

## ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT 2021/22:

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2021/22** against the of the **Rights, Respect and Recovery strategy** including the Drug Deaths Task Force **emergency response paper** and the **Alcohol Framework 2018**. This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Reporting you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Friday 5 August 2022** to:  
alcoholanddrugsupport@gov.scot



**NAME OF ADP:** Angus ADP

**Key contact:**

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**Job title:** Lead Officer  
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**I. DELIVERY PROGRESS REPORT**

**1. Education and Prevention**

1.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

*Please select those that apply (please note that this question is in reference to the ADP and not individual services)*

Leaflets/ take home information	<input checked="" type="checkbox"/>
Posters	<input checked="" type="checkbox"/>
Website/ social media	<input checked="" type="checkbox"/>
Apps/webchats	<input checked="" type="checkbox"/>
Events/workshops	<input checked="" type="checkbox"/>
Please provide details...	
Accessible formats (e.g. in different languages)	<input checked="" type="checkbox"/>
Some of our services have leaflets and information that is available in different languages and our psychology service has translated its group work supporting materials into other languages e.g. Polish)	
Please provide details...	
Other	<input type="checkbox"/>
Website:	<a href="https://www.angus.gov.uk/social_care_and_health/protect_someone_from_harm/alcohol_and_drugs">https://www.angus.gov.uk/social_care_and_health/protect_someone_from_harm/alcohol_and_drugs</a>

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Overdose Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Seasonal Campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify...			



As AADP and its partners continued to operate within Covid-19 restrictions in this period a significant amount of prevention and awareness raising activity was conducted online. Specific messages/campaigns focussed on; promotion of services and available supports, provision of postal naloxone, needle exchange equipment and HIV/BBV Testing, support for family members and carers, alcohol awareness week, overdose awareness and training opportunities, recovery month, covid-19 and vaccination information, access to local emergency support such as food parcels and hubs, suicide prevention, mental health and wellbeing supports, LGBTQ+ month, free access to Breaking Free Online (online recovery support programme) and FASD. Services that managed to operate face to face offered support around wider aspect of individual’s health and wellbeing alongside seasonal campaigns e.g., winter packs that included hats, scarfs, gloves etc were provided to those who were vulnerable.

Education sessions held in schools and community settings continued to be impacted by the pandemic restrictions. When permitted, sessions were delivered in Arbroath College and Angus High Schools covering early intervention risk taking behaviours, consequences and behaviour choices, community safety and educational session on the use of substances. During sessions educational “drug boxes” were used alongside service developed tools and teaching materials and nationally developed resources.

Justice Services have provided one to one, needs led and focussed drug education for individuals whose substance misuse may have been integral to their offending and risk-taking behaviour. The Moving On Group (MOG) gives opportunity to promote consequential thinking and general harm reduction with individuals in a group discussion setting.

All services have access to a range of educational and awareness raising resources that are provided to people where appropriate.

AADP has been concerned about an increase in the level of cocaine/crack use and harms in Angus and our Psychostimulant Group has taken forward a number of activities to engage with people who are using stimulants; from harm reduction campaigns and resources to specific treatment and support pathways and training for staff in services, pharmacies and wider health settings.

1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

- Teaching materials
- Youth Worker materials/training
- Promotion of naloxone
- Peer-led interventions
- Stigma reduction
- Counselling services
- Information services
- Wellbeing services
- Youth activities (e.g. sports, art)
- Other  Please provide details...

It must be noted that Covid-19 restrictions continued to severely impact this type activity in 2021/22.

Angus schools continued to deliver substance use education in line with the Tayside Substance Misuse Curricular Framework.

At the start of the pandemic Angus ADP began funding mobile phones and top-up cards for those in services who were identified as particularly vulnerable or who had identified risks such as adult



protection, domestic abuse and nonfatal overdose. This has continued in 2021/22 and 68 phones were provided in this time period.

AADP continued to work with SCVO in delivering digital devices and wifi to individuals and families with substance use issues. 6 devices with wifi connectivity were provided in 2021/22.

