



# Orkney Alcohol and Drugs Partnership Strategy 2021-2026



**“Our vision is to help create a supportive, positive environment in Orkney which reduces the harms of problematic substance use”**



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## **1. Background**

### **1.1. Introduction**

This document sets out the strategic direction of the Orkney Alcohol and Drugs Partnership (ADP) for the period 2021-2026.

The strategy sets out the vision, outcomes and approach to the delivery whilst considering the local and national drivers that lead the direction of travel for Orkney ADP.

Orkney ADP is committed to reducing the harm related to alcohol and drugs in our community, working with the Scottish Government, local partners, and community members to reduce alcohol and drug related harm, providing accessible and effective services and responding to the views of those with lived and living experience of alcohol and drug use in our community.

Recognising that issues of dependency and harm related to alcohol and drug use rarely occur in isolation, Orkney ADP needs to ensure that they are aware of co-morbidity factors such as stigma, inequalities, poverty and deprivation, adverse childhood experiences and trauma.

### **1.2. Purpose**

The purpose of Orkney ADP is to achieve the priorities set both locally and nationally to improve the outcomes for individuals, families, and the wider community of Orkney in relation to the reduction of alcohol and drug related harm. This includes the provision and commissioning of treatment and support services.

Orkney ADP is a multiagency partnership which sits within the Integration Joint Board which aims to improve and develop social care and community health and wellbeing.

Orkney ADP is made up of the following members:

- Chief Officer; Integration Joint Board (Orkney Health and Care).
- Chief Finance Officer; Integration Joint Board (Orkney Health and Care).
- Non-Executive Board Member; NHS Orkney.
- Head of Health and Community Care Service; Orkney Health and Care.
- Public Health Manager; NHS Orkney.
- GP in Primary Care; NHS Orkney.
- Service Manager – Public Protection; Orkney Health and Care.
- Elected Member, Orkney Islands Council.
- Head of Housing, Homelessness and School care Accommodation Services; Orkney Islands Council.
- Education and Leisure Services; Orkney Islands Council.
- Environmental Health Manager (Licensing Standards Officer); Orkney Islands Council.

- 2 x Representatives elected from Third Sector Forum.
- Chief Inspector and Orkney Area Commander; Police Scotland.
- Orkney Station Commander; Scottish Fire and Rescue Service.
- Customer Services and Partnership Manager; Kirkwall Jobcentre Plus.

### 1.3. Governance and Accountability

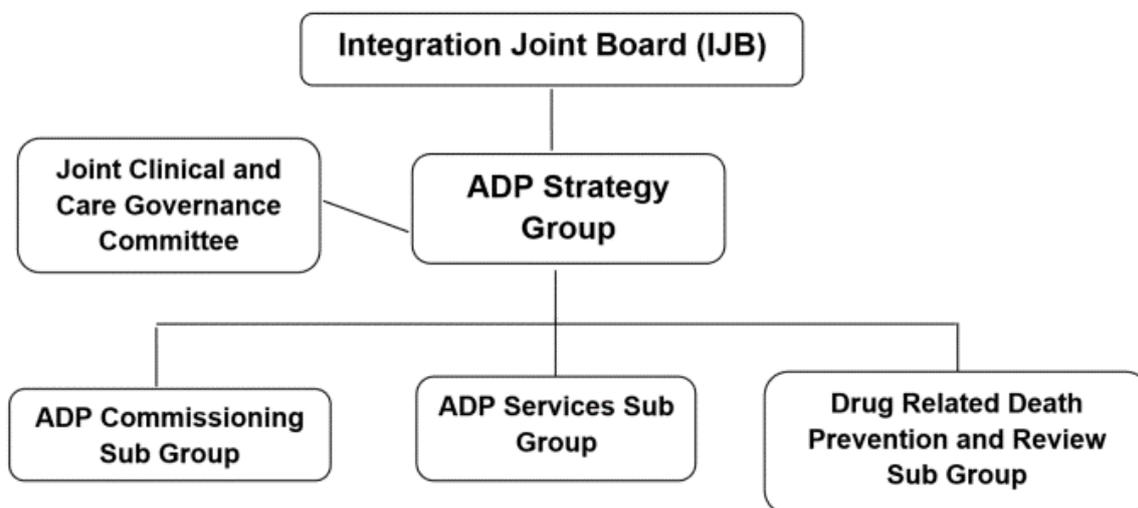
Orkney ADP is accountable nationally to the Scottish Government and locally to the Integration Joint Board (IJB).

The progress of the local outcomes within the Orkney ADP Strategy and the national ministerial priorities are monitored via the annual report which is submitted to the Scottish Government and feedback is provided highlighting areas of good practice as well as areas for further development.

As part of the local governance arrangements the annual report is also shared with the local Integration Joint Board (IJB) as well as the Joint Clinical and Care Governance Committee for local performance management and scrutiny.

Orkney ADP also submits data as part of Orkney Health and Care’s Performance Management Report on the Local Delivery Plan Standards for Alcohol Brief Interventions and Treatment Waiting Times.

#### The Governance and accountability structure of Orkney ADP



#### Orkney ADP Strategy Group

The Strategy Group meet on a quarterly basis overseeing the strategic responsibilities of the Partnership including budget and performance management against the local strategy and the ministerial priorities set by the Scottish Government. In addition, this is the forum where local data trends and statistics are monitored as well as specific local issues relating to alcohol and drugs can be discussed.

### **Orkney ADP Commissioning Group**

The ADP Commissioning Sub Group has devolved responsibility to lead on the local commissioning of services and the monitoring of the governance and accountability of those services. The process of commissioning follows NHS Orkney's Procurement process as a guideline for best practice. The minutes of the group are shared with ADP Strategy Group for scrutiny.

### **Orkney ADP Services Sub Group**

The ADP Services Sub Group meets quarterly and is made up of frontline services, including commissioned services as well as those with an interest in alcohol and drugs. Those with lived and living experience are also included in this forum however it is recognised that due to the small community and to protect anonymity there also needs to be other innovative ways to include our community's voice. Feedback from frontline staff and those with lived and living experience are shared from the meeting to the ADP Strategy Group.

### **Orkney ADP Drug Related Death and Review Group**

The Drug Related Death Prevention and Review Group meet at least once per year and thereafter following any drug related deaths that occurs in the County. The review group is mandatory as part of learning from drug related deaths to improve practice or prevent further deaths from occurring. Following a local review, recommendations and points of learning are shared with the ADP Strategy Group as well as the Chief Officer's Group to ensure that drug related deaths are considered at the highest level.

Reducing drug related deaths is a Scottish Government national priority and is further discussed in section 2.4.

On occasion due to the ever-changing landscape within the alcohol and drug field there may be a requirement to establish other short life working groups which would in turn be monitored by the ADP Strategy Group.

## **1.4. ADP Finances**

The Scottish Government provides Orkney ADP with direct funding on an annual basis to support ADP projects; the allocation is transferred to NHS Orkney via their baseline allocation for onward delegation to Orkney Integration Joint Board. This allocation is not guaranteed, and the allocation can be subject to change. The total awarded to Orkney ADP for 2020/21 is £448,396.

## **2. National Policy Drivers, Context and Challenges**

There are several national policy drivers that provide the national framework for delivering alcohol and drug prevention, treatment, and support in Scotland.

## **2.1. Rights, Respect and Recovery: Scotland’s strategy to improve health by preventing and reducing alcohol and drug use, harm, and related deaths**

Rights, Respect and Recovery was published in 2018 with the over-arching vision of:

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

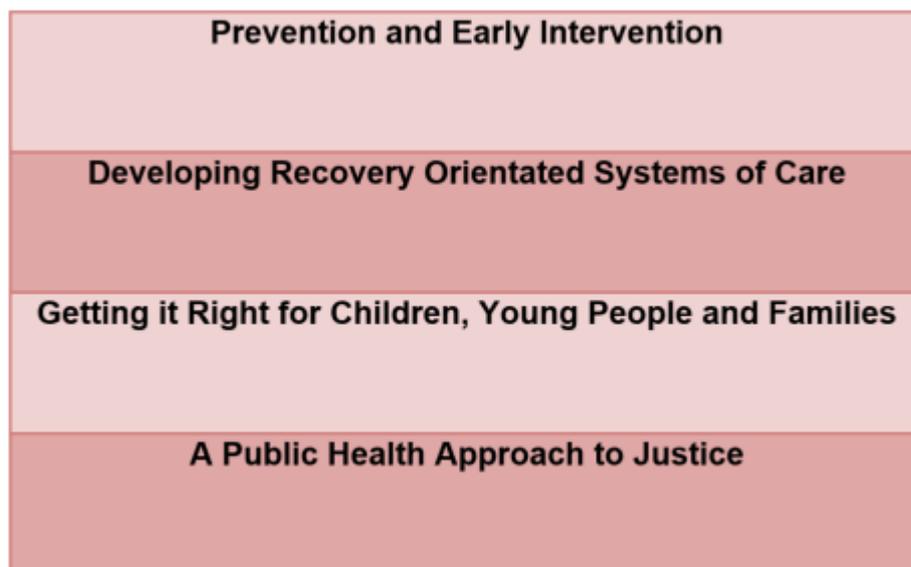
- Have the right to health and life – free from the harms of alcohol and drugs.
- Are treated with dignity and respect.
- Are fully supported within communities to find their own type of recovery.

