All Together Now

Our Strategy to Address The Harms of Alcohol and Drugs in Scotland
Ministerial Foreword

Joe FitzPatrick, MSP
Minister for Public Health and Sport
## Contents

<table>
<thead>
<tr>
<th>Chapters</th>
<th>Title</th>
<th>Sections</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ministerial Foreword</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Summary of actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chapter 1</td>
<td>Introduction</td>
<td>Overview</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>What we have achieved</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outcomes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Delivering Successful Outcomes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Further Research</td>
<td></td>
</tr>
<tr>
<td>Chapter 2</td>
<td>Prevention</td>
<td>Alcohol Strategy on Prevention of Harm</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Children and Young People</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prevention in communities</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reducing Supply</td>
<td></td>
</tr>
<tr>
<td>Chapter 3</td>
<td>Treatment and Recovery</td>
<td>Seven-point Plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Delivering the Plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The needs of equalities groups</td>
<td></td>
</tr>
<tr>
<td>Chapter 4</td>
<td>Delivering Improvement Together</td>
<td>Health Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Housing &amp; Homelessness</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Justice</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employability</td>
<td></td>
</tr>
</tbody>
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# Summary of Actions

## Delivering Successful Outcomes

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<th>Action</th>
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<tr>
<td>A new Memorandum of Understanding (MOU) between the Scottish Government, CoSLA, NHS Boards, Integration Joint Boards (IJB) and Alcohol and Drug Partnerships (ADP) will be developed in 2018 to replace the previous partnership arrangements and reflect governance changes. This MOU will make local responsibilities clearer and offer agreed performance frameworks for local improvement programmes.</td>
<td>DS1</td>
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<tr>
<td>The Scottish Government will continue to make a direct annual financial investment to IJBs via NHS Boards to deliver this Strategy.</td>
<td>DS2</td>
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<tr>
<td>The Scottish Government will continue to fund Nationally Commissioned Organisations (NCO), to provide advocacy, expertise and support at the national level. In consultation with ADPs, NCOs and other stakeholders we will consider if we are providing the right support at the national level going forward.</td>
<td>DS3</td>
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<tr>
<td>The Scottish Government will review the role of independent expertise and advice in the development and delivery of this strategy. We remain committed to working with experts in the alcohol and drug sector and plan to review this role to ensure it fully reflects the priorities set out in this strategy.</td>
<td>DS4</td>
</tr>
<tr>
<td>The Scottish Government and ADPs will review the existing ADP reporting infrastructure, for future years, in line with the public outcomes reporting that will be provided annually by IJBs.</td>
<td>DS5</td>
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<tr>
<td>The Scottish Government will work in partnership with NHS Health Scotland, and consult widely with the sector, on the development of a monitoring and evaluation framework to support the delivery of this strategy.</td>
<td>DS6</td>
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<tr>
<td>The Scottish Government will publish an Equality Impact Assessment to support this strategy and ensure that equalities issues are reflected in the development of the monitoring and evaluation framework.</td>
<td>DS7</td>
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<tr>
<td>The Scottish Government will ensure that ADPs and our public bodies take poverty and disadvantage into account when making key policy decisions, in line with the Fairer Scotland Duty.</td>
<td>DS8</td>
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## Prevention

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<tr>
<td>We will set out detailed alcohol-specific prevention measures and actions in Scotland’s preventative Framework on Alcohol 2018.</td>
<td>PF1</td>
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<tr>
<td>We will disseminate guidance to ADPs and Local Authorities that will recommend best practice for effective, informative and evidence based, education and prevention programmes for young people on alcohol and drug use.</td>
<td>PF2</td>
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<tr>
<td>Health and wellbeing indicators have an important place within the National Improvement Chapter for Scottish Education, and we will continue to look at how we can best emphasise their importance going forwards.</td>
<td>PF3</td>
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<tr>
<td>We will build a refreshed universal approach to substance use education for all young people included those who are most at risk.</td>
<td>PF4</td>
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<tr>
<td>We will ensure that our education resources are relevant and up to date.</td>
<td>PF5</td>
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<tr>
<td>We will continue to support initiatives which embed a focus on pupil well being in teacher training.</td>
<td>PF6</td>
</tr>
<tr>
<td>We remain committed to providing an online resource with help and information around alcohol and drug use which is accurate, evidence-based, relevant and up to date.</td>
<td>PF7</td>
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<tr>
<td>We will develop educational based, person centered approaches that are delivered in line with evidence based practice to reach all of our children and young people including those are not present in traditional educational settings, to include Youth Groups, Community Learning and Development, Colleges, and Sport Clubs.</td>
<td>PF8</td>
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<tr>
<td>We will revise the Guidance for the National Child Protection Improvement Plan to strengthen awareness and understanding of the roles of substance use professionals and services.</td>
<td>PF9</td>
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<td>We will focus on early intervention to protect children living with parents who have experience of problematic alcohol and drug use issues to break intergenerational cycles.</td>
<td>PF10</td>
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<td>We will continue to support the Adverse Childhood Experiences (ACEs) agenda as work on ACEs and trauma-informed practice continues.</td>
<td>PF11</td>
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<td>We need to ensure a higher percentage of prisoners on Opioid Substitution Treatment are issued with take-home Naloxone kits on their release from prison.</td>
<td>PF12</td>
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<td>We will help improve the prevention and protection measures available to individuals and their families in prison settings following the 2018/19 review of healthcare delivery in prisons.</td>
<td>PF13</td>
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<td>We will Support the work of Police Scotland, and Organised Crime Unit colleagues, to ensure that those groups involved in drug dealing or distribution are being effectively targeted for prosecution.</td>
<td>PF14</td>
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<tr>
<td>Working with Organised Crime Unit colleagues, we will carry out an updated analysis of the current Scottish drug markets.</td>
<td>PF15</td>
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<tr>
<td>We will consider options for widening the recorded police warning scheme to include other drugs.</td>
<td>PF16</td>
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<td>We will work alongside Police Scotland, to produce a stigma training resource for police officers.</td>
<td>PF17</td>
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<td>We will continue to monitor research into the use and associated harms of IPED use and work with ADPs to improve services and outreach to IPED users across the country.</td>
<td>PF18</td>
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<tr>
<td>We will continue to commission and publish data on drug use in Scotland, working with academic and international partners to develop our knowledge of new challenges and review our research framework to ensure our approach is fit for purpose and future-focused.</td>
<td>PF19</td>
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<td>The Scottish Government will invest a further £17 million per annum for five years through ADPs to support evidence-informed, innovative measures to tackle alcohol and drug related harms and deaths.</td>
<td>TR1</td>
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<td>We will develop a national approach to involving people with lived and living experience in policy and strategy development; and link this to the models that have already developed and are being developed at a local level.</td>
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<td>We will develop guidance and support all ADPs to carry out an asset based needs assessment of their most at risk populations, and develop appropriate responses to the findings.</td>
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<td>We will develop a programme of work to support local partners in preventing alcohol related deaths, building on the forthcoming SHAAP mortality report. This will include modelling best practice around alcohol death prevention plans and providing practical assistance to ADPs and others tailored towards local need.</td>
<td>TR4</td>
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<td>We fully support the recent Hepatitis C elimination strategy and will work with services to ensure that relevant recommendations are taken forward.</td>
<td>TR5</td>
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<td>We will continue dialogue with the alcohol and drug sector to improve our medical and prescribing interventions, ensuring that treatment needs with a view to ensuring access to effective medical services to meet their treatment needs.</td>
<td>TR6</td>
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<tr>
<td>We will develop a set of national benchmarks for the delivery of alcohol and drug for treatment. This will focus on measures that show progress against delivery services those who are most at risk. We will work closely with ADPs and IJBs to ensure these measures form a key part of their local and national reporting.</td>
<td>TR7</td>
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<td>We will work with delivery partners to consider the development of care pathways for improving access and retention in treatment and recovery services.</td>
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<td>We will invest in advocacy services through the National Development Fund to allow greater cohesion amongst relevant services.</td>
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<td>We will develop specific national guidance and standards for strength based assessment and case management, linked to Quality Principles and the Health and Social Care Standards; alongside this we will explore other approaches to developing recovery capital in local communities.</td>
<td>TR10</td>
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<tr>
<td>We will invest in new approaches to engaging younger people in treatment services through the Challenge Fund.</td>
<td>TR11</td>
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<td>We will continue to support the growth and expansion of Scotland’s recovery communities into wider community settings.</td>
<td>TR12</td>
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<td>The Scottish Government is committed to ensuring the best outcomes are achieved for children and their families, we will explore how we support ADPs to provide family ready services.</td>
<td>TR13</td>
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<td>We will build on the recent investment to the Family Recovery Initiative Fund to strengthen the capacity of family support and its voice in Scotland.</td>
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<td>We will develop a joined up and integrated framework and tool kit for local areas to support their workforce planning.</td>
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<td>We will develop a programme of a validated self-assessment for treatment and recovery services to assess their alignment to the Quality Principles for Alcohol</td>
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and Drug Services and Health and Social Care Standards based on the priorities set by people with lived experience.

We will continue to ensure service design is evidence based and, through DAISy, we will improve our data collection service and evidence base bank at a local, regional and national level.

We are committed to ensuring equal access to treatment, care and support that regardless of what stage of the criminal justice system individuals are experiencing.

We will work with a range of partners including 3rd sector and living and lived experience to better understand the challenges accessing effective treatment in treatment and develop approaches that ensure that there is parity in treatment services provided in prisons as in the community.

The Scottish Government will partnership with the Scottish Prison Service and NHS Boards develop a toolkit to interpret and the implement the Quality Principles for alcohol and drug services and health and social care standards for within a prison setting.

The Scottish Government in consultation with the sector will commission an up to date resource providing information and guidance on equalities issues for alcohol and drug prevention and treatment services.

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<tr>
<td>The Scottish Government will partnership with the Scottish Prison Service and NHS Boards develop a toolkit to interpret and the implement the Quality Principles for alcohol and drug services and health and social care standards for within a prison setting.</td>
<td>TR20</td>
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<tr>
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Delivering Improvements Together

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<td>We will provide support to the Distress Brief Intervention pilot currently being run in Scotland, offering intensive support to those presenting to an emergency service, A&amp;E department or social work centre with the longer term aim of linking the individual to a more appropriate support service.</td>
<td>DT1</td>
</tr>
<tr>
<td>We will establish good practice in relation to alcohol hospital liaison. This will seek to ensure that people receive effective interventions to address their alcohol use when in hospital and that there is continuity of care in the community when people are discharged.</td>
<td>DT2</td>
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<tr>
<td>We will develop the Community Links Worker programme to work with people who use substances as part of a recovery orientated system of care by providing support and training.</td>
<td>DT3</td>
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<td>We will support ADPs and IJBs to use the evidence and learning from the LPASS report to evaluate current psychological interventions and support within a Recovery Orientated System of Care.</td>
<td>DT4</td>
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<tr>
<td>We will explore new approaches to assessment and referral pathways in a range of settings for people with both problematic alcohol and drug use and mental health diagnosis.</td>
<td>DT5</td>
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<tr>
<td>We will invest in evidence based practice improved arrangements for dual diagnosis for people with problematic alcohol and drug use and mental health diagnosis.</td>
<td>DT6</td>
</tr>
<tr>
<td>We will work with colleagues and partners to take forward some of the relevant recommendations coming through from the Homelessness and Rough Sleeping Action Group which are relevant to this population.</td>
<td>DT7</td>
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<tr>
<td>We will support Housing First pilots in our main cities with a particular focus on problematic alcohol and drug users with complex needs.</td>
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In partnership with Police Scotland we will explore how the Contact Assessment Model can make a real difference when working with those who have living and lived experience of problematic alcohol and drug use and their families.

We will continue work with the sector and Police Scotland to advise on strategies for working with people affected by problematic alcohol and drug use and their families.

The Scottish Government will continue to support research into the link between community justice needs and priorities of local communities, and will review DTTO’s alongside other diversionary activities.

We will explore more fully how workforce development opportunities could be made available for workforce training and development within Scottish Prison Service staff.

We will develop capacity in Recovery Oriented Systems of Care to provide employability support as a core intervention and routes into employment for people with living and lived experience.

We will develop a workforce development framework that recognises the skills of people with lived experience and establish pathways into alcohol and drug services and the wider social care sector.

We will build understanding and capacity of employability services through training on recovery oriented systems of care, reducing stigma to help improve attitudes towards people with problematic alcohol and drug issues.

We will work with health and care partnerships and employability provision to respond to the educational, volunteering and employment needs of people in recovery and identify and promote good practice within an integrated model of support.

A Preventive Framework on Alcohol is under development. It will encompass actions which address the World Health Organisation priorities of tackling affordability, availability and attractiveness, education and awareness raising, preventive interventions including Alcohol Brief Interventions (ABIs) and work to prevent Fetal Alcohol Spectrum Disorder and support families affected.

We recognise that ABIs are particular relevant for those delivering alcohol treatment services, and our foreword work programme on ABIs will look at (i) the evolving evidence base and (ii) considering the merits of increasing delivery settings.
Chapter 1 – Introduction

Our vision is a Scotland where people do not develop problematic alcohol and drug use but where people who have problems are supported and respected.

Overview

1. We all want to see a reduction in the levels of harm associated with alcohol and drugs. To reduce these harms we must develop and maintain the best possible approach to prevention and the best possible treatment (and recovery) services. This All Together Now strategy sets out how we propose to build and maintain these – through agreed strategic outcomes, commitments to improvement through innovation and actions to make services better integrated.

2. This strategy brings together our vision and ambitions to tackle the problematic use of both alcohol and drugs, reflecting the way these are already being tackled jointly by services and other organisations in Scotland. Achieving the outcomes set out in this strategy will be a challenge and one we can only achieve by working together – people, delivery partners, service providers, decision-makers, funders, representative groups and the research community.

3. Learning from our existing alcohol and drug strategies we have developed our new strategic outcomes and suggested priorities for services on evidence, lived experience and shared ambition. The actions set out in the strategy are for us all - working together. Everyone has a role to play in helping people avoid the harms of alcohol and drugs in the first place and everyone has a role to play in helping those with related problems live full and meaningful lives. This will ensure that anyone can access person-centred, respectful and stigma-free treatment and support for themselves and for their children and families.

