



#### **Introduction**

Held at the West Park Centre and hosted by Drew Walker, Chair of the Dundee Alcohol & Drug Partnership, this Dundee Partnership Forum on Tackling Substance Misuse in Dundee was attended by 106 delegates. These included people with lived experience of substance misuse and recovery, community representatives and a wide range of frontline and strategic staff from the public and third sectors, particularly those involved in assisting people in recovery.

The purpose of the event was to launch the new Dundee Drug Misuse Commission, highlight the strategic importance of the issue and the work being undertaken in tackling it, and to introduce the Substance Misuse Strategic & Commissioning Plan for Dundee 2018-21. This was achieved through a number of presentations, the sharing of one local family's experience, and facilitated round table discussions. These are described in more detail below.

#### **Launching the Dundee Drug Misuse Commission**

Councillor Ken Lynn, Chair of the Dundee Health & Social Care Partnership described how drug misuse has been a growing issue over the last twenty to thirty years, and that services have also grown over that time. Dundee is in the unfortunate position of having the highest level of drug deaths per capita in Europe.

He highlighted that we have had big successes in other problem areas such as Hepatitis C, and teenage pregnancy and is hopeful that drug misuse can also be addressed. This will need a range of evidence based solutions and the political will to make changes – both at a national level and in local decision making. Harm reduction and recovery are both key within this.

Formally launching the new Dundee Drug Commission he informed the Forum that Commission members have been carefully chosen, with just a few to be finalised by early April. A call for evidence will be being sent out, including to those with lived experience to enable the Commission to undertake its work. Support in doing this has been arranged through Figure8, a local consultancy.

As with the Dundee Fairness Commission, the Drug Misuse Commission will analyse the evidence presented and come up with a number of recommendations. These will be reported on, and an action plan drawn up to take them forward.

#### **Round Table Discussion 1**

Each table of eight to ten delegates were given time to discuss the following:



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- What question would you most like the Commission to ask (and answer) about drug misuse and drug deaths in Dundee?
- If you could give one piece of advice to the members of the Commission, what would it be?

A wide range of responses were given and these have been collated in full in Appendix One. The most widely mentioned questions for the Commission included;

- Why is this such a big issue in Dundee, compared to other places? What research is available / could be done to inform this?
- Can we find out what the causes of drug misuse are in order to minimise them / their impact?
- How can we make services more widely known about and easier to access?
- How do we make support more person centred?
- How do we link direct support to a range of other non-substance misuse services?
- How can we adapt / improve the methadone programme to be more effective in supporting recovery?
- What are the issues affecting families and how can they be better supported?

Advice for the Commission also took many forms, including;

- Listen to frontline staff, those with lived experience, those using services, families, community members
- Adopt a mindset that enables creativity and innovation, but incorporate existing knowledge
- Educate others, using plain English, in the findings of the Commission
- Bring a range of people together to develop ideas
- Seek ways of increasing the available funding and investment
- Help to create a service delivery model that brings in a range of factors such as tailored services, voluntary sector supports, partnership, a caring approach, and a realistic recovery pathway

### **Towards a New Strategy for Scotland**

Aileen Campbell MSP, Minister for Public Health & Sport reminded the Forum that Dundee is a place that has made a number of positive changes, but does also have ongoing deprivation. She went on to state that the issue of drug misuse is everyone's business, as every drug death impacts on families and communities.

The underlying causes are being examined by the Scottish Government and it is apparent that a whole systems approach is needed. This has to put the person first, and encompasses health, housing, and employability.



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Implementing the 'Road to Recovery' has made an impact, but this needs to be refreshed. Service delivery also needs to shift to meet the demands of those who are disengaged. Stigma also needs to be tackled.

Dundee's new Commissioning Strategy is a positive one, which aligns well with Scottish Government strategy, and will benefit from a share of the additional £20m allocated to tackling substance misuse over the course of this parliament. Substance misuse is a compound issue, and we may need to make controversial or unconventional choices.