Whilst there is not a specific timeline for delivery against this strategy, it can be assumed that it is a ten-year strategy following on from the previous national strategy ‘The Road to Recovery’ which was published in 2008.

Many commitments in this strategy are not in themselves detailed actions, however a separate local action plan has been produced to review and monitor progress. ADPs will report on their progress towards the national strategy through their annual reports.

Public 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 Prevention Framework; Monitoring and Evaluating Scotland’s Alcohol Strategy (MESAS).

There are four key priorities in the strategy which are:



## 2.2. Alcohol Framework 2018: Preventing Harm – Next Steps on changing our relationship with alcohol

The Alcohol Framework was published in 2018 updating on the 2009 alcohol strategy the Framework for Action. Many of the original actions have been completed with others continuing and evolving. It continues to take an evidence-based approach and has three central themes, which are:

Reducing Consumption
Positive attitudes, positive choices
Supporting families and communities

This document sets out our national prevention aims on alcohol: the activities that will reduce consumption and minimise alcohol-related harm arising in the first place. This is consistent with the Public Health Priorities for Scotland.

The Framework aims to be delivered with the following approaches:

**A balanced approach:** The Scottish Government’s focus is on preventing and reducing alcohol-related harm. Tackling higher-risk alcohol use forms a significant part of reducing alcohol-related harm. Higher-risk alcohol use is defined as drinking above the lower-risk maximum amounts advised in the UK Chief Medical Officers’ (CMO) guidelines of a maximum of 14 units of alcohol per week for both men and women to keeps risk low, preferably spread over three or more days, with no drinking at all in pregnancy.



**A whole population approach:** The framework aims to take a whole population approach which aims to reduce alcohol consumption and the risk of alcohol-related harms across a population, because Scotland’s consumption remains too high. Alongside, a whole population approach Alcohol Brief Interventions are continued to be progressed targeted to those most at risk.

**A well-connected approach:** It is crucial for the Government to understand people’s motivations for drinking particularly recognising that some cultural norms around drinking have become so deeply embedded that they cannot be turned around through short-term action. Two consistent threads run through this document: (i) our actions must reduce health inequalities; and (ii) our actions must protect children and young people.

### 2.2.1. Measuring Progress

The Scottish Government continues to use a range of targets and indicators to measure health outcomes, including a Local Delivery Plan (LDP) standard for Alcohol Brief Interventions. Alcohol consumption within the population is monitored via the Scottish Health Survey; Public Health Scotland will track affordability and availability of alcohol as it is directly linked to consumption and alcohol-related harms and finally monitoring of alcohol-related statistics arising from the criminal justice system will inform the ongoing tailored approach.

### MESAS: Monitoring and Evaluating Scotland’s Alcohol Strategy

In 2016, NHS Health Scotland (now Public Health Scotland) published the final in a series of independent assessments from the MESAS programme – Monitoring and Evaluating Scotland’s Alcohol Strategy – which together evaluated the impact of the 2009 alcohol strategy. Following the evaluation, a number of recommendations were made and these have been incorporated into the 2018 Framework.

For further information on local trends in relation to alcohol, please see section 3.2.

### 2.3. Public Health Priorities for Scotland

In 2018 the Scottish Government and COSLA developed the Public Health Priorities for Scotland; the priorities are inter-related and interdependent, reflecting the complexity of Scotland’s health challenges and the effort needed nationally, regionally and locally to make a difference. There are six priorities and priority four specifically focuses on alcohol and drugs:

- Priority 4: A Scotland where we reduce the use of and harm from alcohol, tobacco and drugs.

As the Public Health Priorities all have relevance to holistically impacting on the population’s health and reducing the harms from problematic drug and alcohol use, the rest of the priorities are listed below:

- Priority 1: A Scotland where we live in vibrant, healthy and safe places and communities.
- Priority 2: A Scotland where we flourish in our early years.

- Priority 3: A Scotland where we have good mental wellbeing.
- Priority 5: A Scotland where we have a sustainable, inclusive economy with equality; outcomes for all.
- Priority 6: A Scotland where we eat well, have a healthy weight and are physically active.

This strategy will contribute to achieving these priorities by linking into the Orkney Community Planning Partnership's (The Orkney Partnership) Local Outcomes Improvement Plan (LOIP). The current strategic priorities for The Orkney Partnership are:

- Strong Communities.
- Living Well.
- Vibrant Economy.

The above strategic priorities are being progressed by three Delivery Groups, and their developments of the outcomes are regularly reviewed. Orkney ADP is part of the Living Well Delivery Group (please see section 3).

## **2.4. Drug Related Death Taskforce: Our Emergency Response**

### **2.4.1. National Context:**

Scotland faces a crisis from the continued rise in drug related deaths. Whilst Scotland is not alone in this upward trend it is unparalleled elsewhere. The latest figures show that there were 1,187 drug-related deaths in 2018 (up 27% from 2017 and more than double the total in 2008).

In 2018 Scotland's rate of drug-related deaths per 100,000 of population was the highest in Europe and around 3 times the rate of the UK as a whole.

Three quarters of deaths were in people aged 35 and over.

Opiates were implicated in, or potentially contributed to 86% of deaths – nearly always alongside other drugs and / or alcohol.

### **2.4.2. Local Context**

In Orkney, we are fortunate to have the lowest drug related death prevalence rates in Scotland. Our annual statistical data varies from year upon year however consistently remains very low; therefore, actual numbers cannot be published due to the risks of individual identification. We recognise that all drug related deaths are preventable and regardless of the small numbers, every effort must be made to reduce the associated harms and deaths caused by drugs and the huge impact that this can have on a small community such as ours.

### **2.4.3. Drugs Death Taskforce**

In response to this crisis the Scottish Government set up a Drug Related Death Taskforce to co-ordinate and drive action to improve the health and wellbeing

outcomes for people who use drugs, reducing the risk of harm and death. The Drugs Deaths Taskforce was established in 2019 by the Minister for Public Health and Sport, supported by the Cabinet Secretary for Justice to tackle the rising number of drug deaths in Scotland. The work of the Taskforce will focus specifically on drug related deaths enhancing the evidence base and making recommendations to the Scottish Government to inform practice linking back into the national strategy, Rights, Respect and Recovery.

In early 2020, the Taskforce published their strategy 'Our Emergency Response' which highlights effective evidence-based strategies for ADP's to adopt in response to the drug crisis.

They are:

1. Targeted distribution of Naloxone.
2. Implement immediate response pathway for non-fatal overdose.
3. Optimise the use of Medication-Assisted Treatment.
4. Target the people most at risk.
5. Optimise Public Health Surveillance.
6. Ensure Equivalence of Support for People in the Criminal Justice System.

#### **Local Context: Implementation:**

To complement this work, Orkney ADP will use the Scottish Drugs Forum's 'Staying Alive in Scotland' Good Practice Indicators which allows the ADP to undertake a self-assessment against the indicators to monitor progress. The areas to be considered by the ADP are:

- Drug Related Death Monitoring and Learning.
- Access to Services.
- Opioid Substitution Therapy and Low Threshold Prescribing.
- Retention in Services, Continuity of Care, Trauma and Assertive Outreach.
- Information sharing.
- High Risk Injecting, Wound Care and Bacterial Infections.
- Blood Borne Virus Testing and Treatment.
- Naloxone.
- Prison Throughcare and Police Custody.
- People aged 35 and Over Who Use Drugs.
- Dual Diagnosis and Suicide.
- Homelessness, Housing and Rough Sleeping.
- Women who use drugs.
- Poly-drug Use and Prescribed Medications.

Following a local stakeholder session facilitated by Scottish Drugs Forum in January 2020, the ADP will update the self-assessment by March 2021 and monitor the

performance against the good practice indicators via the Drug Related Death Prevention and Review Sub Group.