Naloxone Training & Distribution – this was delivered via a hybrid model in 2021/22 where some training was held online and some were face to face. Angus’ Harm Reduction Service have trained Third Sector, Criminal Justice Services, Through Care and Aftercare Service, Scottish Fire and Rescue Service, NHS staff, Mental Health Workers, AIDARS staff, service users and family members and supplied kits across Angus in Community Café Projects and community groups. 560 Naloxone kits were distributed in this period with a number of them being supplied via the postal delivery service that was available. Wellbeing hubs that have targeted homeless and supported accommodation populations were also utilised to reach those at risk of overdose. Overdose and Naloxone training was offered to most licensed premises in Angus in an attempt to reduce the apathy and stigma that continues to exist towards drug users and overdose.

AADP services have provided people the opportunity to take part in activities to improve their physical and mental wellbeing. They employ five peer workers who support education sessions, share their experience of substance use and examples of how positive change has been made and the improved effect this has had on individuals and families. They provided peer-led harm reduction interventions in the wellbeing cafes in Forfar, Montrose and Arbroath and in North Grimsby and Glen Moy Hostel wellbeing drop ins. Presentations to community groups such as Rotary Clubs were delivered to help reduce the stigma involved with substance use and increase awareness and understanding.

Peer Navigators are present in Ninewells Hospital which serves the Angus community, and they are trained to supply Naloxone.

1.4 Please provide details of where these measures / services / projects were delivered.

Formal setting such as schools	<input checked="" type="checkbox"/>	
Youth Groups	<input checked="" type="checkbox"/>	
Community Learning and Development	<input checked="" type="checkbox"/>	
Via Community/third Sector partners or services	<input checked="" type="checkbox"/>	
Online or by telephone	<input checked="" type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	2021/22 continued to be impacted by the covid-19 pandemic and face to face interventions were limited. However, a number of sessions were delivered in schools and colleges across Angus as well as in community group settings, recovery cafes, drop-in’s and hostels, when restrictions permitted. Individual and group-based support sessions have been provided to young people and adult services providing the best opportunity to support the wider community in a range of settings. Online and face to face SMART Recovery meetings were facilitated on a weekly basis with a total of 30 individuals attending these meetings.

1.5 Was the ADP represented at the alcohol Licensing Forum?

Yes   
No



1.6 What proportion of license applications does Public Health review and advise the Board on?

- |      |                                     |
|------|-------------------------------------|
| All  | <input type="checkbox"/>            |
| Most | <input type="checkbox"/>            |
| Some | <input checked="" type="checkbox"/> |
| None | <input type="checkbox"/>            |

1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).

All license applications are received by public health and reviewed. Advice is offered as appropriate but there are no overprovision issues identified by Angus Licensing Board in its overprovision policy therefore public health objections/comments are rarely provided.

Education sessions with young people have been key in engaging them in accurate and informed discussions relating to substance use and provide an opportunity for all individuals to understand more about the substance they or their friends/family may use, the effects both short and long term in an environment that encourages honesty and a non-judgemental view. Education sessions have led to individuals seeking personal support and further education. Providing support to 28 parents of young people allowed them to understand the current drug trends, risks, signs, and symptoms and how to approach conversations with their children relating to drugs and alcohol in a supportive way.



## 2. Treatment and Recovery

2.1 What treatment or screening options were in place to address alcohol harms? (select all that apply)

Fibro scanning	<input type="checkbox"/>
Alcohol related cognitive screening (e.g. for ARBD)	<input checked="" type="checkbox"/>
Community alcohol detox	<input checked="" type="checkbox"/>
Inpatient alcohol detox	<input checked="" type="checkbox"/>
Alcohol hospital liaison	<input checked="" type="checkbox"/>
Access to alcohol medication (Antabuse, Acamprase etc.)	<input checked="" type="checkbox"/>
Arrangements for the delivery of alcohol brief interventions in all priority settings	<input checked="" type="checkbox"/>
Arrangements of the delivery of ABIs in non-priority settings	<input type="checkbox"/>
Psychosocial counselling	<input checked="" type="checkbox"/>
Other counselling provision	<input checked="" type="checkbox"/> Tayside Council on Alcohol



2.2 Please indicate which of the following approaches services used to involve lived experience / family members (*select all that apply*).

