Inverclyde Alliance

AGENDA ITEM NO: 9

Report To:	Inverclyde Alliance Board	Date:	16 March 2020
Report By:	Louise Long Corporate Director (Chief Officer) Inverclyde HSCP	Report No:	
Contact Officer:	Margaret McConnachie Alcohol & Drug Partnership Lead Officer	Contact No:	01475715360
Subject:	Alliance Drug Action Plan		

1.0 PURPOSE

1.1 The purpose of this report is to provide the Inverclyde Alliance Board with progress and actions taken since the Drug Action Planning workshops were held with Inverclyde Alliance in October 2019 and to remit the Strategic Implementation Group for Inequalities to continue to take forward and monitor the action plan.

1.2 The report also provides information from the Scottish Government's New Partnership Delivery Framework to Reduce the Use and Harm From Alcohol and Drugs. (2019) outlining the role for Community Planning Partnerships in delivering outcomes for families and communities impacted by harmful drug use.

2.0 SUMMARY

2.1 A presentation was delivered to Inverclyde Alliance on the 2018 published National Records for Scotland (NRS) data on drugs related harm in Inverclyde. Inverclyde has the highest drug misuse prevalence rate in Scotland including rates for both young men and young women (15-24) which are significantly higher than that of other local authorities in Scotland. In 2018, Inverclyde had the third highest drug-related death rate in Scotland - only Dundee City and Glasgow City had higher rates.

2.2 The presentation to the Alliance Board focused on the issues around drug related deaths, drug misuse prevalence and current partnership responses to meeting need and supporting prevention of drug misuse. Inverclyde Alcohol and Drug Partnership (ADP) has created a specific action plan on substance misuse, however, a whole system response is required in order to make a significant impact in this area.

2.3 The discussions from the Inverclyde Alliance workshop identified key action areas which would help to identify current strengths and gaps and actions for the services and organisations to take forward to meet the needs of individuals, families and communities impacted by harmful drug use in Inverclyde. Inverclyde's Outcomes Improvement Plan 2017 – 2022 places Inequalities as one of three strategic priorities and the prevalence of both alcohol and drug misuse is monitored and reported through the Inequalities Strategic Implementation Group.

2.4 In exploring responses to the complex issue of drug-related harm the Alliance Board acknowledged the cross-cutting nature of this problem and the need for multi-agency solutions and resources around:
- Leadership and Culture
- Intelligence and Resources

- Prevention and Intervention

2.5   The Inverclyde Alliance: Tackling Drug Related Harm in Inverclyde - Drug Action Planning 2020/21 attached as Appendix 1 of this report provides, details of good practice, the gaps in provision and the key actions to be taken forward.   This action plan forms the basis for reporting to Inverclyde Alliance Board as a mechanism for identifying further actions and to monitor progress towards achieving better outcomes.   The prevalence of alcohol and drug misuse is monitored and reported through the strategic priority theme of Inequalities within the Inverclyde's Outcomes Improvement Plan 2017 – 2022.

2.6   The main findings from the Inverclyde Alliance Board Tackling Drug Related Harm in Inverclyde - Drug Action Plan include: refresh the membership of the Alcohol and Drug Partnership, challenge the language and stigma used towards people who experience problems with drugs, conduct meaningful engagement with young people, service users, and families which should help agencies to understand what more needs to happen to educate, prevent and help people recover and provide more clarity and support for young people which is required by developing clear pathways into support. The full action plan is included at the end of this report as Appendix 1.

2.7   Across Scotland the Alcohol and Drug Partnerships were provided with a new delivery framework by Sottish Government – "Partnership Delivery Framework to Reduce the Use and Harm From Alcohol and Drugs" (2019) provides information on the role for Alcohol and Drug Partnerships (ADPs) to continue to lead the development and delivery of local comprehensive and evidence based strategies to deliver local outcomes. This also provides an emphasis on the role for community planning partnerships in delivering outcomes for families and communities impacted by harmful drug use.

