

# Alcohol Drugs Partnership Strategic Plan

action on  
**drugs+alcohol**  
BORDERS

2024 - 2027

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## Foreword

This strategy takes account of the progress since the publication of our last Alcohol and Drugs Partnership (ADP) Strategic Plan and outlines the priorities for the coming three years. This progress has been made through considerable and collective efforts of not just the ADP and alcohol and drugs services but through strengthening partnerships and the commitment and ambition of local recovery activists.

There has been a national focus over the previous three years to respond to Scotland's Public Health Emergency of drug related deaths which has led to additional funding and service improvement. Borders ADP welcomes the Ministerial role for Drugs and Alcohol Policy which we hope will bring a step change to the need to address Scotland's relationship with alcohol and recognises that most of the harm from substances is from smoking and the large proportion of our population consuming alcohol above the low-risk guidelines and not from addiction, dependency or illegal drug use. Alcohol harms impact not only on individuals but also children and family members, friends, co-workers and wider community.

Drug use is treated as a health condition in Scotland and therefore the public health approach moves away from criminalising individuals and focusses on how to help people access treatment and harm reduction. However, people still experience stigma in our communities and services. Borders ADP is committed to reducing this stigma in all areas of our work.

I would like to thank everyone who have contributed to the progress we have made in Borders and in particular to the people with lived and living experience and staff in our commissioned services.

**Dr Sohail Bhatti**

**Chair of Borders ADP, Director of Public Health NHS Borders**

## Introduction

The Scottish Borders Alcohol & Drugs Partnership (ADP) is a strategic partnership tasked with delivering a reduction in the level of drug and alcohol related problems amongst young people and adults in the Borders, and reducing the harmful impact on families and communities. We are committed to working with the Scottish Government, colleagues, people with lived experience, family members and local communities to tackle the problems arising from substance use.

The Scottish Government funds the work of the ADP. Funding streams are aligned to national areas of priority. Additional funding and 'in kind' support is made available to the ADP for service delivery from Borders Health and Social Care Partnership, NHS Borders and Scottish Borders Council.

In line with the national strategies our Strategic Plan is aligned to the chapter headings in Rights, Respect and Recovery<sup>i</sup> and the Alcohol Framework<sup>ii</sup> as follows:

- Prevention and Early Intervention
- Developing Recovery Orientated Systems of Care
- Getting it right for children, young people and families
- Public Health Approach in Justice
- A reduction in the affordability, availability and attractiveness of alcohol

## ADP Board membership

The ADP is made up of representatives from the following organisations:

- NHS Borders (Public Health, Mental Health, NHS Borders Addiction Service)
- Scottish Borders Council (Elected Member, Social Work, Safer Communities Team)
- Police Scotland
- Drug & Alcohol Third Sector organisations

The ADP is currently chaired by the Director of Public Health for NHS Borders.

The Vice Chair is the Director of Social Work and Practice in the Scottish Borders Council. The ADP Board is assisted in their work by the ADP Support Team which consists of a Strategic Lead, Coordinator, Health Improvement Specialist and Project Officer.

## Policy Context

Scotland's six Public Health priorities were published in 2018 with the ultimate aim of improving the health of the population and reducing health inequalities across Scotland. Priority 4 is 'A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs'.

This Strategic Plan is underpinned by the national alcohol and drugs strategy Rights, Respect and Recovery and the Alcohol Framework which set out a series of national outcomes and priorities to reduce risk and harm from alcohol and drugs.

This Plan also responds to the National Mission on Drugs<sup>iii</sup> and implementation of Medication Assisted Treatment (MAT) Standards<sup>iv</sup> which have specific implications for service delivery.

The Partnership Delivery Framework<sup>v</sup> set out how we should work as a partnership to implement this strategic plan and ensure adequate alignment with other relevant strategic plans and partnership including Community Justice, Children's Planning Partnership, Community Planning Partnership and the Health and Social Care Partnership.

## Rights, Respect and Recovery

Rights, Respect and Recovery is Scotland's national strategy for alcohol and drugs. The five priorities which underpin both Rights, Respect and Recovery and the Alcohol Framework as follows:

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

## National Mission

Rights, Respect and Recovery is supplemented by the new National Mission created in January 2021 to reduce drug-related deaths and harms. The five key priorities for ADPs are:

- Fast and appropriate access to treatment;
- Access to residential rehabilitation;
- Increased capacity of front-line organisations;
- A more joined up approach providing proactive support following a non-fatal overdose
- Overcoming the barriers to introducing overdose prevention facilities (national action)

The National Mission was supported with £50 million per annum for the next five years with a significant proportion of this additional funding being provided to ADPs. The Scottish Government published the National Mission Plan (2022 – 2026) on the 9<sup>th</sup> of August 2022, which set out how this will be implemented for the duration of the parliament.

