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Agenda Item: 8

## **Integration Joint Board**

**Date of Meeting: 2 July 2025.**

**Subject: Orkney Alcohol and Drugs Partnership  
Annual Survey 2024/25.**

### **1. Purpose**

1.1. To present the Orkney Alcohol and Drugs Partnership Annual Survey for the period 2024/25.

### **2. Recommendations**

**The Board is invited to scrutinise:**

2.1. Activity delivered by Orkney Alcohol and Drugs Partnership during 2024/25, attached as Appendix 1 to this report, in order to seek assurance regarding the work programme.

2.2. The additional local report on community input, education and training within Orkney, attached as Appendix 2 to this report.

### **3. Background**

3.1. Each Alcohol and Drugs Partnership (ADP) is required to produce an annual report to Scottish Government using the template provided, reporting on their performance against the agreed Ministerial priorities and national deliverables.

3.2. The data provided in the template created by Scottish Government gives updates and assurances to Scottish Ministers around ADP delivery. The data will also be shared with Public Health Scotland's (PHS) evaluation team to inform monitoring and evaluation of drugs policy.

### **4. Key Highlights**

4.1. The ADP Annual Report, attached as Appendix 1, was submitted to Scottish Government on 4 June 2025.

4.2. The ADP Support Team has been fully staffed since June 2024 and this has allowed for additional local work to be undertaken alongside the strategic requirements of the Scottish Government. A full report on local delivery has been included for information at Appendix 2.

4.3. A weekly drop-in facility set up to provide support to those using alcohol and/or drugs continues with success. The drop-in provides improved access without the need of appointments for services including, referrals to treatments, injecting equipment provision, harm reduction, blood borne virus testing and the provision of Take-Home Naloxone kits. In addition, a clinically facilitated support group also runs alongside the drop-in for weekly structured support.

4.4. The ADP undertook its commissioning of local services in December 2024 with service provision being covered for adults, children and young people, family support service and a community-based service. The successful services have contracts for three years.

## 5. Contribution to quality

Please indicate which of the Orkney Community Plan 2025 to 2030 values are supported in this report adding Yes or No to the relevant area(s):

<b>Resilience:</b> To support and promote our strong communities.	Yes.
<b>Enterprise:</b> To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
<b>Equality:</b> To encourage services to provide equal opportunities for everyone.	Yes.
<b>Fairness:</b> To make sure socio-economic and social factors are balanced.	Yes.
<b>Innovation:</b> To overcome issues more effectively through partnership working.	Yes.
<b>Leadership:</b> To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
<b>Sustainability:</b> To make sure economic and environmental factors are balanced.	No.

## 6. Resource and financial implications

6.1. There are no resource or financial implications directly arising as a result from this report.

## 7. Risk, equality and climate change implications

7.1. There are no risks, equality or climate change implications directly arising as a result from this report.

## 8. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 9. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

## 10. Authors and contact information

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## 11. Supporting documents

11.1. Appendix 1: Orkney Alcohol and Drugs Partnership Annual Report 2024/25.

11.2. Appendix 2: Orkney Alcohol and Drugs Partnership Education and Community Input 2024/25.



## **Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2024/25**

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission to reduce drug deaths and improve lives, as well as activities relating to alcohol **during the financial year 2024/25**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

This survey includes questions from across drug and alcohol policy areas. It has been designed to collate as many asks as possible from Scottish Government to minimise requests throughout the year. There is a combination of established questions which enable comparison year on year and new questions that reflect current and anticipated future data needs.

We do not expect you to go out to services to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these as ADP.

The data collected will be used to better understand progress at a local level and will inform:

- [National monitoring of the National Mission to reduce drug deaths and improve lives](#);
- The work of the ongoing [evaluation of the Nation Mission](#), including the economic evaluation;
- The work of advisory groups including those supporting the programmes around Whole Family Approach, surveillance, and residential rehabilitation among others;
- The work of national organisations which support local delivery; and
- Future policy planning around drugs and alcohol.

Findings will be published as [Official Statistics](#) in the autumn. The publication reporting on the [2023/24 ADP survey](#) is available on the Scottish Government website. We plan to publish data from closed answer (quantitative) questions at an ADP level to enable best use of the survey data and ensure transparency. Data from closed answer (qualitative) questions will be shared with Public Health Scotland and their commissioned research teams to inform drug and alcohol policy monitoring and evaluation, where excerpts and/or summary data may be used in published reports, and will be subject to FOI requests. You may still wish to publish your return, as in previous years.

**The deadline for returns is Friday 13th June 2025.** Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings, so if sign off is not possible by the date of submission, please indicate this when you provide your return and advise an expected sign off date if possible.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at [substanceuseanalyticalteam@gov.scot](mailto:substanceuseanalyticalteam@gov.scot).

## **Cross-cutting priority: Surveillance and Data Informed**

### **Question 1**

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an 'x'.  
[single option]

- Aberdeen City ADP
- Aberdeenshire ADP
- Angus ADP
- Argyll & Bute ADP
- Borders ADP
- City of Edinburgh ADP
- Clackmannanshire & Stirling ADP
- Dumfries & Galloway ADP
- Dundee City ADP
- East Ayrshire ADP
- East Dunbartonshire ADP
- East Renfrewshire ADP
- Falkirk ADP
- Fife ADP
- Glasgow City ADP
- Highland ADP
- Inverclyde ADP
- Lothian MELDAP ADP
- Moray ADP
- North Ayrshire ADP
- North Lanarkshire ADP
- X Orkney ADP
- Perth & Kinross ADP
- Renfrewshire ADP
- Shetland ADP
- South Ayrshire ADP
- South Lanarkshire ADP
- West Dunbartonshire ADP
- West Lothian ADP
- Western Isles ADP

## Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.

[multiple choice]

Alcohol death review group

Alcohol harms group

X Drug death review group

X Drug trend monitoring group/Early Warning System

None

Other (please specify):

## Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews?

Mark with an 'x'.

[single option]

X Yes

No

Don't know

3b. If no, please provide details on why this is not the case.

