
Report To:	Inverclyde Integration Joint Board	Date:	12 May 2025
Report By:	Kate Rocks Chief Officer Inverclyde HSCP	Report No:	IJB/75/2025/MW
Contact Officer:	Maxine Ward Head of Service – Addictions and Homelessness Inverclyde HSCP	Contact No:	01475 715365
Subject:	Inverclyde ADP Strategy 2024 - 2029		

1.0 PURPOSE AND SUMMARY

- 1.1 ☐ For Decision ☒ For Information/Noting
- 1.2 The purpose of this report is to present the Inverclyde ADP Strategy 2024 – 2029 for noting.
- 1.3 The Inverclyde Alcohol and Drug Partnership (IADP) Strategy 2024-2029 outlines a transformative vision to reduce drug and alcohol-related harms, foster recovery, and support individuals, families, and communities in living healthy, fulfilling lives. It builds upon previous successes and aligns with national and local priorities to address the complex challenges posed by substance misuse.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that IJB: ·
- Notes the contents of this report.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 PURPOSE AND SCOPE OF THE STRATEGY

This document sets out the five-year strategy for the Inverclyde Alcohol and Drug Partnership (IADP). This is the fourth strategy for the IADP and seeks to build upon its successes to date. It sets out our vision for sustainable recovery, how we will reduce and prevent future harm from drug and alcohol use and support all communities to improve their health and wellbeing across Inverclyde.

3.2 VISION

The ADP Strategy builds on local and national frameworks to set out its vision of:

Ensuring individuals, families, and communities can live happy and healthy lives free from drug and alcohol harms, supported by choice, dignity, and recovery.

For Inverclyde, this framework goes beyond harm reduction; it is about fostering recovery, enabling people to thrive, and supporting individuals, families, and communities in living healthy, happy lives free from the challenges of substance misuse.

This strategy outlines our four primary objectives, which we aim to achieve by 2029:

1. REDUCE DEATHS AND IMPROVE LIVES:

Our top priority is to reduce the number of deaths and the extent of harm caused by drugs and alcohol in Inverclyde. This will require a whole-system approach that integrates prevention, treatment, and, when necessary, enforcement measures. We recognise the significant challenges ahead but are committed to creating a substantial and measurable reduction in substance-related harm.

2. EMBED A WHOLE FAMILY APPROACH TO TREATMENT AND SUPPORT:

Substance misuse impacts not only the individual but their families and loved ones. Our strategy will ensure that families are at the heart of our services, receiving the support they need and playing an active role in the recovery process of their loved ones.

3. ENSURE A COORDINATED AND WHOLE-SYSTEM APPROACH:

Tackling the social and economic inequalities that contribute to substance misuse requires a unified, coordinated effort across various sectors, including health, social care, education, and justice. By working collaboratively, we will address the root causes and provide the necessary resources to support sustainable recovery.

4. DELIVER TRAUMA-INFORMED PRACTICE

Recognising the profound impact of trauma on those affected by substance misuse, we will ensure that all services operate with a trauma-informed approach. This includes fostering environments of safety, trust, choice, collaboration, and empowerment, thereby reducing stigma and promoting holistic recovery.

3.3 Key Actions

- Review treatment pathways and governance structures.
- Develop training programs for professionals and family-inclusive practices.

- Collaborate with housing, employment, and mental health services.
- Implement trauma-informed practices and ensure lived experience informs service delivery.

3.4 Outcome Measures

- Reduction in drug and alcohol-related deaths, hospital admissions, and offenses.
- Increased access to treatment, recovery support, and residential rehabilitation.
- Improved family involvement and support.
- Enhanced system-wide collaboration and long-term funding.
- Empowerment and inclusion of lived experience in service design.

3.5 Governance

The strategy is overseen by the IADP Committee, supported by sub-groups focused on delivery, finance, monitoring, and standards implementation. Collaboration with local and national partners ensures accountability and alignment with public health priorities.

3.6 Conclusion:

The IADP Strategy 2024-2029 is a comprehensive and ambitious plan to reduce substance-related harms, support recovery, and address underlying inequalities. It reflects a collective commitment to building a healthier, more resilient Inverclyde community.

4.0 PROPOSALS

4.1 To note year 1 and 2 delivery commitments:

- Conduct reviews of treatment pathways, family support provision, and trauma-informed practices.
- Develop action plans for governance, funding, and service improvements.
- Enhance training, education, and harm reduction capacity.
- Publish clear treatment pathways and implement systemic changes.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		x
Legal/Risk		x
Human Resources		x
Strategic Plan Priorities	x	
Equalities, Fairer Scotland Duty & Children and Young People	x	
Clinical or Care Governance		x
National Wellbeing Outcomes	x	
Environmental & Sustainability		x
Data Protection		x

5.2 Finance

There are no financial implications associated with this report.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

5.3 Legal/Risk

There are no legal implications associated with this report.

5.4 Human Resources

There are no Human Resource implications associated with this report.

5.5 Strategic Plan Priorities

This report directly demonstrates the impact the work the Inverclyde HSCP has on implementing its strategic partnership plan and how identified actions are supporting the overall progress of the four strategic priorities.

5.6 Equalities

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
We have improved our knowledge of the local population who identify as belonging to protected groups and have a better understanding of the challenges they face.	Many actions in the ADP Strategy relate to supporting and engaging with the most vulnerable people in our communities and in doing so we can understand the challenges they face.
Children and Young People who are at risk due to local inequalities, are identified early and supported to achieve positive health outcomes.	The ADP strategy sets out a number of key actions in relation to whole family support with a focus to support children and young people affected by parental drug or alcohol misuse.
Inverclyde's most vulnerable and often excluded people are supported to be active and respected members of their community.	As above, the ADP strategy sets out a number of actions to provide support to the most vulnerable and often excluded groups in Inverclyde's communities, including those experiencing harm from alcohol or drug use and is likely to increase the likelihood of social exclusion and support them in a way that promotes them being active and respected members of their community. The strategy sets out actions to tackle stigma to promote social inclusion.
People that are New to Scotland, through resettlement or asylum, who make Inverclyde their home, feel welcomed, are safe, and able to access the HSCP services they may need.	The ADP strategy does not exclude those who are new to Scotland.