4. All Together Now has been written from the perspective of respecting and protecting everyone’s human rights – including the right to health - and from the perspective of Scotland’s new approach to Public Health. To help us all make the improvements necessary to achieve our shared vision for the years ahead the Scottish Government is committing an additional £20 million per year until 2020. This commitment is intended to increase capacity and to support the development of innovative approaches both to prevention and to engagement with those who are most at risk in treatment and recovery services.

Human rights-based approach

5. All human beings are entitled to basic rights and freedoms. We want to create an inclusive Scotland that protects, respects, promotes and implements internationally recognised human rights. In terms of addressing the harms of alcohol and drugs, we have to start from a position where we recognise, respect and promote the rights of those
affected by substance use, their children, their families and their communities. Everyone has a right to health and we must take particular care to respect children’s rights across Scotland. In this strategy the Scottish Government is challenging ourselves and our partners to put the rights of people at the centre of how we make services and resources available equally to everyone in our communities.

6. These rights extend beyond the right to health – we have to respect economic, social, cultural and environmental rights as well, which includes housing and also education. If we fail to address these rights in everything we do, we not only risk censure we also risk denying people opportunities to improve their lives.

7. One of the best ways to demonstrate our commitment to human rights in Scotland will be to make a joint commitment to:

- Build a stigma-free society – recognising the rights of all people – in which recovery and harm reduction are delivered appropriately in a person-centred way; and

- Ensure the families and loved ones of those affected by substance use are well supported.

8. No one experiencing problematic alcohol or drug use should be left behind or be unknown to services.

Stigma free society

9. The stigma which is experienced every day by people with both loving and lived experience of problematic alcohol and drug use and their families is entrenched and acts as a significant barrier to recovery further isolating individuals at a time when they most need support.

10. This strategy has adopted the UN Global Commission on Drugs ‘Better Language’ in an attempt to reduce stigma throughout.

11. We will be launching our National Conversation in 2019 to support ADPs and the wider workforce, together with lived experience voices and the wider population, to start talking about ways to reduce stigma. Everyone is Scotland should work together to reduce stigma throughout our country to allow everyone a chance to flourish, regardless of their circumstances.

12. We have taken steps to better understand this issue commissioning a study of public attitudes. The evidence form that work indicates that stigmatising attitudes can be found in all areas of society, including with alcohol and drug treatment services. A ministerial advisory group identified a number of key areas to focus attention on in order to improve the situation: self-stigma and stigma by association; transport; the media; and housing and homelessness. Groups have been established to take forward work on these different

1 PADS Communities Group – Recovering Connections: Changing Stigma to Respect
streams utilising the wider network of recovery communities, and living and lived experience.

Public health approach

13. Any strategy intended to address problematic alcohol and drug use cannot be written or implemented only in terms of health. This strategy makes connections across the policy landscape to housing, justice, education, poverty, inequalities, human rights and social security to ensure that we provide a full public health response to tackling problematic alcohol and drug use and reduce the associated harms.

14. In June 2018 the Scottish Government, in partnership with COSLA, published our six Public Health Priorities for Scotland\(^2\) which includes a specific priority to reduce the use and harm from tobacco, alcohol and other drugs. This strategy alongside the Tobacco Control Action Plan – Raising our tobacco-free generation – published in June 2018, sets out how we will turn that priority into meaningful action. As with the tobacco control action plan, the actions in All Together Now can be summarised as:

- **Raising Awareness** – giving better evidence based and up-to-date direction, information, training and guidance to people who work in services. Provide the public with appropriate messaging and communication on the harms of alcohol and drugs and the availability, of and benefits of, using services or seeking help and support;

- **Encouraging Better Health Behaviours** – reaching out to people who either need help to overcome problems or to provide specific advice, education, support and guidance on how to avoid problematic health behaviours;

- **Improving Services** – making services more rights-based and more integrated, utilising innovative approaches – all to deliver person-centred care through better sharing of information and a broader understanding of the factors which impact on people including families, communities and cultures.

15. This is how the public health approach we have adopted will help turn the Public Health Priority into actions.

Outcomes

16. This strategy is for everybody but is principally for people who are involved in prevention, protection and recovery for those people in alcohol and drug services. But it will be helpful for people who require the services, their families, friends and communities as well as those who work across the delivery organisations - the wider workforce.

17. The main chapters in this document begin by setting out which strategic outcomes the chapter aims to deliver. The strategic outcomes of the strategy are:

- Less harm is caused by alcohol and drugs; (see chapter 2)

- Fewer people develop problematic alcohol and drug use; (see chapter 2)

- Problematic alcohol and drug use is addressed through person-centred care - with appropriate treatment, harm reduction and recovery; (see chapter 3)

- Children, families and communities affected by problematic alcohol and drug use are supported and respected; (see chapters 2 and 3)

- People affected by problematic alcohol and drug use are helped through an integrated support system. (see chapter 4)

Context and Challenge

18. Since the previous alcohol and drugs strategies were published in 2008 and the dynamic and demographic within substance use treatment services has changed as a consequence of new trends and developments. However, the harms caused by alcohol and drugs remain a problem in Scotland. For many, problematic drug or alcohol use is a deeply personal and private concern which, together with the illicit nature of the drugs market, make it a challenge to reliably estimate the size and scale of the problem. However, the most recent prevalence studies estimated 61,500 people, aged between 15-64, were engaged in problematic use of opiates and/or benzodiazepines in Scotland³ and around 4% of the adult population here could be harmful or possibly dependent drinkers⁴.

19. Illicit drug use remains an activity carried out by a small minority of the population and has become less common since 2008/09⁵. However, there is a clear trend of an ageing population of users for whom their drug use has become more problematic and harmful over time. Most tragically this is reflected in the steep rise in drug related deaths in recent years.

20. Scotland’s alcohol consumption remains too high. In 2017 Scots bought enough alcohol for everyone aged over 16 to drink 19.6 units of alcohol every week. And alcohol-specific deaths remain high—totaling 1,120 in 2017. For the purpose of this strategy, problematic alcohol use is defined as drinking above the recommended maximum of 14 units per week, for men or women, as set by the UK Chief Medical Officers in the UK lower-risk drinking guidelines.

21. Scotland remains a relatively heavy user of alcohol and other drugs compared with similar countries and we are seeing changes in the demographic of those using treatment

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⁴ Estimate based on SHeS data including sensitivity analysis to account for significant non-response bias of harmful/dependent drinkers and under reporting of alcohol consumption in population surveys. Estimate is based on previous analysis by Clark and Simpson (2014)
⁵ Scottish Crime and Justice Survey
services. For example, services for both alcohol and drugs are seeing an ageing population of service users which brings with it complex additional health challenges, while younger service users are presenting with a different profile of use with under twenty five’s less likely to be using opiates than before. In addition, the illegal drug market is increasingly dynamic with a rapid growth in new psychoactive substances as well as new routes to market through the internet, dark web and social media.

22. Drinking, smoking and drug use are at an all-time low amongst our young people but teenage years remain a crucial time for intervention and education. We have an increasing understanding of the motivations and antecedents of young people developing problematic substance use including the impact of Adverse Childhood Experiences (ACEs) – which include parental substance misuse, and we need to be more targeted in our approach and prevention strategy.

23. The impact of problematic drug and alcohol use can be devastating. Not only for the individual but also for their friends family members and communities and each experience is unique.

24. Most parents and carers who drink alcohol or use drugs do so in moderation and don’t present an increased risk of harm to their children, However, problematic substance use is widely recognised as a potential parental stressor which can have an adverse effect on wellbeing and increase a child’s risk of abuse and neglect impacting on wellbeing throughout the life course from ante-natal development through to adult life.

25. Substance misuse of a loved one also has a significant impact on the wider family. Pain and stress can be compounded by the associated stigma which families experience.

26. A theme which is prominent across all our public health priorities is that of health inequalities, and this is particularly prominent with problematic substance use. Analysis of data from the Scottish Health Survey (SHeS) has shown that disadvantaged social groups have greater alcohol-attributable harms compared with those from advantaged areas, even after accounting for factors such as obesity and smoking status as well as different drinking patterns.

27. And the Scottish Drugs Misuse Database (SDMD) reveals disproportionately high levels of unemployment, homelessness and people living in areas of multiple deprivation. A recent study revealed significant number of people who have experienced homelessness in

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6 ISD, Scottish Drug Misuse Database Report
7 https://www.gov.scot/Publications/2016/10/2647
Scotland have had health interactions for drug or alcohol use\(^\text{10}\).

28. It is vital that the approach to problematic substance use respects the understanding that such behaviour is not a simple matter of choice but is heavily influenced by underlying factors such as where people live and their ability to access to good quality housing. The availability of rewarding employment or access to schools and training as well as their experiences of trauma and loss.

**What we have achieved**

29. Over the last ten years we have seen many improvements in Scotland’s public health landscape, but we still have a worrying level of harm caused by alcohol and drug use. During this time we have invested over £746 million into tackling this challenge, with £628 million being provided directly to Alcohol and Drug Partnerships (ADPs). This has established recovery-oriented systems of care (ROSC) throughout Scotland and led to the growth of over 120 registered recovery communities. Together, we have created a vision that recovery is possible, and that people can exit treatment services and go on to live meaningful lives.

30. Since the publication of Road to Recovery and the first Alcohol Preventative Framework in 2008/09, a lot of progress has been made with our delivery partners. We have:

- Published a local Delivery framework for problematic alcohol and drug use in April 2009 which created 30 Alcohol and Drug Partnerships (ADPs) across Scotland. This was complemented by the introduction of a workforce development strategy in 2010 and Quality Principles in 2014 which were developed to ensure anyone looking to address their problem alcohol and drug use received high-quality treatment and support that assists them in long-term, sustained recovery and reflect recovery orientated systems of care.

- introduced minimum unit pricing for alcohol on 1 May 2018, which will save lives and reduce hospital admissions;

- changed the way alcohol is marketed with the introduction of the quantity discount ban, associated with a 2.6% reduction in consumption;

- banned irresponsible alcohol promotions, so consumers aren’t encouraged to drink more than they intended;

- introduced restrictions on where alcohol and associated marketing can be displayed by retailers to curb impulse purchases;

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• rolled out a nationwide programme of alcohol brief interventions, delivering over 834,000 since 2008/09;

• worked to protect our children and young people from alcohol-related harm through the introduction of mandatory age verification policy Challenge 25 to make it harder for young people to obtain alcohol;

• continued work to equip our young people to make better decisions through improved substance use education and access to diversionary activities;

• worked to make our communities safer through a range of initiatives to tackle alcohol-related violence and crime and to encourage safer drinking environments;

• legislated to crack down on those who sell to under 18s: the Air Weapons and Licensing (Scotland) Act 2015\(^{11}\) (the 2015 Act) made it an offence to supply alcohol to under-18s in a public place, giving police the power to address the problem of groups of underage people drinking in public;

• further protected young people through the 2015 Act, which broadened the ‘protecting children from harm’ licensing objective to include young people aged 16 and 17, rather than just those under 16, allowing Licensing Boards to more appropriately consider the range of issues involving children and young people;

• made our roads safer with the introduction of a lower drink drive limit, bringing Scotland into line with the majority of other European countries.

• established the Scottish Recovery Consortium, and invested in the Recovery Initiative Fund both of which have supported the creation of over 120 flourishing Recovery Communities throughout Scotland.

• reduced waiting times giving faster access to treatment for those seeking recovery. The target of 90% of people waiting three weeks or less to start treatment for alcohol or drug problems has been consistently met at the national level\(^{12}\)

• introduced a world first national take-home naloxone programme in empowering individuals, families, friends and communities with the tools and training to reverse an opiate overdose and save lives.

• published and commissioned a range of reports, data, and publications to support our overall understanding of alcohol and drug related harm. These have included regular data reports from ISD, topic specific reports to explore emerging challenges


as well as independent reviews.

- embedded alcohol and drug education in schools through the Health and Wellbeing outcomes of the *Curriculum for Excellence*. This is further supported though our ‘*Choices for Life*’ programme and ‘*Know the Score*’ website and helpline. These collectively raise awareness amongst young people about the risk of harms of smoking, alcohol and other drugs, as well as online safety and advice on how to deal with negative peer pressure.

- supported partners towards delivery of our commitment to ensure that every child has the best possible start, such as the strategic work of CORRA for particular programmes and *Everyone Has a Story*\(^\text{13}\).

- worked jointly with the UK Government on The Psychoactive Substances Act (2016) to disrupt supply of new psychoactive substances (NPS) and accelerate effective legal control of NPS and the introduction of the Serious Crime Act (2015) which includes confiscation orders to enhance deterrence.

- maintained input of authoritative expert and wide-ranging advice on on-going implementation of alcohol and drugs strategy. This is currently provided through ‘*Partnership for Action on Drugs in Scotland*’ (PADS) and builds on the actions set out in the Road to Recovery Strategy.

- introduced a new GP Contract for Primary Care (agreed in 2018) which provides opportunities to address the needs of substance users through nurse led prescribing, blood borne virus clinics, wound care, and signposting to services.

### Delivering Successful Outcomes

31. The following chapters include the range of actions we will be taking together to achieve each of the four outcomes above. However, there are a few overarching actions the Scottish Government will take which will impact across all five strategic outcomes. These overarching actions are:

| A new Memorandum of Understanding (MOU) between the Scottish Government, CoSLA, NHS Boards, Integration Joint Boards (IJB) and Alcohol and Drug Partnerships (ADP) will be developed in 2018 to replace the previous partnership arrangements and reflect governance changes. This MOU will make local responsibilities clearer and offer agreed performance frameworks for local improvement programmes | DS1 |
| The Scottish Government will continue to make a direct annual financial investment to IJBs via NHS Boards to deliver this Strategy | DS2 |

The Scottish Government will continue to fund Nationally Commissioned Organisations (NCO), to provide advocacy, expertise and support at the national level. In consultation with ADPs, NCOs and other stakeholders we will consider if we are providing the right support at the national level going forward.

The Scottish Government will review the role of independent expertise and advice in the development and delivery of this strategy. We remain committed to working with experts in the alcohol and drug sector and plan to review this role to ensure it fully reflects the priorities set out in this strategy.

The Scottish Government and ADPs will review the existing ADP reporting infrastructure, for future years, in line with the public outcomes reporting that will be provided annually by IJBs.

