

IMPROVING  
SCOTLAND'S  
HEALTH



# Rights, Respect and Recovery

Scotland's strategy to improve health by preventing  
and reducing alcohol and drug use, harm and related deaths



Scottish Government  
Riaghaltas na h-Alba  
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# Ministerial Foreword



In the ten years since the publication of Scotland's previous alcohol and drugs strategies we have seen a lot of positive change. I am proud of the successes achieved over this period, driven by

Alcohol and Drug Partnerships, our nationally-commissioned organisations, Health Boards, Councils, Integration Authorities, Third Sector Organisations, Mutual Aid Organisations, but also, crucially, by individuals, their families and wider communities.

A key success to improving outcomes for individuals, families and communities has been the introduction of minimum unit pricing for alcohol, the establishment of recovery oriented systems of care, and the growth of over 120 recovery communities throughout Scotland. The introduction of a waiting times standard is also a worthy achievement, as is the introduction of the world's first take home naloxone programme, an initiative which we are confident has saved lives. We have also provided a vision that recovery is possible, recognising that each recovery journey is unique. But we also recognise that through an increasing visibility of recovery, we can begin to tackle some of the issues of stigma and discrimination that affect so many individuals and family members.

Despite our other successes, over the last five years we have, tragically, seen a sharp increase in drug related deaths across Scotland. Although alcohol deaths are not rising at such a rate, any loss of life weighs heavily on me personally, but it also takes a toll on Scotland's communities and all of us as a nation.

Everyone has the right to health and to live free from the harms of alcohol and drugs. Everyone has the right to be treated with respect and dignity and for their individual recovery journey to be fully supported. This strategy is, therefore, about how we best support people across alcohol and drug issues - taking a human rights-based, public health approach to ensure we are delivering the best possible care, treatment and responses for individuals and communities.

There is a growing awareness that those experiencing problematic alcohol and drug use are often carrying other burdens such as poverty, inequality and health challenges. This means they need to be supported rather than be stigmatised. Treatment services and organisations in Scotland are already jointly tackling the harms caused by alcohol and drugs and this new strategy reflects that - bringing together our approach to tackling the problematic use of alcohol and drugs for the first time.

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We live in a changing landscape in which fewer young people are using alcohol and drugs. However, a significant number of the group of people who need our urgent help are older and less healthy. Consequently, they are more vulnerable. That's why the commitment of additional investment of £20m a year mustn't simply lead to more of the same – it must unlock innovation and ways of opening up services and making them attractive to those for whom the current support isn't right. All our investment must be seen to be working for the benefit of the people we serve.

It is vital that we recognise the challenges still faced by people and families. We know that quick access to treatment is crucial and that, for the huge majority, being in treatment has a protective effect. It is, therefore, important that we have a range of services for different people with different needs - from harm reduction measures which can help the most vulnerable, through to treatment and recovery services that support not only individuals, but also their children and families.

It is also vital that we recognise the challenges that services and frontline workers are meeting in 2018. The dedication and commitment of front-line workers needs to be celebrated and commended. Together we need to build on that, to reduce the numbers of people who require services and to achieve better outcomes for those who are currently using them.

Achieving the outcomes set out in this strategy will be a challenge and one we can only achieve by working together – people with lived and living experience, delivery partners, service providers, decision-makers, funders and the research community.

Adopting a public health approach also requires us all to think about how best to prevent harm, which takes us beyond just health services. This, requires links into other policy areas including housing, education and justice. It also means supporting responses which may initially seem controversial or unpopular, such as the introduction of supervised drug consumption facilities, but which are driven by a clear evidence base.

Supporting a better response to those harmed by alcohol and drugs is one of the hardest and most complex challenges we face as a country. The harms are real and will persist alongside the often inspiring stories of lives saved. It ought to be the work of all of us, together, to improve our response – recognising: the rights of people, their families and their communities; the need to treat people with respect; and that all individuals will be supported on their own, unique, recovery journey.

**Joe FitzPatrick, MSP**

Minister for Public Health, Sport and Wellbeing

# Chapter 1 – Vision

1. **Scotland is a country where “we live long, healthy and active lives regardless of where we come from”<sup>1</sup> and where individuals, families and communities:**
  - have the **right** to health and life - free from the harms of alcohol and drugs;
  - are treated with dignity and **respect**;
  - are fully supported within communities to find *their own* type of **recovery**.
2. We will achieve this vision by delivering Scotland's Public Health Priority to reduce the use of and harm from alcohol and drugs<sup>2</sup>, with a particular focus on reducing alcohol and drug deaths.
3. Delivering this will involve:
  - a focus on prevention which will reduce the individual, family and societal factors which increase the likelihood of alcohol and drug use and related harm;
  - ensuring that actions to reduce use and harm are tackling health inequalities;
  - a continuing whole-population approach to changing Scotland's relationship with alcohol, aligned with the World Health Organisation's “Best Buys”<sup>3</sup> for reducing the harmful use of alcohol;
  - a Human Rights-based, person-centred response to individuals and families experiencing alcohol and drug related harm, ensuring a focus on those who are most at risk;
  - a focus on taking an improved public health approach in justice settings - reducing use and harm - and taking vulnerable people out of the justice system;
  - an evidence informed approach, which appropriately involves academic evidence, the voice of lived and living experience, family members, those with professional experience and other intelligence on alcohol and drug related harm and recovery; and
  - clear arrangements for continuous improvement in delivery across the Scottish Government, Health Boards, Local Authorities, Police Scotland, the Scottish Prison Service, the Third Sector and other key organisations, particularly in working with local communities and recovery groups.

## Rights, Respect and Recovery

### Vision

Scotland is a country where “we live long, healthy and active lives regardless of where we come from” and where individuals, families and communities:

- have the right to health and life - free from the harms of alcohol and drugs;
- are treated with dignity and respect;
- are fully supported within communities to find their own type of recovery.

Prevention and Early Intervention	Developing Recovery Oriented Systems of Care	Getting it Right for Children, Young People, and Families	Public Health Approach in Justice	Alcohol Framework 2018
<b>Outcome:</b> Fewer people develop problem drug use	<b>Outcome:</b> People access and benefit from effective, integrated person-centred support to achieve their recovery	<b>Outcome:</b> Children and families affected by alcohol and drug use will be safe, healthy, included and supported	<b>Outcome:</b> Vulnerable people are diverted from the justice system wherever possible, and those within justice settings are fully supported	<b>Ambition:</b> A Scotland where less harm is caused by alcohol

## Chapter 2 – Delivering in Partnership

1. **Delivering the best health outcomes possible for people can only be done effectively in partnership. The success of this strategy depends on our ability to take an asset-based approach to working together to plan, invest and deliver in partnership.**

### Our partnership responsibilities

2. To ensure and show that we are working together, all those with responsibility for achieving the best possible outcomes will sign up to an overarching **Memorandum of Understanding** (MoU).
3. This MoU will be a joint statement of intent to **deliver this strategy** as well as being the **framework within which we will all operate**. The MoU will set out our respective roles a governance and accountability structure which will provide the general public, partners, Public Health Scotland, and Scottish Ministers with assurance on the quality of services and our performance.

### Investing in partnership

4. Delivering in partnership requires continued investment from the Scottish Government and other partners. The Scottish Government is committed to continuing to fund prevention, treatment and recovery activities, building on the £746 million it has invested since 2008. In *A Nation with Ambition*<sup>4</sup> the Scottish Ministers announced a commitment of £20 million per year until 2021 in treatment and support services. This investment will continue to be passed to local areas to work in partnership through Alcohol and Drug Partnerships.

5. The Scottish Government will also continue to invest in national organisations active in alcohol and drug initiatives. These organisations all play hugely important roles in developing and supporting policy change. The critical role of Scottish Health Action on Alcohol Problems (SHAAP) and Alcohol Focus Scotland (AFS) advocating for in minimum unit pricing is a key example of that as it their work on alcohol availability and attractiveness more broadly. All of the national commissioned organisations can and do play a role in connecting policymakers, service commissioners, and providers to people with expertise and lived experience.
6. The Scottish Drug Forum's (SDF) role in considering how services and cultures can support or hinder harm reduction is hugely important, as is the Scottish Recovery Consortium's (SRC) role in supporting and championing recovery communities across Scotland. The work of Scottish Families Affected by Alcohol and Drugs' (SFAD) in supporting families living with the harms associated with drugs and alcohol is a part of a national response that this strategy looks to strengthen, and Crew's work in having honest, realistic conversations resonates with the developments in education, within Chapter 4 on *Prevention and Early Intervention*.

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## Planning in Partnership

7. The majority of the commitments in this strategy are not in themselves detailed actions. Whilst some actions have been identified, we will coproduce clear action plans with our partners and review progress on a regular basis. This will include our actions around public health surveillance and research.

### Key partners

- Police Scotland
- Local Authorities
- Health Boards
- Housing support
- Scottish Prison Service
- Courts
- Treatment providers
- Employability services
- Children and families services
- Social Work
- Youth Services
- Community Learning and Development
- Integration Authorities
- Nationally commissioned organisations
- Academia
- People with lived/living experience
- People who use services
- Community organisations
- Scottish Fire and Rescue Service
- Families

- Care Inspectorate
- NHS Health Scotland
- NHS National Services Scotland
- Improvement agencies
- Community Justice Scotland
- Housing providers
- Community members and organisations
- Mental health services
- Scottish Ambulance Service
- Third Sector
- Crown Office

### The workforce

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



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### **Evaluation and review**

9. NHS Health Scotland will lead on the evaluation of this strategy, through an evaluation framework. The framework will be used to monitor and evaluate progress against the commitments and outcomes from *Rights, Respect and Recovery* on an ongoing basis. This will sit alongside the existing evaluation framework for the Alcohol the Prevention Framework, Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS)<sup>5</sup>.

### **Addressing alcohol and drug harms together**

10. In recognising that there is much in common in how we respond to alcohol and drugs, the Scottish Government has brought together the alcohol and drug strategies into one suite of publications. *Rights, Respect and Recovery* is the overarching strategy for prevention and treatment of alcohol and drugs.

## Chapter 3 – Context and Challenges

<p><b>High-risk alcohol and problematic drug use remains high</b></p>	 <p>Drug related deaths and hospital admissions are increasing and remain too high for alcohol</p>	<p>Problematic alcohol and drug use disproportionately impacts deprived communities</p>
 <p>Complex needs of an ageing population</p>	<p>More needs to be done to <b>protect those most at risk</b> of harm and death</p>	 <p>Dynamic and changing drugs market and challenges</p>
<p>Stigma remains a significant barrier</p>	<p>Services need to be person-centred, trauma-informed and better integrated</p> 	 <p>The whole family needs support</p>
 <p>Respect, diversity and ensure equity</p>	<p><b>Fewer people</b> (including young people) are <b>using drugs and drinking alcohol</b></p>	<p>Recovery communities are flourishing</p> 
 <p>Information and evidence is vital</p>	 <p>The Justice System has a role to play</p>	<p>Need to build on <b>Partnership working</b></p> 

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

### Harmful alcohol and drug use remains high compared with similar countries

2. It is a challenge to reliably estimate the size and scale of problematic alcohol and drug use. However, the most recent prevalence study estimated **61,500 individuals**, aged between 15-64, were engaged in problematic use of opiates and/or benzodiazepines in Scotland<sup>6</sup> and it is estimated that around 4% of the adult population have possible alcohol dependency<sup>7</sup>. This means that it is likely that we all have someone in our life who has experienced these challenges.