3.0   RECOMMENDATIONS

3.1   It is recommended that the Alliance Board agrees:
- That there is a continued role to identify further actions to be taken forward to address drug related harm and in particular drug related deaths in Inverclyde which will be monitored and reported through the strategic implementation group for inequalities.
- That there is a role for Community Planning Partnerships in delivering outcomes for families and communities impacted by harmful drug use as outlined within the Scottish Government's New Partnership Delivery Framework to Reduce the Use and Harm From Alcohol and Drugs. (2019)

Louise Long
Chief Officer
Inverclyde HSCP

4.0   BACKGROUND

4.1   Inverclyde has the highest drug misuse prevalence rate in Scotland including rates for both young men and young women (15-24) which are significantly higher than that of other local authorities in Scotland. In 2018, Inverclyde had the third highest drug-related death rate in Scotland - only Dundee City and Glasgow City had higher rates. This includes: drug misuse prevalence, drug related deaths and drug related hospital admissions data. The drug treatment services in Inverclyde support a large number of people within specialist treatment services and in partnership with GP practices through the shared care programme of treatment and support. However, much harmful drug misuse is within hidden populations. Many people do not seek help and support and often face complex issues of poverty, unemployment, poor health including mental health and involvement with the criminal justice system. This impacts on individuals, children and families and the wider community.

4.2   Across Scotland the Alcohol and Drug Partnerships were provided with a new delivery framework by Sottish Government – "Partnership Delivery Framework to Reduce the Use and Harm From Alcohol and Drugs" (2019). This provides information on the role for Alcohol and Drug Partnerships (ADPs) to continue to lead the development and delivery of local comprehensive and evidence based strategies to deliver local outcomes.

4.3   The "Partnership Delivery Framework to Reduce the Use and Harm From Alcohol and Drugs" (2019) also provides an emphasis on the role for community planning partnerships in delivering outcomes. This is outlined within the following statements:

The new framework is designed to be consistent with, and to build directly upon:

- *"Statutory duties for Community Planning, built around a purpose that local public services work together and with community bodies to improve outcomes and tackle inequalities*
- *The Scottish Government and CoSLA undertake, and invite community planning partners, to operate within the terms of this framework.*

Community planning requires local public sector bodies to work together with community bodies, to improve outcomes on themes they determine are local priorities for collective action. Where reducing the use of and harms from alcohol and drugs feature in these priorities, local Community Planning partners should consider how co-operation with Alcohol and Drug Partnerships can support delivery."

4.4   Inverclyde's Outcomes Improvement Plan 2017 – 2022 places Inequalities as one of three strategic priorities and the prevalence of both alcohol and drug misuse is monitored and reported through the Inequalities Strategic Implementation Group.

4.5   The Inverclyde Alliance: Tackling Drug Related Harm in Inverclyde - Drug Action Planning 2020/21 provides an important step in supporting the delivery of better outcomes around drug related harm within the strategic priorities of the Inverclyde Outcome Improvement Plan.

5.0   THE FINDINGS

5.1   The main findings from the Inverclyde Alliance Board Tackling Drug Related Harm in Inverclyde - Drug Action Plan include refreshing the membership of the Alcohol and Drug Partnership, challenge the language and stigma used towards people who experience problems with drugs, conduct meaningful engagement with young people, service users, and families which should help agencies to understand what more needs to happen to educate, prevent and help people recover and provide more clarity and support for young people which is required by developing clear pathways into support. The full action plan is included at the end of this report as Appendix 1.

6.0 PROPOSALS

6.1 It is proposed that the Alliance Board takes forward the actions outlined in the Inverclyde Alliance: Tackling Drug Related Harm in Inverclyde - Drug Action Planning as a key priority within the strategic priority of Inequalities within the Inverclyde's Outcomes Improvement Plan 2017 – 2022.

6.2 It is proposed that the Strategic Implementation Group for Inequalities takes forward the changes required to review and monitor the actions within the Drug Action Plan 2020/21 and report developments and improvements which will support a partnership response to needs around harm from drug use and challenges to the Inverclyde Alliance Board.

7.0 IMPLICATIONS

7.1 Legal: None
    Finance: All partners are required to train staff on stigma
                                                from within own resource.
    Human Resources: None
    Equality and Diversity: None
    Repopulation: None
    Inequalities: None

8.0 CONSULTATIONS

8.1 NA

9.0 LIST OF BACKGROUND PAPERS

9.1 ADP - PARTNERSHIP DELIVERY FRAMEWORK TO REDUCE THE USE OF AND HARM FROM ALCOHOL AND DRUGS
    https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/

9.2 Inverclyde Alliance, Drug Action Planning Seminar, 7 October 2019

Outcome
Discussion at the All

Inverclyde Alliance: Tackling Drug Related Harm in Inverclyde - Drug Action Planning

A series of Drug Action Planning discussions and workshops held with Inverclyde Alliance partners in the latter part of 2019.