The Scottish Government will work in partnership with NHS Health Scotland, and consult widely with the sector, on the development of a monitoring and evaluation framework to support the delivery of this strategy.

The Scottish Government will publish an Equality Impact Assessment to support this strategy and ensure that equalities issues are reflected in the development of the monitoring and evaluation framework.

The Scottish Government will ensure that ADPs and our public bodies take poverty and disadvantage into account when making key policy decisions, in line with the Fairer Scotland Duty.

32. To achieve these outcomes we have identified the following overarching priorities for ourselves and our delivery partners:

   a) **Prevention is always better than a cure**
      Every effort should be made to prevent people from experimenting with alcohol and drugs particularly at a young age and to prevent people from developing problematic use of these. The fewer people who begin use, the less harm there will be and the fewer people there will be who need support for problematic use;

   b) **Integration is vital**
      Services acting individually are less likely to achieve positive outcomes for people than services acting together. People with problematic use often have to tell their story to different agencies and we need to ensure we have a way of seeing the whole story at each point of contact wherever possible. Better integration between partners will increase our understanding of our respective roles and could also help improve how we learn from each other’s approaches and experiences;

   c) **Providing a person-centred, trauma-informed approach to treatment, care and support**
      ‘What happened to you?’ not ‘what’s wrong with you?’ needs to be the fundamental basis from which treatment, care and support are delivered. It is important to understand the impact of trauma and adversity. The evidence and understanding of the impact of Adverse Childhood Experiences (ACEs) to outcomes in later life is growing and this has implications for both adults and children;

   d) **Children and families must not be forgotten**
As well as ensuring efforts are made to effectively help prevent children and young people experimenting with or using alcohol and drugs, we must keep their needs and rights in mind when treating or caring for their loved ones. Children and families need protecting, not least because with the right care and support their influence can be very important in helping their loved ones overcome problems with alcohol and drugs;

e) **Recognising the needs of different equalities groups**
While every person is individual there are clear characteristics and challenges which are specific to equalities groups. It is important that services are accessible and provide an equitable approach regardless of age, gender, disability, ethnicity, sexual orientation, religion, nationality or socio-economic status;

f) **Being responsive to new trends and challenges**
The use of alcohol and drugs is a dynamic activity and there are a number of emerging trends and challenges which we need to respond to now, and there will continue to be more in the future. It is also possible that the issues that will cause us the most concern in five years’ time may currently be undetected;

g) **Supporting a skilled, dedicated and reliable workforce**
People affected by problematic substance use interact with a range of professionals across a wide range of services and it is this interaction which is fundamental to the success of this strategy. It is vital that the workforce is supported to provide a high quality, non-judgemental service;

h) **Challenging stigma and developing a stigma-free and respectful culture for all who experience problematic alcohol and drug use**
People who experience alcohol or drug problems, either through use or by association, often experience the most stigma within our world today. Negative attitudes and stigma from society, from professionals within services and self-stigmatisation are among the biggest barriers to accessing treatment. Stigma needs to be challenged across the sector and society;

i) **Listening and responding to expertise that is evidence-based as well as the voice of living and Lived experience**;
Information and evidence is vital to inform service design and response. Scotland is home to a wealth of excellence and expertise in this field and we continue to be linked in to UK and international knowledge and research networks. Our most valuable experts are those with lived and living experience. People who have experience of problematic substance use and recovery, as well as their family members, friends and carers, need to be involved in the planning, development and delivery of the services they use.
Future Research

33. This strategy is based on evidence wherever possible, but there are areas in which not enough is known yet to be able to set out a definitive path forward. So as part of All Together Now we are setting out the areas in which further research, evidence and guidance will likely be required over the next five years or so.

34. The areas we believe there is most need for better evidence include:

- Effective treatment pathway for alcohol-related treatment;
- Treatment pathways for women through pregnancy and for their children in Early Years;
- Protecting children in care and care leavers;
- Scaling the number of children and families affected by the substance use of family members; (Risks, Prevalence and Patterns)
- New approaches to assessment and referral pathways in a range of settings for people with both problem substance use and mental health diagnosis.

35. This is not intended to be an exhaustive list – this is just to indicate that it is our intention to engage widely and working in partnership with the drug research network in Scotland (DRNS) to identify the priority areas for which more detailed research is required.

36. To gather intelligence on these issues and others which emerge over time we intend to set up targeted short-life working groups bringing together interested parties including experts, researchers, service partners and the voices of lived experience to tackle stand-alone projects. Each working group will have a set timeframe and specific issue to consider. The expertise on such groups is likely to extend beyond the sphere of alcohol and drug services. For example to look comprehensively at avoidable deaths, we would want to be looking at loneliness, isolation, inequality, housing and homelessness etc as much as at alcohol and drug service.

37. To ensure we have the resources and experienced voices available for these working groups we will review the role of independent expertise and advice in the development and delivery of this strategy. We remain committed to continue working with experts in the alcohol and drug sector and plan to review this role to ensure it fully reflects the priorities set out in this strategy.
Chapter 2 – Prevention

The outcomes we want to achieve through this chapter are:

- Less harm is caused by alcohol and drugs;
- Fewer people develop problematic alcohol and drug use; and
- Children, families and communities affected by problematic alcohol and drug use are supported and respected.

Introduction

38. To make real our vision for this strategy a Scotland where people are protected from harm and do not develop problematic alcohol and drug use improvements in both prevention and treatment will be required. However, the more we can do on prevention, the less harm will be caused to the lives of individuals, families and communities and the less need there will be for treatment and recovery work.

39. We would like to see fewer people developing problematic alcohol and drug use. The overall continued decline in reported use of alcohol and drugs among school-age teenagers in Scotland is welcome, but more must be done for other young people and for communities more widely on addressing the reasons behind why individuals develop problematic use of alcohol and drugs.

40. To achieve this prevention vision of fewer people experiencing harm will be a challenge and one we can only achieve by working together – people, delivery partners, service providers, decision-makers, funders, representative groups and the research community.

What is “prevention”? 

41. The word “prevention” is applied widely to a number of types of activity and has taken on significance in so many contexts that it may not be clear what we mean by it in this strategy. For avoidance of doubt, for this strategy we take “prevention” in respect of alcohol and drugs to cover:

Raising awareness

a) Raising public awareness and changing attitudes - to help people avoid harm and to overcome stigma;

b) Supporting providers of care and services, ensuring people from all protected groups and in all circumstances have access to effective protection from harm;
Encouraging better health behaviour

c) Helping young people avoid experimentation;

d) Helping people avoid harmful use, problematic use, addiction or dependency;

Improving services

e) Protecting people in services, in hospitals, in care and in prisons;

f) Supporting communities and families affected by the behaviour of others;

g) Supporting families with related bereavement;

Alcohol market interventions

h) Making structural changes to the alcohol market through legislation, such as specifying a minimum unit price.

42. This definition of prevention focuses on what we can address through our services and through our communities. This definition is framed, however, within the wider context of social and economic determinants – which are very likely to be the significant drivers for problematic or harmful alcohol and drug use. While it is outwith the scope of this strategy to set out how these social and economic determinants are to be tackled, everything possible will be done to link our prevention activity to wider activity aimed at reducing inequality, tackling poverty, providing secure housing and access to education and meaningful employment. Equally every opportunity will be taken to link our actions with targeted interventions especially in our hardest to reach communities.

43. The National Burdens of Disease Report\textsuperscript{14} for 2016 published in August 2018 shows drug use and alcohol dependence are major contributors to absolute inequalities in the disease burden. The Report published by the Scottish Public Health Observatory (ScotPHO) shows that:

- poorer areas have double the rate of illness or early death than richer areas
- people in Scotland’s richest areas are more likely to live in ill health than die early due to ill health, and the number of years of life affected are much smaller
- there are differences in rates of early death and ill health seen across socioeconomic deprivation groups by age and sex.
- In the most deprived areas drug use disorders were the leading cause of disease burden in people aged 15–44,

44. To address health inequalities, the report recommends that we:

\textsuperscript{14} https://www.scotpho.org.uk/comparative-health/burden-of-disease/overview/
• tackle conditions that are more prevalent with higher levels of deprivation
• put in place more policies to reduce poverty and adversity
• improve education and work opportunities
• introduce more regulatory changes such as those seen for alcohol and tobacco
• improve the environment people live in, such as local planning in communities and housing conditions.

45. The next phase of ScotPHO’s work on this topic will focus on interventions which are most likely to improve the life circumstances of people living in the poorest areas of Scotland.

46. This chapter sets out a range of challenges we all face in tackling the harms of alcohol and drugs and then sets out our strategy for preventing harm and protecting people, families and communities. The main focus of the chapter is on activities that cover both alcohol and drugs. However, the starting point must be to recognise that, for all but those people under 18 years of age, alcohol is for the most part not something it is illegal to possess. As alcohol is available for purchase and consumption relatively openly there is an additional range of prevention measures we can apply which are not directly relevant to drugs. These additional measures will look at the World Health Organisation priorities of tackling affordability, availability and attractiveness, as well as education and awareness raising, preventative interventions including Alcohol Brief Intervention (ABIs) and work to prevent Fetal Alcohol Spectrum Disorder and support families affected. These measures will form a dedicated framework on alcohol prevention. We recognise that ABIs are particularly for those delivering alcohol treatment services, and our forward work programme on ABIs will look at (i) the evolving evidence base and (ii) considering the merits of increasing delivering settings.

Alcohol Framework on Prevention of Harm

47. For Alcohol prevention this strategy retains the three central themes of Scotland’s 2009 alcohol strategy, the Framework for Action\(^\text{15}\) which are well accepted and understood:

• Reducing consumption
• Positive attitudes, positive choices
• Supporting families and communities

48. The fourth theme of the 2009 Framework is ‘Improved treatment and recovery support’. In 2018, our actions and investments to support treatment and recovery are being set out here in this document.

Scotland’s alcohol policy on the world stage

49. With the introduction of minimum unit pricing on 1 May 2018, Scotland has truly become a world-leader on alcohol policy. We will share our experiences within Europe and internationally. For too long, the stereotype of the ‘hardened Scots drinker’ has prevailed. We need a cultural shift to move towards a more balanced relationship with alcohol across society. Scotland’s alcohol products receive worldwide acclaim for quality. In future years, so too should our domestic reputation for taking action and forging a healthier relationship with drinking. In 2015, Scotland hosted the Global Alcohol Policy Alliance Conference; the only European country asked to host the conference. In 2016, Scotland was awarded the inaugural European Reducing Alcohol Harm Award at the 7th European Alcohol Policy Conference (EAPC) in Slovenia, and we are delighted to be hosting the 8th EAPC in 2018.

A balanced approach

50. The Scottish Government is not ‘anti-alcohol’. Rather, we are anti-problematic-alcohol use. We promote the lower-risk maximum amounts advised in the UK Chief Medical Officers’ (CMO) guidelines, revised across the whole UK in 2016 after a thorough evidence review, because that is the best way to minimise risk of harm for the people of Scotland. They recommend a maximum of 14 units of alcohol per week for both women and men, preferably spread over three or more days, with no drinking at all during pregnancy.

51. We will continue to work with a wide range of stakeholders to deliver improvement, including Health and Social Care Partnerships, their local partners and the third sector. We will also continue to work jointly with industry on health improvement initiatives, including the Scottish Alcohol Industry Partnership and industry education charity Drinkaware, recognising the strong potential that industry has to effect change. Where we work jointly, we will set the bar high and collaborate on projects which impact meaningfully on reducing alcohol harms.

52. We continue to progress interventions targeted at those at most risk, such as Alcohol Brief Interventions and a suite of treatment options. Our approach is aligned with World Health Organization (WHO) and Organization for Economic Co-operation and Development (OECD) strategies. Prevention measures are key, and we follow the World Health Organization approach of placing the three prevention ‘A’s front and centre: Affordability, Availability and Attractiveness.

17 http://www.eurocare.org/library/updates/scotland_receives_the_european_award_for_reducing_alcohol_harm_earah
19 https://www.drinkaware.co.uk/
20 http://apps.who.int/iris/bitstream/10665/44395/1/9789241599931_eng.pdf?ua=1&ua=1
A well-connected approach

53. It is crucial that government understands people’s motivations for drinking. The same is true for all public and private sector actors who seek to influence alcohol behaviours. We also need to recognise that some cultural norms around drinking have become so deeply embedded that they cannot be turned around through short-term action.

54. Where we strive to change behaviours, we need to enable positive and sustainable changes in the conditions that can drive behaviours in the first place. To maximise the impacts of our updated alcohol strategies, we must connect into the policies and programmes that are tackling some of the fundamental issues of our times. This includes, but is not limited to, enabling and supporting positive mental health, reducing poverty and tackling inequalities at source, providing good quality housing and ending homelessness, enabling the best starts in life for our children, including recognising the impact of adverse childhood experiences, and evolving our justice system to improve outcomes for individuals, families and communities.

Alcohol - the present picture

55. After a fall between 2009 and 2013, alcohol sales in Scotland increased in the following two years, and the most recent figure shows a slight decrease. This reflects the economic climate over that period. Since the 1980s, we have seen substantially increased alcohol consumption in Scotland and, consequently, high levels of alcohol-related harm.

56. Alcohol-related hospital admissions have reduced 22% since 2007/08, but are still over four times higher than in the early 1980s (figure 1 below). Overall, mortality rates have fallen 33% from a 2003 peak, but are still nearly 50% higher than in 1981 (figure 2 below).
Alcohol-related hospitalisation rates, Scotland, 1981-2015\textsuperscript{22} [Source: ISD Scotland]

Figure 2. Alcohol-related mortality (underlying cause) overall and by gender in Scotland 1981-2015 (European Age and Sex Standard rates) [Source; NRS]\textsuperscript{23}


57. There are some encouraging trends, particularly regarding young people\(^{24}\). The introduction of minimum unit pricing will make a significant contribution to saving lives and prevention hospital admissions. However, Scotland requires a sustained focus on alcohol-harm reduction. The present population-level harms, of 22 deaths and 670 hospital admissions on average per week due to alcohol misuse, are simply too high.

58. So, too, is the economic cost. Alcohol misuse costs Scotland far too much in financial terms – a staggering £3.6 billion each year. To put this into perspective, that’s an average of £900 for every adult. Estimated annual costs to the NHS are also very high indeed, at some £200-£400m each year.