(c) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(d) **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 Clinical or Care Governance

There are no Clinical or Care Governance implications from this report.

5.8 National Wellbeing Outcomes

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	The ADP Strategy supports all of the National Wellbeing outcomes
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	As above
People who use health and social care services have positive experiences of those services, and have their dignity respected.	As above
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above
Health and social care services contribute to reducing health inequalities.	As above
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	As above
People using health and social care services are safe from harm.	As above
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	As above
Resources are used effectively in the provision of health and social care services.	As above

5.9 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.10 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 DIRECTIONS

6.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	x
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 This report has been presented to:

HSCP Senior Management Team
Inverclyde ADP Committee

8.0 BACKGROUND PAPERS

8.1 Full ADP Strategy Report attached.



Inverclyde Alcohol
and Drug **Partnership**

2024-2029

STRATEGY DOCUMENT

FOREWORD

The Inverclyde Alcohol and Drug Partnership (IADP) Strategy sets out a critical and collaborative vision shared by local and national governments to reduce the use and harms associated with drugs and alcohol. For Inverclyde, this framework goes beyond harm reduction; it is about fostering recovery, enabling people to thrive, and supporting individuals, families, and communities in living healthy, happy lives free from the burdens of substance misuse.

Inverclyde ADP is committed to delivering a strategy that is not just comprehensive but transformative, addressing the complex and interconnected challenges posed by drug and alcohol misuse. Our approach is built on the principles of choice, dignity, and recovery, with a clear focus on reducing harms, supporting families, coordinating resources across systems, and embedding trauma-informed practices.

This strategy outlines our four primary objectives, which we aim to achieve by 2029:

1. REDUCE DEATHS AND IMPROVE LIVES:

Our top priority is to reduce the number of deaths and the extent of harm caused by drugs and alcohol in Inverclyde. This will require a whole-system approach that integrates prevention, treatment, and, when necessary, enforcement measures. We recognise the significant challenges ahead but are committed to creating a substantial and measurable reduction in substance-related harm.

2. EMBED A WHOLE FAMILY APPROACH TO TREATMENT AND SUPPORT:

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Tackling the social and economic inequalities that contribute to substance misuse requires a unified, coordinated effort across various sectors, including health, social care, education, and justice. By working collaboratively, we will address the root causes and provide the necessary resources to support sustainable recovery.

4. DELIVER TRAUMA-INFORMED PRACTICE:

Recognising the profound impact of trauma on those affected by substance misuse, we will ensure that all services operate with a trauma-informed approach. This includes fostering environments of safety, trust, choice, collaboration, and empowerment, thereby reducing stigma and promoting holistic recovery.

The journey outlined in this strategy is ambitious, yet essential. It reflects our collective commitment to the people of Inverclyde—to not only reduce the harms associated with

drugs and alcohol but to build a community where everyone has the opportunity to live a fulfilling and healthy life.

As we move forward, we will remain steadfast in our commitment to these goals, continuously measuring our progress and adapting our approaches to meet the needs of our community. Together, we will work towards a future where the devastating impacts of substance misuse are significantly diminished, and where recovery and well-being are within reach for all.

This strategy is not just a plan; it is a promise to the people of Inverclyde—a promise to support, to protect, and to enable every individual to thrive. We invite everyone in our community to join us in this vital work. Together, we can make a lasting difference.

KENNY LEINSTER
INDEPENDENT CHAIR OF THE INVERCLYDE ALCOHOL AND
DRUG PARTNERSHIP (IADP)



2. INTRODUCTION

2.1 PURPOSE AND SCOPE OF THE STRATEGY

This document sets out the five-year strategy for the Inverclyde Alcohol and Drug Partnership (IADP). This is the fourth strategy for the IADP and seeks to build upon its successes to date. It sets out our vision for sustainable recovery, how we will reduce and prevent future harm from drug and alcohol use and support all communities to improve their health and wellbeing across Inverclyde.

2.2 INVERCLYDE ADP

The IADP brings together partners from across statutory and 3rd sector organisations to collectively implement local and national strategies with the aim of reducing alcohol and drug misuse in Inverclyde. Our partners include NHS Greater Glasgow and Clyde, Inverclyde Health and Social Care Partnership, Police Scotland, Scottish Families affected by Alcohol and Drugs, Moving on Inverclyde, Your Voice, The Haven, and The Jericho Society.

The partnership is responsible for the implementation of local and national requirements including:

- **Medication Assisted Treatment (MAT) Standards**
- **Alcohol and Drug Recovery Services**
- **Family Support Services**
- **Early Intervention Support**
- **Recovery Community Development**
- **Commissioning of Residential Rehabilitation**
- **Support Total Abstinence for those who choose not to use Alcohol or Drugs**

The IADP is underpinned by a robust governance structure with oversight by the Integration Joint Board (IJB). The ADP committee provides oversight on four key workstreams:

**ALCOHOL & DRUG
DEATH MONITORING**

ADP FINANCE

**MAT STANDARDS
IMPLEMENTATION**

ADP DELIVERY

The full governance structure is included in Appendix 1.

The IADP committee is responsible for the Partnership Delivery Framework which ensures accountability, responsibility, and shared outcomes towards reducing drug and alcohol related harms within Inverclyde and contributing to national outcomes and public health priorities. To achieve this IADP has established lines of reporting and scrutiny to both the IJB, Community Planning and Clinical Governance networks.

2.3 NATIONAL CONTEXT

We recognise the ADPs role is not only improving the lives of people in our communities but also to meet our responsibility to contribute to national public health priorities. This section outlines the context of drug and alcohol harms across Scotland and the statutory requirements we must meet.

