

Agenda Item	5.
Report No	CPB/08/21



Community Planning Board – 9 June 2021

Highland Alcohol and Drugs Partnership (HADP) Strategy 2020-2023

Report by: HADP Coordinator

1. Strategy Sign Off

HADP requests that the CPPB agree to sign off [Rights Respect and Recovery in Highland \(2020 - 2023\)](#) (**Appendix 1**) and to ensure scrutiny of the forthcoming annual report in September 2021. On 31/05/21, HADP hosted a short workshop for the CPPB to provide members with an overview of the strategy to inform decision-making regarding sign off. The workshop programme focused on:

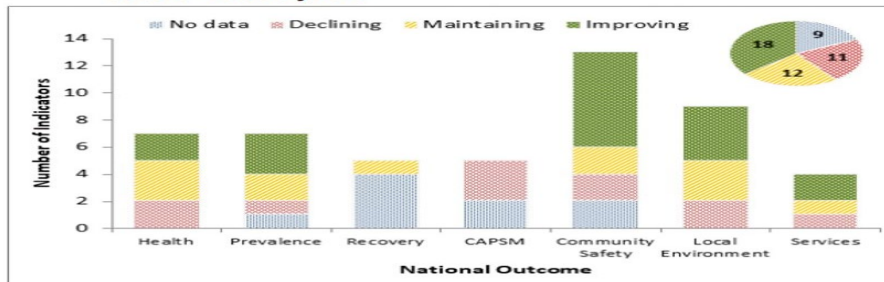
- Role, purpose and funding
- Evidence of need
- Strategy overview
- Examples of partnership activity
- Key challenges – drug deaths
- Governance and accountability

2. Strategy Summary

Vision								
Highland is an area where "we live long, healthy and active lives regardless of where we come from" and where individuals, families and communities: Have the right to health and a life free from the harms of alcohol and drugs Are fully supported within communities to find their own type of recovery Are treated with dignity and respect								
Strategic Priorities								
Prevention and Early Intervention	Developing Recovery Orientated Systems of Care	Getting It Right for Children, Young People and Families	A Public Health Approach to Justice	Alcohol Framework				
Outcomes								
Fewer people develop problem alcohol and drug use	People access and benefit from effective, integrated, person-centred support to achieve their recovery	Children and families affected by alcohol and drug use will be safe, healthy, included and supported	Vulnerable people are diverted from the justice system wherever possible, and those within the justice settings are fully supported	Ambition A Highland where less harm is caused by alcohol				
Performance Indicators								
Health	Prevalence	Recovery	Children and Families	Community Safety	Local Environment	Services		
Values and Principles								
Human rights based approach	Prevention and early intervention	Whole population approach	Reduce inequality	Tackle stigma	Whole family approach	Evidence-informed	Lived experience and family involvement	Community asset building
Peer support and mutual aid	Quality improvement	Effective communication	Person-centred and strengths based	Remote and rural	Workforce development	People First – Language Matters	Public Health approach	Partnership working

3. Alcohol and Drug Performance

Figure 1: Highland Alcohol and Drugs Partnership Core Indicator Progress as at 29th February 2020



73% of core indicators show an improving or maintained position based on those indicators where data or a trend can be reported.

4. Discussion Points

- Programme budgeting and marginal analysis approach
- Flexible use of underspend involving Third Sector partners
- Demand and capacity of counselling services, particularly in rural communities
- Third Sector investment opportunities
- Infrastructure support for community partnerships
- Community partnerships in areas of greatest need
- Stigmatised attitudes towards drug use
- Incorporate drug and alcohol activity in to HOIP

Rights, Respect and Recovery in Highland

Alcohol and Drugs Strategy 2020 – 2023



Working in partnership to prevent and reduce alcohol and drug-related harm

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Strategy – Overview

Vision								
<p>Highland is an area where “we live long, healthy and active lives regardless of where we come from” and where individuals, families and communities:</p> <p style="text-align: center;">Have the right to health and a life free from the harms of alcohol and drugs Are fully supported within communities to find their own type of recovery Are treated with dignity and respect</p>								
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1. Background

1.1 Introduction

This document sets out the Highland Alcohol and Drugs Partnership (HADP) strategy for preventing and reducing alcohol and drug related harm from 2020 to 2023. It builds on the last strategy that covered the period from 2017 to 2020¹. The [previous strategy](#) made a significant contribution to increased understanding of a broad range of drug and alcohol issues, whilst it also facilitated a more structured and coordinated approach to activity across partner agencies. It resulted in an improving situation in Highland, which is evidenced across a number of measures and performance indicators. Going forward, the four original strategic priorities, or pillars, will be further strengthened and will continue to form the basis of ongoing work for the next three years.

This document sets out the background to the strategy before moving on to a brief commentary of the national and local policy drivers that influence the current direction of travel. A one page summary of the strategy is highlighted for quick reference. Further detail is then provided on each pillar of the strategy that includes a short rationale, recognition of key achievements thus far, followed by a series of strategic actions going forward. The alcohol and drug monies are then accounted for with links made to the strategic commissioning cycle, which the HADP continues to work towards. The performance management framework for the strategy is then explained with a particular focus on outcomes reporting and service evaluation. Overall, this document aims to clarify the function of HADP and set out a structured plan for preventing and reducing drug and alcohol related harm.

1.2 Purpose

The current [Partnership Delivery Framework](#) replaces three previously agreed memoranda of understanding (MoU) between the Scottish Government and COSLA. It states that Alcohol and Drug Partnerships (ADPs) will continue to lead the development and delivery of a local comprehensive and evidence based strategy. The purpose of HADP is therefore to achieve improved outcomes for individuals, families and communities by preventing and reducing drug and alcohol related harm. As a multi-agency partnership, HADP is responsible for setting the overarching alcohol and drugs strategy and action plan for Highland. The current membership includes Highland Council, NHS Highland, Police Scotland, Third Sector, Crown Office, Scottish Prison Service, Scottish Fire and Rescue Service and local drug and alcohol forums.

1.3 Role

It is the role of HADP to:

<ul style="list-style-type: none">• <i>Implement an alcohol and drugs strategy informed by local needs assessment</i>
<ul style="list-style-type: none">• <i>Reduce inequality and harm via activity ranging from prevention through to recovery</i>
<ul style="list-style-type: none">• <i>Deliver quality services that support recovery and involve people and families with personal experience of drug and alcohol problems and people currently using relevant services</i>
<ul style="list-style-type: none">• <i>Provide a commissioning framework and direct funding towards agreed priorities</i>
<ul style="list-style-type: none">• <i>Regularly report on performance and measure progress against a set of indicators</i>
<ul style="list-style-type: none">• <i>Respond to changing national and local priorities</i>

1.4 Governance and Accountability

HADP is accountable nationally to the Scottish Government and locally to the [Community Planning Partnership](#) (CPP) and the [Health and Social Care Committee](#) (HSCC). The HADP strategy is monitored through an annual reporting process. This involves partner agencies submitting quarterly progress reports on relevant actions and outcomes in the strategy. These are then collated into an annual report that is submitted to Scottish Government, CPP and HSCC, who in turn provide feedback highlighting good practice as well as areas for improvement. The HADP annual report is also submitted to the NHS Board for scrutiny. HADP can contribute to reporting on drug and alcohol related elements of the [Highland Outcome Improvement Plan](#) (HOIP) and feeds in to the NHS Local Delivery Plan standards for [Alcohol Brief Interventions](#) (ABIs) and [Drug and Alcohol Treatment Waiting Times](#).

1.5 Delivery in Partnership

Delivering the best health outcomes possible for people can only be done effectively in partnership. The success of this strategy depends on the ability and willingness of partners to take an asset-based approach to working together to plan, invest and deliver in partnership. Partners individually can only achieve so much, it is only through active collaboration and the sharing of skills, knowledge and resources that the harm from alcohol and drug use can be reduced or prevented. Key partners that have a role to play in the delivery of this strategy are; *Academia, Children and Families Services, Child Protection Partnership, Community Justice Partnership, Community organisations, Crown Office, Criminal Justice Service, Courts, Education Department, Employability services, Families, Health Board and Public Health, Highlife Highland,*

Housing, Integration Authorities, Local Authorities, Lived Experience Organisations/People with lived/living experience, Mental Health service, Nationally commissioned organisations, People who use services, Police Scotland, Social Work, Scottish Prison Service, Scottish Ambulance Service, Scottish Fire and Rescue Service, Treatment providers, The Third Sector, Violence Against Women Partnership and Youth Services.

