March

2022

Time for Kindness, Compassion and Hope: The Need for Action Two Years On

A two year on review report from the Dundee Drugs Commission

PART TWO – SUPPORTING EVIDENCE

Presented to the Dundee Partnership

FOR FURTHER INFORMATION PLEASE CONTACT

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Dr Robert Peat (Commission Chair, Former Director of Inspection, Care Inspectorate and former Depute Chief Executive and Director of Social Work and Health with Angus Council) **Prof Niamh Nic Daeid** (Commission Vice-Chair, Director of the Leverhulme Research Centre for Forensic Science, University of Dundee) **Prof Alex Baldacchino** (Professor in Medicine, Psychiatry and Addictions at the St Andrews University and Consultant Addiction Psychiatrist, Fife) **Dr Andrew Fraser** (Senior Advisor, Public Health Scotland) **Prof Eilish Gilvarry** (Professor of Addiction Psychiatry at the University of Newcastle upon Tyne and Consultant Addiction Psychiatrist, Newcastle) **John Goldie** (Former Head of Addictions, Glasgow Addiction Service) **Carole Hunter** (Lead Pharmacist, Addiction Services, NHS Greater Glasgow and Clyde)	**Cllr Kevin Keenan** (Leader of the Labour Group on Dundee City Council) **Dave Liddell** (CEO, Scottish Drugs Forum) **Cllr Ken Lynn** (Vice Chair, Dundee Health and Social Care Integration Joint Board) **Karyn McCluskey** (CEO, Community Justice Scotland) **Justina Murray** (CEO, Scottish Families Affected by Alcohol and Drugs) **Hazel Robertson** (Head of Services for Children, Young People and Families, Perth & Kinross Council) **Nicola Russell** (Superintendent, Police Scotland) **Jardine Simpson** (CEO, Scottish Recovery Consortium) **Pat Tyrie** (Family Member) **Maureen Walker** (Family Member and member of the Lifeline Group)
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FIGURE 8 RESEARCH AND SUPPORT TEAM MEMBERS	
Beth Cairns (Senior Researcher)	**Kevin Gardiner** (Researcher)
COMMISSION STEERING GROUP	
The Chair of the Commission (Robert Peat) and the Commission Facilitator (Andy Perkins) were assisted by a small steering group (below), who provided guidance and support. This group met on six occasions. The Commission are grateful for the advice and support they provided.	
Peter Allan (Community Planning Manager, Dundee City Council)	**Vered Hopkins** (Protecting People Lead Officer, Dundee Protecting People Team)

NOTE: For a variety of reasons a number of our original Commission members were unable to participate in the review (Sharon Brand, Eric Knox, Jean Logan, Susie Mertes, John Owens, and Dr Tessa Parkes). However, three of the members noted above (Carole Hunter, Karyn McCluskey, and Nicola Russell) were able to join the Commission for the review and cover some of the areas of expertise that had been lost through those who had to step aside.

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Reports

This **Part 2** report is a 'Supporting Evidence' Appendix report of the Dundee Drugs Commission and provides six background and contextual evidence documents (**Appendices I – VI**), all of which complement the main **Part 1** report.

Disclaimer

The Dundee Drug Commission's two-year on review report contains the views of members of the Dundee Drugs Commission who also considered data, intelligence, evidence and views from invited participants and experts as well as **276** local people and professionals who have responded to the Commission's calls for evidence. The members do not speak on behalf of any organisation but rather express their own conclusions following evidence from these and many other sources. The report is not intended to reflect the entire breadth of the discussions that have taken place over the last six months but, instead, is a distillation of the many and varied contributions that have been made.

It is not the intention of this report to cast aspersions on any individual, but rather to help identify where systems and services are not working as they should in order to help identify realistic and workable solutions. Any identifying information about individuals has been removed to protect anonymity and confidentiality. Permission was sought from all individuals who contributed evidence to the Commission on the basis that responses would be anonymised.

Acknowledgments

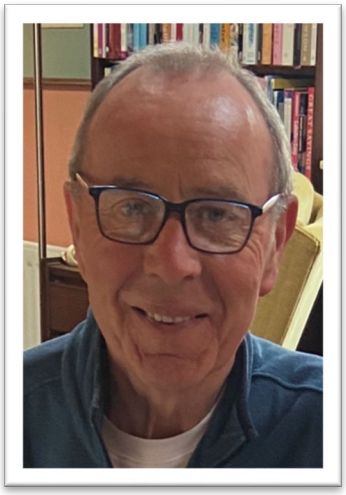
The Commission would like to place on record its grateful thanks to all the individuals and organisations who have given evidence to the Commission – often requiring great courage to recount difficult and painful experiences.

The Commission would also like to express its thanks to the leaders from the Dundee Partnership Management Group who have committed their time and efforts to support the work of the Commission during its review.

APPENDIX I: COMMISSIONER MEMBERS – BIOGRAPHIES

This appendix provides short biographies/profiles of all the current members of the Dundee Drugs Commission.

Dr Robert Peat (Chair)



Robert graduated from the University of Strathclyde in 1980 with a BA in Sociology and Administration. He obtained his PhD from the University of Aberdeen in 1984.

He retired from the Scottish Care Inspectorate in May 2016 where he had worked for 3 years. Robert was the Director of Inspection and latterly the Executive Adviser to the Board of the Inspectorate.

A social worker for over 30 years Robert's main career was in Local Government in the Tayside area of Scotland. He became Director of Social Work and Health with Angus Council in 2003 and from 2006 was also the Depute Chief Executive of the Council, a role he fulfilled alongside his duties as Director of Social Work and Health. Robert left Angus Council in 2013 at a point when the Council was undertaking a major reorganisation.

Robert was Chair of the Angus Alcohol and Drug Partnership for ten years from 2003 until 2013.

He was a Non-Executive Member of NHS Tayside Board from January 2017 until December 2020.

Since retiring in 2016 Robert has worked as a consultant with Support in Mind Scotland and as a member of an expert panel with the Commissioner for Older People (Northern Ireland). Robert was a member of the National Drug Deaths Taskforce from September 2019 until May 2021.

Professor Niamh Nic Daeid BSc BA PhD FRSE FRSC CChem FICI FCSFS

Professor Niamh Nic Daeid is Director of the Leverhulme Research Centre for Forensic Science at the University of Dundee. She has over 28 years of experience in research, training, education and practice as a forensic chemist specialising in the clandestine manufacture and characterisation of drugs of abuse as well as other areas of forensic chemistry. She is a Fellow of the Royal Society of Edinburgh, and holds Fellowships with the Royal Society of Chemistry, the Institute of Chemistry of Ireland, the Royal Statistical Society and the Chartered Society for Forensic Science. She is a Chartered Chemist, is authorised as a Forensic Chemist to provide expert evidence to the courts and

is registered as a forensic expert with the National Crime Agency. She has held leadership positions with the European Network of Forensic Science Institutes (ENFSI), INTERPOL and the International Criminal Court and sits on the Forensic Expert panel for the United Nations Office of Drugs and Crime on aspects of New Psychoactive Substances.

Prof Alex Baldacchino MD, MPhil, PhD, FISAM, FRCPsych, FRCP(E)

Professor Baldacchino is Professor in Medicine, Psychiatry and Addictions at the St Andrews University, Scotland, UK. He was awarded membership with the UK Royal College of Psychiatrists (MRCPsych) in 1994, Fellowship with the UK Royal College of Psychiatrists (FRCPsych) in 2007 and Fellow with the Royal College of Physicians (Edinburgh) (FRCPE) in 2017.

Since 2001 he has, along with his academic career, also worked with NHS Scotland as a Senior Consultant Psychiatrist and Clinical Director in Addiction Medicine and in 2015 NHS Fife Research and Development (R&D) Director. He is President Elect and Executive Board Member for the International Society of Addiction Medicine (ISAM). His research portfolio have a common thread of understanding the comorbid conditions (physical and psychological) arising as a result of chronic abuse of pharmacological agents with dependence potential especially opioids, nicotine, and alcohol. He has around 150 peer reviewed publications. He is also Honorary Professor with the University of Dundee and City of Dundee Ambassador.

Dr Andrew Fraser

Andrew Fraser is a retired public health physician. Until the formation of Public Health Scotland in 2020, he was Director of Public Health Science with NHS Health Scotland. Previously he was Director of Public Health in NHS Highland from 1994-97, Deputy Chief Medical Officer in the Health Department of the Scottish Office, then Scottish Executive from 1997-2003. He was responsible for advice on Public Health Policy. From 2003-2012, he worked in the Scottish Prison Service as Director of Health and Care, where he also worked with WHO to improve prisoners' health.

Prof Eilish Gilvarry [FRCPsych MRCGP FRCPI DCh Dobs]

Eilish Gilvarry is a Consultant Psychiatrist in Addictions at Newcastle Addictions Service, Professor of Addiction Psychiatry at the University of Newcastle upon Tyne and has been involved with UK addictions services over many years. She has been Clinical Director of Specialist Services and Forensic Services until 2016 at Northumberland Tyne and Wear NHS Foundation Trust (NTW) and currently is Deputy Medical Director for Appraisal and Revalidation at NTW.

She chaired the Executive Committee of the Royal College of Psychiatrists Addictions Faculty (2004-08) and was involved with a number of working parties: member of the National Institute for Clinical Excellence (NICE) guidelines on opiate detoxification (2007), NICE guidelines on clinical management of alcohol related physical complications (2010-11), NICE guidelines on management of alcohol harm and dependence (2011), member of the review of 'Orange' clinical management guidelines with the Department of Health and

Public Health England (PHE) published 2017. She is Chair of the review of the "Blue Book" - Substance Misuse Detainees in Police Custody: Guidelines for Clinical Management (2017-2018). In 2010 she chaired a review of injectable treatment for people experiencing drug problems. She also reviewed deaths in prison (2011-13), this review of practice standards in prisons informed the review of the section on custodial care included in "Orange" guidelines. She has a particular interest in young people and use of substances and has been involved in research and lecturing on this subject.

Chair of the Secretary of State for Transport's Advisory Committee on drugs and alcohol and a member of the expert panel which produced the report "Driving Under the Influence of Drugs" (2013), Eilish continues to advise on this issue. She has edited several books, published widely in scientific journals, and is currently involved in research particularly with young people and brief interventions for alcohol misusers. She is also an Assessor and Medical Supervisor with the General Medical Council and other regulatory authorities.

John Goldie

John Goldie qualified as a Registered Mental Health Nurse in 1988, working in Glasgow until retiring in 2017. During this time John set up needle exchange services in Gorbals and Pollok areas of Glasgow in the early 1990's. He started in the newly commission Glasgow Drug Problem Service in 1995, Offering the first Opiate Replacement Therapy service across the Glasgow City.

In the 1999 John joined the Homeless Addiction Team in Glasgow as service manager as part of the cities hostel closure and re-provision programme. In the early 2000's John became Community Addiction Manger in the newly formed integrated Glasgow Addiction Service working in Easterhouse and later becoming Head of Addiction services for South Glasgow in 2005 until his retirement. During this time, he was Glasgow City strategic lead for Recovery and Employability and along with colleagues was central to reviewing of Glasgow services and their move to creating recovery-oriented systems of care. John's clear and committed to the requirement that recovery needs to be central to all care and treatment and has promoted asset-based care for the last 10 years. Introducing lived experience into service delivery as an essential component alongside integrated health and social care professionals.

John was the Chair of the Scottish Recovery Consortium from 2014 to 2017 and is still the Chair of the South Glasgow Recovery Network.

John is also an advisor on the board of FASS Glasgow family support group.

Most recently John has just completed an independent review of Renfrewshire Alcohol Drugs Services commissioned by Renfrewshire Heath and Social Care Partnership and Renfrewshire Alcohol and Drug Partnership.

Dr Carole Hunter

Carole Hunter is the Lead Pharmacist, Alcohol and Drug Recovery Services, NHS Greater Glasgow and Clyde. She has extensive experience of community pharmacy in Scotland and England. In 2003 she succeeded Kay Roberts as Area Pharmacy Specialist in Drug Misuse for NHS Greater Glasgow. She is a member of Scotland's Drug Deaths Taskforce, Police Scotland Drug Strategy Board and is a former chair of Scotland's National Naloxone Advisory Group and of the Scottish Specialist Substance Misuse Pharmacists group. Dr Hunter was a member of the 2017 Drug Misuse and Dependence UK Guidelines on Clinical Management Independent Expert Working Group. In 2019 she was appointed as a member of the UK Advisory Council on Misuse of Drugs (ACMD).

Cllr Kevin Keenan

Kevin Keenan is currently Leader of the Labour Group on Dundee City Council, Chair of the Scrutiny Committee.

Kevin's background is in engineering and for over 30 years his employment involved him in the manufacturing, supply, and installation of power equipment within the electricity supply industry.

He is now the Manager of ATM RC Limited, a growing Arbroath based company that is involved in the upgrade and refurbishment of ATMs and their component parts. Supplying and supporting customers from the worldwide financial industry

Kevin was first elected to Dundee City Council in May 1997. He was re-elected for a second term in 2003 to present representing the multi-member Ward of Strathmartine.

During his time on Dundee City Council and in Local Government he has held various positions including:

- Leader of the Council
- Chair of the Waterfront Board
- Chair of the Dundee Partnership
- Member of Scottish Enterprise Tayside Advisory Board
- Convener of Education
- Convener of Communities
- Chair of CoSLA Audit Committee
- Former CoSLA Capacity & Resources spokesperson

Kevin has a keen interest in partnership working to improve health outcomes and address life and health inequalities.

Dave Liddle OBE

David leads the SDF staff team. He has worked for Scottish Drugs Forum since its inception in 1986 and in the field of drugs, alcohol, and homelessness for over 35 years in England, Ireland, and Scotland. He served on the UK Government's Advisory Council on the Misuse of Drugs from 2008 until 2017. He is a Board Member of the national anti-poverty network in Scotland, The Poverty Alliance.

He was a key player in the development of harm reduction services in Scotland, advocating the introduction of needle exchanges and substitute prescribing programmes. Since the creation of the Scottish Parliament in 1999, he has been a Secretary to the Cross-Party Group on Alcohol and Drug Misuse. He pioneered approaches to the involvement of people with experience of drug problems in influencing the planning and delivery of services – particularly through SDF's peer research approach. An active member of the European Civil Society Forum on Drugs, David is a regular media commentator on issues relating to problematic drugs use in Scotland. He has contributed to a number of publications on drug use in Scotland. David was made Officer of Order of the British Empire (OBE) in the Queen's 2012 Birthday Honours for services to disadvantaged people in Scotland.

Cllr Ken Lynn

Ken Lynn has been a councillor since 2007 and is the current vice-chair of the Dundee IJB. He has lived in the city for over 20 years and has had a long career working with homeless people, many of whom have issues with drugs and alcohol. The damage he has witnessed caused by substance use is his primary motivation for involvement in the commission and he wants to see better outcomes in terms of prevention, recovery, and harm reduction. He has been vocal in his desire to see changes which will make a difference to Dundee's drug deaths toll.

Karyn McCluskey

Karyn McCluskey leads the Community Justice Scotland team and has overall responsibility for raising awareness of the value that community justice brings to individuals and communities. Her aim is to provide leadership in a highly complex sector that covers multiple professional and organisational operating environments. She also ensures that our team supports and challenges our partners by promoting new ways of working that can improve service delivery and create better outcomes for individuals and society.

Karyn trained as a nurse, and then in psychology. She spent 21 years working with the police and helped establish the Violence Reduction Unit in 2003 with a Public Health approach to preventing violence. She is a member of the WHO Violence Prevention Alliance and also helped set up the Medics Against Violence charity in Scotland, which speak to school children about violence reduction, injury and keeping safe.