2.3.1 DRUG AND ALCOHOL HARM IN SCOTLAND

The picture of drug related deaths in Scotland is complex and changeable. In 2022 there were a total of 1,051 deaths due to drug misuse in Scotland¹. Whilst this represents 279 fewer deaths than the previous year, and is the lowest number since 2017, this still represents a 330% increase since 1996. Early indicators are that unfortunately the progress made in 2022 has not been sustained and an upwards trend is being reported again². Whilst verified data for 2023/24 is, at the time of writing, not available the number of suspected drug related deaths in the 12 months to March 2024 is 1,219 a 10% increase on previous year².

Poverty, inequality and deprivation are recognised as the most significant drivers of drug use³. Drug use is 17 times more prevalent in the most deprived areas of Scotland⁴. Males aged between 35-54 are the most likely to die from drug use and those living in deprived areas are 16 times more likely to die as a result of drug use than those from the least deprived areas. Individuals experience of trauma is also strongly associated with drug use and evidence suggests that adults who have experienced four or more Adverse Childhood Experiences (ACEs) are 11 times more likely to have used crack cocaine or heroin⁵. The use of opiates/opioids were implicated in 82% of all drug related deaths in 2022¹.

Scotland faces similar challenges in relation to alcohol use. Whilst reported rates of hazardous drinking have steadily declined in Scotland since 2003⁶, the average volume of alcohol consumed per adult, and drinking which exceeds the recommended 14 units is higher in comparison with the rest of the UK⁷. In 2022 1,276 alcohol-specific deaths were recorded⁸ and the mortality rate of 22.9 deaths per 100,000 people³ is substantially higher than the UK rate (14.8 per 100,000 people)⁹. As with drug use older men (aged 55-64) from deprived areas continue to account for a disproportionate number of alcohol-specific deaths, although 31 more women died in 2022 compared to 2021.

Social harms as a result of alcohol use are also significant. The latest report from the Monitoring and Evaluation of Scotland's Alcohol Strategy reports that alcohol is a common aggravating factor in serious violence and homicide. Whilst there has been a decrease in the rates of drunkenness and other disorderly conduct offences since 2019 there has been a slight increase in driving under the influence offences between 2019 and 2021⁷. The Social Marketing Foundation estimates that the economic cost of alcohol is between £5-£10 billion per year as a result of lost productivity, health and social care, and justice costs¹⁰. The upper end of this estimate outstrips the calculated return to the Scottish economy of £8.1 billion from the production, sale and export of alcohol.

2.3.2 STATUTORY REQUIREMENTS:

For these reasons addressing drug and alcohol related harms remains a key priority for Public Health Scotland. The recent commitment by the Scottish Government to further increase minimum unit price of alcohol to 65p by the end of September, after research indicates the policy had prevented an estimated 150 alcohol-specific deaths each year¹¹, is an indication of this. This strategy has been developed in consideration of the wider national policy landscape. These include:

National Drugs Mission Plan 2022-2026

Published in 2021 with National Drugs Mission Plan¹² (NDMP) reflects a shift away from the tackling drug use as a criminal justice issue towards a public health approach. Accompanied by an additional £50 million funding per year the mission aims to reduce drug related harm and death through ensuring the timely access to treatment, increasing capacity for residential rehabilitation and ensuring a joined-up approach to addressing the underlying issues of drug use and wider determinants of health. Central to this is ensuring the delivery of the Medication-Assisted Treatment (MAT) standards which were published the same year.

Rights, Respect and Recovery Strategy (2018)

The Rights, Respect and Recovery Strategy¹³ was published by the Scottish Government in November 2018 with the aim of improving health by preventing and reducing alcohol and drug use, harm, and related deaths. The underlying key principle of the strategy is a human rights-based, public health approach which emphasises the right of everyone to health and to live free from the harms of alcohol and drugs. To deliver this it is acknowledged that those experiencing problematic alcohol and drug use often face other challenges such as poverty, inequality, and health issues. The policy focuses upon the delivery of prevention at the individual, family and societal levels as well as removing vulnerable people from the justice system.

Alcohol Framework (2018)

Published alongside the Rights, Respect and Recovery strategy, the Alcohol Framework¹⁴ sets out twenty actions under three themes of reducing consumption, positive attitudes - positive choices, and supporting families with the overarching commitment to prevent and reduce alcohol-related harm across Scotland. Actions included the introduction of minimum unit pricing, additional restrictions on sales including multi-buy discounts, reducing the drink-drive limit, the implementation of a nationwide alcohol brief intervention program, and education and awareness raising work. The framework also commits to updating guidance on the Licensing (Scotland) Act 2005 to provide clarity for local authority Licensing Boards and include the public health objective within the overprovision statement.

National Carers Strategy (2022)

The National Carers Strategy¹⁵ recognises the vital role that unpaid carers have in the delivery of health and social care across Scotland and that whilst for some providing care is a positive experience for many it has significant detrimental impacts for their health and wellbeing. Key points of the strategy, relevant to drug and alcohol treatment in Inverclyde, includes ensuring that carers perspectives are reflected across health and social care services, reinforcing NHS Boards duties to involve carers when the person they care for leaves hospital, and recognising that the systems that carers are required to navigate are complex that are not always joined up.

Right to Addiction Recovery Bill

Although the bill is still at stage 1 within the Scottish Parliament it has gained substantial support and media coverage. If passed the bill, as it currently stands, will enshrine a legal right to drug and alcohol treatment for anyone who requires it and reflects the Governments vision for a Scotland in which its citizens are supported in a joined up and cohesive way by services and systems. This includes access to second opinions, ensuring access within three weeks of referral, changes in the residential rehabilitation is funded and ensuring patient feedback is fully integrated.