The first year of the National Mission was about setting the direction for change, rolling out MAT Standards and establishing a new drug treatment target.

Funding was awarded in 2021-2022 to local areas to deliver and improve in the following areas:

- Residential Rehab national priorities and reporting
- National Mission priorities
- Whole Family Approach
- Outreach
- Near-fatal overdose pathways
- Lived and living experience panels
- Buprenorphine (one year only)

In addition non-recurring awards were made to support evidenced based strategies to reduce drug related deaths and additional capacity/response to the National Mission. Appendix One outlines the funding allocated to Borders ADP.

## Medication Assisted Treatment (MAT) Standards

MAT is the provision of opiate substitute treatment alongside psychological support. Optimising the use of MAT will ensure that people have immediate access to the treatment they need with a range of options and the right to make informed choices.

The MAT standards enshrine a rights-based approach to immediate, person-centred treatment for problem drug use, linked to primary care, mental health and other support services. There are ten Standards in total of which the first five were to be fully embedded by April 2022. Borders was the only area in Scotland to fully meet this requirement.

A national MAT implementation Support Team (MIST) was created and led by Public Health Scotland to support local areas in implementing the standards.

Progress on MAT implementation across Scotland by each area for 2022-23 can be accessed [here](#). At time of writing this Strategy, ADPs are gathering evidence for reporting on MAT implementation for 2023-24.

## Cross Government Approach to Changing Lives

Scottish Government responded to the final Drug Death Task Force Report Changing Lives by publishing a cross government action plan in January 2023 outlining a range of areas to support changes required from employment programmes, justice, transport, education and across health and social care.

The plan sets out 80 actions including existing and new initiatives. Areas of specific interest for ADPs are:

- Stabilisation and crisis care
- Specific populations
- Leadership and accountability
- National specification
- Standards, guidance and inspection

## Local Delivery Plan Standards

Local Delivery Plans are part of the NHS Scotland performance framework. Within this plan are two standards which ADPs must report on:

- Drug and Alcohol Treatment Waiting Times: Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. Nobody will wait longer than 6 weeks to receive appropriate treatment.
- Alcohol Brief Interventions: The target delivery of ABIs is 1312 per annum. These should be split as follows: 80% priority settings (A/E, Primary Care, Antenatal) and 20% wider settings.

## National Developments

Since the publication of our last Strategic Plan the following national developments and publications which impact on the work of ADPs. The table below presents a timeline of some key developments. The developments are identified as Publications (Pub); Consultations (Con) and Other:

Date/Year	Area/Title	Pub	Con	Other
Feb 20	The Promise	X		
Jun 20	Lord Advocate's guidelines in relation to the supply of naloxone during the COVID-19/Coronavirus pandemic <sup>vii</sup>			X
Jan 21	National Drugs Mission established			X
May 21	Medication- Assisted Treatment (MAT) Standards	X		
Aug 21	National Care Service for Scotland Consultation		X	
Oct 21	Injecting Equipment Provision in Scotland, Good practice guidance <sup>viii</sup>	X		
Nov 21	Good Practice Guide for pathways into, through and out of Residential Rehabilitation in Scotland <sup>ix</sup>	X		
Dec 21	Framework for Holistic Whole Family Approaches and Family Inclusive Practices for families affected by alcohol and drugs <sup>x</sup>	X		
Jul 22	Changing Lives: final report from Drug Death Task Force <sup>xi</sup>	X		
Aug 22	National Drugs Mission Plan: 2022-26	X		
Sep 22	Ending the Exclusion <sup>xii</sup>	X		
Nov 22	Restricting alcohol advertising and promotion		X	
Jun 23	Evaluating the impact of minimum unit pricing for alcohol in Scotland: A synthesis of the evidence <sup>xiii</sup>	X		
Jun 23	Cancer Strategy 2023 – 2033 <sup>xiv</sup>	X		



Jun 23 – Oct 23	Consultation: Human Rights Bill for Scotland		X	
Aug 23	National Mission Evaluation – Frontline staff survey			X
Nov 23	Restricting alcohol advertising and promotion: Analysis of responses <sup>xv</sup>	X		
Sep 23 – Nov 23	Consultation on Minimum Unit Pricing – continuation and future pricing		X	
Oct 23 – Dec 23	Consultation on UK Clinical Guidelines for Alcohol Treatment		X	
Dec 23 – Jun 24	Consultation: Draft Charter of Rights – National Collaborative		X	
Feb 24	Evaluation of the Scottish Government Residential Rehabilitation programme <sup>xvi</sup>	X		
Apr 24	National Mission Evaluation – ADP Coordinator Survey			X