She has also previously developed a plan to tackle violence for the Metropolitan Police and has published work on Armed Robbery teams, Alcohol and Violence Interventions in a clinical setting and Violence Reduction. In addition, Karyn is a Non-Executive Director at Scottish Professional

Football League and a board member of Simon Community Scotland and the Centre for Justice Innovation.

Justina Murray

Justina joined Scottish Families Affected by Alcohol and Drugs as CEO in June 2017. This followed seven years as Chief Officer of South West Scotland Community Justice Authority (CJA), a formal partnership aiming to reduce reoffending across Ayrshire and Dumfries and Galloway. This included holding the national CJA portfolio for children and families affected by the justice system. Prior to this Justina was the Coordinator of North Ayrshire Community Planning Partnership, following on from roles in public policy, equal employment opportunities and research in Scotland and New Zealand.

Hazel Robertson

Hazel Robertson has been employed as a social worker within a local authority setting since 1986. In 1990, she was appointed to a specialist post focusing on Drugs and HIV. From 1992, as Senior Social Worker, she managed the Tayside Social Work HIV/AIDS service and latterly, (from 1999) also managed the Social Work Drug and Alcohol services in Dundee City Council. In 2004, she was appointed as Principal Officer for Community Care within Angus Council where she had responsibility for the strategic planning and development of Community Care services and had a lead role for Drugs and Alcohol services. From 2008 she also managed Children and Families Intake services in Angus. In 2011 she was invited to become a member of the Drugs Strategy Delivery Commission CAPSM task group. Hazel has been a Board Member of Scottish Drugs Forum since 2011 and has had a career long interest in the needs of children affected by substance misuse. She is currently employed as Head of Services for Children, Young People and Families in Perth and Kinross Council in Services for Children, Young People and Families.

Nicola Russell

Nicky Russell has 18 years Police experience, having spent 8 years with Surrey Police before transferring to Scotland in 2012. Nicky has undertaken a number of roles within Police Scotland supporting both local and National Divisions.

Between 2017 and 2019, Nicky was the Local Area Commander in Dundee before moving to work within the Professional Standards Department.

In 2020 Nicky returned to Tayside and is currently the Partnership Superintendent working with all three Local Authorities and supporting all partners in delivering better outcomes for the communities across Tayside.

Jardine Simpson

Jardin has been in recovery for 10 years from problematic substance use. In that decade he has worked as Scottish National Coordinator form SMART Recovery, a service and community based mutual aid organisation. During his five years with SMART he worked with most of the Scottish ADPs and the services within these localities to build the National SMART Recovery Meeting Network. From 2015 to 2018 he worked across Forth Valley ADPs to develop then manage Forth Valley Recovery Community (FVRC). FVRC is a peer-led and delivered Visible Recovery Community working in parallel and close collaboration with locality service providers. In October of 2018 he took up the post of Chief Executive of The Scottish Recovery Consortium. SRC supports, advocates on behalf of and represents people with lived and living experience of problematic substance use and service engagement. He is passionate about making recovery more accessible to more people across Scotland. A significant part of this journey for many people is through treatment and support.

Pat Tyrie – family member

Maureen Walker – family member

The Drugs Commission has been supported by Figure 8 Consultancy. The Director of Figure 8 (Andy Perkins) has been responsible for setting up and facilitating the work of the Commission, including the provision of support to the Chair and Vice-Chair of the Commission and Commission members, and collation of evidence gathering activities.

Andy Perkins

Andy has over 26 years' experience in the alcohol and drug, criminal justice and homelessness sectors and is an expert in the evaluation and review of a wide range of policies, services, and systems – at local and national levels. As the founding Director of Figure 8, Andy has project managed more than 150 contracts over the last fourteen years for a range of clients including health, social care, and criminal justice providers. Of particular relevance, Andy's experience includes:

- Ongoing evaluation of the funded work of the Scottish Government's Drug Deaths Taskforce.
- Ongoing evaluation of additional funding for inpatient detoxification programmes across England (NIHR/DHSC funded study).
- Currently leading a 'Substance Use in Scottish Prisons Needs Assessment' study on behalf of the Scottish Government.

- Co-lead of a Drug Deaths Taskforce funded research study exploring the perceptions and attitudes of senior decision makers across Scotland in regard to the implementation of drug consumption rooms (2020-21).
- Leading and co-leading five research studies in relation to the impact of Minimum Unit Pricing of Alcohol on Harmful Drinkers across both Scotland and Wales.
- Project management of 26 Needs Assessment projects across the UK at national, regional, and local levels, covering alcohol, drugs, tobacco, mental health, co-occurring conditions, ex-offenders, learning disabilities, physical disabilities, older people, housing, and carers.
- Co-lead of a review of the Welsh Government's national alcohol and drug strategy in partnership with Glyndŵr University in Wrexham (2017-18).

As a practitioner, Andy spent 10 years managing residential and in-prison alcohol and drug treatment programmes, including registered residential services for men, women and children, and in-prison services for young offenders.

APPENDIX II: STAKEHOLDER CONSULTATIONS

As detailed in **Chapter 4** of the Part 1 report, a wide variety of quantitative (data and statistics) and qualitative (expressed views) activities have been used to capture as broad and balanced set of evidence as possible over the duration of the review period.

We were clear from the outset, for the purposes of confidentiality and assuring respondents that they could speak without fear of prejudice, that we would not be quoting individuals in our main report. We were also clear that for open-ended responses provided via our survey, that we would remove any potential identifiable information. For these reasons, we will not be listing the names of individuals that we have spoken to as part of our work, but instead will indicate, in the table below, the total numbers of participants who have engaged across a range of different evidence gathering activities.

No.	Evidence source	Notes
1	Drugs Commission's Review Survey	In total, **109** responses to the survey were analysed. An opportunity was provided at the end of the survey for individuals to leave their contact details in order to speak in more detail to a member of the Commission. 26 respondents left their details. All 26 were then contacted by email, but only **five** took up an offer of a phone call.
2	Service user / family interviews and focus groups	Five focus groups, with a total of **34** participants, were conducted.
3	Meetings with Leaders of the Dundee Partnership	During the course of the review, the Chair, Vice-Chair and Facilitator of the Commission met **four times** with the Leaders of the Dundee Partnership Management Group.
4	Staff focus groups	**Ten focus group sessions** were conducted with a total of **55 staff** from across **seven services**. One of the focus groups was conducted with the Third Sector managers forum which is hosted by Dundee Volunteer and Voluntary Action (DVVA).
5	Key stakeholder meetings and interviews	A whole range of key stakeholder meetings and interviews with professionals took place over the course of the review period. A total of **41** individuals inputted into this element of the review.
6	Roundtable Discussion meetings	As part of the review the Commission agreed that it was necessary to take time to consider these issues more fully, and two roundtable discussion events were set up (late Sept/early Oct 2021). The first Roundtable discussion focused on Children and

		Young People's issues and was attended by **seven** managers across relevant services /organisations. The second Roundtable discussion focused on Criminal/Community Justice issues and was similarly attended by **seven** managers across relevant services/organisations.
7	North-East Parliamentarians	The Commission were invited to speak with the locally convened cross-party group of parliamentarians who have agreed to meet on a regular basis to review the drug deaths situation in Dundee. The Chair, Vice-Chair and Facilitator of the Commission met with this group of **eight** MSPs/MPs and **two** support staff in September 2021.
8	Scottish Government officials	The Chair and Facilitator of the Commission have met with Scottish Government officials (**n=2**) on two occasions during the Commission's review period to consider the progress that Scottish Government has made (and their future plans) in relation to the 'national considerations' made by the Drugs Commission in its first report.
9	Meeting with the MIST (MAT Standards Implementation Support Team) at Public Health Scotland	A bespoke discussion was set-up with the MIST Team from Public Health Scotland in September 2021 to review the progress that Dundee is making towards the implementation of the new Scottish MAT (Medically Assisted Treatment) Standards.[1]

[1] medication-assisted-treatment-mat-standards-scotland-access-choice-support.pdf (www.gov.scot)

APPENDIX III: SURVEY

Introduction

We were conscious from the outset of our review that we would not have the time or resource to speak to as many people as was possible in the first phase of our work, where we had purposely aimed to speak to everyone who wanted to have a say. We were keen to have the same aim and decided that a short survey, distributed and advertised widely would allow a greater number of people to input to input into our findings than if we'd only conducted interviews or focus groups. We also purposely added a section at the end of the survey to allow respondents to leave their contact details if they wanted to speak in more detail to the Figure 8 team about their survey responses. 26 respondents left their details. All 26 were then contacted by email, but only **five** took up an offer of a phone call.

Methods

We used convenience sampling to recruit participants, with the survey distributed online and via hardcopy through various networks between September and November 2021. A snowballing approach was implemented thereafter. The survey consisted of demographic questions and four key open-ended questions. Given the objectives of our review, capturing a varied range of individuals was important. A strength in distributing the survey both online and in paper format was the diverse range of respondents who took completed the survey. Moreover, this enabled individuals without access to the internet, or who would be otherwise excluded from participating, to contribute to our review.

Two members of the Figure 8 Consultancy team have separately analysed the responses for the purpose of identifying consistent (key) themes. All responses were then entered into text analysis software which allowed for coding of responses to be completed.

Discovering themes within a data set is crucial in qualitative research. In essence, themes are patterns present within the data and identifying these has a number of advantages during analysis such as describing, comparing, and explaining research findings. Revealing themes in the data was approached by adopting Thematic Analysis, which is a process of searching for, and obtaining, influential themes within a text (Braun and Clark, 2006).[2]

A number of steps were adopted during data analysis as this offers a researcher flexibility, but also has the potential for the researcher to provide a rich and in-depth account of the data. Braun and Clark (2006) suggest six phases for directing Thematic Analysis. Adopting these principles, the following was conducted: familiarisation with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; and producing a report.

[2] Braun, V., and Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology, 3(*2): 77-101.

Echoing Neale and colleague's (2014)[3] suggestions, the team have adopted what can be described as 'semi-quantification' when presenting the qualitive responses. Rather than quantifying the qualitative responses below, the team have used words such as 'a few', 'some', 'several' or 'many. This type of semi-quantification enables the researcher to draw attention to regularities, peculiarities, and idiosyncrasies in the data. It does not convey generalisability beyond the study population.[4]

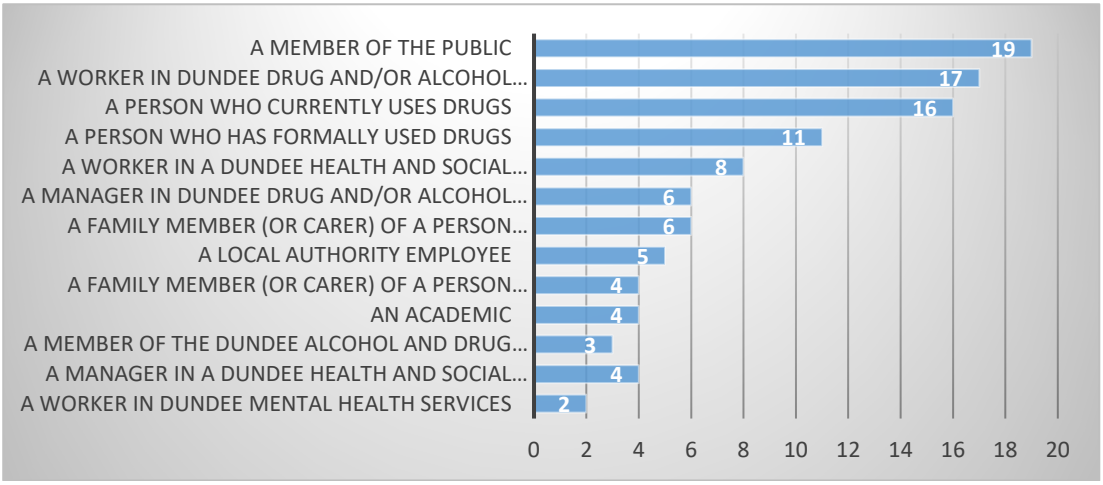
The strength of this part of the review is the detailed descriptions obtained from the wide range of respondents.

Survey Responses

There were 114 total responses to the survey. Five of these were deleted by the team as they contained demographic details only.

- The overall total of responses used for analysis was therefore **109**.[5]
- 73 per cent (n=**77**) stated they were responding to the survey as an individual, whereas 27 per cent (n=**29**) were responding as part of an organisation.
- Just under one-fifth (n=**19**; 18%) of respondents described themselves as members of the public.
- This was followed by responses of a worker in a Dundee drug and/or alcohol service (n=**17**; 16%).
- **Sixteen** (15%) described themselves as a person who currently uses drugs.
- In total there were **37** (35%) responses from people with lived /living experience of drug use, be that people who currently use or have formally used drugs and their family members (or carers).
- Three respondents described themselves as 'British Army', 'Pastor, and 'Executive Director.' Figure 1 below shows a breakdown of responses.

Figure AIII.1: Respondents' Description



[3] Neale, J., Miller, P., West, R. 2014. Reporting quantitative information in qualitative research: guidance for authors and reviewers. Addiction, 109(2): 175–176. Doi: 10.1111/add.12408.

[4] Ibid.

[5] Due to some respondents skipping individual questions numbers at times do not always add up to 109.

Key Messages: Progress made by the Dundee Partnership against the Dundee Drugs Commission's Recommendations

- Roughly half of respondents felt that 'partial' progress has been made in relation to the Dundee Drugs Commission's 2019 recommendations. Over one-third of respondents thought progress has been made 'not at all.' Over ten per cent of respondents were of the view that progress has been made 'reasonably.' Six per cent thought that 'good' progress has been made.
- People with lived / living experience and members of the public were of the view that progress has been made 'not at all' to a greater degree than professionals who work in Dundee drug and/or alcohol services.
- People with lived / living experience and members of the public thought that progress has been made 'not at all' more than 'Partially.'
- Some progress was being made after the Dundee Drugs Commission report, aided by the COVID-19 pandemic, however, any such progress appears to have regressed, with improvements with quicker access to treatment and partnership working appearing to have lapsed.
- Some areas of progress identified including choice of treatment, accessing treatment, partnership working, a non-fatal overdose pathway, and lived experience being utilised across the city.
- Mixed views were expressed on the accessibility to, and choice of treatment, with some highlighting greater flexibility and choice for individuals and easier access to treatment. For others, there has been no progress with accessibility, engagement, and choice, with some noting that waiting times for treatment are increasing. For some people with lived / living experience of substance use there was a sense that that choice and flexibility are lacking in their treatment support.
- Mixed views were also expressed regarding the effectiveness of the Dundee Drug and Alcohol Recovery Service, with some highlighting positive progress since the Dundee Drugs Commission's report such as faster access to treatment and better staff. Others highlighted perceived barriers associated with accessibility, Constitution House, waiting lists, staffing and management support.
- Stigma is still a barrier which needs to be overcome.

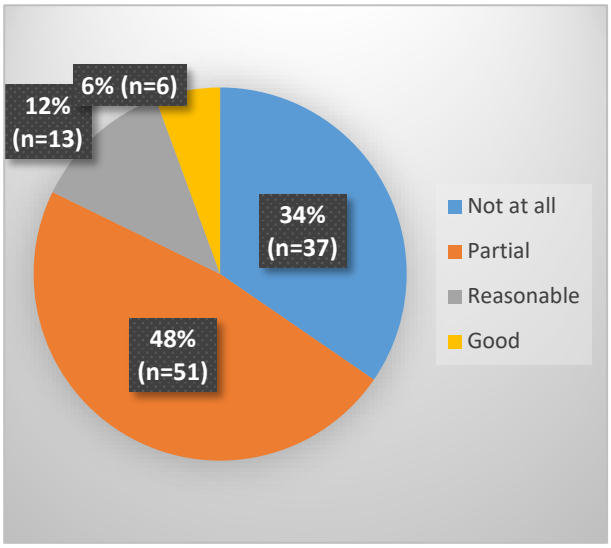
Progress made by the Dundee Partnership against the Dundee Drugs Commission's Recommendations

Respondents were asked, 'To what extent has progress been made in relation to the Dundee Drugs Commission's 2019 recommendations?'