*For people with lived experience:*

- |                                      |                                     |                           |
|--------------------------------------|-------------------------------------|---------------------------|
| Feedback / complaints process        | <input checked="" type="checkbox"/> |                           |
| Questionnaires / surveys             | <input checked="" type="checkbox"/> |                           |
| Focus groups / panels                | <input checked="" type="checkbox"/> |                           |
| Lived experience group / forum       | <input checked="" type="checkbox"/> |                           |
| Board Representation within services | <input type="checkbox"/>            |                           |
| Board Representation at ADP          | <input type="checkbox"/>            |                           |
| Other                                | <input type="checkbox"/>            | Please provide details... |

*For family members:*

- |                                      |                                     |                           |
|--------------------------------------|-------------------------------------|---------------------------|
| Feedback/ complaints process         | <input checked="" type="checkbox"/> |                           |
| Questionnaires/ surveys              | <input checked="" type="checkbox"/> |                           |
| Focus groups / panels                | <input checked="" type="checkbox"/> |                           |
| Lived experience group/ forum        | <input checked="" type="checkbox"/> |                           |
| Board Representation within services | <input type="checkbox"/>            |                           |
| Board Representation at ADP          | <input checked="" type="checkbox"/> |                           |
| Other                                | <input type="checkbox"/>            | Please provide details... |

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

ADP partners use the feedback provided to improve and develop services. Services take time to listen to feedback via regular listening group and other methods as outlined in their service user/consultation guidance and in line with their service level agreements. Services may deal with negative feedback as a complaint and thus in accordance with their complaints policy. Services have a presence in several community drop-ins including Well Bean Café's where those attending have the opportunity to give feedback on services to staff and volunteers. The Support in Recovery Group and Peer Focus Group has developed and facilitated interviews with those using services to gain understanding and knowledge of current challenges and barriers to accessing and engaging in service support. Two Peer Support Workers completed their SVQ level 3 in Health and Social Care. This training allowed the Peer Workers to share their own personal lived experience to the benefit of those Service Users accessing support. Through this training/education Peer Workers developed their individual practice and were able to provide a beneficial level of support to individuals accessing the service.

Senior leaders of Angus ADP and HSCP have and will meet with any group that wishes to share its experiences of drug and alcohol services and identified learning opportunities will be taken forward as and when required.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

- |  |                          |                           |
|--|--------------------------|---------------------------|
| Planning, I.E. prioritisation and funding decisions        | <input type="checkbox"/> |                           |
| Implementation, I.E. commissioning process, service design | <input type="checkbox"/> |                           |
| Scrutiny, I.E. Monitoring and Evaluation of services       | <input type="checkbox"/> |                           |
| Other  | <input type="checkbox"/> | Please provide details... |



Please give details of any challenges (max 300 words)

Angus ADP have utilised recent Scottish Government funding uplifts to employ a peer worker with lived experience in our Independent Advocacy Service to work with the ADP to develop lived experience forums that will act as a critical friend to the ADP and have input into planning, commissioning and evaluation of our services. The coronavirus pandemic has had a significant impact on our ability to develop community groups over the last two years and it may take time for people to have the confidence to attend face to face opportunities. We have welcomed SRC's involvement in 2021/22 and will prioritise the offer of support that they have extended to us to help us to develop our forums further in 2022.

Angus ADP have been recruiting lived experience locality interviewers as part of the MAT Standards evaluation work and 5 individuals have completed the training provided by the MISTQ Team.





2.5 Did services offer specific volunteering and employment opportunities for people with lived/living experience in the delivery of alcohol and drug services?