The first Drug Action Planning seminar was held in August 2019 at which Alliance partners were provided with the opportunity to outline the role their own agency plays in addressing drug related harm in Inverclyde. Community Planning Partners, including Housing, Police Scotland, Fire & Rescue, Health and Council came together to consider the services currently being provided, plans for the future and any gaps. It was clear from discussions that drugs issues impacted on all partners, and that there was collective willingness to work together to address the issues. Themes arose from the discussions and the need for more exploration was identified.

Table 1 reports key themes which emerged from the workshop and early action areas identified for further discussion from the first workshop :

Table 1	Actions for consideration
Theme: Leadership - Alcohol and Drugs Partnership - needs refreshed leadership at a suitable level to agree changes and drive improvement owned by all partners, service users, families and communities.	Refresh Alcohol Drug Partnership membership
Theme: Culture - **Challenge and eliminate stigma towards people who experience problems with drugs and their families.** **Language across partners, communities needs to change. People who experience problems with drugs, and their families are part of Inverclyde community - let's ensure they feel it.**	Eliminate Stigma Campaign Social Media Campaign
Theme:Intelligence - the data in services particularly around young people shows few young people with drug issues are engaging with services. **More consistent, robust reporting and gathering of information is required to monitor improvements.** **Meaningful engagement with young people, service users, and families should help agencies to understand what more needs to happen to educate, prevent and help people recover.**	Develop multi-agency collaboration (MAC) Explore data/reporting Consultation with young people Consultation service users, families
Theme: Prevention - A need to develop a shared approach to prevention. To ensure that we are delivering consistent messages.	Relationship with young people, Police Scotland, Fire & Rescue Consistent framework across agency on prevention/education Social Media Campaign

Table 1	Actions for consideration
Theme: Interventions - More clarity and support for young people is required by developing clear pathways into support. **The treatment services provide support to over 800 people who have problematic drug use. The quality of treatment services is good but more should be done to promote recovery. It was suggested a greater role for the 3rd sector in providing support to service users and their families. Clear support into employment has significant impact on person's ability to recover from problematic drug use.** **The Alcohol and Drugs framework ties to the employment agenda through increasing longevity of the population and ensuring more people are capable of being involved in economic activities through their lives.**	Pathway for young people into service Recovery Strategy including employability RSLs to explore and analysis the housing offers to those experiencing homelessness and using substance problematically
Resources -There was an acknowledgment that there is no addiction money. The seminar was able to identify that the majority of resources are directed at treatment or product of drugs. An agreement is needed across all partners to consider how we support prevention and recovery.	Police Scotland explore opportunity within schools Fire/Rescue support activities and join Multi- Disciplinary Collaborative HSCP develop recovery services, scope and request additional funding from IJB Education/CLD consistent prevention strategy

A further workshop took place in October 2019 at which partners were able to explore the following themes identified at the earlier seminar with a view to further identifying and developing key actions to be taken forward by partners. Discussions were focused around the key themes of:

- Leadership and culture
- Intelligence and Resources
- Prevention and Intervention
-

Discussions focused on:

- What are we doing well?
- Identifying Gaps and
- What could we be doing differently?

There were a large number of comments recorded across the discussion areas and these are summarised in the table below. A full list of comments is provided at Appendix 1a of this document.

What are we doing well?	Identifying Gaps	What could we be doing differently
Strong Communities	Supply side data (drugs)	Tackling the supply of drugs
Enforcement - targeting source of drugs		
Established a recovery community	Intelligence data : Overcoming data sharing issues, making better use of data	Looking at supporting communities at the micro level - targeting support
Collaborative working across partners with good communication	Making better use of data	
Already have a prevention programme of education around drugs in schools	Personal data :Information sharing and referral for support across agencies	More focus on prevention rather than treatment
Have established partnership relationships across Alliance partners	Better signposting for access to services	Provide a mechanism for the community to express any concerns they have around drugs
	Meeting needs of those who are arrested	Provide wider employability options for those in recovery
	Learning from lived experience	Right support at the right time: more flexibility in accessing services –including role across agencies in referring (e.g. Housing providers/Police)
	Addressing role of deprivation, trauma, parenting and need to build resilience	Need for community hubs
	Addressing Drug Related Deaths	Ensure access to welfare support
	Need for early intervention; including being able to capture people who present across parts of the system	
	Understanding housing allocation	