From the chart below, it can be observed that roughly half of respondents (48 per cent; n=**51**) felt that 'Partial' progress has been made. This was followed by just over one-third of respondents (34

per cent; n=**37**) who thought progress has been made 'not at all.' 12 per cent (n=**13**) of respondents were of the view that progress has been made 'reasonably.' Six per cent (n=**6**) of respondents thought that good progress has been made. No respondents chose 'excellent.'

Figure AIII.2: Extent of Progress Made - All Respondents



Comparisons between people with lived / living experience, members of the public and professionals who work in Dundee drug and/or alcohol services are presented below.[6] Similarities can be seen across the three groups with a large number of respondents in their respective groups of the view that progress has been made 'Partially' (41%; n=**15** and 56%; n=**13** and 42%; n=**8** respectively), which mirrors results from all respondents above. However, differences can be seen when looking at responses for 'Not at all' progress being made, with those with lived / living experience and members of the public of the views that no progress has been made more (46%; n=**17** and 47%; n=**9** respectively) compared with professionals who work in Dundee drug and/or alcohol services (13%; n=**3**). It can also be seen that people with lived / living experience and members of the public thought that progress has been made 'Not at all' more than 'Partially.'

[6] Lived /living experience includes people who currently use or have formally used drugs and their family members (or carers). Professionals includes both workers and managers in drug and/or alcohol services.

Figure AIII.3: Extent of Progress Made (Lived / Living Experience)

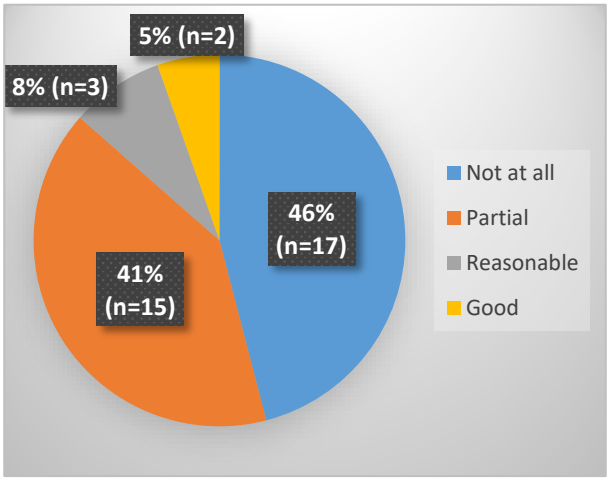


Figure AIII.4: Extent of Progress Made (Professionals)

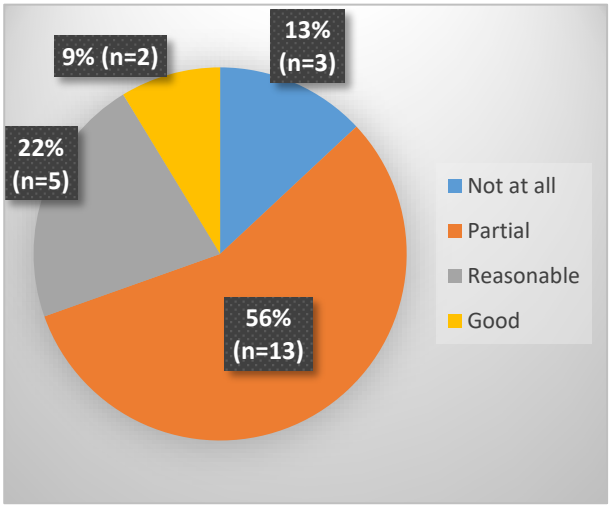
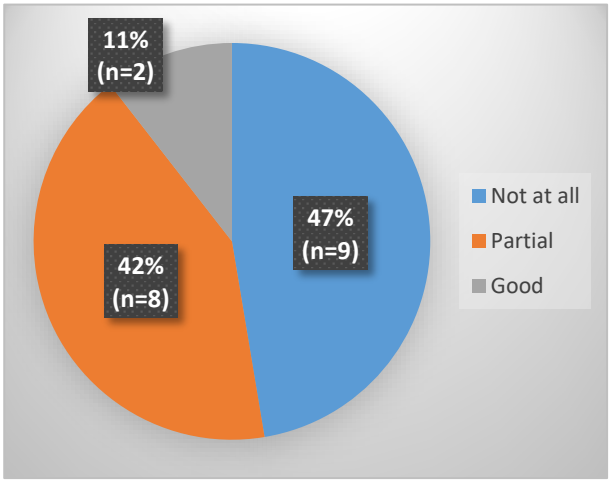


Figure AIII.5: Extent of Progress Made (Public)



Respondents were also given the opportunity to provide additional details for their responses to the extent that progress has been made in relation to the Dundee Drugs Commission's 2019 recommendations. Just over half (54%, n=**58**) provided additional commentary. Themes to emerge from the responses are presented below. As seen in the charts above, many respondents were of the view that 'Partial' 'Good' or 'Reasonable' progress has been made in relation to the Dundee Drugs Commission's 2019 recommendations. A number of respondents identified some of the progress made. For example, the accounts below highlight progress being made in relation to choice, language, accessibility and partnership working.

> *'Direct Access service established, however COVID-19 situation changed the delivery of this dramatically and services responded to this challenge in the best way possible. However, telephone assessments have its obvious limits in establishing a full history and can impact on developing the therapeutic relationship with the patient/service user. Face to face contact, observation, body language and overall physical presentation etc. infers a significant part of assessing fully. Medical prescribing treatments are not always the only intervention to facilitate recovery from substance use issues, but it appears many consider this as the priority. Individuals also have a choice to engage or not with the services that are available.'*
>
> *'There had been improved communication between Statutory and non-stat services. Access to OST had been quicker Choice has improved of OST.'*
>
> *'Easier access to treatment. Better partnership working.'*
>
> *'Better language.'*
>
> *'The ADP self-assessment gives a good summary as a source document. There has been increased focus on supporting those at highest risk; for example, the much-improved NFOD response, expanded outreach services, improved engagement with women involved in prostitution at risk of coercion etc. Same day prescribing was instituted pre covid, but like many other aspects of service this is affected by current restrictions. Joint working and trust between statutory and third sector organisations has improved. Governance and accountability has been strengthened. Work has begun on tackling stigma, but more needs to be done. There are more opportunities for participation and influence from those with Lived Experience; for example in the HIS pathfinder work. DVVA are leading implementation of an agreed Lived Experience framework. Peer work as broadened, for example the Peer Naloxone project led by SDF in collaboration with Hillcrest. The CORRA funding will allow tests of change on Crisis Care, one stops shops and integration of mental health and substance use services. Enhanced specialist staffing at Children and Families; this has improved and are of high risk. Steps have been taken to strengthen risk management and senior leadership (CEO etc.) regularly overview progress and assist with removing blockages. Healthcare Improvement Scotland are facilitating stakeholder engagement on integration of mental health and substance use services. Police piloting nasal Naloxone. Enhanced support to prisoners on release; Positive Steps. Introduction of Independent Advocacy.'*
>
> *'There seems to be slightly more tolerance and understanding from services about hard drug users and more awareness raised about addiction.'*

'…Quicker access to treatment during the pandemic.'

'The progress has been limited in a number of ways due to the COVID-19 pandemic. This has hindered the progress and evaluation as such. There is definitely a feeling of changing culture and turning the tide on static thinking and reluctance to change. This is something that will be require pushing forward if we are to fully implement the recommendations set out by the commission.'

A few respondents specifically commented on the progress of a new non-fatal overdose pathway in Dundee for engaging with those at risk of overdose across the city, and for enhancing communication between services. This is welcoming, given that the Dundee Drugs Commission report suggested that the Dundee Partnership should instigate a review of local drug death review processes (as well as non-fatal overdoses and near misses), to take account of other models of enhanced death reviews.

'There has been increased focus on supporting those at highest risk; for example, the much-improved NFOD response.'

'Improved partnership working between statutory and third sector. Better communication with ADP. Advent of the NFOD pathway in Dundee…''

'Ultimately the number of drug related deaths has continued to rise over the past 2 years so considerable efforts are still to be made. However, the introduction of the non-fatal overdose pathway has significantly increased the way in which services both communicate and effectively engage with those most at risk. This response, alongside a national pandemic, highlighted what people and services can achieve when there is effective communication and where backing from local authorities such as Police, Ambulance and NHS are in agreement.

'NFOD pathway has allowed immediate support for those who have had a recent NFOD.'

Recommendation 5 in the Dundee Drugs Commission report focused on the meaningful involvement of people who experience problems with drugs, their families, and advocates. The comments below reveal accounts on the progress made in terms of lived experience being utilised across the city.

'There has been some visibility from peer workers, Covid had restricted services face to face.'

'There is an intent to work with others from the main partners and some of their staff. The others I'm thinking of includes grassroots groups such as ours. By grassroots I'm referring to action that has emerged from committed individuals initiating action to support people seeking recovery, in its broad sense. I'm not sure that we see any other progress from our perspective.'

'I think that the way that partners work with communities and people with lived experience has changed for the better, for example decentralising funding to communities and promoting inclusion.'

Although a number of respondents provided accounts of progress having been made as noted above, there was a sense by some that any progress made has deteriorated. Moreover, attention was drawn to the fact that an unintended consequence of the COVID-19 pandemic was that it aided

progress, however, subsequently any such progress appears to have regressed. As seen below, improvements with quicker access to treatment and partnership working appear to have lapsed.

> *'There was some progress with next day/within 1 week prescribing. Now patients are back waiting numerous weeks/months for an assessment. Literally dying waiting to enter into therapy.'*
>
> *'Some joint working but this faded during covid and waiting times have crept up.'*
>
> *'Initially after the report was published there seemed to be a shift within services. People were being offered much quicker access to OST and not having to wait weeks for an appointment.* [A named] *service … had much quicker access into OST, more flexible appointments and times, a dedicated worker from DDARs and more willing to offer a range of treatments. Unfortunately, it has quickly resorted backwards with huge waiting lists … struggling to get some workers to call you back, and little appointments are being offered face to face. Covid has most definitely impacted all services, but most seemed to respond quickly and adjust their roles and supports where needed however this was again not seen by the main treatment service. A referral was made on* [date] *to DDARs for a high-risk women with multiple issues including high levels of drug use … poor physical and mental health, housing issues and a young daughter aged* [under 18] *yrs. This was all explained in the referral and the first appointment offered was for the* [just over four weeks later] - *unfortunately she had changed her number but instead of contacting myself as the referrer to ask if I had another number they DNA'd* [Did not attend] *her appointment and put her back on the waiting list. Despite numerous calls with concerns, she has only just been allocated her next assessment appointment for* [eleven weeks later]. *Most drug and alcohol services are trying to make an impact on the city however it becomes difficult when one of the biggest services is still not responsive and you're trying to manage high risk situations without the input of OST and doctors.'*
>
> *'We made some good progress around culture change and partnership working as well as accessing treatment prior to the pandemic but things have slipped back and the culture has remained challenging.'*
>
> *'Some good work among vol orgs and social work. Treatment service made some improvements but have now regressed to previous poor performance.'*
>
> *'At the beginning of the pandemic a few people who I know were quickly commenced on OST. however, getting into treatment seems to have got slower again. The only care on offer is a prescription. I believe there has been an almost total stop on face-to-face consultations. During this time patients' drug workers have changed, so the patients have experienced fragmentation of their treatment (because I cannot call this 'care'). I am very aware that drugs services are under-staffed and struggle to keep staff, including experienced staff. One has to ask why this is… Why, when other organisations have been easily able to continue to work face-to-face, have drugs services gone home and hidden behind their phones?'*

For some respondents, no progress has been made in relation to the Dundee Drugs Commission's 2019 recommendations.

'Whatever has been decided following Dundee Drug Commission 2019, it has not been shared with staff. I have not seen any changes implemented.'

'Didn't really notice a difference.'

'I have no examples because no progress has been made.'

'I'm not aware of any change other than on paper. The situation is still pathetic for people in Dundee.'

For one worker, no change whatsoever has emerged, with the account below illustrating a number of perceived barriers.

'Nothing has changed our side, still lack of staff / management poor. Lack of direction. Ongoing poor communication. Lack of engagement from higher management. The powers that be don't actually ever speak to the people on the ground dealing with day to day working. Working in what can only be described as a rundown miserable looking building. that no one wants to work in. All feedback is always negative. Staff constantly stretched further and more and more stress put on them. Which in turn makes staff exhausted and by the weekend you try to recover from that week. More and more people leaving quicker than we can fill jobs. No backbone to management teams. Feel let down everywhere you turn. Like putting a mickey mouse band aid on a 10-inch open wound.'

Challenging and eliminating stigma towards people who experience problems with drugs, and their families, across Dundee to ensure that everyone is treated in a professional and respectful manner was recommended in the Dundee Drugs Commission report. For a few respondents, however, there was a sense that stigma is still a barrier which needs to be overcome, as the accounts below illustrate.

'Stigma still exists within services and public.'

'Stigma at an all-time high GP treatment of people affected by drugs different to 'the general population.'

'Widespread stigma towards people using drugs is still widely reported in healthcare services.'

One respondent noted that tackling stigma in the city has begun but acknowledged that more needs to be done.

'Work has begun on tackling stigma, but more needs to be done.'

Recommendation 7 of the Dundee Drugs Commission report centred on the importance of choice. Specifically, having the choice of accessing a full menu of services (including community and/or a residential setting) to support recovery should be available to people in Dundee. During the initial evidence gathering for the 2019 Dundee Drugs Commission report, the team heard of the problems people experiencing substance use issues faced with access, engagement, and lack of choice for treatment. The responses received in the current survey reveal a mixed picture in terms of access, engagement, and choice of treatment, with some highlighting greater flexibility and choice for individuals as seen below.

'Access in drug treatment therapy...OST, quicker.'

'Some changes and progress in relation to offering alternative treatments other than methadone, more people being prescribed therapies to meet their individual needs. Buprenorphine and Suboxone are being offered more frequently.'

'There had been improved communication between Statutory and non-stat services. Access to OST had been quicker Choice has improved of OST.'

'Easier access to treatment. Better partnership working.'

Conversely, some respondents believed that there have been no improvements with access, engagement, and choice, with some noting that waiting times are apparently increasing. Same day access is Standard 1 of the recently published Medication Assisted Treatment (MAT) Standards for Scotland. [7] This means that instead of waiting for days, weeks or months to get on a medication like methadone or buprenorphine, a person with opioid dependence can have the choice to begin medication on the day they ask for help. As seen below, it appears that people accessing services are not having the option to start Medically Assisted Treatment from the same day of presentation.

'Areas still requiring improvement - Increasing waiting lists for OST - Limited options for treatment at DDARS other than OST. In particular benzodiazepines almost never prescribed despite recent guidance.'

'Massive waiting times to access Methadone or Suboxone. Unrealistic appointment times for people (i.e., Street workers who may be out very late and being given 9am appts). This happens often.'

'No improvement in communication. All focus on medication (OST) very little other choice. People being left on prescription with no conversation to start reduction. Separation of mental health and addiction when they go hand in hand. City being divided into east and west meaning some people cannot access certain services.'