1.6 Workforce Development

It is people and communities who will deliver this strategy. Building on existing expertise, HADP needs to ensure that people have the appropriate values, knowledge and experience, as well as access to training and ongoing support, to put these into practice. HADP's approach needs to reach beyond those working in treatment and other public services - to volunteers, those leading recovery communities, family members as well as the public. HADP is committed to developing a workforce development framework which will set out shared expectations for the workforce, going forward.

2. Policy Drivers

2.1 Rights, Respect and Recovery

[Rights, Respect and Recovery](#) (2018)² aims to improve health by preventing and reducing drug and alcohol related harm and associated deaths. The national strategy is recovery focused and has a human rights and public health approach at its centre. It recognises the essential need to reduce inequalities and tackle stigma, which can often act as a barrier to treatment. It acknowledges that people with personal experience of drug and alcohol problems should be meaningfully involved in service and policy development. Building on previous strategies there are four key priorities including; ***Prevention and Early Intervention, Recovery Orientated Systems of Care, Getting It Right for Children, Young People and Families and A Public Health Approach to Justice***, which are closely aligned to this local strategy. The vision for Rights, Respect and Recovery is a Scotland where; “we live long, healthy and active lives regardless of where we come from” and where individuals, families and communities have the right to:

- ***Health and life – free from the harms of alcohol and drugs***
- ***Be treated with dignity and respect***
- ***Be fully supported within communities to find their own type of recovery***

2.2 Alcohol Framework

The [Alcohol Framework: Preventing Harm](#) (2018)³ sets out twenty key actions that seek to reduce consumption and minimise alcohol-related harm arising in the first place. The strategy follows on from the implementation of [Minimum Unit Pricing](#)⁴ which along with other Whole Population Approaches including; alcohol brief interventions (ABIs), the public health licensing objective and the lowering of the drink driving limit, will contribute towards the step-change required to reduce levels of alcohol-related harm. The Alcohol Framework has three key themes including;

- ***Reducing consumption***

- **Positive attitudes, positive choices**
- **Supporting families and communities**

Other key actions include; investigating the impact of telephone and online alcohol sales, reviewing the licensing system, protecting children and young people from TV advertising, encouraging improved labelling, raising awareness of the link between alcohol use and cancer, reviewing education resources and the prevention and diagnosis of Fetal Alcohol Spectrum Disorder (FASD). [Count 14](#) is the national marketing campaign to raise public awareness of the revised Chief Medical Officer weekly drinking guidelines and launched in 2019. Many of the key actions set out in the alcohol framework are also reflected in this local strategy.

2.3 Ministerial Priorities

Scottish Ministers have established five priorities and an associated set of national deliverables which underpin the delivery of the national strategies: Rights Respect and Recovery and the Alcohol Framework. The priorities have been consistent for several years and are intended to direct the prioritisation and work of HADP and any funding that may be made available. HADP provides reports on the national deliverables as part of the annual reporting process. The current ministerial priorities are:

- 1. A recovery orientated approach which reduces harms and prevents deaths**
- 2. A whole family approach**
- 3. A public health approach to justice**
- 4. Prevention, education and early intervention**
- 5. A reduction in the affordability, availability and attractiveness of alcohol**

2.4 Public Health Priorities

To improve Scotland's health and wellbeing, the Scottish Government and COSLA have established six [Public Health priorities](#)⁵ which include a commitment to: [Reduce the use of and harm from alcohol, tobacco and other drugs](#) The priorities are intended to support national and local partners to work collectively to improve healthy life expectancy and reduce health inequalities. Public Health Scotland (PHS)⁶ has been tasked with providing leadership and expertise to inform policy and practice development, with a key focus on tackling the economic and social conditions that can be a driver of harmful drug and alcohol use. Underpinning the public health priorities is the need to work more effectively as part of a [whole systems approach](#). Whole system working can be defined as applying systems thinking and tools that enable: "*An ongoing, flexible approach by a broad-range of stakeholders to identify and understand current and emerging public health issues where, by working together, we can deliver sustainable change and better lives for people*". Whole systems working will involve HADP proactively building and strengthening partnerships with a broad range of stakeholders including those working in; criminal justice, early years, education, health, local businesses, housing, the licensing of alcohol, sale of alcohol, the Third Sector, Police as well as local communities, individuals and families with lived experience.

2.5 Drug Death Taskforce

Scotland faces a public health emergency in relation to increasing numbers of drug-related deaths. To drive action to improve the health and wellbeing outcomes for people who use drugs and reduce the risk of harm and death, the Scottish Government have set up the [Scottish Drugs Death Taskforce](#) (DDTF). The DDTF recognises the unique challenges Scotland faces from; high risk patterns of drug use, a high risk cohort of vulnerable people, stigma as a barrier to treatment and concentrated social deprivation. The DDTF published [Preventing drug related deaths in Scotland: emergency response strategies](#)⁷ which identifies six evidence based strategies for ADP's and partners to adopt.

The strategies include:

- 1. Targeted distribution of Naloxone**
- 2. Implement immediate response pathway for non-fatal overdose**
- 3. Optimise the use of Medication-Assisted Treatment (MAT)**
- 4. Target the people most at risk**
- 5. Optimise Public Health surveillance**
- 6. Ensure equivalence of support for people in the criminal justice system**

2.6 NHS Standards

The NHS Local Delivery Plan (LDP) sets out the delivery agreement between the Scottish Government Health Department and NHS Highland, based on key Ministerial targets. There are two alcohol and drug LDP standards:

H4 – Deliver the agreed number of ABIs in priority and wider settings

A11 – 90% of clients will wait no longer than three weeks from referral received for appropriate drug or alcohol treatment that supports their recovery, and no one should wait over six weeks

The HEAT standards are embedded within the HADP planning and performance framework. Whilst NHS Highland has consistently exceeded the H4 standard, sustaining the A11 standard is challenging. Staff capacity, remote geography and filling posts in rural areas can be hurdles. Overall, almost 90% of people are able to access their first treatment within three weeks, with an increasing number accessing secondary treatment more rapidly.

3. Context and Challenges

There are a number of key challenges which Highland and Scotland face today, many are interconnected and underpinned by the same socio-economic and demographic challenges.

3.1 COVID-19

The most pressing challenge likely to be faced in a generation is COVID-19. The response to COVID-19 is the overarching priority for HADP partners during the pandemic. The ongoing work of frontline services, their contingency planning and efforts to support the alcohol and drug

community at this difficult time is recognised and is much appreciated as are the efforts to address social mitigation of the impacts of the pandemic and associated lockdown and social distancing. The Chief Medical Officer (CMO) and Minister for Public Health are clear that drug and alcohol services are essential services.

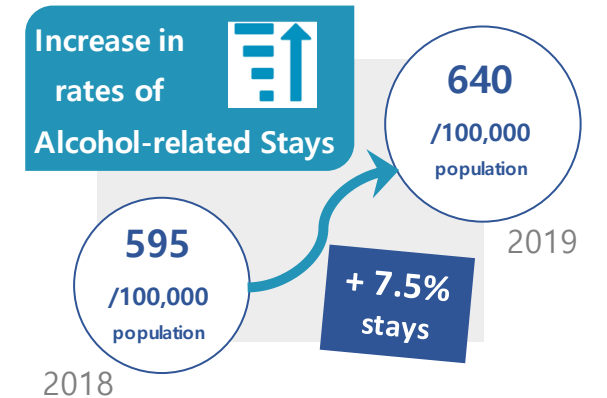
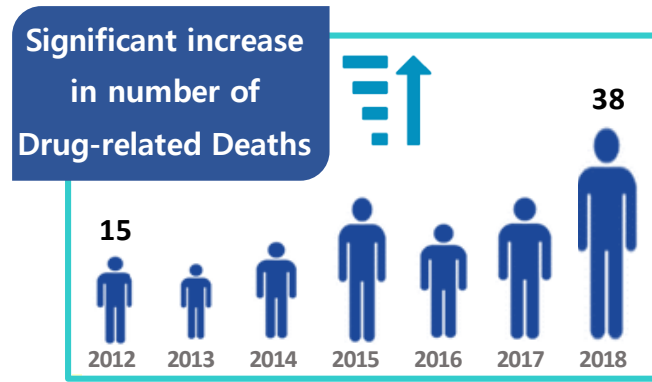
The Scottish Government has advised that pre-COVID-19 service levels must be maintained, albeit recognition that the shape of services is likely to change to take account of social distancing and other measures. In addition, flexibility has to be built into plans for adding capacity to services in anticipation of growing need as Scotland moves out of lockdown. NHS Highland, Drug and Alcohol Recovery Service has provided assurance of business continuity throughout the pandemic and highlighted the innovative and creative work going on across Highland.