[open text – maximum 500 characters]

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## Question 4

Please list what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths. Please describe how these have been used to inform local decision making in response to emerging threats (e.g. novel synthetics) in the past year. [open text – maximum 2,000 characters]

Local Drug Related Harms & Death Review Group Local Drug Trend & Drug Alert Group RADAR Police Scotland - Highlands & Islands Division drug alert group
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## Question 5

5a. Have you made specific revisions to any protocols in the past year in response to emerging threats (e.g. novel synthetics, trends in cocaine, new street benzos, etc.) ?

Mark with an 'x'.

[single option]

Yes

X No

5b. Please provide details of any revisions  
[open text – maximum 500 characters]

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### Question 6

Please describe ways in which you routinely engage with commissioned services in your ADP area (e.g. through online surveys, reporting databases, email or phone communication, ADP representation on governance or advisory structures, events etc.).  
[open text – maximum 1000 characters]

We have a Services Sub Group that meets quarterly which all our commissioned services are invited to participate in alongside other alcohol and drug related (non-commissioned services). We also have a quarterly newsletter produced by the ADP which is shared with commissioned services.

Each commissioned service is asked to complete a six monthly accountability report on their progress against the agreed outcomes, this includes a section to allow them to bring anything further to our attention.

Commissioned services are also represented on our ADP Strategic Group. ADP Commissioned services are routinely emailed and included on mailing lists for drug alerts etc where appropriate.

## Cross-cutting priority: Resilient and Skilled Workforce

### Question 7

7a. What is the whole-time equivalent<sup>1</sup> staffing resource routinely dedicated to your ADP Support Team as of 31 March 2025?

[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	1.30
Total vacancies (whole-time equivalent)	0.00

7b. Please list the job title for each vacancy in your ADP Support Team on the 31 March 2025 (if applicable).

[open text – maximum 500 characters]

n/a

### Question 8

Please select any initiatives you have undertaken as an ADP that are aimed at improving employee wellbeing (volunteers as well as paid staff). Mark all that apply with an 'x'

[multiple choice]

#### *Training and awareness*

X Promotion of information and support initiatives

X Provision of training on issues including trauma awareness and crisis management

Other (please specify):

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<sup>1</sup> Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).



### *Workplace support*

- X Flexible working
- X Implementation of risk assessment for work at home and in the workplace
- X Inclusive workplace initiatives (including staff networks and wellbeing champions)
- X Provision of occupation health services
  - Staff recognition schemes
  - Use of disability passports
  - Workload management
  - Other (please specify):

### *Institution-provided support*

- X Provision of coaching and supervision for staff and volunteers
- X Provision of counselling for staff and volunteers
- Other (please specify):

### *Wellbeing activities*

- X Drug and/or alcohol death reflective sessions
  - Peer support groups
  - Provision of mindfulness courses/learning materials
  - Social and physical activities
  - Other (please specify):

### *Engagement*

- X Participation in local Clinical Care Governance Meetings
  - Undertaking of staff needs assessments and engagement to understand wellbeing needs
  - Regular meetings about staff pressures with senior and junior staff
  - Other (please specify):
- Other initiatives which don't fit in these categories (please specify):



## Cross cutting priorities: Lived and Living Experience

### Question 9

9a. Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X Engagement with recovery communities
- ☒ X Experiential data collected as part of the Medication Assisted Treatment (MAT) programme
- ☒ X Feedback / complaints process
- ☒ X Lived / living experience panel, forum and / or focus group
- ☒ X Questionnaire / survey
- ☐ No formal mechanism in place
- ☐ Other (please specify):

9b. In the past year, have members of any of the following groups with lived and/or living experience participated in any of the above engagement mechanisms? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X People who are current or former employees or volunteers at the ADP or drug and/or alcohol services
- ☒ X People who are not employed at the ADP or at drug and/or alcohol services
- ☒ X People who are currently accessing treatment or support for problem **drug** use (may include treatment for problem alcohol use)
- ☒ X People who are currently accessing treatment or support for problem **alcohol** use
- ☒ X People with living experience of drug and/or alcohol use who are not currently receiving treatment or support
- ☐ People who are experiencing homelessness
- ☒ X Women
- ☒ X Young people
- ☐ Other (please specify):

### Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'.

[multiple choice]

- ☐ Through ADP board membership
- ☐ Through a group or network that is independent of the ADP
- ☒ X Through an existing ADP group/panel/reference group
- ☐ Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

10b. In what ways are **family members** able to participate in ADP decision-making?

Mark all that apply with an 'x'.

[multiple choice]

Through ADP board membership

Through a group or network that is independent of the ADP

Through an existing ADP group/panel/reference group

X Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

### Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision-making (e.g. the delivery of the service)? Mark all that apply with an 'x'.

[multiple choice]

X Asked about in reporting

X Stipulated in our contracts

None

Other (please specify):

## Cross cutting priorities: Stigma Reduction

### Question 12

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.  
[multiple choice]

- ☒ X ADP strategy, delivery and/or action plan
  - Alcohol deaths and harms prevention action plan
  - Communication strategy
  - Community action plan
  - Drug deaths and harms prevention action plan
- ☒ X MAT standards delivery plan
  - Service development, improvement and/or delivery plan
- ☐ None
- ☐ Other (please specify):

### Question 13

Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.  
[open text – maximum 2,000 characters]

We have offered stigma training for professionals and interested people to attend. Following on from experiential data obtained through last year's MAT interviews, the ADP commissioned a specific family support service to support family members and significant others of those using alcohol and drugs. We have also set up a weekly drop-in service and recovery support group which is accessible to anyone affected by alcohol and / or drugs whether they are in treatment or not.

## Fewer people develop problem substance use

### Question 14

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an 'x'.

[multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)	X	X	X
People from minority ethnic groups	X	X	
People from religious groups	X	X	X
People who are experiencing homelessness	X	X	X
People who are LGBTQI+	X		X
People who are pregnant or peri-natal	X	X	X
People who engage in transactional sex	X		X
People who have been involved in the justice system	X		X
People with hearing impairments and/or visual impairments	X	X	X
People with learning disabilities and literacy difficulties	X		X
Veterans	X		X
Women	X	X	X
None of the above			
Other (please specify			

### Question 15

Which of the following education or prevention activities were funded or supported<sup>2</sup> by the ADP?<sup>3</sup> Mark all that apply with an 'x'.