The Minister then took a number of questions from the floor, summarised below along with the responses.

- From a person in Recovery: I have to pass two or three chemists on the way to the city centre to receive a methadone prescription. Can this be changed, as it has led to wider knowledge that I am in recovery, stigmatisation and loss of employment?
  - Stigma does need to be tackled
  - The treatment needs to be right for the individual. They shouldn't just be left on an unchanging methadone prescription
- Lochee experiences a high rate of methadone prescription. Can we work with employers to inform them what level of methadone usage is regarded as safe within the workplace?
  - This is an important issue to address, and could be done via the local employability network. Additional ideas would also be welcomed
- Within the methadone programme, many people remain at a fixed dose for a long time. A more active move towards reducing the dose is needed. Can this be investigated and the system changed?
  - It should be possible to remodel the system in order to meet individual needs. It is understood that a fixed dose of methadone is keeping many people stable
- What appetite is there to rethink the criminalisation of drug use?
  - There is an understanding that people need help and that criminalisation and associated legal issues can get in the way of this. There is some talk around this topic at a Scottish Government level, e.g. around safe injection rooms, but this falls within the remit of the UK Government to make / change these laws
- In the European Union, 80% of people with drug misuse issues are in treatment, compared with less than 40% in Scotland. How can we change this?
  - The low Scottish figure doesn't include those engaging with Primary Care, and so is higher than stated. The new strategy will give us a better understanding of individuals and will help to increase the percentage that are able to get help



#### **One Family's Experience in Dundee**

Pauline McIntosh, Senior Practitioner with CAIR Scotland introduced a Dundee couple whose son has a long term drug misuse problem. The couple spoke about their experience in a very real, moving way and included the below points;

- They have spent eighteen years as parents of an addict, with the issue becoming unmanageable in the past five years
- The impact on their lives has been financial – costing thousands of pounds, physical – with stress leading to not eating and physical illness, and mental – up to and including a mental breakdown
- Relationships within families and with friends are also affected
- Both parents needed help too
- There is a general lack of understanding of drug addiction. The mother thought that she 'could help fix it', but this is not usually the case. The parent's initial questions included, 'where do I find help?' and 'how do we access it?'. Eventually they came to the realisation that it needs to be their son who wants to accept / seek help
- They found that they were unable to remain 'on the same page' with regards to their son's addiction but try very hard to 'at least remain within the same book'
- Addicts can be very manipulative with family members
- CAIR Scotland helped, as they work with families as well as those with the addiction
- Doctors need to have a better idea of where to refer people to for support
- They gained a better understanding of addictions through meetings at services and social media groups, which has been helpful. Finding the 'Twelve Steps' used by Alcoholics Anonymous has also helped
- The 'Smart Recovery Family & Friends' group at Dundee Carers has also been very useful
- The couple then highlighted a number of things that they would improve if given the opportunity;
  - Wider networking and communication to the public of who/what addiction is
  - Use of social media
  - Get more information into GP practices and schools. They need to know more about what is in place to help (e.g. in leaflet form) as this will give them a better chance of being able to deal with the issue sooner and better
  - Comprehensive public health support, including long term residential care and follow-up support, and a wider range of support options
  - A reduction in opioid prescriptions
  - Better education on overdose prevention drugs (e.g. naloxone)



#### **The Scale of the Challenge Facing Dundee**

Dr Emma Fletcher, Consultant in Public Health Medicine, presented on the Scale of the Challenge Facing Dundee. The presentation can be found [here](#) on the Dundee Partnership website. Part of the presentation highlighted that there are around three times as many drug-related deaths in Dundee City than in either Angus or Perth & Kinross. It also showed that the estimated prevalence of drug use in Dundee is the third highest in Scotland, behind only Glasgow and Inverclyde.

The presentation also introduced the work of the Drug Death Review Group which aims to identify opportunities for change and any emerging trends in order to reduce the number of drug deaths. This group will be undertaking a review of its own processes, looking at prescribing arrangements, and working with partner agencies to promote harm reduction measures for people in custody and supporting access to mental health care for people who misuse drugs. Assertive outreach is seen as one route to providing better support to those with drug misuse issues and so reducing the number of drug-related deaths in the city.