### Drug related deaths and hospital admissions are increasing, and remain too high for alcohol

3. Nine hundred and thirty four people lost their life to a drug related death in Scotland in 2017 - the highest number ever recorded and more than double the number recorded in 2007. There has also been a corresponding rise in drug related hospital admissions and repeat stays.
4. Alcohol-specific deaths and hospital admissions have reduced in recent years but remain far higher than they were in the early 1980s<sup>8</sup>.

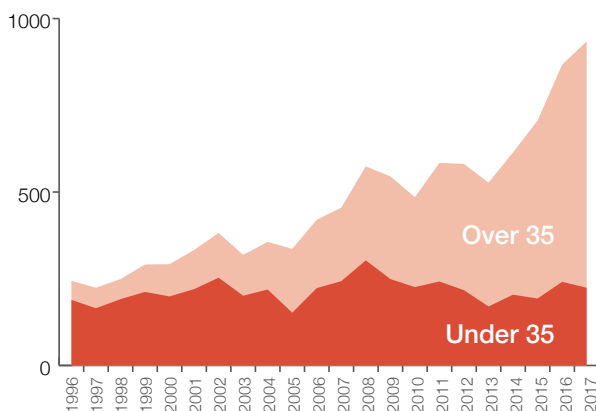


**Deaths 2017:**  
1,120 Alcohol-specific  
934 Drug-related

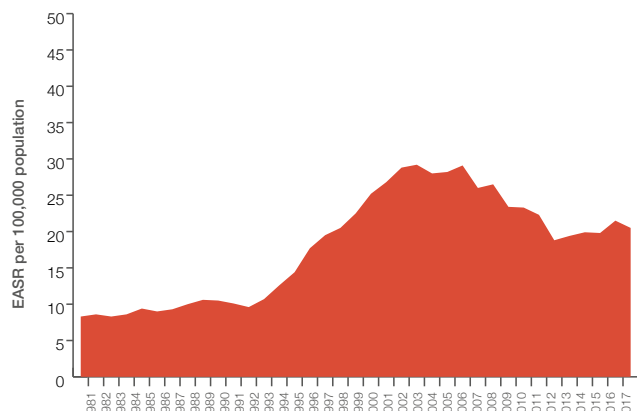


**Stays in Hospital 2016/17:**  
8,546 Drugs  
36,235 Alcohol  
(93%+ Emergency Admissions)

Drug-related deaths by age, Scotland, 1996-2016



Alcohol-specific deaths in Scotland, 1981 to 2017



Source: Health Scotland: NRS data<sup>9, 10</sup>

### **Problematic alcohol and drug use disproportionately impacts deprived communities**

5. Our ambition, as set out in the Fairer Scotland Action Plan, is **‘to build a better country - one with low levels of poverty and inequality, genuine equality of opportunity, stronger life chances and support for all those who need it.’**
6. The NHS Health Scotland *Burden of Disease* study highlights that alcohol and drug dependence are major contributors to absolute inequalities and recommends that alongside other measures we must tackle conditions that are more prevalent within higher levels of deprivation<sup>11</sup>. This Strategy reaffirms our commitment to this aim.

The disease burden of drug use disorders is **17 times higher** and alcohol dependence **8.4 times higher** in the most deprived areas compared with the least deprived areas<sup>12</sup>.

#### **Hospital Admissions**

**54%**  
of drug-related

**41%**  
of alcohol-related  
were patients living in the 20% most deprived areas<sup>13</sup>.

**29%**   
of those living in the 10% most deprived neighbourhoods felt that drug misuse was a ‘very’ or ‘fairly’ common local problem compared with 12% overall<sup>14</sup>.

### **An ageing population of higher risk alcohol and problematic drug users bring with it complex additional health challenges**

7. There is a clear trend of an ageing population of users for whom drug use has become more harmful over time<sup>15</sup>. As evidenced by the steep rise in drug related deaths in recent years. In addition, while harmful use of alcohol is increasing among older adults<sup>16</sup>.
8. Older service users are more likely to present with complex multi-morbidities, often having used drugs and alcohol for many years.

Average age of drug related deaths



**46%**

of the patients seen by GPs for alcohol misuse in 2012/13 were aged between 45 and 64, and around 10% were over 65<sup>17</sup>.

Source: NRS, 2018.

### **Dynamic and changing drugs market and challenges**

9. The drugs market is increasingly dynamic with a rapid growth in new psychoactive substances as well as new routes to market through the internet, dark web and social media. Concerning new drug trends include an increase in the prevalence and potency of many drugs in the market including cannabis, cocaine and benzodiazepine-type drugs alongside an increase in poly-substance use, which is a particular concern for the most vulnerable population of people who use drugs.

### **More needs to be done to protect those most at risk of harm and death**

10. The pioneering National Drug Related Deaths Database<sup>18</sup> and recently commissioned Dying for a Drink<sup>19</sup> study give us a valuable insight into the life circumstances of those most at risk of harm and death.

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11. While we know that being in treatment is a protective factor we must also endeavour to reduce the harms experienced by those who feel unready for treatment. Incidences like the recent HIV outbreak in Glasgow among people who use drugs highlight the importance of harm reduction measures and a co-ordinated response.

**281**

Injecting Equipment  
Provision outlets  
distributing over

**4.4 million**

needles and  
syringes per year<sup>20</sup>.

A total of

**46,037**

take-home Naloxone  
kits were supplied in  
Scotland between  
2011/12 and 2017/18<sup>21</sup>.

Initiatives such as  
**Housing First** provide  
service users with a permanent  
tenancy in Glasgow, enabling  
better access to community  
support, health care and  
social benefits.

### **Stigma remains a significant barrier**

12. People who experience alcohol or drug problems, either through use or by association, often experience the most stigma in our society. Negative attitudes and stigma from society, from professionals within services, and self-stigmatisation, can be one of the biggest barriers to accessing treatment, community services and other activities. Stigma needs to be challenged across the sector and society.
13. The language used in this strategy conforms wherever possible to the Global Commission on Drugs Policy guidelines<sup>22</sup> to help combat stigma.

### **Services need to be person-centred, trauma-informed and better integrated**

14. Many people attending alcohol and drug services are thought to have a history of trauma (as well as being particularly vulnerable to experiencing further trauma)<sup>23</sup>. Studies have consistently shown a high prevalence of comorbidity of mental disorders in people who have problems with alcohol and drugs and clear connections with homelessness and interactions with the criminal justice system.
15. People need support from professionals across a wide range of services and more integrated approaches are needed to address homelessness, mental health problems, unemployment and general healthcare needs. It is this integration which is fundamental to the success of this strategy.

A high of rough sleepers and **1 in 5** of all people who experienced **homelessness** had health interactions for drug or alcohol use.<sup>24</sup>

The most frequent psychiatric comorbidities among people who use drugs are **depression, anxiety and personality disorders**.<sup>25</sup>

### The whole family needs support

16. Alcohol and drug use by a loved one can cause trauma and distress for their families<sup>i</sup>, often leading to relationship breakdown and increased caring responsibilities. Family members can play an important role in supporting the recovery of a loved one but also need support in their own right.

**Multiple ACEs:**  
 Key risk factor for problematic alcohol and drug use<sup>26</sup>.

16% of people in treatment for drug use are living with their friends/families, 16% are living with a spouse/partner<sup>27</sup>.

38% of all child protection case conferences cited parental drug and/or alcohol use as a concern<sup>28</sup>.

15: average age of starting drug use by people seeking treatment.  
 (Source: SDMD)

### Respect diversity and ensure equity

17. Services need to be accessible and responsive to all who need them. The last decade has seen new trends in drug use among particular groups including chemsex, practiced mainly by men who have sex with men<sup>29</sup>, and a reported increase in the use of Image and Performance Enhancing Drugs such as anabolic steroids<sup>30</sup>.
18. While the majority of service users are male, the recent disproportionate rise in drug related deaths among women<sup>31</sup> has made us consider further the challenges of supporting this group. Services are also faced with meeting the often complex needs of a growing group of older people with alcohol and drug problems alongside meeting the needs of young people.
19. We have undertaken an Equalities Impact Assessment in the development of this strategy and a full report of this process will be published in due course.

<sup>i</sup> The definition within this strategy of 'families' means anyone who is concerned about someone else's drug or alcohol use, including family members, carers, friends, neighbours, siblings, older children, partners, parents, grandparents, formal and informal kinship carers, work colleagues or any other 'Concerned Significant Others'.

## Fewer people (including young people) are using drugs and drinking alcohol

20. The latest household survey data shows that self-reported levels of both drug use and alcohol consumption levels have decreased (although alcohol sales data suggests a long term increase in overall consumption). Furthermore, drinking and drug taking amongst young people have generally been declining since 2002<sup>32</sup>.

**6%** of adults had used one or more illicit drugs in the last 12 months: down from 7.6% in 2008/09.

Source: Scottish Crime and Justice Survey 2014/15

- 24% of adults drank above the lower-risk guidelines: down from 34% in 2003;
- 17% of adults did not drink: Up from 11% in 2003.

Source: Scottish Health Survey, 2017.

- 3% of 13 year olds and 11% of 15 year olds reported using drugs in the last month
- 4% of 13 year olds and 17% of 15 year olds drinking alcohol in the last week.

Source: SALSUS, 2015.

## Recovery communities are flourishing

21. We have seen the rapid growth of recovery communities in Scotland which have grown up alongside existing peer-led mutual aid groups. This has added a new dimension to Scotland's response to alcohol and drug problems. It has enabled those involved to socialise, reduce isolation and support each other. It has also improved the overall understanding of addiction, and recovery, and the impact of stigma and discrimination.

## Information and evidence is vital

22. In Scotland we invest in a wide range of public health surveillance data and intelligence and benefiting from a wealth of excellence and expertise – which includes the voice of lived and living experience. We need to ensure that we maximise the potential of these resources.



## The Justice System has a role to play

**36%** of prisoners stated their drug use was a problem for them on the outside;

**32%** stated alcohol affected their relationships with family<sup>33</sup>.

Recorded drug crime has fallen by 20% in a decade<sup>34</sup>;

Recorded offences for drunkenness in Scotland halved between 2008/09 and 2016/17<sup>35</sup>.

**76%** of prisoners **tests on reception were positive** for illegal drugs<sup>36</sup>.

23. People with alcohol and drug problems often interact with the criminal justice system, each stage presents an opportunity to engage and support this vulnerable group but we must also look at alternatives and diversions.
24. In 2017 the Scottish Government established the Health and Justice Collaboration Improvement Board<sup>37</sup>, to improving collaborative working, reducing health inequalities and reducing the risk of offending.
25. Diverting those with problematic alcohol and drug use away from the justice system and into treatment support, and other interventions that reduce harm and preserve life, is essential. This approach needs to run through how the police lead the work to control the supply of drugs, sentencing, the provision of treatment and support in prison setting, as well as supporting continuity of care on release.