**Prevention Outcomes - Alcohol**

59. To prevent harm in respect of alcohol we aim to reduce individual and population-level consumption and help people develop safer drinking patterns. To achieve this we are working toward some intermediate and some longer-term outcomes:

**Intermediate outcomes**

- Safer drinking and wider environments
- Reduced acceptability of hazardous drinking and drunkenness
- Increased knowledge and changed attitudes to alcohol and drinking
- Reduced availability of alcohol
- Reduced affordability of alcohol

**Long-term outcomes**

- Less absenteeism and presenteeism in educational establishments
- Fewer children affected by parental drinking
- Less absenteeism and presenteeism in the workplace and less alcohol-related incapacity
- Less alcohol-related violence, abuse, offences and anti-social behaviour
- Reduced alcohol-related injuries, physical and psychological morbidity and mortality
- Fewer children affected by maternal drinking during pregnancy

*We will set out detailed alcohol-specific prevention measures and actions in Scotland’s preventative Framework on Alcohol 2018 (PF1)*

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Children and Young People

60. Our alcohol and drug strategy on prevention is particularly focused on children and young people. As with alcohol, currently there are relatively few young people in Scotland who regularly use drugs.

3% of 13 year olds and 11% of 15 year olds reported using drugs in the last month.

Trends in proportion of pupils who used drugs in the last month (1998-2015)


61. We must give the next generation the tools they need to make healthy choices about alcohol, and other substances like drugs and tobacco. While we have seen a general decline in adolescent substance use over recent years, which is encouraging, but we must not be complacent. Teenage years represent a crucial time for experimentation with substances. Data from the Scottish Drug Misuse Database tells us that the majority of people seeking treatment for their drug use started using in their teens with the median age of starting use only 15.

62. Drug use and the drugs market is constantly evolving and no more so than among the younger population who are more likely to experiment with New Psychoactive substances (NPS) and be at the forefront of digital innovations, presenting new challenges in providing relevant information, advice and education.

63. We have learnt more about the motivations and antecedents for developing problematic drug use and there are specific groups and characteristics which make people more at risk. Therefore targeted approaches must sit alongside universal approaches.

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25 The Scottish Government's SALSUS survey reports an overall decrease in the number of young people taking drugs. Drug use 'in the last month' has been gradually decreasing since 2002 [Scottish Government 2015] [http://www.gov.scot/Topics/Research/by-topic/health-community-care/social-research/SALSUS](http://www.gov.scot/Topics/Research/by-topic/health-community-care/social-research/SALSUS)

26 SHeS and SALSUS.
Alcohol and Drug Education Programmes

What Works

64. In 2016 the Partnership for Action on Drugs in Scotland (PADS) Group commissioned research to draw together the evidence and findings within educational practices of alcohol and drug education to help form responses to prevention and education in Scotland. In terms of prevention, PADS recognised that effective education is a primary driver in the reduction of harm caused by alcohol and drug use. The group called for a review of practice to create a better evidence base to inform both practice and investment, this was done under the leadership of the late Professor John Davies. This led to the publication in 2016 of a literature review, ‘What Works in drug education and prevention’.

65. The publication acknowledged that some popular and well-meaning approaches, for example using lived experience testimonials, are associated with no, or negative preventative outcomes. Stand-alone, mass media campaigns are also considered ineffective. The literature review found that children and young people benefit from prevention models that are delivered in a supportive environment, which use non-fear arousal techniques, and which provide the freedom to learn about alcohol and drug use within a broader conversation about choice and risk, rather than standalone input.

66. In addition, for those most at risk from harm, targeted prevention interventions are most effective, alongside a whole school approach. These are most effective in interactive structured sessions, with booster sessions over several years, and should be of sufficient intensity and duration to influence change. Approaches that combine social and personal development and resistance skills with normative education techniques have also been shown to be effective.

67. The research highlighted increasing interest in peer led models and the use of social influence methodology. This is supported by research conducted in partnership with the Scottish Youth Parliament has also shown that the tone of substance use education should be neutral, based on fact and that young people should be involved in the design, development, and dissemination of the information as young people are more likely to respond better to advice and information from their peers.

68. This has provided an informed basis for our overall approach to prevention activity both in and outwith schools.

69. Following the What Works report a rapid review mapping exercise conducted in 2017, concluded that the quality of substance use education and local practice in education had to be made more consistent throughout Scotland. To help achieve better consistency the Scottish Government has produced guidance to support commissioners and

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28 REF TO FOLLOW

practitioners in developing education and prevention strategies in line with the evidence. This is complimented by best practice guidance from Mentor UK\textsuperscript{30}.

We will disseminate guidance to ADPs and Local Authorities that will recommend best practice for effective, informative and evidence based, education and prevention programmes for young people on alcohol and drug use. (PF2)

**Substance misuse education in the Curriculum for Excellence**

70. Education gives children and young people the resources and resilience required to make safe and informed choices around substance use. Education on drugs and alcohol is now embedded within our schools through the Health and Wellbeing section of the *Curriculum for Excellence*\textsuperscript{31} and *The Early Years Chapter*\textsuperscript{32}.

71. Through the Health and Wellbeing component of Curriculum for Excellence, Scottish schools aim to provide helpful, engaging information about drugs, and, crucially, empower children and young people to make positive decisions about their health.

72. Health and wellbeing indicators have an important place within the *National Improvement Chapter for Scottish Education*. Following work with stakeholders, in 2017 Education Scotland published health and wellbeing benchmarks for schools, including on alcohol and other substances\textsuperscript{33}. These benchmarks set out clear statements about what learners need to know and be able to do to achieve a particular level of learning. They are being used to help monitor progress towards achievement and to support professional dialogue and judgement of when a learner has achieved a level.

73. Around 70\% of 15-year-olds say they have received lessons or discussions in class about drugs\textsuperscript{34}. While this is encouraging, there is still room for improvement to ensure all 15-year-olds have access to this learning experience.

**Health and wellbeing indicators have an important place within the National Improvement Chapter for Scottish Education, and we will continue to look at how we can best emphasise their importance going forwards (PF3)**

**Choices for life schools programme**

74. In schools children also learn about a variety of substances and the impact that risk-taking behavior has on health through *Choices for Life*\textsuperscript{35} a schools-based education


\textsuperscript{34} The Scottish Government’s SALSUS survey reports an overall decrease in the number of young people taking drugs. Drug use ‘in the last month’ has been gradually decreasing since 2002 (Scottish Government 2015) [http://www.gov.scot/Topics/Research/by-topic/health-community-care/social-research/SALSUS](http://www.gov.scot/Topics/Research/by-topic/health-community-care/social-research/SALSUS)

\textsuperscript{35} [http://young.scot/choices-for-life/](http://young.scot/choices-for-life/)
programme on alcohol, drugs and tobacco, funded by the Scottish Government and delivered in partnership with Young Scot and Police Scotland. The programme also includes an information website for young people and their parents, teachers and communities.

75. The Scottish Government commissioned a review of *Choices for Life* which found that although the programme engaged with large numbers of young people, there were variations across Scotland and inconsistencies in both the delivery, setting and frequency of sessions. It was observed that there was some evidence of good practice, although ineffective approaches remained, alongside a lack of structured delivery guidance or lesson plans.

We will build a refreshed universal approach to substance use education for all young people included those who are most at risk. (PF4)

We will ensure that our education resources are relevant and up to date. (PF5)

**Teacher training and education**

76. *Delivering Excellence and Equity in Scottish Education*[^36] is the Scottish Government’s delivery plan which raises awareness of wider issues that affect children’s attainment and equity of outcomes, and sets out how we will continue to address these to ensure we are creating the conditions for all children and young people in Scotland to flourish and thrive. It explains that the Scottish Government will work with Education Scotland and the General Teaching Council for Scotland (GTCS) to undertake a review of Initial Teacher Education (ITE) programmes to ensure they provide appropriate detail on content for literacy; numeracy; health and wellbeing; data literacy; and equality across both primary and secondary sectors.

77. Following the May 2017 publication of this report[^37], the Scottish Government invited Education Scotland to work with our ITE universities and the GTCS to develop a self-evaluation chapter for ITE focusing on literacy, numeracy, health and wellbeing and additional support needs. That is intended to support universities to demonstrate the quality of their existing ITE provision and to identify areas for development, as well as to anticipate new and emerging priorities. It is designed to support self-evaluation within ITE and enhance and further improve the experiences gained by students at the start of their professional careers. It will be made available shortly, initially focusing on numeracy. The GTCS is also reviewing its Professional Standards for Registration to work as a teacher in Scotland, which includes reference to the requirement for teachers to understand and apply the curriculum as it applies to health and wellbeing.

We will continue to support initiatives which embed a focus on pupil wellbeing in teacher training. (PF6)

[^37]: [http://www.gov.scot/Publications/2017/05/9187](http://www.gov.scot/Publications/2017/05/9187)
**Online and outreach education and information**

78. The dynamic growth in digital platforms used by young people present new challenges and opportunities in substance use education and prevention. They are increasingly the route through which people obtain information and mis-information, about alcohol and drugs, as well as a growing and constantly evolving supply route.

79. We have a responsibility to our young people to provide accurate and reliable information about the risks of substance use, as well as providing them with the skills and knowledge to question the information they find online and the resilience to challenge and resist misinformation and pressure through social media.

80. The *Choices for Life* programme includes an information website for young people and their parents, teachers and communities which in 2016-17 received over 36,529 page views on the website, 103,411 videos watched on YouTube, and 69,605 and 10,532 views of Snapchat and Instagram stories respectively. This information website is operated by YoungScot.

81. The Scottish Government *Know the Score* website also provides advice on drugs and their risks. It is updated in partnership with Crew, a third sector drug service based in Edinburgh. The *Drinkline* website provides advice on alcohol and its risks. It is operated under contract with the Scottish Government.

**We remain committed to providing an online resource with help and information around alcohol and drug use which is accurate, evidence-based, relevant and up to date. (PF7)**

**Targeting most at risk and hardest to reach**

82. There are certain characteristics which make some young people more at risk than others of developing problematic alcohol and drug use and targeted work and joint working with other services are essential.

**School non attenders**

83. Our education system provides a window of opportunity to equip our children and young people with the life skills to make informed choices relating to their health and wellbeing. However we recognise that for some traditional education methods are not working or appropriate and these children and young people are often our most vulnerable. We need to go beyond classroom based interventions to ensure we provide a universal approach to alcohol and drug education that is delivered in different and innovative ways.

**We will develop educational based, person centered approaches that are delivered in line with evidence based practice to reach all of our children and young people including those are not present in traditional educational settings, to include Youth Groups, Community Learning and Development, Colleges, and Sport Clubs. (PF8)**
Children affected by Parental alcohol and drug use

84. There have been significant developments across child protection, looked after children, support for young carers, child poverty and maternity and early years, which together improve support for children who are affected by parental substance use.

85. These have been underpinned by extensive training and awareness raising sessions for staff across services with many areas adopting local protocols on the delivery of the three key chapters – National Risk Chapter for Assessment of Children and Young People (2012); Getting Our Priorities Right (2013) and the National Guidance for Child Protection (2014).

86. In 2017 over 1000 children were the subject of child protection case conferences where parental drug or alcohol use was one of the concerns recorded, equating to 38% of all case conferences – and one of the most commonly cited concerns.

87. The Child Protection Improvement Programme was launched in 2016 and follows an independently-chaired Systems Review Group, which looked at the formal elements of the child protection system. Going forward, the programme is working on an implementation programme with a number of actions aiming to strengthen current practice.

88. As part of the on-going National Child Protection Improvement Plan we will revise the national Guidance in 2019 to strengthen:

- The role of substance use professionals in providing information and skilled assessments to multi-agency case discussions, care planning and review arrangements;
- The role of substance use services in providing on-going treatment, care and recovery support to parents;
- The awareness and skills of substance use staff in contributing to reviewing the circumstances, risk and wellbeing of children;
- The consistency and delivery of joint learning and training and joint working opportunities, around revised and update Getting our Priorities Right Protocols;
- Improved understanding of neglect through work with the Centre for Looked-After Children in Care in Scotland;
- Consultation on a Shared Dataset for Children’s Services in order to better plan and commission services and measure outcomes for children and young people.

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We will revise the Guidance for the National Child Protection Improvement Plan to strengthen awareness and understanding of the roles of substance use professionals and services. (PF9)

Safeguarding against Adverse Childhood Experiences

89. Over the past 10 years, the Scottish Government has dedicated significant resources to better understand and address the impact of the early years and Adverse Childhood Experiences (ACE) on individuals and society.

90. Many thousands of adults across Scotland experienced parental substance use in their childhoods, often creating lifelong impacts on their relationships, and in some cases their own struggles with substance use. Children who live with parents who have substance use issues are among the most vulnerable in society. We must sustain focus on the prevention and education measures we take for these children.

We will focus on early intervention to protect children living with parents who have experience of problematic alcohol and drug use issues to break intergenerational cycles. (PF10)

91. Understanding and addressing ACEs is crucial to safeguarding children’s current and future mental health and wellbeing. This can be maximised by ensuring the workforce who deal with vulnerable people are ACE-informed and confident in the early identification of risk factors and symptoms of mental ill health.

We will continue to support the Adverse Childhood Experiences (ACEs) agenda as work on ACEs and trauma-informed practice continues. (PF11)

92. Work is under way across a wide-range of policy areas and services to understand and implement a more trauma informed approach to services. This includes plans for implementing the National Trauma Training Chapter developed by NHS Education for Scotland (NES) to help Scotland’s current and future workforce develop skills and services that respond appropriately to people’s experience of ACEs and trauma.

Protecting Young People: other action plans

93. We know the impact of parental substance use on a child or young person can be devastating, including but not limited to: bereavement; poverty; mental and physical health impacts; and overall quality of life. Work such as ‘Everyone has A Story’39 highlights the specific challenges faced in these circumstances.

94. Getting It Right for Young Carers (2010 – 2015) highlights its approach to supporting young carers including the implementation of the Carers (Scotland) Act (2018)

95. The Scottish Government already has a Programme for Government commitment to appoint a childhood bereavement coordinator to advise on steps that can be taken to drive forward improvements in bereavement services and support.