Relatedly, for some respondents with lived / living experience of substance use there was also a sense that choice, flexibility, and understanding are lacking in their support.

'It's still slow together help I've stuck on 2 mgs of Espanol [medication for opiate dependency treatment] *for months but they won't take me off.'*

'The support hasn't changed. That poison is thrown out like it's juice is not the answer especially when it is so difficult to get support to cut it down.'

'I've not seen a drug worker for over a year, I know as COVID has affected, I recently went 12 days of street Valium and was told, "nothing we can do for you." My mental health went ballistic I had to speak to Carseview. 12-week detox would put 15 year on my life.'

'I have been given limited advice about a monthly injection to stop me needing to go to chemist every day, unfortunately I don't fully understand what it is all about.'

[7] Scottish Government. 2021. *Medication Assisted Treatment (MAT) standards: access, choice, support*. Available at: https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/

A feature in the responses were specific references of the of local treatment service, the Dundee Drug and Alcohol Recovery Service (DDARS). There were mixed views among respondents on the effectiveness of this service. For example, a few highlighted positive progress since the Dundee Drug Commission's report such as faster access to treatment and staff improvements.

> *'Faster access to treatment. Better staff at DDARS.'*

> *'Completely off Heroin. Gets on well with DDARS keyworker.'*

For some respondents, however, there were perceived barriers to effective treatment at DDARS relating to accessibility, Constitution House, waiting lists, staffing and management support.

> *'ISMS* [DDARS] *is as much of a mess now as it was pre-review. The well-being of people who use drugs takes a back seat to the preferences and convenience of clinical, nursing, and support worker staff. Many individuals in need of holistic care are unallocated. Constitution House in particular is a fire pit, it ought to be razed and re-built from the ground up with new a clinical leadership team.'*

> *'The DPC* [DDARS] *are still failing people. People are not being seem for the first 8 weeks because of a waiting list. To me that's the most crucial period for anyone with an addiction looking for help. There is a waiting list because new nurses have started and left DPC* [DDARS] *within weeks. New nurses see what the problems are with the service but powers to be at the top are not prepared to make any changes. Grade 5 nurses were going in and being treated like 1st year nurses. This is why staffing issues will never change with DPC* [DDARS].*'*

> *'DDARS are still well behind with referral waiting times being 4 months plus, lack of engagement with patients, often complaints of no help or support or rehab or choice of MAT.'*

> *'I still find that many people are being poorly treated, DDARS is a service that is lacking compassion. Why aren't we empowering those that are attempting to enter into recovery, allowing them more say in their treatment instead of a lacklustre approach which sees many "parked" on ORT with no tangible or consistent support.'*

> *'The Covid pandemic forced partnership working, some of which is still on going, however it was done in response to a crisis and not pre planned partnership work, there is very little formal partnership working with DDARS. I don't think there has been much of a culture change in the way things are done, services still working in silo's mainly, partnership working is evident but it is not the standard, I think it often depends on relationships rather than formal agreements or being seen as the norm.'*

Key Messages: Progress made by the Dundee Partnership in responding to drug use with Kindness, Compassion and Hope

- Roughly half of respondents were of the view that 'partial' progress has been made in the last two years with kindness, compassion and hope being visible in Dundee. Over one-third of

respondents felt that no progress has been made. Eight per cent respondents were of the view that progress has been made 'reasonably' and 'Good' respectively.

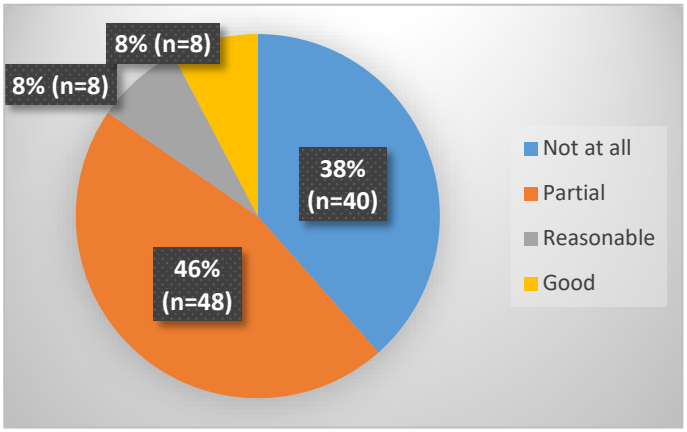
- People with lived / living experience and members of the public were of the view that no progress has been made with kindness, compassion, and hope to a greater degree than professionals who work in Dundee drug and/or alcohol services.
- People with lived / living experience and members of the public thought that progress has been made 'Not at all' more than 'Partially.'
- Stigma is a barrier to responding to drug use with kindness, compassion, and hope. Progress is being made in the area; however, stigma is still a barrier that needs to be overcome to respond to drug use with kindness compassion and hope.
- Lack of appointments with support staff / key workers were highlighted as barriers.
- Mixed views were expressed on the Dundee Drug and Alcohol Recovery Service. A few highlighted the positive flexibility offered by the service, whereas for others, barriers to progress with kindness, compassion and hope being visible in Dundee include staffing, choice of treatment and collaboration.

Progress made by the Dundee Partnership in responding to drug use with Kindness, Compassion and Hope

The Dundee Drugs Commission report was purposely titled, 'Responding to Drug Use with Kindness Compassion and Hope.' Respondents were asked, 'To what extent has progress been made in the last two years with kindness, compassion and hope being visible in Dundee?'

From the chart below it can be observed that 46 per cent of respondents (n=**48**) felt that progress has been made 'partially.' This is followed by 38 per cent (n=**40**) of respondents who felt that progress has been made 'not at all.' Eight per cent (n=**8**) of respondents were of the view that progress has been made 'reasonably' and 'Good' respectively. Again, no respondents chose 'excellent.'

Figure 6: Extent of Progress Made



Comparisons were again made between people with lived / living experience, members of the public and professionals who work in Dundee drug and/or alcohol services. As observed below, similarities can again be seen across the three groups with a large number of respondents in their respective groups of the view that progress with compassion, kindness and hope has been made 'Partially' (39%; n=**15** and 56%; n=**13** and 42%; n=**8** respectively). Differences can be seen when looking at responses for 'not at all' progress being made, with those with lived / living experience and members of the public believing this to a greater degree (46%; n=**17** and 47%; n=**9** respectively) compared with professionals who work in Dundee drug and/or alcohol services (13%; n=**3**). It can also be seen that people with lived / living experience and members of the public thought that progress has been made 'not at all' more than 'partial.'

Figure 7: Extent of Progress Made (Lived / Living Experience)

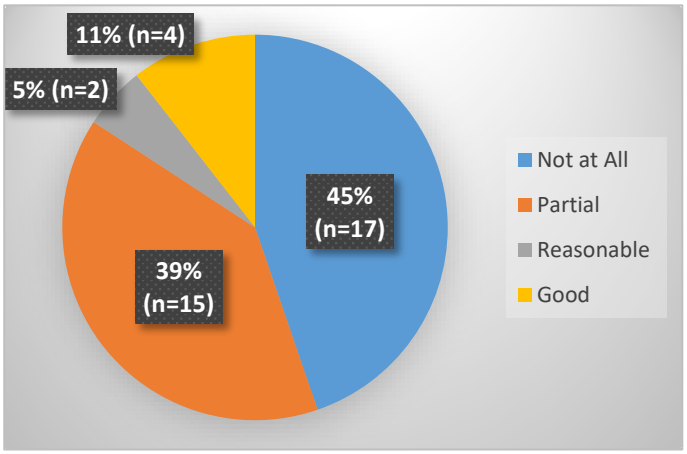


Figure 8: Extent of Progress Made (Professionals)

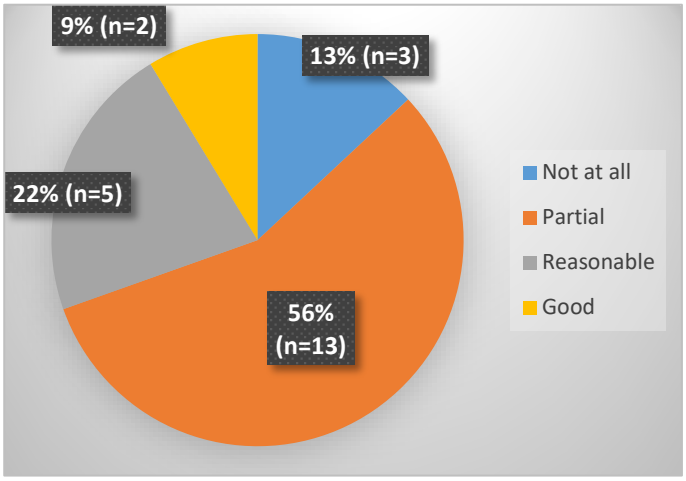
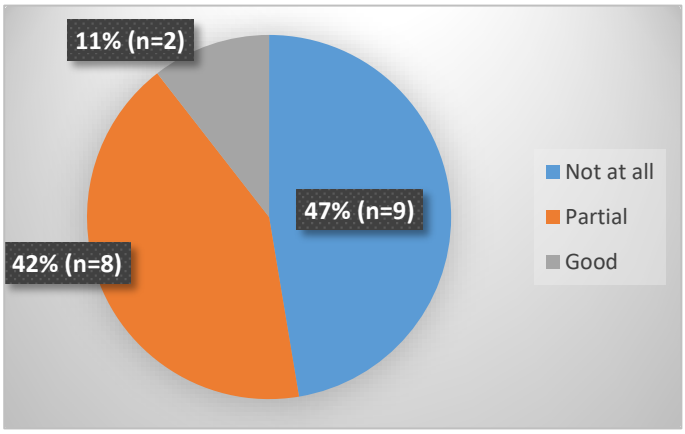


Figure 9: Extent of Progress Made (Public)



Respondents were again given the opportunity to provide additional details for their responses to the extent that progress has been made in the last two years with kindness, compassion and hope being visible in Dundee. Over two-thirds (68%, n=**71**) provided additional commentary. Again, a number of respondents identified some of the progress made with kindness, compassion and hope being visible in Dundee. There were no particular areas of agreement, with a variety of views given as seen in the comments below.

> *'The workers treat you with respect.'*
>
> *'I find that the 3rd sector are leading the way when it comes to responding with kindness, compassion and hope, statutory services could learn a lot from them. Sustained recovery can't be forced upon anyone but creating a relationship in which an individual feels supported and cared for can be the starting point for that recovery, I speak of this from both personal and professional experiences.'*
>
> *'Good awareness across professionals responding.'*
>
> *'Good in the voluntary sector poor in statutory services.'*

'The only hope I feel I have received is from the Lochee Hub and the workers involved there. The workers in the Lochee Hub are kind and friendly, easy to talk to and do their absolute best to help you no matter what the problem is and if you don't know how they will find out for you.'

'More people seem to be speaking against the use of the blanket term "Junkie" especially when insinuating this makes the person less a human being, hopefully this will continue to improve as the term seems to be used to justify not helping folk.'

'Posters in public spaces. Radio / TV adverts. That's about it.'

That said, as seen in the charts above a number of respondents were of the view that partial progress has been made, whereas for others no progress at all has been made. The comments below show a flavour of responses.

'Still requires improvement.'

'I don't feel like they really care about me, they only care about their numbers.'

'Again nothing has changed in my opinion.'

'Statutory services continue to be hard to contact, show little empathy/understanding and have not shown any significant change in the way they work with our clients.'

'Recovery is more visible in Dundee but compassion and kindness is not quite there yet. The staff within treatment services require much further input to develop compassionate response to our service users.'

'There just is not the help we drug addicts need and want.'

Choice and flexibility of treatment support was again a feature in responses, with a number of respondents highlighting perceived barriers. For a few, issues with appointments with support staff / key workers are perceived barriers, as seen below.

'If they can give a bit more support than just a couple of appointments a year it would be more helpful.'

'Those using drugs I feel would not say they are hopeful or are treated with kindness. Many who do make it onto OST therapy will have long spells of time without seeing a key worker frequently feeling forgotten and undervalued.'

'There needs to be more input and support. And reducing methadone too …I know in a lot of cases this is not safe … But my [sibling] *felt abandoned by his centre in Dundee last year … I really hope they get their act together because it's a dismal place to be …. the staff are unhappy and unmotivated … It needs an overhaul … I am relieved my* [sibling] *has finished the programme three and a half years later as* [my sibling] *hopefully will have no more contact with them - I read the report and Dundee didn't do very well - I am not shocked.'*

'I have had trouble getting an appointment to be seen. 1 appointment in two years.'

'As said above not seen my key worker, put people with needs the right treatment and medication, I've been on Methadone for 20 year and mostly best part of 6 year I've been using

street Valium "which are killers." Instead of 12-week detox that would increase my life a further 15 year, I constantly need to take them as pain no sleep, is excruciating.'

Again, a feature in the responses were specific references of the local treatment service, the Dundee Drug and Alcohol Recovery Service (DDARS). Again, there were mixed views among respondents in terms of kindness, compassion, and hope. For one respondent, the flexibility of going into the Dundee Drug and Alcohol Recovery Service monthly has been beneficial.

'Gave option to go in to DDARS once a month instead of going to the chemist every day as struggled meeting people.'

'I'm saying partial because our contact with staff in statutory services indicates a willingness to help people and support what we do so that people might make progress. These staff are within DDARS, both the NHS and Social Work teams. I could be wrong, but some staff are putting themselves out. We seek to build relationships of mutual trust and support people in a holistic way. This is not really recognised by the mainline partners as far as we can see, but this does help people to make some progress.'

For others, barriers to progress having been made in the last two years with kindness, compassion and hope being visible in Dundee include staffing concerns, choice of treatment and collaboration.

'…DDARS have very low staff numbers, very long wishing lists to be seen and no flexibility to fit into a chaotic person's life.

'…even staff at DDARs have stigmatising attitudes to people who use drugs.'

'I personally know that the DPC [DDARS] *in Dundee are not supportive of people trying to get better they hamper them from cutting down that methadone poison they seem to think that give them that and leave them on it no help or support to cut it down or just not start it to begin with its rammed down their throats like it a miracle drug that will fix everything it won't.'*

'Individuals will still try to avoid appointments with DDARs as they feel they are treated like children, do not have any rights and that an agenda is already set by the worker. They report feeling anxious before attending an appointment rather than coming out with hope for their future and recovery. There has been real glimpses of hope, kindness, and compassion i.e. in the community hub the pharmacy team have taken a real shift in how they speak, approach and care about the individuals accessing OST. They are now working together… as one team however there is still some evidence of stigma due to the OST dispensing times not being changed to match the dispensing times for the general public.'

'DDARS still understaffed, building still a poor area for service users, still no collaborative working with MH provision.'

'I have seen little evidence of the DDARS implementing any of the recommendations is limited. Individuals and their families continue to experience long waiting times (average is 3 months) between appointments and responses in times of personal crisis are unacceptable. Acknowledgement of mental health issues as a co-existing issue and effective intervention are limited. DDARS workers appear to spend little time building respectful relationships with the

people who use their service. Collaborative working with other agencies is stifled by systemic silo working practices, a reluctance to embrace a whole family approach with partner agencies. The system remains medicalised, limited choices regarding care offered. Women continue to be stigmatised in most health settings and feel judged by health care providers. Another change of name is not a reflection that changes are taking place. The view that if you are not using heroin they don't want to know remains a barrier.'

A theme emerging from the responses related to stigma. A few respondents highlighted examples of progress being made in the area, however, there was a sense by most that stigma is still a significant barrier that needs to be overcome to respond to drug use with kindness, compassion, and hope.

