



Angus Alcohol
and Drugs
Partnership

Annual Report
April 2023
—
March 2024

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Foreword by the Chair of Angus Alcohol and Drugs Partnership

As Chair of the Angus Alcohol and Drugs Partnership (ADP), it is with great pleasure and a deep sense of purpose that I present our Annual Report for 2023-2024. As we mark the second year of my tenure, this report reflects our ongoing commitment to creating a healthier, safer, and more supportive community for all residents of Angus. It highlights our continued progress in addressing the complex and critical issue of substance use within our community.

Our work at the Angus ADP underscores a shared determination to build a more resilient and united Angus. Substance use has profoundly impacted many lives, but together, we are illuminating the path towards recovery, healing, and a brighter future. This report is a testament to the dedication and collaborative spirit of the individuals and organisations that form our partnership.

This year, we have seen significant strides in several key areas:

Focus on Families: We have made it a priority to involve families more deeply in the work of the ADP, recognising their vital role in the recovery process. Their voices and experiences are now more integral to our planning and decision-making.

Recovery and Community Integration: Our recovery cafes continue to thrive, providing crucial support and connection for those on the path to recovery. We've strengthened links with community-based services, particularly with the Digital Lifelines Project and local community teams, which have garnered national attention.

Governance and Collaboration: The ADP Finance and Commissioning Subgroup has made significant progress in establishing clearer governance processes, ensuring our efforts are transparent, effective, and accountable.

MAT Standards Achievement: We are also proud of our achievement in meeting Medication-Assisted Treatment (MAT) standards, a crucial step in enhancing the quality of care and support available to those affected by substance use.

As we reflect on these achievements and look forward to the road ahead, I am inspired by the dedication and resilience of our team and partners. Your commitment, passion, and hard work are the driving forces behind our progress.

Together, we remain steadfast in our resolve to build a healthier, more inclusive, and compassionate community. I extend my deepest gratitude to all who have contributed to this report and to those who continue to be actively engaged in our shared mission. Let us continue to light the way towards recovery and renewal for our Angus communities.

Thank you for your ongoing support and for joining us on this transformative journey to deliver positive outcomes for Angus.



Jillian Galloway
Angus Alcohol and Drugs Partnership Chair

1 Introduction

This is the second Annual Report by the Angus Alcohol and Drug Partnership (AADP) and will cover the period from April 2023 to March 2024. This report provides an overview of both the national and local context and highlights progress made by the AADP during this time. The report will also highlight the priorities for 2024/2025.

What is an Alcohol and Drug Partnership?

The National Context

[Rights, respect and recovery: alcohol and drug treatment strategy](#) is the Scottish Government's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths.

[The National Mission](#) sets out to reduce deaths and improve lives impacted by drugs. [The National Mission on Drug Deaths: Plan 2022-2026](#) sets out the approach to achieve the aim and vision of the Mission through an outcomes-focused approach. [The Evaluation of the 2021-2026 National Mission on Drug Deaths Evaluation Framework](#) sets out how Public Health Scotland (PHS) will approach the evaluation of the National Mission on Drug Deaths.

The [Scottish Drug Deaths Taskforce](#) was charged with helping to tackle [Scotland's Unique Challenge](#) by identifying evidence-based strategies that would make a difference to those most at risk. The taskforce concluded its work and published its final report [Changing Lives](#) in 2022. From this Report came the [Medication Assisted Treatment \(MAT\) Standards](#), which are evidence-based and aim to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland.

The [national Alcohol and Drug Partnerships: delivery framework](#) places responsibilities on each local authority and NHS Board to participate in the ADP and to ensure that other local partners are enabled to contribute appropriately to the delivery of these national strategies and priorities at a local level. The partnership arrangements allow the expression of concern of interested groups, including carers and family groups.



The [National Collaborative](#) is working to develop a human rights based approach, involving people with lived and living experience and those who deliver services to ensure the voices of those with lived and living experience are acted upon in policy and decision-making in relation to the design, delivery and regulation of drug and alcohol services at a national level and to set out how the rights to be included in the [Human Rights Bill](#) can be effectively implemented to improve the lives of those who use substances.

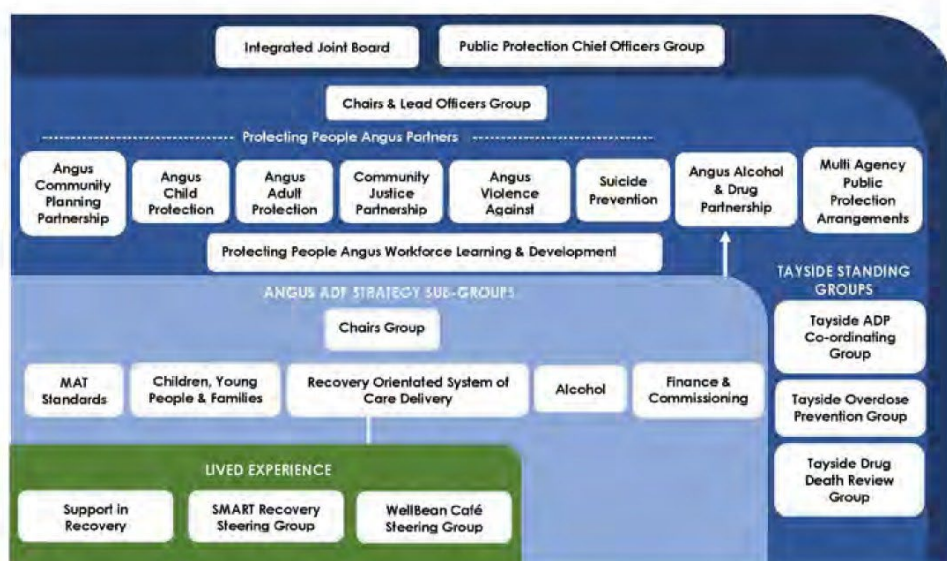
The [Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice](#) is the Scottish Government's framework for the development of a consistent approach for families affected by substance use,

Angus Alcohol and Drugs Partnership

Angus Alcohol and Drugs Partnership (AADP) is responsible for leading the development and delivery of a local comprehensive and evidence-based strategy to reduce the level of drug and alcohol-related problems in Angus. The ADP has several subgroups that contribute to the delivery of this Strategy and the associated Delivery Plan. The ADP reports to the Angus Integrated Joint Board, the Angus Public Protection Chief Officers Group and the Scottish Government.

AADP Strategy Group meets quarterly and is attended by strategic and operational partners involved with those affected by drug and alcohol use and their families. In addition to the Strategy Group, a number of subgroups meet regularly to progress actions identified in the AADP Strategy.

The current Strategy covers the period 2023 to 2026 and is reviewed annually. The AADP Strategy has five key priority areas that provide direction to the partnership and the subgroups. It is supported by a delivery plan.



2 Summary of ADP Achievements



Delivery Plan and Sub Group action plans developed



Medication Assisted Treatment (MAT) Standards Governance Group established and providing progress reporting to the Scottish Government



Psychostimulant Pathway and training sessions embedded in practice



Families Steering Group established



Culture of Kindness programme developed



Case studies and feedback from those who use services

“ Just a wee email to say thanks for today. To be honest, I found it a big deal pushing myself to meet people but glad I did. Few things going on today that made it a flying visit but when I left, I wished I'd stayed. Hearing everyone's introduction hit home in many ways and seeing a couple of the lady's despair made me realise... that was me not so long ago. I'll definitely be back down if that's ok with everyone. I'm going away (working) for possibly a few weeks, and this is a big test for myself and the girls.

Angus Carer's Centre.

