



2020-2023

Angus Alcohol & Drug Partnership Strategic Delivery Plan

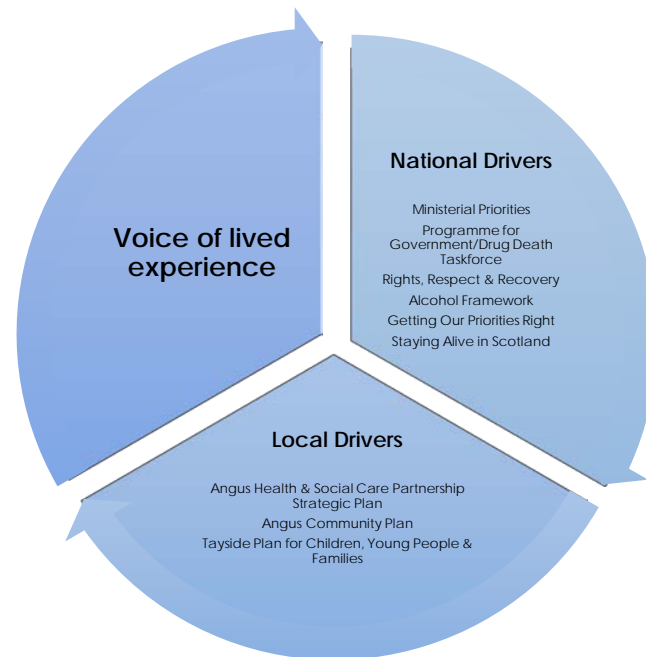
ANGUS ADP MISSION STATEMENT

The overall aim of Angus Alcohol & Drug Partnership is to prevent harms that are associated with alcohol and drug use in our communities.

We work in partnership with services, communities and people with lived experience to understand our local communities and how best to support them. We believe that Recovery is possible and that we all have a role to support that.

We influence change in policy, systems and institutions. We work to reduce the misinformation and stigma about alcohol and other drugs.

WHAT SHAPES THE WORK OF THE ANGUS ALCOHOL & DRUG PARTNERSHIP?



This section provides a brief summary overview of the key demographics and metrics that illustrate the scale of substance use harm within the Angus Area. This profile provides the underlying context that support the actions outlined with the plan.

Angus Demographics

Angus has an estimate population of 116,200 people (NRS Mid year estimate 2019). The area is broken down into 155 datazones in the Scottish Index of Multiple Deprivation, of which the 2020 edition shows that 12 are within the 20% most deprived in Scotland. This equates to 7.8% of the population in Angus living within the 20% most nationally deprived areas in Scotland.

Alcohol availability, consumption and related harm

9% more alcohol sold in Scotland than England and Wales in 2018. This is the smallest difference ever recorded.



73% of alcohol sold in Scotland is in off-sales trade.

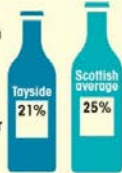


Neighbourhoods in Scotland with higher numbers of alcohol outlets have a higher rate of alcohol-related harm and death rates.

The Scottish Health Survey results for Tayside, show that during the period 2015-2018, 30% of men and 14% of women were drinking alcohol at levels that are considered hazardous or harmful (over 14 units per week).



A considerable proportion of adults in Tayside (21%) drink alcohol in excess of safe government guidelines although this is marginally lower than the Scottish average 25%.



351 licences were in effect in Angus in 2018/19. 88 Off sales and 263 On sales.



£33.46 million per annum is approximately the cost of alcohol-related harm in Angus



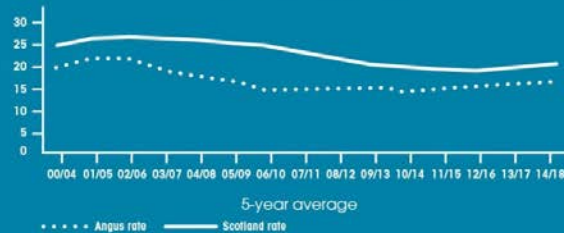
468 alcohol related hospital stays in 2018/19. An age standardised rate of 399.4 per 100,000 population.