The original comprehensive ‘Staying Alive in Scotland’ Good Practice indicators assessment carried out in 2016 by Orkney ADP will provide a baseline for the planned reassessment.

## 2.5. National Context and Challenges

There are several key challenges which we face today, many are interconnected or underpinned by the same socio-economic and demographic challenges (Scottish Government, 2018) including:

<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 protect those most at risk 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>Fewer people (including young people) are using drugs and drinking alcohol</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 Partnership working</p> 

Source: Scottish Government.

## 2.6. Ministerial Priorities and National Deliverables

Orkney ADP is tasked with delivering on the Scottish Government’s ministerial priorities and national deliverables which are outlined in the Scottish Government’s annual financial allocation letter; accountability for progress on these priorities and deliverables are via the annual reporting process. The annual report is published on the ADP website following submission to the Scottish Government and is authorised by the Integration Joint Board (IJB) and following endorsement from the Joint Clinical and Care Governance Committee and the ADP Strategy Group.

The Ministerial Priorities and National Deliverables are:

- A recovery orientated approach which reduces harms and prevents alcohol and drugs deaths.
- A whole family approach on alcohol and drugs.
- A public health approach to justice for alcohol and drugs.
- Education, prevention and early intervention on alcohol and drugs.
- A reduction in the attractiveness, affordability, and availability of alcohol.

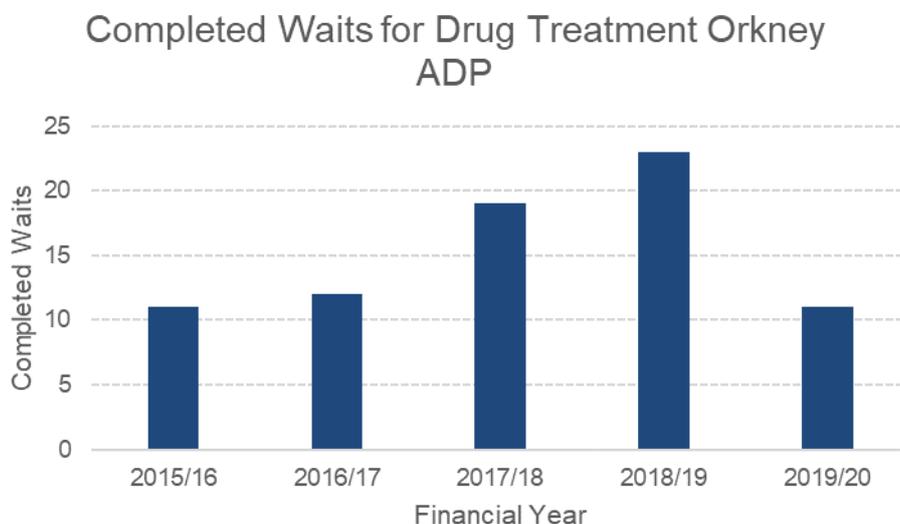
## 2.7. NHS Standards: 2020 Local Delivery Plan

The Local Delivery Plan is the delivery ‘contract’ between Scottish Government and NHS Boards in Scotland. Local Delivery Plans focus on the priorities for the NHS in Scotland and support delivery of the Scottish Government’s national performance framework. There are two LDP Standards that Orkney ADP must report and deliver on:

- **Drug and Alcohol Treatment Waiting Times:** 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.
- **Alcohol Brief Interventions:** NHS Boards and Alcohol and Drug Partnerships (ADPs) will sustain and embed alcohol brief interventions (ABI) in the three priority settings (primary care, A and E, antenatal), in accordance with the SIGN74 Guideline. In addition, they will continue to develop delivery of alcohol brief interventions in wider settings.

### Local Context: Drug and Alcohol Treatment Waiting Times

During 2018/19 Orkney saw the highest number of patients completing waits for Drug Treatment since data became available in 2011/12. A third of non-anonymous patients starting drug treatment were Female and two thirds were Male. At no point during the year did any completed wait breach the waiting time standard of 3 weeks. There was a reduction of individuals completing waits for drug treatment in 2019/20, it is unclear whether the COVID-19 pandemic made an impact on referrals at that stage.

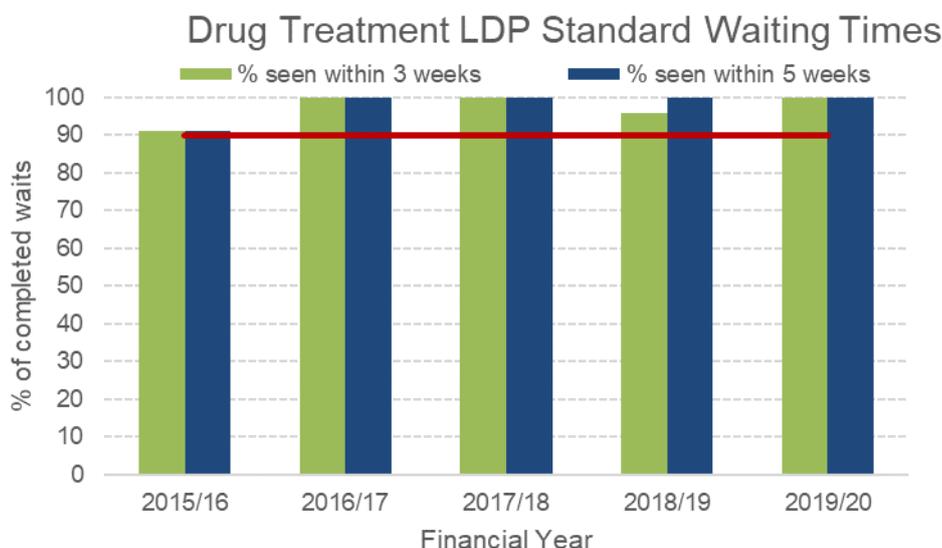


Source: Public Health Scotland.

The diagram above shows the numbers of people who have waited from referral to first treatment, the term is classed as a 'completed wait'.

Whilst numbers of people in drug treatment remain low in Orkney there has been a gradual increase in the number of referrals into drug treatment over the years. Orkney has been successfully meeting the LDP Standard ensuring that everyone referred into drug and alcohol treatment wait no longer than 21 days from referral.

Due to a small workforce in this area, meeting the standard could be problematic if staff are absent from work for example.



The diagram above (Source: Public Health Scotland) shows the percentage of people who wait no longer than the target of 21 days from referral to first treatment appointment (green). The blue column shows those that were seen within 5 weeks (this indicator is used where the target of three weeks is not met).

**Local Context: Alcohol Brief Interventions**

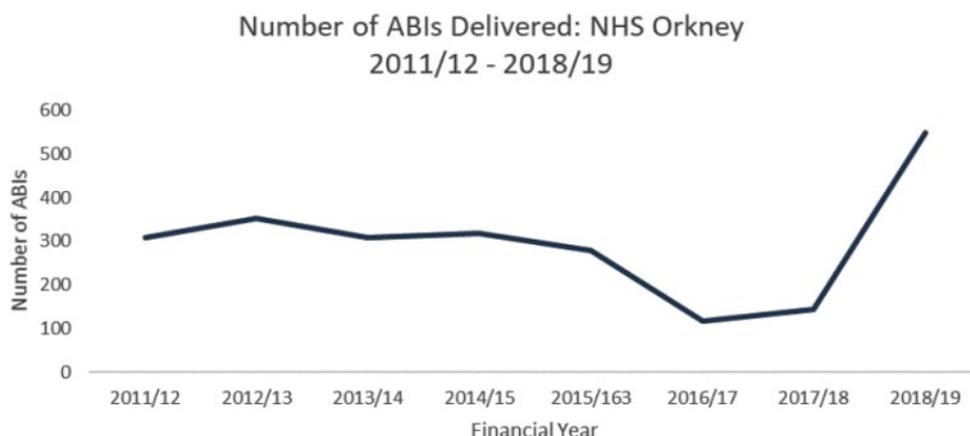
Since the introduction of Alcohol Brief Interventions in 2008, NHS Orkney and Orkney ADP have been tasked with meeting the annual target of 249 ABIs to be delivered, with 80% of those delivered within the priority settings.

Between 2011/12 and 2017/18 the number of ABIs delivered reduced by 62% from 388 to 144 and by the end of 2018/19 there was a high increase of 280% to 549 ABIs delivered following the introduction of a targeted implementation plan. By the end of 2018/19 the Orkney ADP surpassed the LDP target of 249 Alcohol Brief Interventions by 220%. Moreover, 98% of ABIs were delivered in a priority setting.