#### **New Priorities and a New Plan For Dundee**

Diane McCulloch, Head of Health & Community Care, presented on the Dundee Substance Misuse Strategic & Commissioning Plan. The presentation can be found [here](#) on the Dundee Partnership website.

The Plan aims to improve the lives and provide meaningful support to individuals and families in Dundee affected by substance misuse. It will do this through focus on four strategic priorities; children & families, prevention & protection, recovery, and resilient communities.

A number of drivers for change have been identified, including the availability of substances, preventing harm, and increasing the focus on recovery. A number of actions to be taken have already been identified, including;

- A focus on providing services and support to children at risk of harm due to parental substance misuse
- Action taken to delay or prevent the initiation of substance misuse amongst young people
- An increase in the resources allocated for prevention, early intervention and harm reduction activities to ensure these services are available and accessible to all who need them
- Creation of an accessible, high quality recovery oriented system of care that provides person centred support to enable achievement of recovery



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- Better communication with individuals and communities to promote services and identify the local impacts of substance misuse so that they can be addressed

#### **Shaping New Alcohol & Drug Services in Dundee**

Alexis Chappell, Locality Manager for Dundee Health & Social Care Partnership, presented on the New Model and Approach to Tackling Substance Misuse in Dundee. The presentation can be found [here](#) on the Dundee Partnership website.

Development of a new model gives an opportunity to introduce a streamlined approach to tackling the issue through a transformation of the system and creation of an integrated substance misuse partnership. This will be able to help people in a wide range of situations at a local level in a person centred way.

With the overall aim of Dundee citizens having access to the required information, advice, treatment and support, a number of goals have been identified, including;

- Contributing to a reduction in the prevalence of substance misuse and the associated deaths and health inequalities
- Promotion of community resilience and a shift towards early intervention, prevention and independent living
- Improving the support provided to carers, and access to it
- Better protecting both children and adults through implementation of effective arrangements to identify and respond to concerns

In order to achieve these goals, actions will include;

- Providing services on a locality basis
- Providing holistic, person centred support to enable people to recover
- Implementing governance arrangements to assure quality and effectiveness of advice, support, treatment and information provided
- Implementing the new model collaboratively to ensure coordinated support, with a single referral point being used to ensure effective use of resources

Briefing and engagement sessions are planned for April and May to help keep people informed of developments.

#### **Question & Answer Session**

A number of questions were put to the presenters. These, and their responses are summarised below.

- Funding hasn't been mentioned so far, yet more is needed by services





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- Funding is always an issue for services, particularly at the current time of shrinking overall budgets
- Integration of services is an opportunity to focus on this and shift resources
- The planning process will help to identify what any additional funds that become available can be used for
- Licences – can a proper look be taken at the granting of new licences to sell alcohol?
  - The ADP have worked on this and a report taken to the Licencing Board. A provisional policy statement has been implemented with regard to off-sales
- Access to Accident & Emergency for mental health issues is an issue. Are we ever likely to get a 'safe house'?
  - This topic has been discussed at the Scottish Parliament
  - Edinburgh has a 24 hour 'crisis centre' for mental health issues and this could possibly be replicated in Dundee
  - Work has started on looking into the possibility of a 'safe house' in Dundee
- Has the ADP considered using a 'GovJam' style event to co-design around Recovery?
  - Not specifically, though similar models have been used with carers, and homelessness, so this could potentially be carried out

### Round Table Discussion 2

Each table was once again given time for some discussion, this time focussing on the Strategic & Commissioning Plan for Dundee, to answer the question:

What can you and your organisation do to support this new, ambitious plan for the city with a focus on prevention, protection, recovery and resilience? Actions were to be thought about in relation to four strategic priorities within the plan;

- Children & Families
- Prevention & Protection
- Recovery
- Resilient Communities