[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information	X	X	X
Harm reduction services		X	X
Learning materials	X	X	X
Mental wellbeing			
Peer-led interventions		X	
Physical health			
Planet Youth			
Pregnancy & parenting			
Youth activities			
Other (please specify)			
None			

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<sup>2</sup> Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

<sup>3</sup> Note: activities which are not relevant for older age groups have been shaded out to avoid confusion on completion of this question.

## Risk is reduced for people who use substances

### Question 16

16a. Please select in which settings each of the following harm reduction initiatives are delivered in your ADP area. Mark all that apply with an 'x'.

[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies				
Drug services (NHS, third sector, council)	X	X	X	X
Family support services				
General practices		X		X
Homelessness services				
Hospitals (incl. A&E, inpatient departments)	X			X
Justice services				
Mental health services	X	X	X	X
Mobile/outreach services	X	X	X	X
Peer-led initiatives				
Prison				
Sexual health services	X	X	X	
Women support services				
Young people's service				
None				
Other (please specify)				

16b. Please provide details about any changes to settings in which harm reduction initiatives have been delivered in the past year. Please describe the changes and any reasons for these changes.

[Open text- maximum 2,000 characters]

Previously, we only provided IEP from our Needle Exchange Service which is integrated with the sexual health service within an independent GP surgery but we now are able to offer IEP at point of contact from our specialist drug and alcohol treatment service. We will also be able to provide a full harm reduction service including Naloxone and IEP from our drop-in service which is being piloted from February this year.



### Question 17

17a. Which of the following harm reduction interventions are there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.

[multiple choice]

☒ Drug checking

☒ Drug testing strips

☒ Harm reduction advice and support in relation to psychostimulants

☒ Heroin Assisted Treatment

☐ Naloxone availability in public facilities (e.g. pre-stationed naloxone, naloxone box etc.)

☒ Provision of foil

☐ Safe supply of substances

☐ Safer drug consumption facility

☐ Safer inhalation pipe provision

☐ Other (please specify):

17b. Please provide any details (e.g. scale of demand, source of requests, whether current demand exceeds supply etc.).

[open text – maximum 500 characters]

We have a very low drug prevalence in Orkney and therefore demand is relatively low however there are still services that patients / services users require access to.

### Question 18

18a. Do you have an adequate supply of naloxone in your ADP area to meet general needs? Mark with an 'x'.

[single option]

☒ Yes

☐ No

☐ Unsure

18b. Within the context of a more toxic and unpredictable drug supply which may require higher doses of naloxone to be administered, do you have adequate supply of naloxone in your ADP area to meet demand if a significant incident were to occur? Mark with an 'x'.

[single option]

☒ Yes

☐ No

☐ Unsure

## People most at risk have access to treatment and recovery

### Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.

[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers		
Homeless services		
Hospitals (including emergency departments)	X	
Housing services		
Mental health services	X	
Police Scotland	X	
Primary care		
Prison		
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service	X	
Specialist substance use treatment services	X	
Third sector substance use services		
Other (please specify)		

### Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

Further workforce training required

High staff turnover

Insufficient funds

Issues around information sharing

Lack of leadership

Lack of ownership

Lack of physical infrastructure

Lack of staff to support out of hours or extended core business hours

Workforce capacity

X None

Other (please specify):

## Question 21

In what ways have you worked with justice partners<sup>4</sup>? Mark all that apply with an 'x'.  
[multiple choice]

### *Strategic level*

X ADP representation on local Community Justice Partnership

X Contributed to strategic planning

Coordinated activities between justice, health or social care partners

X Data sharing

X Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)

X Provided advice and guidance

Other (please specify):

### *Operational level*

Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)

Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)

X Supported staff training on drug or alcohol related issues

X Activities to support implementation of MAT standards

Other (please specify):

### *Service level*

Funded or supported:

Navigators for people in the justice system who use drugs

X Services for people transitioning out of custody

X Services in police custody suites

Services in prisons or young offenders' institutions

Services specifically for Drug Treatment and Testing Orders (DTTOs)

Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement

Other (please specify):

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<sup>4</sup> Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

## Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.

[multiple choice]

	Pre-arrest <sup>5</sup>	In police custody <sup>6</sup>	In courts <sup>7</sup>	In prison <sup>8</sup>	Upon release <sup>9</sup>
Advocacy or navigators					
Alcohol interventions	X	X			X
Drug and alcohol use and treatment needs screening	X	X			X
Harm reduction inc. naloxone	X	X			X
Health education & life skills	X	X			X
Medically supervised detoxification	X	X			X
Opioid Substitution Therapy	X	X			X
Psychosocial and mental health based interventions	X	X			X
Psychological and mental health screening	X	X			X
Recovery (e.g. café, community)	X				X
Referrals to drug and alcohol treatment services	X	X			X
Staff training	X				
None					
Other (please specify)					

<sup>5</sup> Pre-arrest: Services for police to refer people into without making an arrest.

<sup>6</sup> In police custody: Services available in police custody suites to people who have been arrested.

<sup>7</sup> In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).

<sup>8</sup> In prison: Services available to people in prisons or young offenders' institutions in your area (if applicable).

<sup>9</sup> Upon release: Services aimed specifically at supporting people transitioning out of custody.

**Question 23**

What barriers to accessing support, if any, are there in your area for people who are involved in the justice system? Mark all that apply with an 'x'.

[multiple choice]

Lack of accessibility to mainstream alcohol and drug services and support services (such as lack of transport options)

X Lack of services tailored specifically to people who are on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

Lack of specific pathways for people who are involved in the justice system

Lack of support for people who are involved in the justice system after receiving treatment

Services with entry requirements which exclude people convicted of specific offences (such as arson)

Services with entry requirements which exclude people on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

None

Other (please specify):

**Question 24**

What types of residential services are available in your area which can be accessed by people who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders to access support? Mark all that apply with an 'x'.

[multiple choice]

Mainstream residential rehabilitation services (i.e. those who are open to anyone)

Mainstream residential services other than rehabilitation (e.g. recovery housing)

Residential services specifically targeted to people involved in the justice system, such as Turnaround or other service (please specify which services):

Mainstream stabilisation/crisis services

X Other (please specify): There are no residential services available in Orkney.