- a) Yes   
No

b) If yes, please select all that apply:

- Peer support / mentoring   
Community / Recovery cafes   
Naloxone distribution   
Psychosocial counselling   
Job Skills support   
Other

Peer Workers with lived experience are employed in Angus community recovery and harm reduction services and they have the opportunity to study towards SVQ3. Peer Workers have been involved in the facilitation of community wellbeing cafes as well as supporting drop-in services and have provided one-to-one support to individuals and families. They have provided training and distribution of Naloxone and IEP equipment. ADP services support volunteers who have been integral to the success of Well Bean Cafes. Angus Recovery Services have supported people on a one-to one basis to find and attend volunteering and employment opportunities away from drug and alcohol services. Individuals have been successful in finding opportunities volunteering in food banks, community cafes and within local businesses. Voluntary Action Angus (VAA) work closely with our recovery services and provide signposting and support for people who wish to engage in volunteering out with the substance use arena.

Angus ADP have made links with the Angus HSCP Volunteer Service which has recruited individuals who are keen to volunteer in the substance use sector.

2.6 Which of these settings offered the following to the public during 2021/22? (select all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Peer-led initiatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A&E Departments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Women's support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



services

Specialist Harm  
Reduction Nursing



2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)

There is a local Comorbidity Care Pathway between Community Mental Health and Substance Services to support engagement for people presenting with coexisting conditions. Both services meet twice weekly to discuss referrals and support to engage with this group of people. There is also a referral hub based within primary care in Montrose that supports comorbidities and is staffed by both statutory and third sector services. This model has been successfully evaluated and it is planned to be rolled out over the next 12 months to other primary care sites in Angus. This model was recognised at a recent NHS Scotland award ceremony.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes

No

Please provide details (max 300 words) Although there is a pathway in place, due to the challenges around medical workforce resulting in a lack of consultant/ medic provision with the Angus area this remains a challenge for services. These areas are being reviewed as part of the ongoing developments in relation to mental welfare within Angus.

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

There is a local Comorbidity Care Pathway between Community Mental Health and Substance Services to support engagement for people presenting with coexisting conditions. Both services meet twice weekly to discuss referrals and support to engage with this group of people. There is also a referral hub based within primary care in Montrose that supports comorbidities and is staffed by both statutory and third sector services. This model has been successfully evaluated and it is planned to be rolled out over the next 12 months to other primary care sites in Angus. This model was recognised at a recent NHS Scotland award ceremony.

Angus ADP are working with Healthcare Improvement Scotland around a mental health and substance use pathfinder programme with the two other Tayside ADP's to ensure improvements, developments and learning around this are shared by all services across the Health Board. A leadership programme has been developed to ensure this is given the level of priority and resourcing that is required.

Angus ADP was involved in the development of the Living Life Well Strategy and Improvement Plan and the engagement and consultation process that was involved with this.

Staff in both mental health and substance use services are encouraged to access e-learning training and resources around comorbidity on TURAS as face to face training has not been delivered during the coronavirus pandemic.

Angus ADP provides an ongoing overdose and naloxone training programme which is open to all staff, volunteers and community members. There has been a significant increase in staff from mental health services attending the training and being supplied with Naloxone for use in an emergency.



2.9 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes   
No

2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

Click or tap here to enter text. Angus ADP have continued to deliver Community Cafés across Angus when covid restrictions allowed. These cafes provide a safe place for individuals to access support without the need for an appointment; they provide social contact enabling positive relationships to be made.

There are now 5 Peer Workers employed across ADP services who use their lived experience to support others in their recovery. In 2021/22 a new peer-led drop-in service in Arbroath was established to provide immediate crisis, wellbeing and recovery support and information.

There are active SMART Recovery Groups across Angus. Two of these moved online when pandemic restrictions were in place but one of the groups continued to meet face to face when guidelines allowed.

There is one well attended Narcotics Anonymous (NA) Group in Arbroath and a number of Alcoholics Anonymous (AA) Groups across Angus.

Perth Prison healthcare staff work closely with SPS to support recovery work/recovery cafés. Angus ADP has funded a peer worker to work in HMP Perth who will promote recovery and signpost those being released to local services.

The National Recovery Walk took place in Perth and is a positive event that the Angus recovery community benefits from attending. All ROSC services support people to attend and funding is provided by the ADP to assist those who may struggle with transport and/or accommodation.

