and that buildings and spaces were not trauma informed. In Dundee the ADP has allocated funding to local organisations to develop trauma-informed spaces and the Trauma Steering Group are continuing to lead multi-agency work to develop both trauma informed leadership and practice. There has also been significant improvement, via the establishment of Dundee Women's Hub, in providing safe and supportive services to women.

4.2.3 Looking beyond the implementation of the MAT Standards, other notable developments in drug and alcohol services during 2023/24 included:

- Dundee's Recovery Network was established, the Lived Experience Framework developed, and a robust system for gathering evidence from those receiving MAT established.
- Collaborative work with Scottish Drugs Forum is ensuring dedicated support is available for those in recovery to gain employability skills, qualifications and employment.
- Independent Advocacy (IA) is available to all individuals accessing specialist substance use services. Individuals with living experience report that this support has been key to help them remain in services and have access to all the support they need.
- Long-term funding for assertive outreach has been allocated to Positive Steps, this includes joint work with DDARS to support individuals in crisis to access treatment services.

- A Non-Opioid Pathway is being developed and implemented, led by third sector organisations.
- Hope Point has opened and accommodates the delivery of a range of services, including a joint approach to substance use and mental health. The Hub also offers out of hours support. The Multi-Agency Consultation Hub (MACH) has been set up to facilitate joint decision-making and supporting individuals affected by substance use and mental health.
- Dundee had continued to develop the Whole Family Approach through a joint project with Scottish Families focusing on a sustained development of a family-focused approach. Dedicated support continued, to both statutory and third sector organisations, for Kinship Families, including specific support around bereavement.
- The 'decentralised fund' was allocated for the second year and continues to support all the Local Community planning Partnership to work in partnership with local services to tackle stigma and ensure individuals feel welcomed by communities. A co-ordinator was appointed to lead the 'Year of Kindness' project, starting April 2024.
- The Planet Youth project was progressed, with 2 staff members appointed to support it and more secondary schools joining the project.
- Work has continued, led by Hillcrest Futures, to develop a drug checking service. The service will be offered as part of Hillcrest's existing harm reduction services, with people submitting a sample of a substance to get an analysis of the types of drugs contained in it. Pending Home-Office license it is anticipated this service will be available in a few months.

4.2.4 In addition to developments within services, the ADP has also undertaken a range of activities to further strengthen their governance arrangements. This has included: publishing its first Investment and Commissioning Plan (see: [ADP Investment and Commissioning Plan 23.pdf \(dundeadp.co.uk\)](#)); launching the ADP website (see [dundeadp.co.uk](#)); and, developing a performance framework (currently being prepared for publication). Dundee Chief Officers Group recently appointed Pam Dudek (OBE) as the new Independent Chair of the ADP, with Dr Emma Fletcher (Director of Public Health) taking up the position of Vice-Chair until the end of 2024.

4.2.5 Throughout 2023/24 the ADP has worked with partners to resolve a number of challenges that have arisen to progressing the priorities within the strategic framework. The operation of the ADP's strategic risk register is increasingly effective in supporting members to identify and manage risks to delivery at an earlier stage. Examples of challenges addressed during the year include:

- A short life group was established in response to reports of increased ketamine related harm in local areas. Through the group, there has been awareness raising amongst Primary Care colleagues, and opportunities for additional training of relevant staff and improving young people's awareness of ketamine related risks are being explored.
- There have been some delays to the planned review of the alcohol pathway, however a dedicated member of staff is now in place and is progressing this as part of the wider programme of work on the non-opioids pathway.
- Due to significant challenges relating to property portfolios across partner organisations and the availability of capital funding, Constitution House remains as a site for service delivery. However, significant progress has been made in ensuring that DDARS service are delivered from 10 alternative sites, including Hillbank, Wishart Centre, the Women's Hub and Lochee.

- Sustainability of funding remains a strategic risk for the ADP, with some key areas of service delivery being funded from non-recurring budgets (including those that support elements of MAT). The ADPs Commissioning Group is providing a strong leadership role in terms of oversight and effective management of ADP financial allocations in this challenging context.
- Throughout 2023/24 Dundee waiting times performance has been in compliance with national standards. However, during the first quarter of 2024/25 this has changed, with Dundee experiencing a small (but potentially growing) number of longer waits, all of which have been for individuals presenting to alcohol services. This will continue to be closely monitored during 2024/25 (including via regular Drug and Alcohol Service performance reports to the Performance and Audit Committee), with a range of mitigating actions already being progressed and an enhanced focus on alcohol with the Year 2 Delivery Plan (see section 4.3).