'The ODnotMe campaign has done well to reduce stigma however professionals such as GPs and mental health staff, police…'

'There has definitely been some evidence of this being seen in the city through the hard work of some services. They are probably always the ones that cared and offered compassion and hope and through COVID this has been seen even more. Being part of groups that are concentrating on stigma and language used makes you feel there could be changes but this is not being accepted by all.'

'There have been some positive changes however we still have a long way to go. The stigma, language and cultural changes will take years to impact. I fully believe attitudes of professionals, local community, media and others need to change significantly in order for people accessing treatment to feel valued, respected and worthy of support they are entitled to.'

'Progress in this area has been slow. This is, in part, due to the impact of the pandemic on ability to run a public campaign to address stigma. However, the pace has picked up with this again recently. Other than this campaign, I feel that very little progress has been made by the ADP as a whole in addressing factors relating to culture change and values relating to the survey question. There is no clear strategy for the Alcohol and Drug Partnership, which prevents any articulation of the Partnership's approach to achieve the culture change required to fulfil this aspect of the Drug Commission report. The requirement for the ADP to rapidly respond to the recommendations of the Drug Commission report has meant that a clear strategy has been set aside and this needs to be addressed. This reactivity has resulted in a series of quick actions being identified by the ADP to respond to the recommendations. However, there is still a need for a strategy. There needs to be stronger links made to the Rights, Respect and Recovery national strategy and the recently published Drug Deaths Taskforce strategy for reducing stigma. I believe the Dundee ADP's strategic plan is due for renewal. The renewed strategy needs to set out a clear approach for improving culture, addressing stigma, and involving communities and people with lived experience in policy and service design/delivery. My personal view is that addressing stigma and moving towards a culture of kindness, compassion and hope has been left to only one of the ADP's working groups, rather than identifying mechanisms for improvement across the entire ADP structure. The ADP encouragingly adopted an Anti-stigma Commitment but, again, the absence of a clear strategy means that this document exists in a

void, rather than being core to the ADP's strategic approach. Unsurprisingly, priority attention has been given to service capacity issues and addressing immediate harms. As long as this reactive approach is at the top of the agenda, other preventative/wider factors contributing towards drug-related harm in Dundee will become lower priority. As a result, it exists at the side of the core of the ADP business. Public attention has been drawn to the inadequacy of drug and alcohol services/treatment in Dundee and I feel the Drug Commission could help by emphasising wider societal/community change required and the role of the ADP in supporting this. There needs to be greater recognition of the need for everyone to play a role in reducing drug-related harm and the role of the wider system in achieving this. If emphasis is placed on service responsibility, this will not be achieved and there will be an entrenched public attitude that addressing drug-related harms is the sole responsibility of the ADP and its services. I think this is an unhelpful message and the Drug Commission and ADP should work to change this.'

'People using our service still reporting being spoken to and down to. Not being treated with dignity or respect.'

'Still feel stigmatised, some services are really good though.'

'Drug use is not widely recognised as both a social and health problem - some negative attitudes remain common in healthcare services.'

'The attitude of the general public towards drug users is that of contempt. There doesn't seem to be anything happening in terms of educating the public around the reasons people might end up dependent on drugs.'

'The same judgement attitudes in the service are still prevalent.'

Key Messages: What more needs to be done across Dundee to eradicate the high number of drug-related deaths?

- Changing the overall treatment support available to those experiencing substance use issues was suggested as one way to eradicate the number of drug-related deaths in Dundee.
- Some saw the potential of Third Sector agencies and GP's helping the main treatment service with supporting those experiencing substance use problems.
- Consideration should be given to prescribing benzodiazepines to those experiencing substance use issues to eradicating the high number of drug-related deaths.
- Implementing trauma informed practices was suggested as a step forward, both for people experiencing substance use issues, but also for staff members to support those to deal with their trauma.
- Having a substance use rehabilitation centre in Dundee could help to eradicate the number of drug-related deaths in the city.

What more needs to be done across Dundee to eradicate the high number of drug-related deaths?

Respondents were asked, 'What more needs to be done across Dundee to eradicate the high number of drug-related deaths?'

A theme emerging from the data related to treatment support, with respondents suggesting a number of changes for this to be improved across Dundee to eradicate the number of drug-related deaths. There was no agreed way suggested for doing this, however individual comments on improving the treatment service are presented below, with closing the treatment service altogether, management change, quicker access to treatment, and changing values suggested as ways in which improvements could be made across Dundee to eradicate the number of drug-related deaths.

> *'The treatment service should be closed and outsourced to an organisation that actually cares. MAT standards should be fully implemented. we should move to opiate antagonists as our default drug. No confidence in the current service delivery.'*
>
> *'Quicker access to treatment.'*
>
> *'If there was more treatments options, person centred recovery paths for each person which would include wrap around support and more outreach support...instead of pulling the intense outreach teams...increase them. They are the teams that really reach people. Not giving up on people ...keeping on until trust is built to ensure engagement. More talk of the word REHAB...It's not or shouldn't be a secret. -This is a very sensitive area...supporting people who are very fragile mentally, physically and spiritually - workers should be assessed regularly on their suitability to working in the area/ assessing skill, compassion and their kindness...it's that serious...can be life or death.'*
>
> *'The next step should be starting with the management of the ADP and bringing in someone who is impartial and not connected to the NHS or health and social care partnership. On my opinion the treatment service cannot change and the current management hierarchy are a major part of the problem. There is a huge disconnect and this is affecting how people access support and how they are treated. I think the commission is doing the right thing but I don't think the current leadership have the necessary skills to solve the issue.'*
>
> *'Treatment is about more than prescribing drugs. We need organisations where people feel valued as a whole person, where the person is at the centre of their care, and is treated in a rights-based manner, given real choices, and is given HOPE for the future. A dollop of loving-kindness is also really important and is not expensive to provide. Trauma-informed? What about providing support to a person whose life has been torn apart because of trauma - mental health support in our city is invisible, or inaccessible, if it does exist. I am not confident that Dundee's drugs services are able or willing to change to provide whole person responses. And in the same breath they seem unwilling to work with other agencies who want to provide complementary support services.'*

The Dundee Drugs Commission report recommended that the provision of services currently offered by DDARS should be delivered through the development of a new 'whole system' model of care

which should be structured via a joint and equal partnership with both primary care and the third sector, with the key purpose of utilising the unique strengths of all partners. Echoing this, a few respondents saw the potential of Third Sector agencies and GP's supporting the main treatment service in terms of supporting those experiencing substances use problems as a potential way to eradicate the number of drug-related deaths.

> *'Why do all roads lead to DDARS? Their caseloads are too large to provide continuous consistent support. Implement a traffic light system in which those considered green would be supported by 3rd sector, Amber supported by a mixture of 3rd sector and statutory, and red would be supported by statutory. This would allow places like DDARS to reduce caseloads and support those in greater need.'*

> *'3rd sector agencies working with service users who have problems with diazepam/crack cocaine/cocaine as DDARS is a service focused on opiate dependency.'*

> *'Address current capacity issues at DDARS and strengthen service resilience by increasing shared care. Over time the capacity and expertise at DDARS could be deployed differently and more seamlessly through closer work with GP clusters.'*

Trauma-informed practice is effective and can benefit both trauma survivors and staff. For trauma survivors, trauma-informed services can bring hope, empowerment and support that is not re-traumatising. Moreover, such services can help close the gap between the people who use services and the people who provide them.[8] Trauma informed practice was suggested by some as a step forward, both for people experiencing substance use issues, but also for staff members to support those to deal with their trauma.

> *'Trauma counselling is vital.'*

> *'Ensure trauma informed practice. Identify and respond to the needs of young people at risk of early initiation into substance use, so that over time the prevalence of substance use in the city falls.'*

> *'Support for people to deal with their past trauma properly, investment in our children who are the future of our city and the correct support and services for them to reach their full potential rather than becoming another statistic as they enter adulthood.'*

> *'All services whether it be council, healthcare, education need to be trained in trauma informed practice. There needs to be designated safe places for users to go. Not waste time on cannabis.'*

> *'There needs to be more support services and workers. Need more people with lived experiences working in recovery programs. We need to try give people more structure to their lives, 99% of drug users are using because of trauma so there needs to be something in place to intervene.'*

In Scotland, drug-related death rates are among the highest per capita in the world. Benzodiazepines were involved in 70% of drug-related deaths in 2019 compared with 20% in 2014. Etizolam was

[8] Scottish Government. 2021. *Trauma-informed practice: toolkit.* Available at: https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/documents/

involved in 85% of the benzodiazepine-related deaths in Scotland in 2019.[9] In Scotland, Etizolam are often referred to as 'street benzos.'[10] Benzodiazepines were mentioned by some respondents in response to what more needs to be done across Dundee to eradicate the high number of drug-related deaths. For one respondent, addressing the issue of street benzos was important. For others, there was a view that consideration should be given to prescribing Benzodiazepines to those experiencing substance use issues as a solution to eradicating the high number of drug-related deaths. Notably, for one respondent who currently uses drugs, they did not use street benzos when they were prescribed the Benzodiazepine.

> *'More needs to be done about street Valium.'*
>
> *'Diazepam prescribing.'*
>
> *'Prescribed Diazepam- did not use illicit when prescribed.'*
>
> *'In particular follow new best practice guidance on benzodiazepines and where appropriate give options for prescribing and psychological therapy. Too often people are having to try detoxing themselves off of highly dangerous street benzos alone.'*
>
> *'I have confidence that there are lots of conversations around drug death figures taking place but have little confidence that anything is actually being done. Street Diazepam continues to destroy lives but we are practically having to beg statutory services to address this. Diazepam detoxes remain the exception to the rule and leaves people open to the risks of using street Diazepam. This needs to be addressed with a pathway in place for people, especially those whose main drug is Street Diazepam, as it stands, there has to be an opiate involved too to be considered for treatment. During lockdown, DDARS were more approachable and helpful but unfortunately have reverted back to a place of distance and silo working. As has been said a million times before, we need to be working together for any significant change to occur.'*
>
> *'Consideration should be made towards prescribing diazepam to deter vulnerable people from sourcing street Valium.'*

For one respondent, involving GPs in supporting the delivery of services to people who experience problems with street benzos in Dundee was proposed.

> *'Doctors to provide required drugs to addicts. For example, Valium. There has been so many deaths from people taking fake Valium, if the doctors would provide prescriptions this would not happen.'*

Echoing calls made to the Commission prior to the 2019 report for Dundee to get its own substance use rehabilitation unit, a number of respondents suggested that having this provision in Dundee

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[9] Robertson et al., 2021. Benzodiazepines: the time for systematic change is now. *Addiction, 116* (2021), pp. 2246-2247. DOI: 10.1111/add.15488

[10] Matheson, C. 2021. *Scotland's Benzo challenge and how we can meet it.* Scottish Drug Deaths Taskforce. https://drugdeathstaskforce.scot/scotland-s-unique-challenge/tackling-benzodiazepines

could help to eradicate the number of drug-related deaths. Notably, in their submission of written evidence to the Scottish Affairs Committee Problem Drug Use in Scotland inquiry in 2019, the Dundee ADP cited 'improved access to residential rehabilitation' as one lesson that Scotland could learn from other countries.[11]

> *'More opportunities to get help. Have rehab in Dundee.'*
>
> *'Open a Dundee rehab with longer detox and support. More mental health support improved aftercare.'*
>
> *'More rehab options. Rehab is the one thing people desire but cannot get. Lack of provision locally adds to the difficulties. People still seek rehab in England through faith-based services. A heroin assisted treatment site would allow us to support those who are currently very chaotic and hard to engage with. MAT waiting times at DDARs are shocking.'*
>
> *'No I don't have confidence that the issues are being treated correctly. Appointments with support or drug workers once every so often is not efficient. These workers are not consistent and leave before any therapeutic work is completed. Thus the vulnerable person has to start her sad stories all over again to the next worker. I would like to see a rehab unit in Dundee. There are plenty NHS premises that are not being used and have single rooms with further therapy areas. The people who are addicted to street drugs cannot do it by themselves they need 24hr dedicated workers to work round the clock with them.'*

Other notable comments relating to what more needs to be done across Dundee to eradicate the high number of drug-related deaths include.

> *'Less dealing.*
>
> *'Dealers need punished not the users they are victims.'*
>
> *'Greater levels of training and awareness of health problems linked to drug use. Greater access to more flexible, low threshold services.'*
>
> *'As above. We now need to place greater emphasis on a whole community response and we need a strategy that is clearly aligned to national strategy. The ADP has encouragingly devolved a budget to Local Community Planning Partnerships to develop community responses to support achievement of its aims. This devolved budget responsibility should be encouraged to continue into the future.'*

[11] Scottish Government Inquiry into Drug Misuse. 2019. *Written evidence submitted by Dundee ADP (UMD0011).* Available at: http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/scottish-affairs-committee/problem-drug-use-in-scotland/written/99493.html

Additional Comments

Respondents were asked if they had any additional comments they would like to make. Echoing a number of responses throughout the survey, comments were made on improving the overall current system of support and care provided in Dundee. A flavour of responses is presented below.

> *'All of the above is very significant but no point in doing these surveys or writing reports and no changes two years later. Whoever writes these reports should come and work with us, us workers who day in day out try unsuccessfully to help people on their recovery journey. Just ask a cross section of people affected by drugs and or alcohol and you will get this same response. I offer kindness and compassion but have absolutely no hope left.'*
>
> *'We need proactive and positive change. What we see in Dundee is the same old services being renamed and dressed up as something they are not. We need to see changes in statutory management, to bring in new ideas and people who are not afraid to take a chance on new initiatives. We need to see support for 3rd sector who are carrying the burden of a failing system.'*
>
> *'Need more help in place, restricted to just DPC* [DDARS]. *A local rehab would be good. Faster access to treatment, I had to wait over three months to get on treatment after being referred, felt like I had to have 2 NFODs to get seen.'*
>
> *'I am deeply disappointed that there was not a more positive response by drugs services over the last 2 years. Pandemic or no, I don't believe that drugs services should be patting their own backs about the tiny reduction in drug-related deaths in the last available year's statistics. They have been rather invisible. It's the services that have been out there on the streets, doing face-to-face working, putting others go before themselves, that have made the difference. But I don't think that alone is enough. We all have to work TOGETHER, build trust, hope and a future for the people with whom we are working, to make a big difference in our city.'*
>
> *'I really think that there needs to be more mental health support in Dundee in general but these poor unfortunate ppl need help they are just being ignored brushed under a carpet and all us families and friends are left drowning.'*
>
> *'More funding for outreach where visits are flexible and agreeable.'*
>
> *'Outreach appts with DDARS nurses- dealers hanging around DPC* [DDARS] *and pharmacies, too many triggers. Give more choice.'*
>
> *'As an addict it's crazy to think if I offended in Dundee, I would then be in NHS, SPS - then I would receive a 12-week detox, see mental health and addictions. I say that NHS should be duplicated through prisons, civil St and all needs, 12-week detox would stop people taking fake street Valium.'*
>
> *'More contact with workers. More choice about treatment. Actually, listen to us and hear what we are saying! Everyone is different, we need different things, we are not textbook 'addicts.'*
>
> *'Please find me someone to trust.'*

APPENDIX IV: SCOTTISH GOVERNMENT RESPONSE TO DRUG COMMISSION'S 'NATIONAL CONSIDERATIONS'

National considerations

In considering how to achieve the significant improvements that are required in Dundee, the Dundee Commission stated that there were a number of areas that would be outside of Dundee's powers to change – resting either with Scottish Government or the UK Government. For Dundee to succeed in its ambitions to effectively tackle the challenges it faces, the Commission highlighted in its first report the following matters for national consideration:

1. The Commission would ask Scottish Government to consider equal regulation of the whole substance use services/treatment sector.
2. The Commission would ask the Scottish Government to consider how it can change the funding systems in Scotland to allow ADPs to control the whole drug and alcohol spend. This would need to be considered alongside a wholesale review of ADPs to ensure they can function as fully independent commissioning bodies.
3. The Commission welcomes the Scottish Government declaring the drug deaths crisis as a public health emergency. In Scotland, at present, it is unclear whether such a declaration will unlock any new powers or resources. International examples exist that can be learned from, for example in British Columbia, Canada in response to a provincial emergency. The Commission welcomes the moves by the Minister for Public Health and Sport to set up a National Task Force to advise on what further changes, in practice or in law, could be made in Scotland.
4. The Commission is aware of the current inquiry into problem drug use in Scotland being run by the Scottish Affairs Committee and would support the calls for petitioning the UK government to have increased devolved powers to allow for a full 'Scottish' review of drug laws to be conducted and action taken as a result. In the short-term the Commission would ask the Scottish Government to consider how they can make the most of the powers that they already have (including policy) – such as police and enforcement practice.
5. The Commission would ask the Scottish Government to consider convening a National Learning Set for Drug Death Review Groups (including standardisation of processes).
6. The Commission would ask the Scottish Government to consider how 'real time' data (without extensive delays in getting these data into the public domain) can be achieved in order to enhance the ability to respond both locally and nationally.
7. The Commission would ask the Scottish Government to consider allocating appropriate resources to national toxicology testing to enable more effective and quicker reporting.
8. The Commission would ask the Scottish Government to consider developing a plan of work to address the findings in the 2018 Scottish Government report on women and drug-related deaths.