# Chapter 4 – Prevention and Early Intervention

## Outcome: Fewer people develop problem drug use

### Commitments to achieve the outcome

Identify and implement actions to reduce inequalities and improve Scotland's health.	P1
Work with key experts, including those with lived and living experience to address stigma as a way to prevent and reduce related harm.	P2
Develop a comprehensive approach to early intervention amongst those who are at risk of developing problem drug use alongside those services who are already working with this group.	P3
Revise and improve the programme of alcohol and drug use education in schools to ensure it is good quality, impactful and in line with best practice.	P4
Develop education-based, person-centred approaches that are delivered in line with evidence-based practice to aim to reach all of our children and young people including those not present in traditional settings, such as Youth Groups, Community Learning and Development, looked after and accommodated children, excluded children and those in touch with services.	P5
Develop our current online resources to ensure they provide accurate, evidence-based, relevant and up to date information and advice around alcohol and drug use; and how to access help.	P6

### Introduction

1. The more we can do on prevention and early intervention, the less harm will be caused by alcohol and drugs. This chapter sets out commitments that cover both alcohol and drugs, but additional, alcohol-specific actions have been set out separately in our Alcohol Framework 2018<sup>38</sup>. As alcohol is legally available for those 18 and over there is a range of additional measures set out in that framework which do not apply to drugs.
2. Similarly, there are many issues associated with problematic drug use which require specific commitments which apply only to drugs. Much of this chapter focuses particularly on the prevention and early interventions which apply to drug use.
3. Our approach to drug prevention is aligned to the European Monitoring Centre for Drug Dependence and Addiction (EMCDDA)<sup>39</sup> definition and covers:
  - *Environmental prevention* - Addressing the cultural, social, physical and economic environments in which people make choices about drug use.
  - *Selected prevention and indicated prevention* – Interventions with specific individuals, groups, families or communities who are more likely to develop drug use or dependence.
  - *Universal prevention* – Improving drug education and awareness.

## Delivering the Outcome

### Environmental prevention

#### Reducing inequalities

4. We understand the clear links between problem drug use, health and other inequalities. Our approach to prevention is framed within the wider context of tackling these broader inequalities, including improving people's quality of life, access to housing and employment. This will have the most significant impact on reducing problematic drug use in the longer term.
5. Many national and local strategies make key contributions to reducing inequalities, including this strategy. We need to work together – joining up policy at a national and local level – to ensure that we can help to reduce inequalities, particularly in those areas most affected by problem drug use.
6. Significantly, The Fairer Scotland Action Plan (2016)<sup>40</sup> sets out a 50 point plan to deliver a fairer and more prosperous Scotland by 2030. This includes the Fairer Scotland Duty which ensures that public bodies take account of poverty and disadvantage whenever key policy decisions are made. The Scottish Government is committed to ending child poverty. *Every Child, Every Chance*<sup>41</sup> – the Scottish Government's Tackling Child Poverty Delivery Plan for 2018-22 – outlines the next, crucial steps to delivering on this ambition and its basis is in the *Child Poverty (Scotland) Act 2017*<sup>42</sup>. The plan, backed by a range of investments, including a £50 million Tackling Child Poverty Fund, sets out a

range of actions to increase household incomes, reduce costs, and support children and families to have a better quality of life.

**The Scottish Government, NHS Boards and Local Authorities will work with Public Health Scotland (once established) to identify and implement actions to reduce inequalities and improve Scotland's health. (P1)**

#### Improving community connections

7. Improving connections within communities and reducing loneliness and social isolation will have a significant impact on reducing drug problems. Our approach to addressing these issues is set out in a number of national and local strategies and frameworks. Scotland is launching a national strategy to improve community connections.
8. For people with lived and living experience of alcohol and drug problems, stigma and discrimination can be a significant barrier to engaging in community services and activities. We will build on the work done by our expert advisory group to address drug related stigma. This group has identified three levels of stigma which need to be addressed concurrently:
  - stigma by association;
  - self-stigma; and
  - institutional stigma<sup>43</sup>.

9. Future work will include addressing these points and raising awareness with the workforce across a range of services and organisations to improve services in a way which will reduce stigma. With actions including the developing of a stigma training course in partnership with Police Scotland.
10. Evidence shows that people who participate in culture are more likely to report good health and life satisfaction than those who do not. The Scottish Government is developing a *Culture Strategy for Scotland*<sup>44</sup> which will seek to build on initiatives and promote lifelong health and wellbeing in Scotland's most deprived communities. We need to consider and perhaps challenge the place of alcohol and drugs as well as recovery within the context of Scotland's culture.

**We will continue to work with key experts, including those with lived and living experience to develop plans to address stigma as a way to improve, prevent and reduce harm. (P2)**

### **Selected prevention and indicated prevention**

11. Our approach to prevention is placed within the overall approach to meeting the needs of children and their families. In this context effective prevention aims to reduce the circumstances and situations which place children, young people and adults at greater risk of developing problem drug use and its associated harms.

### **Addressing adverse childhood experiences**

12. There are clear links between Adverse Childhood Experiences (ACE) and problematic alcohol and drug use. Adults who experienced four or more adversities in their childhood, were two times more likely to binge drink, and eleven times more likely to have used crack cocaine or heroin<sup>45</sup>. In many instances children and young people who experience adversity will not experience this harm due to a range of protective factors in their lives. However, we need to work to prevent ACEs as far as possible and ensure children, young people and adults affected have the support to overcome adversity. This is covered in detail in Chapter 6 on *Getting it Right for Every Child, Young People and Families*.

### Early intervention to address drug related harm

13. We know from the stories and experiences of those who are in recovery that their alcohol and drug use started at a young age, in many instances under the age of 16.
14. Tackling needs early and joined up working between services is central to the values and principles of Getting it Right for Every Child (GIRFEC). Our approach to workforce development needs to ensure that professionals and volunteers working in services which support young people have the necessary skills to respond to drug use. This will include approaches to reduce harm, as well as support to reduce or stop their use.
15. We know that young people under the age of 25 make up a decreasing proportion of those accessing drug services accounting for just 14% all new clients in 2016/17<sup>46</sup>. In addition, those young people who do access services are presenting with a different range of drug problems and are less likely than before to state heroin as their main drug<sup>47</sup>. We cannot be complacent that problem drug use is decreasing amongst young people and we need to use and develop our public health surveillance data to better understand drug trends amongst young people. This will enable us to develop effective approaches to meeting their needs at the earliest possible stage.

**We will develop a comprehensive approach to early intervention amongst those who are at risk of developing problem drug use alongside those services who are already working with this group. (P3)**

### Identified Actions

- Our workforce development framework will set out levels of skills, competencies and understanding for those working with children and young people experiencing drug related harm.
- Our public health surveillance data will enable us to understand the risks and harm linked to problem drug use by young people.
- Local areas will develop and improve specialist services in response to local evidence of need.

### Universal prevention

#### Education in schools

16. Our approach to providing substance use education is the same for both alcohol and drugs. We must give the next generation the tools they need to make healthy choices about substances. Through the Health and Wellbeing component of Curriculum for Excellence, Scottish schools aim to provide helpful, engaging information about substances that, crucially, empower children and young people to make positive decisions about their health. It is also really important that education includes the impact of alcohol and other drugs on sexual risk taking, and focuses on the need to be confident that consent has been given for any sexual activity<sup>48</sup>.
17. Health and wellbeing indicators have an important place within the *National Improvement Framework for Scottish Education*<sup>49</sup>, and we will continue to look at how we can best emphasise their importance going forwards. Following work with stakeholders,

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Education Scotland published health and wellbeing benchmarks for schools, including substance use<sup>50</sup> in 2017. These benchmarks set out clear statements about what learners need to know and be able to do to achieve a particular level of learning. More recently, Education Scotland has published a thematic report which includes a review of Personal and Social Education (PSE) in schools<sup>51</sup>. This indicates improvements that could be made in providing PSE within *Curriculum for Excellence*.

18. Around 70% of 15 year olds say they have received lessons or discussions in class on drugs<sup>52</sup>. While this is encouraging, there is still room for improvements to increase the number of 15 year olds that have access to a learning experience which is based on best practice, and education that is universal across Scotland.
19. The Scottish Government is committed to taking steps to ensure that Initial Teacher Education (ITE) prepares students to enter the profession with consistently well-developed skills to teach areas such as literacy, numeracy and health and wellbeing. The initial phase of this work is being taken forward through the development of a new self-evaluation framework to support universities to evaluate their ITE. The General Teaching Council for Scotland is also reviewing its Professional Standards for Registration to work as a teacher in Scotland, which includes reference to the requirement for teachers to understand and apply the curriculum as it applies to health and wellbeing.
20. We have also continued to take forward substance use education work in Scottish schools through the *Choices for Life*<sup>53</sup> programme. In these, children and young people learn about a variety of substances including alcohol, medicines, tobacco, solvents and other drugs, and explore the impact risk-taking behaviour has on life choices and health. *Choices for Life* is primarily a schools-based education programme on alcohol, drugs and tobacco, funded by the Scottish Government and delivered in partnership with Police Scotland and Young Scot. The programme includes an information website for young people and their parents, teachers and carers.
21. In December 2016, the Scottish Government published a literature review on *'What works' in drug education and prevention*<sup>54</sup>. The key findings are consistent with other reviews of the evidence of effectiveness of substance use prevention programmes. The publication acknowledged that some popular and well-meaning approaches, for example using lived experience testimonials, are associated with no, or negative preventative outcomes. Stand-alone, mass media campaigns are also considered ineffective. The literature review found that children and young people benefit from prevention models that are delivered in a supportive environment, which use non-fear arousal techniques, and which provide the freedom to learn about alcohol and drug use within a broader conversation about choice and risk, rather than standalone input.

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22. In addition, for those most at risk from harm, targeted prevention interventions are most effective, alongside a whole school approach. These are most effective in interactive structured sessions, with booster sessions over several years, and should be of sufficient intensity and duration to influence change. Approaches that combine social and personal development and resistance skills with normative education techniques have also been shown to be effective.
  23. The research highlighted increasing interest in peer led models and the use of social influence methodology. This is supported by research conducted in partnership with the Scottish Youth Parliament, and has also shown that the tone of substance use education should be neutral, based on fact and that young people should be involved in the design, development, and dissemination of the information as young people are more likely to respond better to advice and information from their peers<sup>55</sup>. This has provided an informed basis for our overall approach to prevention activity both in and outwith schools.
  24. Following the *What Works* report a rapid review mapping exercise<sup>56</sup>, conducted in 2017, concluded that the quality of substance use education and local practice in education had to be made more consistent throughout Scotland. To help achieve better consistency the Scottish Government has produced a guidance summary of key findings<sup>57</sup> to support commissioners and practitioners in developing education and prevention strategies in line with the evidence.
  25. Also following the *What Works* report, the Scottish Government commissioned a review of *Choices for Life* and found that although the programme engaged with large numbers of young people, there were variations across Scotland and inconsistencies in both the delivery, setting and frequency of sessions. It was observed that there was some evidence of good practice, although ineffective approaches remained, alongside a lack of structured delivery guidance or lesson plans.
  26. Taking all of this into account, the Scottish Government considers a new approach is required to universal substance use education for young people in schools.

**We will revise and improve the programme of alcohol and drug education in schools to ensure it is good quality, impactful and in line with best practice. (P4)**

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### Broadening our universal approach

27. Our education system provides a window of opportunity to equip our children and young people with the life skills to make informed choices relating to their health and wellbeing. However we recognise that for some, traditional education methods are not working or not appropriate, and these children and young people can be more at risk. We need to go beyond classroom based interventions to ensure we provide a universal approach to alcohol and drug education that is delivered in different and innovative ways. This includes, but is not limited to, considering Youth Groups, Community Learning and Development, looked after and accommodated children, excluded children, and those in touch with services.