3.2 Key Issues in Highland⁸

Harmful alcohol and drug use remains high

@ March 2019
 Estimated **1400** people
 aged 15 to 64 years old
 with Problem Drug Use

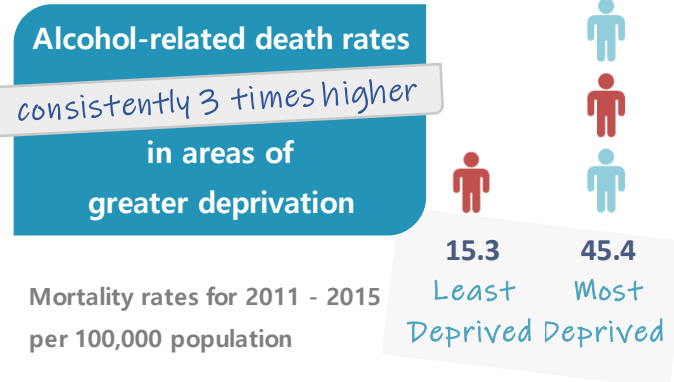
Drug related deaths & alcohol-related hospital admissions increasing for men and women



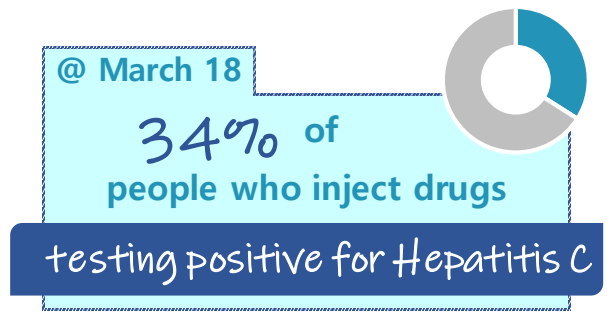
The whole family needs support

@ March 2019
 A slightly increasing rate of maternities recording drug use during pregnancy to **11 / 1000** maternities

Problematic alcohol and drug use disproportionately impacts deprived communities⁹



An ageing population using alcohol and drugs with higher risk brings complex additional health challenges



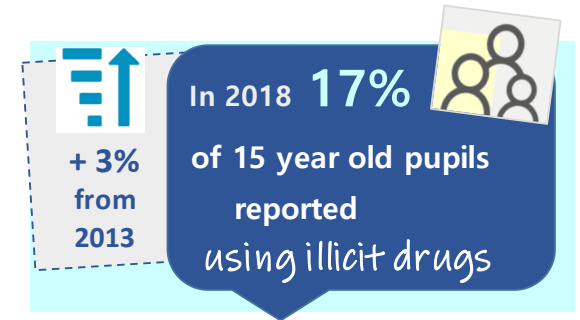
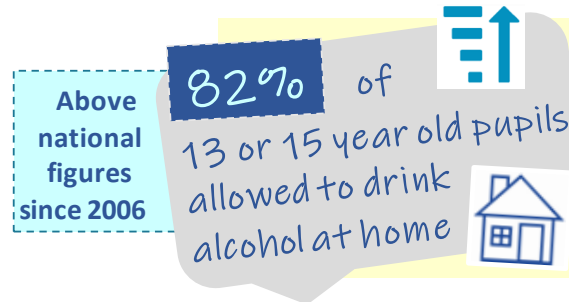
Recovery communities are growing

Dynamic and changing drugs market

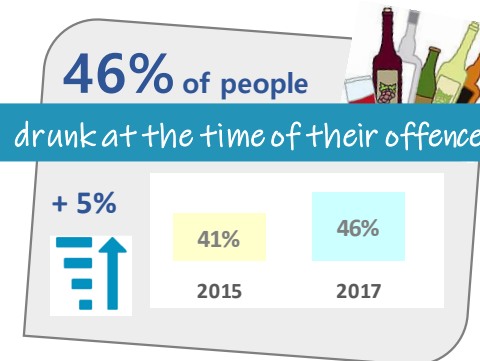
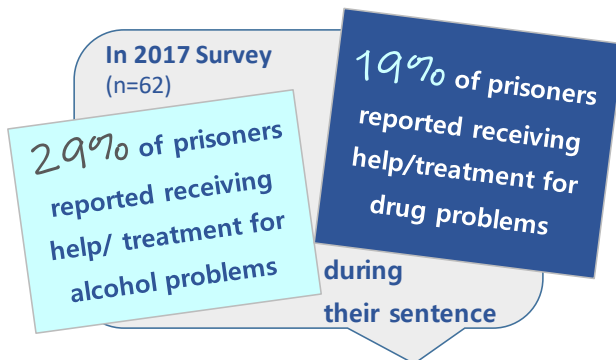
Respect diversity and ensure equity

Key Issues in Highland

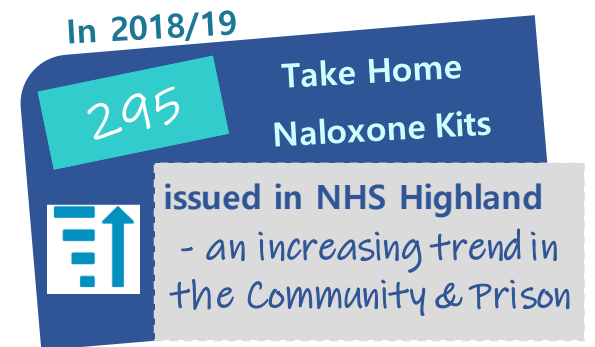
Overall fewer people (including young people) are using drugs and drinking alcohol, however



The Justice System has an important role



More needs to be done to protect those most at risk of harm and death, for example



Stigma remains a significant barrier

Services need to be person-centred, trauma-informed & better integrated

Information and evidence is vital

3.3 Values and Principles

HADP's values and principles provide the foundations for partnership working and they describe the beliefs, ideals and priorities that all partners are committed and signed up to. They are the foundations that HADP builds on to achieve its vision for Highland communities and provides the basis for guiding all partnership activity. The values and principles are not set out in any particular order, but illustrate what partners have in common with each other with particular applications or combinations being weighted more toward the remit of certain agencies.

Values and Principles	
<i>Human Rights Approach</i>	Ensuring that human rights are at the very centre of policies and practice. A human rights-based approach empowers people to know and claim their rights. Everyone has a right to life and health and we need to ensure this is the case for people who experience alcohol and drug problems.
<i>Public Health Approach</i>	Focusing on improving health and wellbeing, reducing inequalities and providing equity of opportunity. All services must address the social determinants of health with support provided in the community where most people's networks will already exist. This includes family, support from others in recovery, treatment and other community based services which can help people to change behaviour and reduce the harm that both they and their communities experience.
<i>Prevention and Early Intervention</i>	Shifting emphasis toward prevention and early intervention will improve the longer term health and wellbeing for all of society.
<i>Whole Family Approach</i>	Where appropriate, families/networks should be included in an individual's care as a resource for strengthening social and recovery capital. A whole family approach underpins effective integrated practice between adult and children's services and delivers improved outcomes for children and their families.
<i>Tackle Stigma</i>	Viewing problem drug and alcohol use similarly to other health issues will help to address prejudice and marginalization. Challenging discriminatory attitudes and practices is essential for building equality and tackling inequality.
<i>People First language</i>	To tackle stigma, HADP encourages the use of 'People First' language; language that focuses first on the person, not the behaviour (e.g. people who use drugs). People First language reminds us to be compassionate and that we are talking about human beings. People with Rights, who deserve Respect, and should be supported in their Recovery.
<i>Reduce Inequality</i>	Tackling poverty and inequality through improving economic, environmental and social circumstances will support people to make positive choices, improve health and reduce the risks and harms associated with drug and alcohol use.
<i>Evidence-informed</i>	Better outcomes for people and communities can be achieved by applying evidence of what works. It identifies the potential benefits, harms and costs of interventions, whilst acknowledging that what works in one context may not be appropriate in another.
<i>Whole Population Approach</i>	Reducing overall alcohol consumption across the population will reduce associated health and social problems. Alcohol control measures (price and availability), drink-driving laws and brief interventions for harmful and hazardous drinkers are the most effective alcohol policies.
<i>Workforce Development</i>	Improving drug and alcohol outcomes for individuals, families and communities requires the delivery of quality workforce development opportunities.
<i>Involvement of individuals/families with</i>	People and families with personal experience of alcohol or drug problems should be actively involved in planning, delivering and evaluating service provision. It strengthens accountability, ensures genuine responsiveness to needs and fosters a sense of ownership

living/lived experience	and trust.
Community Asset Building	Positive health and social outcomes occur when people and communities have opportunities to control their own futures. Asset based approaches facilitate community action that can achieve positive social change by utilising local knowledge, skills and personal experience.
Peer Support and Mutual Aid	Sustained recovery and positive outcomes are associated with mutual aid and peer support. Mutual aid can make a significant contribution to aftercare, particularly in remote and rural areas where service provision may be limited.
Quality Improvement	All workers are responsible for ensuring drug and alcohol services continue to improve by applying formal approaches to the analysis of performance and by making systematic efforts to improve it. The delivery of services must always be safe, effective, person-centred, timely, efficient and equitable.
Communication	Positive images and stories of recovery provide hope and inspiration to others, whilst challenging stereotypes, stigma and discriminatory attitudes towards people with problem drug and alcohol use. We should encourage the use of People First Language; that focusses on the person, as opposed to the behaviour.
Remote and Rural	Equal access to high quality drug and alcohol services should be achieved regardless of geographic location. This requires development of new service models and a significant shift in skill mix across the remote and rural health and social care workforce.
Strengths-based	A strengths-based approach values the capacity, skills, knowledge, connections and potential in individuals and communities. It involves people being co-producers in their support and can improve retention in treatment services for those with problem drug and alcohol use.
Recovery	Genuinely believing that people can and do recover to become active and contributing members of society is fundamental to drug and alcohol service and policy development.