### **4.3 YEAR TWO COMMITMENTS**

- 4.3.1 The ADP has recently undertaken a comprehensive review of progress achieved against their Year 1 Delivery Plan and has subsequently developed a revised Year 2 Delivery Plan. This plan was approved by the Dundee Chief Officers Group in June 2024, and is will guide the work of the ADP throughout 2024/25. As well as continuing to progress a number of areas where progress has been made during 2023/24 into the next stage of delivery, year two will include a focus on evidencing the impact of MAT standard implementation on people who have drug and alcohol related needs, priority areas from the Scottish Government’s National Mission (e.g. access to residential rehabilitation, near-fatal overdose response and assertive outreach). The ADP has also committed to ensuring that during year two there is an increased focus on responding to alcohol harms, and on shifting the balance towards prevention approaches. Other areas of priority within the Year 2 Delivery Plan are:
- Gendered and whole-family approaches are now recognised as two additional underpinning principles that must be considered across all action commitments.
  - A focus on responding to ongoing and historical trauma, with targeted and specific actions around trauma work delivered as part of a broader Protecting People approach.
  - Additional actions to prevent drug deaths agreed following the publication of the Tayside drug deaths annual report and the multi-agency event to discuss this report.
- 4.3.2 The delivery landscape for year two will be challenging, with high levels of need and demand across the local population and public sector finance and workforce pressures. The ADP recognises the significant resource that will be required to sustain MAT Standard implementation. In key areas of service provision, including Independent Advocacy and support to develop residential rehabilitation pathways, short-term funding risks will require to be addressed via the Commissioning Group. Although progress is being made, shifting focus and resources to prevention projects remains a challenge, especially in the context of current pressures on frontline treatment and care services. There is also the need for the ADP to develop more effective approaches to monitoring outcomes for people that are achieved over longer period of time as they more through their recovery journey.
- 4.3.3 Given the progress already made with the implementation of commitments within year one of the delivery plan, and Dundee’s success at complying with national expectations for improvement, moving forward the Dundee Chief Officers Group will continue to be the primary site for monitoring progress with the ADP delivery plan. The IJB will continue to receive supports specific to delegated drug and alcohol services where appropriate, including the six-monthly report to their Performance and Audit Committee on service performance (next report to be submitted in September 2024).

#### 4.4 ANNUAL REPORT

- 4.4.1 On an annual basis, ADPs across Scotland are required to submit an annual report on their activities and achievements to the Scottish Government. It is a requirement that the submission is approved by both the ADP and the IJB and is submitted by the end of June each year.
- 4.4.2 Dundee ADP has developed their submission for 2023/24, reflecting the range of progress set out in section 4.2 of this report. The ADP considered and agreed the submission on the 12 June 2024 and submitted this in draft to the Scottish Government on 28 June 2024. The IJB is asked to consider and approve the annual report, attached as appendix 1, in order that it can be confirmed as the final submission to the Scottish Government.

#### 5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.
- 5.2 As described at section 4.1.2, please note that the strategic framework and delivery plan were subject to a full Integrated Impact Assessment at the point of consideration and approval by the Chief Officers Group.

#### 6.0 RISK ASSESSMENT

- 6.1 A risk assessment has not been provided as this report is mainly being provided to the Integration Joint Board for information only, and there are no risks associated with the submission of the ADP Annual Report.

#### 7.0 CONSULTATIONS

Members of the Dundee Partnership, members of the Chief Officers (Public Protection) Strategic Group, members of the Alcohol and Drug Partnership, Dundee City Council Leadership Team, the Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk have been 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.

Pamela Dudek  
Independent Chair, Dundee Alcohol and Drug  
Partnership

DATE: 20 July 2024

Jenny Hill  
Head of Service, Health and Community Care

Vered Hopkins  
Lead Officer, Protecting People

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# Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2023/24

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission on drugs **during the financial year 2023/24**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are conscious that some of the data we are now asking for may appear to have been supplied through other means (e.g. MAT Standards reporting). After careful review, we found the data supplied via these means is not in a form that allows for consistently tracking change over time at a national level and so have included a limited number of questions on these topics.