**We will develop education-based, person-centred approaches that are delivered in line with evidence-based practice to aim to reach all of our children and young people including those not present in traditional settings, such as Youth Groups, Community Learning and Development, looked after and accommodated children, excluded children and those in touch with services. (P5)**

### Online and outreach education and information

28. The dynamic growth in digital platforms used by young people present new challenges and opportunities in substance use education and prevention. They are increasingly the route through which young people obtain information and misinformation, about alcohol and drugs, as well as a growing and constantly evolving supply route.
29. We have a responsibility to our young people to provide accurate and reliable information about the risks of substance use, as well as providing them with the skills and knowledge to question the information they find online and the resilience to challenge and resist misinformation and pressure through social media.
30. *The Choices for Life* programme includes an information website (<https://young.scot/choices-for-life/>) for young people and their parents, teachers and communities which in 2016-17 received over 36,529 page views on the website; 103,411 videos watched on YouTube; and 69,605 and 10,532 views of Snapchat and Instagram stories respectively.



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31. The Scottish Government *Know the Score* website (<https://knowthescore.info/>) also provides advice on drugs and their risks. It is updated in partnership with Crew, a third sector drug service based in Edinburgh. The *Drinkline* website provides advice on alcohol and its risks. It is operated under contract with the Scottish Government.

**We will develop our current online resources to ensure they provide accurate, evidence-based, relevant and up to date information and advice, around alcohol and drug use; and how to access help. (P6)**

# Chapter 5 – Developing Recovery Oriented Systems of Care

## Outcome: People access and benefit from effective, integrated person-centred support to achieve their recovery

### Commitments to achieve the outcome

Invest in advocacy services through the National Development Fund to support a human rights-based approach.	R1
Ensure people in need have good access to treatment and recovery services, particularly those at most risk.	R2
Ensure people who experience problem alcohol and drug use receive effective services and interventions which support them to reduce harm and achieve their recovery.	R3
Listen to the voices of lived and living experience are central to our work to develop, design and deliver treatment and recovery services, interventions and approaches.	R4
Improve access to key interventions which will reduce harm, specifically focusing on those who inject drugs.	R5
Develop person-centred approaches across treatment, recovery services and health and social care services which work with people with alcohol and drug problems.	R6
Support the growth and expansion of Scotland's recovery communities into wider community settings.	R7
Develop trauma-informed approaches in alcohol and drug treatment and recovery services.	R8
Build on our public health surveillance and ensure that service design is informed by data, intelligence and academic evidence.	R9
Commission an up to date resource providing information and guidance on equalities issues for alcohol and drug prevention and treatment services.	R10
An action plan will be co-produced with key partners to deliver these commitments and supporting actions.	R11

### Introduction

1. People with alcohol and drug problems have the right to health and life. For many this will mean that they require good access to effective treatment, support and other interventions which will enable them to live longer and healthier lives. This chapter sets out the commitments to improve the access to, and quality of, a range of services and interventions within **a recovery oriented system of care (ROSC)**.
2. People also have the right to a family life and as a result, this chapter needs to be read in conjunction with the commitments set out in Chapter 6 – *Getting It Right for Children, Young People and Families*, with a clear focus on developing family inclusive practice.
3. In recent times, Scotland has seen a significant increase in drug related deaths, mostly linked to injecting opiate use, while alcohol deaths have remained consistently high. Evidence suggests that Scotland has an ageing cohort of people who use drugs who are currently experiencing a

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range of social and health harms which are contributing to this increase. Alongside this, Scotland's alcohol consumption has always been higher than much of the UK and Western Europe, leading to the high levels of deaths. Our public health surveillance also suggests that alcohol and people who use drugs experience a range of other harms, most recently and notably, manifested in the increase in HIV infections amongst those who inject drugs in the Glasgow area. The commitments in this chapter will improve access to, and quality of, key interventions and services which will support people into treatment and reduce their risk of harm and death.

4. People with alcohol and drug problems are also some of the most excluded people in society today. They experience stigma and, therefore, discrimination from others in their communities, the media and within our public services. This can directly affect access to the help and support they need to change their behaviour. **The current levels of harm and the discrimination people and their families experience is unacceptable in modern day Scotland. This has to change.**

5. Our aspiration is that people have a right to health and life, they are respected and achieve their recovery. This will require a person-centred approach, respecting that people's recovery must be focused on their aspirations.
6. Recovery is clearly a journey for people away from the harm and the problems which they experience, towards a healthier and more fulfilling life. In this context, we need to continue to develop recovery oriented systems of care across Scotland.
7. In spite of the current increases in harm and existing levels of discrimination, recovery has become more visible in Scotland in recent times, particularly abstinence based recovery. We can see this through the rapid growth of recovery communities which have grown up alongside existing peer-led mutual aid. This has added a new dimension to Scotland's response to alcohol and drug problems.

## **A Human Rights based approach**

Taking a human rights-based approach is about using international human rights standards to ensure that people's human rights are put at the very centre of policies and practice. A human rights-based approach empowers people to know and claim their rights. It increases the ability of organisations, public bodies and businesses to fulfil their human rights obligations. It also creates solid accountability so people can seek remedies when their rights are violated.

Clearly everyone has a right to life and health and we need to ensure this is the case for those who experience alcohol and drug problems.

The PANEL principles are one way of breaking down what a human rights-based approach means in practice

- |                                 |   |
|---------------------------------|---|
| Participation                   | <ul style="list-style-type: none"><li>• People must be involved in decisions that affect their rights.</li></ul>  |
| Accountability                  | <ul style="list-style-type: none"><li>• There should be monitoring of how people's rights are being affected, as well as improvement action taken.</li></ul>  |
| Non-Discrimination and Equality | <ul style="list-style-type: none"><li>• All forms of discrimination must be prevented and eliminated. People who face the biggest barriers to realising their rights should be prioritised.</li></ul> |
| Empowerment                     | <ul style="list-style-type: none"><li>• Everyone should understand their rights, and be fully supported to take part in developing policy and practices which affect their lives.</li></ul>           |
| Legality                        | <ul style="list-style-type: none"><li>• Approaches should be grounded in the legal rights that are set out in domestic and international laws.</li></ul>  |

We need to apply this approach to how we respond to problem drug use, including service planning, development, delivery and regulation.

We need to ensure that people have access to independent advocacy services to support this approach.

**The Scottish Government will invest in advocacy services through the National Development Fund to support the development of a human rights-based approach. (R1)**

## Delivering the Outcome

### Eight-point Plan for Treatment and Recovery

8. The eight-point plan for treatment and recovery aims to support individuals to achieve their recovery and reduce alcohol and drug deaths by improving access to effective services and interventions.

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- 1 People access treatment and support – particularly those at most risk
  - 2 People engage in effective high quality treatment and recovery services
  - 3 People with lived and living experience are involved in service design, development and delivery
  - 4 People access interventions to reduce harm
  - 5 A person-centred approach is developed
  - 6 The recovery community achieves its potential
  - 7 A trauma-informed approach is developed
  - 8 An intelligence-led approach future-proofs delivery

#### **Point 1 – People access treatment and support – particularly those at most risk**

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

10. Treatment services need to be well-publicised and accessible to all those in need in the community. Public Health Surveillance Data should inform our approaches to improving access for those most at risk. Approaches need to include low threshold outreach services and the pro-active offer of support following key events such as non-fatal overdose and hospital discharge.

11. Alongside treatment services, other health and social care services also play an important role in identifying these groups, as they may already be working with people who are at significant risk. This includes housing, employability, hospital, primary care welfare, mental health, children and families services amongst others.

12. Relapse is not uncommon amongst people in treatment as well as those who have moved on from treatment. This is a time of increased risk as it is likely that people's tolerance to alcohol and drugs will have reduced. Arrangements will need to be in place to ensure that people have good access to treatment and other support in these situations, including assertive outreach.

**People in need will have good access to treatment and recovery services, particularly those at most risk. (R2)**

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### Identified actions

- Public Health surveillance will continue to enable services to understand who is at most risk and develop approaches to engage these groups.
- The key skills and expectations for staff working in broader health and social care services on engaging problem alcohol and drug users will be set out in the Workforce Development Framework.
- Good practice will be established in relation to:
  - Assertive outreach to those at risk including those who have relapsed
  - Alcohol hospital liaison, improving access to treatment and support

### **Point 2 – People engage in effective high quality treatment and recovery services**

13. The evidence for effective medical treatment and psychosocial support for alcohol and drug problems is clearly established; currently this is set out in *Drug misuse and dependence: UK guidelines on clinical management*<sup>58</sup> and *Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence*<sup>59</sup>. Those involved in delivering treatment and recovery services need to ensure that this evidence underpins service delivery at a service and practitioner level.
14. Treatment and recovery services are under significant pressure to deliver effective services to people with a wide variation in their needs. This pressure may change over time and treatment services will need to develop approaches which enable them to manage their capacity effectively. This will include whole system approaches to redesign and the development of stepped care models of delivery.
15. A recent report from the Lead Psychologists in Addiction Services Scotland (LPASS)<sup>60</sup> sets out a stepped care model for delivery for psychosocial interventions. The requirements of staff in terms of the delivery of psychosocial interventions and provides a framework to effectively match the needs of people using their services to the skills and abilities of the workforce.
16. We need to improve access to and the quality of medical treatment options. For those treated with opiate substitution therapy (OST), we need to ensure they receive optimal dose and are supported to remain in treatment for as long as it is needed. Alongside this to improve medical treatment options. For instance there is strong evidence that heroin-assisted treatment is more effective at retaining people in treatment for whom other forms of opiate substitute therapy (OST) has not been effective, and as a result reduces rates of death among this cohort<sup>61</sup>.

17. A quality improvement framework will enable us to improve our approach to measuring and improving service quality. *The Quality Principles for Drug/Alcohol Services*<sup>62</sup> and the *Health and Social Care Standards*<sup>63</sup> provide clear quality expectations for treatment and recovery services. The Care Inspectorate completed an external validation of the implementation of the Quality Standards in 2016<sup>64</sup> which showed good evidence of compliance. Further external validation is required on an ongoing basis, with a broader scope to involve those with lived and living experience in this process as well as through independent advocacy. Alongside this we need a set of national benchmarks for treatment and recovery which can be used to assess progress at a local and national level on a regular basis.

**People who experience problem alcohol and drug use will receive effective services and interventions which support them to reduce harm and achieve their recovery. (R3)**

#### Identified actions

- All treatment services in Scotland will implement evidence-based approaches as set out in *Drug misuse and dependence: UK guidelines on clinical management and Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence* including any updates to this guidance.
- The Scottish Government will support ADPs and IJBs to use the evidence and learning from the LPASS report to evaluate current psychological interventions and support within a ROSC.
- The Scottish Government will make resource available to local areas through the Corra Foundation to support system redesign to increase capacity and improve access to effective services.
- The Scottish Government will develop specific national guidance and standards for asset-based assessment and case management, linked to Quality Principles and the Health and Social Care Standards.
- The Scottish Government will establish a Quality Improvement Framework to set expectations for treatment and recovery services. This will include:
  - A set of numerical benchmarks to assess service delivery
  - The approach to inspection and regulation of all services
  - A workforce development framework which set out the expectations and skills, abilities and competence of the workforce

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***Point 3 – People with lived and living experience will be involved in service design, development and delivery***

18. There is recognition of the benefits of involving people with lived and living experience across health and social care services. We need to build on existing approaches to this work to ensure that people who have experience of problematic alcohol and drug use and recovery, as well as their family members and carers, are involved in the planning, development and delivery of services.
19. Approaches to involving people will vary across the country, however, these approaches will all require the commitment of key professionals and the investment of resources to ensure that they are successful. By involving and listening to people with lived and living experience, being prepared to be challenged by their views and handing over power to make changes, we may find that the solutions do not lie in traditional approaches.