Scottish Government response

As part of our review, the Chair and Facilitator of the Commission met with Scottish Government officials on two occasions during the Commission's review period to consider the progress that the Scottish Government has made (and their future plans) in relation to the 'national considerations' made by the Drugs Commission in its first report. The Scottish Government has submitted the following formal response to the 'national considerations':

National Consideration	SG Response
1. **Inspection of all substance use services.** Unlike England where all substance use services are subject to regular inspections from the Care Quality Commission (which is the independent regulator of all health and social care services in England), only certain categories of substance use services are inspected by regulatory bodies in Scotland. This only adds to the unequal 'playing field' as discussed in Recommendation 4. The Commission would ask Scottish Government to consider equal regulation of the whole substance use services/treatment sector.	The Scottish Government recognises that in Scotland there is no direct equivalent to the Care Quality Commission, but that scrutiny bodies here have moved toward shared inspection and regulation of health and care services wherever possible. The creation of a National Care Service offers the most likely route to establishing a single quality assurance regime across all drugs/alcohol services, which would help address this Recommendation.
2. **Funding of substance use services.** Unlike England, ADPs across Scotland only have direct control of a minority of funds for drug treatment. For example, in Dundee, the DADP only has direct control of approximately one third of the total drug and alcohol spend, with the NHS retaining control of the majority two thirds with decisions taken by the Dundee IJB. The Commission believes this maintains an unhealthy balance and explains why ADPs have largely been ineffective across Scotland in making a decisive shift towards prevention (as outlined by the Christie Commission). They are unable to redistribute funding in the manner needed to fulfil the Christie mandate. The Commission would therefore ask the Scottish Government to consider how it can change	The Partnership Delivery Framework was agreed with COSLA and published in July 2019 by the Scottish Government. It sets out the partnership arrangements needed to reduce the use of and harms from alcohol and drugs. In terms of financial arrangements, the Framework notes that investment in the delivery of outcomes will come from a range of sources, including the Local Authority, Health Board, and the Integration Authority, as well as outside of the public sector. Arrangements must ensure that the ADP is able to:

the funding systems in Scotland to allow ADPs to control the whole drug and alcohol spend. This would need to be considered alongside a wholesale review of ADPs to ensure they can function as fully independent commissioning bodies.	• Establish a shared understanding of the total investment of resources in prevention of harm and reducing inequalities from alcohol and drugs across the local system. • Make effective decisions to invest in the delivery of these outcomes. • Ensure there is scrutiny over investments in third sector and public sector to deliver outcomes. In July 2021 COSLA and the Scottish Government agreed a further set of recommendations to support the implementation of the Partnership Delivery Framework. This includes that as a part of improving ADP governance the IJB Chief Finance Officer (CFO) must provide assurance regarding funding and require service underspends to be reinvested or carried forward into ADP strategy. A national working group has been established to deliver on these recommendations chaired by Christine Lafferty, IJB Chief Officer, Renfrewshire.  Recommendations Paper on PDF for AC
3. **Public Health Emergency**. Given the rapidly increasing number of drug-related deaths across Scotland, and the seriousness of the issues the Commission has reported on in Dundee (which are similar to other areas of Scotland), the Commission welcomes the Scottish Government declaring the drug deaths crisis as a public health emergency. In Scotland, at present, it is unclear whether such a declaration will unlock any new powers or resources. International examples exist that can be learned from, for example in British Columbia, Canada in response to a provincial emergency. The Commission welcomes the moves by the	The Scottish Drug Deaths Taskforce (DDTF) was set up in June 2019, in acknowledgment of the rising number of drug-related deaths in Scotland, to identify and advise on an evidence-based strategy and its component parts, that can successfully tackle Scotland's unique challenge: Taskforce Mission and Terms of Reference | Drug Deaths Taskforce Chaired by Professor Catriona Matheson, with Neil Richardson OBE as Vice Chair, the DDTF is made up of individuals selected for their expertise either in a personal capacity, including people with lived experience and family representation, or on behalf of the organisations they represent: Our

Minister for Public Health and Sport to set up a National Task Force to advise on what further changes, in practice or in law, could be made in Scotland.	Members | Drug Deaths Taskforce. The DDTF have now met a total of 17 times since September 2019 and minutes of these meetings are available at the following link: Meeting Minutes | Drug Deaths Taskforce The DDTF recognises that the nature of the drug crisis and the challenges we face mean it is not possible to wait for evidence to emerge in a completed, collated form. It has therefore sought to save lives as well as gather evidence via the following: • *Immediate Response*: Supporting projects which have potential to save lives as well as inform future strategy to reduce drug related deaths; • *Evidence in Action:* Rapid implementation of learning across all relevant agencies whenever these are identified as capable of immediate impact. In December 2020, the DDTF published a high-level Forward Plan which sets out the aims of the DDTF as well as the approaches and methods it will take. The plan builds on the six strategies: • Targeted distribution of naloxone • Immediate response pathway for non-fatal overdose • Optimising the use of Medication-Assisted Treatment • Targeting the people most at risk • Optimising public health surveillance • Supporting those in the justice system. It also includes a timeline to December 2022 across three focus areas that the evidence highlights where lives can be saved in the short, medium, and longer term: • **Emergency Response** focuses on preventing an overdose event becoming a fatal overdose; • **Reducing Risk** focuses on preventing the risk of an overdose;

	• **Reducing Vulnerability** changing the landscape for those affected by drug use. In June 2021, the DDTF published an Interim Report which summarises the progress made and highlights the scope of work the DDTF has been involved in. The DDTF has funded over 30 innovative projects, 10 research projects and over 85 interventions through ADP direct funding, to develop the evidence base. The Taskforce has now moved into Phase 2 of its programme of work which focuses on providing recommendations to the Scottish Government for the national roll out of effective interventions identified and for the further exploration of key issues that will assist in the National Mission on drug-related deaths. A summary of recommendations made by the DDTF to date can be found here - DDTF - Recommendations | Drug Deaths Taskforce.
4. **Decriminalisation**. As part of its work over the last year, the Commission has looked at several different approaches from other countries. The Commission was highly impressed with the decriminalisation approach of Portugal over many years now (which also focused on better treatment, employability, and housing, as well as welfare improvement), and the improved outcomes it is experiencing (see Appendix V in the Part 2 report). The Commission is aware of the current inquiry into problem drug use in Scotland being run by the Scottish Affairs Committee and would support the calls for petitioning the UK government to have increased devolved powers to allow for a full 'Scottish' review of drug laws to be conducted and action taken as a result. In the short-term the Commission would ask the Scottish Government to consider how they can make the most of the powers	Drug law is an area where the Scottish Government is currently restricted in what change it can affect and we would require greater devolved powers to fully support a health-based approach. We are however, exploring the right approach for Scotland's context, one that is evidence based and ensures relevant legal changes are made to tackle the public health emergency. A research paper published by the Scottish Government in March 2021 reviews the latest evidence on international approaches to drug law reform. Decriminalisation was an area of focus for the Drug Deaths Taskforce as part of its phase one drug law reform engagement, and its Drug Law Reform Report, published in September 2021, highlighted that decriminalisation is a complex issue and careful consideration, engagement and consultation on a wider scale is required. Scottish Government will consider these issues and as set out in the SNP manifesto, will explore decriminalisation with a Citizens

that they already have (including policy) – such as police and enforcement practice.	Assembly to help ensure that long-lasting and successful transformational change is rooted in consensus. Scottish Government welcomed the announcement by the Lord Advocate to extend the Recorded Police Warnings scheme to include Class A possession offences. The scheme has been in operation for 5 years and provides police with an additional law enforcement option when they encounter someone in possession of drugs for personal use. However, it is important to note that making Recorded Police Warnings available for more instances of drug possession is not decriminalising drugs. These warnings are not a finding of guilt but a form of law enforcement which, if offered and accepted by an accused, is recorded on the Criminal History System for two years and can be taken into account if the individual comes to the notice of the police. The Drug Deaths Taskforce will also be exploring further alternatives to divert people from the justice system, including wider work on navigators, departure lounges and police referral, to inform national recommendations, as part of its work in 2022. [to note: Pathfinder test of change police referral navigator pilot, currently operating in Inverness may be rolled out in Dundee. Medics Against Violence have been speaking to local police and ADP and although it is looking likely that it will go ahead in the area it is not yet official]
5. **Drug Death Review processes - learning**. There is currently no standardisation of local drug death review processes or systems for shared learning across different Health Board areas. There is a group whereby data co-ordinators can meet and discuss processes related to data assimilation and recording, but there is no co-ordination of Chairs/strategic leads in this area, which provides little opportunity to learn from one another. The Commission would therefore ask the	The National Drug Related Death Database (NDRDD) report is an Official Statistics publication from PHS which provides detailed information on the life circumstances of individuals who dies a drug related death in Scotland. It was first published in 2009 and currently reports biennially. The production of the report has faced challenges as drug death numbers have risen (the system relies heavily on manual processes along with data linkage). To respond to these challenges, PHS and the Scottish Government jointly

Scottish Government to consider convening a National Learning Set for Drug Death Review Groups (including standardisation of processes).	convened a Short Life Working Group earlier this year to consider the role of the NDRDD in the context of drug death reporting in Scotland. The recommendations of this work are due to be published soon and are expected to include recommendations around the dataset and collection mechanism, improving the resilience of drug death data collection, data management, co-ordination resource (including a national co-ordinator role), dissemination of analysis and families.
6. **Drug Death Review processes – speed**. Enhanced surveillance and utilisation of overdose data to inform practice and policy is required. The Commission would ask the Scottish Government to consider how 'real time' data (without extensive delays in getting these data into the public domain) can be achieved in order to enhance the ability to respond both locally and nationally. Current data processes have lags of between 12-18 months. The British Columbia Drug Overdose and Alert Partnership (DOAP) model provides an excellent example for proactive multi-sectoral action related to harms from substance use, including overdose.	Following the annual National Record Scotland (NRS) report on 2020 drug-related deaths, Scottish Government, in partnership with NRS and Police Scotland, have begun publishing quarterly suspected drug death data. This report, published by the Scottish Government, focusses on management information from Police Scotland on suspected drug deaths to provide as timely an indication of current trends in drug deaths in Scotland as is possible. Statistics from the National Records of Scotland are also presented for wider context. The next scheduled update will be published on 14 December (covering June to September deaths). SG would still aspire to being able to provide more 'real time' data but this will take time to develop. During the pandemic Public Health Scotland have produced monthly monitoring reports for Scottish Government and others. These reports have provided updates on indicators such as IEP attendance, drug deaths and also naloxone provision. Public Health Scotland have established a national Public Health Surveillance Operations Group. This is establishing a process to monitor drug related harms and trends and has initially focussed on developing a national early

	warning system to identify and share intelligence on significant risks related to drug use.
7. **Toxicology**. Reporting of toxicology findings on post-mortems are too slow (currently ~8 to 10 weeks). The Commission would ask the Scottish Government to consider allocating appropriate resources to national toxicology testing to enable more effective and quicker reporting.	The process to identify and report on a drug-related death is complicated and requires a number of partners to be included. Following the delay to the 2020 drug deaths statistics being released, Scottish Government have been meeting regularly with NRS and Crown Office around the reporting, but also with colleagues from Glasgow University toxicology service. All these partners are aware of the desire to speed up this process but this has been further complicated by the forthcoming transfer of the toxicology service from Glasgow University to the Scottish Police Authority. Scottish Government officials are also meeting with the SPA to discuss what this new service will look like and further discussions will take place to assess the possibility of further speeding up this process.
8. The Commission would ask the Scottish Government to consider developing a plan of work to address the findings in the 2018 Scottish Government report on women and drug related deaths. Many of the areas identified in this far-reaching report address issues that have resonated in the Dundee Commission's work over the past year and we suggest that the policy and practice recommendations therein offer the potential for much needed "cross-sectoral collaboration and policy synergy – for instance, with mental health, social security, justice, community cohesion, housing and homelessness, and the equalities agenda more broadly" (Tweed et al, 2018). One of the recommendations from this work that relates centrally to the Dundee experience is the need for a more co-ordinated and holistic approach across substance use treatment, mental health, physical health, and	Following discussion at the Drug Deaths Taskforce meeting in February 2021 a decision was made to set up a working group to further explore the key themes and recommendations from the literature and consider the practical application of these. The group has concluded this work and their report and recommendations will be published before the end of the year. Health Improvement Scotland, funded by Scottish Government, is providing support to Dundee to establish integrated mental health and drugs/alcohol services. This will act as a pathfinder project for 4 additional areas to participate (Lothian, Grampian, Greater Glasgow and Clyde and Lanarkshire). The Project aims to ensure that people who use mental health and drugs/alcohol services, receive a person-centred approach to their

social support (including housing, employment, legal and financial advice). This approach has been recommended by recent reports from the Scottish Drugs Forum, the European Monitoring Centre for Drugs and Drug Addiction, and Public Health England. Elements of this approach might range from workforce training, multidisciplinary meetings, and robust referral pathways to a holistic approach to treatment eligibility and thresholds and greater integration of services. Integration of trauma- and violence informed, and psychologically informed, approaches must be led at a national level - as well as actively supporting and promoting cross-sectoral collaboration across substance use, homelessness, justice, mental health, education, and children's services. Protecting and, where possible, enhancing funding for drug treatment services – particularly harm reduction – and mental health care will be required. Strengthening efforts will also be needed to mitigate the adverse impacts of welfare reform, especially among those who may experience disproportionate harms, as well as ensuring sufficient attention to the intersection between gender, substance use, mental health, and other inequalities in the design of Scotland's new social security system.	treatment regardless of location and the project is to redesign care pathways to improve quality of care and access to treatment and health outcomes. A rapid review of services to support people who experience mental health and drugs/alcohol problems will be completed by Autumn 2022. This will be led by people with clinical expertise and will set out expectations for the delivery of support for people who experience mental health and alcohol/drug problems across the system of care. The review will include the provision of assessment and specialist treatment, the delivery of psychosocial support and will take into account the impact of additional multiple and severe disadvantages. The report will be published late Autumn 2022. The publication of the Medication Assisted Treatment Standards in May 2021 has signalled a move towards meeting many aspects of this Recommendation. The MAT Standards prioritise the links between drugs/alcohol services and primary care, mental health services as well as ensuring improvements to drugs/alcohol services themselves. The Standards also require trauma and psychologically informed services for people with problematic drug use. Ministers have committed to these standards being embedded across Scotland by April 2022. The MAT Standards include provision for families of those in the care of services and make provision for wider cooperation with gender in mind. The creation of a new national Care Service to replace the current IJB arrangements across Scotland presents a unique opportunity to address many aspects of this Recommendation – both in terms of gender but also in terms of joining up the commissioning and delivery of a range of services.