555 alcohol related attendances at A&E in Angus, in 2018. An age standardised rate of 476.4 per 100,000 population.



Age-standardised alcohol-specific death rate (per 100,000 population)

22 Alcohol Specific Deaths in Angus in 2018 and this gives a 5 year average rate of 20 per 100k population



Drug misuse and related harm



Scotland has the highest rates of drug-related deaths per million of population in Europe.

Drug trends have changed over time and where historically opiates were a dominant feature in Scotland, significantly increasing amounts of benzodiazepines, cocaine and Gabapentinoids are also being used in addition to opioids.



800 estimated problem drug users within the Angus area. This gives an estimated prevalence rate of 1.1%



444 people were in receipt of Opiate Replacement Therapy in Angus services in 2018/19

152 Naloxone Kits were issued to people in Angus in 2018/19.



137 Non-fatal overdose incidents were recorded by the Scottish Ambulance Service in Angus in 2019/20 compared to 140 in 2018/19.



189 drug related hospital discharges recorded in Angus in 2019/20. This is the highest number recorded in 20 years of data.



13 drug deaths recorded in Angus in 2018 and the five year average rate of deaths was 12 per 100k population. Compared to a Scottish Rate of 16 per 100k.



In Tayside, having effectively achieved Hepatitis C elimination, we now focus on maintaining elimination via harm reduction and embedded BBV testing in our services as 90% of all new transmissions are in people who inject drugs.

PRIORITY 1: PREVENTION & EARLY INTERVENTION

Outcome: Substance use, and how to prevent the harms associated with it, is considered in the widest sense in Angus, with acknowledgement that prevention of, and early intervention to, substance use, has its roots in social inclusion, quality of life and equity of opportunity. This requires links into other policy areas including housing, education and justice.

HEADLINE SUMMARY	OUTCOME (LOCAL)	IMPACT MEASURE – QUALITATIVE	IMPACT MEASURE - QUANTATATIVE
<p>Education, prevention and early intervention on alcohol and drugs</p>	<p>Substance use/wellbeing workshops are delivered in schools</p> <p>Fewer young people experience harms associated with substance use.</p> <p>The inequality gap in harms resulting from substance use is reduced</p> <p>Mentoring for young people is in place in Angus.</p> <p>Social Prescribing is delivered across Angus and embedded in local pathways.</p>	<p>Young people’s attitude towards the risks of drug use (SALSUS)</p> <p>Young people’s reported wellbeing (SALSUS)</p>	<p>Number of children and young people using drugs (SALSUS)</p> <p>Number of Young people using alcohol (SALSUS)</p> <p>Number of young people indicating problematic use (SALSUS)</p> <p>Number and rate of young people admitted to hospital for drug related admissions (Drug Related Hospital Statistics, Information Services Division: DRHA, ISD)</p> <p>Number and rate of young people admitted to hospital for alcohol related admissions (Alcohol Related Hospital Statistics, Information Services Division: DRHA, ISD)</p>