## Alcohol and Drugs in the Borders

The following indicators provide an overview of alcohol and drug use in the Borders:

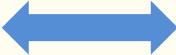

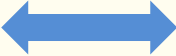



### Alcohol

- The number of young people drinking alcohol has reduced both nationally and locally. In Scottish Borders 53% of S4 pupils reported ever having an alcoholic drink in 2022<sup>xvii</sup> compared with 63% in 2021<sup>xviii</sup>.
- 1 in 4 adults are drinking to hazardous/harmful levels (24% in 2018-2022 equivalent to 2017-2021).<sup>xix</sup> The Scottish average is 23%.
  - The proportion of males drinking to hazardous/harmful levels is 35% (31% in Scotland)
  - The proportion of females drinking to hazardous/harmful levels is 14% (15% in Scotland).
- The rate of alcohol related general acute hospital stays in Borders is at its lowest since 1997/99 at 280 per 100,000 population in 2022/23 and well below the Scottish average of 532.<sup>xx</sup>
- The rate of alcoholic liver disease has increased to 80.1 per 100,000 (2022/23) compared with 69.9 in previous year.<sup>xxi</sup>
- The rate of alcohol specific deaths has remained stable since 2018 (13.6 per 100,000 2019– 2023) and well below the Scottish average (21.5). The actual number of registered alcohol specific deaths was 94 between 2019 to 2023<sup>xxii</sup>
- In addition, in 2022, 1,276 people in Scotland died from alcohol-specific causes, a 2% increase from 2021 and the highest number of annual deaths recorded since 2008.

## Drugs

- The number of S4 pupils who report using drugs in last year has reduced (9% in 2022 in comparison to 20% in 2018)<sup>xxii</sup>
- The estimated number of people with opioid dependence in Scotland was 47,100 (1.32% of 15-64yr olds) in 2019/20<sup>xxiii</sup>. This number has remained relatively stable since 2014/15. This data has not been updated for smaller Board areas. In NHS Borders the estimated prevalence\* was approximately 0.7% of the population in comparison to a national average of 1.6% in 2015/16. The number of individuals in Scottish Borders with problem drug use was estimated to be in the range of 450 – 600. \*This data is estimated based on proxy indicators (numbers of people in alcohol and drug services, criminal justice data and hospital admissions) therefore may not directly relate to individuals and carry a degree of uncertainty. In addition, due to the methodology there is a significant time lag in reporting from this study to reflect any more recent changes.
- The rate of drug related general hospital stays per 100,000 population has reduced in the previous three years (81.6 in 2021/22 in comparison to 169.2 in 2019/20) and well below the Scottish average of 203.8 in 2021/22.<sup>xxiv</sup>
- The rate of drug related psychiatric hospital stays per 100,000 population has also reduced in the previous three years (28.6 in 2021/22 in comparison to 39.43) and is more in line with the national average of 31.1 for 2021/22.
- The rate of drug related deaths per 100,000 population has increased over time from 14.7 2015/19 to 15.5 2019/23 and below the Scottish rate of 23.6.

## Summary

Indicator	Borders	Scotland	Comparison to previous data
<b>Drinking to hazardous/harmful levels</b> 2018-2022	24%	23%	
<b>Alcohol related hospital stays</b> 2021 - 2022 (rate per 1000 pop)	280	532	
<b>Alcohol Specific Deaths</b> 2019 - 2023 (5 yr average rate per 100,000 pop)	13.6	21.5	
<b>Drug related hospital stays</b> 2020 - 2021 (rate per 100,000 pop)	81.6	203.8	
<b>Drug related psychiatric hospital stays</b> 2020 - 2021 (rate per 100,000 pop)	28.6	31.1	
<b>Drug Related Deaths</b> 2019-23 (5 yr average rate per 100,000 pop) National Records of Scotland	15.5	23.6	

## Update on areas for improvement identified in the previous Strategic Plan

This section provides a short update on progress in relation to the areas for improvement identified in the previous Strategic Plan:

- Involvement of lived and living experience in planning of services
- Further development of recovery communities
- Stigma
- Alcohol pathways
- Co-morbidity with mental health and long-term conditions
- Strategic partnerships

### Involvement of lived and living experience in planning of services.

The Lived Experience Forum has been meeting regularly since 2020 and has supported the ADP through, for example, service evaluation, residential rehabilitation pathway development, alcohol marketing consultation and trauma walkthrough events.