2.11 What proportion of services have adopted a trauma-informed approach during 2021/22?

All services   
The majority of services   
Some services   
No services

Please provide a summary of progress (max 300 words)

All AIDARS staff have undertaken safety and stabilisation training. Psychology Services have developed a service pathway for the implementation of an Emotion Regulation (ER) pathway. 12 AIDARS staff are now trained in ER with support and supervision to deliver trauma informed interventions at Tier 2 and 3 level. Psychology will continue to offer ER training as part of core training in AIDARS. AIDARS psychology service is trained in Survive and Thrive and intends to work with Angus Community Mental Health Team (CMHT) to determine how AIDARS service users can link into Survive and Thrive groups run by CMHT. AIDARS psychology service offer consultations/ formulation sessions around trauma informed care, supporting AIDARS staff to implement safety and stabilisation interventions as required. AIDARS psychologist also provides highly specialist trauma work including Schema Therapy.



ROSC services have training opportunities provided by the ADP/SDF including Trauma Informed Practices. During the pandemic all services have been encouraged to access the national online programme of training that is available from SDF and a local training plan has been developed for 2022/23 that includes trauma and substance use.

A review of the Housing Options Service is currently underway, with the objectives to:

- Make better use of existing resources
- Improve collaboration in homelessness services and prevention
- Increase focus on prevention and ensure homelessness is prevented at an earlier stage
- Ensure homeless households can access the right type of support at the right time

The job outline and person specification of a new case manager role have been finalised and embed a values based and trauma informed approach to preventing and addressing homelessness.

Justice Services are committed to embedding trauma-informed practice for service users throughout all of our services Munro Team, The Glens and Horizon Team and in all interventions we provide as well as creating trauma informed spaces for service users in waiting rooms, interview and group work.

2.12 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? *(mark all that apply)*

- |  |                                     |
|--|-------------------------------------|
| Alcohol harms group                                | <input type="checkbox"/>            |
| Alcohol death audits (work being supported by AFS) | <input type="checkbox"/>            |
| Drug death review group                            | <input checked="" type="checkbox"/> |
| Drug trend monitoring group / Early Warning System | <input checked="" type="checkbox"/> |
| Other  | <input checked="" type="checkbox"/> |
| Tayside Non-Fatal Overdose Prevention Group.       | Tayside Needs Assessment Group and  |

2.13 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

Area level surveillance data on alcohol related deaths and other alcohol harms is undertaken routinely by NHS Tayside public health intelligence officers and reported to ADPs. Individual review of alcohol related deaths is not currently undertaken. As noted in the Alcohol Focus Scotland report published recently, (<https://www.alcohol-focus-scotland.org.uk/media/440037/alcohol-deaths-reviews-practical-guidance-for-alcohol-and-drug-partnerships-and-public-health-teams.pdf>) there is significant diversity and complex interactions of long term and more proximal factors in early death associated with excess alcohol use. Additional analytical resources would need to be identified to undertake review of individual alcohol deaths, as well as capacity constraints for others who would be required to participate in such a review group to make it effective. Angus ADP recognises the significant burden of mortality caused by alcohol deaths. The ADP also notes that a proportion of drug deaths subject to review demonstrate significant co-existing alcohol related harm as well. The ADP receives regular reports on alcohol related harms, service provision and support, and considers national and other data, including that from NRS and PHS, to ensure it maintains an intelligence-led response to alcohol use issues. AADP will consider the guidance emerging from the AFS report in future work planning.



2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

The Tayside Drug Death Review Group comprises representation from multiple agencies across Tayside.

Suspected drug deaths are notified to the Health Intelligence team within NHS Tayside Public Health. Details are then collected from partner agencies, assimilated and subsequently reviewed by the Tayside Drug Death Review Group to determine if the case should be considered a drug death or not and to identify any emerging trends and key themes to inform strategic work going forward. Specific areas of feedback in relation to a reviewed case are provided directly by the Tayside Drug Death Review Group to the service involved, where appropriate.

Recommendations identified by the Tayside Drug Death Review Group inform the work of the Tayside Overdose Prevention Group and action plans developed by each of the ADPs in Tayside.