The data collected will be used to better understand progress at local level will inform:

- National monitoring of the National Mission on Drugs;
- The work of advisory groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The work of national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as [Official Statistics](#) on the Scottish Government website. You can find the report on the 2022/23 ADP survey responses [here](#). All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

**The deadline for returns is Friday 28 June 2024.** Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings so please flag if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at [substanceuseanalyticalteam@gov.scot](mailto:substanceuseanalyticalteam@gov.scot).

## Cross-cutting priority: Surveillance and Data Informed

### Question 1

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an 'x'.  
[single option]

- Aberdeen City ADP
- Aberdeenshire ADP
- Angus ADP
- Argyll & Bute ADP
- Borders ADP
- City of Edinburgh ADP
- Clackmannanshire & Stirling ADP
- Dumfries & Galloway ADP
- X Dundee City ADP
- East Ayrshire ADP
- East Dunbartonshire ADP
- East Renfrewshire ADP
- Falkirk ADP
- Fife ADP
- Glasgow City ADP
- Highland ADP
- Inverclyde ADP
- Lothian MELDAP ADP
- Moray ADP
- North Ayrshire ADP
- North Lanarkshire ADP
- Orkney ADP
- Perth & Kinross ADP
- Renfrewshire ADP
- Shetland ADP
- South Ayrshire ADP
- South Lanarkshire ADP
- West Dunbartonshire ADP
- West Lothian ADP
- Western Isles ADP

## Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.

[multiple choice]

Alcohol death review group

Alcohol harms group

X Drug death review group

X Drug trend monitoring group/Early Warning System

None

Other (please specify):

## Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.

[single option]

X Yes

No

Don't know

3b. If no, please provide details on why this is not the case.

[open text – maximum 500 characters]

## Question 4

Please describe what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths, and how these are being used to inform local decision making in response to emerging threats (e.g. novel synthetics)? [open text – maximum 2,000 characters]

The ADP has dedicated resource from health intelligence and locally there has been development of a dashboard to show information from DAISy. KPIs are reported by the health intelligence to the ADP strategic group and commissioning group to inform funding decisions. The ADP also uses monitoring and surveillance information from the Tayside drug deaths review group which meets monthly and provides a detailed annual report. Intelligence comes from the Dundee non-fatal overdose group. There is a Tayside wide needs assessment group for drugs and alcohol which has been gathering intelligence around alcohol related harm and Police colleagues convene a drug trend monitoring group involving local services and statutory bodies to share intelligence. The ADP uses information from RADAR reports and also feeds into RADAR through multiple routes. We are currently

implementing A&E NFOD Pathway. Local treatment services review all fatalities to inform learning and service delivery, this in turn is fed into Drug Death Review group. In terms of surveillance of alcohol related harms, we do this through the alcohol licensing report, which also comes to the ADP for awareness, and indicators with respect to alcohol related harm are included in the ADP's Performance Framework report.

**Question 5**

5a. In response to emerging threats, e.g. novel synthetics, have you made specific revisions to any protocols? Mark with an 'x'.

[single option]

Yes

No

5b. Please provide details of any revisions

[open text – maximum 500 characters]

All protocols now specify the need to feed in to RADAR and respond to any information that we receive from RADAR.

## Cross-cutting priority: Resilient and Skilled Workforce

### Question 6

6a. What is the whole-time equivalent<sup>1</sup> staffing resource routinely dedicated to your ADP Support Team as of 31 March 2024.

[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	2.50
Total vacancies (whole-time equivalent)	0.50

6b. Please list the job title for each vacancy in your ADP Support Team as at 31 March 2024 (if applicable).

[open text – maximum 500 characters]

The above is a rough estimation. Dundee doesn't have an ADP support team. Support to ADP is provided by the Protecting People Team, where staff cover a number of areas of vulnerabilities, with most staff working across a number of committees/ partnerships. Current vacancies include a PP development Officer (time 0.5), and a FT Office manager. Other support provided from wider DHSCP resources (ie financial monitoring and advice).

### Question 7

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<sup>1</sup> Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

Please describe any initiatives you have undertaken as an ADP, or are aware of in the services you commission, that are aimed at improving employee wellbeing (volunteers as well as paid staff).