	Angus ADP has a clear prevention framework, utilising the knowledge and experience of our colleagues in Greater Glasgow and Clyde.		
	Alcohol Screening and Brief Interventions (ASBI) is embedded in Priority and Secondary settings in Angus		Number of ABIS delivered a) In primary settings b) In secondary settings
Address stigma in our communities	<p>Stigma and discrimination are challenged.</p> <p>Recovery is visible and celebrated</p> <p>Prevention, and early intervention to reduce harm associated with substance use, is reflected within the work of Health & Social Care Partnership, Angus Council and Angus Chief Officers Group</p> <p>People who are closely affected by drug and/or alcohol related death are supported.</p> <p>Workforce development opportunities are provided that supports the wider health and social care workforce to enquire proactively and routinely about people's substance use in a non-judgemental way and know where to direct people for support if required</p>		<p>Rating of neighbourhood by SIMD – gap between 1st and 5th quintile (Scottish Household Survey [SHS] Report(s), SG)</p> <p>Child poverty rates in Local Authority area (Child Poverty Dashboard data, SG)</p> <p>Child poverty rates nationally (Child Poverty Dashboard data, SG)</p> <p>Delivery of Fairer Scotland Action Plan (SG: Delivery of FSAP Progress Report(s))</p> <p>Rating of neighbourhood as a place to live (incl. by SIMD) – perceptions, strengths, engagement with local community, social isolation, and feelings of loneliness (SHS, SG);</p>

			<p>Feelings of safety in neighbourhood (Scottish Crime and Justice Survey: SCJS, SG)</p> <p>Rating of drugs being a problem in neighbourhood. (SCJS, SG)</p> <p>Level of self-reported stigma related to drug use among people who inject drugs (Needle Exchange Surveillance Initiative, Health Protection Scotland [NESI: HPS])</p> <p>Social capital (and constituent parts – social networks, community cohesion, community empowerment and social participation) ratings by quintile (National Performance Framework, SG)</p>
A reduction in the attractiveness, affordability and availability of alcohol	ADP representation on Licensing Forum	The ADP is represented in the actions and representations of the Alcohol Licensing Forum	

PRIORITY 2: A RECOVERY ORIENTATED APPROACH WHICH REDUCES HARMS AND PREVENTS ALCOHOL AND DRUGS DEATHS

Outcome: Recovery is visible and celebrated across Angus. When people need services, they are easy to access “the right service at the right time”, and are good quality, providing compassionate responses that are trauma informed and person and family centred.

HEADLINE SUMMARY	OUTCOME (LOCAL)	IMPACT MEASURE – QUALITATIVE	IMPACT MEASURE - QUANTATATIVE
<p>The ADP will have a visible connection to people with lived experience who can act as a “critical friend” with regard to system and service development.</p> <p>There will be a mechanism in place for people with lived experience to feed in and feed back to the ADP.</p>	<p>Increased involvement of those with lived experience of addiction and recovery in the evaluation, design and delivery of services;</p> <p>There is an ongoing programme of engagement with people with lived experience of substance use (whether theirs, or a person close to them) and evidence of such</p>	<p>The voice of lived experience is threaded throughout the actions of the ADP.</p> <p>A Lived Experience Reference Group is an active partner to ADP Strategy Group.</p> <p>A programme of engagement is in place. This is published on the ADP, HSCP and NHS Board website. Any person accessing substance use services is provided with the programme of engagement and supported to contribute.</p>	<p>Number and frequency of engagement opportunities</p> <p>Number of people participating in engagement opportunities.</p>
<p>A well-functioning, joined up Recovery Orientated System of Care (ROSC) is in place in Angus that delivers seamless support, and encourages individuals to remain engaged with support services throughout their Recovery journey.</p>	<p>Access to services, particularly prescribing services, is simple and free from unnecessary delay.</p> <p>There is a clear pathway between in-patient and community services, and between Prison based healthcare and community services.</p>	<p>Daily referral and assessment hub (operational)</p> <p>Shared paperwork</p> <p>Monthly ROSC Implementation Group (strategy)</p>	<p>Drug and alcohol treatment waiting times (primary waiting time) (National Drug and Alcohol Treatment Waiting Time Statistics, ISD)</p> <p>% of people completing treatment and discharge reason (SDMD)</p> <p>% of reviews completed in line with recommendations (DAISy)</p> <p>Number of needles/syringes supplied from Injecting Equipment Provision services (Injecting</p>