96. The Scottish Government has also published its Child and Adolescent Health and Wellbeing Action Plan which aims to take a cross-policy, rights-based approach to improving the physical, mental and emotional health and wellbeing of children and young people within Scotland.

97. The Mental Health Strategy (2017-2027) which heavily highlights the importance of prevention and early intervention in reducing the severity and life impact that mental ill health can cause. Part of this includes the impact parental substance use can have. Within the strategy, there are a number of actions aimed at ensuring mental health care for children and young people continues to improve.

98. ‘Every Child, Every Chance’ (published in March 2018), the Scottish Government’s Tackling Child Poverty Delivery Plan for 2018-2022 outlines the next crucial steps to delivering on our ambition to end child poverty, as laid out in the Child Poverty (Scotland) Act 2017. The Plan, backed by a range of investment, including a £50 million Tackling Child Poverty Fund, sets out a range of actions to increase household incomes, reduce costs, and support children and families to have a better quality of life.

**Prevention in Society**

**Reducing Inequalities**

99. Poverty and inequality is arguably the most significant underlying cause of problematic alcohol and drug use. Evidence shows that problematic use is far more prevalent in areas where there are low employment opportunities, few community amenities, poor personal resources and weak family and social bonds. Tackling these wider inequalities can play an important part in reducing problem alcohol and drug use, while at the same time, tackling problem substance use can also have a significant impact on inequalities in Scotland.

100. The Scottish Government has clearly set out its aspirations to reducing the deeply ingrained inequalities that exist across Scotland. The need for a shift has been recognised in the Fairer Scotland Action Plan (2016) which sets out the ambition to deliver a fairer and more prosperous Scotland by 2030.

101. The plan outlines 50 actions to be taken within the current Parliamentary term and considerable progress has already been made, including enacting the new Fairer Scotland Duty which ensures that selected public bodies take account of poverty and disadvantage whenever key decisions are made.

102. In addition, in March 2018, the Scottish Government published ‘Every Child, Every Chance’, our tackling child poverty delivery plan for 2018-22. It articulates the vision for
delivering on the ambition to end child poverty, as laid out in the Child Poverty (Scotland) Act 2017.

CashBack for Communities

103. Ministers announced in June 2007 that they would use the funds recovered from criminals under the Proceeds of the Crime Act in a positive way to expand young people’s horizons and increase the opportunities they have to develop their interests and skills in an enjoyable, fulfilling and supported way. CashBack for Communities delivers this. It includes a range of partnerships with Scottish sporting, arts and business associations to provide diversionary activities for young people in our communities, helping to steer them away from alcohol and drugs.

104. Projects range from diversionary work to more long-term, potentially life-changing intervention projects, which aim to turn an individual’s life around and provide opportunities of positive destinations such as employment, education, or volunteering.

105. An independent evaluation of Phase 3 of Cashback was published in 2017 and showed that CashBack is changing young people’s lives for the better, and that significant impact is on participation, diversion, and progression pathways.

106. Since 2008 we have committed £92 million to CashBack for Communities and other community initiatives. This has delivered nearly two million activities and opportunities for young people across all 32 local authorities in Scotland. An additional £17 million has been committed to Phase 4 of CashBack which has a stronger focus on tackling inequalities by delivering activities which will raise the attainment, ambition and aspiration of young people from areas of deprivation.

Mental health and early intervention

107. The Mental Health Strategy has also highlighted the importance of prevention and early intervention in reducing the severity and life impact that mental ill health can cause. Part of this includes the impact parental substance use can have. Within the strategy, there are a number of actions aimed at ensuring mental health care for children and young people continues to improve.

Reducing Unintentional Harm

108. We know that families living in deprived areas, where problematic alcohol and drug use is higher, are more likely to experience unintentional harm. We are committed to building safer communities across Scotland. Key to this is our work with partners including: Scottish Fire and Rescue Service, Royal Society for the Prevention of Accidents (ROSPA),

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40 http://cashbackforcommunities.org/
Child Accident Prevention Trust (CAPT), the Scottish Community Safety Network, as well as COSLA and the local partnership networks.

109. Over the last five years, we have provided ROSPA with almost £600,000 in funding to undertake work around home and community safety as well as supporting projects that help improve child safety. For example, distributing ‘Brighter Beginning’ packs, including tips and tools to help give children a safer start, to disadvantaged parents/parents-to-be and carers of babies or children under five.

110. For the last 11 years, we have also supported the Child Accident Prevention Trust (CAPT) to delivery community education campaigns raising awareness of serious childhood accidents and how to prevent them. CAPT places an emphasis on reaching deprived families and developing practical and inclusive safety messages.

**Recognising the needs of different equalities groups**

111. There is a strong cultural dimension to the motivations and antecedents behind illicit drug use and therefore it is important to acknowledge differences across equalities groups within the prevention agenda.

112. For example there are some drug types which are particularly associated with specific cultural groups, for example Chemsex which occurs predominantly among men who have sex with men. And Image and Performance Enhancing Drugs (IPEDs) are predominantly used by men.

113. In addition, religions and cultures have different approaches and teachings on the use of drugs and alcohol and these must be respected and understood in the context of wider education and prevention activity.

114. A full Equalities Impact Assessment has been developed and considered in tandem with this strategy and a full report will be published. Prevention work at the national and local level should take account of the needs of different equalities groups and be respectful and relevant to the target audience.

**Prevention and protection in prisons**

115. Compared to the average rates in society, there has traditionally been higher rates of alcohol use disorder, alcohol dependency and problematic drug use in prisons. On average there are around 7,500 people in Scotland’s prisons on any one day, but the average number of individuals in prison in any one year is likely to be around 20,000.

116. Addiction prevalence testing tells us that in 2017/18, 78% prisoners tested positive for illicit substances at reception. There has been a fairly steady rise in positive testing for illicit drugs at reception in prisons: 31% prisoners now test positive for illicit drugs on liberation –

42 [https://www.rospa.com/](https://www.rospa.com/)
compared to 17% eight years ago, which is a significant increase. There is a variation across prisons mainly because of the different types of populations each prison caters for.

117. Meanwhile, while nearly a third of prisoners are tested for positive for opiates on reception at prison, the number of take home naloxone kits (THN) issued to prisoners on release is in decline.\textsuperscript{43} It is difficult to be precise because of the turnover of prisoners from each establishment each year how many THN kits are issued on liberation, but figures suggest that less than 5% or prisoners are issued with kits on release. This number is low compared to the 23% of the prison population who are at any one time likely to be on opioid substitution treatment (OST).

118. To help prevent harm, including drug deaths associated with overdose following liberation from prison, \textbf{we need to ensure a higher percentage of prisoners on Opioid Substitution Treatment are issued with take-home Naloxone kits on their release from prison. (PF12)}

119. Harmful alcohol use among prisoners on admission is extremely high. Research from 2015 found that two thirds of prisoners had an Alcohol Use Disorder, and 33% were identified as possibly dependent on alcohol (compared to 1% of the general population)\textsuperscript{44}.

120. In terms of prevention we must look at the treatment services available in prisons as an opportunity to prevent future harm to the individuals as well as potential harm to their children and families on liberation. Every chance should be taken in the prison setting to make sure people are offered appropriate support. The through-care people are offered on release back to communities must be robust, ensuring that any release from prison is a planned in a person-centred approach.

121. Improvements to how prevention messaging is delivered in prisons must also be made, and we hope to be able to make such improvements following the 2018/19 review of prisoner healthcare which is currently underway.

122. The fact that only around 15% of those identified with alcohol use disorder complete a treatment course is addressed in the Treatment section of this strategy. The Treatment section also addresses the apparent drop in the number of Alcohol Brief Interventions which are delivered in prisons.

\textbf{We will help improve the prevention and protection measures available to individuals and their families in prison settings following the 2018/19 review of healthcare delivery in prisons. (PF13)}

\textbf{Reducing Supply of Illegal Drugs}

123. While this alcohol and drug strategy places an increased focus on treatment and recovery, the Scottish Government remains clear in its commitment to do everything it can

\textsuperscript{43} https://www.scotpho.org.uk/media/1085/sps-addiction-prevalance-testing-stats-final-2016-17.pdf

\textsuperscript{44} SPS Prisoner Survey 2015, http://www.sps.gov.uk/Corporate/Publications/Publication-4565.aspx
to tackle the problem of illegal drugs by applying the full force of the law on those groups and individuals who profit from the illegal sales of these substances.

**Policing**

124. Given the links between organised crime and drugs our previous strategies included a commitment to analyse the scale and extent of serious organised crime in Scotland and to produce a strategy to tackle it. This work has been carried out, and an updated Serious Organised Crime (SOC) Strategy was published in 2015 (the original was published in 2009) which focussed on four areas: Divert, Deter, Detect, Disrupt and highlighted that 65% of SOC groups in Scotland are involved in drug crime, with heroin being the most popular commodity.

125. There have also been improvements in the gathering and sharing of intelligence and in the work to analyse and map the threat posed by Serious Organised Crime Groups in Scotland, all with the goal of supporting more sophisticated detection and disruption of these groups. And this has been supported through the opening of the Scottish Crime Campus at Gartcosh in 2014; joint working with the UK Government to strengthen the Proceeds of Crime Act (2002); and the introduction of the Serious Crime Act (2015) which included the introduction of confiscation orders to enhance deterrence.

**We will Support the work of Police Scotland, and Organised Crime Unit colleagues, to ensure that those groups involved in drug dealing or distribution are being effectively targeted for prosecution. (PF1)**

**Working with Organised Crime Unit colleagues, we will carry out an updated analysis of the current Scottish drug markets. (PF15)**

126. The recorded Police Warning Scheme, which was brought into use in January 2016 provides police officers with an alternative disposal option for those found in possession of small quantities of cannabis (it could also be used for other low level crimes). The aim of the scheme is to provide those who receive warnings with a more proportionate disposal while also speeding up justice outcomes.

**We will consider options for widening the recorded police warning scheme to include other drugs. (PF16)**

127. In addition, work has been progressed with Police Scotland to develop a training resource for new and existing police officers on the issue of stigma, and the importance of demonstrating non-stigmatising behaviour.

**We will work alongside Police Scotland, to produce a stigma training resource for police officers. (PF17)**

128. What we are proposing in this strategy is a new approach – perhaps most significantly this strategy marks the end of Road to Recovery as our drugs strategy. This strategy brings together our approaches to addressing, problem alcohol and drug use into one strategy and formalises the new
treatment and recovery relationship between alcohol and drug recovery being seen as one service and one set of issues. Therefore, we need to do some awareness raising, delivering an improved service in terms of accessibility and consistency, public education will be crucial.

Monitoring changes in drug use

129. New drugs, supply routes and substance use behaviours develop quickly. To be able to provide up-to-date education and early intervention we need to monitor the patterns of use and potential harms. Current areas of concern are:

**New Psychoactive Substances**

130. The increased availability and popularity of new psychoactive substance (NPS) type drugs have had a significant impact on the drug landscape over the last 10 years. Substantial work was undertaken in Scotland, and in conjunction with the UK Government, to tackle the risks associated with the use of these drugs. The implementation of the 2016 Psychoactive Substances Act\(^{45}\) has helped to control the sale and supply of NPS both here in Scotland and rest of the UK.

131. Scottish Government commissioned research to provide data on the use, motivations, and harms of NPS amongst a range of vulnerable groups. It highlighted particular risks for vulnerable young people, people in contact with mental health services, people affected by homelessness, people who inject drugs and men who have sex with men\(^{46}\). In addition a new Centre for Excellence in New Psychoactive Substances Research has been established for Scotland at the University of Dundee.

**Prescribed medication**

132. We are also concerned about the problematic use of prescribed medication. This can either be people developing a dependency to drugs prescribed to them or the diversion of prescribed medication onto the illicit market.

**Image and Performance Enhancing Drugs (IPEDs)**

133. There has been a reported increase in the number of people in the general population (beyond traditional bodybuilding and professional athletes) who use these drugs and they are generally unknown to services. IPEDs such as anabolic steroids present a significant risk of harm both from the drugs themselves, particularly if used over long periods, and from unsafe injecting practices. There are currently four areas of Scotland which provide specific IPED clinics and outreach services.

We will continue to monitor research into the use and associated harms of IPED use and work with ADPs to improve services and outreach to IPED users across the country. (PF18)

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\(^{46}\) NPS research
Online supply

134. Increasing access to the internet has had a transformational impact on the illicit drug market. It has contributed to the accelerated pace of development and distribution of new substances and allowed markets to be reached beyond traditional geographic and socio economic boundaries.

We will continue to commission and publish data on drug use in Scotland, working with academic and international partners to develop our knowledge of new challenges and review our research framework to ensure our approach is fit for purpose and future-focused. (PF19)

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<td>PF1</td>
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<tr>
<td>We will disseminate guidance to ADPs and Local Authorities that will recommend best practice for effective, informative and evidence based, education and prevention programmes for young people on alcohol and drug use.</td>
<td>PF2</td>
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<tr>
<td>Health and wellbeing indicators have an important place within the National Improvement Chapter for Scottish Education, and we will continue to look at how we can best emphasise their importance going forwards</td>
<td>PF3</td>
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<td>We will build a refreshed universal approach to substance use education for all young people included those who are most at risk.</td>
<td>PF4</td>
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<td>We will ensure that our education resources are relevant and up to date.</td>
<td>PF5</td>
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<td>We will continue to support initiatives which embed a focus on pupil well being in teacher training.</td>
<td>PF6</td>
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<tr>
<td>We remain committed to providing an online resource with help and information around alcohol and drug use which is accurate, evidence-based, relevant and up to date.</td>
<td>PF7</td>
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<td>We will develop educational based, person centered approaches that are delivered in line with evidence based practice to reach all of our children and young people including those who are not present in traditional educational settings, to include Youth Groups, Community Learning and Development, Colleges, and Sport Clubs.</td>
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Chapter 3 – Treatment and Recovery

The outcomes we want to achieve through this strategy on treatment and recovery are:

- Problematic alcohol and drug use is addressed through person-centred care - with appropriate treatment, harm reduction and recovery; and

- Children, families and communities affected by problematic alcohol and drug use are supported and respected

135. The 2017-8 Programme for Government committed further investment in alcohol and drug services. As a result the Scottish Government will invest a further £17 million per annum for five years through ADPs to support evidence-informed, innovative measures to tackle alcohol and drug related harms and deaths. (TR1)

136. This investment will enable a substantial increase in the capacity of these services and a real improvement in the outcomes that they can achieve, particularly for those at most risk. We also know how significant the wider social and financial costs of problem alcohol and drug use are, both to the health service, criminal justice and social services. Benefits can also be made by linking and implementing a recovery-oriented system of care, and ensuring that people must be at the centre of their care, treatment and recovery.