“ When a partner says "I no longer need you, I can do it myself" this re-affirms the reason I do this job

Angus Independent Advocacy Peer
Independent Advocacy Worker

“ Advocacy has been a tremendous help toward a huge step in the right direction. I'm so grateful, my days have already changed to a more meaningful purpose

Angus Independent Advocacy Peer Advocacy Partner

“ Independent advocacy has helped me negotiate through the difficulties I have found myself in with social work and court. They have been invaluable at helping me get my views heard by professionals. Resulting in me keeping my wee family together

Angus Independent Advocacy Peer
Advocacy Partner

“ Really heart warming to see many people to come to gather for the recovery event and vastly undervalued.

Recovery walk
participant

“ Thank you so much for everything. I didn't think speaking to someone would help at first I did it for my mum but you have helped me so much and most importantly you helped me get through the things that were going on. You helped me understand loads better. Thank you again. Hope everything's well for you”

Young person,TCA

“ “I am so grateful for your service, you will never know how grateful”

Websters High
School Teacher,TCA

“ Enjoyed it, it was emotional as well as empowering and definitely do it again as it felt like a community, we are all here for different reasons”.

Recovery walk participant

“ Things have been much better since he saw you last week. He hasn't really been out (I think the weather helped). He wants his x box replaced and we have said we won't do that while he is smoking cannabis. He hasn't appeared to do any since. He is like a different boy - we have all said to him that it's been great having him around. We are hoping he notices the difference too. Long may it continue.

Parent,TCA

“ Surprised at how much I enjoyed it and managed, I new I would love it but have anxiety and everyone in similar situation as me. Surprised I actually done it. Glad I pushed myself and hope to be back next year and attend future events. Had great support”.

Recovery walk participant

3 AADP Data and information



The average alcohol-specific death rate has been increasing in Angus over the past decade



Weekly alcohol consumption has increased amongst females in Angus, exceeding Tayside and Scottish averages for three reporting periods

Drug-related deaths dropped by 28% in Angus between 2022 and 2023, and the 5-year rate remains below Tayside and national averages

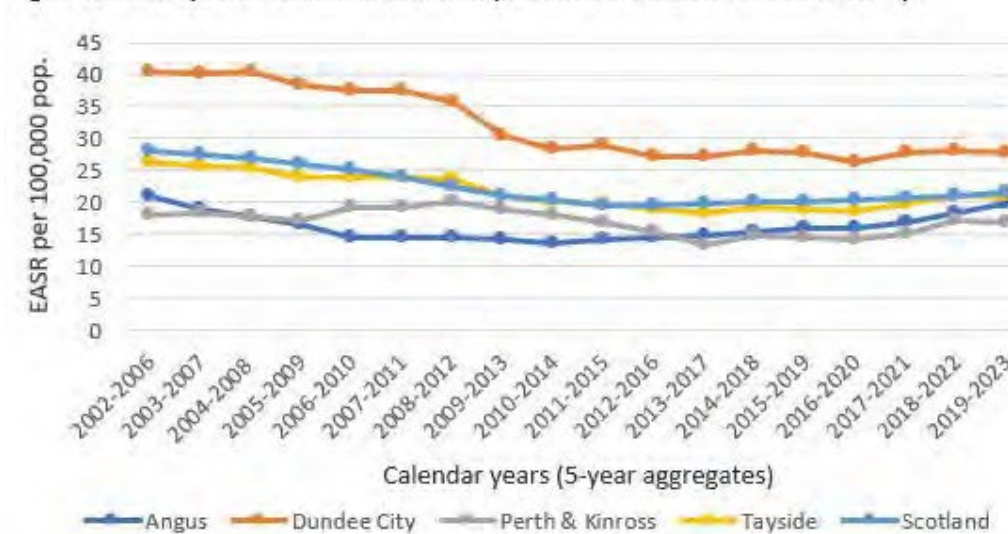


Annual referrals decreased slightly in 2023/24 after a steady increase over the previous five years. Over half were alcohol referrals, and two thirds were males

Alcohol

The average alcohol-specific death rate has been gradually increasing in Angus since the 2010-2014 reporting period (Figure 1). However, despite being the only Tayside area to increase over the most recent two reporting periods, its average rate remains below those of Tayside and Scotland.

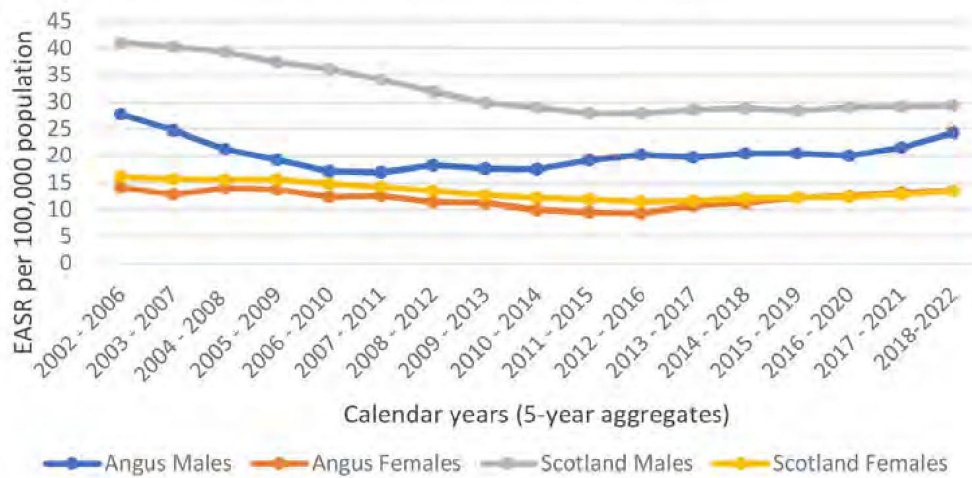
Fig. 1: Alcohol Specific Deaths in Scotland (National Records of Scotland, 2024)



Local alcohol-specific death rates broken by gender have not yet been published for the most recent reporting period. However, before that, male

and female average rates had been increasing more sharply within Angus than across Scotland, with the female rate slightly above the national average since 2016-2020 (Figure 2).

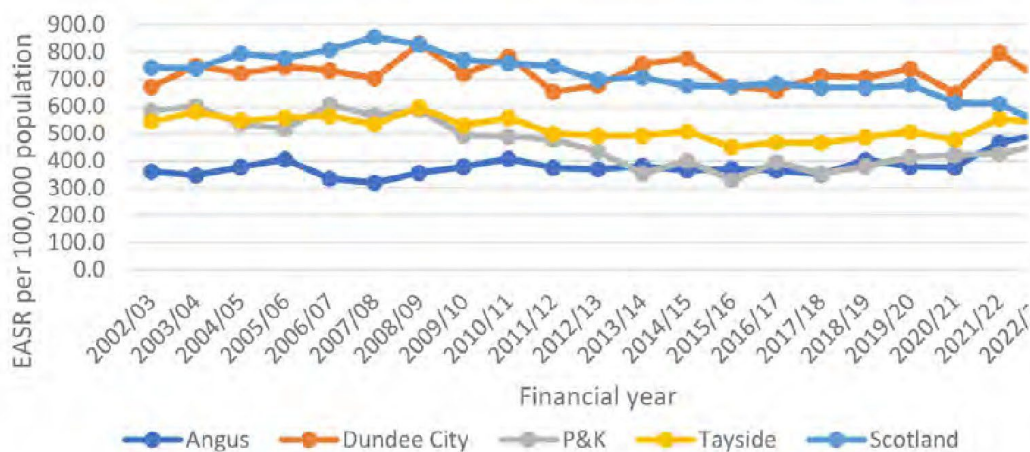
Fig. 2: Alcohol Specific Deaths in Angus by Gender (ScotPHO, 2024)



Alcohol Related Hospitalisations

There has been a sharp increase in alcohol-related hospital admissions in Angus over the two most recently recorded financial years after having been relatively stable over the previous decade (Figure 3). Whilst potentially having a direct impact on the COVID-19 pandemic, this trend has not been observed at a national level, and it saw a decrease over the same timeframe. In 2022/23, 37% of alcohol-related hospital stays amongst Angus residents were female- a slight decrease on the previous year, which saw the highest proportion of female admissions across the 15-year timeframe on record. Overall rates were highest amongst the 45-54 age group, which is slightly older than the most prevalent group the previous year, and individuals living in the most deprived areas of Angus had 3 times as many alcohol-related hospitalisations in 2022/23 as those living in the least deprived areas.