	The Scottish Government has also this year provisionally approved proposals for the establishment of family services for residential rehabilitation. this will help address drug harms and help prevent drug deaths among women with very young families. Scottish Government will publish a Framework to improve holistic support for families affected by alcohol and drug use. This has been developed through a multi-agency/lived experienced working group and will publish late Autumn 2021. It will support local partners, their workforce and family members to work together in developing holistic family support services that meet the needs of family members, ensuring they are more approachable and accessible. The Reducing Harm, Improving Care (RHIC) Project is funded by the Scottish Government and led by Healthcare Improvement Scotland. It focusses on improving responses for people who experience homelessness and alcohol/drug problems in four local authority. The project aims to build on and improve the integrated approaches to service provision which were developed during the COVID-19 pandemic.

APPENDIX V: DUNDEE PARTNERSHIP'S 'ACTION PLAN FOR CHANGE'

Introduction

Following the publication of the Commission's first report, the Dundee Partnership and the DADP launched its *Action Plan for Change* (below). This plan has been kept under review and was formally updated in February 2021.

Background

This document presents an 18-months review of the Substance Use Action Plan for change. The Action Plan was developed on behalf of the Dundee Partnership and as such it reflects a broad partnership approach for working with vulnerable individuals and families affected by substance use.

This review was led by the ADP Implementation Group and includes updates on progress with specific substance use issues, including: prescribing practices, access to and maintaining engagement with specialist services, rapid response to non-fatal overdoses, tackling stigma and being informed by lived experience. In addition, the review provides updates on the efforts to tackle trauma and mental health (including ACE), working with vulnerable women and children (affected by a whole range of issues, including substance use), linking to sexual health, resilience and prevention work, and improvements in governance, leadership, and communications.

Despite the best efforts and the hard work of front-line organisations, due to Covid-19 progress with some specific actions within the plan has been delayed and timescales were revised accordingly. Moreover, we also recognise that at the time, the actions were developed within a short timescale and it is possible that some actions belong elsewhere or are simply not relevant.

This review also includes a *red / amber / green* (RAG) assessment to indicate the rate of progress and whether some concerns have been identified going forward.

RAG ASSESSMENT

	Action Completed or on progressing well
	Action in Progress and issues being closely monitored
	Significant delays or at risk
	Action not relevant / Required change

TIMESCALES

For ease of cross referencing changes the revised timescales are set out for actions, but the original timescales are in brackets below.

Key Priority	Action – as it appears in the original Action Plan forChange	Delivery Status (RAG)	Revised Timescales	Comments to include: • is the action still relevant / should it be taken off; • if revised – new wording should be provided.
1 - Tackling the immediate risk factors for drug deaths	Lead the implementation, evaluation, and subsequent sustainable delivery of the Non-Fatal Overdose Pathway, including: - Design, run and evaluate the Test of Change; - Support the securing of resources to implement findingsfrom the ToC; - Utilise learning from the ToC to review organisations' approach to non-fatal overdose and develop a partnership brief intervention model and associated stafftraining.		May 2020 Waiting for the report to be released	The evaluation has been completed and a report written, pending finalising before circulation. A short life working group would lead the implementation of the recommendation. **Action mostly completed and once the evaluation report hasbeen circulated the action will be amended.**
	Commission the design and delivery of a behaviour change intervention to prevent further overdose using a health psychology model		February 2022 (Summer 2021)	Funding for an 18-month research project is secured and the project commenced September 2020. The research aim is to develop and implement an effective behaviour change interventionfollowing NFOD. **Change of timescale due to the length of time to complete the research project but the action is progressing as planned. Positive outcome to obtain external funding for the research project.**
	Establishing and evaluate an Early Trends Monitoring system to co-ordinate and support the delivery of proactive and reactive harm reduction messages of emerging drug death trends		Dec 2021 (Dec 2020)	In progress, and specifically close reviews of DD and NFOD trendshave been strengthened and there is still a need to extend to reviews of other harms, including hospital admissions and naloxonereporting. A larger proposal for Drugs Checking through Stirling University(involving a number of areas in Scotland) is being progressed. Comprehensive clinical toxicology testing has now been implemented by NHST and will contribute to surveillance efforts. This is a national project led by Stirling University and the delay is due to the inability to progress during Covid-19 lockdown. Progressof this action sits out with Dundee.

Key Priority	Action – as it appears in the original Action Plan forChange	Delivery Status (RAG)	Revised Timescales	Comments to include: • is the action still relevant / should it be taken off; • if revised – new wording should be provided.
	Continue to extend the reach of the Take-Home Naloxone Programme to provide optimal coverage for individuals / families and friends through access to training and supplies of kits. Continue to support front line staff to access Naloxonetraining relevant to their role (e.g. administration in an emergency and/or naloxone training for trainers to allow staff to train others and supply kits).		Dec 2021 (April 2020)	**As the text below outlines, there has been significant progress with the Dundee Take Home Naloxone programme. This action is mostly completed as the programme is well established andprogressing to plan. The current timescale reflects the remaining element of this action, which is to train Peer Volunteers as naloxone trainers, this could not happen during the Covid lockdown. All other elements of this action are completed and this action will become 'business as usual' andremoved from this plan at the next review:** Going forward, the IG recommends sufficient progress has been made, this action will become 'business as usual' and removed from this plan. During 2021, the focus of this action will be on Peer-Training for Naloxone A number of steps have been taken to widen access and address challenges posed by covid-19 across Dundee: • Naloxone training and kits are supplied by statutory services and some third sector partners in Dundee, this has continued during covid-19. Kits were also issued on prescription from ISMS as part of a risk management strategy during Covid-19. • A number of services also hold naloxone for use in an emergency, for example some community pharmacies (including all Boots pharmacies) and hostels. • Health and Social Care policies have recently been amended tofacilitate and encourage carrying and use of Naloxone by relevant staff. • A naloxone guideline has also recently been approved for in- patient mental health services. • 4 non-drug treatment services in Dundee registered to supply naloxone under the letter of comfort provided by the LordAdvocate during covid-19. • A postal supply service of naloxone has been established and is provided by Hillcrest Futures and We Are With You.

Key Priority	Action – as it appears in the original Action Plan forChange	Delivery Status (RAG)	Revised Timescales	Comments to include: • is the action still relevant / should it be taken off; • if revised – new wording should be provided.
				• Training for trainers was moved to online training during Covid-19 and resources have been developed to support this. For example, a webpage hosted by BBV MCN directing staff/volunteers to training resources from SDF and a locally developed training video. • An information pack to support non-drug treatments services has been developed. • Scottish Ambulance Service in Dundee are participating in a national project for paramedics to supply a naloxone kit where a person declines to attend A&E. • A project for peer involvement in Naloxone training and deliveryhas recently been successful in securing funding from theinnovation fund. This work will be a collaboration between SDF and Hillcrest Futures and is supported by the ADP.
2 - Urgently increase the capacity and capability of specialist services to support access, quality,and safety.	Evaluate direct access clinic model to determine future capacity requirements and options in line with the development of a pathway		Oct 2021 (June 2020)	Covid-19 lockdowns are having direct impact on the operation ofthe Direct Access clinics, as no face-to-face contact can take place. Finalising this action has therefore been delayed due to Covid-19. It is planned to resume operation of the direct access clinics as soon as possible. This action will also be supported bythe Test of Change Project funded through DDTF (details in 4.6 above). **During lockdown a direct referral system is in place, partnersagencies, GP surgeries and individuals themselves contact ISMS directly to book appointments. It is recognised that thisis a return to an appointment-based system but is in line withthe lockdown requirements. Most individuals are given assessment appointment on the day of referral.**
	Agree the business case for bridging resources to increasecapacity of treatment services to manage current and		Dec 2021	**Progress has been made with the appointment of additionalfive Band-5 nurses to increase capacity and support the service through a period of change**.

Key Priority	Action – as it appears in the original Action Plan forChange	Delivery Status (RAG)	Revised Timescales	Comments to include: • **is the action still relevant / should it be taken off;** • **if revised – new wording should be provided.**
	predicted levels of demand for treatment and ensure aresponse case management model of support;		(Jan 2020)	This action will be reviewed and adjusted at the next review of thisaction plan.
	Work with partners to identify a different name to ISMS		April 2021 (Jan 2020)	An internal consultation about the name change took place with individuals using ISMS. **The name-change has now been agreed and approved by the Clinical Governance Group. The service will be known as the Dundee Drug and Alcohol Recovery Service. This action is complete and will be removed at the next review.**
	Implement models to support quick access to treatment options; including reviewing and testing options for same dayprescribing.		Dec 2021 (March 2020)	**Progress made to date:** • ISMS introduced Same Day Prescribing in October 2019, achieving 83% compliance prior to the COVID 19 pandemic. From December 2019 all ISMS direct access clinics weresupported by same day prescribing. However, since end of March 2020, requirements to adhere to social distancing meant same-day prescribing continued with limited capacity; • Progress is being made locally with the implementation of the national MAT standards (including improvement access totreatment); • Despite the additional pressures posed by Covid-19, Dundee continues to meet all the National Waiting Times targets; • Feedback form the Women's Services is of a clear improvement in the arrangements for meeting the needs of vulnerable women, including access to treatment. **This action will also be progressed further as part of the ToC project**
	Increase the level of Non-Medical Prescribing (NMP)through recruitment and training opportunities.		Oct 2021 (Jan 2022)	6 additional NMP nurses have been appointed (in addition to the additional five band-5 nurses appointments mentioned above). Thenurses are currently in various stages of the NMP training, some have completed the training. **This action has been completed and will be replaced by a follow-on action to review the longer-term sustainability**

Key Priority	Action – as it appears in the original Action Plan forChange	Delivery Status (RAG)	Revised Timescales	Comments to include: • is the action still relevant / should it be taken off; • if revised – new wording should be provided.
				prescribing system, the requirements / needs and capacity ofcurrent prescribing arrangements. The date for completing the original action has been brought forward. A date will be set upfor the follow-on action.
3 - Improve retention in treatment and recovery services	Pilot assertive outreach model to support those at risk of withdrawing from support; including assertive outreach models within the community delivered by third sector organisations.		April 2021 (June 2020)	Additional Assertive Outreach staff are now appointed through Positive Steps and Hillcrest. During Covid-19 organisations (statutory & 3rd sector) increased interventions delivered through outreach and much learning was gained about this way of working.Future plans are developed to link up assertive outreach to the gendered approach – to ensure specific focus on vulnerable women. **This action is largely completed and will be removed from the plan at the next review. The monitoring of the work will be part of the ToC project.**
	Embed a range of service provision (statutory and third sector services) in key sites across Dundee with the aim of supporting people to continue to expand substance use services providing support within various community locations across Dundee.		Oct 2022 (June 2020)	This action will progress through the ToC project (funded by DDTFMCN). There was some joint ISMS /3rd sector work progressed in between lockdowns but progress has been impacted by Covid-19. However,there is an increase in the co-location arrangements and additionalISMS staff will be located in the Cairn centre.
	Expand the Housing First Model, including additional supportfor vulnerable women.		March 2021 (June 2020)	The expansion of the Housing First model is progressing successfully and the target within year 1 was surpassed. The RapidRehousing Transition Plan has allowed for funding to be allocated to DWA to employ 2 assertive outreach workers, linking in with Housing First and delivering the support in line with the Housing First principles. **This action is complete and will be removed at the next review**

Key Priority	Action – as it appears in the original Action Plan forChange	Delivery Status (RAG)	Revised Timescales	Comments to include: • is the action still relevant / should it be taken off; • if revised – new wording should be provided.
	As part of the review of temporary accommodation, explore options regarding the need for women-only accommodationoptions.			This action is progressed by the Dundee violence Against WomenPartnership
	Develop a commissioning framework to support access toresidential rehabilitation options		Oct 2021 (April 2020)	**Access to residential rehabilitation is currently provided through a Spot-Purchasing approach, and residential rehabilitation is available for those who are assessed to benefit from it.** Plans are in pace to develop a clear frameworkand will be progressed once the pressure of Covid-19 ease up.
	In partnership review and update the Tayside "Pathways" forpeople leaving prison custody to ensure there is a clear route to access community-based recovery services for those who have an identified need		Nov 2021 (Sept 2020)	**An agreed pathway for the transition of substance use support from custody to community is in place but requires improvements.** A new post appointed for 2 years based within Positive Connections will progress this and support the establishment of a clear pathway. A multi-agency group (includingNeighbourhood services, prison healthcare, ISMS, CJS and Positive Connections) is holding a quarterly Prison Release meetings and will oversee the progress of the pathway. **This action will be adjusted to focus on monitoring progressof the new arrangements.**
4 - Implement a revised person centred, seamless, sustainable, and comprehensive model of care	Develop and implement a multi-agency co-produced clear pathway, from the start of treatment and into recovery for people who use substances, built on an integrated service delivery based within local communities, that provides access to a range of treatment and support options.		Progress will begin **April 2021 a**s part of a 2-year project. (Dec 2020)	**This action is about a whole system / culture changes and is for the longer term. Progress will now be escalated with the ToC project beginning April 2021 (see summary description ofthe ToC project in 4.6 above).** This work was supported by the National Health Improvement Service (HIS) but the support stopped with lockdown. HIS have conducted a scoping exercise in July / August 2020 and therecommendations will be progressed by the IG.
	Agree a model of shared care within general practice: - Test out model of shared care within the three 2cpractices		Work commenced	**This action is progressing well - funding has been obtainedfrom the DDTF to run a test of change to develop a shared care**

Key Priority	Action – as it appears in the original Action Plan forChange	Delivery Status (RAG)	Revised Timescales	Comments to include: • is the action still relevant / should it be taken off; • if revised – new wording should be provided.
	- Evaluate and consider how the model can be deliveredwithin communities and/or near where people live		Nov 2020 and complete Nov 2022 (Dec 2020)	**for Primary Care and substance use – a GP lead has been appointed and work is currently being progressed in Lochee. Testing a shared-care model will complete in Nov 2022 and willbe expanded to other PC surgeries in the city.** At the next review of the action plan this action will be revised to reflect monitoring of the ToC.
	Improve access to Mental Health Services - Review and develop protocols for referral and access toservice - In line with decision of Scottish Government funding decisions, review options to develop service which have an integrated response for people with mental health issues who use substances		Work will commence April 2021 and complete March 2023 (June 2020)	**This work will progress as part of the Test of Change project (supported by the DDTF and funded through CORRA). See details in 4.6 above.**
	Implement the recommendations from the IndependentEvaluation of the 3 Community Hubs		Dec 2021 (Dec 2020)	The Community Hubs had to initially shut and thereafter change theway they work due to Covid-19. **Will progress as part of the ToC project (see 4.6 above)**
Health Needs Assessment (HNA)	Consult and agree on an initial HNA scoping document		Jan 2020	HNA Scoping document developed in January 2020. However original scoping document was not progressed due to COVID, and work started in late 2021 to develop a revised scope in light of other developments initiated in Dundee over that time period which rendered the original no longer relevant.
	Agree collaborative commissioning model with national colleagues for timely delivery of an HNA for consideration by the Partnership. This proposal will contain timescales and resource requirements including consideration of how toundertake qualitative elements of the HNA		Feb 2020	A collaborative commissioning model was agreed in February 2020and included timescales. However, all the plans had to be postponed due to Covid-19. The Health Needs Assessment will be conducted in collaboration with PHS, and this has been delayed due to Covid-19.