2.4 INVERCLYDE CONTEXT

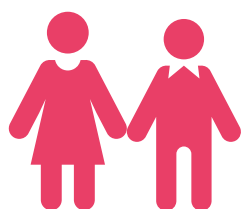
Given the strong correlation between drug and alcohol related harms and deprivation it is not unexpected that Inverclyde faces substantial challenges. Inverclyde has the highest proportion of people living in the most deprived areas of Scotland of any council and rates of poverty for both those in and out of employment are high¹⁶. As of December 2023 27.5%, of residents were economically inactive, compared to a UK average of 22.5%¹⁷. 18.4% of households were workless and 3.4% of residents were claiming out-of-work benefits. Gross weekly and hourly pay for those in full-time work in Inverclyde is lower than the national averages.

2.4.1 ALCOHOL-RELATED HARMS AND TREATMENT IN INVERCLYDE

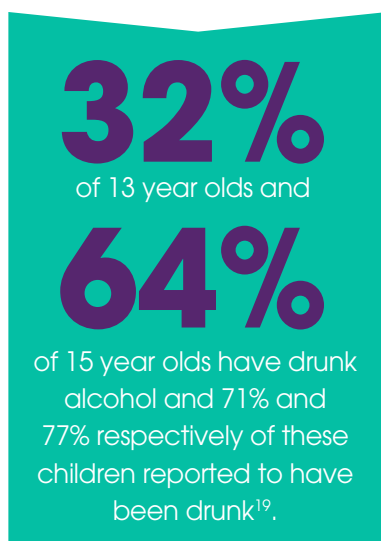
The NHS GGC Health and Wellbeing Survey for Inverclyde (2022/23)¹⁸ identified that the levels of binge drinking and those drinking to a level which poses a risk to their health in the region has continued to rise since 2017/2018. Men aged 35-44, living in Inverclyde are most at risk from alcohol-related harms. Other data indicates that region also has:

26%

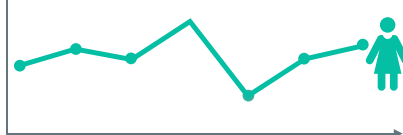
of Inverclyde residents drink above the Chief Medical Officers' guidelines, compared to 23% nationally⁶.



The 5th highest rate of alcohol related hospital admissions in Scotland at 792.2 per 100,000 population compared to a national average of 576.9 admissions in Scotland.



A rate of alcohol-related hospital admission for young people (11-25 years) of 206.3/100,000 which is lower than the national rate of 255.3/100,000.



Inverclyde is ranked 5th out of the 30 local authorities for alcohol outlet availability in Scotland. The most deprived areas in the community have 5.7 times more alcohol outlets than the least deprived²⁰.

The highest rates of alcohol specific deaths in Scotland at a rate of 32.87 per 100,000 population (compared to the national average of 22.9, and a UK average of 14.8 per 100,000).



Lower rates of drunkenness and other disorderly conduct at 3 per 10,000 population in Inverclyde compared to 9 per 10,000 population in Scotland²¹.



Lower rates of Child Protection cases with parental alcohol misuse than the national average (though this is not a statistically significant difference)²².

Within this context 28 people died of an alcohol-related condition in 2022 in Inverclyde, an 18.7% increase on the previous year.

In 2023 449 referrals to the Alcohol and Drug Recovery Service (ADRS) were for the treatment of alcohol use. This represents 55.5% of all referrals received by the service. In the same year 267 people started treatment for alcohol use (59% of those referred). The service exceeds national waiting times standards with 98.6% of all referrals received waiting no longer than three weeks to access appropriate treatment²³. A total of 364 people receiving alcohol treatment were discharged from the service in the year.

2.4.2 DRUG-RELATED HARMS AND TREATMENT IN INVERCLYDE

Given that the population who use drugs is more hidden than those who use alcohol, prevalence data of use which does not result in admission or access to services is often estimated. However, as with alcohol, it is apparent that Inverclyde faces challenges in relation to the support and treatment of those who use drugs. The data for Inverclyde indicates that:

- Whilst drug-related deaths overall are slightly lower at 23.5 per 100,000 population compared to the national rate (25.2 per 100,000) this is not true for females. In Inverclyde the drug-related death rates for females is 16.9/100,000 compared to a national rate of 13.1/100,000 population.
- Drug-related hospital admissions are significantly higher at a rate of 275.4 per 100,000 in Inverclyde compared to the national rate of 228.4 per 100,000.
- In 2022/23 the rate of hospital admission as a result of overdose was 22.5 per 100,000 comparable to the national rate of 21.4 per 100,000.
- Overall the area experiences higher rates of drug-related crime at a rate of 68.1 per 100,000 compared to 50.6 per 100,000 nationally, although there is a significantly lower rate of common assault related to drug use.
- Child protection cases in which there is parental drug misuse and maternities with drug misuse are comparable with the national rates¹¹.

In 2022, **29** Inverclyde residents died as a result of their drug use.

In 2023, **291** referrals were made to the ADRS were for drug treatment. Of these 267 (60%) started treatment. 93% of referrals waiting three weeks or less for their treatment, exceeding the national target of 90%. A total of 190 people were discharged from the service.

2.4.3 LOCAL PRIORITIES

The ADP is part of the wider health and social care governance structure across Inverclyde. We recognise that we will only be successful in our aims through collaboration with our local partners who also seek to address the health and social inequalities, that result in drug and alcohol use. To ensure the ADP takes a whole system approach this strategy has been developed with consideration of key local strategies and plans. These include:

Inverclyde HSCP Strategic Partnership Plan 2024-2027

Produced on behalf of the Inverclyde Integration Joint Board (IJB) the strategic partnership plan²⁴ set out the HSCPs approach to addressing health inequalities in Inverclyde through collaboration with communities, statutory partners, the third sector and those that deliver services. The plan sets out four strategic priorities of:

1. Early help and intervention
2. Improve support for mental health, wellbeing and recovery
3. Support inclusive, safe and resilient communities
4. Strengthen support to families and carers.

These priorities will be achieved through an approach which incorporates trauma informed and empowering practice as well as ensuring resources are focussed where most needed.