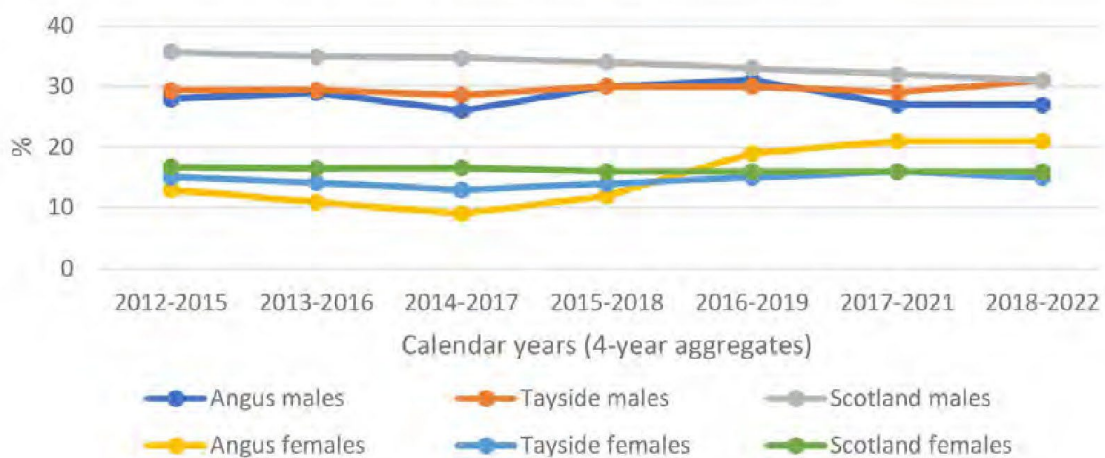
Fig. 3: Alcohol Related Hospital Admissions (Public Health Scotland, 2024)



Alcohol Consumption

As a 4-year aggregate, the proportion of Angus males that self-reported drinking above weekly recommended limits has been lower than Tayside and national averages over the last two reporting periods, with an average of 27% exceeding the low-risk limit between 2018-2022 (compared with 31% across both Tayside and Scotland) (Figure 4). However, the proportion of females drinking above weekly recommended limits has been increasing in Angus over recent years, exceeding the Tayside and national averages for the past three reporting periods. This mirrors the increasing trends in alcohol-specific deaths and alcohol-related hospital admissions amongst females in Angus within the same timeframe.

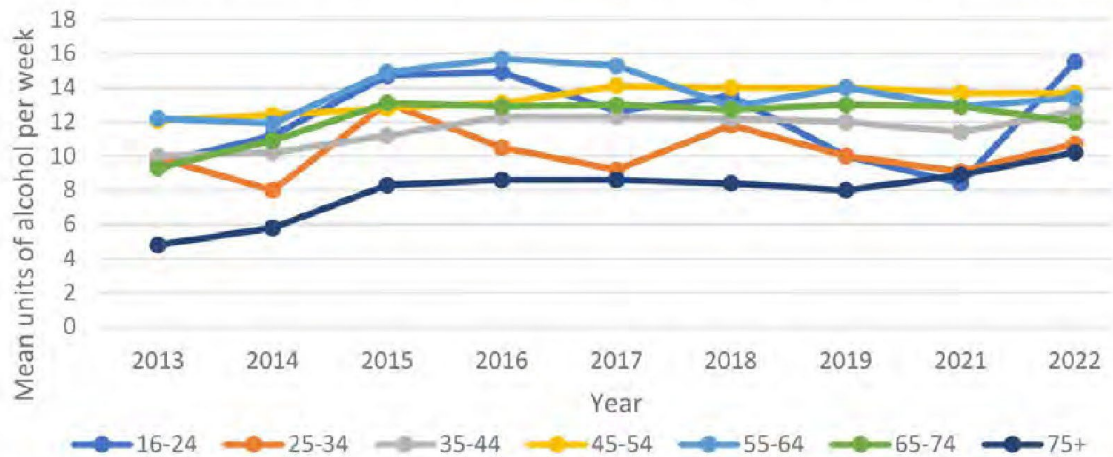
Fig. 4: Alcohol consumption exceeding weekly limits (ScotPHO, 2024)



Between 2018 and 2022, the average estimated alcohol consumption among drinkers aged 16+ in Angus was 11 units per week (12.3 amongst males and 9.8 amongst females), which is lower than other Tayside areas and the Scottish average. However, split by gender, the pattern is comparable to the proportions of hazardous drinkers, with the Angus average amongst males decreasing over recent years and lower than Tayside and Scottish averages, while amongst females, it is following an increasing trend and higher than Tayside and national averages.

While not split by age group at a local level, estimated consumption at a national level in 2022 was highest in the 16-24 age group, with an average of 15.5 units, representing an 85% increase on the previous year. This is also a reversal of the trend seen in 2021, in which the 16-24 group self-reported the lowest weekly consumption of all age groups (Figure 5).

Fig. 5: Self-reported weekly alcohol consumption by Age group (2022 Scottish Health Survey)

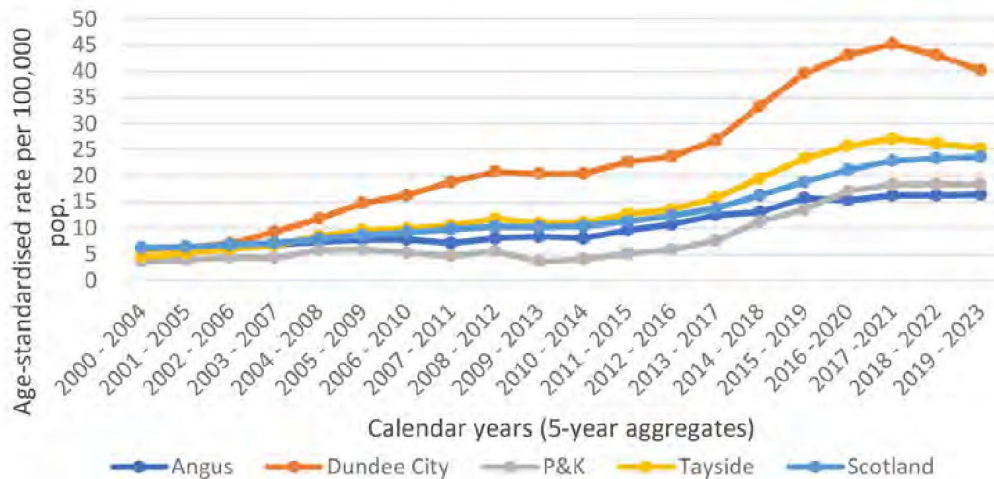


Drugs

Drug Mortality

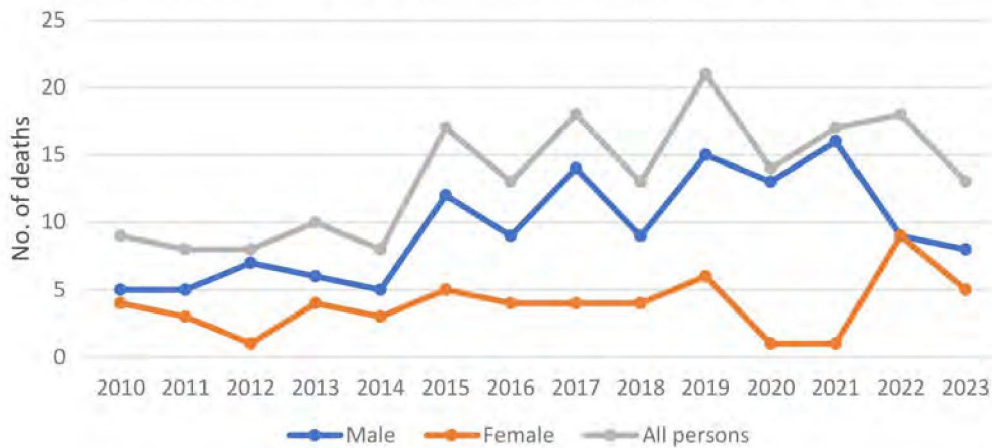
The average drug-related death rate in Angus has been consistently below the Tayside and national averages since the 2003-2007 reporting period (Figure 6). However, while the most recent rate remained consistent with the previous two years, it has shown a general upward trend over a decade, with the 2019-2023 average rate double that seen in the 2010-2014 reporting period.