Again, a wide range of responses were given, and these have been collated in full in Appendix Two. The most widely mentioned actions by strategic priority included;

#### Children & Families

- Improve the knowledge available in schools as both a preventative measure and for earlier identification where an issue arises



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- Focus support on the most vulnerable young people
- Listen to families

#### Prevention & Protection

- Ensure that services work better together
- Get the message across better in relation to how substance misuse affects someone, including training of a broad range of frontline staff
- Improve enforcement to reduce the availability of drugs

#### Recovery

- Improve the recovery support available at different points e.g. pre-release from prison, use of peer mentors, use of trained volunteers, etc.
- Revise the methadone programme so that it is fit for purpose
- Develop a locality based approach

#### Resilient Communities

- Work to tackle stigma through educating the public and using different language
- Encourage the media to report on the issue differently
- Recognise the link between substance misuse and poverty, loneliness, health inequalities, etc. and work to address these in tandem
- Ensure that the Third Sector is involved in solutions, especially where community engagement is undertaken

A number of broad actions that would impact across the above themes were also suggested. These included;

- Partners focussing on their strengths to contribute to the overall system
- Sharing knowledge and learning widely
- Collectively working to remove the stigma associated with drug misuse, including engaging with the media
- Provide support to collaborative efforts

#### **Next Steps**

Drew Walker rounded off the Forum by thanking everyone involved in the preparation of, presentation at and participation in the event and highlighting some of the next steps to follow on from it.

2. A report will be produced
3. Everyone should encourage others to support the commissioning process and engage with the new strategy

He finished by stating that there is a huge challenge ahead with regard to drug misuse, but also a huge opportunity to make a difference.



Dundee Partnership

Forum



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#### Appendix One

#### **What question would you most like the Commission to ask (and answer) about drug misuse and drug deaths in Dundee?**

Many responses were given to this question, and they have been gathered under a number of headings below. There is some overlap between categories, and some questions could easily fit under two or three headings.

##### Causes

1. Why is there such a high prevalence of drug misuse and drug related deaths in Dundee compared to the rest of the country / Europe?
2. What is unique to Dundee that has contributed to the scale of its current drug misuse problem?
3. How can we understand 'why' and the whole person?
4. Why has Dundee many times more drug deaths than anywhere else?
5. Why are some people in Dundee using drugs in dangerous ways that are putting people at risk?
6. What are the differences between other places in Scotland / Europe that underpin the high number of drug deaths?
7. Why do we have such a high rate of drug misuse? It is more than poverty / deprivation would account for
8. What are the triggers for drug use? (adverse childhood experiences, deprivation, inequality)
9. Why have we let it get so bad? It is not only a local, but a national disgrace

##### Prevention

1. Onset / initiation – can we find out what starts the issues, as this would give us better understanding and let us deliver better services?
2. How do we stop the next generation of drug use? (the underlying issues need to be dealt with)
3. What do we do about prevention (including amongst teenagers)?
4. What is the evidence around prevention / education / early intervention?
5. How do we 'break the habit' in Dundee?
6. How do we improve policing / enforcement? (i.e. reduce the availability of drugs)

##### Accessing / Targeting Support

1. How can we make services easier to access?
2. What are the barriers to engagement?
3. How do we reduce barriers and waiting lists?
4. Where are the intervention points that we are missing?
5. We need to catch people at the point at which they are ready to act on tackling their issues. How can services be ready to help people as soon as they are ready to access help / support?
6. How do we help people who are most at risk/acute?
7. How available are supports, especially specialist supports?



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8. How do we engage better and retain clients in services? (e.g. use good practice from HepC services, relationship based approaches, mentoring, peer working, key workers, outreach work, community work)

#### Stigma

1. How can culture change be generated in Dundee's schemes?
2. Stigma exists within services not directly linked with substance misuse (e.g. DCC, hostels, etc.). How do we tackle this?
3. How is the Commission going to tackle stigma in Dundee?