AADP has provided funding to NHST Public Health to employ an additional analyst - The increased capacity to co-ordinate and analyse drug death information continues to be of significant benefit to exploring and understanding drug deaths in Tayside. Over the last 6 months a range of analysis based on local data has taken place to inform ADP partners on the links between non-fatal overdoses and drug death, location of fatal overdose, and age and other demographics of those who have died from a suspected drug death. Continued analysis of substances taken, in what quantity and combination, and monitoring the annual trends in illicit and illicitly obtained drugs is supporting the work of services to educate and create awareness. This post continues to support and inform the work of services, support organisations, health, police and other individuals and organisations to understand more about why, when, how and where people develop problematic substance use. This ongoing complex subject continues to develop and requires sustained investigation to ensure a breadth of evidence can support people, families and communities affected by addiction and substance use.

The Tayside Drug Related Deaths Review Group (DDRG) is a pan-Tayside multi-agency group that meets monthly to review all deaths where the immediate cause appears, based on post-mortem and toxicology reporting and police assessment, to be non-intentional overdose of a controlled substance. The group does not review deaths by suicide using controlled substances-Tayside has a separate suicide review group which considers these events. The group also does not review drug deaths ascribed to conditions that may be related to drug use but not the direct result of the controlled substance itself-for example deaths due to Hepatitis C acquired through injecting, deaths due to sepsis of embolism, or deaths due to trauma sustained under the influence of drugs. The group has representation from the NHS substance use services, ADPs, Voluntary Sector, Police Scotland, Social Work, Scottish Prison Services, Public Health, pharmacy, and harm reduction services. An annual report with recommendations for reducing drug deaths is published ([https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/PublicHealth/PROD\\_213564/index.htm](https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/PublicHealth/PROD_213564/index.htm)) and individual ADPs incorporate responses to these recommendations within their own work plans as appropriate to local needs. The DDRG is supported by a dedicated analyst employed within NHS Tayside Public Health Directorate who collates information on each deceased person from multiple agencies, prepares summaries of each case and leads on preparation of the annual report. Individual agency adverse event reporting systems are also used to inform each case review (eg DATIX for people in contact with NHS services). The review group members follow up actions and lessons learned in relation to their own services, whilst the annual report aims to identify common themes and areas for strategic action across Tayside.

AADP provide regular information updates to Public Protection Chief Officers and are currently reviewing the information that is provided.



2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

[Click or tap here to enter text.](#)

AADP have continued to work towards the treatment and recovery outcomes set out in the strategic delivery plan and governance routes are in place in terms of the Chief Officers Group and IJB. The ADP Strategic Delivery Plan sets out Key Performance Indicators. Those indicators that can be, are reported quarterly to the ADP Strategy Group with onward communication to the Chief Officers Group.

All commissioned services provide quarterly performance reports to our contracts team and meet twice a year with ADP, HSCP and Contracts Officers to review activity and outcome data.

All services submit quarterly HEAT A11 Drug and Waiting Times information these are reviewed at each ADP and form part of the HSCP Performance dashboard which is reported to the IJB twice a year.

AADP carries out an annual evaluation of all of its services via a service user questionnaire. This measures how effectively services are delivered in terms of the Quality Principles.

Pressures related to Covid-19 have impacted on us progressing with a performance framework portal which was being planned with HSCP colleagues and the introduction of the MAT Standards has meant that our priorities have been focussed around these.





### 3. Getting it Right for Children, Young People and Families

3.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

- a) Yes   
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionsary Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Third Sector services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Angus ADP commissions 2 services specifically for young people and their families – these are delivered by Tayside Council on Alcohol and Hillcrest Futures. Funding is also provided to Angus Independent Advocacy to work with families affected by substance use. Angus Council’s Children, Families &amp; Justice Service funds 3 levels of children, young people and families’ support. Level 1 provides an early intervention service through Hillcrest Futures that works with children (aged 5-18) and families affected by parental substance use. The service is therapeutic, and trauma informed and focusses on building resilience and reducing risk. Level 2 is an intensive family support service that is delivered by Aberlour. This focuses on families with children (0-18 years) and provides intensive support 7 days a week, including evenings. Angus Council’s Enhance Team provides specialist social work support to children, young people and their families who are at risk of family breakdown and accommodation. Improving parenting capacity and keeping families together safely are key</p>				



outcomes for these services

3.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

- a) Yes   
No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionsary Activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Please provide details...	Kith n Kin offer access to specialist creative therapies for children impacted by parental substance use. Angus Carers Service works with young carers who may be affected by a family members substance use.			