Source: **Based on Rights, Respect and Recovery (2019)**¹⁰

3.4 Tackling Stigma

People who experience alcohol or drug problems, either through use or by association, often experience the most stigma in our society. Negative attitudes from society, from professionals, and self-stigma can be one of the biggest barriers to accessing treatment, community services and other forms of support. Stigma needs to be challenged across sectors and society. There are three levels of stigma which need to be addressed:

- *Societal stigma*
- *Institutional stigma*
- *Self-stigma/stigma by association*

The current levels of harm and the discrimination people and their families experience is unacceptable, and needs to change. Viewing problem alcohol and drug use similarly to other long-term health conditions will help to reduce stigma and discrimination. The Scottish Drug Deaths Taskforce (DDTF) has published a national [Stigma Strategy](#) which recognises the role of stigma as a key underlying component of the drug related deaths crisis. A strategic plan to direct activities will be developed for national and local ADP implementation. The focus of the strategic approach is to reduce *disempowerment*, *disadvantage* and *inequity*.

3.5 People First – Language Matters

The language used to describe people with drug and alcohol problems can have an impact on how they perceive themselves and how others view them. Inaccurate and derogatory use of language creates and perpetuates stigma. HADP believes that a person should not be defined by their alcohol or drug use, as it is only one aspect of their life. HADP promotes the use of ‘People First’ language; that focusses on the person, as opposed to the behaviour. Using [People First language matters](#), because it reminds us to be compassionate and that we are talking about human beings; People with Rights, who deserve Respect, and should be supported in their Recovery. Importantly, evidence tells us that health outcomes improve for people who are described and treated in a non-judgemental manner.

4. Prevention and Early Intervention

Outcome	Fewer people develop problem alcohol and drug use
HADP will work to	<i>Reduce inequalities, improve health, involve people with personal experience of drug and alcohol problems, address stigma, intervene early, promote evidence based education (in schools, non-traditional settings and communities), engage vulnerable children and young people, target at risk groups, develop online resources and promote positive choices</i>

The more we can do on prevention and early intervention, the less harm will be caused by alcohol and drugs. The HADP approach to prevention is aligned to the following [definition](#) which covers;

- *Environmental prevention* – Addressing the cultural, social, physical and economic environments in which people make choices about alcohol and drug use
- *Universal prevention* – Improving alcohol and drug education and awareness
- *Selected and indicated prevention* – Interventions with specific individuals, groups, families or communities more likely to develop alcohol and drug use or dependence.

4.1 Reducing Inequality

There are clear links between problem alcohol and drug use, health and other inequalities. Work on prevention has to therefore be framed within the context of tackling broader inequalities, including improving people’s quality of life, access to housing and employment. As this will have the most significant impact on reducing alcohol and drug problems in the longer term. HADP supports national plans to deliver fairer and more prosperous communities and is committed to ending child poverty. Improving connections within communities and reducing loneliness and social isolation will have a significant impact on reducing alcohol and drug problems.

4.2 Positive Activities

People who participate in positive activities are more likely to report good health and better life satisfaction than those who do not. HADP seeks to promote positive activities, particularly among children and young people living in poorer communities. HADP acknowledges the

need to challenge the role of alcohol and drugs as well as recovery in Highland culture, and promote the protective benefits from participation in positive activities.

4.3 Adverse Childhood Experiences

There are clear links between Adverse Childhood Experiences (ACEs) and problematic alcohol and drug use. In many instances children and young people who experience difficulties linked to alcohol and drug use, do not come to harm due to a range of protective factors in their lives. We need to work to prevent ACEs as far as possible, and ensure that children, young people and adults that are affected receive the required support to overcome adversity.

4.4 Early Intervention

Many people in recovery report that their alcohol and drug use started at a young age, in many instances under the age of 16. Tackling needs early through joined up working between services, that have a confident and well trained workforce, is essential. Fewer young people under 25 are accessing treatment services, and those who do access services are presenting with a different range of drug problems and are less likely than before to state heroin as their main drug. A better understanding of drug trends amongst young people is therefore necessary for developing more effective approaches to meeting their needs at the earliest possible stage.

4.5 Education in Schools and Wider Settings

The purpose of alcohol and drug education in schools is to equip young people with the tools and knowledge to make healthy and informed choices about substances. The [Health and Wellbeing](#)¹¹ component of the Curriculum for Excellence provides helpful, engaging information about substances to empower children and young people to make positive decisions about their health. Evidence of [What Works](#)¹² states 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 inputs. Traditional education methods do not always work for young people more at risk. The need to deliver education and prevention in different and more innovative ways is required in wider settings such as; youth work, looked after and accommodated young people, excluded young people, and those in touch with services.

4.6 Online Information

The 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 young people obtain information and misinformation, about alcohol and drugs, as well as a growing and constantly evolving supply route. Providing accurate and reliable information about the risks of substance use, strengthening young people's skills to question online information and resist social media pressure are all essential and required.

4.7 Icelandic Prevention Model

Highland can learn from the experience of Iceland in preventing and reducing drug and alcohol harm among young people. There are historical, cultural and geographical similarities that suggest elements of the [Planet Youth model](#)¹³ can be transferable to a Highland context. The approach to prevention involves relevant stakeholders collaborating to implement a whole community approach. Crucial

ingredients include proactive strategies to reduce risk and increase protective factors in key areas of a young person's life, including the supportive role of parents, carers and schools. The model empowers communities to take ownership and action on substance use issues at a local level.

4.8 Key Achievements 2017 – 2020

[Highland Substance Awareness: Prevention and Education Framework](#)

[Highland Prevention and Intervention Model](#)

[Highland Substance Awareness Toolkit](#)

[Highland Substance Aware School Award](#)

[Northern Stars - Positive Activities Initiative](#)

[Highland Alcohol Brief Interventions Standard - Consistently Achieved](#)

[Fetal Alcohol Spectrum Disorder Campaign](#)

[Highland Prevention and Education Framework \(due Autumn 2020\)](#)

[Basic Alcohol & Drugs Awareness 1 day Training Course](#)

Communication – developed four targeted radio campaigns – overdose awareness, alcohol/drug use and stigma.

Communication – extended reach of local/national targeted messages via new Highland ADP social media channels.

Input into National campaign for targeted messages during COVID-19.

Developed People First – Language Matters – interactive awareness raising session.