[open text – maximum 2,000 characters]

Trauma-informed training and approach adopted by all organisations across the partnership, and was informed by the Dundee staff burnout report. The Staff Trauma Ambassador Network was set up, supporting staff wellbeing. Staff with lived experience peer support, open to all staff within Dundee City Council and the HSCP. The Dundee Independent Advocacy Service (DIAS) has opened up training on Safety and Sabilisation to all frontline staff from third sector organisations. DIAS is also supporting clinical supervision to their own staff within treatment services (increasingly working with complex caseloads). The partnership Trauma Learning and OD officer is working with Human Resources to review our attendance management policy through a trauma lens.

## **Cross cutting priorities: Lived and Living Experience**

### **Question 8**

Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'. [multiple choice]

- X Experiential data collected as part of MAT programme
- X Feedback / complaints process
- X Lived / living experience panel, forum and / or focus group
- X Questionnaire / survey
- No formal mechanism in place
- Other (please specify):

### **Question 9**

How do you, as an ADP, **use feedback received from people with lived/living experience and family members** to improve service provision? Mark all that apply with an 'x'. [multiple choice]

	Lived/living experience	Family members
Feedback is integrated into strategy	X	X
Feedback is presented at the ADP board level	X	X
Feedback used in assessment and appraisal processes for staff	X	X
Feedback used to inform service design	X	X
Feedback used to inform service improvement	X	X
Other (please specify)		

### Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'. [multiple choice]

Through ADP board membership

X Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

X Other (please specify): Collective Advocacy Focus Groups

10b. In what ways are **family members** able to participate in ADP decision-making? Mark all that apply with an 'x'. [multiple choice]

X Through ADP board membership

X Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

### Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision making (e.g. the delivery of the service)? Mark all that apply with an 'x'.  
[multiple choice]

Prerequisite for our commissioning

Asked about in their reporting

Mentioned in our contracts

None

Other (please specify):

## Question 12

Please describe how you have used your ADP's allocated funding for lived/living experience participation<sup>2</sup> in the last financial year. Within your answer please indicate which activities have been most costly.

[open text – maximum 2,000 characters]

The ADP funds DVVA to lead a partnership project to ensure the voices of those with lived and living experience are collated, heard and impact on decision-making. Most of the funding allocated to the ADP for lived/living experience is allocated to support this project. This project is also responsible to develop formal structure for the collation of experiential data to inform and improve the implementation of MAT standards. Together with SRC, people with lived experience are supported to run a @recovery Community in Dundee, named Recovery Network. DVVA publishes the Recoverzine, a magazine written by and for individuals in recovery. A number of Recovery Conversation cafes taken place. Support is offered for those accessing the SDF Traineeship programme during and after they complete. Joint working with HIS to improve engagement opportunities and approaches for those experiencing co-morbidities. Joint work with Recovery Coaching Scotland who are delivering their courses in community settings and the Bella centre. Running Peer2Peer programmes across the city. The ADP utilised some of the funding to support the Authentic Voice (AV) Project, funding a post for 2 years to implement the AV plan. All the above work also takes a gendered and trauma-informed approach.

## Cross cutting priorities: Stigma Reduction

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<sup>2</sup> The funding letter specified that “£0.5 million is being allocated to ADPs to ensure the voices of people with lived and living experience are heard and acted upon in service design and delivery at a local level. This includes decisions about prioritisation, commissioning and evaluation of services.”

### Question 13

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.  
[multiple choice]

X ADP strategy, delivery and/or action plan

Alcohol deaths and harms prevention action plan

Communication strategy

X Community action plan

X Drug deaths and harms prevention action plan

X MAT standards delivery plan

X Service development, improvement and/or delivery plan

None

Other (please specify): we do not have a separate strategies for alcohol, communications, community action, instead these areas are included in the one ADP strategic Framework and Delivery Plan

### Question 14

14a. Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.  
[open text – maximum 2,000 characters]