#### Person Centred Approach

1. Contact with workers was important and people using the system need to feel 'wanted' and have time to build relationships with workers. How can we ensure this?
2. What do we know about those accessing services and what do we know of those who are not accessing services?
3. How can social workers be more compassionate / supportive?
4. How do we move away from a punitive approach to a caring one?
5. How do we build a person centred focus?
6. What are the gaps in the journey and how personalised is the service/support?

#### Associated / Additional Supports

1. How do we make a holistic approach work?
2. How can other life factors (e.g. welfare, housing, relationships, money, mental and physical health) be addressed alongside addiction?
3. How are you going to use the untapped resource of families and friends?
4. Where can we tie together the different resources?
5. How do we increase the availability of psychiatric services?
6. How do we ensure the sustainability of services working together?
7. How do we ensure voluntary services are included in the available support?
8. Can there be better connections between NHS concentrated services and daily community support?
9. How can we move away from a silo approach?
10. How can people going into rehabilitation keep their homes, so they don't lose everything / do have something when they get out?
11. Can better support be developed for prison liberation?

#### Methadone Programme

1. How can the resources available in the methadone programme be better used to support recovery?
2. How can pharmacies ensure dignity and privacy for dispensing of methadone?
3. What do we do about pharmacies and local / appropriate access?
4. How do people get onto the methadone programme?
5. Where is the support to help people come off methadone?
6. Why are so many people sanctioned off their methadone prescriptions by doctors? Is there something wrong in the system?
7. Can we look at how opiate replacement therapy is prescribed, and the relationship between methadone and addiction?



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#### Rehabilitation

1. Why is there no rehabilitation facility available in Dundee?
2. How can we get additional finance / resources e.g. for a rehabilitation centre?
3. How can we have more rehabilitation services in Dundee?
4. How do we increase the range of detox services?

#### Publicity / Awareness

1. How do we improve knowledge of the different services that exist?
2. How do we make information more readily accessible?
3. How can we develop clarity around the roles of all services?
4. How can we improve the understanding of all services across the city, voluntary and statutory?
5. How are we going to ensure effective communication across partner agencies?
6. How do people currently access services and how do they find out what is available?
7. How can support from the media be developed?
8. Do people know about support for families?
9. Why is 'no one' wakening to the model of recovery?

#### Funding

1. At a time in which efficiencies / savings are needed, how do we protect funding for tackling substance misuse?
2. What do we do about resources and cuts?
3. Where can more funding be found to enable services to provide the needed support?
4. How much will we spend on (early) treatment?
5. Is there a police / funding question?

#### Families / Communities

1. What support is being provided for families affected by a loved one's addiction?
2. Use a wider family focus. How do we tackle wider family issues?
3. How do we support carers and other supporters?
4. How can risks for individuals and families be managed?
5. What are the individual impacts of drug misuse on both genders, differing ages and circumstances?
6. What generational aspects are there to drug misuse?
7. How do we deal with the traumatic impact of drug deaths on children and kinship carers?

#### Gaps

1. Is the present range of services fit for purpose?
2. Where are the service gaps in Dundee, benchmarked against other areas?
3. There is a gap in services for ages 17-21(25). How can this be addressed?
4. How do we increase the levels of mental health support available and faster access to it?
5. How do we tackle the lack of facilities / services? What else could there be available for people in regard to activities i.e. somewhere in the Centre where people could go to get immediate support/take part in activities. 'Mega Hub'?



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#### Improving Services

1. What does success look like?
2. How are we going to measure success?
3. How can we support staff working in services?
4. How can you support recovery groups in Dundee?
5. What can we do about mental health support (especially waiting lists)?

#### Research / Knowledge

1. What is the long term goal?
2. What is being done to address the long term causes of addiction?
3. What's working and what can we build on locally and nationally?
4. How can we fully understand the extent of the issue?
5. What evidence based practice from elsewhere may also be a fit for Dundee?
6. How do we reduce harm, risk & death?
7. How do we build on what works and support workers that could do this?
8. How do we support networks of support (welfare / care)
9. Is the current clinical / medical model the right one? In Portugal, mental health support is offered alongside addiction support
10. How do we use the HepC model in Dundee to work in recovery?
11. Are people able to recover outwith Dundee?
12. Can a trauma informed approach be developed?
13. Is life trauma being addressed?