4.9 Key Actions 2020 – 2023

Prevention and Early Intervention				
Outcome - Fewer people develop problem alcohol and drug use				
Actions*			Timing	Responsibility
<i>* and ** See page 30.</i>				**
<i>We will revise and improve the programme of substance use education and prevention in schools and wider settings to ensure it is good quality, impactful and in line with best practice</i>				
P1	Ongoing delivery of the Prevention and Education Framework in schools and wider settings		2023	Educ/HADP
	Increase participation in the Substance Aware School (SAS) Award		2023	HI/HADP
	Increase participation in positive activities e.g. Northern Stars		2023	HADP
	Develop the Highland Prevention and Intervention Model and pilot elements of the Icelandic Prevention Model		2021	Educ/HADP
P2	Support the work of community partnerships to prevent and reduce harm in local areas		2023	HADP
<i>We will increase access to online resources that provide accurate evidence based information including where to find help</i>				
P1	Increase access via the H-SAT to quality and evidence based online resources for young people, parents and professionals		2023	HI/HADP

	Embed evidence-based approaches and the findings from What Works in prevention and education programmes	2023	HADP
P3	Deliver social media campaigns to extend the reach of local and national awareness raising initiatives e.g. Fetal Alcohol Spectrum Disorder (FASD)	2021	HADP
	Support delivery of the Count 14 campaign to raise awareness of lower-risk maximum weekly drinking guidelines	2021	
We will establish a programme of work to address stigma experienced by individuals and families affected by problem alcohol and drug use			
P3	Deliver a People First – Language Matters campaign to tackle stigma that includes; resources for professionals / media, workforce development opportunities and a People First - Partner Pledge for organisations	2021	HADP
	Implement and influence the national stigma strategy	2021	HADP
R4	Support development and improve capacity for advocacy services	2023	HADP
	Pilot the Recovery Workers Training Project (RWTP) in collaboration with Scottish Drugs Forum and local partners	2022	SDF/HADP
We will support early intervention amongst young people who are at higher risk of developing problem alcohol and drug use due			
C1	Support GIRFEC and implementation of the Integrated Children's Service Plan	2023	Educ/HADP
	Strengthen treatment and support services for young people affected by their own or another's alcohol or drug problem	2023	CAMHS
	Develop a trauma informed approach to service delivery with a seamless family-centred experience of support	2022	CAMHS
We will tackle levels of alcohol related harm by strengthening whole population approaches that effectively reduce consumption, particularly among people most affected by health inequalities			
P5	Support ongoing delivery of the HEAT H4 Alcohol Brief Interventions (ABI) Standard and explore the targeting of deprived communities	2023	HI/HADP
P6	Promote the public health licensing objective via the Licensing Forum / Board to reduce the overprovision of alcohol	2023	PH/HADP
	Contribute to the development, evaluation and effectiveness of minimum unit pricing (MUP)	2023	PH/HADP/RS
Measures	No. of schools / wider settings in SAS Award, No. of schools and young people participating in Northern Stars, No. of Website Hits to H-SAT, Nos. and reach of social media campaigns, No. of People First Pledges, Nos. Accessing Advocacy Services, No. of Trainees completing RWTP, Nos. of ABIs delivered/deprived communities, No. of alcohol licences.		

The definition of 'families' means anyone who is concerned about someone else's drug or alcohol use, including family members, carers, friends, neighbours, siblings, older children, partners, parents, grandparents, formal and informal kinship carers, work colleagues or any other 'Concerned Significant Others'. Developing Recovery Oriented Systems of Care

5. Developing Recovery Orientated Systems of Care

Outcome	People access and benefit from effective, integrated, person-centred support to achieve their recovery
HADP will work to	<i>Deliver a human rights-based approach, deliver rapid access to recovery services, reach and maintain engagement with people at higher risk of death, target people injecting drugs, deliver effective harm reduction, involve people with personal experience of drug and/or alcohol problems, strengthen trauma-informed approaches, utilise surveillance data and evidence, support the growth of recovery communities</i>

5.1 Human Rights Approach

This involves ensuring that human rights are at the very centre of policies and practice. A human rights-based approach empowers people to know and claim their rights. Everyone has a right to life and health and we need to ensure this is the case for people who experience alcohol and drug problems.

5.2 Treatment and Recovery

Services in Highland, the NHS Drug and Alcohol Recovery Service, has already taken steps to improve access to services, particularly in relation to reducing waiting times and delivering support to people at higher risk of alcohol and drug-related death. Many elements of a recovery orientated system of care (ROSC) are established in Highland, so the focus of this strategy is to build on existing work to further strengthen the ROSC, as well as ensure any gaps and emerging challenges will be met.

The following framework for treatment and recovery aims to describe much of what is already in place, and act as a reminder of the key elements of a ROSC that support individuals to achieve their recovery, as well as reduce alcohol and drug-related deaths.

No	Recovery Orientated System of Care (ROSC) – Key Elements	
1	People access treatment and support – particularly those at most risk of drug and alcohol related death	<ul style="list-style-type: none"> • People most at risk of harm and death receive the support they need and remain in effective treatment for as long as is required • Support services are well publicised and accessible to all those in need in the community • Public Health surveillance data informs approaches to improving access for those most at risk of harm and death • Low threshold outreach services are provided with pro-active offers of support following key events such as non-fatal overdose and hospital discharge • Other health and social care services help people at significant risk of harm and death including; housing, employability, hospital, primary care, welfare, mental health, children and families services amongst others • Assertive outreach and other arrangements are in place to enable access to treatment for people that have relapsed or moved on
2	People engage in effective high quality treatment and recovery services	<ul style="list-style-type: none"> • Evidence and guidance underpins treatment delivery at a service and practitioner level • Whole system approaches to service redesign and the development of stepped care models of delivery • A stepped care model for delivery of psychosocial interventions • Access to a range of medically assisted treatment (MAT) options • People receive optimal dose and are supported to remain in treatment for as long as it is needed • Adherence to improvement frameworks; the Quality Principles¹⁴ and the Health and Social Care Standards¹⁵ to support high quality treatment and care • Regular assessment of progress against a set of national benchmarks for treatment and recovery
3	People with personal experience of drug and/or alcohol	<ul style="list-style-type: none"> • Commitment from services and key professionals along with investment of time and resources to ensure meaningful involvement of people with personal experience; people currently using relevant services • Key professionals and decision-makers prepared to be challenged and hand over power to make changes

	problems are involved in service design, development and delivery	<ul style="list-style-type: none"> • Training and development opportunities for people with personal experience to enable their involvement in service planning, development and delivery
4	People access interventions to reduce harm	<ul style="list-style-type: none"> • A comprehensive approach to harm reduction is embedded within ROSC and delivered in a range of settings • Harm is reduced among people who inject drugs through provision of; injecting equipment, wound care, BBV testing / follow-up treatment and naloxone distribution to all individuals with a history of opiate use and family members/friends/associates • Interventions are delivered in accessible ways to people at highest risk of harm and death and in collaboration with housing/homelessness services, physical and mental health services, primary care and hospital services • Involvement of peers/ people with personal experience of alcohol and drug problems to help guide approaches • Support delivery of the Hepatitis C Elimination Strategy¹⁶
5	A person-centred approach is developed	<ul style="list-style-type: none"> • Multi-disciplinary working and integrated practice across recovery services, primary care, pharmacy, mental health, sexual health and social care services • Utilise the potential of pharmacists to deliver harm reduction / health interventions to people not in treatment and act as liaison to encourage engagement in treatment and recovery • Shared decision-making in relation to chronic pain and management of polypharmacy to reduce risks of dependency and overdose risk • Protocols between mental health services and the drug and alcohol recovery service to support access and improve outcomes for people who experience co-occurring problems • Partnership working with homelessness services and time/resource investment in Housing First • Strong links with employability services to respond to the educational, volunteering and employment needs of people in recovery
6	The recovery community achieves its potential	<ul style="list-style-type: none"> • Recovery and support services connect people to recovery communities/networks and mutual aid fellowships as a part of their core offer • Prison settings connect people with others in recovery in community settings
7	A trauma-informed approach is developed	<ul style="list-style-type: none"> • An understanding of trauma in all aspects of service delivery and placing priority on the person's safety, choice and control • Workers are able to recognise the signs of trauma and develop approaches which are safe, build trust, offer choice and build empowerment • Consideration is given to specific cultural and gender issues
8	An intelligence-led approach future-proofs delivery	<ul style="list-style-type: none"> • Implement the Drug and Alcohol Information System (DAISy) • Link existing and new data to answer key policy questions and identify key harms/emerging trends to inform responses • Utilise the Drug Research Network Scotland, the Scottish Alcohol Research Network and the Alcohol Deaths Researcher Network to link research and expertise to service planning and delivery
9	Recognising the needs of different equalities groups	<ul style="list-style-type: none"> • Services are accessible and deliver high quality support to people regardless of age, gender, disability, ethnicity, sexual orientation, religion, nationality or socioeconomic status • Awareness of the commonalities but also the 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 • Adoption of gender mainstreaming practices in substance-use policy and practice

5.3 Key Achievements 2017 – 2020

Hosting the national Recovery Walk in Inverness in 2019

Involved those with personal experience and family members in local planning for national Recovery Walk.

Provided opportunities for people with personal experience of drug and/or alcohol problems to be involved in strategic planning/local delivery of services.