			<p>Equipment Provision [IEP] Report(s), ISD)</p> <p>Ratio of IEP outlets per estimated 'problem drug user' estimate (IEP Report, ISD)</p> <p>Number and Type of IEP outlet (e.g. pharmacy, clinic, outreach) (IEP Report, ISD)</p> <p>Naloxone reach (Naloxone Report, ISD)</p> <p>Numbers of people receiving methadone (ScotPHO website)</p> <p>Prevalence of Opiate Substitute Treatment (OST) engagement among people who inject drugs (NESI, HPS)</p> <p>Prevalence of illicit benzodiazepine use among people who inject drugs (NESI, HPS)</p>
<p>Every person with co-occurring mental health and substance use problems can access services where and when they require it and are able to move through the system easily within Angus Integrated Mental Health Services.</p>	<p>An integrated care pathway between community mental health and substance use services is in place in Angus.</p> <p>This will be achieved through:</p> <ul style="list-style-type: none"> • Staff knowing about each other's role • Having knowledgeable and skilled staff in mental health and substance use problems • Having clear pathways • with simplified referral system which is underpinned by an inclusive approach to 	<p>TBC – work is underway (since June 2019) with respect to the “co-morbidity pathway”, measurable outcomes are to be identified.</p>	

	<p>complex/co-occurring needs e.g. easier access to the right support at the right time</p> <ul style="list-style-type: none"> • with assessment, interventions and documentation • with movement through the system as the person progresses • underpinned by clear and simple communication systems 		
	<p>A whole systems approach is evident throughout the ROSC with a standard expectation that multiple and complex needs will be considered and addressed.</p>		<p>% of service users who have received any other interventions (as per SMR25b) since last review (SDMD)</p> <p>% change in accommodation status from any other classification to "owner/rented – stable" (i.e. secure) and vice versa (SDMD)</p> <p>Prevalence of homelessness among people who inject drugs (NESI)</p> <p>% of those using tobacco referred to cessation support (DAISy*)</p> <p>% of clients where routine enquiry undertaken re. childhood and domestic abuse (DAISy*)</p>
<p>Independent Advocacy is visible and valued across the ROSC.</p>	<p>Residents of Angus have access to specialist advocacy support.</p>		<p>Number of referrals to Angus Independent Advocacy specialist peer advocacy worker.</p> <p>Number of referrals to Angus Independent Advocacy Family Support Service</p>

			Number of engagements between AIA and substance use services
The growth of Recovery Communities in Angus is supported.	Every locality has a Recovery Community Group which is well supported and organised with active support of people with Lived Experience.	Engagement of ADP with Recovery Community Groups.	<p>Number of Recovery Community Groups in Angus.</p> <p>Engagement of ADP with Recovery Community Groups.</p> <p>% and number of people in services also involved with mutual aid/peer support/recovery groups (DAISy*)</p>
Non- Fatal Overdose Pathway	Angus has a well embedded, multi-agency response to non-fatal overdose.		<p>Number of NFO related Multi-agency meetings</p> <p>Prevalence of recent non-fatal overdose among people who inject drugs (NESI)</p>

PRIORITY 3: CHILDREN & FAMILIES

Outcome: A Whole Family/Whole System approach is embedded across Angus services.