**We will make the voices of lived and living experience central to our work to develop, design and delivery treatment and recovery services and interventions. (R4)**

**Identified actions**

- The Scottish Government will work with partners to develop a national approach to involving people with lived and living experience in policy and strategy development; and link this to the models that are already developed at a local level.
- The Scottish Government will work with partners including those with lived and living experience to ensure there is an effective role for people in our quality improvement framework.
- Our workforce development framework will include training and development for people with lived and living experience to enable their involvement in service planning, development and delivery.

***Point 4 – People access interventions to reduce harm***

20. As noted already, Scotland still experiences high levels of alcohol and drug-related harm. A comprehensive approach to harm reduction needs to be embedded within ROSC, in ways which ensure that people have access to the interventions and supports in settings which meet their needs.



### **Safer drug consumption facilities**

Safer drug consumption facilities are services at which people can consume drugs, obtained elsewhere, under the supervision of trained health professionals. They offer a compassionate, person-centred service which focuses on reducing the harms associated with injecting drug use and helps people access appropriate services to meet their needs. By doing so, they are able to reach an extremely vulnerable group who often do not engage with our existing services. There are more than 90 of these facilities operating across Europe, North America and Australia. There is evidence to suggest that these services reduce the spread of disease through unhygienic injecting, prevent drug-related overdose and deaths and connect people who use drugs with treatment and other health and social care services<sup>65</sup>.

Public health surveillance in Glasgow has identified a significant increase in HIV diagnosis and other harms amongst those who inject drugs in central Glasgow, mostly amongst the homeless population. The evidence gathered has led to the conclusion that a safer drug consumption facility would meet a significant public health need in the city by reducing the risk of the further spread of HIV, drug-related overdose and deaths<sup>66</sup>.

The Scottish Government's Programme for Government 2018 is supportive of proposals of this nature which are in response to clear evidence of need and are in line with a human rights-based and public health-led approach. Drug legislation is currently reserved to the Westminster Parliament, and the Scottish Government will continue to press the UK Government to make the necessary changes in the law, or if they are not willing to do so, to devolve the powers in this area so that the Scottish Parliament has an opportunity to implement this life-saving strategy in full.

21. Although much has been achieved in the ways that harm can be reduced among people who inject drugs, there is still more to do. For these people we can still improve the following:
- Injecting equipment provision – all services must deliver in line with *Guidelines for services providing injecting equipment: Best practice recommendations for commissioners and injecting equipment provision (IEP) services in Scotland*<sup>67</sup>;
  - Naloxone – provision to all people at risk of opiate overdose, as well as their family members, partners and associates. Alongside this we need to find ways to support people to carry Naloxone about their person;
  - Wound care – easy access to wound care within services already used by those who inject drugs;
  - Testing for all those at risk of contracting blood-borne viruses and support to access follow up treatment and support.

22. These interventions need to be delivered from services and venues and in ways which are accessible to people who are at risk. This includes treatment services, housing and homelessness services, key physical and mental health services, primary care and hospital services amongst others. Needs assessment work, the evidence base and the involvement of people with lived and living experience will guide the development of these approaches.
23. In the delivery of this strategy we take a particular focus on reducing the spread of blood-borne viruses and other infections. We know that individuals who experience problematic alcohol and drug use are at risk of poor sexual health outcomes and those who inject drugs are at significantly greater risk of blood-borne virus (BBV) transmission. Alcohol and drug services will support the forthcoming Hepatitis C Elimination Strategy and will work with services to ensure that relevant recommendations are taken forward.
24. We also need to look at the evidence behind new approaches to harm reduction for both alcohol and drug use. For instance we have seen the evidence for Managed Alcohol Programmes<sup>68</sup> to improve the health and wellbeing of homeless dependent drinker by providing accommodation, health and social care support alongside supervised doses of alcohol.

**We will improve access to key interventions which will reduce harm, specifically focusing on those who inject drugs. (R5)**

#### Identified actions

- The Scottish Government will work with experts to identify benchmarks for service delivery as part of the Quality Improvement Framework.
- The Scottish Government will develop guidance and support all ADPs to carry out an assessment of their strengths and weaknesses in delivering key harm reduction initiatives to those at risk.

#### **Point 5 – A person-centred approach is developed**

25. The overall commitment in this chapter is to develop person-centred approaches across the range of health and social care services. Navigating these support services can be complex and we need to improve access and outcomes by bringing together the policy, planning and delivery of these services. Key to this are primary care, housing, mental health and employability services, however, this is not an exhaustive list and we need innovative approaches across the range of services which are used by people with alcohol and drug problems.

#### Primary care

26. Primary care plays a key role in treatment and recovery, delivering and placing alcohol and drug treatment within the context of broader health, and identifying and responding to both mental and physical health conditions. The new contract for primary care which came into effect in April 2018 provides for a new model of care that is local, multi-disciplinary and enables allied-health professionals and GPs to work in an

integrated way with community services to ensure patients' needs are met. This offers opportunities for more integrated approaches to the delivery of alcohol and drug treatment, alongside other health and social care services such as mental health, sexual health and blood-borne virus services.

27. Pharmacists also play a key role in providing healthcare services including harm reduction interventions as well as blood-borne virus testing and other healthcare interventions, particularly to those not in treatment. They are often the healthcare professionals who have the most contact with those receiving OST and are, therefore, in a unique position to provide a range of healthcare interventions, as well as identify and reduce the risk of harm. This would include effective liaison with other primary care and treatment and recovery services to support the delivery of treatment and recovery plans.
28. The Chief Medical Officer's *Realistic Medicine* programme sets commitments for clinicians to build a more personalised approach to care, in partnership with people through shared decision making. This is in line with the person-centred approach in this strategy. To support this, guidance has been published on improving prescribing in relation to chronic pain<sup>69</sup>. Clinicians must take care in prescribing these medicines to reduce risks around dependency, whilst continuing to meet the individual healthcare needs of people.

29. Further guidance has been developed to manage "poly-pharmacy" to improve outcomes where people receive a number of prescriptions to address a range of health conditions. This is a particular issue for people who require medical treatment for their alcohol and drug problems alongside treatment for other conditions.

### **Mental health**

30. The links between problematic alcohol and drug use and poor mental health are well documented and can lead to individuals facing barriers to treatment for both issues. The Scottish Government's Mental Health Strategy<sup>70</sup> takes a human rights-based approach to improving mental health and includes two actions around alcohol and drug use, both of which were targeted at improving the services offered to those with a dual diagnosis. Alcohol and drug services are also well placed to deliver key mental health interventions and are well placed to deliver key commitments in Scotland's *Suicide Prevention Action Plan*<sup>71</sup>.

### **Housing**

31. Settled housing plays an important role in the prevention of, and recovery from, problematic alcohol and drug use. The Scottish Government remains committed to ending rough sleeping and homelessness, and our legislation around homelessness is some of the strongest in the world. The Scottish Government's Homelessness and Rough Sleeping Action Group examined how our national commitment to prevent, tackle and end rough sleeping and homelessness can be achieved, producing a report with a

series of recommendations<sup>72</sup>. Alongside the findings of the Local Government and Communities Committee inquiry on homelessness, these recommendations have provided the foundation for the development of the Ending Homelessness Together High Level Action Plan, published in partnership between local and national Government on 27th November 2018. This strategy will support the delivery of this Action Plan by developing more joined-up approaches across homelessness services and alcohol and drug treatment services. Initially, this will be through a joint investment in *Housing First*<sup>73</sup>.

## Employment

32. *No One Left Behind: Next Steps for the Integration and Alignment of Employability Support in Scotland 2018*<sup>74</sup> describes the next steps for the integration and alignment of employability support with a particular focus on health, justice and housing services. It puts an emphasis on the role of Health and Social Care Partnerships and Alcohol and Drug Partnerships in developing stronger links between local services and national employability services. The Scottish Government will work with local partnerships to encourage them to join up with local and national employability provision to respond to the educational, volunteering and employment needs of people in recovery.

**Person-centred approaches will be developed across treatment and recovery services and the range of health and social care services which work with people with alcohol and drug problems. (R6)**

## Identified actions

- The Scottish Government will work with local partners to develop integrated models within primary care settings which address alcohol and drug related harm.
- The Scottish Government will work with providers to identify good practice in reducing polypharmacy for people with alcohol and drug problems.
- The Scottish Government will work with local and national experts to explore and develop new approaches to assessment and referral pathways for people with both problematic alcohol and drug use and mental health diagnosis.
- The Scottish Government will support and invest in Housing First pathfinders within our main cities with a particular focus on problematic alcohol and drug users with complex needs.
- The Scottish Government will work with local partnerships and employability provision, including providers of the devolved employment service - *Fair Start Scotland* - to provide an integrated response to the educational, volunteering and employment needs of people in recovery.
- The workforce development framework will set out clear competencies and expectations in identifying and responding to alcohol and drug use amongst those working in health and social care services.
- The Scottish Government will make resource available to local areas through the Corra Foundation to support system redesign to increase capacity and improve access to effective services.

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### ***Point 6 – The recovery community achieves its potential***

33. Scotland has thriving recovery communities which we must continue to nurture as they extend their positive influence into communities. These groups, and the recovery activists within them, are best placed to lead on the development of recovery capital and reducing stigma within communities, as well as making a positive impact more broadly on their local community.
34. Recovery communities and mutual aid fellowships are essential to the development of ROSC in Scotland. Many people find the support they need to address their problem alcohol and drug use solely through these groups. Treatment and support services have a key role to play in connecting people in recovery to these networks as a part of their core offer. There are already many examples of this in Scotland, including how prisons have tackled the challenge of connecting people in prison with others in recovery.
35. We are well aware that isolation and loneliness are significant issues for those using alcohol and drugs and this can continue during an individual's recovery. Recovery communities provide safe places for people to socialise, connect with others in recovery, and maintain their personal recovery journeys.
36. In addition, recovery communities can be at the heart of any proposals around reducing stigma as they provide a visible face of recovery as well as insight into addiction and harm, and for this reason

alone should continue to be celebrated and supported. These cafes and groups all have a part to play at normalising recovery and provide a safe space for anyone within the community that would like to access them.

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

**The Scottish Government, national support and local partnerships will continue to support the growth and expansion of Scotland's recovery communities into wider community settings. (R7)**

### ***Point 7 – A trauma-informed approach is developed***

38. Many people who access treatment and recovery services will have had an experience of trauma, as an adult or a child or both. Many will have used alcohol and drugs as a means of coping with, and managing, these experiences.
39. Taking a trauma informed approach is not about treating trauma, but rather trauma-informed services taking into account an understanding of trauma in all aspects of service delivery and placing priority on the person's safety, choice and control. This means that services need to ensure that approaches are built into all policy and procedure and that those working in treatment and recovery services are able to recognise the signs of trauma and develop approaches which are safe, build

trust, offer choice and build empowerment. Consideration also needs to be given to specific cultural, and gender issues.