Orkney ADP is committed to delivering the evidence-based Alcohol Brief Interventions to try to reduce hazardous or harmful levels of drinking in the community. Over the years there have been fluctuations in the delivery of ABIs however more recently the target has been met and exceeded. Delivery in a small

area like Orkney can be challenging as it is often reliant on specific post holders to undertake ABIs therefore issues like illness, post holder changes, for example can have a big impact upon delivery. In addition, concerns have been expressed by practitioners about ‘delivery fatigue’ fearing that individuals may be offered ABIs multiple times if engaged with several services.

COVID-19 has had an impact on delivery of ABI, particularly in the wider settings due to suspension of face-to-face services. The ADP Support Team continue to provide support and training to practitioners to deliver ABIs and have been able to offer online training via Microsoft Teams in addition to the NHS e-learning module for health-based practitioners.



Source: Public Health Scotland.

**Actual Totals for ABIs delivered per year**

Year.	2011 / 12.	2012 / 13.	2013 / 14.	2014 / 15.	2015 / 16.	2016 / 17.	2017 / 18.	2018 / 19.	2019 / 20.
Total.	308.	353.	308.	317.	278.	118.	144.	549.	437.

**2.8. Stigma and Discrimination**

Orkney ADP is committed to reducing stigma and challenging discriminatory attitudes and practices. Encouraging the public and professionals to view drug and alcohol problems as akin to other health issues will in the longer-term help to address prejudice as well as build greater equality. Stigmatising people can result in difficult situations becoming worse, and make it much harder to access help. Reducing stigma is also a priority as it hampers policy initiatives that aim to achieve improvements in public health, tackle inequality and increase inclusion.

Orkney ADP will continue to challenge negative attitudes that are discriminatory to those affected by alcohol and drugs by promoting national guidance such as Scottish Drugs Forum’s Moving Beyond ‘People-First’ Language and following the Scottish Drugs Death Taskforce ‘Strategy to address the Stigmatisation of People and Communities Affected by Drug Use’.

### **3. Local Policy Drivers, Context and Challenges**

#### **3.1. Planning for our future: Orkney Strategic Plan 2019-22**

The Strategic Plan sets out the ambitions for health and social care in Orkney for those functions and services delegated to Orkney Health and Care by Orkney Islands Council and NHS Orkney. The focus is on innovation and continual improvement of the health and wellbeing of all living in Orkney.

**Vision:** Getting it right for Orkney.

**Values:** Caring, Enabling, Empowering and Person Centred.

#### **3.2. Orkney Community Planning Partnership – The Orkney Partnership**

Community planning is about public service providers working together, and with communities to improve the quality of people's lives.

Community Planning is a statutory duty placed on a number of organisations and came into force on 1 April 2003. Its powers were updated under the new Community Empowerment (Scotland) Act 2015.

In 2015, Orkney Community Planning Partnership underwent a major reconfiguration and streamlining exercise, designed to simplify the core structure of the Partnership and enable it to focus on its strategic priorities for Orkney.

To reflect its new configuration and focus, Orkney Community Planning Partnership has been renamed The Orkney Partnership.

The Orkney Partnership's current strategic priorities are:

- Strong Communities.
- Living Well.
- Vibrant Economy.

Each strategic priority is the responsibility of a Delivery Group to plan, progress and report back to the Board. The Delivery Groups may include representatives of any organisations in Orkney which can help to achieve their outcomes. Orkney ADP is a member of the Living Well Delivery Group.

The Orkney Community Plan is reported annually to the Scottish Government. Under the new Community Empowerment (Scotland) Act 2015, each community planning partnership must prepare and publish a Local Outcomes Improvement Plan (LOIP). Local Outcome Improvement Plans are rolling plans and are updated each year.

Through the Community Planning Partnership's Delivery Group, Living Well, a new short-term group has been established as part of the remobilisation plans post COVID-19 called Care for People. Orkney ADP is part of this group providing information on local and national data regarding the impact of COVID-19 across drug and alcohol services in both the statutory and voluntary sector.

### **3.3. Orkney Domestic Abuse Forum (incorporating Violence Against Women) Local Plan**

The Orkney Domestic Abuse Forum is established to contribute to the reduction and prevention of incidents of domestic abuse through effective co-operation between the private, public and voluntary sectors in the provision of high-quality appropriate services and the protection of adults and children experiencing, affected by or at risk of suffering domestic abuse.

The Forum is tasked with implementing Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence against Women and Girls.

Orkney ADP is a member of the Forum and contributes to the local action plan in specific areas such as 'Routine Enquiry', routinely screening women for domestic violence within drug and alcohol services and supporting promotional campaigns such as the 'White Ribbon' campaign.

### **3.4. Local Context**

The most recent Orkney ADP Needs Assessment (2018/19) was undertaken by the local intelligence support team via NHS National Services Scotland reported the following:

#### **3.4.1. Harmful Alcohol Use (Adults)**

The proportion of people in Orkney considered to be drinking above twice the daily recommended limits of 14 units has remained stable at just under a fifth of the population.

In Orkney, the proportion of males drinking over twice the daily recommended was 15% higher than females (11%).

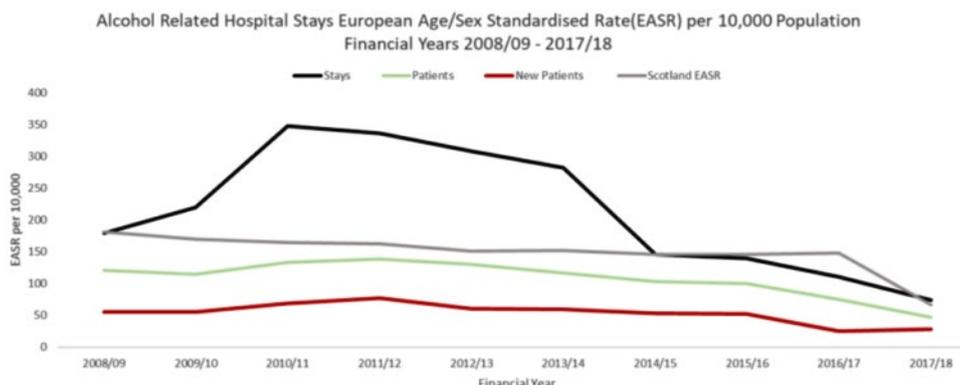
#### **3.4.2. Alcohol Related Hospital Stays**

Between 2009/10 and 2013/14 the Alcohol related Hospital Stay rate per 10,000 people per head of population in Orkney was significantly higher than the Scottish Rate. However, over the past decade Alcohol Related stays declined by 78% and since 2014/15 the Orkney Hospital stay rate remained below the national rate. 2017/18 seen the lowest rate of Alcohol related Hospital Stays in Orkney over the past 20 Years however, the partnership ranked 4th nationally for the rate of stays per head of the population.

A key trend locally is that on average half of patients admitted each year were patients with previous Alcohol related admission. 2017/18 saw a reduction in this trend where 40% of patients admitted had had a previous Alcohol related admission. In terms of diagnosis over the past decade, the average annual proportion of Alcohol related hospital stays linked to Mental and Behavioural disorders due to alcohol misuse was 86.7%.

Furthermore, in Orkney, 85% of new patients each year were admitted due to Mental and Behavioural conditions. An additional key point to note is that over three quarters (77.6%) of stays during 2017/18 were emergency admissions. Therefore,

what characterises Alcohol related hospital activity in Orkney is a broadly equal split between repeat and new patient emergency admissions related to Mental and Behavioural conditions due to Alcohol use.



Source: Public Health Scotland.

### 3.4.3. Young People and Alcohol

In the most recent Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) (2018) found that 62% of 13-year olds in Orkney thought it was 'ok' for someone their age to 'try drinking alcohol to see what it is like' which was 12% higher than the national average and an increase of 13% from the previous SALSUS report.

However, only 3% of 15 year olds in Orkney reported that they had managed to buy alcohol, a 2% reduction and 7% under the national average; and 100% of 13 year olds and 97% of 15 year olds said they 'had not / never tried' to buy alcohol.

### 3.4.4. Estimated Problem Drug Use (Adults)

It is estimated that 0.22% of the Orkney adult population used drugs problematically (Information Services Division, 2019). This rate is extremely low in comparison to the Scottish average which is estimated to be around 55,800-58,900 people and 1.62% of the adult population however this figure is potentially linked with the number of people who are in opiate replacement therapies and not necessarily representative of other substances which are being used such as cannabinoids, stimulants and prescription medication for example, therefore there could be an issue of underreporting actual numbers of those who have problematic drug use.