Fig. 6: Drug Related Deaths in Scotland (National Records of Scotland, 2024)



Annual drug-related deaths in Angus dropped by 28%, from 18 recorded deaths in 2022 to 13 in 2023- its lowest annual total since 2018 (Figure 7). The previous convergence of male and female deaths seen in 2022 reversed again slightly in 2023, with 8 male deaths recorded over the year, compared with 5 female deaths.

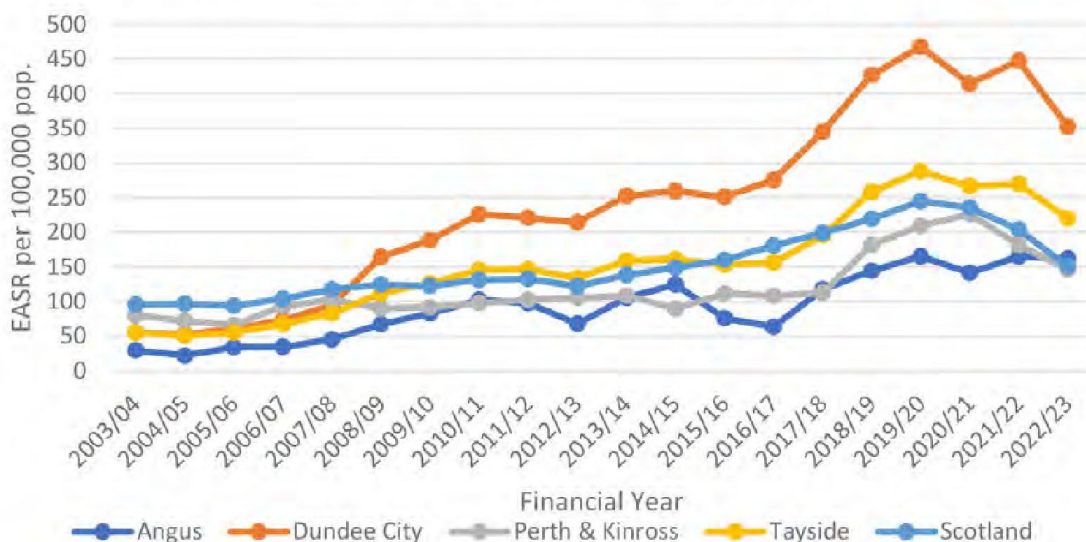
Fig. 7: Drug Related Deaths in Angus by Gender (National Records of Scotland, 2024)



Drug Related Hospital Admissions

The rate of drug-related hospitalisations in Angus decreased slightly between 2021/22 and 2022/23 (Figure 8). However, following a sharp decrease at a national level, 2022/23 was the first year on record that the Angus rate was higher than the Scottish average. In 2022/23, males accounted for 76% of drug-related hospital stays amongst Angus residents. This is slightly higher than the proportion in 2021/22 (72%) and remains higher than the equivalent proportion of alcohol-related hospitalisations (63%). Overall prevalence was highest in the 25-34 age group, which is younger than the previous year, and individuals living in the most deprived areas of Angus had 12 times as many drug-related hospitalisations as those living in the least deprived areas.

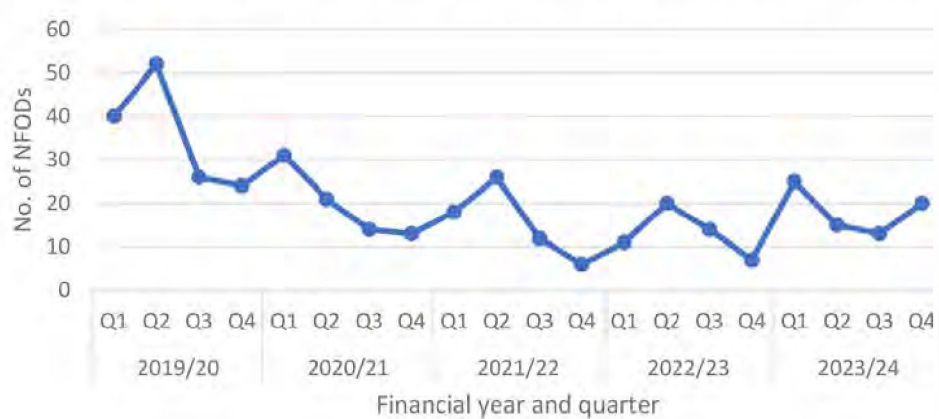
Fig. 8: Drug Related Hospital Admissions (Public Health Scotland, 2024)



Near-Fatal Overdoses and Problem Drug Use

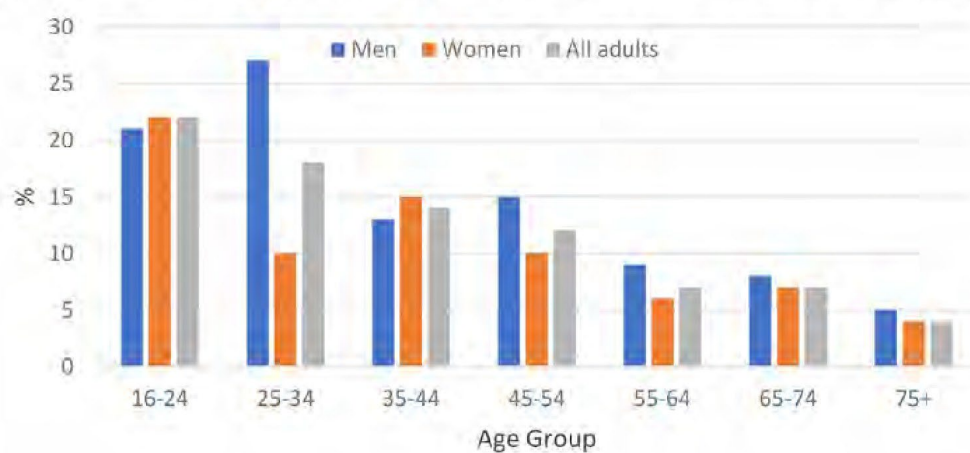
After following a general downward trend for four consecutive financial years, the annual number of suspected near-fatal overdose (NFOD) incidents recorded in Angus increased by 40% in 2023/24, compared with the previous year (Figure 9). However, this could be partially explained by changes made to the recording process midway through the year. Males accounted for two thirds of all NFODs in Angus in 2023/24, and 62% were amongst people within the 35-44 age group- a considerably higher proportion than any other group.

Fig. 9: Recorded near-fatal overdose incidents in Angus (NFOD Database, NHS Tayside)



In addition to alcohol, the 2021 Scottish Health Survey also collected data pertaining to self-reported drug use at a national level. The survey found that 12% of Scottish adults (14% of men and 11% of women) had used illicit drugs within the previous 12 months, and overall prevalence was highest in the 16-24 age group (22%), decreasing with age (Figure 10). Higher prevalence was also associated with deprivation, with 19% of Scottish adults living in the most deprived areas reporting recent use, compared with only 9% of those living within the least deprived areas.