**Alcohol and drug treatment and recovery services must develop trauma-informed approaches. (R8)**

**Point 8 – An intelligence-led approach future-proofs delivery**

40. In Scotland, we regularly publish a number of national reports to support our public health surveillance and inform our approaches to addressing alcohol and drug harm. This includes reports on alcohol and drug deaths, access and use of treatment services, alcohol and drug prevalence, and the use of injection equipment provision amongst other areas.
41. A public health approach requires us to bring a greater clarity to how we use and link existing and new data to answer key policy questions as well as to identify key harms and emerging trends across Scotland. We are committed to improving the quality of data on the use of treatment and recovery services through the implementation of the Drug and Alcohol Information System (DAISy).
42. Our intelligence-led approach also needs to recognise that the use of drugs and alcohol is a dynamic activity and there are a number of emerging trends and challenges which we need to respond to now, and there will continue to be more in the future. It is also possible that the issues that will cause us the most concern in five years' time may currently be undetected.

43. For instance, a recent Public Health England report has identified that the recent reduction in treatment numbers in England has had a disproportionate impact on those with alcohol problems<sup>75</sup>. As we bring together our response to drugs and alcohol we need to monitor these and other impacts to ensure that we maintain effective services for all those with alcohol and drug problems.

44. We recognise the importance of the role evidence plays in developing both practice and policy decisions; the Drug Research Network Scotland and the Scottish Alcohol Research Network provide a co-ordinated link to the wealth of research and expertise in this area. This strategy will support the ongoing development of shared priorities for these networks and those working in service planning and delivery.

**The Scottish Government and local partners will continue to improve our public health surveillance and ensure that service design is informed by data, intelligence, and academic evidence. (R9)**

**Identified actions**

- The Scottish Government will work with partners to review our current data and reporting on alcohol and drugs with a view to rationalising and enhancing public health surveillance and intelligence.
- The Scottish Government in partnership with the Drugs Research Network Scotland review and update the Research Framework.

- The Scottish Government will work with local areas to implement DAISy and also to develop reports which inform our understanding of the impact of treatment services at a local and national level.
- The Information Services Division of NHS National Services Scotland will develop a programme of data linkage enabling a broader understanding of the needs of those with problematic alcohol and drug use.

### **Recognising the needs of different equalities groups**

45. In a human rights-based approach we need to ensure that the commitments in the eight-point plan apply equitably across the population. While every person is individual there are clear characteristics and challenges which are specific to particular groups of people. It is important that services are accessible and deliver high quality services to people regardless of age, gender, disability, ethnicity, sexual orientation, religion, nationality or socio-economic status.
46. While men are more likely to use alcohol and drugs and to experience health harms as a result (for example males account for around 70% of drug-related deaths and alcohol specific deaths<sup>76</sup>), it is important to understand the treatment and care needs of women in what can be a male dominated environment. While there are some commonalities there are also marked differences in the motivations and antecedents for alcohol and drug use amongst men and women and differences in their care needs, particularly in relation to parental roles.
47. The recent disproportionate rise in drug-related deaths amongst women is a particular concern and a report commissioned by the Scottish Government specifically examined the reasons for this rise and recommended a number of actions that could be taken in response including the **adoption of 'gender mainstreaming' practices** in substance-use policy and practice<sup>77</sup>.
48. Making sure that services are accessible to people with disabilities is also a key priority. It is widely recognised that many people with problematic substance use have a high incidence of mental and physical health problems as a result of, or concurrent with, their substance use. This is particularly acute among growing numbers of older people with alcohol and drug problems.
49. It is also important to understand different patterns of substance use by different equalities groups and ensure that services are responsive. For example, younger people are now less likely to be presenting for treatment for heroin and more likely to be using new psychoactive substances. Similarly, there is increasing anecdotal evidence of increased harms from chemsex among some men who have sex with men.
50. Similarly people from religious or cultural minorities will also have their own cultural context for their substance use. Services must be mindful, respectful and accessible to all those who need them.

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51. A full Equalities Impact Assessment has supported the development of this strategy and a full report will be published in due course. We need to ensure that we take into account these differences when developing, delivering and evaluating services for people with problematic alcohol and drug use.

**The Scottish Government, in consultation with partners, will commission an up-to-date resource providing information and guidance on equalities issues for alcohol and drug prevention, treatment and recovery services. (R10)**



## Chapter 6 – Getting it Right for Children, Young People and Families

### Outcome: Children and families affected by alcohol and drug use will be safe, healthy, included and supported

#### Commitments to achieve the outcome

Ensure family members will have access to support in their own right and, where appropriate, will be included in their loved one's treatment and support.	C1
Ensure all families will have access to services (both statutory and third sector) provided through a whole family approach, in line with the values, principles and core components of GIRFEC.	C2
Involve children, parents and other family members in the planning, development and delivery of services at local, regional and national level.	C3

#### Introduction

1. Problem alcohol and drug use amongst family members can have a devastating impact on the lives of children and other adults in the family. This includes health and wellbeing impacts, financial worries and social isolation.
2. Alcohol and drug use by a loved one can also cause trauma and distress for their children and families<sup>ii</sup>, often leading to relationship breakdown and increased caring responsibilities. The impact of parental alcohol and drug use is far-reaching, it can increase the risk of abuse and neglect and negatively influence wellbeing throughout life – from ante-natal development through to adulthood.
3. This is compounded by the associated stigma that families experience which can create very specific challenges. It can isolate families from their communities and act as a significant barrier to seeking help and support. In addition, stigma and fear present specific challenges to accessing treatment for parents and particularly mothers. It is vitally important that all those involved in providing support to families, including children and adult services, are sensitive to stigma and discrimination and the barriers it presents.
4. Many thousands of adults across Scotland have experienced parental/family alcohol and drug use in their childhood which is commonly recognised as a key Adverse Childhood Experience (ACE). Evidence shows that without intervention, people with ACEs are at increased risk of a range of negative health and life outcomes, including in some cases their own struggle with alcohol and drugs. Understanding and addressing this impact is crucial to safeguarding children's current and future mental and physical health and wellbeing<sup>78</sup>.
5. Each family is unique and their experience and journeys are all different, however, they all require support, compassion and understanding. Effective, high quality treatment and a family-inclusive approach for people affected by drug and/or alcohol use is vital and can have significant benefits for those around them. Families and the wider community also play a

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

vital role in recovery and have their own support needs on this journey which need to be factored into how treatment and support is designed and delivered.

6. Over the past 10 years progress has been made on supporting families. This includes promoting good practice in services, introducing information-sharing protocols and developing robust child protection measures to ensure that all services working with children and families are equipped to meet their needs. It is important to ensure this improvement continues. Findings from Significant Case Reviews show there remains scope for improvement in relation to effective, consistent information sharing between adult and children's services.
7. It is also extremely important to identify and support the positive contribution family members can make to a person's recovery journey. Although family relationships are complex, they are more often than not one of the most important factors in supporting someone with drug or alcohol use. However, family members also need support to build their own resilience and recover themselves.
8. This strategy sets out a shift towards a whole family and family-inclusive approach to treatment and must be developed with lived and living experience at the heart.

## **Delivering the outcome**

### **Family-inclusive approach**

9. The definition of 'family' means anyone who is affected by a loved one's alcohol or drug use, including family members, partners, carers, friends, neighbours, work colleagues or concerned significant others.
10. Support from family and friends can be a key component of recovery. The whole family can be an asset in someone's recovery journey, even where family relationships are fragile or under strain. It is most often the families who are there 24/7 and are the first point of support, coping with sometimes very challenging situations, supporting and caring for a family member or loved one. Families go through a journey, along with those affected directly and it is vital to support families in their own right, at any stage of the journey.
11. Over the last 10 years there has been a growing and thriving recovery movement and part of this is ensuring that families recover too. In 2018 the Family Recovery Initiative Fund (FRIF) was established, which offers small grants of up to £1,500 to support the development of groups which aims to improve wellbeing for families affected by a loved one's drug or alcohol use. This commitment will continue, ensuring the FRIF becomes a strong asset for families at a local and national level.

**Family members will have access to support in their own right and, where appropriate, will be included in their loved one's treatment and support. (C1)**

### Identified actions

- The Scottish Government will continue to investment in the Family Recovery Initiative Fund which will continue to strengthen the capacity of family support and its voice in Scotland.
- New and existing models of support for family members through the National Development Fund will be evaluated. These findings will help shape and set expectations for delivery across Scotland.
- The workforce development framework will set expectations and competencies for the treatment workforce in being more family inclusive.

### Whole family approach

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

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

13. Alcohol and drug treatment and recovery for those with children, needs to be underpinned by a whole family approach which includes understanding the needs and impact of not only the person who requires treatment, but also the whole family that is affected. In line with the values and principles of GIRFEC, working constructively with whole families at an early stage can prevent the need for later crisis interventions.

14. Treatment professionals are critically placed to be aware of, and identify, children and young people who are adversely affected by parental and family drug or alcohol use. Ensuring access to support, that services are trauma-informed, and having effective joint-working arrangements in place between treatment services and children and family services (including statutory child protection services), can have significant benefits to all involved.

15. Work is under way across a wide range of policy areas to better understand and implement a more trauma-informed approach. Implementation of the National Trauma Training Framework<sup>79</sup> developed by NHS Education for Scotland (NES) aims to help Scotland's current and future workforce develop skills and services that respond appropriately to ACEs and trauma.

**All families will have access to services (both statutory and third sector) provided through a whole family approach. (C2)**

### Identified actions

- Effective multi-agency guidance will be in place to support professionals to work effectively together in line with GIRFEC values, principles and core components; this will be embedded into Service Level Agreements, contracts and other performance requirements.
- Improving joint-working at a strategic and service delivery level across Scotland, including through the delivery of the Child Protection Improvement Programme.
- Expectations will be set around the competencies of professionals in our Workforce Development Framework.
- Ensuring joined-up support across treatment and other community services for parents whose children are looked after and accommodated due to lack of parental care.

### Lived experience

16. The lived and living experience of children and families affected by problematic alcohol and drug use is vital in the planning, development and delivery of services. It is important to continue to ensure that people are heard and listened to. This includes ensuring lived experience makes a direct contribution to national and local developments.
17. Listening to families affected requires targeted approaches to ensure that they can make their voice heard. Engaging and listening to children and young people requires a specific sensitivity. Research Initiatives such as 'Everyone Has a Story'<sup>80</sup> has allowed a better understanding of the impact alcohol and drug use and recovery

has on children and young people. There is a need to build on this work to understand how children feel about living with parents in recovery and how they want to be supported.

**Children, parents and other family members will be involved in the planning, development and delivery of services at local, regional and national level. (C3)**

### Identified actions

- We will continue to invest in approaches that give children and young people's lived and living experience a clear place in improving support and help developing new and innovative approaches.
- Mechanisms will be developed for the voice of family members and parents to be represented at national and local policy-making level.

### Protecting children and young people: frameworks and strategies

18. Meeting the needs of children, young people and families affected by a loved one's alcohol and drug use can be complex and this is reflected in the breadth of the policy landscape which supports them.

### The Getting it Right for Every Child (GIRFEC) approach

19. Getting it Right for Every Child (GIRFEC), is the national approach in Scotland to improving outcomes and supporting the wellbeing of our children and young people by offering the right help at the right time from the right people. GIRFEC is

central to all Scottish Government policies which support children, young people and their families, including those affected by parental alcohol and drug use and is delivered through services and people who work with families.