**Question 25**

25a. Do you have drugs and alcohol testing services in your ADP area for people going through the justice system on an order or licence? Mark all that apply with an 'x'.

[multiple choice]

Yes, for alcohol

Yes, for drugs

X No

Unsure

25b. Who provides testing services for drugs and/or alcohol? Mark all that apply with an 'x'.

[multiple choice]

	<b>Alcohol testing</b>	<b>Drugs testing</b>
Private provider	X	X
NHS addiction services	X	X
Other local provider (please specify)		
Other arrangement (please specify)		
Not applicable		

25c. What methods are used for drugs and/or alcohol testing? Mark all that apply with an 'x'. [multiple choice]

	<b>Alcohol testing</b>	<b>Drugs testing</b>
Handheld devices	X	
Spit tests		
Urine tests		X
Electronic monitoring		
Patches		
Other (please specify)		
Not applicable		

## People receive high quality treatment and recovery services

### Question 26

What **screening options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

- ☒ Alcohol hospital liaison
- ☒ Arrangements for the delivery of alcohol brief interventions in all priority settings
- ☒ Arrangement of the delivery of alcohol brief interventions in non-priority settings
- ☐ Fibro scanning
- ☐ Pathways for early detection of alcohol-related liver disease
- ☐ None
- ☐ Other (please specify):

### Question 27

What **treatment options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

- ☒ Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)
- ☐ Alcohol hospital liaison
- ☐ Alcohol-related cognitive testing (e.g. for alcohol related brain damage)
- ☒ Community-based alcohol detox (including at-home)
- ☐ In-patient alcohol detox
- ☒ Pathways into mental health treatment
- ☒ Psychosocial counselling
- ☒ Residential rehabilitation
- ☐ None
- ☐ Other (please specify):

### Question 28

28a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

- ☒ Availability of aftercare
- ☒ Availability of detox services
- ☒ Availability of stabilisation/crisis services
- ☐ Challenges accessing additional sources of funding
- ☐ Current models are not working
- ☐ Difficulty identifying all those who will benefit
- ☐ Further workforce training required
- ☒ Geographic distance
- ☐ Insufficient base funding
- ☐ Insufficient staff
- ☐ Lack of awareness of residential rehabilitation among potential clients
- ☐ Lack of awareness of residential rehabilitation amongst referrers
- ☐ Lack of bed capacity within ADP area
- ☐ Lack of specialist providers
- ☐ Lack of transportation to travel to available capacity
- ☐ Scope to further improve/refine your own pathways
- ☐ Variation in prices from different providers
- ☐ Waiting times
- ☐ None
- ☐ Other (please specify):

28b. What actions are your ADP taking to overcome these barriers to residential rehabilitation?

[open text – maximum 500 characters]

We continue to offer residential rehabilitation to individuals who may benefit from this service however there is a very low uptake largely due to the difficulties in travelling and being away from family for long periods of time.

### Question 29

29a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an 'x'.

[single option]

- ☒ No revisions or updates made in 2024/25
- ☐ Yes - Revised or updated in 2024/25 and this has been published
- ☐ Yes - Revised or updated in 2024/25 but not currently published



29b. If yes, please provide brief details of the changes made and the rationale for the changes.

[open text – maximum 500 characters]

--

**Question 30**

Are there any specific groups in your ADP area who do not have their needs met by the current residential rehabilitation provision (for reasons such as lack of appropriate models of care, inadequate capacity, the location of services or any other factors)? Mark all that apply with an 'x'.

[multiple choice]

Lesbian, gay or bisexual people

People from minority religions

People on OST

People who are experiencing homelessness

People who are involved in the justice system

People who are pregnant or perinatal

People with child dependents

People with co-occurring mental health problems

People with council tenancies

People with specific physical health condition, including long term illness and disability

Trans people

Women

X None

Other (please specify):

### Question 31

31a. Which, if any, of the following barriers to implementing the Medication Assisted Treatment (MAT) standards exist in your area? Mark all that apply with an 'x'.  
[multiple choice]

- ☒ Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)
- ☒ Availability of stabilisation/crisis services
- ☒ Burden of data collection and reporting
- ☐ Challenges engaging with GPs
- ☐ Difficulty identifying all those who will benefit
- ☐ Further workforce training is needed
- ☒ Geographical challenges (e.g. remote, rural, etc.)
- ☐ Insufficient funds
- ☐ Insufficient staff
- ☐ Lack of awareness among potential clients
- ☐ Lack of capacity
- ☐ Scope to further improve/refine your own pathways
- ☐ Waiting times
- ☐ None
- ☐ Other (please specify):

31b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?  
[open text – maximum 500 characters]

Feedback from our patients and staff on our current premises for the specialist drug and alcohol team is poor. We are unable to change very much to the premises but instead have set up a weekly drop-in service within the town centre which aims to alleviate some of the issues identified.

We have a very small team and the reporting of MAT is fully undertaken by two members of staff (both part time) one of which is the clinical lead for the specialist treatment service holding a caseload.

### Question 32

Other than opioids, which substances are currently the highest priority in your ADP area for treatment and support? Please rank the substances of concern in your area in order of priority – add a number to all that apply, with 1 being highest priority.  
[ranking]

- ☒ Alcohol
- ☐ Cannabis/cannabinoids
- ☒ Cocaine, and other stimulants
- ☐ Ketamine
- ☐ Pregabalin/gabapentin

Street benzos

X Polydrug use (please specify any most common combinations of drugs):

Other (please specify):

### Question 33

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and/or drugs**? Mark all that apply with an 'X'.<sup>10</sup>

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversionary activities	X	X	X
Employability support			
Family support services	X	X	X
Information services	X	X	X
Justice services			
Mental health services (including wellbeing)	X	X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)	X	X	X
Recovery communities			X
School outreach			
Support/discussion groups (including 1:1)			
Other (please specify)			

<sup>10</sup> Note that treatment and support services which are inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

## Quality of life is improved by addressing multiple disadvantages

### Question 34

Do you have specific treatment and support services in place for the following groups?  
Mark all that apply with an 'x'.