137. This investment will aim to address capacity challenges currently experienced by treatment services but this will also require considerable system change across the services which work with individuals and families who are experiencing problematic alcohol and drug use. This investment will support innovation and should be used in line with the following 7 point plan.

Seven Point Plan for Treatment and Recovery

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<td>1</td>
<td>Involve people with lived and living experience</td>
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<td>2</td>
<td>Broaden the delivery of key activities to reduce harm</td>
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<td>3</td>
<td>Ensure people have access to effective treatment - particularly those at most risk</td>
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<td>4</td>
<td>Ensure the recovery community thrives - to achieves its potential</td>
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<td>5</td>
<td>Take a whole-families approach</td>
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<td>6</td>
<td>Services and staff must deliver person-centred, trauma-informed care</td>
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<td>7</td>
<td>Develop an intelligence-led approach to service delivery</td>
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48 The Government's Programme for Scotland 2017-18
**Involve people with lived and living experience**

138. The benefits of involving people with lived and living experience have been well documented. We plan to build on the existing approaches to this work to ensure that people who have experience of problematic alcohol and drug use and recovery, as well as their family members and carers, are involved in the planning, development and delivery of services. Individuals who have had experience of accessing services, who have supported a loved one to do so, have unique insights and their expertise on what keeps them safe and supports their recovery is essential to service improvement.

139. This approach needs to underpin all our work to develop and improve responses to problematic alcohol and drug use. The approaches to involving people will vary across the country, however these approaches will all require the commitment of key professionals and the investment of resources to ensure that they are successful. We need to recognise that certain groups will share common experiences and there may be unique challenges for people due to gender, ethnicity, socio-economic background and also whether their addiction involved drugs, alcohol or both.

140. As a part of this commitment, the Scottish Government has recently invested in the Scottish Recovery Consortium to develop a network of people with lived experience who have the skills, knowledge and ability to influence the development of national policy approaches. By involving and listening to people with living and lived experience, and being prepared to be challenged by their views and experiences, we may find that the solutions do not lie in traditional approaches.

We will develop a national approach to involving people with lived and living experience in policy and strategy development; and link this to the models that have already developed and are being developed at a local level. (TR2)

**Broaden the delivery of key activities to reduce harm.**

141. As noted already in this strategy Scotland has seen a significant increase in alcohol and drug related harm. We need to have a range of approaches to responding to problematic alcohol and drug use, this includes a comprehensive approach to reducing harm. There is significant evidence to support harm reduction approaches and these approaches are a core element of a recovery oriented system of care. In many instances these approaches are often seen as the first step on a recovery pathway and potentially access to more intensive treatment interventions.

142. Whilst traditional harm reduction approaches have focussed on the use of opiates and in particular injecting heroin, we need an approach that encompasses all types of drug and particularly alcohol use. This will enable us to develop responses to all types of alcohol and drug related harm, whilst recognising the challenges we face currently are linked to high levels of alcohol consumption and injecting heroin use.

143. Currently in Scotland harm reduction approaches to injecting heroin use are widely available within existing treatment services. This includes the provision of injecting
equipment, testing for blood born viruses, the supply of naloxone to reverse opiate overdose, alongside a range of advice on safer injecting and other drug use and overdose prevention. Pharmacies have also played a key role in delivering many of these interventions in a lower threshold setting. Whilst we have a range of measures in place, further work is needed to assess our progress and develop approaches to improve take up where this is needed.

144. We need to improve the access that people have to these and other interventions. This will involve strengthening our existing approach within treatment services and pharmacies, as well as considering how to broaden the availability across a range of settings. It will also involve further work in developing and evaluating harm reduction approaches to dependent drinking. These approaches will need to involve homelessness services, mental health services, GP practices and other community settings. We also need to explore the involvement of those with lived experience, family and community members. Good needs assessment work, the evidence base and the involvement of people with lived and living experience should guide the development of these approaches.

We will develop guidance and support all ADPs to carry out an asset based needs assessment of their most at risk populations, and develop appropriate responses to the findings. (TR3)

We will develop a programme of work to support local partners in preventing alcohol related deaths, building on the forthcoming SHAAP mortality report. This will include modelling best practice around alcohol death prevention plans and providing practical assistance to ADPs and others tailored towards local need. (TR4)

145. We also need to look at the evidence behind new approaches which appear innovative for Scotland but common practice in other parts of the world. This might include supervised injecting facilities which already exist in many countries and from which there is significant evidence of reduced harm.

146. The Scottish Government’s Programme for Government 2018, are sympathetic to proposals being pursued by Glasgow City Health and Social Care Partnership to pilot a safer drug consumption facility in the city centre — designed for an estimated 400-500 people who inject publicly in the city centre and experience high levels of harm. In particular, it is anticipated that the facility will significantly reduce the risk of further outbreaks of blood-borne viruses. Drug legislation is currently reserved to the Westminster Parliament and we will continue to press the UK Government to make the necessary changes in the law, and if they are not willing to do so, to devolve the powers in this area so the Scottish Parliament has an opportunity to act and allow the facility to proceed.

147. In preparation for the possibility of these powers being devolved to Scotland it is our intention to establish a National Commission to consider how to implement supervised injecting facilities.

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49 EMCDDA Drug Consumption Rooms: and Overview of Provision and Evidence, Available at: http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms_en
148. We have also seen the evidence of Managed Alcohol Programmes\(^50\) to improve the health and wellbeing of homeless dependent drinker by providing accommodation, health and social care support alongside supervised doses of alcohol.

149. In this strategy we want to take a particular focus on reducing the spread of blood borne viruses and other infections. We know that individuals who experience problematic alcohol and drug use are at risk of poor sexual health outcomes and those who inject drugs are at significantly greater risk of blood borne virus (BBV) transmission.

150. Our intention is that alcohol and drug services should offer people a sexual health assessment with appropriate advice given and contraception needs meet. Alongside this testing for BBVs should be routine and individuals diagnosed with chronic hepatitis C, B or HIV should be supported to access treatment.

151. New effective treatment for hepatitis C is now available, with safer and fewer side effects, treatment in the community should form part of addiction services in the future as we move to eliminate hepatitis C.

We fully support the recent Hepatitis C elimination strategy and will work with services to ensure that relevant recommendations are taken forward. (TR5)

**People have access to effective treatment - particularly those at most risk**

152. In a strategy formed on a rights-based approach it should be reasonable to assume that all people who require effective treatment have access to it. Much has been done to improve access to services, support people to remain in treatment and achieve recovery outcomes. We need to build on this to ensure that those who are most at risk receive the support and help that they need to access and remain in effective treatment for as long as is needed.

153. It is well recognised that services often find it challenging to engage those who have the most chaotic lifestyles or who have not previously benefitted from interacting with health and social care services, including alcohol and drug services. However, these are often the people who are in most need of our help. Innovative approaches to engaging and supporting those who are most at risk are needed if we are to keep people safe and support them in their recovery.

154. The evidence for effective responses, treatment and support for alcohol and drug problems is clearly established\(^51\). Prescribing and other medical interventions form a key part of this approach and we need to ensure that people have access to these interventions in a way which meets their treatment needs. We need to consider the options for improving this area of treatment more broadly. We have already collected suggestions for improvement from the alcohol and drug sector and these include widening the remit of community pharmacies, broadening the range of prescribing options for treatment to

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\(^{50}\) Pauly (2018) Community managed alcohol programs in Canada: Overview of key dimensions and implementation

\(^{51}\) For Example – Orange Book: NICE guidance on alcohol
include, for instance, heroin assisted treatment, as well as the development of non-medical prescribing, stepped care approaches, low threshold approaches and looking at formalising medically-assisted recovery arrangements. We recognise the importance of combining these interventions with appropriate support – appropriate in terms of treatment modality and length of time of intervention.

We will continue dialogue with the alcohol and drug sector to improve our medical and prescribing interventions, ensuring that treatment needs with a view to ensuring access to effective medical services to meet their treatment needs. (TR6)

155. A key to success remains our understanding of the performance of treatment services in engaging and supporting populations in need. The Drug and Alcohol Information System will provide a range of data on treatment access, retention in service and treatment outcomes which we need to use to benchmark our progress. This will form part of the annual reporting for Alcohol and Drug Partnerships and Integration Joint Boards.

We will develop a set of national benchmarks for the delivery of alcohol and drug for treatment. This will focus on measures that show progress against delivery services those who are most at risk. We will work closely with ADPs and IJBs to ensure these measures form a key part of their local and national reporting. (TR7)

156. We are making a further investment of £17 million through ADPs in alcohol and drug services so that local partnerships can address the local challenges to improving treatment access, retention in treatment and recovery outcomes.

We will work with delivery partners to consider the development of care pathways for improving access and retention in treatment and recovery services. (TR8)

157. We see examples in mental health services of how advocacy can support people achieve their recovery goals. This includes direct support to people who require an advocate to address issues within wider systems, including housing, benefit and welfare systems and children and families social work as well as in treatment and recovery services.

158. However we need to consider a range of approaches to advocacy so that we ensure these services are both accessible and effective. For example peer advocacy may provide opportunities to improve access to those who may not readily use these services.

We will invest in advocacy services through the National Development Fund to allow greater cohesion amongst relevant services. (TR9)

159. It is essential that we take an asset based approach in our response to addressing alcohol and drug related harm. This means that we need to recognise and build on the strengths of people with lived experience including those who use our services. Our approaches should also build on the assets located within local communities, including local services.
We will develop specific national guidance and standards for strength based assessment and case management, linked to Quality Principles and the Health and Social Care Standards; alongside this we will explore other approaches to developing recovery capital in local communities (TR10).

160. People under the age of 25 make up a decreasing proportion of those accessing drug services accounting for just 14% all new clients in 2016/17\textsuperscript{52} (1658 individuals) and young people are presenting with a different portfolio of drug problems – less likely than before to be using heroin. We know from the experience of those who are in recovery that their drug and alcohol use started at a young age, in many instances under the age of 16. We need to develop innovative approaches to engaging this group of young people.

We will invest in new approaches to engaging younger people in treatment services through the Challenge Fund. (TR11)

\textit{A thriving recovery community achieves its potential}

161. We have thriving recovery communities in Scotland which we must continue to nurture. We will continue to support these communities and recovery activists as they extend their positive influence into communities in which they live. They are best placed to lead on the development of recovery capital and reducing stigma within their communities, as well as making a positive impact more broadly on their local community.

162. Recovery communities and fellowships are essential to the development of recovery oriented systems of care in Scotland. Many people find the support they need to address their problem alcohol and drug use solely through these organisations. Treatment and support services have a key role to play in connecting people in recovery to these networks as a part of their core offer. There are already many examples of this in Scotland, including how prisons have tackled the challenge of connecting prisoners with others in recovery.

163. We are well aware that isolation and loneliness are significant issues for those using substances. Research on older people with drug problems (OPDP) by the Scottish Drugs Forum showed that 79\% of those in the OPDP research lived alone. But this continues into an individuals’ recovery. Recovery communities provide safe places for people to socialise, connect with others in recovery, and maintain their personal recovery journeys. They also demonstrate the genuine commitment, knowledge and skills that people with lived experience have in “giving back” to their own, and other, communities.

164. In addition, recovery communities can be at the heart of any proposals around reducing stigma as they provide a visible face of recovery and for this reason alone should continue to be celebrated and supported. These cafes and groups all have a part to play at

normalising recovery and provide a safe space for anyone within the community that would like to access them.

165. These self-supporting groups provide countless hours of support to individuals all across the country and, in an area in which Scotland is leading the way internationally, it is vital that we continue to back them and help them grow further.

**We will continue to support the growth and expansion of Scotland’s recovery communities into wider community settings. (TR12)**

**Take a whole families approach**

166. Family members, partners and carers are often assets in peoples’ recovery journeys. However, they also have their own needs, and at times children may need to be protected from harm. We know that when an individual is in effective treatment there are significant benefits for their children, other family members and their carers. We plan to develop a whole families approach within treatment services:

- Family members, partners and carers receive a proactive offer of help, advice and support;
- Treatment professionals with adult services have the skills to identify children who are being adversely affected by another’s alcohol and/or drug use. This includes taking a key role within GIRFEC and child welfare and protection processes and ensuring ongoing professional development within supervision processes.
- Effective joint working arrangements are in place between treatment services and children and family services (including statutory child protection services) which ensure that services work together in the best interest of the child and their family;
- Services respond to the changing needs of people using them alongside children and other family members. This would be demonstrated in their care plans, programmes and activities;
- Families have access to support and help which addresses their collective needs as a family;
- Services recognise the impact that stigma plays in accessing and engaging in a range of services amongst parents with problematic alcohol or drug use.

**The Scottish Government is committed to ensuring the best outcomes are achieved for children and their families, we will explore how we support ADPs to provide family ready services. (TR13)**

167. The role of treatment and rehabilitation services is essential. However, even with the best possible treatments and services available, it is most often the families who are there 24/7 and who are the first point of support, coping with challenging situations, in supporting
and caring for a family member or loved one. Families go through recovery journeys alongside their loved ones and we need to continue to ensure that support for families, at any stage of the journey, is available.

168. To support families in this challenging role, Scottish Government have established a Family Recovery Initiative Fund which offers small grants of up to £1,500 to support the development or running of groups which aim to improve wellbeing for families affected by a loved one’s problematic alcohol and drug use. This will continue to help develop peer support and will become a strong asset as we ensure the voice of families at a local and national level continues to grow.

*We will build on the recent investment to the Family Recovery Initiative Fund to strengthen the capacity of family support and its voice in Scotland.* (TR14)

169. There are many examples of effective treatment, recovery and support services in Scotland for everyone affected by problematic substance use. However, we know that a multi-agency approach can offer more effective support to all. We want to develop and continue the implementation of the whole family approach, offering tailored, multi-agency support for everyone. This includes understanding the needs and impact within a family to provide the right support at the earliest opportunity and, in many cases, can have significant benefits to all involved.