Inverclyde IJB Equality Outcomes Plan 2024-2028

The Inverclyde IJB Equality Outcome Plan²⁵ underlines the commitment of the IJB to adopting human rights approach the United Nations Charter for the Rights of the Child (UNCRC) for children and young people. The plan aims to ensure that the needs of people with protected characteristics or vulnerabilities are considered at all times and aims to deliver reduced discrimination, equality of opportunity and good relations between communities with protected characteristics and those who do not.

Inverclyde Children's Services Plan 2023-2026

The Children's Services Integrated Strategic Plan²⁶ sets out the vision for 'Nurturing Inverclyde' developed by the CPP in 2012. The plan builds upon the previous (2020-2023) with a key focus upon further integration of services in the support of children and their families.

Inverclyde Alliance Partnership Plan 2023-2033

The Alliance Partnership Plan²⁷ sets out the Inverclyde Alliance Board's vision for "Success For All" in Inverclyde and incorporates themes of empowering people, supporting more people in to sustained work, enabling residents to live longer and healthier lives, and ensuring appropriate support to support recovery from trauma.

NHSGGC Alcohol and Drug Prevention Framework

The framework²⁸ was developed by NHS GGC following a rapid evidence review of evidence based drug and alcohol prevention interventions between 2012 and 2018. This identified 10 key themes underlying effective prevention initiatives. This includes taking a whole system approach, trauma informed practice, community empowerment and workforce development.

2.4.4 THE INVERCLYDE JOURNEY TO DATE

Despite the challenges there have been a number of successes that this strategy seeks to build upon. Over the last three years we are proud to have supported the growth and expansion of our recovery community, this is most clearly seen in our hosting of the national recovery walk in 2023 in which there was a strong presence from the Inverclyde recovery community.

Our partnership has continued to develop and there are strong working relationships between the statutory and third sector recovery services. The ADP continues to work with partners to identify and address priority areas of need. This has included securing investment for a number of initiatives including assertive outreach for those at risk of disengagement from services, interventions for those who experience non-fatal overdose, pharmacy liaison services and the provision of early help in police custody.

The implementation of the Medically Assisted Treatment (MAT) standards has also been successful having implemented standards 1-5 by December 2023 and having met our target for full implementation of the ten standards by April 2024.

The ADP has also recently launched a new website providing information on the partnership and where to receive support.

2.4.5 DEVELOPMENT OF THE STRATEGY

In addition to the national and local strategic priorities this strategy has been developed in consultation with over 150 people across the region. Consultations, conducted by an independent research consultancy Rocket Science, have taken place with people accessing services and carers/family members with the support of Your Voice, Moving On Inverclyde and Scottish Families Affected by Alcohol and Drugs. Those working in the sector were also able to contribute through individual interviews with members of the Rocket Science team and attendance at the ADP development day on the 12th March 2024 in which a facilitated session to develop the strategy was delivered. Finally a public survey distributed via social media received 27 responses from residents of Inverclyde.

A sub-committee comprising of partners across the ADP was also formed to inform the consultation process.

3. OUR VISION

The Alcohol and Drug Partnership Framework²⁹ sets out the shared ambition across local and national government. This requires local authorities have a clear strategy and plan to achieve reductions in the use and harms from drugs and alcohol as well as arrangements for financial transparency, quality assurance and effective governance.

Inverclyde ADP has a vision that, for our communities, we can 'go beyond' reducing harm to support recovery and help people thrive.

Our vision is to ensure that individuals, families and their communities can live happy and healthy lives free from drug and alcohol harms. The IADP will deliver this by supporting choice, ensuring dignity and enabling recovery.

To achieve our vision this strategy sets out four objectives we will achieve by 2029.

OBJECTIVE 1: REDUCE DEATHS AND IMPROVE LIVES

It is clear from the challenges that Inverclyde faces in relation to drug and alcohol related harms that our priority must be to reduce the number of those who experience these harms. Reducing harm can only be achieved through a whole system approach to prevention and treatment and, where required, enforcement. All of the objectives and actions within this strategy must contribute to the underlying objective of reducing harm.

Whilst Inverclyde has a robust prevention and education offer this is not being consistently delivered in schools across the region. Through our consultation we also heard how a lack of opportunity for occupation and recreation for young people is linked to known increases in young people using recreational drugs. A number of people also told us how when they did ask for help, particularly from GPs, they felt stigmatised or not taken seriously. Our survey across the community identified that whilst 62% of respondents had been impacted by drug or alcohol harms 48% of people did not know where to go for help. We also heard of challenges in relation to accessing residential rehabilitation quickly and people lacking clarity on the treatment and support options available to them, particularly understanding options for abstinence based treatment. However those we consulted with also recognised the resource challenges that local authorities and health services are under.

OUR AMBITION IS THAT THERE IS A SIGNIFICANT REDUCTION IN DEATH AND OTHER HARMS THAT PEOPLE AND COMMUNITIES EXPERIENCE AS A RESULT OF DRUG AND ALCOHOL USE.

We will achieve this by:

1

Review our drug and alcohol treatment and support pathways to ensure a fully joined up and coherent system. This will include exploring options to align commissioning.

2

Review the capacity for harm reduction within local communities taking a placed based approach to understanding local needs in relation to primary care, pharmacy and other elements of harm reduction.

3

Implementing a common performance framework across services based upon Public Health Scotland's minimum data set. This will identify outcomes for those accessing services

4

Ensuring that IADP supports planning and decision making across the council, including through contribution to licencing board decision.

5

Provide training and education for professionals across the health, care and other systems to better understand the treatment system and better support individuals to access care.

6

Developing whole school approaches to prevention and education for young people.

OUTCOME MEASURES

Outcomes we will measure to understand our progress against this are:

- 1. Drug and alcohol related deaths are reducing in Inverclyde**
- 2. Drug and alcohol related hospital admissions are declining in Inverclyde**
- 3. Drug and alcohol related offences are declining in Inverclyde**
- 4. More people successfully complete treatment**
- 5. More people access community based recovery support**
- 6. Those accessing services report a better understanding of the treatment and support options available to them**
- 7. Those accessing services report feeling more involved in their treatment and support**
- 8. IADP continues to meet MAT standards**
- 9. There is a published pathway of treatment and support**
- 10. More people from Inverclyde access residential rehabilitation**

OBJECTIVE 2: EMBED A WHOLE FAMILY APPROACH TO TREATMENT AND SUPPORT

Drug and alcohol use is closely associated with a range of harms for family members including physical and mental ill health, domestic abuse, child protection issues, and financial harms³⁰. The routine involvement of family members and carers in treatment is however linked with health improvements for the family members themselves and increased engagement, retention and completion of treatment for those who require it³⁰.