[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)		X
People from minority ethnic groups		X
People from religious groups		X
People who are experiencing homelessness		X
People who are involved in the justice system		X
People who are LGBTQI+		X
People who are neurodivergent		X
People who are pregnant or peri-natal		X
People who engage in transactional sex		X
People with hearing impairments and/or visual impairments		X
People with learning disabilities and literacy difficulties		
Veterans		X
Women		X
Other (please specify)		

### Question 35

35a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'.

[single choice]

X Yes

No

35b. Please provide details.

[open text – maximum 500 characters]

Our specialist drug and alcohol team (ODAT) are integrated within the local Community Mental Health Team. All our nurses within ODAT are also Community Psychiatric Nurses (CPNs).
--

### Question 36

What arrangements are in place within your ADP area for people who present at substance use services with mental health problems **for which they do not have a diagnosis**? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X Dual diagnosis teams
- ☒ X Formal joint working protocols between mental health and substance use services specifically for people with mental health problems for which they do not have a diagnosis
- ☒ X Pathways for referral to mental health services or other multi-disciplinary teams
- ☒ X Pathways for referral to third sector services for mental health support
- ☒ X Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)
- ☒ X Provision of joint appointments for those with co-occurring mental health problems and problem substance use
- ☒ X Provision of mental health assessments for people who are presenting with mental health problems
- ☐ None
- ☐ Other (please specify):

### Question 37

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages?

Mark all that apply with an 'x'.

[multiple choice]

- ☒ X By representation on strategic groups or topic-specific sub-groups
- ☐ By representation on the ADP board
- ☒ X Through partnership working
- ☒ X Via provision of funding
- ☐ Not applicable
- ☐ Other (please specify): Training opportunities

### Question 38

Which of the following activities are you aware of having been undertaken in ADP funded or supported<sup>11</sup> services to implement a trauma-informed approach? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X Engaging with people with lived/living experience
- ☒ X Engaging with third sector/community partners
- ☐ Provision of trauma-informed spaces/accommodation
- ☐ Presence of a working group
- ☐ Recruiting staff
- ☒ X Training existing workforce
- ☐ None
- ☐ Other (please specify):

### Question 39

39a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'.

[single option]

- ☒ X Yes
- ☐ No
- ☐ Don't know

39b. If yes, are these commissioned directly by the ADP? Mark with an 'x'.

[single option]

- ☐ Yes
- ☒ X No
- ☐ Don't know

---

<sup>11</sup> Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

## Children, families and communities affected by substance use are supported

### Question 40

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.<sup>12</sup>

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Advocacy			X
Carer support	X	X	X
Diversionary activities	X	X	X
Employability support			
Family support services	X	X	X
First aid training			
Information services			
Mental health services	X	X	X
Outreach/mobile services			
School outreach	X	X	X
Social work services	X	X	X
Support/discussion groups			X
Other (please specify)			

### Question 41

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.

[multiple choice]

- X Advocacy
- X Commissioned services
- X Counselling
- X One to one support
- X Mental health support
- X Naloxone training
- X Support groups
- X Training
- None
- Other (please specify):

<sup>12</sup> Note support services which are likely to be inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

### Question 42

42a. Do you have an agreed set of activities and priorities with local partners to implement the [Holistic Whole Family Approach Framework](#) in your ADP area? Mark with an 'x'.

[single option]

☒ Yes

☐ No

☐ Don't know

42b. Please provide details of these activities and priorities for 2024/25.

[open text – maximum 500 characters]

We have commissioned services with agreed Service Level Agreements in place which cover these aspects.

### Question 43

When did your ADP most recently conduct an audit or needs assessment of the support currently available in your area for children, young people and adults affected by a family member's substance use? Mark with an 'x'. [single option]

☐ 2020/21

☐ 2021/22

☒ 2022/23

☐ 2023/24

☐ 2024/25

☐ None undertaken in the past 5 years

☐ There are plans to undertake one in 2025/26

☐ Unsure

### Question 44

Which of the following services supporting a Family Inclusive Practice<sup>13</sup> or a Whole Family Approach are in place in your ADP area (for people with family members both in and not in treatment)? Mark all that apply with an 'x'.

[multiple choice]

☐ Advice

☐ Advocacy

☒ Benefits and debt advice

---

<sup>13</sup> Family Inclusive Practice is a collaborative approach where professionals actively involve a person's family and social networks in care, proactively ask about the needs of the whole family, to ensure all family members are supported.



- Mentoring
- Peer support
- Personal development
- X Social activities
- X Support for self care activities
- X Support for victims of gender based violence and their families
- X Youth services
- None
- Other (please specify):

#### **Question 45**

What support would be helpful to facilitate the implementation of a Family Inclusive Practice or a Whole Family Approach? Mark all that apply with an 'x'.

[multiple choice]

- X Additional funding
- Additional resources
- Advice to support setting up of lived and living experience forums/co-production methods
- Guidance at a national level
- X Information shared from other services
- Sharing of participation tools
- X Workforce training
- Analytical support (please specify any details):
- Other (please specify):

#### **Question 46**

What mechanisms are in place within your ADP area to ensure that services adopt a family inclusive practice? Mark all that apply with an 'x'.

[multiple choice]

- Asked about in their reporting
- Prerequisite for our commissioning
- Regular training provided to services
- X None
- Other (please specify):

#### **Question 47**

In what ways do you work with the Children's Service's Planning Partnership (CSPP) in your area? Mark all that apply with an 'x'.

[multiple choice]

- X ADP representation on CSPP

- Co-location of services
- Co-management of projects
- Coordinated activities
- Coordinated living and lived experience co-production approaches
- Co-ordination around staff training
- CSPP representation on ADP
- X Data sharing
- X Integrated planning
  - Joint interpretation of data and evidence at a strategic level
- X Joint referrals to relevant services
- X Knowledge sharing
  - Pooled funding
  - Shared and joint outcomes
  - Shared assessment of local needs
- None
- Other (please specify):

## Finances

### Question 48

How much funding does the ADP receive from the following sources? Please mark all which apply with an 'x' and provide details on the amount of funding which is received.  
[multiple choice, numeric]

Health board: £ 0

Local authorities: £ 0

Funding from other grant funder(s) (such as Corra and Inspiring Scotland Foundation): £ 0

Other (please specify source and how much funding) : £

### Question 49

49a. How often do you provide financial reports for you ADP area? Mark all that apply with an 'x'.