7

Key actions identified from the discussions are noted in the Drug Action Plan

Drug Action Plan 2020/2021

	Thematic Area	Action	Lead Partner (Named Person)	Time Frame	Progress Narrative	Progress (RAG)
1.	**Leadership and Culture**	1.1 All Alliance partners to be provided with World Health Organisation Language Matters Guidance. 1.2 Programme for this guidance to be adopted across partner agencies. https://nadaweb.azurewebsites.net/resources/language-matters/	ADP Margaret McConnachie	March 2019 2020/21	Guidance prepared disseminated across ADP partners. Wider dissemination is programmed. Training	A
		1.3 Tackling Stigma training programme to be developed ensuring access across all alliance partnership agency staff groups.	ADP (Margaret McConnachie)	January – June 2020	Scottish Drugs Forum Stigma awareness programme.	G
		1.4 Social media campaign around tackling stigma.	ADP (Margaret McConnachie) Your Voice (Alice Paul)	By July 2020	To be commenced	R
		1.5 ADP membership to be reviewed to reflect correct representation across partner agencies and seniority of staff attending.	Louise long (ADP Chair)	March 2020	New Terms of reference for ADP Committee were tabled at December 2019 Committee. Amendments will be tabled for final approval at February 2020 ADP Committee.	A

8

	Thematic Area	Action	Lead Partner (Named Person)	Time Frame	Progress Narrative	Progress (RAG)
2.	**Intelligence and Resources**	2.1 Establish Pathways to Services for Young People. - Consultation across partner services to be undertaken to establish current pathways to services for young people and identify gaps. - Pathway to be developed.	TBC	February 2020 March 2020	Multiagency grouping has been established and consultation carried out across partner agencies around/demand/pathway and access to drug and alcohol services for young people (<18 years of age). Pathway is being developed in response to consultation.	G G
		2.2 Establish a Joint Approach to Drug Related Death Prevention Strategy: - establish a multi-agency grouping to consider partnership awareness and actions required to prevent drug related deaths. - Revised Drug Death prevention plan will be developed.	TBC	April 2020 May 2020	ADP Executive group partners will take forward review of Drug Death Prevention Plan in line with Scottish government recommendations from "Staying Alive in Scotland "National strategy. And Drug Death Taskforce recommendations –which are not yet available.	G A
		2.3 Provide information about drugs to parents to help them support young people. - consultation with parents via Parent's council - Survey of parent council member - Facebook page for parents to be reviewed in response to consultation. -Development of social media in response to consultation.	Ruth Binks (Education Services)	February 2020 March 2020 May 2020	Parent Council Chairs meeting consulted and survey carried out completed by February 2020. Parents Face book page to include drug and alcohol information in March 2020. In line with national campaigns.	G A

	Thematic Area	Action	Lead Partner (Named Person)	Time Frame	Progress Narrative	Progress (RAG)
		2.4 Programme to reduce supply of drugs in our communities. Police Scotland Interventions in Schools Project will be launched in School in February 2020 ;to improve intelligence: - Fearless will be implemented in schools to support better intelligence	Debbie Reilly (Police Scotland)	February 2020	Project will be launched in February	G
		2.5 Police Scotland Improving intelligence from community around drugs; - Crime stoppers Campaign: Widespread media campaign.	Debbie Reilly (Police Scotland)	March	Campaign is under development having identified key areas of focus for this work	A
3.	**Prevention and Intervention**	3.1 Bid to CORRA foundation to provide early intervention around substance and young people.	Ruth Binks (Education Services)	December 2019	Decision on funding award will be made March 2019	G
		3.2 Distress Brief Interventions Training Across Partners	Emma Cummings HSCP	2020	To be commissioned	A
		3.3 Improving Recovery Opportunities: Commissioning of Recovery focused services as part of Recovery Service Review – this will be test of change. - HSCP to Commission peer volunteer project to support engagement in services and recovery - HSCP to Commission Recovery Development post - HSCP to Commission peer led post to support meaningful activity, education and employability.	Andrina Hunter	April 2020	Alcohol and Drug Recovery Service Review has identified need for r commissioned recovery capacity across Inverclyde . With a focus on peer led work in line with national strategy. This will be test of change work via NHs "Quick Quote "processes. Services will be reviewed once evaluated for longer term tender.	A
		3.4 Provide Family Support Services	Andrina Hunter	April 2020	Review of Family support services was carried out in 2019. Recommendations form this review has led to commissioning for family	A