Fig.10: Self-reported drug use within previous 12 months (Scottish Health Survey, 2021)

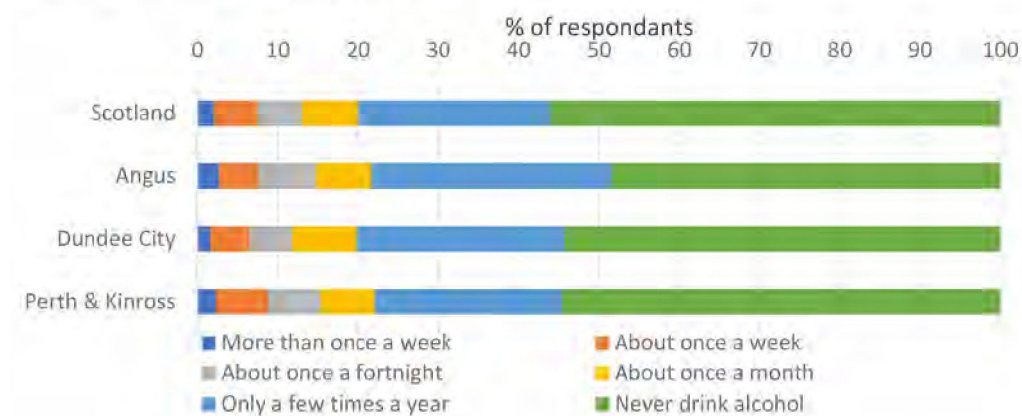


In the same survey, 3% of Scottish adults reported having ever had a problem with drug use (4% of men and 2% of women). For both genders, prevalence of problem use was highest in the 35-44 age group, which is consistent with the most recent local data for NFOD incidents, but an older demographic than that most seen in local drug-related hospitalisations. However, publications of the Scottish Health Survey both prior to and since the 2021 survey did not include drug use as a reported health topic, therefore it is not currently possible to monitor or compare any changes over time with regard to this data.

Children and Young People

The Health and Wellbeing (HWB) Census 2021/22, which superseded the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS), found that under half (48.5%) of Angus S2 and S4 secondary school pupils reported never drinking alcohol, which is lower than the equivalent proportions in other Tayside areas and the national average (56.1%) (Figure 11). While the HWB census was not replicated in 2022/23, monitoring this trend in any future equivalent publications would be worthwhile.

Fig. 11: Self-reported alcohol consumption amongst S2 & S4 pupils (Health & Wellbeing Census Substance Use Survey 2021/22)



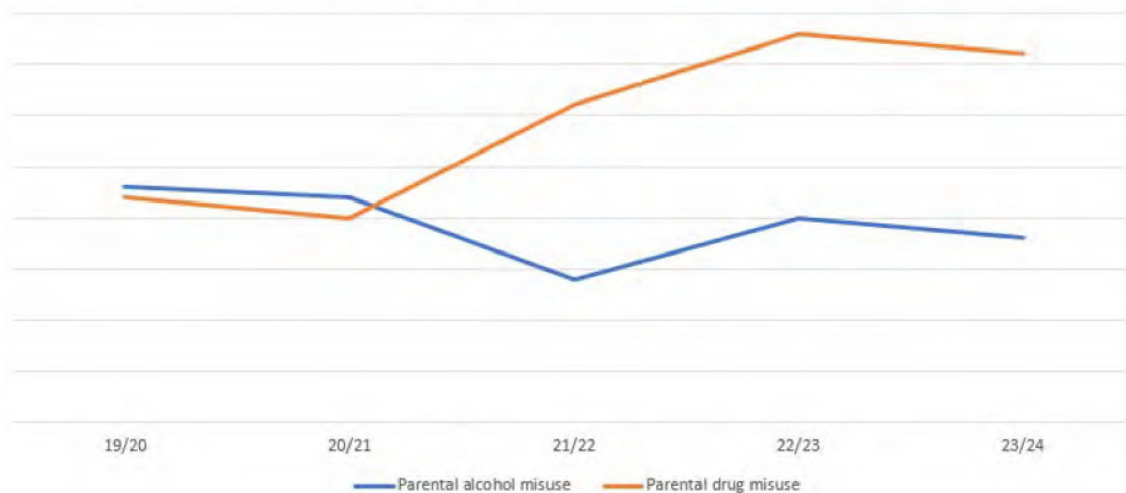
In the Health & Wellbeing (HWB) Census 2021/22, 8.1% of S4 pupils in Angus reported having ever taken illegal drugs, which is lower than in other Tayside areas or the national average (Figure 12). However, as with the findings in relation to alcohol consumption amongst children and young people, there has not yet been a follow-up publication of the HWB Census, or equivalent survey, to allow for any time trend analysis of this data

Fig. 12: Self-reported previous drug use amongst S4 pupils (Health & Wellbeing Census Substance Use Survey 2021/22)



The number of children on the child protection register where parental drug or alcohol use was identified is too low in Angus to allow for rates to be published; however, these are generally typically lower than the Tayside average. Although numbers are small, there are more children's names on the child protection register for parental drug misuse than alcohol misuse (figure 13).

Fig. 13: Concerns on the Child Protection Register



Service delivery

Referrals

There were 997 new referrals to substance use services in Angus in 2023/24, which was a very slight decrease on the previous year (Figure 14). In 2023/24, over half of all new referrals to substance use services in Angus were alcohol referrals, a third were drug referrals, and 14% were co-dependent (Figure 15), and two thirds of all referrals were male (Figure 16).

Fig. 14: Substance Use Referrals in Angus (DAISy, 2024)



Fig. 15: Angus SUS Referrals by Service User Type (DAISy)

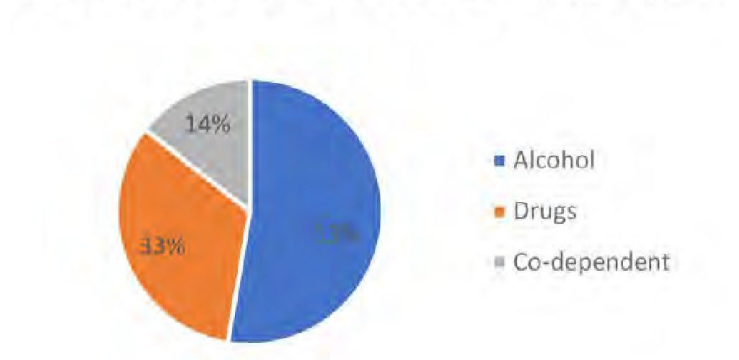
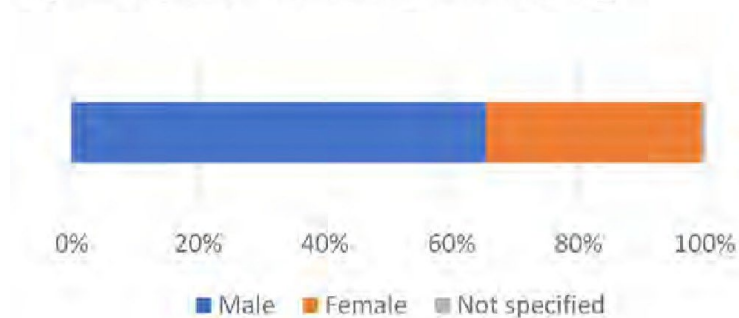


Fig. 16: Angus SUS Referrals by Gender (DAISy)



Over half of all new referrals to Angus substance use services in 2023/24 resided in either SIMD quintile 1 or 2 (equating to the 40% most deprived neighbourhoods), compared with only a quarter who resided in SIMD 4 or 5 (the least deprived 40%) (Figure 17). This breakdown by deprivation quintile is comparable to that seen in 2022/23. 70.5% of all new referrals were referred to the Angus Integrated Drug and Alcohol Recovery Service (AIDARS); 13.5% to the Community Recovery Service (CRS); 14.6% to the Tayside Council on Alcohol (TCA); and 1.3% to the Web Project (Figure 18).