Increased support and delivery of mutual aid groups for Highland by developing the local Co-ordinator Role

Increased access to advocacy services being delivered by peer advocacy workers

Development of partnership approaches, for example, the Housing First programme

Developed family inclusive Recovery Choir

Increased evidence base to ensure an intelligence-led approach to reducing [Alcohol-related deaths in Highland](#)

5.4 Key Actions 2020 – 2023

Developing Recovery Orientated Systems of Care			
Outcome - People access and benefit from effective, integrated, person-centred support to achieve their recovery			
* Actions		Timing	**Responsibility
<i>* and ** See page 30.</i>			
<i>We will drive action to improve health and wellbeing outcomes for people who use drugs and alcohol, reducing the risk of harm and death</i>			
R1	Develop a prevention strategy to reduce deaths from alcohol and drugs informed by practice guidance and national / local intelligence	2023	HADP
	Implement the Drug Death Task Forces six evidence based strategies to reduce drug-related deaths	2023	HADP
	In line with the addendum to the Lord Advocates guidance in 2020 continue to improve access to naloxone on release from prison and in wider community settings including; peer networks, pharmacies, custody, Scottish Ambulance Service, Police and Hospital/Emergency Departments	2023	RS
<i>We will continue our programme of work to increase rapid access to recovery services, particularly for those at most risk</i>			
R2	Continue delivery of services against the HEAT A11 Waiting Times Standard	2023	RS
	Increase rapid access to treatment via extended/flexible opening times and grow use of digital technology e.g. mobile phones	2023	RS
J	Collaborate with the Police to pilot diversionary measures that expand access routes into recovery services	2022	RS/Police
R3	Establish protocols between mental health and the drug and alcohol recovery service to support access and outcomes for people who experience co-occurring problems	2020	RS
R1	Continue the multi-agency Housing First pilot project targeted to support people most at risk with complex needs	2023	Housing /RS
<i>We will continue our programme of work to deliver effective and high quality recovery services</i>			
R2	Continue service delivery in line with the Quality Principles, Health and Social Care Standards and implement the forthcoming Medically Assisted Treatment (MAT) Standards	2023	RS

	Apply a validated recovery outcomes tool across relevant agencies to report and evidence delivery of quality services	2022	RS
	Implement an electronic patient record across all of North Highland treatment services (HADP funded)	2022	RS
	Implement DAISy in line with national and local implementation plans	2021	RS
	Support delivery of a Workforce Development Framework	2022	RS
	Continuous improvement of the role of residential rehabilitation as part of the treatment pathway	2023	RS
	Support mitigation planning in relation to COVID-19	2022	HADP
<i>We will ensure that people with personal experience of drug and/or alcohol problems are involved in service development</i>			
R4	Strengthen mechanisms for people with personal experience to be meaningfully involved in service and policy development	2021	RS/HADP
	Strengthen family inclusive practice to meet the needs of family members, where appropriate	2022	RS/HADP
	Ensure an effective role for people with personal experience in quality improvement and workforce development frameworks	2022	RS/HADP
	Support training/networking opportunities for people with personal experience to strengthen skills for policy/service development	2022	HADP
	Support the PANEL principles and develop peer based advocacy models	2022	RS
<i>We will increase access to evidence based harm reduction and target people experiencing the most harm</i>			
R1	Use public health surveillance to inform targeting and engagement with people at highest risk of harm and death	2023	PH /HADP
	Strengthen assertive outreach and low threshold services following events such as non-fatal overdose and hospital discharge	2023	HADP/RS
	Work in partnership with a broader range of stakeholders to reach and engage people at higher risk of harm and death	2022	HADP
	Strengthen access to wound care, BBV testing/treatment and support implementation of the Hepatitis C Elimination Strategy	2022	RS/PH /HADP
<i>We will work with the recovery community in achieving its potential</i>			
R4	Support the growth and visibility of recovery communities, peer led and mutual aid approaches for individuals and family members	2023	RS/HADP
	Develop employability initiatives that lead to good quality jobs in health, social care and other sectors	2022	JC/HADP
	Promote family inclusive practice that meets the needs of family members as well as individuals, where appropriate	2023	RS/HADP
<i>We will develop trauma informed approaches within alcohol and drug services</i>			
R2	Improve access to evidence-based psychological support and interventions	2023	RS/HADP
	Support workforce development opportunities for workers delivering trauma informed approaches	2023	RS/HADP
	Develop a stepped care model for delivery of psychological interventions	2023	RS/HADP
<i>We will implement a programme of work to improve access and delivery of alcohol treatment and support</i>			
R2	Collaborate with hospital based services to strengthen access to alcohol treatment and linkage with community support	2023	RS/HADP
	Explore development and resourcing for specialist services that respond to alcohol related brain injury (ARBI)	2023	RS/HADP
	Extend the treatment pathway to include multi-agency delivery of alcohol brief interventions (ABIs) and access to rehabilitation	2023	RS/HADP
Measures	% accessing treatment in 3 weeks, No. of clients with improved outcomes leaving treatment, No. of people accessing treatment through Assertive Outreach, No. of people being offered hospital in-reach, No. of Housing First clients entering and sustaining their tenancies THN Kits issued by Setting, IEP issued, % of people who use drugs infected with Hep C, No. of settings delivering wound care, No. of repeat A&E attends, No. of unplanned admissions, No of People on MAT, No. of people on Pain Relief Medication, No. of ABIs undertaken in deprived areas, No. of individuals experiencing Non Fatal Overdose (NFOD), No. of Drug related deaths, No. of Alcohol-specific deaths, No. of service initiatives/projects/groups involving peers, No. of peers supported into employment		

6. Getting It Right for Children, Young People and Families

Outcome	Children and families affected by alcohol and drug use will be safe, healthy, included and supported
HADP will work to	<i>Ensure family members have access to support in their own right and where appropriate, be included in their loved one's treatment and support, ensure all families have access to services (both statutory and Third Sector) provided through a whole family approach, provide support in line with the values, principles and core components of GIRFEC¹⁷, involve children, parents and other family members in the planning, development and delivery of services</i>

Problem alcohol and drug use amongst family members can have a devastating impact on the lives of children and other adults in the family. This includes health and wellbeing impacts, financial worries and social isolation. It can also cause trauma and distress to children and families, often leading to relationship breakdown and increased caring responsibilities. The impact of parental problem alcohol and drug use can be far reaching,

It can increase the risk of abuse and neglect and negatively influence wellbeing throughout life; from ante-natal development through to adulthood. This can be compounded by the stigma that families often experience; resulting in isolation and act as a barrier to parents seeking help, particularly mothers. Many people have experienced parental/family alcohol and drug problems in their childhood, which is commonly recognised as a key ACE. Evidence shows that without intervention, people with ACE's are at increased risk of a range of negative health and life outcomes, including in some cases inter-generational alcohol and drug problems. Effective, high quality treatment and a family-inclusive approach can provide significant benefits. Families play a role in recovery and have their own support needs which need to be factored into how treatment and support is designed and delivered. This strategy sets out a shift towards a whole family and family-inclusive approach.

6.1 Whole Family Approach

The whole family approach looks at tailored support for all those affected: adults on their recovery journey and also the children. Children and young people should remain in stable loving families wherever possible. For this to happen, services need to work together to support families and share concerns quickly and effectively to protect children and young people from harm. It is essential that:

- ***Children at risk are identified and appropriate action taken***
- ***Treatment and good parenting comes together***
- ***Children's needs are met in their own right***

In line with the values and principles of GIRFEC, working constructively with whole families at an early stage can prevent the need for later crisis interventions. Having effective joint working arrangements in place between recovery services and children and family services (including statutory child protection services), can have significant benefits to all involved.

6.2 Family Inclusive Approach

Support from family (as defined by the person in recovery) and friends can be a key component of recovery. The whole family can be an asset in someone's recovery journey, even where family relationships are under strain. Families go through a journey, along with those affected directly and it is essential to support families in their own right, at all stages of the journey. Family members should therefore have access to support in their own right and where appropriate, should be included in their loved one's treatment and support. At all stages of someone's recovery the importance of friendships (who might well be viewed similar to a family) need to be recognised and should be built in as a normal part of the journey.

6.3 Hearing Children and Young People's Voices

Listening to the experience of children/young people affected by parental alcohol and drug problems and ensuring their voice is heard is essential and requires a clear place in informing how best to improve support and develop new and innovative approaches.

6.4 Maternal and Infant Health

Maternal and parental circumstances during pregnancy can have an impact on children's wellbeing outcomes. High risk behaviours such as alcohol and drug use can impact on health outcomes at birth, in infancy, and across the whole of the life course. Specialist maternity care plays a vital role in providing women, their partners and their babies, with the care and support they need at this important time.

6.5 Child and Adolescent Mental Health

The impact that parental/family alcohol and drug problems can have on ACEs and a young person's mental health is recognised and can lead to inter-generational problems associated with drug and alcohol use. Prevention and early intervention for mental health problems is therefore essential for breaking cycles of adversity and for helping to reduce the potential severity and life impact that mental illness can cause.