Members of the Forum are representatives on the ADP to support two-way information sharing. Members are also participating in MAT working groups and in the collection of experiential evidence for MAT reporting.

The Forum participated in training in 2023 provided by Scottish Recovery Consortium and updated their Terms of Reference as part of its development.

Borders Engagement Group (BEG) is funded through Scottish Government funding and led by Scottish Drugs Forum (SDF). Co-facilitated by SDF and local staff with lived experience, the Group is an opportunity for people currently using substances who may face barriers to accessing services and allows people to raise concerns about their experiences of services. It is also a space for people to build skills, for example, the group has participated in naloxone training.

A multi-agency BEG Management Group has been convened to enable ADP Support Team and colleagues to escalate and/or resolve concerns raised.

Through both of these groups the ADP can be more confident that the experience and expertise of people with lived and living experience is influencing our planning and delivery.

### **Further development of recovery communities**

Recovery Coaching Scotland is an independent organisation working across Scotland to deliver peer led Recovery Coaching programmes in prisons and recovery communities. This organisation hosts the local recovery community 'Borders in Recovery' which have grown substantially over the lifetime of the previous strategy. Recovery Cafes are now available every weekday across the Borders in addition to peer support Groups, SMART Recovery Groups and a Music Group.

Borders in Recovery has representation on the Lived Experience Forum and attend team meetings with key partners to develop collaborative working. Recovery Coaching Scotland have also offered placements for people participating in the Addiction Worker Training Programme by Scottish Drugs Forum and enabled local people in recovery to attend national recovery events held across Scotland.

These groups are all independent of the ADP but have been supported in kind through small, directed funding and sharing of information and learning. The ADP has recently agreed a recurring budget to support development of recovery capacity for Recovery Coaching Scotland and With You are funded to provide support via a Community Engagement Officer.

## Stigma

In 2020 alcohol and drug services completed a stigma self-assessment. The action plan developed in response to this noted the importance of ensuring the experience of people with lived experience could inform service delivery.

Services are now all committed to having staff in post with lived experience although there is no requirement for people to disclose this in their professional role.

In 2021 and 2022 all key agencies and partners have received dedicated mailings to highlight inclusive language. This has been supplemented by inclusion in an NHS Borders staff share, GP newsletter and updating of the ADP Website using materials adapted from NHS Highland and Scottish Government Campaign.

Feedback from the Lived Experience Forum and the Borders Engagement Group has included experience of stigma and this is followed up and shared with colleagues across services.

## Alcohol pathways

A review of the care pathway for people attending to hospital for whom alcohol is identified as a concern was delayed, initially due to the pandemic and more recently due to capacity of staff in Borders General Hospital (BGH) to engage.

The Substance Liaison Nurse role is a key asset in this work. During 2023-24 this role was able to provide training to medical and nursing staff.

Public Health Scotland have supported the ADP to carry out a review of alcohol specific deaths in 2021 and findings of this review will be shared with staff from the Emergency Dept and admitting wards in the BGH and wider support services to identify areas of improvement to support patients who attend hospital and alcohol is identified as a contributing factor to their attendance.

## Co-morbidity with mental health and long-term conditions – MAT 9

During the lifetime of the previous Borders Addiction Service secured additional psychiatry hours and are now in a position to offer a training post within the service.

As part of MAT Implementation an Advanced Nurse Practitioner role has been developed in BAS to support assertive outreach regarding mental health skills; work with We Are With You to support people who would not meet the criteria for BAS/Community Mental Health Team as well as joint working with people in Community Mental Health Team.

Additional funding was sourced to enable safety and stabilisation training for drug and alcohol services to support delivery of MAT 6. There is now regular coaching available for staff to support application of the training.

As part of the MAT assessment process, it was identified that the service would benefit from additional psychology hours and additional funding was allocated for this.

Ending the Exclusion Report identified key areas of interest for ADPs and a formal pathway for shared care is in development.

## Strategic partnerships

At the time of writing the existing Plan there was review of the Children and Young People's Leadership Group, since then there has been a further redesign of governance structures in relation to Children's Services Planning and The Promise. This will impact on future service delivery and planning for commissioning across children's services.

Scottish Government's expectation of ADP alignment with the Health and Social Care Partnership (HSCP) has increased since development of the National Mission and plans are in place to improve our routine and exception reporting to the HSCP.



## Response to the National Mission to Reduce Drugs Deaths – a Public Health Emergency

The National Mission to Reduce Drugs Deaths was established in 2021. This, alongside the publication of the MAT Standards and the Changing Lives reports, set significant expectations of improvement at a local level.