#### Commission Aims / Process

1. Can the Commission accurately reflect the needs of both genders when there is no female representation?
2. What will be different from this Commission to what has gone before? How do you know it will make a difference?
3. What is the sense of leadership and how services link in and share?
4. What will the Commission's methodology be?

### **If you could give one piece of advice to the members of the Commission, what would it be?**

Again, many responses were given and these have been grouped under a number of headings.

#### Listen

1. Multiple responses indicated that the Commission should listen to;
  - a. frontline staff
  - b. those with lived experience of the issues
  - c. those currently using services and in recovery
  - d. family members
  - e. community members
2. The solutions lie with those with personal experience. The Commission must ensure they truly hear the voices of those who know best



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3. More emphasis is needed on peer involvement as this is potent in any treatment (comment came from someone in recovery themselves)
4. Listen – to people’s stories both positive and challenging. It’s about people’s lives not numbers

#### Involve Others

1. Let’s get peer workers involved in the whole story
2. Speak to those impacted by drug misuse in the community, i.e. neighbours, as well as those directly misusing drugs
3. Use Healthy Community Collaborations in communities to get them on board
4. Undertake consultation

#### Mindset

1. Build credibility in the community by understanding the Dundee culture, and show respect
2. See the person, not the problem
3. BE BOLD and hold your nerve
4. Be prepared to try things
5. Be innovative, needs led and bias free
6. Don’t accept the situation
7. Don’t be constrained in your thinking by the available resources
8. Don’t make assumptions / Be open-minded
9. Evaluate risks
10. Be upfront and honest
11. Communicate

#### Educate Others

1. Provide ongoing feedback to the community and professionals on findings and progress – do not wait until the end of the Commission
2. Share stories of recovery
3. Do not use jargon
4. Make sure communication with the whole Commission process is good
5. Demonstrate the results / success of work done
6. Bring together the research around adverse childhood experiences, economics, and present them in a way that demonstrates the core reasons behind substance misuse and how to address them
7. Educate communities about what addiction is and how it affects families

#### Bring People Together

1. We need more representation from people with lived experience
2. Include someone with lived experience on the Commission
3. It can’t just be a group of people in suits
4. People in recovery need to see what’s out there. Services need to come together, including non-drug treatment services
5. Develop Peer Support availability
6. Consider use of a GovJam to develop ideas
7. Link with the Fairness Commission (Dundee Fighting For Fairness) regarding tackling stigma

#### Gather Knowledge





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1. There is a lot of resilience within our communities that can be learnt from
2. Review treatment services and compare with what is required for people misusing drugs
3. Give providers time to respond to commissioning
4. Understand health psychology and use this in this piece of work
5. Don't be afraid to revisit past initiatives. They may now work
6. Speak to rough sleepers as a preventative measure

#### Funding

1. Tap into existing resources in the city
2. Prioritise investment, as all solutions will need this
3. Look at increasing the funds available
4. Outcomes should not be limited by public sector financing

#### Service Delivery Models

1. The model of harm reduction and abstinence works. Look at the proportion of overall drugs related funding that is spent on this (and consider changes)
2. Tailored services are key – they allow individual focus
3. Identify the value of family members and focus on supporting them to support those misusing drugs
4. Look at what services are required for recovery
5. Include the voluntary sector in the range of support available
6. Encourage partnership as opposed to competition between providers
7. Addiction is a symptom. If you only focus on this, nothing will change
8. It isn't just about substance misuse services, but also; where people live, wellbeing cafes, etc.
9. There is a need for a caring approach that recognises risk & harm and that tries to address what is missing within people's lives as part of meaningful, engaging treatment
10. Make use of a trauma informed approach
11. Create a realistic recovery pathway
12. Develop outcomes that are deliverable and measurable. Check on these regularly and produce interim reports as the Commission progresses