170. The lived-experience voice of children and families affected by problematic alcohol and drug use is vital in service design and improvement. We will continue to ensure that this voice is heard and listened to, making a direct contribution to the policy making process and making assertive efforts to engage and listen to hard to reach voices through initiatives such as ‘Everyone Has A Story’

*Services and staff must deliver person-centred, trauma informed care*

171. Scotland faces a complex set of challenges in substance use, stemming from the interdependent problems of deprivation, complex problematic alcohol and drug use, alcohol specific and drug related deaths, mental health issues and trauma. This means we need a high quality, compassionate and skilled workforce who are well equipped to support people to recover and keep people safe from harm.

172. Those who work and volunteer in treatment and recovery services play an essential role. Their knowledge, skills and overall wellbeing is an important part of the effective delivery of services. Whilst we all need to ensure that services are effective, it is the approach that professionals take to working with people which will ultimately ensure that our services are person centred. This includes ensuring that we take a trauma informed approach which recognises that some people will have had an experience of trauma and differing experiences of receiving care. Our services and approaches need to be sensitive to this.
173. We will establish competencies for the treatment workforce and provide workforce development to enable them to carry out the important work that we ask from them.

174. The workforce framework will link to the broader workforce development approach across Integrated Joint Board, Children’s Plans and Criminal Justice and recognise the work of volunteers and peers.

We will develop a joined up and integrated framework and tool kit for local areas to support their workforce planning. (TR15)

Develop an intelligence-led approach to service delivery

175. Much work has been done to develop recovery oriented systems of care and to improve the quality of alcohol and drug services. The Quality Principles have provided the framework for this activity. We will continue to use these and other standards to support service improvement. This will include external validated evidence of our progress and areas of improvement.

We will develop a programme of a validated self-assessment for treatment and recovery services to assess their alignment to the Quality Principles for Alcohol and Drug Services and Health and Social Care Standards based on the priorities set by people with lived experience. (TR16)

176. Alongside this we have committed to improving the quality of data through the implementation of the Drug and Alcohol Information System (DAISy). This will ensure service providers and planners, as well as the local community, can better understand the activity and impact of treatment systems. In addition we recognise the importance of the role evidence plays in developing both practice and policy decisions; the Drug Research Network Scotland (DRNS) and the Scottish Alcohol Research Network (SARN) provide a co-ordinated link to the wealth of research and expertise in this area.

We will continue to ensure service design is evidence based and, through DAISy, will improve our data collection service and evidence base bank at a local, regional and national level. (TR17)

177. Our intelligence led approach also needs to recognise that the use of drugs is a dynamic activity and there are a number of emerging trends and challenges which we need to respond to now, and there will continue to be more in the future. It is also possible that the issues that will cause us the most concern in 5 years’ time may currently be undetected.

178. We will improve our surveillance of drug use and alcohol and drug related harm at both a national and local level. Alongside this we will ensure much closer working between surveillance activities, service delivery at local level, and national policy, to ensure that we are able to respond effectively.
Delivering the Seven-Point Plan

179. Achieving this will require a real commitment to involving everyone from those working currently in services, the wider workforces, families and friends, communities, and partnership agencies. We need everyone to work together in a co-ordinated way to ensure ROSC can be enhanced and individuals have equal access to treatment, recovery and care as needed.

Providing treatment within Criminal Justice Settings

180. The Scottish Government’s focus on improving collaboration between health and justice is a reflection of this shared opportunity and aims to improve outcomes for a population that experiences profound health inequalities and frequent contact within the justice system by better joint working. The Health and Justice Collaboration Improvement Board (HJCIB) established in 2017, draws together the most senior leaders from Health, Justice and Local Government together with Scottish Government Ministers to create a more integrated service response to people with often complex needs.

181. We need to build on the overall approach to providing alternatives to custody and where appropriate, increase the use of these options. Alongside this we need to better understand the impact of these approaches in reducing offending and supporting recovery.

182. There is a growing recognition that the various pathways through the criminal justice system represents a clear opportunity to engage people whose health conditions are often drivers of their offending behaviour in support services, providing adequate services are available, and taken up, and continuity of care is ensured at crucial transition points.

183. There are a range of options for improvement we need to consider with procurators fiscal and courts, as appropriate. These include suggestions about:

   a) Reducing short term custodial sentences for people with alcohol and drug problems. And providing effective alternatives (DTTO / Problem solving Courts / DTRs / ATRs);

   b) Offering opportunities for people to access treatment when in contact with the criminal justice system through arrest referral in police cells and courts. Also consider opportunities at ASBO and when tenancy is at risk due to antisocial behaviour;

   c) Evaluating these approaches to understand their impact individually and on reducing drug/alcohol offending overall;

   d) We need to state that we understand the different patterns of offending amongst those with problem drug use and those with problem alcohol use.

184. During 2019 we will work with Justice colleagues within the Scottish Government to develop realistic proposals for recommendations or suggestions for improvements along the lines described here but also with other suggestions which partners may suggest.
We are committed to ensuring equal access to treatment, care and support that regardless of what stage of the criminal justice system individuals are experiencing. (TR18)

Healthcare Delivery in Prisons

185. Prisons provide a key opportunity to engage people with problematic alcohol and drug use and support them in their recovery as a part of a plan to reduce reoffending. This section considers the challenges of delivering healthcare within this setting, alongside the importance of effective support at the point of and after prison release.

186. The responsibility to deliver healthcare services in Prisons was transferred from the Scottish Prison Service to NHS Boards in November 2011. However, the Scottish Prison Service retains the responsibility for overseeing the general welfare of individuals within the prison. The intention behind this transfer is to ensure parity between healthcare services within the prison and equivalent services within the local community. The Health Boards with prisons within their locality are responsible for the planning and delivery of services within these prisons.

187. NHS Boards are encouraged to work collaboratively and with the Scottish Prison Service to share good practice and provide a coordinated approach to the delivery of prison healthcare across prison estates.

188. It is well recognised that prisons can be challenging environments for the delivery of healthcare services, with particular challenges for the provision of alcohol and drug treatment services. Whilst much has been done to improve the access and delivery of treatment within prisons, further work is needed to both better understand the challenges we currently face and how we might respond.

We will work with a range of partners including 3rd sector and living and lived experience to better understand the challenges accessing effective treatment in treatment and develop approaches that ensure that there is parity in treatment services provided in prisons as in the community. (TR19)

Remand prisoners

189. Compared to the wider prison population, the remand population report higher or similar levels of drug problems as well as similar levels of willingness to engage with services. However, they report a lower offer of, and take-up of, services. This suggests people on remand require better access to treatment and that our current approach is not meeting this need.

190. However, the circumstances around remand presents particular challenges for the delivery of alcohol and drug services. The Justice Committee inquiry into the use of remand notes that those remanded in custody face challenges in terms of service

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53 SPS Prisoner Survey 2015
54 Justice Committee (2018) An inquiry into the use of remand in Scotland
continuity, including the continuity of relationships with individual workers which is key to drug/alcohol recovery and access to medication. Alongside this it is important to recognise that people’s length of stay in prison when on remand can vary significantly and could be as short as a single day. Furthermore their destination following remand will remain unknown usually until their stay on remand is complete, although it will either be back to the community or within the prison estate. In many instances this presents significant challenges for the delivery of healthcare services to this group. This includes initiating treatment within short or unknown timescales and in some instances may lead to decisions to limit the availability of certain interventions due to the risk of providing unsafe care.

191. As noted previously remand can also impact on people’s accommodation, access to other healthcare and support as well as contact with loved ones and others in recovery. This can present people with further challenges in their recovery journey.

192. Despite these challenges there are opportunities to offer people treatment and provide key harm reduction initiatives. For people with opiate problems our focus must be on ensuring that they receive harm reduction advice particularly around safer injecting, overdose prevention and naloxone. Treatment services should ensure continuity of provision of opiate replacement therapy from the community to the prison and where possible and needed initiate ORT within clinical guidelines. Those with alcohol problems are likely to have been detoxed at the point of admission and our focus must be the provision of psychosocial support. For all those with drug/alcohol problems while on remand our focus must be on continuity of care between prison and community, in spite of the challenges outlined above.

**Sentenced prisoners**

193. The Scottish Prison Survey indicated that fewer than one in three sentenced prisoners reported being given a chance to receive treatment for drug use and fewer than one in four reported actually receiving treatment for drug use during their sentence.

194. Health Boards already deliver alcohol and drug treatment services within prisons, at times alongside third sector partners. We need to ensure that we understand the barriers people face in accessing effective treatment in each individual prison and that we act together to address them. These barriers include the challenge of escorting prisoners across the prison estate, lack of capacity within treatment services, concerns around sanctions / stigma. As noted previously our aspiration is that there should be parity of service provision in the prison as within the community and that services follow clinical guidelines. However our approach needs to address the specific issues which sentenced prisoners face in accessing effective treatment services, all treatment and support should be delivered in line with UK Clinical Guidelines.

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56 SPS PRISONER Survey

57 Uk clinical guidelines
The Scottish Government will partnership with the Scottish Prison Service and NHS Boards develop a toolkit to interpret and the implement the Quality Principles for alcohol and drug services and health and social care standards for within a prison setting. (TR20)

195. The period immediately after release from prison is known to be a period with greater risk of harm or death for opiate users and possibly for people using other drugs and alcohol. Currently all prisoners whose sentence is longer than four years are required to leave prison under the supervision of Community Justice Social Work. However those whose sentence is less than four years have access to voluntary through care services. Our approaches needs to be proactive and ensure people develop effective relationships with professionals in prisons which are maintained following release. Consideration also needs to be given to the role of peers in prison through care services.

196. Arrangements also need to be in place which ensure:

- People with a history of opiate problems receive overdose prevention training and access to naloxone;
- Continuity of care is in place, including any medications which support treatment;
- People are aware of local services including needle exchange services, mutual aid, other health and social care support services in the local area to which they are returning;
- People have a person-centered coordinated package of care which supports their rehabilitation programme.

Recognising the needs of different equalities groups

197. While every person is individual there are clear characteristics and challenges which are specific to equalities groups. It is important that services are accessible regardless of age, gender, disability, ethnicity, sexual orientation, religion, nationality or socio-economic status.

198. While men are more likely to use and to experience health harms as a result of drug or alcohol use (for example males account for around 70% of drug related deaths and alcohol specific deaths), it is important to understand the treatment and care needs of women in what can be a male dominated environment. While there are some commonalities there are also marked differences in the motivations and antecedents for alcohol and drug use amongst men and women and differences in their care needs, particularly in relation to parental roles.

58 Lee’s drug death report
59 NRS
199. The recent disproportionate rise in female drug related deaths is a particular concern and a report commissioned by the Scottish Government specifically examined the reasons for this rise and recommended a number of actions that could be taken in response including the adoption of 'gender mainstreaming' practices in substance-use policy and practice.

200. Similarly people from religious or cultural minorities will also have their own cultural context for their substance use. Services must be mindful, respectful and accessible to all those who need them.

201. Making sure that services are accessible to people with disabilities is also a key priority. It is widely recognised that many people with problematic substance use have a high incidence of mental and physical health problems as a result of or concurrent with their substance use. This is particularly acute among growing numbers of older people with alcohol and drug problems.

202. It is also important to understand different patterns of substance use by different equalities groups and ensure that services are responsive. For example younger people are now less likely to be presenting for treatment for heroin and more likely to be using new psychoactive Substances, similarly there is increasing anecdotal evidence of increased harms from Chemsex among some men who have sex with men (MSM).

203. A full Equalities Impact Assessment has been developed and considered in tandem with this strategy and a full report will be published and we need to ensure that we take into account these differences when developing, delivering and evaluating services for people with problem alcohol/drug use.

**The Scottish Government in consultation with the sector will commission an up to date resource providing information and guidance on equalities issues for alcohol and drug prevention and treatment services. (TR21)**

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<tr>
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<td>TR1</td>
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<tr>
<td>We will develop a national approach to involving people with lived and living experience in policy and strategy development; and link this to the models that have already developed and are being developed at a local level.</td>
<td>TR2</td>
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<tr>
<td>We will develop guidance and support all ADPs to carry out an asset based needs assessment of their most at risk populations, and develop appropriate responses to the findings.</td>
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<td>We will develop a programme of work to support local partners in preventing alcohol related deaths, building on the forthcoming SHAAP mortality report. This will include modelling best practice around alcohol death prevention plans and providing practical assistance to ADPs and others tailored towards local need.</td>
<td>TR4</td>
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<tr>
<td>We fully support the recent Hepatitis C elimination strategy and will work with services to ensure that relevant recommendations are taken forward.</td>
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Chapter 4 – Delivering Improvement Together

The outcome we want to achieve through this chapter is: People affected by problematic alcohol and drug use are helped through an integrated support system.

204. To deliver improvement and make this strategy work we all need to work together. Success will require continued commitment and energy from a wide range of partners - both from specialists and in the many linked policy areas which have a role to play. This includes organisations actively involved in the delivery of services at local level, national organisations which provide an essential support role and the invaluable knowledge, guidance and expertise provided through advisory groups.

205. Substance use services sit within an evolving landscape within health and social care, with the introduction of Integration Joint Boards (IJBs) at the local level and the creation of a new Public Health Body at the national level over the next two years. Since 2017, Scottish Government funding to support ADPs has been transferred to NHS Board baselines for onward delegation to Integration Authorities (Health and Social Care Partnerships). This developing landscape creates both opportunities and challenges for how this strategy will be delivered.

Local delivery

206. Alcohol and Drug Partnerships (ADPs) were established in 2009 and have been complemented by the introduction of a workforce development strategy in 2010 and Quality Principles in 2014 which were developed to ensure anyone looking to address their problem drug and/or alcohol use received high-quality treatment and support that assists them in long-term, sustained recovery and reflect recovery orientated systems of care.

207. Using these tools ADPs have since led the approach to developing the ROSC within their local area. This approach has sought to embed these principles in strategic planning, commissioning, service delivery, workforce development, practice and organisational culture and change. This strategy has highlighted how we aim to build on and develop these principles60.