The recent Needs Assessment undertaken by the ADP demonstrated that there is a strong gender split where males represented over two thirds of this estimate at 66.67% compared to a third of females at 33.3%. Continually 50% of users were estimated to be aged 25 – 34 and the other half aged between 35-64. Considering age and gender, Males represented the same overall age split between age groups however, female problem drug users were only estimated to be aged 35 – 64. This study suffered from being purely based on data from people that had accessed services, it did not account for potential hidden populations that do not access services.

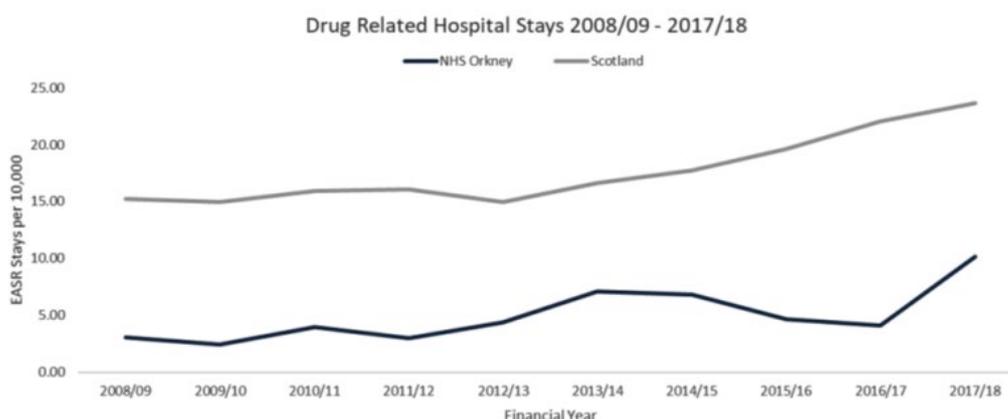
From those engaged in treatment services, the most commonly reported drugs are cannabinoids, benzodiazepines and opioids. Most drugs are available and used in Orkney however issues around availability and supply can have direct impact upon usage. High volumes of drugs are supplied from dealers or via the ‘dark web’ on the internet through the Royal Mail post service.

### 3.4.5. Drug Related Hospital Stays

Orkney ranked second lowest for drug related hospital stays per 10,000 people in the population during 2017/18 and was 126% lower than the national rate. The average hospital stay rate in Orkney between 2008/09 and 2016/17 was 4.38 stays per 10,000 people in the population. This increased significantly between 2016/17 and 2018/19 by 146% to 10.15 stays per 10,000 people in the population. In terms of numbers by the end of 2017/18 there were 21 hospital stays linked to Drug misuse, thus the figures are relatively small but no less serious than Alcohol related admissions. The vast majority of these stays were diagnosed as Mental and Behavioural conditions due to the use of drugs. In 2017/18 71% of hospital stays were associated with this diagnostic category compared to 29% associated with drug overdose. Year on year since 2008/09 patients admitted for the first time within the year represented a high proportion of all patients. The average proportion of new patients admitted per year over the past decade was 72.6% and in 2017/18 60% of patients were new which is slightly below the period average.

In terms of gender, the total Male admission rate was 2.7 times higher than the Female rate. The average Male annual hospital stay rate over the past 10 years was 6 per 10,000 compared to the Female rate of 2 per 10,000 per head of the population. Female admissions are additionally much more variable over the period, where there were 5 years out of the 10 that seen Female admissions in Orkney. Males on the other hand consistently represented admissions over the period. Furthermore, the Male admission rate continuously increased by 53.5% between 2008/09 and 2016/17 followed by an additional 53.6% increase over 2016/17 to 2017/18.

Given that there is an upward trend in drug related hospital stays, a priority for the ADP will be ensuring the development and implementation of a Non-Fatal Overdose Protocol to ensure that those hospitalised with drug related issues are offered appropriate treatment as appropriate including Take Home Naloxone.



Source: Public Health Scotland.

### **3.4.6. Impact of COVID-19 Upon Drug Taking and Supply in Scotland**

In a recent report prepared by Crew in May 2020, 64% of respondents noted changes to the market due to the outbreak of COVID-19 in Europe. The most commonly reported drugs were cannabis, cocaine, alcohol, heroin and MDMA powder. 30% of respondents reported taking different drugs from those they would usually take.

The percentage of people in Scotland reporting benzodiazepine use decreased from 26% in April to 11% in May. This may partly be due to the fact that almost all Scottish services reported the use of benzodiazepines and the number of reports from services fell from 25% in April to 15% in May. The percentage of people reporting cannabis use increased from 55% in April to 68% in May.

52% reported taking drugs more often and 52% reported taking a larger quantity of drugs, reinforcing concerns around an increase in tolerance, dependence, spending, physical harms, and mental health harms.

The most common reasons for this were due to stress, boredom and a lack of support, but there were also reports of people taking more due to them not getting the same effect as before. This may be due to their increased tolerance to the drug, or the drugs being of poorer quality, however without national drug checking in real time, we do not have quantitative insights into fluctuations in drug quality.

13% reported taking drugs less often and 16% reported taking a smaller quantity of drugs.

### **3.4.7. Young People's Drug Use**

Drug prevalence rates amongst young people in Orkney remain low with 90% of 15 year olds reporting that they had never tried any drugs (11% better than the Scottish average) and 3% of 13 year olds and 10% of 15 year olds reporting that they had used drugs in the last year.

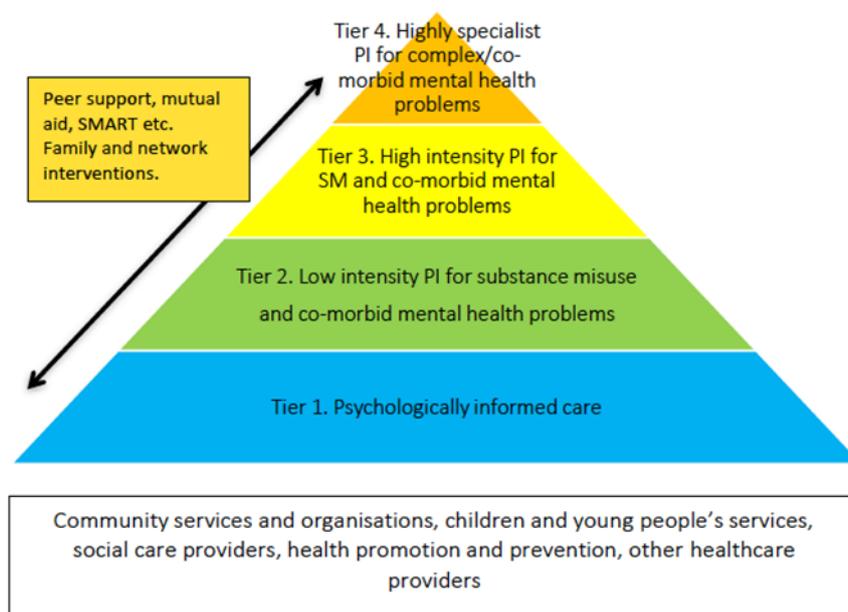
In the most recent Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) (2018) it was reported that 26% of 15 year olds felt it was 'ok' for someone their age to 'try taking cannabis to see what it's like' an increase of 19% from the previous SALSUS report. However, it can be assumed that the availability of drugs in Orkney to young people could be increasing with 51% of 15 year olds having reported that it would be 'very' or 'fairly' easy to get illegal drugs if they wanted to (an increase of 18% and 1% higher than Scottish average).

## **3.5. Service Delivery in Orkney**

Drug and alcohol treatment services in Orkney are provided across both the statutory and voluntary sectors. Orkney ADP follows the Scottish Government's 'matched-care' model of service delivery based on the Psychological Therapies Matrix, which outlines evidence based psychological interventions for alcohol and drug problems. This model offers 'tiers' of care: each step-up leads to more intensive

interventions for service users with more complex needs. There are four tiers of drug and alcohol treatment services which is a nationally recognised structure, they are:

- Tier 1: Universal provision i.e. Police, Housing, Primary Care, Education.
- Tier 2: Low threshold substance misuse specialist interventions i.e. drop in centres, harm reduction, injecting equipment exchange, counselling.
- Tier 3: Care planned interventions including substitute prescribing, psychodynamic interventions, and recovery support.
- Tier 4: Inpatient treatment including detoxification, recovery programmes and rehabilitation.



Treatment may also be understood to move in 'phases' of care, recognising that different interventions may be more appropriate at different times in an individual's treatment journey. Interventions always should be based on assessment and review of service users' changing needs and motivations throughout the recovery journey.

There are no Tier 4 services within Orkney, residential detoxification services must be accessed via The Scottish Mainland following a comprehensive referral pathway.