A whole family approach is a fundamental basis of the Rights, Respect and Recovery strategy which recognises the role of families in supporting recovery, as well as their own right to receive support and be involved in the treatment and support of their loved ones. The Scottish Government Framework for families affected by drug and alcohol use³¹ sets out how strong and creative links between ADPs and Children's Services Planning Partnerships (CSPPs) are required to provide high quality support.

Through our own consultation we heard about the profound impacts on families physical and mental health as a result of caring for someone with drug and/or alcohol problems. Those that did experience these harms reported a lack of services for carers and described challenges in accessing mental health support. These difficulties were often exacerbated by not being aware of the treatment options and pathways available to those they care for and frustration at a lack of involvement in their loved ones treatment. Families were not always clear about the role of the ADP yet those we spoke to often had clear suggestions for how services could be improved for both themselves and their loved ones.

Our ambition is to implement a whole family approach to drug and alcohol treatment and support throughout Inverclyde. Treatment and support for drug and alcohol harms will be inclusive of families placing them at the heart of service design, delivery and evaluation. We will ensure everyone affected by drug and alcohol related harm is able to access support.

To achieve this we will:

1

Conduct a review of family support provision across the IADP against the National Framework. This will consider the implementation of the Triangle of Care approach.

2

Work with the CSPP to identify actions arising from the review and opportunities to enhance our whole family approach to recovery.

3

Ensure a whole workforce approach to family inclusive practice.

4

Improve outcomes for people who experience the 'toxic trio' of substance use, domestic abuse and mental health needs.

OUTCOME MEASURES

Outcomes we will measure to understand our progress against this are:

1. All ADP partners have reviewed their provision against the National Framework and have been supported to develop local action plans
2. There is a joint action plan with the CSPP for the development of family support provision in recovery services
3. Families and carers report being more involved in the treatment and support of their loved ones
4. Families and carers report being more involved in service design, delivery and evaluation
5. Families and carers report being better able to access support for their own health and wellbeing
6. All practitioners are trained on family inclusive practices
7. Those experiencing substance use, domestic abuse and mental health problems are able to access specialist provision.



OBJECTIVE 3: ENSURE A COORDINATED AND WHOLE SYSTEM APPROACH

A whole system approach to public health is one of the three key components of the public health reform programme being delivered by the Scottish Governments and the Convention of Scottish Local Authorities (COSLA). Whole system approaches require system thinking across a broad range of partners to understand the challenges and identify collective actions. We recognise that only through collaborative working with local and national government, health and social care, the third sector and justice will we be able to address the underlying inequalities which result in drug and alcohol use.

A whole system approach is required to address the underlying social and economic drivers that increase peoples risk of drug and alcohol use. Despite secure housing and employment being a known protective factor against drug and alcohol use³² we recognise that these are areas we must develop to support recovery in Inverclyde. Through our consultation a number of those accessing services identified the need for improved training and employment opportunities at different points of their recovery journey. We also heard how access to suitable accommodation, especially for those leaving residential rehab, can be challenging to secure and, in some cases, prevents people moving to living fully independently.

This strategy will, therefore, support a whole system approach by integrating the residential rehabilitation pathway with the emerging homelessness redesign, ensuring that people have seamless access to suitable accommodation. This collaboration will involve developing coordinated care pathways that not only facilitate entry into rehabilitation services but also prioritise stable housing solutions post-recovery. By fostering partnerships between rehabilitation centres, housing providers and support services, we aim to create a supportive environment that addresses the interconnected challenges of addiction and homelessness. In doing so we will empower individuals to achieve long-term recovery while reducing the risk of relapse and promoting sustainable living conditions.

The challenge of accessing mental health treatment was a common theme for those accessing drug and alcohol services and their families. Many we spoke to identifying the need to better join up mental health and drug and alcohol services.

Whilst strong partnership working across the ADP was identified within our consultation a number of challenges were identified that could also be met through improving coordination across the system. We heard examples of a number of initiatives that, whilst successful, had to be discontinued, or were unable to recruit staff due to non-recurrent and short-term funding. This creates further uncertainty as to the services available and discontinuity in care for those accessing them. The Wellness Park site is exceeding its physical capacity and there is no other suitable accommodation available within the HSCP. Whilst there is shared care within Inverclyde it was widely recognised that this could be further developed.

OUR AMBITION IS THAT THE IADP LEADS AND CONTRIBUTES TO A WHOLE SYSTEM APPROACH TO ADDRESSING THE INEQUALITIES WHICH CONTRIBUTE TO DRUG AND ALCOHOL USE AND COORDINATES RESOURCES ACROSS THE PARTNERSHIP FOR THE BENEFIT OF THOSE WHO ACCESS SERVICES.

To achieve this we will:

1

Work with the Local Employment Partnership to create links and identify opportunities to support recovery through the No One Left Behind strategy

2

Develop, with the Recovery Development Group, a joint funding plan to identify priorities for long-term funding and investment across the system

3

Work with public and private housing providers to build opportunities for secure and stable homes to support recovery

4

We will work with Inverclyde HSCP to support their strategic action of improving the interface between drug and alcohol recovery services and emergency mental health services.