	Thematic Area	Action	Lead Partner (Named Person)	Time Frame	Progress Narrative	Progress (RAG)
					support services. This will be test of change work via NHs "Quick Quote "processes. Services will be reviewed once evaluated for longer term tender.	
		3.5 Widening Access to Services : - Services available 7 days per week and outwith 9-5 hours - Services delivered outwith specialist treatment centre –liaison at GP practice Pilot . - Extend options for delivery of detox services in people's homes.	Andrina Hunter	2020/21	Funding was secured from CORRA foundation and HSCP Transformation fund to widen access to services. Project is being implemented in 2020.	G
		3.6 Review of prevention and education will be undertaken as part of the Addictions Service Review. Consultant will be commissioned by ADP to provide framework for future delivery model.	Ruth Binks (Education Services)	Terms of Review agreed with consultant January 2020. Draft Report April 2020	Outline programme of work has been established and agreed with consultant. Time frame for delivery agreed as draft report in April 2020.	A

Appendix 1a Full list of Comments from Alliance Workshop held October 2019

Theme Discussed	What are we doing well?	Are there any gaps?	What could we do differently?
Leadership and Culture	Enforcement – targeting sources of drugs. Information, intelligence, supply chain, national/local units/functions. Collaborative working Good schools, Good Communities SU, Carer Communities Involved Looking at Problems Recovery Café The input into Sport Culture Awareness Raising in Schools Correction Dundee – Inverclyde Treatment Centric. Prevention Naloxone Training Schools Resilience People work in Communities together.	Offenders get arrested/charged. What about their wellbeing Difficult Conversations Deprivation, trauma, parenting, resilience. Drug Deaths	Relationships – Build these and improve Communication with Communities Increase Funding Reduce Availability Support Criminalisation Availability of drugs is excessive Welfare Support Micro Communities – Pick on area/localities. 18 -24 years – 86 young people Change Culture
Intelligence and Resources	What Do We Know? How can we use the Data Better? How Do we Ensure the Right Service at the Right Time Don't Get Data Consistently at the Moment	Supply Side of Data GDPR - Share Data Legislation to Share Information 15 – 24 years – Getting into Treatment Programme Stops at 18 years Understand the Why? Use Resources to Best Effect. Could Resources be focused at Earlier Stage? How can we Interpret Data better Arrests vs Availability – Police Finding People with Drugs. No Value Seizures Use Intelligence. More Targeted Interventions	Build Capacity Prevention Focus CLD – School Service Relationships, Drug Education Provide opportunities to move on Promote belief to recovery Widening Access to Employment and recovery Quality jobs. Methadone. Recruit jobs CVS Community Capacity Builders Straight and Arrow – look at this initiative Track back when engagement/ Diversion RCH – Good News Story – someone in recovery

Theme Discussed	What are we doing well?	Are there any gaps?	What could we do differently?
		Interrogate Specific Case Studies of Drug Deaths and Process Intelligence Gap – Focus on the 86 People and Find Out What Would Have Made a Difference Link to Mental Health Issues Don't have Good Information or Credible Information – Education on Drugs. Drugs People to Share their Concerns Not Capturing All Information into One Place or to Bringing it Together Assume that Information is Passed On – When Person is in System ie Hospital Accessibility Easy Use Resources to Best Effect. Safe Advice to People. Change in Culture. Why is Culture Different? Do We Have Data to Support this? How Do We Give "the right" Support at this time Maturity. Generational/Cultural. People Know Where/How to Access Drugs. Tolerance Level. Normalised Behaviour. Sign posting support GDPR – roles between services Skills – Jobs – employment Education to access signposting to services Do young people see a future/opportunities/alternatives/job/career	Focus on High Impact Cases and if not known with SDS. Help to Identify The at Risk and Lived Experiences Support and Treatment for Young People Anecdotal Information could also be used *Education* at Schools Hard Reduction Analysis. Predictive Type Model. Use existing data. ID more at risk and People Capture and Audit of Data around young people Explore employment opportunities Information Sharing Involvement with Lived experience Hosting community events (joints) Partnership Community Events – raise drug detox profile People with lived experience speaking to young people. Not offering enough support to young people. Risks within schools. Lived experience presentation/ Listening to learned experience Informal learning Listing to our community and young people
Prevention and Intervention	Work Well with Police Scotland Work well with Schools	Families (Contacts) Stability, Housing, Education, Routine, Hope Trauma informed practice Informed Choices Other Opportunities	Co-ordinated approach Building resilience with young people Community Hubs

Theme Discussed	What are we doing well?	Are there any gaps?	What could we do differently?
		Looking at what is underlying Young People's Needs – pulling together information Drug Prevalence 18-24 Information Understanding Why? (86 people) Predictive model – Identifying people at risk Drug – Police Data? Supply	

Inverclyde Alliance –
Drug Action Planning Seminar
7 October 2019

A report was submitted to Inverclyde Alliance Board on 7 October 2019 to provide with details of actions identified at the Inverclyde Alliance drug action planning seminar held on 19th August 2019 and to seek approval from the Alliance Board to take forward actions identified by partners at the drug action planning seminar.