The ADP allocated funding to all the Dundee Local Community Planning Partnerships (LCPPS) to progress local projects to address stigma. Both the Dundee Recovery Network and the Recoverzine contribute significantly to challenging stigma toward people using substances. During the Recovery Month we held events across the city, run by a range of groups including introductions to Peer Work, recovery friendly drop-ins, exhibitions of work done by people in recovery, open days and more. These events were organised by groups that do specialist work with people in recovery, and took place in community accessible spaces, friendly to people affected by substance use. This challenges the stigma in many community localities and had messaging that put recovery front and centre. We supported people to access the Recovery Connects drug and alcohol free music festival and the SRC's Recovery Walk by putting on free buses to both events and sharing the opportunity to come with people affected by substance use. We work in partnership with Just Bee Productions to develop musicals based on people lived experience which they write, stage and perform. This provides opportunities for people to develop skills and confidence and to share their stories in a way which is creative and well supported. These shows challenge many traditional thoughts about both mental health and substance use. Gendered Approach training is being delivered as part of the Gendered Services project to reduce barriers for women accessing services. Feeling judged and stigmatised is a constant issue for women. In the past 3 years training has been delivered to over 300 participants, the majority provide support to people who use substances or alcohol. The ADP allocated funding to improve clinical spaces to make them less stigmatising and more

welcoming. The ADP is working with Scottish Families to do a scoping exercise and develop actions to encourage a Family-Inclusive approach in Dundee.

14b. What data does your ADP have access to that could be used to capture the impact of the work described in 14a? (Please indicate if this is not currently possible).  
[open text – maximum 500 characters]

The ADP receives an annual evaluation report from all the LCPPs outlining their work and achievements. The rest of the work described in 14a is monitored via the Contracts Monitoring system with the relevant organisations.

## Fewer people develop problem substance use

### Question 15

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an 'x'.  
[multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)		X	X
People from minority ethnic groups		X	X
People from religious groups		X	X
People who are experiencing homelessness	X	X	X
People who are LGBTQI+		X	X
People who are pregnant or peri-natal	X	X	X
People who engage in transactional sex	X	X	X
People with hearing impairments and/or visual impairments		X	X
People with learning disabilities and literacy difficulties	X	X	X
Veterans		X	X
Women	X	X	X

### Question 16

Which of the following education or prevention activities were funded or supported<sup>3</sup> by the ADP? Mark all that apply with an 'x'.

[multiple choice]

	<b>0-15 years (children)</b>	<b>16-24 years (young people)</b>	<b>25 years+ (adults)</b>
Campaigns / information	X	X	X
Harm reduction services		X	X
Learning materials		X	X
Mental wellbeing		X	X
Peer-led interventions		X	X
Physical health		X	X
Planet Youth	X	X	X
Pregnancy & parenting			
Youth activities			
Other (please specify)			

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<sup>3</sup> Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

## Risk is reduced for people who use substances

### Question 17

In which of the following settings are selected harm reduction initiatives delivered in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies	X		X	X
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X			
General practices		X		X
Homelessness services	X			
Hospitals (incl. A&E, inpatient departments)	X	X		X
Justice services	X			
Mental health services				
Mobile/outreach services	X	X	X	
Peer-led initiatives	X		X	
Prison	X	X		X
Sexual health services		X		
Women support services	X			
Young people's service	X			
None				
Other (please specify)				

### Question 18

19a. Which of the following harm reduction interventions is there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.

[multiple choice]

X Drug checking

X Drug testing strips

Heroin Assisted Treatment

X Safer drug consumption facility

X Safer inhalation pipe provision

Safe supply of substances

Other (please specify):

19b. Please provide details, e.g. scale of the demand.

[open text – maximum 500 characters]

Dundee commissioned an independent feasibility study for Heroin Assisted Treatment (HAT) which supported a decision not to proceed. Drug trends identified increased use of crack cocaine & benzos. Greater focus on early detection to support early harm reduction messages. Legislation preventing use of crack pipes or filters, evidence that multiple use of pipes causing burns, cuts & increased risk of BBV.
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## People most at risk have access to treatment and recovery

### Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.

[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers	X	
Homeless services	X	
Hospitals (including emergency departments)		X
Housing services	X	
Mental health services	X	
Police Scotland	X	
Primary care	X	
Prison	X	
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		
Specialist substance use treatment services	X	
Third sector substance use services	X	
Other (please specify)	Perth Prison	

### Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

X Further workforce training required

Insufficient funds

X Issues around information sharing

Lack of leadership

Lack of ownership

X Workforce capacity

None

Other (please specify):

## Question 21

In what ways have you worked with justice partners<sup>4</sup>? Mark all that apply with an 'x'.  
[multiple choice]

### *Strategic level*

- ADP representation on local Community Justice Partnership
- Contributed to strategic planning
- Coordinated activities between justice, health or social care partners
- Data sharing
- Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)
- Provided advice and guidance
- Other (please specify):

### *Operational level*

- Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)
- Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)
- Supported staff training on drug or alcohol related issues
- Other (please specify): NFOD co-ordinator engaged with staff and prisoners when the Prison was experiencing very high numbers of under the influence /overdoses , attended the prison and recorded a question and answer session played on the prison radio

### *Service level*

Funded or supported:

- Navigators for people in the justice system who use drugs
- Services for people transitioning out of custody
- Services in police custody suites
- Services in prisons or young offenders institutions
- Services specifically for Drug Treatment and Testing Orders (DTTOs)
- Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement
- Other (please specify):

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<sup>4</sup> Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

## Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.