[multiple choice]

Monthly

Quarterly

X Six monthly

Annually

Other (please specify):

49b. Who is financial reporting provided to? Mark all that apply with an 'x'.

[multiple choice]

X IJB/IA Chief Financial Officer

X IJB/IA Chief Officer

X ADP Chair

Other (please specify):

49c. Do you have a dedicated finance officer or team within the ADP? Mark with an 'x'.

[single option]

Yes

X No, the ADP coordinator undertakes this as part of their role

No, finances are managed externally to the ADP

Other (please specify):

### Question 50

50. Please describe what financial system(s) are used to manage finances in your area (i.e. Oracle, Efin, Excel spreadsheets).

[open text – maximum 500 characters]

We utilise monthly budget statements provided by NHS Orkney.
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## Confirmation of sign-off

### Question 51

Has your response been signed off at the following levels? Mark all that apply with an 'x'.  
[multiple choice]

X ADP

IJB

X Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format): 02/07/2025

### Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2024/25 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2025.

Please do not hesitate to get in touch via email at [substanceuseanalyticalteam@gov.scot](mailto:substanceuseanalyticalteam@gov.scot) should you have any questions.

[End of survey]

## Orkney Alcohol and Drugs Partnership Education, Community and Training Input - June 2024 – March 2025

### Introduction

In late June 2024, Orkney ADP welcomed their new development officer into post (Cameron McConnachie). In his first weeks in post, he connected and visited ADP commissioned services (Orkney Drugs Dog, Relationship Scotland Orkney & Rightthere Orkney), non-commissioned services (Blide Trust, Community Learning and Development, Action For Children, Women's Aid and ORSAS).

These visits provided Cameron the opportunity to re-connect with previous colleagues and build new working relationships with others due to his previous experiences of working in this field. The visits also helped expand ADP reach across Orkney and supported the re-establishment of the **ADP Services Subgroup**. This subgroup has a strong representation with professionals having a wide range of expertise. Twenty-five professionals currently sit on this subgroup, ranging from tier 1 to tier 3 supports. The group have met on three occasions in the last year (31<sup>st</sup> July, 13<sup>th</sup> November & 12<sup>th</sup> February) and group members have named in meetings that:

***“We feel more connected”***

***“We feel there is less duplication in our work as we know more about what each and every one of us does”***

***“It's great having a network for us as professionals to link in and connect with others doing similar work, quarterly meetings are great but also having the Teams channel too really benefits my practice”***

Orkney ADP has also developed further nationally in the last year, with partnership working growing with RADAR (Rapid Action Drug Alerts and Response Team). This has allowed us to set up Orkney's first RADAR key contacts and mailing list for professionals in Orkney. This ensures professionals are alerted to any key drug alerts in a local and/or national context. We have also built on existing relationships with CREW 2000, SDF and Re-Solv to widen the training opportunities available in Orkney from an alcohol and drugs perspective.

.....

## **Education Input**

We held one of our strategic outcomes central to all our work in education over the last year:

*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.*

To support this outcome, we utilised our ADP Education Strategic Member (*Siobhan Wilks -learning & Inclusion manager at Orkney Islands Council*) who has been actively involved in elements of our education input over the past year. Our education delivery has been rolled out to all secondary schools across Orkney and includes:

- **S4 sessions with all KGS pupils (further information later in report)**
- **S3 drop in at Stromness Academy**
- **Safe Islander Event (further information later in report)**
- **KGS Health and Wellbeing event (further information later in report)**
- **Alcohol & Drugs Awareness sessions with a number of representatives from all secondary schools in Orkney (guidance, teachers, deputy headteachers etc)**
- **Lunch time sessions at both mainland secondary schools with NHS Orkney School Nurses and Orkney Alcohol and Drugs Team.**
- **Visits completed to smaller island Junior High Schools alongside a community drop in opportunity for islanders (April/May 2025):**
  1. **Westray Junior High – 28<sup>th</sup> April 25**
  2. **Stronsay Junior High – 8<sup>th</sup> May 25**
  3. **Sanday Community School – 21<sup>st</sup> May 25**

### **Safe Islander 2024**



Safe Islander 2024 took place at Kirkwall Grammar School on Thursday, 19th September.

**Safe Islander is an educational program designed to provide young people with life skills that will help to keep themselves and others safe.** Small groups of S1 pupils rotate around a number of “sets” that are hosted by a range of agencies. Each agency presents the group with risky or dangerous scenarios and gives advice on how to identify, avoid and deal with specific situations. Safe Islander is an excellent example of partnership working and is a very effective and efficient way of teaching large numbers of children how to look after their personal safety.

Approximately 230 S1 pupils from Kirkwall Grammar School, Stromness Academy, Sanday Community School and Westray Junior High attended on the day.

### **Orkney Alcohol and Drug Partnership – issues around alcohol**

The pupils were each given a paddle board with "True" on one side and "False" on the other. They were asked to take part in an interactive quiz around alcohol use which included some facts and myths. This allowed for an open discussion and provided a mixed response to the questions which furthered knowledge and understanding. Laminated "Risk" cards were then used to present a number of different situations and the pupils were asked to consider which situations carried the greatest risks and the cards were placed in order of risk. All the risks were connected to alcohol use and allowed the group(s) to understand the dangers of drinking alcohol to unsafe levels.



Anecdotal feedback indicated that the pupils enjoyed the event and learned some important lessons on how to keep themselves safe in a wide range of situations. Sanday Community School commented that Safe Islander is very important to them and that they follow it up with their own safety program.