3.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

- Yes   
No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)  
AADP subgroup Children, Young People and Families Group (CYPFG) has initiated partnership working with the local Integrated Children's Services Group, as well as engaging with the local Child Protection Committee. The CYPFG meets on a quarterly basis to review and monitor the families affected by parental substance misuse. Both AADP and ACPC, along with others are represented within the Protecting People Angus umbrella, which develops shared strategies, priority areas, learning and development framework and opportunities and working towards shared communication and engagement.

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

- Improved   
Stayed the same   
Scaled back   
No longer in place

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

- Improved   
Stayed the same   
Scaled back   
No longer in place

3.6 Did the ADP have specific support services for adult family members?

- a) Yes   
No

b) If yes, please select all that apply below:

- Signposting   
One to One support   
Support groups   
Counselling   
Commissioned services   
Naloxone Training   
Other

Please provide details...Hillcrest Futures provide one-to-one support to family members; staff are trained to facilitate SMART Family & friends, Naloxone training and Drug Awareness. Six family members were supported through 1 to 1 appointments, SMART Friends and Family and CRAFT resilience and support tools were provided. Angus Carers Centre is funded to work with carers of people with substance use issues. Support is provided on a one to one and group basis.



3.7 How did services for adult family members change in the 2021/22 financial year?

- Improved
- Stayed the same
- Scaled back
- No longer in place

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision? No this is planned for 2022/23

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)

In 2021/22 Angus ADP allocated its Whole Family Approach funding to the provision of therapeutic groupwork for young people and their families across Angus, additional education provision and training for staff which included Safe & Together and Seasons for Growth. A spend plan for 2022 onwards will be developed on the recommendations set out in the framework that was published in February 2022, with mapping of current service provision underway, alongside discussion with Integrated Children's Services partners as to potential for joint commissioning opportunities.

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)

Click or tap here to enter text.

b) If no, when do you plan to do this?

Click or tap here to enter text.

3.9 Did the ADP area provide any of the following adult services to support family-inclusive practice? (select all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input type="checkbox"/>	<input type="checkbox"/>
Personal Development	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...		



#### 4. A Public Health Approach to Justice

4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

- Yes
- No
- No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)  
Click or tap here to enter text. Although there is no prison in the Angus ADP area Justice Services offer every individual in prison returning to Angus on liberation the option of Voluntary Through Care (VTC) support. Workers liaise with the individual and services to create a package of support to meet the individual's needs prior to liberation. Individuals identified as at risk of opioid overdose are issued with naloxone from the Scottish Prison Service on day of liberation. Any individuals deemed at risk who have not been issued with naloxone or refused the offer from prison are encouraged to uptake the provision. Angus Justice Services liaise with AIDARS to confirm treatment arrangements are in place within the community. Ongoing intensive support is provided by Justice Services for the first few weeks of liberation or for as long as required. For those individuals deemed at risk of overdose when liberated who decline VTC it is more difficult to ensure naloxone is issued. The Service Manager for Justice Healthcare is a member of the AADP to support the work between justice and health and social care

4.2 Has the ADP worked with community justice partners in the following ways? (select all that apply)

- |   |   |
|---|---|
| Information sharing   | <input checked="" type="checkbox"/>             |
| Providing advice/ guidance                                      | <input checked="" type="checkbox"/>             |
| Coordinating activities   | <input checked="" type="checkbox"/>             |
| Joint funding of activities                                     | <input checked="" type="checkbox"/>             |
| Access is available to non-fatal overdose pathways upon release | <input checked="" type="checkbox"/>             |
| Other   | <input type="checkbox"/> Please provide details |

AADP has provided funding toward the Glen Isla and Glen Clova Projects. These are projects that offer trauma focussed support for women who have a history of offending and/or are considered vulnerable in the community. Justice Services have worked closely with AADP statutory and third sector agencies throughout 2021-22 to deliver support on both a statutory and voluntary basis to minimise the disruption to service delivery during the pandemic which has in turn created stronger links between agencies.