[multiple choice]

	Pre-arrest <sup>5</sup>	In police custody <sup>6</sup>	In courts <sup>7</sup>	In prison <sup>8</sup>	Upon release <sup>9</sup>
Advocacy or navigators		X	X	X	X
Alcohol interventions		X	X	X	X
Drug and alcohol use and treatment needs screening		X	X	X	X
Harm reduction inc. naloxone		X	X	X	X
Health education & life skills		X	X	X	X
Medically supervised detoxification		X	X	X	X
Opioid Substitution Therapy		X	X	X	X
Psychosocial and mental health based interventions		X	X	X	X
Psychological and mental health screening		X	X	X	X
Recovery (e.g. café, community)	X	X			X
Referrals to drug and alcohol treatment services		X	X	X	X
Staff training		X	X	X	X
None					
Other (please specify)					

<sup>5</sup> Pre-arrest: Services for police to refer people into without making an arrest.

<sup>6</sup> In police custody: Services available in police custody suites to people who have been arrested.

<sup>7</sup> In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).

<sup>8</sup> In prison: Services available to people in prisons or young offenders institutions in your area (if applicable).

<sup>9</sup> Upon release: Services aimed specifically at supporting people transitioning out of custody.

**Question 23**

24a. Does your ADP fund or support any residential services that are aimed at those in the justice system (who are who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other relevant community orders)? Mark with an 'x'.

[single option]

Yes

X No

Don't know

24b. If yes, please list the relevant services.

[open text – maximum 500 characters]

**Question 24**

24a. For individuals who have had a court order given to them in relation to their substance use, do you have testing services available in your ADP area<sup>10</sup>? Mark with an 'x'. [single option]

X Yes

No

Don't know

24b. If yes, please describe the type of monitoring that takes place (e.g. sampling with handheld devices, spit tests, electronic monitoring) and who provides these services (e.g. private, third sector, statutory). [open text – maximum 500 characters].

Spit test.

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<sup>10</sup> We are including this question on behalf of Scottish Government Justice colleagues to better understand substance testing for orders and licences in Scotland.

## People receive high quality treatment and recovery services

### Question 25

What **screening options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

- Alcohol hospital liaison
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangement of the delivery of alcohol brief interventions in non-priority settings
- Pathways for early detection of alcohol-related liver disease
- None
- Other (please specify):

### Question 26

What **treatment options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

- Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)
- Alcohol hospital liaison
- Alcohol related cognitive testing (e.g. for alcohol related brain damage)
- Community alcohol detox (including at-home)
- In-patient alcohol detox
- Pathways into mental health treatment
- Psychosocial counselling
- Residential rehabilitation
- None
- Other (please specify):

### Question 27

27a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

Availability of aftercare

Availability of detox services

Availability of stabilisation services

Current models are not working

Difficulty identifying all those who will benefit

Further workforce training required

Insufficient funds

Insufficient staff

Lack of awareness among potential clients

Lack of capacity

Lack of specialist providers

Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify): The lack of availability of dedicated support for families.

27b. What actions is your ADP taking to overcome these barriers to residential rehabilitation?

[open text – maximum 500 characters]

<p>We work with all partners to create easier access to detox through reduction plans, inpatient detoxes and the offer of community detoxes. We support stabilisation plans within the community programmes in the X Pathway 2 Recovery Service. We link with stabilisation units in other areas and are able to offer this as a placement option. Working alongside SFAD to look at family inclusive work in the City and discuss what is missing from the supports offered. We appointed additional support worker.</p>
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### Question 28

28a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an 'x'.

[single option]

No revisions or updates made in 2023/24

Yes - Revised or updated in 2023/24 and this has been published

Yes - Revised or updated in 2023/24 but not currently published

28b. If yes, please provide brief details of the changes made and the rationale for the changes.