**Kirkwall Grammar School Input – in partnership with Orkney Drugs Dog (Sarah Work, Chair) & (Kevin Moar, Dog Handler)**

This alcohol & drugs educational delivery involved two separate inputs to all 4<sup>th</sup> year pupils: ODD provided an overview of their preventative work alongside providing information about the drugs wheel and the risks to drug use. ADP provided a harm reduction discussion with the focus on what does alcohol & drugs mean to us? Three questions were central to the delivery and they included:

**3 overarching questions throughout all our education input**

- 1. Why do people choose to use illegal drugs?**
- 2. What are the potential negative impacts of drug use?**
- 3. How can we reduce harm from drugs and keep ourselves safe?**

**Class role:**

- S4F1(26 pupils)
- S4C2 (28 pupils)
- S4E2 (30 pupils)
- S4C1 (28 pupils)
- S4E1 (27 pupils)
- S4F2 (26 pupils)

**Total = 165 pupils**



**Stromness Academy Guidance Classes drop in (4<sup>th</sup> October, 8<sup>th</sup> October, 11<sup>th</sup> October & November 26<sup>th</sup>.**



Stromness Academy S3 pupils were tasked by their guidance teachers to research a specific drug and present their findings to their classmates. Orkney ADP was invited in to support their research and be a guest for these presentations. This opportunity provided the chance to speak to these YP around all the different types of drugs and support them in finding accurate and up-to-date information. It allowed for wider conversations to take place and overall the YP commented on the fact, they felt more informed around drugs and the dangers associated with them. It also allowed for them to improve their confidence in public speaking.

### **Kirkwall Grammar School Health & Wellbeing Event (S4-S6's) – 11<sup>th</sup> February**

**25**



This event supported senior pupils at KGS (S4-S6) to think more about their own health and wellbeing and how they can take positive steps to support self-care. Looking after their own mental and physical wellbeing may not always be a priority for a young person but the hope was that this event will make them consider the things they can do to look after themselves, particularly around stressful times, such as exams or hard times at home, when they may feel overwhelmed and anxious.

Our display focused around alcohol and drug use, throughout the event we dispelled some myths and provided factual advice and information when it comes to alcohol and drugs. We were able to be interactive with this by using our drug box, leaflets, measuring cups and alcohol unit calculators. We had some really good engaging conversations with young people from S4 through to S6 and the aim is that through these conversations the young people came away from the event thinking more about how to keep themselves safe around alcohol & drugs but also that they know where they can go to get further support for themselves or others.

As well as this event focusing on pupil(s) health and wellbeing, many of the pupils may be considering careers in this area as many asked questions in relation to working in this field and what steps it would require.

### **Partnership working with Orkney Alcohol & Drugs Team**

- On the 31<sup>st</sup> January, we carried out a basic alcohol & drugs awareness session to the Kirkwall Boys Brigade, this provided the chance to discuss the reasons why people use drugs and/or alcohol, the impact of this and some simple harm reduction messaging with children from the ages of 11-17.
- On the 19<sup>th</sup> November, we carried out a lunchtime session available for all secondary aged pupils at the Stromness Academy, we provided an overview of alcohol and drugs for the benefit of the attendees. The format was Q/A based for pupils to ask questions about drugs and/or alcohol but also find out about careers in this field.

### **Partnership working with School Nurses**

- On the 5<sup>th</sup> of December, we supported the school nurse team with an input on alcohol & drugs during a lunchtime session available for all secondary aged pupils at the Kirkwall Grammar School. The format was information sharing but more focused around a Q/A format for pupils to expand their knowledge on these topics but ultimately understand the risks attached to both alcohol and/or drugs.

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### **Community Input:**

We have been building resilience into the local community to challenge a historic detrimental embedded culture of problematic alcohol and/or drugs consumption in line with our strategic outcomes. This has involved tighten our link with the community justice partnership and working closely with them around restorative justice and child impact assessment training.

We have also provided opportunities for local employers to reach out for further support around alcohol and drugs policy. This has involved providing an overview of ADP specific work, local supports & training opportunities to the Local Employability Partnership (LEP). We have re-established our link in the Licensing Forum & Youth Workers Forum Meetings and continue to be an active voice in these discussions that prioritises young people and their voice being heard across Orkney.

We appreciate that other smaller island communities across Scotland face similar pressures and challenges, which is why we have strengthened our link with both Western Isles and Shetland ADP's and frequently hold meetings to discuss matters

arising. Through these partnerships, we often share training opportunities across the three Islands communities to maximise training and reach as many professionals as we can.

### Facebook expansion

The image shows a screenshot of the Orkney Alcohol and Drugs Partnership Facebook page. The top section features a cover photo of a coastal landscape with waves and grass. Below the cover photo is the profile picture, which is a circular logo with the text 'orkney alcohol and drugs partnership'. The page name is 'Orkney Alcohol and Drugs Partnership' with 375 likes and 443 followers. Navigation tabs include Posts, About, Mentions, Reviews, Followers, Photos, and More. The main content area shows an 'Intro' section with a mission statement: 'Orkney ADP work towards a mission of "We are committed to promoting positive change by addressing all aspects of substance misuse within Orkney. Through...". Below this is a 'Page overview' section showing statistics for the last 28 days: Views (21,045), Reach (7,158), Content interactions (361), and Follows (28). A 'See more' button is available. The 'Top content' section shows a post titled 'The newly formed alcohol & drug recovery support service has been...' published by Cameron McConnachie on March 17 at 12:00 PM. The post has 14,882 views, 5,862 reach, and 76 interactions. A 'Boost post' button is visible.

Another success that we have found in the last year, is through our expansion on social media and in particular Facebook. This page was inactive for a couple of years and we were keen to get this page back up and running. It also allowed for us

to share information widely across Orkney ourselves, but we have also been approached on many occasions by members of the public and organisations asking for us to share information on their behalf. For example, the newly formed alcohol & drug recovery support service has been viewed and reached by a high percentage of our population here in Orkney. Which has positively impacted on the numbers this group has seen come through their doors in the first few weeks of starting.

### **International Overdose Awareness Day (31<sup>st</sup> August 2024)**

Each year on the night of August 31, landmarks all around the world light up purple for International Overdose Awareness Day. In Orkney we provided the opportunity for members of the public to pay tribute to those who have tragically lost their lives by viewing the light display at the St Magnus Cathedral. It is one of the most visible and powerful ways to raise awareness of the growing global overdose crisis.

*“By coming together to remember them, we stand together to say that more needs to be done to end overdose in our communities,”* said Stephen Brown (Chief Officer/ADP chair).