Inverclyde has the highest drug misuse prevalence rate in Scotland including rates for both young men and young women (15-24) which are significantly higher than that of other local authorities in Scotland. In 2018, Inverclyde had the third highest drug related death rate in Scotland - only Dundee City and Glasgow City had higher rates.

The Inverclyde Alliance Drug Action Planning seminar provided the opportunity to find out more about the impact of drug use in Inverclyde and to learn from Alliance Partners about what work is currently being undertaken to address the impact of drug use in our communities, challenges faced and future plans to address the impact of drug use across Inverclyde. The key aim of the seminar was to provide a platform to support the identification of key actions required by partners and to support the development of a multiagency action plan to address needs and improve outcomes for individuals, families and communities impacted by drug use.

In addition to the Drug Action Planning seminar, the members of Inverclyde Alliance were provided with the opportunity to participate in a facilitated Café Style workshop discussing 3 Key Themes

Leadership and Culture   Louise Long /Alice Paul
Intelligence and Resources   Deborah Gillespie/Margaret McConnachie
Prevention and Intervention   Hugh Scott/Andrina Hunter

People were asked to move around 3 discussion groups spending 15 minutes at each table

Each group was prompted by the facilitator to discuss
• 	What are we doing well?
• 	Are there any gaps?
• 	What could we do differently?

Theme Discussed	What are we doing well?	Are there any gaps?	What could we do differently?
Leadership and Culture	Enforcement – targeting sources of drugs. Information, intelligence, supply chain, national/local units/functions. Collaborative working Good schools, Good Communities SU, Carer Communities Involved Looking at Problems Recovery Café The input into Sport Culture Awareness Raising in Schools Correction Dundee – Inverclyde Treatment Centric. Prevention Naloxone Training Schools Resilience People work in Communities together	Offenders get arrested/charged. What about their wellbeing Difficult Conversations Deprivation, trauma, parenting, resilience. Drug Deaths	Relationships – Build these and improve Communication with Communities Increase Funding Reduce Availability Support Criminalisation Availability of drugs is excessive Welfare Support Micro Communities – Pick on area/localities. 18 -24 years – 86 young people Change Culture
Intelligence and Resources	What Do We Know? How can we use the Data Better? How Do we Ensure the Right Service at the Right Time	Supply Side of Data	Build Capacity Prevention Focus CLD – School Service Relationships, Drug Education

	Don't Get Data Consistently at the Moment	GDPR - Share Data Legislation to Share Information	Provide opportunities to move on
		15 – 24 years – Getting into Treatment Programme	Promote belief to recovery
		Stops at 18 years	Widening Access to Employment and recovery
		Understand the Why? Use Resources to Best Effect. Could Resources be focused at Earlier Stage? How can we Interpret Data better	Quality jobs. Methadone. Recruit jobs
			CVS Community Capacity Builders
			Straight and Arrow – look at this initiative
		Arrests vs Availability – Police Finding People with Drugs. No Value Seizures Use Intelligence. More Targeted Interventions	Track back when engagement/ Diversion RCH – Good News Story – someone in recovery
		Interrogate Specific Case Studies of Drug Deaths and Process	Focus on High Impact Cases and if not known with SDS.
		Intelligence Gap – Focus on the 86 People and Find Out What Would Have Made a Difference	Help to Identify The at Risk and Lived Experiences
			Support and Treatment for Young People
		Link to Mental Health Issues	Anecdotal Information could also be used
		Don't have Good Information or Credible Information – Education on Drugs. Drugs	*Education* at Schools

		People to Share their Concerns	Hard Reduction Analysis. Predictive Type Model.
		Not Capturing All Information into One Place or to Bringing it Together	Use existing data.
		Assume that Information is Passed On – When Person is in System ie Hospital	ID more at risk and People
		Accessibility Easy	Capture and Audit of Data around young people
		Use Resources to Best Effect.	Explore employment opportunities
		Safe Advice to People. Change in Culture. Why is Culture Different? Do We Have Data to Support this?	Information Sharing
		How Do We Give "the right" Support at this time	Involvement with Lived experience Hosting community events (joints)
		Maturity.	Partnership Community Events – raise drug detox profile
		Generational/Cultural.	People with lived experience speaking to young people.
		People Know Where/How to Access Drugs. Tolerance Level. Normalised Behaviour. Sign posting support GDPR – roles between services Skills – Jobs – employment	Not offering enough support to young people.