[open text – maximum 500 characters]

Added a female worker to the Pathway 2 Recovery Team offering more support to females within the City. This increased number of referral received for females and the RR placements offered. We brought in more external services to ensure clients have access to a range of other opportunities i.e. volunteering/employment/outdoor activities. Looking to relaunch Pathway to ensure other professionals/families/clients are aware of the Pathway and the support on offer. Increased support to all.

### Question 29

29a. Which, if any, of the following barriers to implementing MAT exist in your area? Mark all that apply with an 'x'.

[multiple choice]

Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)

Availability of stabilisation services

Difficulty identifying all those who will benefit

Further workforce training is needed

Geographical challenges (e.g. remote, rural, etc.)

Insufficient funds

Insufficient staff

Lack of awareness among potential clients

Lack of capacity

Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify):

29b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?

[open text – maximum 500 characters]

We conducted a needs assessment to address accommodation issues, developed joint working with 3rd sector sharing their accommodation, and by utilising community settings, including PC surgeries. Spaces reconfigured to support MAT requirements for choice. We addressed shortage of staff by working in partnership with 3rd sector. Training was delivered to all relevant staff and we developed bespoke public-facing information to share with individuals who could benefit from MAT.

### Question 30

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and / or drugs**? Mark all that apply with an 'x'. [multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversions activities	X	X	X
Employability support			X
Family support services	X	X	X
Information services	X	X	X
Justice services			X
Mental health services (including wellbeing)	X	X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)		X	X
Recovery communities		X	X
School outreach	X	X	X
Support/discussion groups (including 1:1)	X	X	X
Other (please specify)			

### Question 31

Please list all recovery groups<sup>11</sup> in your ADP area that are funded or supported<sup>12</sup> by your ADP.

[open text – maximum 2,000 characters]

Hillcrest – Recovery focused groups.  
DVVA – Supporting recovery groups and running Peer2Peer courses.

<sup>11</sup> 'Recovery group' includes any group that supports recovery and/or wellbeing in your local area. This could be local recovery cafés; peer support groups; wellbeing groups that support people affected by substance use; or more established recovery networks, hubs or organisations. If some of these are covered by umbrella groups, please list both.

<sup>12</sup> Note: 'supported' here refers to where ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Maxwell Centre – Support & activities for people in recovery.  
TCA – Recovery focused groups.  
Art Angel – Focus on mental health and also supporting those with co-morbidities.  
WithYou – Recovery focused groups.  
Just Bee – Community drop ins for people in recovery.  
Access to Industry – Support specifically for people in recovery to rejoin the workforce.  
Wellbeing Works – Focus on mental health and people who are in recovery.  
The Reconnection Project – supporting people in recovery through skills based training.  
Street Soccer – people in recovery supported throughout the project.  
Crossreach – The R&R Café alongside SMART groups.  
Bethany Christian Trust – Support people in Recovery & run the bridge to freedom recovery group.  
RSPB Nature Recovery – nature-based recovery spaces alongside the Reconnection Project.  
DIAS – Substance use advocacy workers.  
Dundee Recovery Network – recovery community run by people with lived experience to support others in recovery through drop in and activities.  
Resolve & Evolve – People with lived experience of recovery running a drop in to support other people in their community.  
WRASAC/Women's Hub – support women affected by substance use and in recovery.  
Parish Nursing – Drop in to support a range of vulnerable adults, focus on people in recovery & the Recovery Road Map.  
The Corner – Support young people affected by substance use.  
Barnardos (FLIP) – Support families affected by substance use.  
Navigator – Support people in recovery who are in hospital setting.  
Dundee Full Gospel Church – Run drop ins and support for people affected by substance use.  
Eagles Wings – Run drop ins and activities.  
Haven – focus is on mental health recovery.  
Deaf Hub – supports people in recovery.  
Scrapantics – Support people in recovery.  
Dundee Community Craft – Community arts activities for people in recovery.  
Jericho House – Alcohol rehab for men.

## Quality of life is improved by addressing multiple disadvantages

### Question 32

Do you have specific treatment and support services in place for the following groups?  
Mark all that apply with an 'x'.