NHS Orkney's Drug and Alcohol Team provide the Tier 3 service which includes specialist interventions, hospital alcohol detoxification and home detoxification as well as substitute prescribing.

Tier 1 and 2 services are commissioned services from across the voluntary and statutory sector providing low level therapeutic treatment services including counselling, needle exchange and alcohol brief interventions.

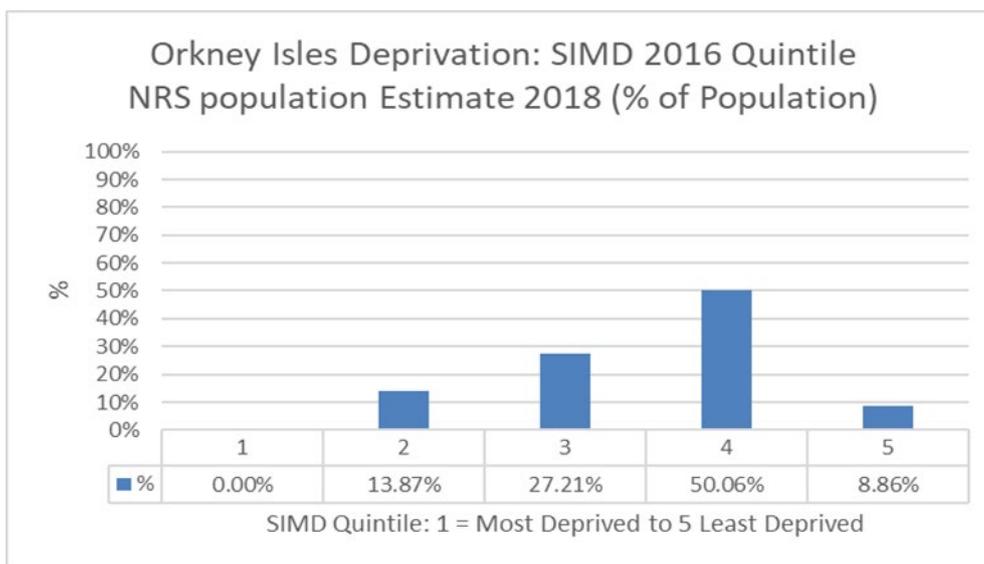
The majority of services are located within the main town, Kirkwall however where possible services try to be flexible to meet the demands of individuals who are unable to access or travel to the service location. Practitioners often travel to people's homes or appointments via telephone or other digital means can be offered.

### 3.6. Health Inequalities

Alcohol related ill health and mortality is higher among people in poverty and those living in deprived communities, albeit this differs in rural areas where deprivation can be more scattered. It is therefore essential to improve our understanding of the pathways that connect poverty and problem drug and alcohol use so the workforce in Orkney is better equipped to tackle inequalities.

Orkney ADP will therefore produce an inequalities report and action plan to improve strategies and interventions. Maximising income and securing a well-paid job can provide a route out of poverty for many people, particularly for those in recovery who may struggle to secure work due to discriminatory practices or lack of employment history. Orkney ADP will therefore collaborate with relevant partners to increase volunteering, training, and employment opportunities for people at risk of drug or alcohol problems and those in recovery.

The table below shows the distribution of population by deprivation. Noticeably, this distribution puts no Orkney population into the most deprived quintile. Classifying deprivation using indicators within a geographic area masks the often-severe deprivation experienced within small, scattered communities such as those in Orkney. So, whilst over 13% are placed in the second most deprived quintile, rural families and households experiencing extreme deprivation will not be captured in aggregated statistics in the sparsely populated communities across Orkney.



Source: Public Health Scotland.

From Public Health Scotland’s Burden of Disease study, we know that the disease burden of drug use disorders is 17 times higher and alcohol 8.4 times higher in the most deprived areas compared with the least deprived areas and hospital admissions are higher also.

### 3.7. Ageing Population

Orkney alongside Scotland has an ageing population; over the last decade there has been a decline in births, with an increase in the life expectancy of the older

generation, this equating to an increasing imbalance in the population between births and deaths. It is projected that by 2028 the shift in the following age ranges will be:

- 0 -15 will decrease by 11.5%.
- 16 - 64 will decrease by 10%.
- 65 - 74 will increased by 10.2%.
- 75+ will increase by 37.4%.

An ageing population of higher risk alcohol and problematic drug users bring with it complex additional health challenges, national evidence shows that there has been a steep rise in drug related deaths in recent years and in addition, harmful use of alcohol is increasing in older adults. Older service users are more likely to present with complex multi-morbidities often having used drugs and alcohol for many years.

Orkney ADP will ensure that when commissioning for services, the needs of the older population are evidenced to ensure that local services are tailored to the requirements of its population.

### **3.8. Mental Health**

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.

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). Studies have 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. The most frequent psychiatric comorbidities among people who use drugs are depression, anxiety, and personality disorders.

Alcohol and drug use by a loved one can cause trauma and distress for their families, 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.

Orkney ADP are committing to ensuring that a whole family approach is taken when supporting someone with alcohol and drug issues and that there is adequate support for those providing caring responsibilities. We are aware that there will be many families supporting a loved one who is not accessing treatment.

### **3.9. Adverse Childhood Experiences (ACEs) and Trauma**

Having multiple ACEs is a key risk factor for problematic alcohol and drug use and 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 / or drugs as a means of coping with and managing the stress of these experiences.

In February 2021, NHS Orkney's Board, Orkney Islands Council and the Integration Joint Board approved 'The Trauma Informed Pledge' demonstrating their ongoing

commitment to embedding trauma informed principles and practice across the workforce and services provided.

### **3.10. Housing and Fuel Poverty**

Settled housing plays an important role in the prevention of, and recovery from, problematic alcohol and drug use; Orkney ADP acknowledge the commitments from the Scottish Government to ending rough sleeping and homelessness.

Whilst homelessness levels are relatively low in Orkney there are a number of factors that should be considered by the ADP with regards to homelessness. People finding themselves homeless or threatened with homelessness do not always present themselves to the local authority and so often this population can be described as 'hidden'.

Orkney has a higher-than-average rate of houses classed as 'below tolerable standard', partly because of the varying types of properties that are spread across the islands.

Orkney has a maritime climate which brings often harsh conditions. The best estimate of fuel poverty in Orkney according to the Scottish House Condition Survey (Scottish Government, 2019) which reports on data from 2016-2018, is that 30% of households are fuel poor, one of the five highest of local authority areas in Scotland. This same survey suggests that 22% of households in Orkney are extremely fuel poor, which is only behind the Western Isles. This suggests that there are more households in Orkney in fuel poverty than households in other areas of Scotland.

In addition to these factors, it must also be recognised that COVID-19 will also have a significant impact with more people having to stay at home and heat their homes.

### **3.11. Employment**

Following the publication of No One Left Behind: Next Steps for the Integration and Alignment of Employability Support in Scotland 2018 which describes the next steps for the integration and alignment of employability support with a particular focus on health, justice and housing services.

As a result of this, Orkney ADP has established a close working relationship with the local Job Centre Plus team who have pulled together a local strategy and action plan to implement local pathways that are person-centred, and trauma informed.

### **3.12. Remote and Rural Context**

Orkney ADP and its services have additional challenges to delivery due to their remote and rural location, many of these have been captured in the national report 'Rural Matters'. Scottish Health Action on Alcohol Problems (SHAAP) report 'Rural Matters' published in September 2020 highlighted the challenges facing rural communities including:

- Alcohol and Social Norms

Alcohol use is part of daily life and social activities in rural areas, as in the rest of Scotland. However, responses within the report suggested that the importance of

alcohol is disproportionate in rural communities, given the lack of alternative recreational activities, particularly in winter. The significance of alcohol is entrenched in cultural and social norms due to traditions, hospitality and economic dependence on tourism and alcohol production. The research argued that non-drinkers often feel ostracised from social gatherings and few alcohol-free spaces, if any, exist within their communities.

- Challenges

People who need alcohol-related support services, their family members and service providers face unique challenges in rural areas. Expensive, lengthy, and infrequent public transport links and limited internet service provide further challenges.

Healthcare and service providers reported challenges in accessing networking and professional development opportunities and difficulty in recruiting and retaining staff. Service providers also described the challenge of funding models often being related to population size, which does not consider the added costs of providing services in a rural population of fewer, harder to reach people.