Risks within schools. |
| | | Education to access signposting to services | Lived experience presentation/ Listening to learned experience Informal learning Listing to our community and young people |

		Do young people see a future/opportunities/alternatives/job/career	
Prevention and Intervention	Work Well with Police Scotland Work well with Schools	Families (Contacts) Stability, Housing, Education, Routine, Hope Trauma informed practice Informed Choices Other Opportunities Looking at what is underlying Young People's Needs – pulling together information Drug Prevalence 18-24 Information Understanding Why? (86 people) Predictive model – Identifying people at risk Drug – Police Data? Supply	Co-ordinated approach Building resilience with young people Community Hubs

- Shared Services/Collaboration
- Channel Shift/Modernisation – DAS
- FMS Review/Replacement
- Cloud Migration
- Welfare Reform
- Digital Strategy
- Digital Shared Opportunities

The participants of the workshop were also asked

"What one thing would you recommend that we could do now to stem the rise in Drug Related Deaths we are experiencing in Scotland?"

Seeing Drug Users as Victims of Organised Crimes

The UK is a great place to live and play. Build up Hope!

Campaign to raise the drug issues within the Community

Listen, Involve, and Include

Inverclyde Drug Action Planning Seminar - 19th August 2019

Community Planning Partners, including Housing, Police Scotland, Fire & Rescue, Health and Council came together to consider the services currently being provided, plans for the future and any gaps. It was clear from discussions that drugs issues impacted on all partners, and that there was collective willingness to work together to address the issues. Themes arose from the discussions and more exploration is required, however an initial action plan was developed:-

THEME	ACTIONS	RESPONSIBLE AGENCY	DATE/TIMESCALES
Leadership - Alcohol and Drugs Partnership - needs refreshed leadership at a suitable level to agree changes and drive improvement owned by all partners, service users, families and communities.	Refresh Alcohol Drug Partnership membership	All agencies Led ADP Chair	December 2019
Culture - **Challenge and eliminate stigma towards people who experience problems with drugs and their families.** **Language across partners, communities needs to change. People who experience problems with drugs, and their families are part of Inverclyde community - let's ensure they feel it.**	Eliminate Stigma Campaign Social Media Campaign	ADP / LL	September 2019 January 2020
Intelligence - the data in services particularly around young people shows few young people with drug issues are engaging with services. **More consistent, robust reporting and gathering of information is required to monitor improvements. Meaningful engagement with young people, service users, and families should help agencies to understand what**	Develop multi-agency collaboration (MAC) Explore data/reporting Consultation with young people Consultation service users, families	ADP/ LL ADP/LL Children Service – R Binks ADP	November 2019 February 2020 October 2019 November 2019

more needs to happen to educate, prevent and help people recover.			
Prevention - A need to develop a shared approach to prevention. To ensure that we are delivering consistent messages.	• Relationship with young people, Police Scotland, Fire & Rescue • Consistent framework across agency on prevention/education • Social Media Campaign	MAC ADP Children Service Planning ADP	 January 2020 January 2020
Interventions - More clarity and support for young people is required by developing clear pathways into support. The treatment services provide support to over 800 people who have problematic drug use. The quality of treatment services is good but more should be done to promote recovery. It was suggested a greater role for the 3rd sector in providing support to service users and their families. Clear support into employment has significant impact on person's ability to recover from problematic drug use. **The Alcohol and Drugs framework ties to the employment agenda through increasing longevity of the population and ensuring more people are capable of being involved in economic activities through their lives.**	• Pathway for young people into service • Recovery Strategy including employability/housing offer	Children Service Planning ADP	December 2020 February 2020
Resources -There was an acknowledgment that there is no addiction money. The seminar was able to identify that the majority of resources are directed at treatment or product of drugs. An agreement is needed across all partners to consider how we support prevention and recovery.	• Police Scotland explore opportunity within schools • Fire/Rescue support activities and join Multi- Disciplinary Collaborative • HSCP develop recovery services • Education/CLD consistent prevention strategy	ADP/Alliance	April 2020