20. The GIRFEC approach is:
  - child-focused;
  - based on an understanding of the wellbeing of the child in their current situation; and
  - based on tackling needs early.
21. This approach requires joined-up working. There have been significant developments across policy areas which are underpinned by the GIRFEC national framework including child protection, looked after children, support for young carers, child poverty and maternity and early years, which together improve support for children affected by parental drug or alcohol use. These have been underpinned by extensive training and awareness-raising sessions for staff across services with areas adopting local protocols on the delivery of the three key frameworks: *National Risk Framework to Support the Assessment of Children and Young People*<sup>81</sup> (2012); *Getting Our Priorities Right*<sup>82</sup> (2013), and *National Guidance for Child Protection in Scotland*<sup>83</sup> (2014).
22. Children living with a parent or guardian with alcohol and drug use are not always at risk of harm. Nevertheless, neglect and lack of parental care, however unintentional, can be a key issue faced by children and young people in these circumstances. Sometimes subtle changes in a child's circumstances can be difficult to detect and often this can be linked to changes in parental alcohol and drug use. Treatment professionals are critically placed alongside universal services to understand these changes and take appropriate action when necessary to ensure a child's safety.
23. The *Child Protection Improvement Programme*<sup>84</sup> was launched in 2016 and included an independently-chaired Systems Review Group, which looked at the formal elements of the child protection system. The programme is taking forward a number of actions aimed at strengthening current practice and improving outcomes for children and young people. This includes:
  - The role of treatment professionals in providing information and skilled assessments to multi-agency case discussions, care planning and review arrangements;
  - The role of services in providing ongoing treatment, care and recovery support to parents;
  - The awareness and skills of staff in contributing to reviewing the circumstances, risk and wellbeing of children;

- Increase the consistency and delivery of joint learning and training and joint working opportunities, around revised and updated Getting our Priorities Right (GOPR) Protocols;
- Improved understanding of reducing neglect through work with The Centre for Excellence for Looked After Children in Scotland (CELCIS);
- Consult on a Shared Dataset for Children's Services in order to better plan and commission services and measure outcomes for children and young people.

24. Third sector organisations also have a critical role in supporting children, young people and families. They are often best placed to offer intensive, early intervention support and are also, in a lot of circumstances, the first service a family will reach out to in crisis.

### **Maternal and infant health**

25. The Scottish Government is committed to ensuring that all children in Scotland get the best possible start in life, even before they are born. Maternity care plays a vital role in providing women, their partners and their babies with the care and support they need at this important time. We recognise that some babies need medical intervention at birth, including those who experience, for example, neonatal abstinence syndrome (NAS). All babies that require intervention will receive high quality care in neonatal units. *The Refreshed Framework for Maternity Care in Scotland*<sup>85</sup> sets out service aims focused on improving access to maternity care for vulnerable groups,

including women with alcohol and drug problems. In January 2017, the *Best Start*<sup>86</sup> report was published, following a review of Maternity and Neonatal Services in Scotland. Recommendations were made which cover working with vulnerable women (including those with problematic alcohol and drug use) and work has begun to take this forward. We know from the evidence gathered for the *Early Years Framework*<sup>87</sup> that maternal and parental circumstances and behaviour during pregnancy have an impact on children's outcomes. High risk factors such as alcohol and drug use impact on health outcomes at birth, in infancy, and across the whole of the life course.

### **Carers and kinship carers**

26. Carers must also be acknowledged and supported (both adults, children and young people) Young Carers can use the *Carers' Charter*<sup>88</sup> to find out about their new rights introduced by the Carers (Scotland) Act 2016 which took effect in 2018. Alongside this the Scottish Government will be co-ordinating development of a Carers Strategic Policy Statement to replace the previous carers and young carers strategies.

27. Kinship Carers are often grandparents looking after grandchildren as well as dealing with their own adult child's alcohol or drug use. It is vital that we recognise and provide support within our communities for Kinship Carers.

### **Independent Care Review**

28. The *Independent Care Review*<sup>89</sup>, currently under way, is examining support to children and their families on the 'edge of care', many of whom will be children and young people affected by parental/family alcohol and drugs use. The relevant recommendations from this review will inform our future action plans.

### **Parenting**

29. The *National Parenting Strategy*<sup>90</sup> highlighted the vital role of parents in improving the health and wellbeing and life chances of all our children and young people, and provided targeted support to families facing additional pressures that impact on day-to-day parenting. Six years on, significant progress has been made around commitments on extending the provision of early learning and childcare, improving access to coordinated family support, widening access to relationship support, developing the PlayTalkRead campaign, offering Family Nurse Partnership and Triple P (Positive Parenting Programme) on a wider basis – which all aim to make a real, practical difference for families. The publication was only just the start of the journey and work continues with delivery partners to further develop and implement a range of commitments set out in the strategy.

### **Bereavement**

30. Part of the tragic consequence of alcohol and drug use can mean a child, young person or adult losing a close family member, having an devastating impact on their lives. While there is support for those that lose a loved one, further work is required. As part of this, *The Programme for Government*<sup>91</sup> committed to appointing a childhood bereavement coordinator to advise on steps that can be taken to drive forward improvements in bereavement services. The Scottish Government also provides funding to Scottish Families Affected by Alcohol and Drugs (SFAD) who deliver a range of materials and services for those who are impacted by a loved one's drug or alcohol use; including a Bereavement Support service.

### **Children and Young People Act (2014)**

31. Children and young people are human rights holders in their own right. In addition, the *UN Convention on the Rights of the Child (UNCRC)*<sup>92</sup> sets out rights that all children everywhere are entitled to and underpins Scotland's key GIRFEC approach and the definition of wellbeing, as set out in the Children and Young People (Scotland) Act 2014. As part of this, Scottish Ministers have committed to undertaking a comprehensive audit on the most effective and practical way to further embed the principles of the UNCRC into policy and legislation.

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### **Child and Adolescent Health and Wellbeing Action Plan**

32. The Scottish Government plans to publish its *Child and Adolescent Health and Wellbeing Action Plan*<sup>93</sup> which aims to take a cross-policy, rights-based approach to improving the physical, mental and emotional health and wellbeing of children and young people within Scotland. It considers health and wellbeing across the life course and will take account of adverse childhood experiences throughout. The Action Plan will have broad ownership by those implementing the actions and will be directed, co-produced and overseen by children, young people, families and communities.

### **Mental health**

33. The Mental Health Strategy<sup>94</sup> highlights the importance of prevention and early intervention in reducing the severity and life impact that mental ill health can cause. Part of this includes the impact parental/family alcohol and drug use can have. Within the strategy, there are a number of actions aimed at ensuring mental health care for children and young people continues to improve. The Mental Health Strategy recognises the interdependence of ACEs and its children and young people actions, support prevention and early intervention to break cycles of adversity.

### **Child poverty**

34. *Every Child, Every Chance*<sup>95</sup> (2018), the Scottish Government's Tackling Child Poverty Delivery Plan for 2018-2022, outlines the next crucial steps to delivering on our ambition to end child poverty, as laid out in the Child Poverty (Scotland) Act<sup>96</sup> (2017). The Plan, backed by a range of investment, including a £50 million Tackling Child Poverty Fund, sets out a range of actions to increase household incomes, reduce costs, and support children and families to have a better quality of life.



# Chapter 7 – A Public Health Approach to Justice

## Outcome: Vulnerable people are diverted from the justice system wherever possible and those within justice settings are fully supported.

### Commitments to achieve the outcome

Ensure that people who come into contact with justice agencies are provided with the right support from appropriate services.	J1
Pro-actively review local services in prisons to ensure they meet the new Inspecting and Monitoring Standards for Health and Wellbeing.	J2
Support the work of Police Scotland, to ensure that those groups involved in drug dealing or distribution are being effectively targeted for prosecution.	J3
The Scottish Government will set up a group to advise Health Ministers on the contribution and limitations of the Misuse of Drugs Act 1971 in support of health outcomes in Scotland.	J4

### Introduction

1. The publication of the *Community Justice Strategy* in 2016 introduced a new model for community justice which brings together “individuals, agencies and services that work together to support, manage and supervise people who have committed offences, from the point of arrest, through prosecution, community disposal or custody and alternatives to these, until they are re-integrated into the community”<sup>97</sup>.
2. It is a preventative strategy which recognises the relationship between problem alcohol and drug use and community justice, encouraging those partners involved in delivering the strategy to focus on improving health and wellbeing and reducing inequalities as an approach to reducing offending.
3. Diverting those with problematic alcohol and drug use away from the justice system and into treatment, support, and other interventions that reduce harm and preserve life, is an aim of justice and health partners. However, depending on the circumstances of individual cases, including the impact on victims, prosecution will be in the public interest. It is for the Lord Advocate alone as independent public prosecutor to set prosecution policy, including policy on diversion in appropriate cases.
4. People with alcohol and drug problems are far more likely than average to come into contact with our justice system. In, addition, they typically have high rates of mental health problems and other long-term conditions, as well as problematic alcohol and drug use and may have experienced trauma as children or adults.

Furthermore, they disproportionately come from the most disadvantaged communities in Scotland. In many instances the criminalisation of this group of people only presents further challenges and risk of harm and life.

5. To facilitate partnership working, the Scottish Government has established the Health and Justice Collaboration Improvement Board<sup>98</sup>, bringing together senior public sector leaders from across Health and Justice organisations to provide strategic leadership on issues where health and justice systems intersect. The Board is focusing on improving the service response in three priority areas: where people in mental distress present to the police; health and social care in prisons; and healthcare and forensic medical services for victims of rape and sexual assault.

### **Police Engagement**

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

7. We also welcome work being undertaken by Police Scotland to change the way they engage with people associated with problematic alcohol and drug use (alongside other criminal behaviour). Examples include: working with recovery communities and national organisations to explore ways to better deal with drug related deaths, including how they engage with the family of the recently deceased and the offer of bereavement support.

### **Delivering the outcome**

#### **Diverting vulnerable people away from criminal justice and into treatment**

8. A public health approach means focusing our community justice response on improving health and wellbeing, reducing inequalities and reducing crime. This means that where appropriate, we must focus on diverting vulnerable people away from the justice system and into treatment and support.
9. Where possible, this support should be provided in the community where most people's support networks will already exist. This includes their family, support from others in recovery, treatment services, and other community based support which can help people to change their behaviour and reduce the harm that both they and their communities experience. The approach needs to provide these opportunities along the community justice pathway, before arrest, police custody, sentencing and prison and back into the community.

10. The police regularly come into contact with people with alcohol and drug problems, often in challenging situations. These contacts can offer useful opportunities to divert people into treatment and provide them with other interventions that would reduce harm, reduce offending and preserve life. Making use of these opportunities demonstrates a clear commitment to Scotland's public health approach and is aligned to the police's key function which is to preserve life.
11. The Recorded Police Warning (RPW) Scheme provides police officers with an alternative disposal option for those found in possession of small quantities of specified controlled drugs. The scheme exists under the authority of the Lord Advocate, rather than the Scottish Ministers, as part of the Lord Advocate's constitutional responsibility for prosecuting and investigating crime. The scheme provides the police with a timely and proportionate response, in accordance with guidance from the Lord Advocate, as an alternative to arrest in appropriate cases.
12. In 2017/18 people were taken into police custody in Scotland on 130,749 occasions<sup>99</sup>. Research suggests that a third of people in police custody have hazardous alcohol intake or are alcohol dependent, with between 11% and 35% dependent on a range of substances including cannabis and heroin<sup>100</sup>.
13. Healthcare provision in police custody is now the responsibility of Integrated Joint Boards or (where still appropriate) NHS Boards. The Police Care Network's guidance on *'Delivering Quality Alcohol, Drugs and Tobacco Healthcare Services to People in Police Custody in Scotland'*<sup>101</sup> sets out an evidence informed model of care for people coming into police custody who use alcohol and drugs.
14. This includes a clinical needs assessment which meets the person's immediate healthcare needs and health improvement interventions such as the delivery of alcohol brief interventions, overdose prevention advice and the provision of take home Naloxone. Work is being done with a wide range of partners to provide in-reach services into police custody and/or referral to other health, social and third sector services where appropriate.
15. Historically, arrest referral has played a key role in supporting people who have been arrested or attending court to access community treatment and recovery services. However, more integrated approaches are developing across Scotland including the Custody Hubs approach led by Police Scotland. This recognises that people who have alcohol and drug problems, and are in contact with the justice system, are likely to have a range of needs, such as mental health problems and homelessness, which cannot be met by treatment services alone.