The Chief Officers Group has established the "Chairs and Lead Officers Group" under the "Protecting People Angus" banner. This group facilitates information sharing and joint approaches across the Community Justice Partnership, Child Protection Committee, Adult Protection Committee, Suicide Prevention Collaborative, Violence Against Women Partnership, the ADP and MAPPA.

Prison healthcare work closely with the SPS Recovery Team to identify pathways for recovery.

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? (select all that apply)



- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Other  Please provide details

4.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families.

a) Upon arrest (please select all that apply)

If the individual is known to Justice services the Case Manager will contact the drug and alcohol service within the pertinent locality via telephone or email to advise of the individual's arrest. If unknown to Justice, the police or prison have the responsibility to liaise with the appropriate drug and alcohol service within the person's locality. If a Justice Social Work Report has been requested and it has been identified the individual is suffering from alcohol or drug issues the report writer will make an appropriate referral to the service in their locality. If they are intoxicated, they will be seen by the custody nurse and treated accordingly. If in receipt of a prescription for OST, this will be continued whilst in police custody following assessment. Upon sentencing, if the individual has been given a community sentence the Case Manager will relay this information to the relevant team and will continue to liaise; alternatively if the person has been given a prison sentence whilst subject to a current Order, the Case Manager will regularly liaise with the prison drug and alcohol service until time of release. Those who are not subject to a statutory Order are offered Voluntary Throughcare support by a Community Justice Assistant for a period of twelve months post-sentence. At least six-weeks prior to an individual's release from prison, the worker will contact the drug and alcohol service, to advise the locality the individual is returning to and provide details of any prescriptions etc to allow an appropriate pharmacy to be identified, ensure the transfer of the prescription and any appointments dates are arranged.

- Diversion From Prosecution
- Exercise and fitness activities
- Peer workers
- Community workers
- Other  Please provide details...

b) Upon release from prison (please select all that apply)

Individuals are asked at the beginning of any statutory or voluntary involvement with Justice if they would like their worker to liaise with their family. If consent is given, the worker will provide updates on the welfare of their family member prior to release. Upon release, if a person is returning to the home of a family member, home visits will be undertaken in the presence of the family, therefore involving them in the recovery of the individual from the onset of their return to their home and community. The substance misuse named nurse will provide a handover to community services for those on OST and ensure that links are made with the service. Referrals are made, as appropriate, for those not on OST, to third sector services. Prison healthcare work closely with SPS to support people into residential rehab.

- Diversion From Prosecution
- Exercise and fitness activities



Peer workers



Community workers



Naloxone



Other



Through the Angus Integrated Referral Hub all new referrals for OST or recovery/drug and alcohol support are discussed. Peer workers can be allocated support roles at this time to support the re-engagement in community activities. Harm reduction and Naloxone support will remain available to all service users or community members who feel this is needed.

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

[Click or tap here to enter text.](#)



## II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners.

It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

### A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	942,177
2021/22 Programme for Government Funding and National Mission Funding	121,222
Additional funding from Integration Authority	632,251
Funding from Local Authority	
Funding from NHS Board	1,151,780
Total funding from other sources not detailed above	
Carry forwards	76,066
Other	
<b>Total</b>	<b>2,923,496</b>

### B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	24,296
Community based treatment and recovery services for adults	2,411,829
Inpatient detox services	27,509
Residential rehabilitation (including placements, pathways and referrals)	33,389
Recovery community initiatives	20,400
Advocacy services	0
Services for families affected by alcohol and drug use (whole family Approach Framework)	118,595
Alcohol and drug services specifically for children and young people	59,100
Drug and Alcohol treatment and support in Primary Care	0
Other	228,378
<b>Total</b>	<b>2,923,496</b>

#### Additional finance comments

Click or tap here to enter text.