- Stigma

Stigma in the community, healthcare settings, media and online was also found to be a significant barrier to accessing services and support for alcohol problems. Research participants argued that stigma was made worse if living in a small community where privacy is difficult if not impossible to maintain. Participants expressed fears of social, professional, or family consequences (such as having children removed) if they were found to be seeking assistance. Stigma in healthcare settings was also described by research participants, who spoke about what they felt were judgmental or unhelpful attitudes of General Practitioners (GPs) and Accident and Emergency (A and E) staff when seeking support for alcohol-related problems.

- Recovery

Several research participants with lived experience of alcohol-related problems emphasised the importance of peer support, mutual aid groups, recovery communities and twelve-step programmes such as Alcoholics Anonymous (AA) and Al-Anon in their recovery or while supporting a loved one. Recovery communities offer opportunities for social interaction, support and provision of safe, alcohol-free spaces and activities for people in recovery.

## 4. COVID-19

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness (World Health Organisation, 2020).

The first COVID-19 diagnosis in Scotland was notified on the 1 March 2020. WHO declared COVID-19 a global pandemic on 11 March 2020. On 23 March 2020,

lockdown measures for Scotland and the rest of the UK were implemented. A number of potential impacts on the health and wellbeing of people who use drugs have been identified, including an increased risk from COVID-19 infection due to existing co-morbidities, negative impact of control measures and physical distancing on access to services and subsequent risk of broader health harms.

Whilst positive cases of COVID-19 have remained lower in Orkney compared to other areas of Scotland and the United Kingdom, the impact of the virus has been no less.

Following a six-month impact report undertaken by the ADP, data shows that the number of referrals to local drug and alcohol services both statutory and voluntary was significantly reduced immediately after the lockdown was imposed however there has been a steady increase in referrals since restrictions have been lifted. Service providers have had to make adaptations to provide delivery of treatments in new ways to ensure that COVID-19 prevention measures are adhered to such as physical distancing. This has included utilising digital means for delivering therapeutic treatment where possible, call and collect services at pre-arranged times rather than drop-in clinics, daily pick-ups for prescribed medications and 'doorstep' titrations for example.

It is recognised that the changes in delivery have had an impact on services that must be acknowledged for future planning by the Alcohol and Drugs Partnership; this includes an increased workload with an anticipated increase in referrals as restrictions continue with individuals reporting the pandemic having a negative impact on their mental health and an increase in consumption of alcohol and drugs as a coping mechanism.

Services have reported that making changes to their delivery has had an impact on the number of clients they are able to support, for example some of the therapeutic session may involve getting familiar to the new means of support and for those who are being seen on a face-to-face basis additional time for cleaning is required therefore we know that the numbers of people being seen by a practitioner will be reduced. The ADP and service providers must also have contingency planning for staff that may be required to self-isolate and the impact that this will have upon caseloads and waiting times for referrals as well as the overcoming backlog from the initial lockdown where many services were temporarily suspended.

The impact of COVID-19 on services has not all been negative; the new way of working has also encouraged the ADP, practitioners and service providers to develop new ways of working, introducing new services which have enhanced delivery for clients and this is set to stay post COVID-19.

Going forward, whilst new data and research emerges with regards to the impact of COVID-19 and emerging new trends in both alcohol and drug consumption, sales, secondary harms and access to treatment this strategy may be required to be updated and adapted to ensure it remains current.

## 5. Vision and Strategic Priorities

“Our vision is to help create a supportive, positive environment in Orkney which reduces the harms of problematic substance use”.

### 5.1. Mission Statement

“Orkney ADP is committed to promoting positive change by working to improve the lives of those suffering from problematic substance misuse. Through effective partnership working we will focus on providing early interventions for individuals, their families, and communities.

We will provide increased support for children and young people affected by problematic substance use within our community.

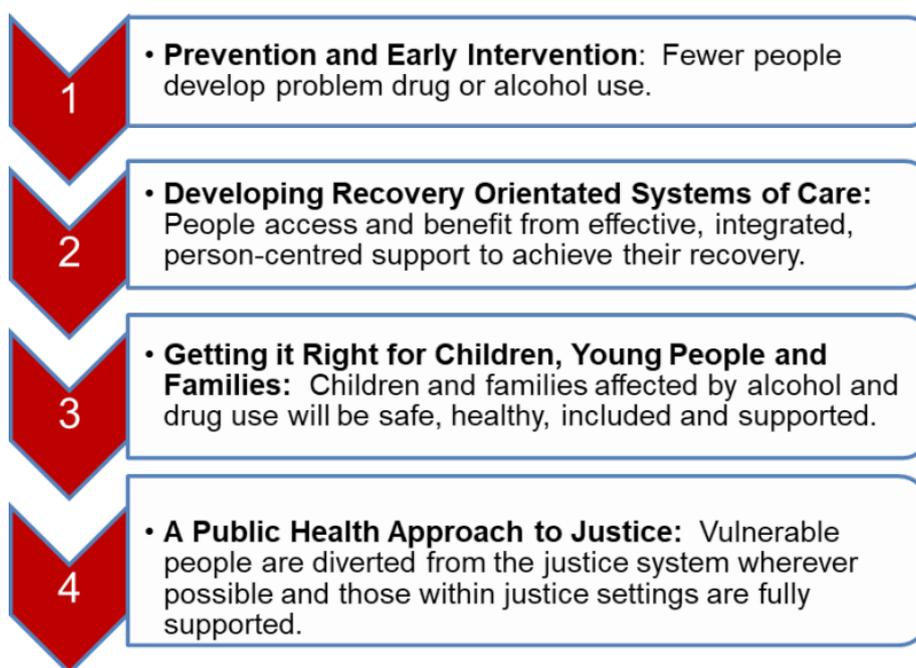
We will champion the human rights of those who use substances within our community.

We will work together in acknowledging and addressing the underlying causes of problematic substance misuse such as poverty, trauma and Adverse Childhood Experiences.

We will campaign to challenge and reduce stigma faced by problematic substance users and their families so that they can move forwards in their recovery to lead safe, healthy and meaningful lives as members of our community”.

### 5.2. Strategic Priorities Summary

Orkney ADP bases its strategic priorities on those set by the Scottish Government in their national strategy, Rights, Respect and Recovery. Following two local consultation events with stakeholder partners, frontline services, and those with lived and living experience it was agreed to use the strategic priorities and translate these into outcomes within the local context.



The local outcomes agreed by Orkney Alcohol and Drugs Partnership are detailed within this section of the strategy. A separate Action Plan will be prepared to accompany this strategy to monitor the progress made against local outcomes. The Action Plan will be updated annually and reviewed by the ADP Strategy Group.

### **5.3. Fewer people develop problem drug or alcohol use**

“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. (Scottish Government, Rights, Respect and Recovery, 2018:18).

#### **Orkney ADP’s Local Outcomes to meet the Strategic Priority are**

- Ensure that those with lived and living experience of alcohol and drug issues who wish to have their voices heard can do so in a meaningful way.
- Early identification of those individuals at high risk of alcohol and drug dependence and employ a holistic approach (not focussing solely on substance misuse but the whole needs of the person) recognising other aspects (social, emotional, physical) not just exclusively on their substance use.
- Employ and invest in a trauma-informed workforce across the whole of Orkney ADP, who have the skills to recognise and tackle stigma experienced by people affected by substance misuse.
- Building resilience into the local community to challenge detrimental embedded culture of problematic alcohol consumption.
- Invest through both monetary and time in education and ensure that our children and young people have access to evidence based, appropriate and informative education and harm reduction inclusive all of settings acknowledging that some of our young people may not be in education, training, or employment.

### **5.4. People access and benefit from effective, integrated, person centred support to achieve their recovery**

“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” (Scottish Government, Rights, Respect and Recovery, 2018:3).

#### **Orkney ADP’s Local Outcomes to meet the Strategic Priority are**

- Commission services that are appropriate for the needs of the local population and remove barriers to treatment by piloting other treatment models including assertive outreach.
- Services commissioned by the ADP are needs led for those who are accessing them.

- Adopt a Recovery Orientated System of Care (ROSC) throughout both the statutory and third sectors providing alcohol and drug treatment services.
- Individuals returning to Orkney from residential rehabilitation and / or custody settings are provided with appropriate and seamless transition of through-care and after-care where possible.
- Services in the remote and outlying islands of Orkney are delivered with equity of access where possible.
- Alcohol and drug treatment services provide access to treatment within 21 days of and individual's referral to the service.
- Clear and easily accessible routes for those who require opiate prescribing therapies and provision of the opiate reversal drug, Naloxone.

### **5.5. Children and families affected by alcohol and drug use will be safe, healthy, included and supported**

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.

Alcohol and drug use by a loved one can also cause distress and trauma for their children and families. Often leading to relationship breakdown and increased caring responsibilities.