OUTCOME MEASURES

Outcomes we will measure to understand our progress in this area include:

- **More people accessing services, and who are able, will progress towards and enter employment.**
- **More people accessing services will be able to secure homes and live independently.**
- **Development of a co-ordinated plan for long-term funding across the system to address priority needs in relation to reducing drug and alcohol harms.**
- **Increased investment from funders to Inverclyde**
- **People with urgent care needs for mental health and substance use will receive improved support with the right care at the right time³³**



OBJECTIVE 4: DELIVERING TRAUMA INFORMED PRACTICE

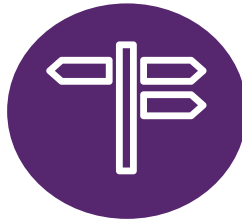
The IADP will fully adopt the Scottish Governments definition of Trauma informed practice (TiP)³⁴. This comprises of five key principles:



SAFETY



TRUSTWORTHINESS



CHOICE



COLLABORATION



EMPOWERMENT

Traumatic experiences and post-traumatic stress disorder are strongly associated with substance use³⁵. TiP within drug and alcohol services is recognised as instrumental in reducing the stigma individuals and families can experience as well as providing a holistic approach to meeting people's needs. Addressing the impacts of trauma including subsequent health and social inequalities which result in a range of poor outcomes for individuals, including drug and alcohol use, is a cross-cutting priority across policy areas including the National Drugs Mission Plan and Inverclyde Council's pledge to become a trauma informed council. The importance of this approach is also recognized in the Scottish Governments strategy for effective psychological interventions for substance misuse services³⁶. Our consultation identified that whilst there was an awareness of TiP it was felt that this was not fully embedded across all services offering treatment and support in Inverclyde. This was particularly the case for principle 3 (choice) with a number of people accessing treatment reporting not feeling they had sufficient choice within their medication and reduction and recovery journey. It was also felt that principle 5 (empowerment) could be strengthened through ensuring lived experience and feedback is systematically used across all services.

OUR AMBITION IS THAT ALL SERVICES DELIVERING TREATMENT AND SUPPORT FOR DRUG AND ALCOHOL USE WORK IN A TRAUMA-INFORMED WAY WHICH MINIMISES THE STIGMA, RECOGNISES PEOPLE'S STRENGTHS AND PROMOTES CHOICE AND AMBITION IN THEIR RECOVERY JOURNEY.

To achieve this we will:

1

Ensure all services adopt trauma informed practices in the treatment and support of those experiencing drug and alcohol problems

2

Ensure lived experience is embedded in the design, delivery and evaluation of services

3

Commission for trauma informed practice within ADP contracts

4

Support those delivering treatment and support to reduce burnout and improve staff wellbeing

OUTCOME MEASURES

1. Lived experience will routinely contribute to the planning, delivery, and evaluation activity of both services and strategy.
2. Those accessing treatment and support report feeling empowered and involved by services.
3. Those accessing treatment and support report feeling understood by the service and that services understand their strengths and aspirations.
4. Gender based services, including for those who experience domestic abuse, are integrated within the system.

4. WORKPLAN

The IADP's two year workplan sets out how we will collaboratively work to achieve the objectives and outcomes set within this strategy. Whilst the workplan will be monitored throughout we will formally review progress against this at the end of year 1 (October 2025) and updated to reflect the actions and priorities which will emerge over this time. The workplan will be owned across all IADP partners who will continue to work collaboratively to achieve the ambitions and outcomes set out in this strategy.

YEAR 1 DELIVERY COMMITMENTS OCTOBER 2024 – SEPTEMBER 2025

OBJECTIVE 1: REDUCE DEATHS AND IMPROVE LIVES

By September 2025 we will have:

- Undertaken a full review of drug and alcohol treatment and support pathways involving those with lived experience. A specific action plan, owned across the partnership, will identify actions to be taken to ensure a fully joined up and coherent system of treatment and support.
- Reviewed the IADP performance framework against Public Health Scotland's minimum data set. We will have developed a plan to implement changes to performance and contract monitoring across the partnership to better identify outcomes for those accessing treatment and support.
- Have reviewed the IADP governance structure to ensure we effectively support decision making across all relevant areas in Inverclyde Council and Inverclyde HSCP.
- Identified opportunities to enhance training and education and preventative approaches across health, care, justice and the education system.
- Identified a methodology by which we can better understand local communities capacity for harm reduction.

OBJECTIVE 2: EMBED A WHOLE FAMILY APPROACH TO TREATMENT AND SUPPORT

By September 2025 we will have:

- IADP services will have completed a self-assessment against the Scottish Government Framework for Families Affected by Drug and Alcohol Use, developed and shared action plans to improve compliance with the framework.
- Identified opportunities for systemic change and implications for commissioning from the self-assessments
- Developed working partnership with the Inverclyde Violence Against Women Multi-agency Partnership

OBJECTIVE 3: ENSURE A COORDINATED AND WHOLE SYSTEM APPROACH

By September 2025 we will have:

- Developed a working partnership with the Local Employment Partnership and identified any immediate opportunities through the No One Left Behind strategy.
- Completed stakeholder mapping and developed an engagement plan with public and private providers.
- Reviewed the IADP governance structure including reviewing the terms of reference for the Recovery Development Group with a view to developing long-term funding and investment plans.
- Identified any emerging findings from the Inverclyde HSCP test of change work to improve interfaces between drug and alcohol and emergency mental health services.

OBJECTIVE 4: DELIVERING TRAUMA INFORMED PRACTICE

By September 2025 we will have:

- Ensured that the voices and perspectives of those with lived experience are incorporated into all relevant actions of this workplan
- Reviewed the IADP governance structure with consideration of if/how lived experience contributes to the workstreams
- Undertaken a review of trauma informed practice, across the IADP, against the Inverclyde trauma informed practice strategy



YEAR 2 DELIVERY COMMITMENTS

OCTOBER 2025 – SEPTEMBER 2026

OBJECTIVE 1: REDUCE DEATHS AND IMPROVE LIVES

By September 2026 we will have:

- Have published a clear treatment and support pathway from the point of assessment to recovery and beyond. This will be used across IADP to support joint decision making in treatment and support.
- Begun to implement service specific action plans to better join up services enabling people to move easily and efficiently across the treatment and support pathway, ensuring continuity of care.
- Implemented a common performance framework across IADP services.
- Implemented identified changes to the IADP governance structure.
- Have developed, and have begun to deliver, a comprehensive, cross sector, training and education plan.
- Have assessed local communities capacity for harm reduction and developed a plan to enhance this where needed.