#### Develop Skills

1. Support and training for all staff in the system
2. Employability training is needed to give people long term goals
3. Encourage professionalism – good listeners, commitment, non-judgemental, able to challenge
4. Educate hostel staff in the use of naloxone, overdose prevention and mental health awareness

#### Tackle Stigma

1. Protect people with lived experience

#### Criminalisation

1. Look at (de)criminalisation and its impact on drug misuse (see Portugal for a comparison)



#### **Appendix Two**

What can you and your organisation do to support this new, ambitious plan for the city with a focus on prevention, protection, recovery and resilience?

Actions were proposed in relation to the four strategic priorities within the plan;

#### Children & Families

##### Schools

1. Make sure every school has the knowledge and information about support to access recovery
2. Help with education of the next generation, starting at Primary School
3. Make sure access to prevention education is available
4. Early identification and intervention by social work / schools
5. Increase awareness of what is effective within schools
6. Institute an early years focus via nurseries / social work

##### Vulnerable Young People

1. Focus on the most vulnerable children in high risk home situations
2. Make children 'more important' in relation to this issue, including work with young people who misuse drugs
3. Look at youth engagement pre-crisis e.g. via Boomerang, Hot Chocolate, The Corner

##### Listen

1. Listen to families
2. Listen to those with lived experience who have something to say
3. Use local councillors more

##### Services

1. Three tables referred to: Support from CAIR Scotland through The Web and Family Support. With more funding, CAIR Scotland could do more good work
2. Crossreach has just received funding to work specifically with women and children affected by substance misuse in Dundee
3. Share learning - Bring in learning from the 'Whole Family Approach' used in Perth & Kinross and Angus. Includes the Prevention Framework, Curricular Framework. Also the SMART Recovery evaluation used in Angus

#### Prevention & Protection

##### Services

1. Map out what expertise there is in the city and enhance what is available
2. CAIR Scotland
  - a. Harm Reduction Centre / Hub
  - b. Training on Recovery, and communication



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- c. Peer mentors could provide training and development
- d. Looking at funding re: trauma informed practice
3. Internal team meetings in TSMS
4. Use of a Partnership initiative via the Scottish Drug Forum to enable provision across Dundee
5. Use of the Prevention Framework and curricular framework (*Laura Kerr, Tayside ADP indicated she could provide more information*)
6. Improved support for children

#### Partnership

1. Partnership working – a collaborative approach using multi-agency expertise
2. Work better together
3. Improve signposting
4. Shift resources

#### Education

1. Education on how an addiction to a substance actually affects someone and the falsehood of the obsession with removing pain / hurt of life. This could come from those with lived experience
2. Learning & Development framework for the wider workforce, plus a commitment in contracts to identifying & signposting re: substance misuse
3. Equally Well - Training and development re: service, reflection on stigma, accessibility, reducing health inequalities
4. Early intervention / prevention education within schools and off-site provision
5. Advice for parents and carers on what is effective early intervention
6. Utilise families in recovery to help get the message across to young people

#### Enforcement / Police Activity

1. Tayside Police Prevention Hub now has a shift in focus from responding, to prevention. They could share information on trends, etc.
2. Police could develop better links with the NHS / Ambulance Service and Scottish Prison Service re: drug use e.g.
  - a. Interventions post-release from prison (recently there have been 2-3 deaths from overdoses within 48 hours of release)
  - b. Change the mentality of police officers, and increase the use of inclusive language
3. Reduce the supply

#### Alternative Approaches

1. The use of a "controlled environment" (*for taking drugs*) could be explored
2. Issue foil rather than needles



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#### Recovery

##### Support

1. Scottish Prison Service could help with starting recovery support pre-release, alongside a range of agencies (some is in place, but more is needed e.g. NHS Tayside, Criminal Justice Throughcare, etc.)
2. CAIR Scotland – use peer mentors and a recovery academy, peer mentor coordinator and peer support training
3. Crossreach – have funding and a volunteer training programme
4. Grass roots work through Recovery Dundee and RecoverTay
5. Signposting volunteer referral mechanisms to frontline services