#### **Orkney ADP's Local Outcomes to meet the Strategic Priority are**

- Ensure that families affected by a loved one's alcohol or drug use have access to support in their own right and can be involved in their loved one's treatment and support where appropriate.
- Identify and provide person-centred services specifically for young people who are affected by parental or familial substance misuse.
- Ensure that a multi-agency response to supporting children and families is undertaken and information is shared appropriately and in a timely manner to support those most at risk.
- Develop and maintain a competent workforce that is able to recognise the impact of Adverse Childhood Experiences (ACEs) and are trauma-informed.
- Provide training to develop and maintain a workforce that routinely undertake screening for domestic violence, sexual abuse and sexual exploitation so that services are not drawn to collude with perpetrators in further coercion of the most vulnerable and those experiencing sexual violence and domestic abuse should have their safety and wellbeing needs met through early identification.

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

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 many have experienced trauma as children or adults (Scottish Government, 2018:48).

### **Orkney ADP's Local Outcomes to meet the Strategic Priority are**

- Ensure that liaison between Scottish Prison Service and local Criminal Justice Service occurs to provide the best possible care for those during arrest, police custody, sentencing and prison.
- Support the development of community justice pathways which utilises local and national support networks that allows the inclusion of family members of loved ones in community based support.
- Local alternatives to prosecution including therapeutic services, diversionary activities, educational support and employment opportunities are developed and how best to facilitated to access to services, as well as rehabilitation once people are released from custody who require alcohol and drug treatment and support.

## **6. References**

### **6.1. National Documents**

Alcohol Framework 2018: Preventing Harm – Next steps on changing our relationships with alcohol:

<https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/>.

Crew: COVID-19 Drug Market Survey Summary:

<https://mk0crewscotb6dvcp91y.kinstacdn.com/wp-content/uploads/2020/06/Crew-COVID-19-Drugs-Market-Survey-Month-2-Summary-May-2020.pdf>.

Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence against Women and Girls:

<https://www.gov.scot/publications/equally-safe-scotlands-strategy-prevent-eradicate-violence-against-women-girls/>.

National Trauma Training Programme – 'Trauma Informed Pledge':

<https://transformingpsychologicaltrauma.scot/working-together/pledge-for-partners/>.

NHS Scotland Information Services Division: Prevalence of Problem Drug Use in Scotland:

<https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-03-05/2019-03-05-Drug-Prevalence-2015-16-Report.pdf>.

NHS Scotland 2020 Local Delivery Plan Guidance:

<https://www.gov.scot/publications/nhsscotland-2020-local-delivery-plan-guidance/pages/2/>.

Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy:

<https://www.gov.scot/publications/rights-respect-recovery/>.

Public Health Priorities for Scotland:

<https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2018/06/scotlands-public-health-priorities/documents/00536757-pdf/00536757-pdf/govscot%3Adocument/00536757.pdf>.

Scottish Drug Deaths Taskforce: A Strategy to Address the Stigmatisation of People and Communities Affected by Drug Use – We all Have a Part to Play:

<https://drugdeathstaskforce.scot/news-information/publications/policy-and-strategy/stigma-policy-and-strategy/>.

Scottish Drugs Forum 'Moving Beyond People-First Language: A Glossary of contested terms in substance use':

<http://www.sdf.org.uk/wp-content/uploads/2020/10/Moving-Beyond-People-First-Language.pdf>

Scottish Government: No one Left Behind:

<https://www.gov.scot/publications/one-left-behind-next-steps-integration-alignment-employability-support-scotland/>.

Scottish Health Action on Alcohol Problems: 'Rural Matters':

<https://www.shaap.org.uk/downloads/reports-and-briefings/278-rural-matters.html>.

Scottish Schools Adolescent Lifestyle and Substance Use Survey – Orkney (2018):

<https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2019/11/scottish-schools-adolescent-lifestyle-substance-use-survey-salsus-national-overview-2018/documents/summary-findings-orkney-council/summary-findings-orkney-council/govscot%3Adocument/summary-findings-orkney-council.pdf?inline=true>.

## **6.2. Local Documents**

Planning for our future: Orkney Strategic Plan 2019-22:

[https://www.orkney.gov.uk/Files/OHAC/IJB/Strategic\\_Plan\\_20192022\\_OHAC.pdf](https://www.orkney.gov.uk/Files/OHAC/IJB/Strategic_Plan_20192022_OHAC.pdf).

Orkney Local Policing Plan:

<https://www.scotland.police.uk/assets/pdf/392813/392817/orkney-local-policing-plan-2017-2020?view=Standard>.

## 7. Glossary

Assertive Outreach	An alternative approach to engaging with individuals who don't engage effectively in traditional services, by meeting them in their own environment (e.g. own home or in an environment familiar to them).
Benzodiazepine	The most commonly prescribed minor tranquilisers, known as anxiolytics (for daytime anxiety relief) and hypnotics (to promote sleep). Includes diazepam (Valium), lorazepam, librium, nitrazepam, temazepam.
Holistic Approach	To provide support that looks at the whole person, not just their alcohol and drug needs, focuses on the person's wellness not just their illness or condition.
Lived Experience.	Personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people.
Opioid.	A drug containing opium or its derivatives, used in medicine for inducing sleep and relieving pain. Includes heroin (diamorphine), morphine, methadone, opium, codeine, pethidine, dihydrocodeine
Problem drug use.	The problematic use of opioids (including illicit and prescribed methadone use) and/or the illicit use of benzodiazepines and implies routine and prolonged use as opposed to recreational and occasional drug use.
Recovery Orientated System of Care.	A Recovery Orientated System of Care or ROSC is a co-ordinated network of community based services and supports that is person-centred and builds on strengths and resilience of individuals, families and communities.
Take-Home Naloxone.	Naloxone is an emergency antidote to opiate overdose. It blocks opioid receptors to counteract the effects of opioid drugs such as heroin, methadone, fentanyl and morphine. It reverses the life-threatening effects of an overdose such as depressed breathing. Naloxone itself has no psychoactive properties and has "no intoxicating effects or misuse potential". It is injected directly into the body so is quick to take effect.

## 8. Appendices

8.1. Appendix 1: Feedback from the 'Rights, Respect and Recovery' Local Public Event on 12 December 2018.

## 8.1. Background

Following the publication of the national Strategy Rights, Respect and Recovery in November 2018 Orkney ADP facilitated a session on 12 December 2018 in which three of the national strategic outcomes were discussed. A total of 55 people from across the Orkney workforce attended and the notes have been summarised under each strategic outcome for consideration at today's event.

<b>Fewer people develop problematic alcohol and drug use.</b>	
<ul style="list-style-type: none"> <li>• Reduce Stigma.</li> <li>• Employ a set of local Standards of Services' across all organisations e.g. person centred, accepting, respectful and non-judgemental.</li> <li>• Getting people into services / treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Seeing this as a family and community issue (not just as individual level).</li> <li>• Early identification and intervention.</li> <li>• Prevention.</li> <li>• Education.</li> <li>• Sustainable services.</li> </ul>
<b>People access and benefit from effective, integrated person-centred support to achieve their recovery.</b>	
<ul style="list-style-type: none"> <li>• Trauma Informed.</li> <li>• Realistic outcomes and targets.</li> <li>• Workforce Development and support and supervision.</li> <li>• Improve confidentiality / data sharing where appropriate.</li> <li>• Preparing people for treatment.</li> </ul>	<ul style="list-style-type: none"> <li>• Currently no system or forum in place to allow lived experience to allow influence of service design, development and delivery.</li> <li>• More support for family members to support loved ones.</li> </ul>
<b>Children and families affected by alcohol and drug use will be safe, healthy, included and supported.</b>	
<ul style="list-style-type: none"> <li>• Children being treated with the same respect as adult family members.</li> <li>• Individual support and counselling for children and young people who experience parental substance misuse.</li> <li>• Practical supporting within family for long term – harm reduction to child and substance user.</li> </ul>	<ul style="list-style-type: none"> <li>• Discussing opening issues of drug and / or alcohol misuse with families in a non-blaming, non-shaming way.</li> <li>• Getting anonymous feedback from children and young people about what support they might need around their own and their family's drug and alcohol use.</li> <li>• Mentoring</li> </ul>

## 9. Version Control

Version.	Status.	Date.	Amended by.	Reason / Overview.
7.	Draft.	01.09.20.	Katie Spence.	Final draft to ADP Strategy.
8.	Final.	27.01.21.	Katie Spence.	Final for Approval at IJB.
9.	Final.	19.05.21.	Katie Spence.	Final for Approval at IJB.