6.6 Bereavement

A tragic consequence of alcohol and drug problems in families (as defined by the person in bereavement) can mean a child, young person or adult losing a close family member, resulting in a devastating impact on their lives. While there is support available for those that lose a loved one, stigma can be an additional challenge where alcohol and drug use has been a contributory factor. Further work is required to better understand the experience of children and families affected by alcohol and drug-related death in order to inform prevention strategies and improvements in bereavement support.

6.7 Key Achievements 2017 – 2020

HMP Inverness – developed and delivers 'My Relationship' programme, Positive Parenting and PEEP; supports family contact via virtual visit system and mobile communication devices
Increased partner provision of diversionary activities for young people and families

6.8 Key Actions 2020 – 2023

Getting It Right for Children, Young People and Families			
Outcome - Children and families affected by alcohol and drug use will be safe, healthy, included and supported			
Action <i> and ** See page 30.</i>		Timing	**Responsibility
<i>We will deliver a whole family approach to tackling alcohol and drug problems</i>			
C1	Develop a whole family approach to recovery that identifies service developments to improve outcomes for children affected by parental problem drug and alcohol use	2023	Educ
	Strengthen information sharing, interagency communication and integrated practice across adult, young peoples and children's services to ensure vulnerable families have a seamless experience of support	2023	Educ/Hi
	Support implementation of the forthcoming whole family/family inclusive principles and practice standards	2022	Educ/HADP
	Develop specialist maternity support services for pregnant women with alcohol and drug problems	2023	Mat/HADP
<i>We will develop and implement a programme of work to improve our response to people (both children and adults) who are affected by a family member / loved one's problem alcohol / drug use</i>			
R2	Ensure a competent workforce that are trauma-informed and skilled in preventing and responding to the impact of ACE's	2023	PH/HADP
C2	Explore effective approaches to reduce inter-generational alcohol and drug problems	2023	Educ/Hi/HADP
	HMP Inverness with Action for Children explore ways to deliver and support guidance to enable the use of virtual visits systems	2023	AfC/HMP
	Work in partnership to tackle all forms of child exploitation including county lines issues	2023	Police
	Establish a memorandum of understanding and joint improvement plan with the Child Protection Committee	2022	HADP
<i>We will ensure that people who are affected by another's problem alcohol / drug use are involved in service design, development and delivery.</i>			
R4	Improve understanding of the experience of family members whose loved one is in treatment / uses alcohol or drugs problematically	2022	HADP
	Map existing investment and scope family support to inform development of family inclusive practice	2021	AfC /HADP
	Strengthen mechanisms for vulnerable children/young people and families to have a voice in service development	2022	AfC /HADP
Measures	% of maternities recording drug use during pregnancy;, % of women drinking 1 or more units of alcohol during pregnancy, % of Alcohol Brief Interventions delivered in ante-natal settings, % of 13 or 15 year old pupils allowed to drink at home, Rate of Child Protection cases with parental drug or alcohol use concerns, Prevalence of FAS and FASD, % referrals and access times to CAMHS, % of 15 year old pupils who have been offered drugs		

7. A Public Health Approach to Justice

Outcome	Vulnerable people are diverted from the justice system wherever possible, and those within justice settings are fully supported to improve health and wellbeing and access positive opportunities
HADP will work to	<i>Wherever possible, ensure people in contact with the justice system receive seamless support, are offered alternative community based interventions to divert people away from custody into treatment and support for recovery, tackle the exploitation (county lines and cuckooing) of vulnerable people, disrupt drug dealing and distribution.</i>

People with alcohol and drug problems are more likely to come into contact with the justice system. In addition, they can experience high rates of mental health problems and other long term conditions, and may have experienced trauma as children or adults. Furthermore, they disproportionately come from the most disadvantaged communities. In many instances the criminalisation of this group of people only presents further challenges and can increase the risk of harm and premature death.

7.1 Public Health Approach

A public health approach means focusing the community justice response on improving health and wellbeing, reducing inequalities and reducing crime. This means that where appropriate, services should focus on diverting vulnerable people away from the justice system and into treatment and support. This support should be provided in the community where most people's support networks already exist. Applying a public health approach involves providing opportunities for diversion from prosecution, harm reduction, treatment, recovery and behaviour change at key points along the community justice pathway including; those at risk of offending/who have offended/on community payback orders, in police custody or on remand whilst serving a sentence, and upon liberation into the community.

7.2 Police Engagement

The role of the police has changed, and while it is still important that there remains a focus on reducing offending and tackling serious organised crime (SOC), it is now recognised that SOC groups often exploit vulnerable people in deprived communities. Often through intimidation, people can be coerced in to supplying illegal drugs, participating in county lines or becoming victims of cuckooing. Police Scotland are also changing the way they engage with people using or experiencing problems with drugs and alcohol (alongside other criminal behaviour). Police Scotland are working in partnership to pilot more innovative responses to drug overdoses and the prevention of drug deaths. Making use of engagement opportunities demonstrates a clear commitment to a public health approach and is aligned to the Police's key function, which is to preserve life. The Recorded Police Warning (RPW) Scheme can provide police officers with an alternative disposal option for those found in possession of small quantities of specified controlled drugs. The scheme provides the police with a proportionate response that can be used as an alternative to arrest in cases where diversion in to treatment may be more appropriate.

7.3 Diverting Vulnerable People

At the point of arrest healthcare provision to people in police custody provides opportunities for the delivery of ABIs, overdose prevention, naloxone, referral into treatment and the provision of in-reach services from the Third Sector. At the point of sentencing there are a range of options, including being given a fine, Community Payback Orders (CPOs), Drug Treatment and Testing Orders (DTTOs), and Alcohol Treatment and Testing Orders (ATTOs), which provide alternatives to custodial sentences. Evidence suggests that DTTOs, can have a positive impact on both drug use and offending. A shortened form DTTO 2 can be particularly effective for women offenders, young offenders, and those who have had no previous contact with drug services. During any period in prison, all opportunities should be taken to ensure people with problem alcohol and drug use are identified and are offered appropriate support. Further work is required to better understand how best to increase the uptake of alcohol and drug treatment within the prison setting.

7.4 Continuity of Care

Ensuring close links with community services is vital to ensuring continuity of care. There can be a higher risk of drug-related death resulting from increased use in the period just after release, particularly if liberation is unsupported. It is imperative that all people with a history of opiate use are encouraged to carry naloxone on release. Again, every opportunity needs to be taken to ensure vulnerable people are identified and offered Through care support that meets practical needs and aids community integration. Peer support and advocacy can make an important contribution to encouraging engagement with community services and mutual aid support groups. Remand can be a particularly challenging environment in which to provide support services, with the need to encourage greater uptake of harm reduction, advocacy support and links to community services among this group.

7.5 Online Supply

The internet and digital communication have significantly changed the drugs supply chain, from the use of the internet and the dark web by bulk manufacturers, to the use of mobile phone technology by local suppliers. 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. There is a need to build an evidence-base in this area, so that future activity can effectively disrupt supply, whilst at the same time achieve public health outcomes.

7.6 Key Achievements 2017 – 2020

Drug Testing and Treatment Order 2 (a 'lighter' version of DTTO) pilot project established and ongoing; evaluation methodology agreed

New custody link worker project established in the Inverness Custody Suite; evaluation methodology agreed

Criminal Justice social workers and criminal justice officers provide ongoing support to individuals with problematic drug and alcohol use subject to statutory supervision, voluntary throughcare and those receiving short sentences

Multi-agency Positive Outcome Project focused on individual persistent offenders with drug and alcohol problems not linked into services; very positive evaluation

Delivery of SMART training between community-based recovery peers and those in the care of the prison