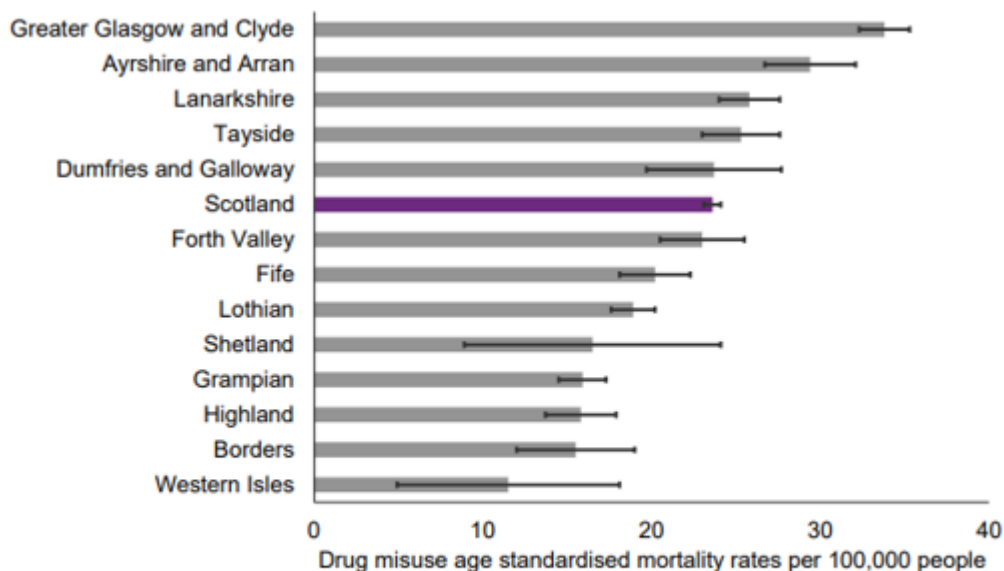
This section presents data relating to drugs deaths and summarises key areas of progress in response to these expectations.

### Data

In 2023 there were 1,172 drug deaths in Scotland which was an increase of 21 deaths compared with the previous year. This is the second lowest number of drug deaths since 2017.

The following chart presents rates of drug related deaths for each health board. Due to our small population, there is a wide confidence interval.

### Drug misuse deaths for selected NHS health board areas, age standardised death rates 2019 – 2023, National Records Scotland 2023