National support

208. The Scottish Government’s direct support for ADPs is underpinned by support for a range of services organisations which operate at the national level. To support ADPs in delivering these strategic functions a National Support Team was established within the Scottish Government to support capacity building, sharing of learning and good practice and to provide support focused on:

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60 A year after issuing these principles, the Scottish Government commissioned the Care Inspectorate to lead a programme of validated self-assessment involving all 29 ADPs in Scotland.
• improving skills to use data for evidencing progress against core outcomes;
• delivering recovery-oriented systems of care (RoSC) through system redesign;
• embedding strategic workforce activity to support RoSC; and
• embed a whole population approach to addressing problem alcohol use.

209. The national Support Team has been working closely with partners in the
development of the new Drug and Alcohol Information System (DAISy) database which will
go live in 2019 providing key data on the performance of alcohol and drug treatment
services. This will enable ADPs to better understand the impact of their treatment system
and to make more effective planning and investment decisions. It will also play a key role in
the monitoring of the success of this strategy.

210. The DAISy system will be complemented by a new recovery outcomes tool which will
provide a more holistic and person centred approach to recording and measuring the
recovery journey. We are working in close collaboration with stakeholders to ensure the
tool is fit for purpose and plan to roll out the tool nationally in 2019.

It’s Everybody’s Business

211. Problematic alcohol and drug use is almost never a problem in isolation and wider
issues including health, housing and economic stability are amongst the most critical to
supporting recovery. It is widely recognised that there are persistent health inequalities
and that health is determined by the conditions in which we are born, live and work. These
‘social determinants of health’ — all have a role to play in health outcomes and people with
problematic substance use are often adversely impacted across all these determinants,
sometimes as a contributing factor to their substance use — sometimes as a direct result of
it.

212. Much is already being done in the key areas of health, housing, justice and
employability to support people with problematic alcohol and drug use. There is also an
important role that communities can play in supporting individuals and addressing stigma.

Health Services

213. People with alcohol and drug problems will experience a range of health conditions
which require medical care. We are aware that some people face particular challenges
accessing these services in a timely way, leading to greater levels of morbidity and, at times,
mortality. This is particularly pronounced with the ageing cohort of drug users who are
increasingly presenting with complex co-morbidities.62

61 The Social Determinants are identified as – Housing, Education
Employment, social support, Income, social support, childhood experience, Communities, and access to health
services, NHS Health Scotland.
62 SDF Older People with Drug Problems research. / ISD
**Hospital Services**

214. Over the last ten years there has been a steep increase in the rate of drug-related acute stays in hospital and alcohol related admissions have remained persistently high. In addition nearly all problematic alcohol and drug related hospital admissions are through the emergency department (94% of drug related general acute stays and 93% of alcohol-related inpatient stays) putting significant pressure on this vital service.

**We will provide support to the Distress Brief Intervention pilot currently being run in Scotland, offering intensive support to those presenting to an emergency service, A&E department or social work centre with the longer term aim of linking the individual to a more appropriate support service. (DT1)**

**We will establish good practice in relation to alcohol hospital liaison. This will seek to ensure that people receive effective interventions to address their alcohol use when in hospital and that there is continuity of care in the community when people are discharged. (DT2)**

**Primary Care**

215. Primary care plays a key role in recovery, putting alcohol and drug treatment within the context of broader health, identifying and responding to both mental and physical health conditions and providing a link to a range of other services. The new contract for primary care agreed in 2018 provides for a new model of care that is local, multi-disciplinary and enables GPs to make use of other services across the statutory and third sector to help people receive what they need, at the right time, delivered by the right person.

216. This presents opportunities to address the physical and mental health needs of people with alcohol and drug problems, through better access to general medical care, nurse-led prescribing, and blood borne virus clinics, wound care, and signposting to services. The new GP contracts include agreement that by the end of April 2021 pharmacy will be embedded within every practice as part of the core practice clinical team. This creates a further opportunity to improve access to the range of services within primary care which will improve people’s health and wellbeing.

217. The recently established programme of Community Links Workers based within GP practices or clusters provides non-clinical advice and support to people to navigate through services and stay connected with those who can help them. This programme offers significant opportunities for improving care for people with problematic alcohol and drug use.

**We will develop the Community Links Worker programme to work with people who use**

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63 While alcohol related hospital admissions has seen steady decline since 2007/08 (with a slight increase over the last year) they remain high at 685.2 per 100,000 population. The rate of drug-related general acute stays increased steadily from 41 to 162 stays per 100,000 population between 1996/97 and 2016/17, this is thought to be due to the ageing cohort of drug users with multiple co-morbidities. (Source: ISD)
substances as part of a recovery orientated system of care by providing support and training. (DT3)

**Mental Health and Wellbeing**

218. The links between problematic alcohol and drug use and mental health are well documented and can lead to individuals facing barriers to treatment for both issues. A recent report from the Lead Psychologists in Addiction Services Scotland\(^{64}\) highlighted that generally psychological therapies were reserved for those individuals with high tariff mental health problems and delivered only when stability in substance use has been achieved.

**We will support ADPs and IJBs to use the evidence and learning from the LPASS report to evaluate current psychological interventions and support within a Recovery Orientated System of Care. (DT4)**

219. The report notes that stopping problem substance use before dealing with a mental health issue was particularly challenging.

**We will explore new approaches to assessment and referral pathways in a range of settings for people with both problematic alcohol and drug use and mental health diagnosis. (DT5)**

220. The Scottish Government’s Mental Health Strategy\(^{65}\) included two actions around substance use, both of which were targeted at improving the services offered to those with dual diagnosis. And this was addressed in the *Mental Health in Scotland: Closing the Gaps* guidance on the care and support for people with co-occurring substance use and mental health problems.

**We will invest in evidence based practice improved arrangements for dual diagnosis for people with problematic alcohol and drug use and mental health diagnosis. (DT6)**

221. However, it is clear that more that could be done in terms of assertive outreach to maintain contact and engagement with those with dual diagnosis. Loneliness and isolation can also be a significant factor for many people with problematic substance use and is identified as a particular issue for the older people with drug problems. Work undertaken by the Scottish Drugs Forum on behalf of Scottish Government showed that those most vulnerable and isolated are often known to services, but may well have disengaged.\(^{66}\)

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\(^{64}\) Scottish Government (2018) The delivery of psychological interventions in substance misuse services in Scotland: A guide for commissioners, managers, trainers and practitioners, Available at: 


http://www.gov.scot/Publications/2017/03/1750

222. It is clear that alongside medically assisted treatment and care addressing psychological issues is also vital. Recovery communities, peer support and advocacy are a considerable asset in supporting a wraparound system of care and support.

**Housing and Homelessness**

223. Settled housing is a key component of public health and can play an important role in the prevention of problematic alcohol and drug use and associated harms by providing a safe and secure place in which recovery can happen, with people connected to their local communities. There is a close co-relation between housing instability and problem substance use. Eleven per cent of new clients within specialist services in 2016/17 reported they were homeless at the time of seeking treatment.\(^{67}\)

224. Those who experience homelessness and problematic alcohol and drug use are some of the most vulnerable with the highest levels of challenge around engaging with services, alongside the highest incidence of multiple and complex needs. A recent report by the National Records of Scotland linking data on health and homelessness reported that a significant proportion of people who had experienced homelessness have experienced alcohol and drug related interactions with health service almost all of whom also experienced mental health –related interactions also. The report highlights that an increase in health activity, particularly in relation to mental health, drugs or alcohol could be used as an early warning indicator for homelessness.\(^{68}\)

225. The Scottish Government remains committed to eradicating homelessness, and the legislation governing homelessness is one of the strongest in the world.

226. The Scottish Government’s Homelessness and Rough Sleeping Action Group examined how our national commitment to end rough sleeping and tackle homelessness can be achieved, both in the short and long term, and provided a range of recommended actions for Scottish Government and partners in order to achieve these ambitions. This strategy will support this work, ensuring that consideration is given to the complex needs of many problem alcohol and drug users who experience homelessness.

**We will work with colleagues and partners to take forward some of the relevant recommendations coming through from the Homelessness and Rough Sleeping Action Group which are relevant to this population. (DT7)**

227. The Scottish Government’s supported housing framework sets out our ambitions to ensure that as powers and associated funding are devolved in 2020, there is an opportunity to align this funding with our investment in new homes and in front line alcohol and drug services.

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228. The PADS Communities Group has conducted some initial thinking in this area and there is growing interest in housing models such as Housing First that provide accommodation for people with particular support needs. In the absence of this model of a scale, a continuing emphasis on rehousing people rapidly, with the appropriate support has to be a priority.

We will support Housing First pilots in our main cities with a particular focus on problematic alcohol and drug users with complex needs. (DT8)

Justice

229. The illicit nature of many drugs means that they are inextricably linked with the justice system. And those with problematic substance use – both drugs and alcohol make up a significant proportion of people in contact with the police, courts and the prison service. We must continue to take steps through law enforcement to reduce harms and protect communities, and must continue to tackle groups involved in the drug trade. The best way to reduce substance-related crime is through supporting problematic alcohol and drug users into the appropriate services and this is best done by providing opportunities at all stages of the criminal justice system.

Policing

230. The role of the police has changed and while it is still important that there remains a focus on the tackling of serious organised crime groups, there is now a recognition that these groups often exploit our most deprived (and neglected) communities and through their activities to supply illegal drugs. Police Scotland have committed to delivering a more targeted response, through a Contact Assessment Model. This model will ensure that a robust assessment of risk and vulnerability is undertaken when deployment decisions are made, ensuring a person-centred service.

In partnership with Police Scotland we will explore how the Contact Assessment Model can make a real difference when working with those who have living and lived experience of problematic alcohol and drug use and their families. (DT9)

231. We also welcome work being undertaken by Police Scotland to change the way they engage with people associated with problematic alcohol and drug use (alongside other criminal behaviour). This includes investigating the development of a protocol to support and protect children and others in the home in the event of a house searches and working with recovery communities and national organisations to explore ways to better deal with drug related deaths, including how they engage with the family of the recently deceased, and the offer of bereavement support.

We will continue work with the sector and Police Scotland to advise on strategies for working with people affected by problematic alcohol and drug use and their families. (DT10)

69 SPS prisoner survey reveals the high level of alcohol and drug dependence prior to incarceration among the prison population. Available at: [http://www.sps.gov.uk/Corporate/Publications/Publication-5751.aspx](http://www.sps.gov.uk/Corporate/Publications/Publication-5751.aspx)
Arrest referral continues to offer a good opportunity for a pathway into services from the criminal justice setting. This can provide individuals whose offending is linked to drug or alcohol use with access to a criminal social worker shortly after their arrest. This is offered with the understanding that entry to, and retention, in treatment reduces offending. It capitalises on a crisis time in a drug or alcohol user’s life - arrest and perhaps even a court appearance.

Sentencing

Drug Treatment and Testing Orders (DTTOs) and Drug courts were established more than a decade ago and have been used to varying degrees across the country, with differing levels of success. However, it is clear that alternative options to the more standard disposals are required in order for Sheriffs to appropriately deal with some of the individuals that come before them.

In some service areas the DTTO service in court area has been expanded to include lower tariff individuals who are less entrenched in their drug use and offending. Orders are typically shorter in length and have less frequent court reviews than DTTOs. The National Strategy for Community Justice in Scotland (2016) emphasised the beneficial impact that DTTOs can have, particularly when targeted towards women and young people who offend as well as those who have had no previous contact with drug services.

A new community sentence, the Community Payback Order came into force in 2011. Alongside this new sentence, the legislation introduced a requirement for the preparation of Criminal Justice Social Work reports which aim to provide courts with consistent and high quality information and analysis in order to inform decision-making including of information on any alcohol and drug issues.

The introduction of the new model for Community Justice in 2017 brought together a range of partners to consider the community justice needs and priorities of local communities and develop outcome improvement plans for each Local Authority area supporting a holistic approach to the substance misuse and health needs of those involved in the criminal justice system.

The Scottish Government will continue to support research into the link between community justice needs and priorities of local communities, and will review DTTO’s alongside other diversionary activities. (DT11)

Workforce development of prison officers and training to include supporting prisoners with problematic alcohol and drug use to achieve their goals is essential. While health care is delivered by NHS Colleagues, it is recognised that prisoners may have opportunities to develop positive relationships with prison officers and therefore it is necessary that we ensure training opportunities to Scottish Prison Staff as part of local recovery oriented systems of care.

We will explore more fully how workforce development opportunities could be made
available for workforce training and development within Scottish Prison Service staff. (DT12)

Employability - Including welfare and the benefits system

238. Evidence shows that work can be beneficial to health and well-being and can aid the process of recovery from problematic alcohol and drug use. Alongside this people in recovery make a significant contribution to the workforce.

We will develop capacity in Recovery Oriented Systems of Care to provide employability support as a core intervention and routes into employment for people with living and lived experience. (DT13)

239. There has been progress in the last 10 years in the development of social care training and skills development as part of closer working achieved through Community Planning Partnership and local employability partnerships.

We will develop a workforce development framework that recognises the skills of people with lived experience and establish pathways into alcohol and drug services and the wider social care sector. (DT14)

240. The principles of better joint working set out first in Workforce Plus and subsequently in Working for Growth (published in 2012) are consistent with the Essential Care and recovery approach - broader, more integrated services set up to meet a range of needs of people, including people with high and complex needs, associated with drug or alcohol issues.

We will build understanding and capacity of employability services through training on recovery oriented systems of care, reducing stigma to help improve attitudes towards people with problematic alcohol and drug issues. (DT15)

241. In 2016 the Scottish Government launched Creating a Fairer Scotland, setting out plans for devolved employment support, based on five core principles and a commitment to providing a holistic package of support for those furthest from the labour market. From April 2018, the new programme, Fair Start Scotland put emphasis on working on individuals’ strengths and recognising ambitions in an environment of dignity and respect. This approach aligns well with our recovery approach for people with alcohol and drug problems.

242. There remains however a need for greater integration and alignment of services. No One Left Behind describes next steps for the integration and alignment of employability support across Skills, Housing and Health services. No One Left Behind – Next Steps for the Integration and Alignment of Employability Support in Scotland 2018, puts an emphasis on the role of Health and Social Care Partnerships and Alcohol and Drug Partnerships in developing stronger links with both local and national employability services.
We will work with health and care partnerships and employability provision to respond to the educational, volunteering and employment needs of people in recovery and identify and promote good practice within an integrated model of support. (DT16)

243. The additional £20 million investment in alcohol and drug services will support innovation in service connection between alcohol and drug services and employability services.
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