### **Diversion at the point of arrest**

12. In 2017/18 people were taken into police custody in Scotland on 130,749 occasions<sup>99</sup>. Research suggests that a third of people in police custody have hazardous alcohol intake or are alcohol dependent, with between 11% and 35% dependent on a range of substances including cannabis and heroin<sup>100</sup>.

**The Scottish Government will work with key partners to ensure that people who come into contact with justice**

**agencies are provided with the right support from appropriate services. (J1)**

### **Diversion at the point of sentencing**

16. There are a range of sentencing options, including Community Payback Orders (CPOs), Drug Treatment and Testing Orders (DTTOs), and Alcohol Treatment and Testing Orders (ATTOs), which provide alternatives to custodial sentences. Evidence suggests that DTTO's, can have a positive impact on both drug use and offending with even non-completers demonstrating reduced reconviction rates. Individuals released from a custodial sentence of 12 months or less are reconvicted nearly twice as often as those given a CPO<sup>102</sup>. A shortened form of DTTO can be particularly effective for women offenders, young offenders, and those who have had no previous contact with drug services<sup>103</sup>.
17. Conversely, there is evidence to suggest that custodial sentences can place people with alcohol and drug problems at greater risk of harm. We know, for example that individuals leaving prison who are currently or previously dependent on opiates are at a higher risk of overdose, therefore the provision of take-home Naloxone is imperative. There is also a recognition of the dangers to health and increasing alcohol and drug use relating to unsupported liberation.

### **Healthcare delivery in prisons**

18. Compared to the average rates in society, there are higher rates of problem alcohol and drug use amongst the prison population. The 2017 Scottish Prisoner

Survey<sup>104</sup> revealed that 38% of people in prison stated their drug use was a problem for them on the outside and one-third of people in prisons admitted that their drinking affected their relationship with their family. Alongside this, positive testing for illicit drugs at reception in prisons remains high, with sampling in 2017/18 finding that 78% of people who are in prison test positive for illicit substances, with 28% of people testing positive for illicit opioids,

19. Our public health approach should ensure that every opportunity is taken in the prison setting to ensure people with problem alcohol and drug use are identified and are offered appropriate treatment and support.
20. Accountability arrangements for the delivery of alcohol and drug treatment services within the prison are complex. Health and social care services in prisons are delegated to Integration Authorities (IAs) for health and social care in many areas of Scotland.
21. However, the Scottish Prison Service retains the responsibility for overseeing the general welfare of individuals within the prison. The ethos behind these arrangements is to ensure parity of healthcare services within the prison and equivalent services within the local community.
22. Healthcare services in prison, including alcohol and drug services, should be of equal quality to those delivered in a community setting. This does not necessarily mean identical services, but

equity of access to services appropriate to patient's needs. Services in prisons should also have close links to community services in order to improve continuity of care for individuals in prison.

23. IA and Health Boards are expected to work collaboratively with the Scottish Prison Service and wider partners at both a strategic and operational level and to share good practice and provide a coordinated approach to the delivery of prison healthcare across prison estates. Community Justice Social Work are responsible for prison throughcare services for those who returning to their local area.
24. Every opportunity needs to be taken to ensure people who need treatment are identified and are offered effective support. Survey data reports that around a quarter of people in prison said they have been offered alcohol or drug treatment services, with 25% and 14% accessing alcohol and drug services respectively during their sentence. However, over 80% of those who accessed treatment stated that they found it useful<sup>105</sup>.
25. In terms of the treatment of opiate and other dependencies, treatment services should ensure the continuity of provision of OST and other medication therapy from the community to the prison and where possible initiate OST within clinical guidelines<sup>106</sup>.
26. Those with alcohol problems are likely to have been detoxed at the point of admission and our focus must be the provision of psychosocial support. This approach needs to apply to both remand and sentenced prisoners. Further work is needed to better understand what would be required to improve access to alcohol and drug treatment within prisons.
27. There also needs to be a focus on continuous improvement within treatment services, in line with developments within the community. An inspection regime for prison healthcare services is already in place and set out in *Inspecting and Monitoring Prisons in Scotland*<sup>107</sup>, including standards for Health and Wellbeing in prisons. This includes specific standards for the provision of alcohol and drug services.
28. IAs and Health Boards should ensure that alcohol and drug treatment services work within the *Drug Misuse and Dependence – UK Guidelines on Clinical Management* and also ensure their delivery is in line with the National Prisoner Healthcare Network's *Drugs, Alcohol and Tobacco Health Services in Scottish Prisons: Guidance for Quality Service Delivery*<sup>108</sup> which reviews current service delivery and best practice.

**Health and justice partners will work together to pro-actively review local services in prisons to ensure they meet the new Inspecting and Monitoring Standards for Health and Wellbeing. (J2)**

### Particular issues for remand prisoners

29. The Scottish Parliament's Justice Committee inquiry into the use of remand<sup>109</sup> notes that those remanded in custody face challenges in terms of service continuity, including the continuity of relationships with individual workers and access to medication. This suggests remand is a challenging environment in which to provide alcohol and drug treatment and also that access to these services and other harm reduction initiatives needs to be improved.
30. Fifty percent of men and thirty percent of women remanded in custody will go on to receive custodial sentences. Given the heightened risk around overdose and other harms that people with opiate problems encounter, the focus must be on ensuring that they receive harm reduction interventions particularly around safer injecting, overdose prevention and the provision of take-home Naloxone.
31. People with alcohol and drug problems must receive continuity of care between prison and community services.
32. We will work with the third sector to assess the viability of providing navigators/link workers/throughcare support specifically targeted at the remand population, with an aim to using a period of remand as an opportunity to engage with patients and strengthen their links to community services.

### Throughcare

33. The period immediately after release from prison is known to be a period with greater risk of harm or death for people

who use opiates<sup>110</sup> and possibly for people using other drugs and alcohol. Currently, all prisoners whose sentence is longer than four years are required to leave prison under the supervision of Community Justice Social Work. Those whose sentence is less than four years have voluntary access to throughcare services.

34. The period immediately after release from prison is known to be a period with greater risk of harm and death for people who use opiates and possibly for people using other drugs and alcohol. Currently all people who are in prison whose sentence is longer than four years, or are subject to specific post-release orders, are required to be supervised by Community Justice Social Work officials after their release. However, this engagement focuses on supervision, to ensure that they comply with the license conditions set by the court. Individuals released from a sentence of less than four years are required to be supervised, but can access a range of voluntary throughcare services. Any support and guidance provided, either under mandatory or voluntary services, can help to signpost and engage individuals into appropriate health, mental health, drugs and alcohol support provision in the community.
35. Throughcare Services can not replace the delivery of the appropriate support services. Across the custody and community justice sectors, our approach needs to be proactive, and ensure that individuals engage with the necessary health, alcohol and drug services, before, during and after their release, within a

appropriate time frame. This needs to be part of a joined up approach including the Prison, Criminal Justice Social Work, health, wider public sector and third sector to respond to each individuals needs in a planned and co-ordinated way.

36. Specific focus should be given to any medical treatment, such as OST. People should also be made aware of, and proactively supported to access, services including needle exchange services, mutual aid and other health and social care support services in the local area to which they are returning.
37. In 2016-17, 700 take-home Naloxone kits were issued to people on release from prison to help prevent harm, including drug deaths associated with overdose, following liberation from prison.
38. Healthcare services in prisons and the Scottish Prison Service will ensure that all those at risk of an opiate overdose are issued with take-home Naloxone kits on their release from prison.

### **Workforce development**

39. Workforce development and training for prison officers to support people who are in prison with problematic alcohol and drug use to achieve their goals is essential. While health care is delivered by NHS Colleagues, it is recognised that prisoners may have opportunities to develop positive relationships with prison officers and, therefore, it is necessary that we ensure training opportunities to Scottish Prison Service staff are available as part of local recovery oriented systems of care.

### **Family link**

40. Incarceration of a loved one impacts on the whole family but it also offers an opportunity to engage with family members of those in prison through family visitor centres and provide support and advice around their loved ones alcohol and drug use.
41. Prisons provide family centres where there is an opportunity to identify needs and refer on as appropriate. This may include referral on to support in the community or may be specific support for those whose family member is in prison.

### **Reducing the supply of illegal drugs**

#### **Links to serious and organised crime**

42. Police Scotland lead the response to controlling the supply of illegal drugs. Our approach is set out in the *Serious Organised Crime (SOC) Strategy*<sup>111</sup> published in 2015, which focuses on four areas: Divert, Deter, Detect, Disrupt. The strategy highlighted that 65% of SOC groups in Scotland are involved in drug crime, with heroin being the most common 'commodity'.
43. There have also been improvements in the gathering and sharing of intelligence and in the work to analyse and map the threat posed by organised crime groups in Scotland, all with the goal of supporting more sophisticated detection and disruption of these groups. This has been supported through the opening of the Scottish Crime Campus; joint working with the UK Government to strengthen the Proceeds of Crime Act<sup>112</sup> (2002); and the introduction of the Serious Crime Act<sup>113</sup>

(2015) which included the introduction of confiscation orders to enhance deterrence.

### **Online supply**

44. The internet and digital communication have significantly changed the drugs supply chain, from the use of the internet and dark web by bulk manufacturers to the use of mobile phone technology by local suppliers. It has contributed to the accelerated pace of development and distribution of new substances and allowed markets to be reached beyond traditional geographic and socio-economic boundaries<sup>14</sup>. This has required changes to how drug markets are controlled, particularly when UK legislation cannot be applied.
45. The Organised Crime Unit will carry out regular updated analysis of the current Scottish drug markets, including internet supply, to support our understanding of challenges and harm.

**The Scottish Government will support the work of Police Scotland, to ensure that those groups involved in drug dealing or distribution are being effectively targeted for prosecution. (J3)**

46. Recognising that there are limitations, in relation to public health outcomes, associated with the Misuse of Drugs Act (1971), there is a need for a piece of work which would examine the links between the law relating to illegal drugs, and the prevention and treatment of drug harm.

47. The creation of a group to provide advice to Health Ministers on those links, as well as to advise on how the evidence suggests further devolved powers might be used in the future to maximise partnership working across justice and health and social care, to reduce harm and support care, treatment and recovery, seems appropriate. The aim of this group would be to develop our understanding and build an evidence base so that future debate on this topic is well informed, therefore, ensuring that any decisions regarding legislation on the use and classification of drugs, as it affects the people of Scotland, are made giving full consideration to public health outcomes.

**The Scottish Government will set up a group to advise Health Ministers on the contribution and limitations of the Misuse of Drugs Act (1971) in support of health outcomes in Scotland. (J4)**



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