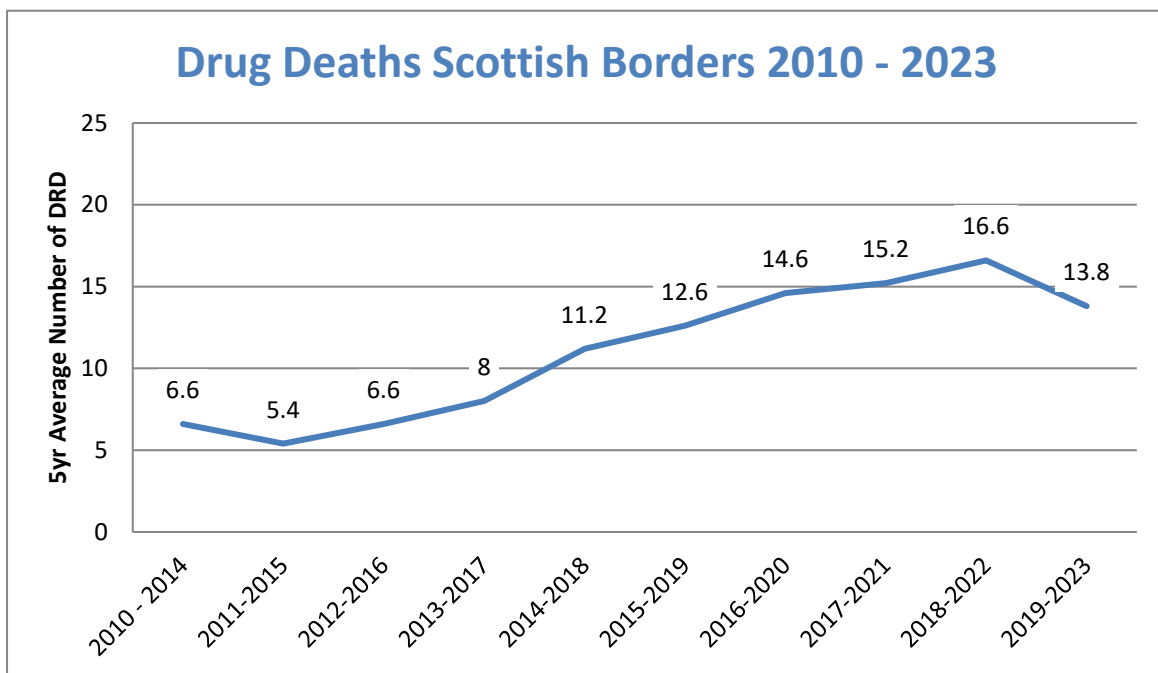


Note 1: Error bars represent 95% confidence intervals

Note 2: Orkney had fewer than 10 deaths, so no rates were calculated

For each person who dies from a drug related cause, there is a review of circumstances to identify any learning and promote best practice. Data from the reviews carried out in 2023 show 86% of individuals were known to use drugs and of those 57% were known to use drugs for over 5 years. Long-term drug use is recognised as a risk factor for drug related deaths.

Due to the small numbers involved in the Scottish Borders, caution should be taken when assessing any apparent trends. Using five-year averages provides a better indicator of trends. The diagram below shows an increasing trend of the number of deaths reviewed by the Drug Death Review Group with an average of 13.8 deaths in 2019 – 2023 from 6.6 in 2010 – 2014. In the most recent time period, the average number of deaths decreased for the first time in previous 10 years



### Fast and appropriate access to treatment

Drug and alcohol services in the Borders consistently met the Local Delivery Plan Standard of 90% of people starting treatment within three weeks. The table below provides a breakdown over the three reporting years.

Waiting Times			
Year	Total Assessed for Treatment	Started Treatment within 3 weeks	Percentage
2020-2021	496	492	99%
2021-2022	554	551	99%
2022-2023	358	358	100%

A 3 week wait from referral to treatment is no longer the benchmark by which access is judged. MAT Standard 1 sets expectations that people should receive a MAT prescription, where clinically appropriate, on the same day they present to service.

The most recent performance data shows that 62% of people are accessing MAT on the same day and 37% within seven days.

At the end of March 2023, there were 371 people in receipt of MAT equating to 72.7% of the estimated prevalence of people using opiates and benzodiazepines.

### Access to residential rehabilitation

In September 2022 we published an updated Residential Rehabilitation pathway to allow:

- Increased capacity of front-line organisations;
- A more joined up approach providing proactive support following a non-fatal overdose
- Overcoming the barriers to introducing overdose prevention facilities

### Increased capacity of front-line organisations

Funding provided by the National Mission and MAT implementation has led to the development of additional posts.

However, recruitment remains challenging across Borders and Scotland and it is also the case that the ability to recruit people with lived experience has been thwarted at times due to safeguarding policies in some services while NHS and Third Sector colleagues have had to re-advertise some key positions.

### A more joined up approach providing proactive support following a non-fatal overdose

A local non-fatal overdose (NFO) pathway has been in place since May 2021 and referrals are received from Scottish Ambulance Services; Police Scotland and the Emergency Department (ED) at the Borders General Hospital. Twice weekly multi-agency meetings are held to respond to new referrals and review actions arising from previous meetings. Referrals received between meetings are also reviewed and responded to by Borders Addiction Service.

If people are already in service they are contacted by their key worker. People who are not active clients of service are contacted by the assertive engagement team. If there is no response to telephone contact home visits are attempted and, where appropriate and with consent social media (e.g WhatsApp) is used or family and friends are asked to pass on a message.

In 2022-23 there were 124 referrals to the NFO pathway, 88% of whom were contacted within 48 hours of the referral. The NFO pathway has been received positively by people referred and staff.

Work is being in process to implement an electronic referral process from ED to Borders Addiction Service.

## Areas for Improvement

While the high-level outcome areas and aims are set through RR&R, we have identified gaps/areas for improvement which the ADP is required to address within this high-level Strategic Plan.

Over the period of the last Strategic Plan significant investment has increased staffing and developed services as described above. Some areas have progressed more quickly than others. In preparation for refreshing this Strategic Plan a progress report was developed which updated on work related to objectives in the previous strategy. This was presented to the ADP Board and a summary of key areas for improvement developed.

The ADP Board agreed an approach to refreshing the Strategic Plan through consultation on gaps/areas for improvement with key partners including people with lived experience. An updated presentation of the progress report was shared with and discussed with people with lived experience and wider stakeholders to help develop this refreshed Strategic Plan. A list of groups involved in this refresh is included in Appendix one. We have also completed an Equality and Human Rights Impact Assessment which has identified a number of recommendations and actions to support our Delivery Plan.