[multiple choice]

	Yes	No
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Non-native English speakers (English Second Language)	X	
People from minority ethnic groups		
People from religious groups		
People who are experiencing homelessness	X	
People who are LGBTQI+	X	
People who are pregnant or peri-natal	X	
People who engage in transactional sex	X	
People with hearing impairments and/or visual impairments		
People with learning disabilities and literacy difficulties		
Veterans	X	
Women	X	

### Question 33

33a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'. [single choice]

X Yes

No

33b. Please provide details.  
[open text – maximum 500 characters]

A MHSU 'Multi-Disciplinary Consultation Hub' has been developed to allow joint decision making regarding people with concurrent need. The hub includes statutory and third sector agencies working with individuals experiencing MHSU. Adult with co-occurring MHSU requiring additional support, specialist care, treatment for their mental health and wellbeing, self-harm and/or substance use have a whole system, safe, person-centred and evidence based care plan. Progress made with information sharing.

### Question 34

What arrangements are in place within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**? Mark all that apply with an 'x'.

[multiple choice]

Dual diagnosis teams

Formal joint working protocols between mental health and substance use services specifically for people with mental health concerns for which they do not have a diagnosis

Pathways for referral to mental health services or other multi-disciplinary teams

Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

None

Other (please specify):

### Question 35

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages? Mark all that apply with an 'x'.

[multiple choice]

By representation on strategic groups or topic-specific sub-groups

By representation on the ADP board

Through partnership working

Via provision of funding

Not applicable

Other (please specify):

### Question 36

Which of the following activities are you aware of having been undertaken in ADP funded or supported<sup>13</sup> services to implement a trauma-informed approach? Mark all that apply with an 'x'.

[multiple choice]

- X Engaging with people with lived/living experience
- X Engaging with third sector/community partners
- X Provision of trauma-informed spaces/accommodation
- X Recruiting staff
- X Training existing workforce
- X Working group
- None
- Other (please specify):

### Question 37

37a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'. [single option]

- X Yes
- No
- Don't know

37b. If yes, are these commissioned directly by the ADP? Mark with an 'x'. [single option]

- X Yes
- No
- Don't know

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<sup>13</sup> Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

## Children, families and communities affected by substance use are supported

### Question 38

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Carer support	X	X	X
Diversionary activities	X	X	X
Employability support			X
Family support services	X	X	X
Information services	X	X	X
Mental health services	X	X	X
Outreach/mobile services		X	X
Recovery communities		X	X
School outreach	X	X	X
Support/discussion groups	X	X	X
Other (please specify)			

### Question 39

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.

[multiple choice]

- X Advocacy
- X Commissioned services
- X Counselling
- X One to one support
- X Mental health support
- X Naloxone training
- X Support groups
- Training
- None
- Other (please specify):

### Question 40

40a. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? Mark with an 'x'.

[single option]

Yes

No

Don't know

40b. Please provide details of these activities and priorities for 2023/24.

[open text – maximum 500 characters]

The ADP is working with SFAAD to develop a whole partnership approach to implement a Whole Family Approach. As part of this project, SFAAD are supporting local agencies to develop their own individual approach to working holistically with families and taking account of their needs. Specific support is available to kinship families.

### Question 41

Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

	Family member <b>in</b> treatment	Family member <b>not in</b> treatment
Advice	X	X
Advocacy	X	X
Mentoring		
Peer support		
Personal development	X	X
Social activities	X	
Support for victims of gender based violence and their families		
Youth services		
Other (please specify)		

### Question 42

42a. Are any activities in your ADP area currently integrated with planned activity for the Whole Family Wellbeing Funding in your Children's Service's Planning Partnership area? Mark with an 'x'. [single option]

Yes

No

Don't know

42b. If yes, please provide details.

[open text – maximum 500 characters]

A service supporting birth parents following removal of children to reduce the numbers of babies received into care. Supporting kinship families with the Kinship Panel and a joint referrals system. Developed and implementing a Joint Advocacy Strategy to support all age groups. The CSPP allocated WFWF funding focusing on issues of poverty, mental health, substance use. Funds allocated to vulnerable women at risk of children entering care and a co-located hub for vulnerable adolescents.



## Confirmation of sign-off

### Question 44

Has your response been signed off at the following levels? [multiple choice]

ADP

IJB

Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format): 21/08/2024

## Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2023/24 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2024.

Please do not hesitate to get in touch via email at [substanceuseanalyticalteam@gov.scot](mailto:substanceuseanalyticalteam@gov.scot) should you have any questions.

[End of survey]