Appendix 1 - Actual Comments from the October Workshop

1. LEADERSHIP	Culture - Language
Enforcement – targetting sources of drugs. Information, intelligence, supply chain, national/local units/functions. Collaborative.	What are we doing well? • Good schools, Good Communities • SU, Carer Communities Involved • Looking at Problems • Recovery Café • The input into Sport Culture • Awareness Raising in Schools • Correction Dundee – Inverclyde • Treatment Centric. Prevention • Naloxone Training • Schools • Resilience • People work in Communities together • Offenders get arrested/charged. What about their wellbeing • Difficult Conversations • Deprivaion, trauma, parenting, resilience • Drug Deaths
2. **RELATIONSHIPS –** Build these. Improve Communicatioin with Communities.	• Funding • Reduce Availability • Support Criminalisation • Availability of drugs is excessive • Welfare Support • Micro Communities – Pick on area/localities. 18 -24 years – 86 young people

	• Change Culture
3. **INTELLIGENCE AND RESOURCES** • Supply Side of Data • Don't Get Data Consistantly at the Moment • GDPR - Share Data • 15 – 24 years – Getting into Treatment Programme • Understand the Why? • People Take Arrests vs Availability – How can we Interpret Data • Interrogate Specific Case Studies of Drug Deaths and Process Stops at 18 years • Link to Mental Healt Issues • Intelligence Gap – Focus on the 86 People and Find Out What Would Have Made a Difference • Don't have Good Information – Education on Drugs. Drugs Credible Information • People to Share their Concerns • Legislation to Share Information • Not Capturing All Information into One Place or to Bringing it Together • Assume that Information is Passed On – When Person is in System, Hosptial • Accessibility Easy • Use Resources to Best Effect. Could Resources be focused at Earlier Stage • What Do We Know. How can we use the Data Better. How Do we Ensure the Rist Service at the Right Time • Safe Advice to People. Change in Culture. Maturity. • Why is Culture Different? Do We Have Data to Support this?	• Build Capacity • C/D – School Service Relationships • Drug Education • Opportunities to move on • Promote belief to recovery • Prevention Focus • Widening Access to Employment. Recovery • Community Capacity Builders • CVS • Straight and Arrow – look at this initiative • Track back when engagement/ • Diversion • RCH – Good News Story – someone in recovery • Quality jobs. Methadone. Recruit jobs

- Police Finding People with Drugs. How Do We Give "the right" Support at this time - No Value Seizures - Use Intelligence. More Targetted Intervention. - Generational/Cultural. Help to Identify They Are at Risk. - Living Experiences - Support and Treatment for Young People - People Know Where/How to Access Drugs. Tolerance Level. Normalised Behaviour. - Focus on High Impact Cases if not known with SDS. - Anecdotal Information could also be used - Education at Schools - Hard Reduction Analysis. Predictive Type Model. Use existing data. ID more at risk and People - Capture and Audit of Data around young people	

GROUP 1

PREVENTION AND INTERVENTION

What We Do Well

- Work well with Police Scotland

GAP

- Coordinated approach
- Building resiliance within young people
- Community Hubs

What is your service/agency contribution?

Group 2

GAPS

- Explore employment opportunities
- Informaiton Sharing
- Sign posting support
- GDPR – roles between services
- Skills – Jobs – employment
- Involvemnt with Lived experience
- Hosting community events (joints)
- Partnership Community Events – raise drug dexot profile
- People with lived experiene speaking to young people
- Not offering enough support to young people
- Risks within schools
- Lived experience presentation
- Listening to learned experience
- Informal learning
- Listing to our community and young people
- Educaiton to access signposting to services
- Do young people see a future/opportunities/altrnatives/job/career

What is your service contribution?

- Pathways
- Opportunities to move on
- Options for support recovery/treatment

Group 3

Do Well

- Work well with school

GAPS

- Families (Contacts)
- Stability, Housing, Education, Routine, Hope
- Trauma informed practice
- Informed Choices
- Other Opportunities
- Looking at What is underlying
- Young Peoples Needs – pulling together information Drug Prevalence 18-24 Information
- Understanding Why? (86 people)
- Predictive model – Identifying people at risk
- Drug – Police Data?
- Supply

What is your service contribuion**?**