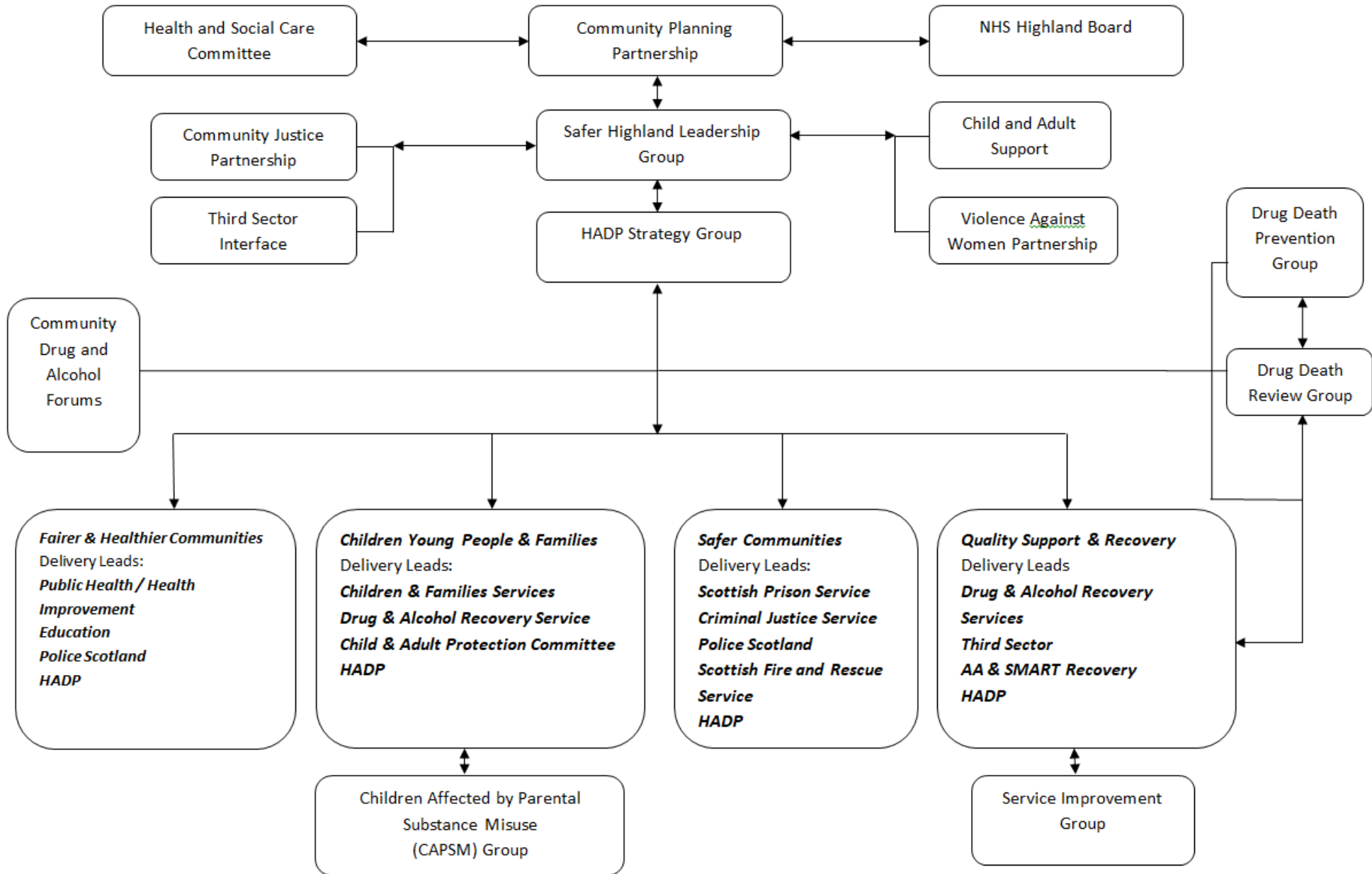
Justice sector agencies (CJSW, SPS, 3rd sector, e.g. Apex Scotland and Action for Children) participating in the Recovery Walks

7.7 Key Actions 2020 – 2023

A Public Health Approach in Justice			
Outcome - Vulnerable people are diverted from the justice system wherever possible, and those within justice settings are fully supported to improve health and wellbeing and access positive opportunities			
Action <i> and ** See page 30.</i>		Timing	**Responsibility
<i>We will work in partnership to intervene early and provide seamless support to people in contact with the justice system</i>			
J1	Collaborate with the Community Justice Partnership (CJP) to increase intervention at the earliest point in the community justice pathway, e.g. through increased use of diversionary measures	2022	CJP/RS/Police
J2	Continue to offer specific programmes, to enhance the outcomes for young people and women through DTTO 2 and the Woman's Programme	2023	CJP
	Expand and embed the use of structured deferred sentences across Highland	2023	CJP
R2	Ensure joint workforce development opportunities are available that support local recovery-oriented systems of care	2022	CJP/RS/HADP
<i>We will continue a programme of work to strengthen recovery services within HMP Inverness and linked support in community settings</i>			
R4	Support investment in mutual aid and peer networks that enable linked support in prison and community settings	2022	CJP/HMP/RS/HADP
R2	Strengthen links to community services that provide practical support and continuity of care to individuals in prison and their families	2023	CJP/HMP/RS/HADP
	Ensure all short-term people in the care of the prison leaving HMP Inverness have a plan for community integration and are linked into community-based support services pre- and post-release	2022	CJP/HMP/RS/HADP
	Explore further opportunities to engage the hardest to reach and those on remand in; harm reduction and treatment, psychosocial support, mutual aid and voluntary Through care	2022	CJP/HMP/RS/HADP
	Encourage uptake of Naloxone Kits by those in the care of the prison in preparation for release	2023	RS/HMP
<i>We will divert vulnerable people into treatment/support services and deliver strategies to tackle Serious and Organised Crime</i>			
J3	Support the work of Police Scotland and the Crown Office to ensure that those groups involved in drug dealing or distribution are effectively targeted for prosecution	2022	Police
J1	Support initiatives along the community justice pathway that; reduce harm and offending, preserve life and divert vulnerable people and victims of county lines, cuckooing and exploitation into support services/local recovery networks and treatment	2023	CJP/HMP/RS/HADP
J3	Support the work of Police Scotland to roll out local drink and drug driving campaigns and operations	2021	Police
R2	Continue to share local and national intelligence on drug trends and strengthen data collection, analysis and responses to cross cutting public protection issues	2023	RS/HADP

P3	Reduce the availability of alcohol through continued support for the licensing overprovision statement and roll out initiatives such as test purchasing and Operation Respect to address anti-social behaviour in city centres	2023	PH/HADP
Measures right	No. and % of women and young people supported through DTTO2, No. of women supported through the Woman's Programme, % of Individuals concerned about alcohol or drug use on release from prison, % of Individuals receiving help/treatment for alcohol or drug use while in prison, % of individuals receiving help/treatment for alcohol or drug use while in prison, % of individuals using illegal drugs in the last month while in prison, No. of people in the care of the prison receiving Naloxone on release		

8. HADP Structure



Glossary

The Highland Alcohol and Drug Partnership website hosts an extensive glossary. The link is below if you wish to use it to look up meanings and definitions as you read this strategy.

<https://www.highland-adp.org.uk/glossary?term=glossary>

***Explanation for the key used in the action tables:-**

Column 1: letters/numbers the following Key Actions.

P,C,J,R are all outcomes in Rights, Respect and Recovery (2019)¹⁸

P = Fewer people develop problem drug use; R = people access and benefit from effective, integrated person-centred support to achieve their recovery; C = children and families affected by alcohol and drug use will be safe, healthy, included and supported; J = vulnerable people are diverted from the justice system wherever possible, and those within justice settings are fully supported.

Column 3 : expected completion date.

** Column 4 = lead agency/organisations: AfC = Action for Children; CJP = Criminal Justice Partnership; CAMBS = Child and Adolescence Mental Health Services; Educ = Education and Learning ,Highland Council; HI = Health Improvement, Public Health, NHS Highland; HF = Highland Council Housing First; HADP = Highland Alcohol and Drug Partnership (multiple partners involved); HMP = HMP Inverness; MAT = Maternity Services NHS Highland; JC = Job Centre; PH = Public Health, NHS Highland; RS = Drug and Alcohol Recovery Services, NHS Highland; Police = Police Scotland.

References

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- ² Scottish Government (2018) *Rights Respect and Recovery* Available at <https://www.gov.scot/publications/rights-respect-recovery/>
- ³ Scottish Government *Alcohol Framework (2018)* Available at <https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/>
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- ⁶ Public Health Scotland Accessed 21.10.2020 <https://www.publichealthscotland.scot/>
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- ¹³ ICSRA (1999) *Plant Youth Icelandic Model* Available at <https://planetyouth.org/>
- ¹⁴ Scottish Government (2014) *The Quality Principles: Standard expectations of care and support in drug and alcohol services* Available at <https://www.gov.scot/publications/quality-principles-standard-expectations-care-support-drug-alcohol-services/>
- ¹⁵ Scottish Government (2014) *The Quality Principles: Standard expectations of care and support in drug and alcohol services* Available at <https://www.gov.scot/publications/quality-principles-standard-expectations-care-support-drug-alcohol-services/>
- ¹⁶ Health Protection Scotland (2019) *Hepatitis C Elimination Strategy* Available at <https://hps-beta.azurewebsites.net/web-resources-container/hepatitis-c-elimination-in-scotland>

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