Key Priority	Action – as it appears in the original Action Plan forChange	Delivery Status (RAG)	Revised Timescales	Comments to include: • is the action still relevant / should it be taken off; • if revised – new wording should be provided.
	Undertake qualitative work to understand why people aredisengaging from care.		Dec 2021 (Jan 2020)	Commitment has now been obtained from Public Health Scotland that, as part of their support to progress with the Whole System work, during 2021 they will progress with an assessment of needs, including long-term needs for prevention. Due to other commitmentrelating to the Covid-19 response, this assessment will not be as comprehensive as originally planned but will ensure progress is made.
5 - Win the trust and confidence of all stakeholders through effective Leadership, Governance and Accountability	Implement and support the new Governance of the ADP; ensuring explicit lines of accountability and actions are clearand measurable; and		April 2020 (Feb 2020)	New structure is in place but need to further improve and imbed.
	Complete and implement the revision of structural arrangements for the governance of Multi-Agency Public Protection (PP) strategic groups and ensure the ADP transitions effectively into the new PP governance arrangements		March 2022 (April 2020)	The consultation exercise is still to be completed and the agreed changes will be implemented thereafter. It is currently anticipated that the consultation will be completed and decisions made by March 2021. Implementation will progress during the 2021/22 financial year.
	Revise the role of the Independent Chairs to establish a shared expectation of their contribution to leadership, governance, and accountability;		May 2020 (March 2020	As part of Transforming Public Protection (TPP)
	Establish a strategic risk register for the COG to guide focus of work and to support accountability arrangements for the Protecting People structure; and Implement a Risk Assessment framework specifically focused on the ADP		March 2021 (March 2020)	**This action is largely completed and will be removed from theplan at the next review.** During the Covid-19 period, a specific Protecting People risk register (RR) was developed with separate sections for each of thePP Partnership / Committee. Initially this RR focused on the Covid-19 specific risks and is currently being transitioned to business as usual content. It is planned to have this up and running before the end of March 2021.
	Negotiate and implement an initial Key Performance Indicators (KPI) framework that provides up-to-date insight		Dec 2021	Most of the key performance indicators (KPIs) are in place and agreed by the ADP, there are still some issues with reporting and

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	into the performance of all key services in both the statutoryand third sector.		(March 2020)	identifying the best way to capture information from the services. We will continue to develop and refine the indicators. DAISy National Service Users Information System will be implemented in Dundee in April 2021. There are now national KPIs and national Medically Assisted Treatment (MAT) standards, we are awaiting guidance form the national team regarding what we will be expected to report on goingforward. The Implementation Group will review this action going forward with new specific actions to implement reporting – the focus will changewhen reporting becomes business as usual.
	Work to enhance the knowledge, understanding and engagement of all Elected Members around the underlying causes of substance misuse issues.		Dec 2021 (Dec 2020)	**This action is on-going and progressing** - focus of engagementso far has been on providing progress reports rather than enhancement of knowledge. An update report was presented to the P&R Committee in late September and a follow up report in February 2021. We will continue to provide regular updates to Elected Members, 2briefings a year on progress. There are now 2 Elected Members' representation on the ADP.
	Participation in Scottish Trauma Informed Leaders Trainingand proposed pilot activity		Dec 2020 and **complete by Jan 2021**	**This action is progressing well:** COG sessions took place in December 2020 and another one will happen January 2021. It is now considered that this action is more relevant than ever given wider impact of Covid-19 on both service users and the workforce. **This action will be removed at the next review**

Key Priority	Action – as it appears in the original Action Plan forChange	Delivery Status (RAG)	Revised Timescales	Comments to include: • is the action still relevant / should it be taken off; • if revised – new wording should be provided.
Key: Priority 6 **Lived Experience**	Develop a whole-system Advocacy Framework andcommission supports for the Framework		Completion by Nov 2022 (Dec 2020)	**Additional 2 years funding for Independent Advocacy receivedfrom the DDTF, will be managed by the Dundee Independent Advocacy Centre. ISMS will work closely with DIAS to developand implement**. This action will be adjusted to reflect monitoring at the next review
	Progress the on-going development of a Peer-Support Framework and support the implementation of the Framework.		Dec 2021	Peer Support Framework presented to and accepted by the ADP on 20 Oct. DVVA will lead the implementation of the Framework. This work is ongoing but good progress is being made.
	Establish a lived experience quality framework to ensure that involvement of people with lived experience is embedded effectively and meaningfully across the ADP structure and the wider delivery of support.		Oct 2021 (March 2020)	**This action is progressing well:** the Lived Experience network isin the process of being formed, and has broader involvement of people with lived experience, including mental health, substance use and VAW. Support is provided by DVVA and Scottish Recovery Consortium. The Gendered Services Project is developing a group of women with lived experience (of a range of issues leading to increased vulnerability e.g. mental health issues, VAW, substance use and homelessness). This group will link to the ADP Lived Experience structure
	Support peer volunteers to assist recovery and tacklestigma within communities, incorporating a volunteer training programme.		April 2021	The training of all volunteers is ongoing, 10 volunteers have been trained and another 3 will be receiving training though Zoom. Out of those, 4 volunteers are supporting recovery, three are providing peer to peer support via phone or face to face at the Lochee Hub and one is on a placement with Transform providing support through Zoom. 2 volunteers are supporting the *Chit Chat*

Key Priority	Action – as it appears in the original Action Plan forChange	Delivery Status (RAG)	Revised Timescales	Comments to include: • is the action still relevant / should it be taken off; • if revised – new wording should be provided.
				Recovery Support line. The volunteer training programme is inplace but is being revised due to Covid lockdown.
7 - Confront and address stigma and strengthen mutual and community support	Develop and deliver a co-ordinated training programme to build capacity of community groups, organisations, and services to address stigma.		Dec 2021 (Dec 2020)	The Community Health Team stopped delivery of Substance Use & Stigma awareness workshops due to COVID-19. However, the broad intention is that this action is still important. The intention is to explore a co-ordinated programme to ensure that messages areconsistent.
	Implement a public awareness campaign to address stigma,including use of stigmatising language.		Dec 2021 (June 2020)	Progress is being made, albeit a little slower due to the impact of COVID and need to consider appropriate timing. The Anti-stigma Commitment has now gone to the ADP to adopt and this will support next steps. A design brief is currently being written so thatcampaign materials can be developed and ready once we are ableto go ahead.
	Strengthen links between treatment/recovery services and local community group support by supporting engagement with Health and Wellbeing Networks, Local Community Planning Partnerships, and other local platforms.		Dec 2021 (Oct 2020)	**Slow progress due to Covid-19 lockdown.** It has been agreed tomake an amendment to this action which focuses on strengtheninglinks between substance use services and community-based support – through LCPPs and the Health & Wellbeing Networks. This will require joint responsibility of substance use services to engage in local platforms and by community-based staff to promotesuch opportunities across partner organisations.
8 - Keep children safe from substance use	Three new non-medical prescribing (NMP) trainee nurses will be placed within Children & Families Teams (one at the East locality, one at the West and one with the Intake Team).		April 2021 (for evaluation report) (Jan 2020)	**Good progress has been made: the nurses are in place and well-integrated within C&Fs Teams. One nurse completed the NMP course and two are on progress to completing. This action is complete and will be removed at the next review.** This approach will now be evaluated and a report submitted to the ADP Implementation Group in April 2021 for consideration.

Key Priority	Action – as it appears in the original Action Plan forChange	Delivery Status (RAG)	Revised Timescales	Comments to include: • is the action still relevant / should it be taken off; • if revised – new wording should be provided.
and its consequences	Support the 3 nurses to complete their NMP qualification		(Jan 2021)	
	Progress work with 3rd sector organisations (including Aberlour, children 1st and TCA) to establish and agree their role in delivering Tier 2 support to families (and ensure the children are supported) earlier on and throughout the recovery process.		April 2021 (April 2020)	**Some delays due to Covid-19 lockdown**. Progress is being made through established and regular joint meetings between 3rd and statutory sector teams. Aberlour and Children 1st are part of a co-location test of change that is progressing and monitored (while complying with lockdown restrictions). The organisations also made links with the new Family Support service.
	Hold 4 joint development sessions for front-line staff within ISMS, C&Fs Teams, and key 3rd sector organisations toprogress and facilitate the interface and joint working between C&Fs and Adult services and encourage a focus on the whole family.		Jan - Oct 2021 (Dec 2020)	**This action is delayed due to Covid-19 restrictions.** One joint event was held for East location prior to lockdown and allothers postponed for now Considerations / plans in pace to hold the west event digitally in early 2021. Thereafter, hold 2 follow-on events for both localities inOctober 2021.
	ISMS will work closely in partnership with the Children & Families Service to identify a process which will support the increased attendance of staff at CP conferences and the provision of relevant information to support the decision- making at conferences		Jan 2021 (Dec 2020)	**Engagement with and attendance at CP conferences has improved, and this process is now supported by the 3 NMP nurses located within C&Fs teams.** The system for providing information is running well and improvements are being introduced– C&Fs are getting regularreports from ISMS.
	Develop a continuum of services (following on from the NewBeginning Service) for vulnerable women (those with multiple and complex needs), and broaden the range of gendered services that provide intensive and tailored programmes to address their needs		Aug 2021 (April 2020)	**The Gendered Services Group has made good progress around this action.** A directory of services for vulnerable women(which includes New Beginnings, Pause and other non- specialistservices which have a women-only element) has been developedand circulated and work is also ongoing within the Commercial Sexual Exploitation group to develop fast track pathways/models

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				of support for vulnerable women. Multi agency guidance will belaunched soon which includes information on these pathways/models.
	Through the Transforming Public Protection work: • strengthen and evaluate the focus on chronologies and risk assessment and roll out to all practice teams; • Revise early screening arrangements for people of all ages to facilitate whole family approaches to risk assessment and risk-management.		Oct 2021 (Dec 2020)	The new chronology function on the Mosaic case recording systemwas introduced in May 2020. Managers are reporting positive feedback about the tool, as well as its value in assessments and inworking with children and families. This new function is currently being tested within the Education service. An initial review of early screening arrangements took place during2019/20. More detailed work is planned for 2021 to focus in on thespecific connections, links and potential future efficiencies across children's and adults screening fora.
9 - Implement trauma informed approaches, targeting those at increased risk of substance use / and death	The Trauma Training steering group will complete a needs assessment for frontline workers (in line with the NationalTrauma Training Framework and Plan), including: • a mapping of the workforce • an assessment of their training needs in relation totrauma-informed work; and • Identifying the key gaps and priorities for training. This will link to the NHS Tayside Trauma Training Strategy currently being implemented with a strong focus on trauma training.		Dec 2021 (March 2020)	This work is at risk due to competing demands, lack of capacity to lead the work and the ongoing pressures of the Covid-19 pandemic. Following a request from the Scottish Government to identify local trauma champions – Diane McCulloch & Elaine Zwirlein haveagreed to be local champions. Progress with trauma training is anticipated to be made as part of the ToC project.
	Trauma training at levels 1, 2 and 3 will be delivered by the TPTIC in conjunction with L&OD team and the local level 3 trainer. A review of the Protecting People training frameworkwill incorporate trauma training at all levels.		Dec 2021 (March 2021)	As above

Key Priority	Action – as it appears in the original Action Plan forChange	Delivery Status (RAG)	Revised Timescales	Comments to include: • is the action still relevant / should it be taken off; • if revised – new wording should be provided.
10 - Tackle the root causes of substance use	Develop a Prevention Framework for Dundee to include wider engagement with partners to scope evidence, build onprevious work and current practice in Dundee (andelsewhere in Scotland).		Oct 2021 (Dec 2020)	The framework will provide best practice tools to address environment, community, and individual level causes of harm (targeting issues including issues including sexual health and gendered-based issues, mental health and trauma, and substance use). The aim is to develop this resource to drive a consistent, coherent, and joint approach in Dundee and to be utilized as a benchmark for developing future priorities. Initial discussions are progressing in Dundee and with Glasgow where a Framework has already been developed.
	Support and learn from the Youth in Iceland Model researchproject currently taking place in Dundee.		Dec 2022 (Sep 2020)	Keep oversight and have a clear links to the pilot for future prevention strategy and actions plan development.
11 - Ensure Gendered Approaches are considered in all activities and accommodated in design and delivery of services	The Dundee Violence Against Women Partnership (VAWP) will ensure information about existing women's services, including the services on offer and how to access them, is widely available and continuously updated.		Feb 2021 (March 2020)	**The directory of services is now available** and a number of other publications/guidance documents have been developed in response to the pandemic and others are in development. The VAWP website is ready in terms of content but is awaiting completion from IT.
	The learning & recommendations from the research project (conducted by Dundee University/ funded by the Challenge Fund) on the specific needs of vulnerable women will be implemented across all the Protecting People services.		Aug 2022 (June 2020)	Gendered Services Project bid was successful and we now have aworker in post. The project will run for 2 years starting August 2020.
	Specific training on appropriate Gendered-Responses will bedevelop and delivered to all mainstream services.		Dec 2022 (Dec 2020)	VAW Overview training has been developed and piloted with further dates planned. This training includes a section on gendered analysis and approach.

Key Priority	Action – as it appears in the original Action Plan forChange	Delivery Status (RAG)	Revised Timescales	Comments to include: • is the action still relevant / should it be taken off; • if revised – new wording should be provided.
	Identify and implement ways to streamline and integrate to make better use of available resources and seek to attract additional resources to develop collaborative responses.		Oct 2021	The Gendered Services Group has made good progress around this action. A directory of services for vulnerable women (which includes New Beginnings, Pause and other non- specialist serviceswhich have a women-only element) has been developed andcirculated and work is also ongoing within the Commercial Sexual Exploitation group to develop fast track pathways/models of support for vulnerable women. Multi agency guidance will be launched soon which includes information on thesepathways/models.
12 - Ensure clear and consistent communications are delivered through a partnership approach.	Implement a strategic Protecting People (PP) Cross-Cutting Communications strategy (workforce and public) to deliver communication messages around all PP areas, including substance use.		Feb 2021 (April 2020)	Strategy developed and being partially implemented but progressis still required. It is planned to also introduce the Language Matters principles toany future communications
	Develop a coherent multi-agency/multi-service communication protocol to ensure all planned and reactivecommunication messages follow due process and all individuals are clear about their role.		April 2021 (Feb 2020)	Joint communication is much improved, work to implement aprotocol still needs to progress. This work is ongoing and the action will be adjusted at the nextreview
	Establish a framework to ensure the communications messages are fully informed and up to date at all times, reflecting progress across the Partnership action plan.		April 2021 (May 2020)	There has been great improvement in the quality and frequency ofcommunications (especially during lockdown), still work to progressthe framework.

APPENDIX VI: DUNDEE ADP 'SELF-ASSESSMENT' REPORT

In preparation for the Commission's Review, the Dundee ADP conducted a comprehensive self-assessment exercise (see **embedded document below**). This was a helpful and welcome starting place for the Commission to start its review – and is a strikingly different approach than we encountered from the DADP when we started our work in 2018. This is without a doubt a positive sign of the new leadership of the DADP and the evolution it is going through. We also welcome that the DADP have committed to repeating this kind of self-assessment at regular future intervals as part of a plan for continual improvement.

Dundee ADP Self Assessment Final Rep