##### Methadone / Detox

1. No-one should have to travel for their methadone prescription
  - a. Bans by chemists are an issue
  - b. Not being able to access methadone in the local community, instead having to travel to the city centre, is an issue
  - c. Pharmacists need to be more involved. There are potential staff training issues – what options are available for this?
2. Opportunities for detox are needed

##### Waiting Lists

1. Waiting lists and time taken to access supportive services are too long
2. Support (*is gained*) from Addaction, then TSMS have a waiting list (*leads to disengagement*)

##### Possible Developments

1. Education for support workers (comparisons)
2. Work in locality bases for structural recovery work, including voluntary work and recovery support
3. Use a relationship / community based approach that includes a needs led support package for individuals looking to access treatment / currently in treatment
4. Develop Lochee Recovery Friendly approach
5. Link the strategic plan and subsequent model with other areas such as community justice
6. Develop the ex-Levi factory for community rehabilitation
7. Support with all aspects of life is needed
8. Safe usage
9. Support alternatives
10. Mindfulness



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#### Resilient Communities

##### Tackle Stigma

1. Need to hear from people with lived experience. This will increase the knowledge, understanding and resilience of communities, and decrease the amount of stigma suffered by drug users / those in recovery
2. Park Avenue GP Practice holds staff meetings at which addictions are discussed as an illness. This helps to improve the type of language used around the issue
3. Support rather than exclude (tackle stigma)
4. Talk about things in different ways to reduce stigma

##### Media / Reporting

1. We need to get the media on board in a positive way including the promotion of positive stories (Dundee City Council)
2. Sort out the press and the way they report on the issue. Encourage the use of positive reporting
3. Call for the politicians and strategic people to report back

##### Useful Approaches

1. Recognise that poverty and substance misuse are often linked
2. Help with all aspects of social support e.g. housing / homelessness, benefits, mental health, GPs, advocacy, recovery focus, harm reduction, pro-active and assertive outreach
3. Create a prevention pipeline
4. Tackle loneliness – building communities locally and creating places where friendships can grow e.g. drop-ins, hubs, alcohol free events, narcotics anonymous, Al-Anon, Addaction, Cairn Centre
5. Dryve nights – substance free events, e.g. at local coffee shops. Working with local businesses
6. Deliver externally funded activities e.g. holiday programme for children, safezone bus that might not otherwise be delivered.
7. Working with local gaming industry to create different forms of community. Can we find ways to help young people access gaming?
8. Access into schools to tackle the issue
9. Recognise the specific experience of women and the link to domestic violence
10. Make use of Community Safety Wardens
11. Anti-Social Behaviour Team can be involved
12. Possible role around needle collection
13. Need to identify alternatives to custody

##### Third Sector

1. Third sector can support and contribute to the engagement agenda and bring a lot of added value through additional supports and services that are funding
2. Offer support with engagement (Third Sector)
3. Use of volunteers and communities to be involved in the system (Third Sector)



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#### Other Items

These items are all fairly broad, and cover a range of possible actions that would impact on more than one of the strategic priorities

1. Each partner to focus/identify their strengths to contribute to the system
2. A coordinated approach to sharing knowledge and learning
3. Get all key organisations to commit to tackling substance misuse as a priority for them via a joint mission statement or similar
4. Get the media on board at an early stage
5. Organisations / communities to focus on removing the stigma attached to drug misuse. Launch a '#respect' campaign. This should be a priority focus for the Commission
6. Organisations to support raising awareness of support groups / services
7. Support to keep the collaboration going and work together (Dundee City Council)
8. Provide support to other colleagues in the system
9. The Health & Social Care Partnership are not there in terms of a one-stop shop, silo-free service
10. Elected members don't know where to start with referrals, etc.
11. What will be the impact of any loss of European funding?