Based on this consultation work the following areas for improvement have been identified and shared by key stakeholders.

### Stigma

In our previous strategic plan, we outlined that stigma continues to be a concern for people affected by alcohol and drugs. Stigma can lead to prejudice and discrimination and prevent people with problems, and their families (including carers), from seeking help. It can also impact on the help provided. Based on our engagement to date this remains the case.

While there are now improved routes to raising concerns relating to stigma through the Lived Experience Forum and Borders Engagement Group there is significant work

to be done to raise awareness of people's experiences and, importantly, to take measure to reduce their incidence and develop an inclusive local system.

There is potential to engage support from the National Mission team to take forward local action on stigma with particular regards to women's experience.

### **Developing Recovery Orientated Systems of Care (ROSC)**

#### **o Alcohol related brain damage**

To date there is no formal agreed pathway within Borders to support people to identify, diagnose and provide appropriate care for people with ARBD. A fixed-term post has been funding by the ADP to help develop this pathway.

Success in this area will require strong partnership resources in relation to development, implementation and resourcing care pathways for people in this group.

This work is being progressed under the governance of the HSCP.

It is also the case that work is ongoing to improve alcohol pathways within the Borders General Hospital as reported above.

#### **o Co-morbid substance use and mental health concerns**

Ending the Exclusion notes that the relationship between mental health conditions and problem substance use is complex. For some people, problem substance use might lead to the emergence of a mental health condition. For others, the mental health condition might lead to the problem substance use as people use alcohol or drugs as a way of trying to cope with the distress of a mental health condition.

For some people, a traumatic event or period or an adverse childhood experience can lead to these difficulties.

While there has been progress within alcohol and drugs services in developing responses to expectations within MAT standards 6, 9 & 10 there is also ongoing work to develop pathways within mental health services.

This work is being progressed under the auspices of the Mental Health Board.

### ○ **Out of hours support**

People with lived experience have expressed a desire for out of hours support. The small size of our local alcohol and drug services and our geography makes this a challenge to deliver safely.

Borders Addiction Service are committed to ensuring that existing out of hours services (e.g. Crisis Team, ED) are equipped to deliver MAT informed care and this will be progressed during the lifetime of the strategy.

ADP has not yet undertaken an assessment in relation to what out of hours support is needed and what, if any are the implications of this. It is recommended that work is progressed to identify any potential way forward.

### ○ **Understanding our local system**

There is an expectation that ADPs take deliberate steps to further understand their local response for people in particular population groups, for example, women and young people.

The ADP is currently undertaking a review of alcohol related deaths with support from Public Health Scotland.

Further needs assessments/analysis will require additional support if they are to be progressed.

## Getting it right for children, young people and families

### ○ Children and Young People's Planning Structures

As was the case for our previous strategy at the time of writing the governance and structure for the local Children and Young People's Planning Partnership (CYPPP) is developing and ADP/Public Health representation within the network are not confirmed, however, there is an expectation of a confirmed relationship between ADP and CYPPP.

The new structures will also lead on commissioning of children and young people's services which include our local children and families service for families impacted by alcohol and drug use.

### ○ Children and risk-taking behaviours

Local intelligence has described changing patterns of risk-taking behaviours in relation to alcohol and drugs although this has not been reflected in some of the wider children and young people's surveys.

Children and young people told the ADP through the On the Streets report of the importance of credible information; relationships with trusted adults and routes to support for young people to reduce harm associated with their own alcohol and drug use.

Through our work to seek views on the Alcohol Marketing Consultation the ADP was also made aware of the impact of others use on the wellbeing of children and young people.

There is work to do for the ADP to ensure sufficient influence and resource to address these concerns.

## A Public Health Approach in Justice

The ADP and local Community Justice Board continue to be cross represented in each other's structures. We have done initial work in mapping the local approach to MAT standards in justice setting and await further guidance emerging from national directives.



## Crosscutting work

### ○ Responding to emerging drug trends

The ADP welcomes the development of RADAR early warning drugs surveillance system for Scotland as a quality assured resource to bring together national and local knowledge to share information and also to identify and respond to new and emerging harms. Borders ADP is represented within RADAR structures.

As well as responding to alerts and new information, however, staff and people in services are concerned about the best model of care for people who are experiencing non-opiate drug related harms through, for example, benzodiazepine use. A recent evidence review<sup>xxv</sup> outlined some of the key issues and challenges, in developing care pathways.

Addictions services are currently grappling with the ambition to provide individualised support while ensuring safety for people with benzodiazepine dependency and appropriate clinical interventions.