Fig. 17: Angus SUS Referrals by Deprivation (DAISy)

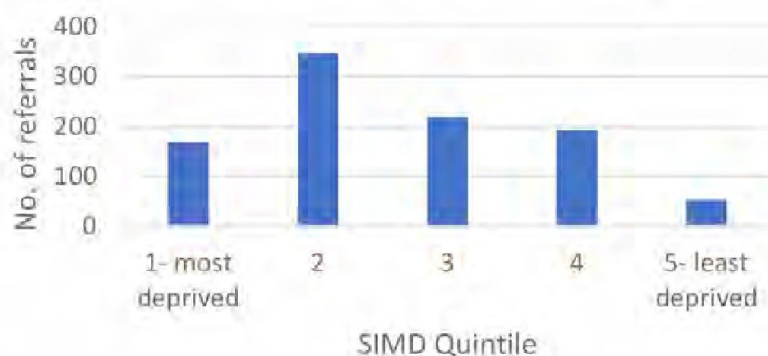
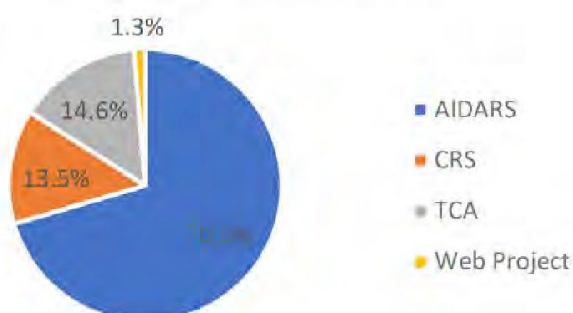


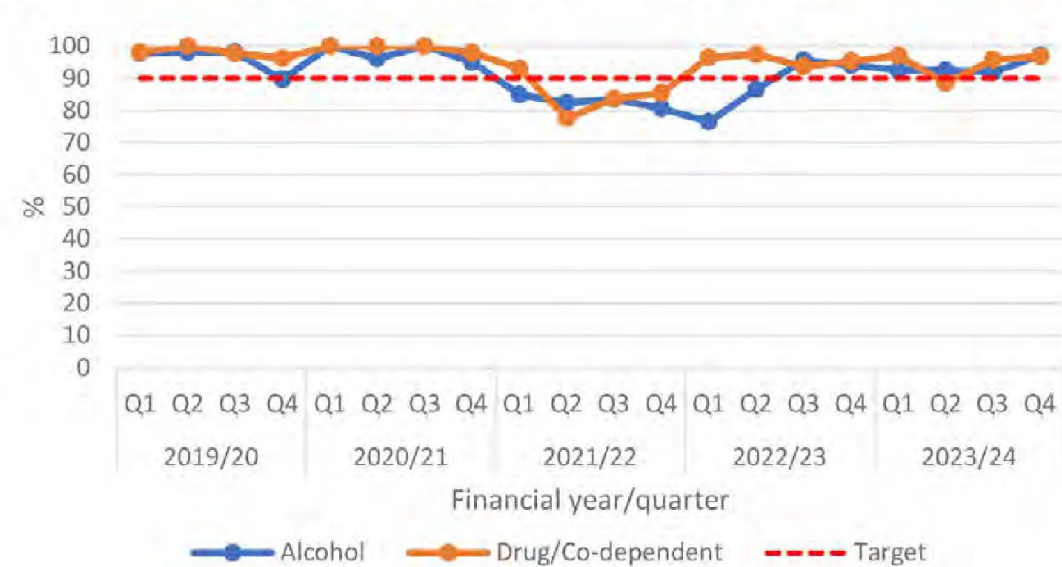
Fig. 18: Angus SUS Referrals by Service (DAISy)



Waiting times

Overall substance use treatment waiting times in Angus remained above the 90% target throughout 2023/24, with an annual average of 94.2% of patients commencing treatment for either alcohol or drugs being seen within 21 days of initial referral (Figure 19). With the exception of Q2, which saw a dip below target amongst those specifically seeking drug/co-dependency treatment (with 88.5%), wait time performance in Angus was higher than Tayside averages across 2023/24.

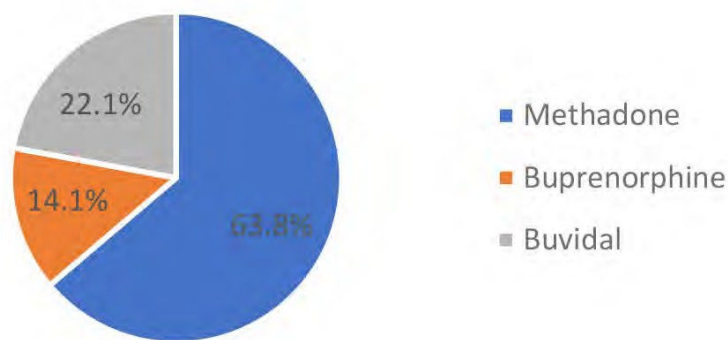
Fig. 19: Substance Use Treatment Waiting Times in Angus (DAISy)



Medication Assisted Treatment

A snapshot of the caseload receiving opioid substitution therapy (OST) in Angus at the end of 2023/24 showed that 63.8% were being prescribed Methadone, 14.1% were receiving short-acting oral Buprenorphine, and 22.1% were receiving long-acting injectable Buprenorphine (Buvidal) (Figure 20). 64.6% of the OST caseload were male, and the highest proportion of the overall caseload were in the 35-44 age group (with 43%), which is the same gender split and age group as those with the highest prevalence of near-fatal overdose incidents locally the same year.

Fig. 20: Angus OST caseload by Prescription Type



Harm Reduction and Early Intervention

A total of 727 alcohol brief interventions (ABIs) were delivered across Angus in 2023/24, which is nearly three times more than the previous year, and a continuation of the increasing trend seen over the past three financial years (Figure 21).

Injecting Equipment Provision (IEP) in Angus increased by 67% between 2022/23 and 2023/24, to 114.5 needles/syringes per IEP client (Figure 22). Despite remaining below the target of 200 per IEP client for the fourth consecutive year, its 2023/24 rate was more than double that of other Tayside areas. The monthly number of naloxone kits distributed across Angus in 2023/24 varied considerably, between 2 and 101 kits per month, however there was a 22% increase in the annual total compared with 2022/23 (Figure 23).

Injecting Equipment Provision (IEP) in Angus has reduced annually from 201.7 per IEP client in 2019/20 to 68.7 per IEP client in 2022/23, approximately a third of the target of 200 per IEP client (Figure 22). However, rates are considerably higher than seen across other Tayside areas over the same timeframe. The number of naloxone kits distributed across Angus in 2022/23 varied monthly, between 6 and 55 kits per month (Figure 23).

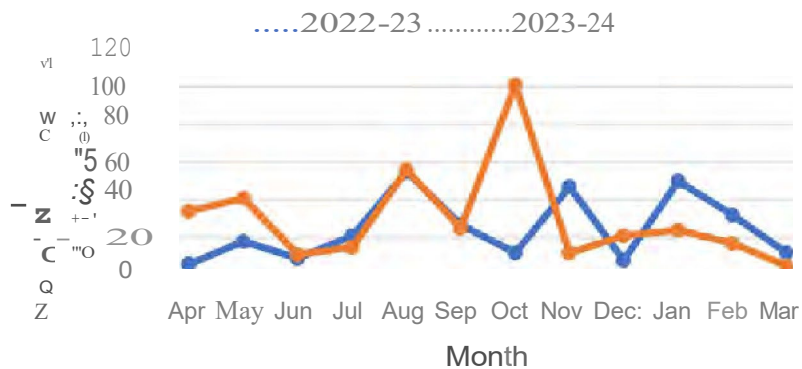
Fig. 21: No. of Alcohol Brief Interventions delivered in Angus



Fig. 22: Injecting Equipment Provision in Angus



Fig. 23: Naloxone Distribution in Angus



4 AADP activity over the last year

Strategy and Delivery Plan

The new ADP Strategy was presented to the Integration Joint Board in June 2023 for final approval. The associated Delivery Plan was then developed, with input from the subgroup action plans and consultation with those with lived and living experience to ensure identified actions are relevant, measurable and meet the priorities and outcomes detailed in the Strategy.