OBJECTIVE 2: EMBED A WHOLE FAMILY APPROACH TO TREATMENT AND SUPPORT

By September 2026 we will have:

- Made substantial progress in action plans to ensure IADP treatment and support services are meeting, or close to meeting, the Scottish Government Framework for Families Affected by Drug and Alcohol Use.
- Have assessed the feasibility of implementing the Triangle of Care approach across the IADP.
- Have developed and begun to implement a workforce training programme to deliver family inclusive practice across IADP.
- Implemented identified changes to the IADP governance structure ensuring that the perspectives of families affected by drugs and alcohol are included in relevant workstreams
- Identified opportunities for enhancing treatment and support for those who also experience domestic abuse.

OBJECTIVE 3: ENSURE A COORDINATED AND WHOLE SYSTEM APPROACH

By September 2026 we will have:

- Identified opportunities for enhancing support in progress towards and access to work, including a feasibility assessment of the implementation of supported employment initiatives.
- Have implemented any required changes to the IADP governance structure, ensuring IADP systematically contributes to relevant decisions across other sectors and systems.
- Have developed an agreed long-term funding plan/priorities across Inverclyde and potential funding streams for this.
- Have developed plans to increase access to sustainable homes for those leaving residential rehabilitation.

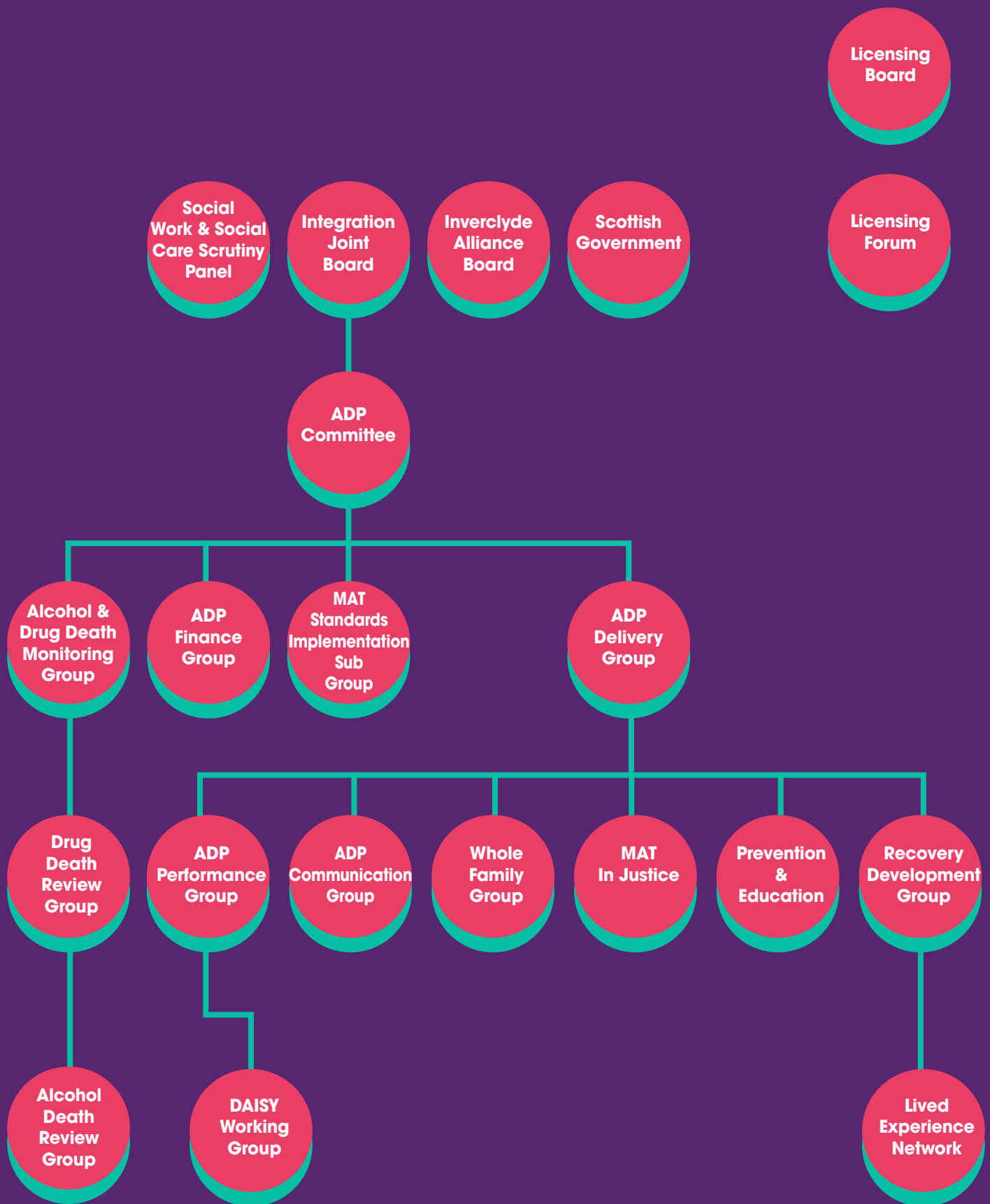
OBJECTIVE 4: DELIVERING TRAUMA INFORMED PRACTICE

By September 2026 we will have:

- Ensured all IADP partners have made substantial progress towards delivering trauma informed practice against the Inverclyde strategy.
- Ensured that lived experience contributes to relevant workstreams within the IADP governance structure.
- Developed governance and feedback mechanisms to fully capture people's lived experience of treatment and support and routinely use this in service development.
- Commissioning of IADP services will include consideration of the delivery of trauma informed practice.



APPENDIX 1: IADP GOVERNANCE STRUCTURE



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