### ○ Staff Wellbeing

The impact of the Covid-19 pandemic on people's wellbeing is an ongoing concern. Staff in services have experienced increased demand in terms of numbers of people requiring support and also the complexity of people's needs in terms of wellbeing and financial support.

The ADP is sighted on the concerns of staff across statutory and third sector colleagues.

## Summary of gaps/areas for improvement

While this plan recognises the significant improvements that have been made since the publication of our previous plan, there are a number of areas in which the ADP will wish to make progress during the lifetime of this plan as follows:

- Stigma
- Alcohol related brain damage
- Co-morbidity – alcohol and drug use
- Foetal Alcohol Spectrum Disorder
- Out of hours support
- Support for specific populations (including LGBTQ+, women, neurodivergent people)
- Children's Planning
- Workforce: ability to respond to emerging drugs trends
- Staff Wellbeing

## Monitoring progress and next steps

The implementation of this Strategic Plan will be supported by an ADP Delivery Plan for 2024-27 which will set out key activities, indicators and timescales against each Areas for Improvement to address our strategic aims.

## Monitoring progress and performance

Progress will be monitored via the following mechanisms:

- Monthly reporting on alcohol and drugs service waiting times target
- Monthly reporting on ABI target
- Quarterly meetings of Lived Experience Forum
- Quarterly performance report to ADP Board, Lived Experience Forum and HSCP Joint Executive Team, Mental Health Access Board
- Quarterly financial report to the ADP Board, HSCP Strategic Planning Group and Scottish Government
- Quarterly returns on Residential Rehabilitation pathway uptake to Public Health Scotland
- Quarterly MAT Implementation Progress Report to Scottish Government
- A minimum of six-monthly contract monitoring meetings with commissioned services
- Bi-annual Alcohol Profile updates will collate local information relating to alcohol related harm
- Annual Reporting Survey to ADP Board, HSCP, NHS Borders and Scottish Government templates
- Annual Narrative Report to ADP Board, Lived Experience Forum, HSCP and NHS Borders
- Annual process, numerical and experiential data on MAT Implementation to Public Health Scotland
- Annual report on Drug Related Deaths and NFO Pathway to the Critical Services Oversight Group

## Next steps

Having developed an outline of strategic direction and areas for improvement the next steps for this draft Strategic Plan are to develop a Delivery Plan to address the areas for improvement:

- Develop the recommendations arising from the E&HRIA and Health and Social Care Partnership's Equality and Human Rights Outcomes into our Delivery Plan
- Review the findings from the public consultation being carried out by the Local Licensing Forum on the impact of alcohol on our community

## Conclusions

Locally there has been significant progress from our previous strategy, however, there are identified gaps areas for improvement requiring attention of ADP partners as outlined above.

The strategic approach outlined above will, through further engagement, inform our 2024-2027 Delivery Plans.

## Appendix One: Additional Funding Awarded

Funding and commissioning of appropriate responses was complex during this period as tranches of additional funding were released often late into the funding year leading to unavoidable accumulation of local ADP reserves.

Funding provided to Health Boards is for onward delegation to Integrated Joint Boards to be invested through ADPs. The table below provides a summary of the funding allocations for Borders ADP.

Funding Allocations	2022 - 2023	2023-2024
<b>NHS Board Baseline Contribution</b>	£1,102,061	£1,124,102
<b>MAT Standards</b>	£200,154	£200,154
<b>Taskforce Response Fund 22/23 &amp; Stabilisation Fund 23/24</b>	£26,688	£26,679
<b>NRAC Share 23/24</b>	2.15%	2.15%
<b>Additional PFG Uplift</b>	£365,500	£365,964
<b>Additional National Mission Uplift</b>	£236,500	£236,800
<b>Residential Rehab</b>	£107,500	£107,636
<b>Whole Family Approach Framework</b>	£75,250	£75,346
<b>Lived and Living Experience</b>	£10,750	£10,764
<b>Agenda for Change uplift on in-year allocations</b>	N/A	£134,000
<b>Total</b>	<b>£2,124,403</b>	<b>£2,281,445</b>

### Notes

All funding is distributed by NRAC with the exception of MAT Standards (Adjusted NRAC) and Stabilisation fund (based on prevalence of problem drug use).

## Appendix Two: Consultation and Engagement

Discussions to inform this Strategic Plan were held with the following groups:

- Lived Experience Forum (includes family members)
- Staff from alcohol and drugs services
- Staff from children's services
- Staff from adult social work services
- Staff from wider stakeholders (e.g. housing, justice)

This Strategic Plan has also been informed by the findings from the TD1 Youth Hub On the Streets Report, September 2022

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