HEADLINE SUMMARY	OUTCOME (LOCAL)	IMPACT MEASURE – QUALITATIVE	IMPACT MEASURE - QUANTATATIVE
The importance of friends and family providing love and support to people in recovery is valued	People with lived experience of substance use are seen in the context of their friends and family, and wider social group. The importance of friends and family providing love and support to people in recovery is valued and support is available to people to enable them to continue this vital aspect of recovery support	<p>'informal' helping network is visible in recovery plans</p> <p>annual 'friends and family' survey</p> <p>SU report greater involvement of friends and family</p>	Numbers of family group conferences/ sessions
	Pathways are in place that support transition between services for children and services for adults.	TBC – work is underway (since June 2019) with respect to transitions. Measurable outcomes are to be identified.	
Children are seen in the context of their families	Children affected by substance use are provided with support, and children and adult services are connected and provide support that is joined up and comprehensive.	The value of having a family plan is understood and embraced by all workers who understand that this will enhance the assessment of strengths, risk and need across the family system.	<p>Number of family recovery plans</p> <p>Number of adult service attendance at Child planning meetings</p> <p>Number of children's services attendances at adult planning meetings</p>
Trauma informed practice is embedded across the ROSC	<p>Angus ADP;</p> <ul style="list-style-type: none"> facilitates the delivery of evidence based multi-agency workforce development opportunities to those working with parents who use substances and their children. 	<p>Mapping of available workforce development opportunities to support learning and development in respect of children affected by (parental) substance use. Gaps identified</p> <p>Mapping of available workforce development opportunities to support</p>	<p>Number of individuals who undertake workforce development opportunities in respect of;</p> <ul style="list-style-type: none"> Children affected by (parental) substance use

	<ul style="list-style-type: none"> • Identifies appropriate learning needs/target groups regarding Children Affected by (parental) substance use • Identifies appropriate learning needs/target groups regarding Foetal Alcohol Spectrum Disorder • Identifies appropriate Bereavement Training for the workforce in Angus • Angus ADP facilitates access to workforce development opportunities that support the development of a trauma informed workforce. 	<p>learning and development in respect of Fetal Alcohol Spectrum Disorder. Gaps identified</p> <p>Mapping of available workforce development opportunities to support learning and development in respect of trauma. Gaps identified.</p>	<ul style="list-style-type: none"> • Fetal Alcohol Spectrum Disorder. • Trauma
<p>Angus has a culture which avoids silo working</p>	<p>There is an Improved interface between services for Adults and Children and Young People (Adhere to Quality Principle 8- 'Services should be family inclusive as part of their practice') "The Quality Principles - Standard Expectations of care and support in Drug and Alcohol Services".</p>	<p>Annual self-evaluation against the principles plus sample audit of case files/recovery plans</p>	

PRIORITY 4: PUBLIC HEALTH APPROACH TO JUSTICE

Outcome: Vulnerable people are diverted from the justice system wherever possible, and those within justice settings are fully supported.

HEADLINE SUMMARY	OUTCOME (LOCAL)	IMPACT MEASURE - QUALITATIVE	IMPACT MEASURE - QUANTATATIVE
<p>The specific needs of women are addressed within service provision.</p> <p>A gendered lens is used when developing services.</p>	<p>Glen Isla and Glen Clova Projects are embedded in Angus. These are holistic service to support women offenders with multiple and complex needs, and women who experience multiple and complex disadvantage,</p> <p>Mentoring services for men in the community justice system to improve health and wellbeing of men in the criminal justice system is operational in Angus.</p>		<p>Number of referrals into the Glen Isla Project</p> <p>Number of referrals to Glen Clova Project.</p> <p>Number of referrals into the mentoring Service.</p>
<p>Community supports are available for people who are, or have experience of, being subject of the criminal justice system</p>	<p>An employability project, providing a range of employability opportunities for people of all ages and backgrounds is in place in Angus.</p>	<p>Community Justice and Scottish Prison Service are part of the Recovery Orientated System of Care with established pathways into community support services.</p>	<p>Number of people diverted from prosecution and to drug treatment/education (CJSW Statistics)</p> <p>Number of people diverted from prosecution and to alcohol treatment programmes (CJSW Statistics)</p> <p>Number of people diverted from prison custody via DTTO (CJSW Statistics)</p> <p>Number of people diverted from prison custody via CPO with alcohol treatment condition (CJSW Statistics)</p>

			Number of people diverted from prison custody via CPO with drug treatment condition (CJSW Statistics)
Throughcare between Prison and community is supported	Angus has an established pathway between Prison and community support services, including prescribing services, housing and recovery support services.		% of people transitioning from prison to community treatment without interruption to care (DAISy*)