Each subgroup has a new Terms of Reference, refreshed membership and has developed an Action Plan to inform the Delivery Plan and deliver on the Strategy.

Work of the ADP Delivery/Sub Groups

Finance and Commissioning

The Finance and Commissioning Subgroup welcomed a new Chair at the beginning of 2024. The purpose and functioning of the group was reviewed, with the Terms of Reference updated and approved by the ADP Strategy Group in March 2024. Significant work has been undertaken by the group to strengthen governance arrangements in relation to contract monitoring and budget commitments and a commissioning framework will be developed to support this. The group plan to review current budgetary commitments and consider options for allocation.

Children, Young People and Families (CYPF) Delivery/Sub Group

An agreed Terms of Reference and an action plan has been agreed for the group, with work ongoing to progress this. Membership has been reviewed and expanded to ensure representation from appropriate services and areas.

As noted in the previous Annual Report, work has been progressing in relation to support and services for family members. Scottish Families affected by Alcohol and Drugs (SFAD) supported in the analysis on the mapping exercise previously undertaken. This work has informed the CYPF Group action plan. SFAD continue to work with AADP, both as a member of the CYPF Group and in supporting the work to develop the Families Steering Group.

A small group of family members who have experience of a loved one's substance use have formed the "For Families, By Families" ADP Families Steering Group. The group has a Terms of Reference and an action plan and have undertaken a number of sessions across Angus to try to engage other families who may be interested in joining the group. The group is still in the early stages and the overall aim is for the group to become more involved in informing the work of AADP.

In March 2023, AADP Strategy Group agreed to progressing with the SFAD Family Inclusive Practice Development Programme, with a view to highlighting the benefits of family inclusive practice and helping frontline workers be able to identify ways in which family inclusive practice can be enhanced in the work environment. This will be progressed over the forthcoming year.

Links have been established with the Planet Youth and the Whole Family Wellbeing work that is ongoing across Angus, with cross representation at relevant meetings and groups and joint working where possible.

A small group from the CYPF group has taken forward some work in relation to bereavement for families through a drug related death. Training has been offered to workers to enable them to provide support through bereavement and the bereavement pack provided to family members by Police Scotland has been reviewed and updated. The next steps for this work is to consider bereavement support for friends and acquaintances, and children affected by a drug related death. Links will be made with local suicide prevention work, recognising the relationship between substance use and mental health.

Alcohol

An initial meeting of this group took place June 2023. The group now has an approved Terms of Reference and action plan. The group have begun work to understand the population, noting the need to consider harmful drinking alongside dependent drinking and look to develop an alcohol pathway. The Tayside Needs Assessment that is ongoing in relation to alcohol will help inform the work of this group. The Tayside Alcohol Brief Intervention Officer is now in post and there is a programme of training sessions being developed for Angus.

Psychostimulant Subgroup

A Psychostimulant Group was established in recognition of the increasing use of stimulants, particularly cocaine in Angus with the following aims:

- To understand the nature of problems associated with psychostimulant use.
- To understand the prevalence, different types and methods of psychostimulant use in Angus.
- To review evidence-based treatment strategies for psychostimulants.
- To create psychostimulant pathways across Angus Recovery Oriented Systems of Care (ROSC), agreeing what interventions each service will offer and when.
- To agree communication plan which will cascade psychostimulant information across the ROSC in order to sign post effectively.
- To develop a workforce development strategy to support knowledge of psychostimulants and evidence-based treatments.

A harm reduction booklet, established pathway and training is now in place. A final report was prepared and the following highlighted:

Recommendations

Trainers were asked to commit to deliver a minimum of 2 sessions per year. To date, training has been delivered by a limited number of trainers and to widen this, the ADP Support Team could collate the training as part of the wider ADP Learning and Development Framework. This would also include the standard evaluation of sessions offered.

Further information on other types of drugs has been suggested, which was included ad-hoc within sessions that have been delivered recently. Resources have also been distributed during sessions such as the drugs wheel and cocaine booklets.

It is recommended that further resources are included within the training; in particular the Language/Stigma video and the PPA Culture of Kindness video when this is finalised.

Future considerations

- Expanding Psychostimulant Training to include high risk substances that are emerging in Angus. Or create similar 1 hour training bites to Learn Pro and Turas. Training likely to sit under the ADP Learning and Development Framework.
- Broadening Hillcrest Futures Psychostimulant Group to include other high risk substances that are emerging in Angus and consider twilight group work to support engagement of those who may be in full time employment and only available in evenings.
- **Prevention** – in schools to reach teens that may experiment or have experimented with psychostimulants. Liaise with Planet Youth Coalition. The ADP strategy Group have agreed discuss at the Integrated Children's Services for a wider discussion.
- **Prevention** – in wider population of primary and secondary care setting and public setting across Angus.
- **Community Engagement** – A Prevention of Risk Event which includes psychostimulant use but also emerging substance use in the Angus Area. Involving patients, parents, families, and carers.

Work areas and initiatives

Integration Joint Board Development session

A session was held with ADP Strategy Group members and IJB members in November 2023. This session focused on the Angus drug and alcohol profile, the most recent Tayside Drug Related Death report, and the ADP response to these. Case studies were also considered and this allowed for some interesting discussion and consideration of some of the issues faced by those who use our services.

Needs Assessment

Benzodiazepine

"Living in the Madness" People Who Use Benzodiazepines in Tayside: A Health Needs Assessment was undertaken in 2022, with findings made available in 2023. The findings/recommendations from this have been included within the AADP Strategic Delivery Plan and further consideration will be given to applying the MAT principles to all substances moving forward.

Alcohol

As noted in the previous Annual Report, the Tayside Needs Assessment Group is currently undertaking a needs assessment in relation to alcohol.

MAT Standards

The [Medication Assisted Treatment \(MAT\) Standards](#) are evidenced based standards to enable the delivery of safe, accessible, high-quality drug treatment across Scotland (Scottish Government 2021). The Standards apply to all services and organisations responsible for the delivery of care in a recovery oriented system and are being implemented in Angus via a multiagency governance group with an improvement plan and lead identified for each standard.

There has been continued focus on implementing the MAT Standards in Angus, with quarterly progress reporting being submitted to Scottish Government. Priority has been given to the implementation of Standards 3 and 6-10 in 2023-24. Process, Numerical and Experiential evidence will be submitted to Scottish Government in April 2024 and each area will be assigned a RAG scoring for Standards 1-10. These will be published in the annual benchmarking report in July 2024. A provisional assessment of the expected position for Angus was provided in March 2024 which demonstrates we are on course to achieve provisional green status for standards 1,6,8,9 and 10, green for standards 4-5 and amber for standard 7. Scottish Government has allocated provisional green as the highest RAG status for 6-10 as numerical requirements are still

being progressed. In addition to our sustained improvements in scores across the standards, Angus ADP have made significant improvements in our work with people with lived and living experience and family members during 2023-24 and are on track for full scoring in terms of our experiential evidence. Also worth noting is our continued investment in the Tayside MAT9 Mental Health & Substance Use Programme, facilitated by Healthcare Improvement Scotland (HIS). This is being progressed via 3 workstreams – Lived and Living Experience, Pathways and Learning & Development.

Residential Rehabilitation

Each ADP area in Scotland receives a budget ringfenced for Residential Rehabilitation. In Angus this year, there have been 2 placements as opposed to 5 in 2022-23. [The Angus Residential Rehabilitation Pathway](#) has been developed to ensure a clear referral and assessment process is in place for any residential rehabilitation placement requests. Work has been ongoing to ensure ongoing refinement of the Pathway as necessary and a multi agency Residential Rehabilitation Allocation Group has been established to ensure a robust assessment and allocation process. A self assessment has also been undertaken and feedback on this is awaited. Local services are also members of the Residential Rehabilitation Regional Improvement Hub.