## Community Learning Development & Employability - Family Networking Event – 14<sup>th</sup> November 2024



### Other community events/inputs:

- Visited Blide Trust (in partnership with CLDE) on the 27<sup>th</sup> of March to deliver a basic alcohol and drug awareness session for a group with additional needs.
- Visited Action for Children's drop in event on Friday 28<sup>th</sup> of March in Stromness. During this visit, an information stand was provided surrounding drugs and alcohol, we looked at the drug box together and during these conversations we dispel some myths the young people had. It also allowed for us as an ADP to develop our relationships in the local community.
- Visited Orkney Rugby Club for a interactive session with the young people during their 'warm up Wednesdays' on the 23<sup>rd</sup> of April. We looked at the impact of alcohol use on sports/performance and health whilst playing 'information pong' together. The young people engaged really well and discussions flowed. We also looked at the drug boxes together which opened up a number of questions from the YP.



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### **Training Input:**

One of our local outcomes for meeting our strategic priorities is to 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. This outcome alongside the training needs which were voiced at various partnership meetings has helped shape the training delivery we have offered across Orkney in the last year.

*'Alcohol Brief Intervention'* (ABI) training was prioritised by Orkney ADP to get back up and running. We worked closely with NHS Learning Department to create a new learning experience in which NHS Orkney professionals could opt in to complete the E-Learning course before attending the ADP delivered session over Teams by our development officer. From looking into the training database on the 12<sup>th</sup> of March 2025, a total of Thirty-three professionals have either started or completed this E-

Learning course on TURAS, many of whom have also completed the ADP led session too.

In the local community, we were able to train all the Police Scotland Officers in Kirkwall over the month of December 2024. We also carried out two general workforce Teams-based sessions on December 3<sup>rd</sup> and February 26<sup>th</sup> which supported a further Seventeen professionals with the skills to carry out an ABI within their practice.

We also created a new course for delivering across Orkney, which was named '*Basic Drug Awareness in an Orkney Context*'. This has been a popular course and well received across Orkney. We have delivered three face-to-face inputs (2 x Youth Work staff & 1 Women's Aid specific workforce). We have also provided opportunities for general workforce to receive this training which has been delivered over Teams on the 19<sup>th</sup> February & 25<sup>th</sup> March, with sixteen professionals involved. This monthly opportunity is continuing for the foreseeable.

### **SDF training feedback from professionals in Orkney**

#### **Online Cocaine & Psychostimulants – 15<sup>th</sup> October 24 – ½ day course**

*"It was very helpful information about the reasons people use cocaine and other psychostimulants, the effects and risks, harm-reduction techniques, and how to work with clients to try and make changes"*

*"I believe we need this training to keep us updated in all new trends and old trends. We have to keep our minds fresh so that we can deliver the best support possible for the patients."*

*"I found this training very interesting and useful. Especially the information on the 3 web resources. It was good to talk to others and hear their work and input around the subject matter and to be able to link it to my work here in Orkney. I really like the approach of asking people their story, using an unconditional positive regard"*

*"It was well delivered and a good update on all the statistics aswell as the impact of cocaine and psychostimulants on our patient population"*

*"I found the training really helpful, and I feel that I did learn new information which is always useful as information and trends around drugs in general are forever changing. Both trainers were fantastic at presenting the information as well"*

*"I thought the session was very informative. I feel a lot more confident in going in to speak to pupils having more background knowledge. It's also so useful to know, from the local professionals, what the trends are with drug-taking at the moment so I can focus on certain aspects when we have our conversations"*



**Online Cannabis Awareness – 23<sup>rd</sup> October 24 (1/2 day course) & Online Principles of Harm Reduction – 23<sup>rd</sup> January 2025 (1/2 day course)** were both made available to professionals in Orkney due to our strong link with Shetland ADP & Western Isles ADP. A number of professionals commented on the usefulness of these courses in their practice and we thanked both ADP's for inviting us along.

**Online Understanding Stigma – promoting inclusive attitudes & practice – 5<sup>th</sup> Feb 25 – ½ day course**

*"I always learn from the courses delivered by SDF. They are relevant to my role and provide learning in an informative manner. The 2 courses I have recently undertaken link the subject of harm reduction and stigma using the Cycle of Stigma and the Ask, Ask, Offer, Ask models. The ask one certainly something I am going to learn and practice."*

*"The training was very useful, informative but not information overload. The presenter pitched the information at the right pace, allowing breaks as well as keeping to time. There was good participation of attendees, both verbally and in the typed chat"*

*"I particularly found my main learning points were Goffmans definition of stigma, the use of language and the importance of positively reframing language used, the need to focus on person first language and the different practical ways we can tackle stigma across different levels. Thank you for providing me with the opportunity to take part in this learning"*

**Face to Face Motivational Interviewing (3 day course at Balfour – 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> March 25)**

*"Thank you very much for arranging the Motivational Interviewing training. It was one of the best courses I have done and very relative to my role. It has given me some valuable skills to use with clients and I'm looking forward to using the questioning techniques".*

*"Thank you very much for this and also for delivering the course. It was one of the best training courses that I have attended and totally valid for my role. I am looking forward to using the MI approach with my clients, it will be especially useful with my clients who are quite chaotic to help them (and me) focus. I look forward to any further training opportunities with you."*

**Re-solv training (27<sup>th</sup> November) – ½ day course:**

*"It helped me to understand VSU use as a hidden form of drug use and the importance of asking clients if they use solvents to achieve a change in mental state. As a hidden form of substance misuse the awareness of the likelihood of sudden*



*death from VSU, it is key to be aware of this when supporting clients who have problematic substance use.”*

*“The training was great, the facilitator was extremely enthusiastic and knowledgeable on the subject. The training will certainly impact on my future working as I feel much more confident and knowledgeable to look out for the signs of solvent use and to ask my patients about this going forward in order to support them better.”*

*“The session was really useful in expanding my understanding of solvent abuse, particularly as a form of substance use which may be hidden and one which there is no real harm reduction advice. There were some really useful points around symptoms and signs to look out for which I feel would benefit parents/carers too. As well as steps to take if we find someone who has been using solvents.”*

*“From my own perspective, I’ve reflected on how I might bring this into intake/first sessions where we ask about drug use. Since I started in my role no-one has indicated using solvents so I’d be interested to see if specifically naming it changes that. I will also recommend the training to our children and young people support workers as it seemed to focus more around younger people.”*