Transitions

The ADP Development Officer who came into post in January 2023 also has a half time role to consider transitions, particularly for young people aged 16 to 24 and those in transition between one service and another, with the aim of addressing health and wellbeing issues. Progress to date includes developing links with both local and national services and projects to ensure learning and best practice is shared locally and joint working with the local Transitions Group, where an options appraisal, along with proposals for future development was presented. This work will end in December 2024 given the time limited funding, however a clear exit strategy will be developed.

Culture of Kindness

The ADP and partners have continued to progress a Culture of Kindness across Angus.

“Culture of Kindness encompasses challenging stigma and discrimination for individuals, teams and services, replacing derogatory and stigmatising language with appropriate terms, highlighting the benefits of adopting a human rights approach and promoting trauma awareness through learning and development opportunities.

A number of events were held across Angus for the workforce and members of the public and a Leadership Summit was also held, to bring together strategic leaders across the multi agency workforce to begin to develop a shared understanding of the importance of kindness and in challenging stigma. An evaluation report of the events was presented to AADP Strategy Group in December 2023. A presentation was also delivered to the Bi-annual meeting of Angus Elected Members and Community Councils.

Scottish Families affected by Alcohol and Drugs (SFAD) continue to work with us and support the development of a Kindness Charter. Further events are planned for later in 2024.

Recovery focused work

Recover May is a concept used in the Perth and Kinross area and it is planned for consideration for this in Angus in 2024. If this is thought to be of benefit to Angus residents, the plan would be for a month-long programme of activities to support people in their recovery journeys.

Recovery Walk Scotland is the largest recovery event in Scotland and in 2023 this was held on 24 September in Paisley and was attended by over three thousand people. 12 people from Angus attended the walk alongside staff from ADP services.

“What an absolutely fantastic day yet again, literally such an amazing, overwhelming, emotional feeling. Never felt anything like it. Connection, feeling part of something, not being judged, being celebrated and the caring and compassion everyone brings to each other. Connected today with so many people and met some amazing and inspiring individuals - recovery is possible” (Angus Recovery Walk attendee).

The Recovery Walk Scotland 2024 event was due to be held on 7th September in Glasgow, however, this has now been moved to 12th October. Unfortunately, this timing is in the middle of school holidays and an annual leave period and following discussion at the Recovery and Joint Working Subgroup, the plan is to host a number of local recovery events around the same time.

Well Bean Cafés

The Wellbean Cafés concept was borne from people affected by substance use in Angus, their vision was to provide welcoming wellbeing spaces for people with substance use and mental health issues and their families, inclusive of everyone in the community. The ADP has been supportive since the inception of the idea and has been fully involved in the development of the Wellbean Cafés over the last 8 years. Cafés have been operational in Montrose and Forfar for a number of years. In 2022 funding received from Corra enabled the recruitment of a project worker and peer worker, dedicated to the expansion and development of the community wellbeing café model in Angus. A third café was opened in Arbroath and all three cafés have seen significant increases in the number of people attending for support and an increase in the number of volunteers supporting the cafés for people in recovery to go at any stage of their journey.

The cafés are led by the Café Steering Group which includes people with lived/living experience of substance use, family members, volunteers, and staff. Feedback from customers informs the direction of the cafés.

Breaking Free Online

Breaking Free Online (BFO) is a confidential online programme that can support people to reduce their alcohol intake and/or drug use. It is an evidenced based digital treatment and recovery programme for people experiencing dependence on alcohol/drugs or who want to reduce their intake. BFO provides Cognitive Behavioural Therapy on demand to those accessing the programme.

BFO has been offered to all AADP services to deliver 1:1 support to those who use their services. In March 2023 it was agreed to extend the programme to have a greater reach to those who are not using services but recognise they could benefit with support anonymously. This wider promotion saw an initial increase in subscribers demonstrating a demand for this programme from those who are not accessing local services in the traditional manner. 58 people have engaged from the programme this year, with a total of 105 now using BFO since its launch in May 2022, with a retention rate of 93.1%. There are slightly more males than females using the programme; 52.2% and 43.5 % respectively. Our data shows that the programme is used at various times of the day and night, with 33.3% of people accessing the programme outwith traditional working hours. 60.9% of those accessing the programme record alcohol as their main substance used; 39.1% drugs and 33.3% of those citing drugs note cocaine to be the most problematic substance used.

BFO is still a relatively new approach in Angus and further data will continue to be obtained to inform how the programme can be promoted and used further.

Digital Lifelines

Digital Lifelines Scotland seeks to improve digital inclusion and to design digital solutions that better meet people's needs, to improve healthy outcomes for people who use drugs and reduce the risk of harm and death. In September 2023 Angus ADP were awarded funding to support those without internet access and devices who were either experiencing homelessness, released from custody or a hospital or residential setting, focusing on the areas that Digital Lifelines Scotland had identified as the areas of greatest harm. The Project aims to provide those meeting the criteria with access to the internet to support recovery. A collaborative approach was taken in Angus, to ensure those receiving devices and connectivity also had access to adult learning services, to further aid their recovery. The funding allowed for part time staffing hours within the Angus Vibrant Communities Team, administration costs and fifty devices and connections. Staff and volunteers are offered a two hour digital harm reduction session, to assist those in recovery whether they have received a device or not.

Communication and Engagement

As noted in the previous ADP Annual Report, increasing communication and engagement was an area of focus over the last year.

The AADP learning opportunities, which is part of the Protecting People Angus Learning and Development Framework, has been revised, and continues to offer a variety of learning and development opportunities to meet the needs of the workforce. AADP also continue to make use of the 4 free sessions offered to ADP areas by SDF. Awareness and training sessions, particularly related to psychostimulant use have been offered to families and community members.

A monthly newsletter is now circulated to ADP partners, providing both local and national information that may be of interest.

The AADP webpage has been reviewed and updated to provide easy access to information and support. Consideration is being given to an app that will provide information in relation to the recovery support that is available in Angus.

Information and resource packs are under development for licensed premises and plans are underway to develop a Protecting People Angus Bystander Training session.

5 Key priorities for 2024-25

AADP has continued to progress the AADP 2023-2026 Strategy and refine and update the associated Delivery Plan to adapt to the changing landscape of substance use within Angus. The current subgroup structure will be reviewed at the annual ADP Development Session to ensure the structure continues to deliver the strategy.

Work will continue in relation to communication and engagement, with work ongoing to ensure the most appropriate means of communication to reach those who need information the most and to develop robust engagement opportunities for those with lived and living experience.

Increased opportunity for those with lived and living experience

The Wellbean Cafes have supported further development and visibility of the recovery community across Angus. The Families Steering Group has also developed and AADP recognise the need to support these developments. A Lived and Living Experience Panel will be developed over the coming year, which will support the work that is already ongoing; the planned Recover May work, the ongoing support to the Families Steering Group; the MAT Experiential Programme and the Digital Lifelines initiative will support this.

Improved governance and oversight of contract monitoring

Work to improve governance and monitoring of AADP contractual arrangements has begun and this remains a priority area for the forthcoming year, with a view to ensuring that there is a structured, strategic commissioning approach to ensure services in Angus meet identified needs in a safe, effective, and efficient way and demonstrate best value for money.

Getting it Right for children, young people and families

As noted above, Scottish Families affected by Alcohol and Drugs (SFAD) continue to work with Angus ADP to support the ongoing development of AADP Families Steering Group and will support AADP in participating in the SFAD Family Inclusive Practice Development Programme. An area of focus in the coming year will be education and prevention for young people.

MAT Standards

Discussions are ongoing locally as to the feasibility and action required to consider the Standards across all substances and how we can implement this locally.

Less harm is caused by alcohol

As noted within the data section in this report, there has been an increase in alcohol consumption and alcohol harm in Angus and this remains an area of focus for the forthcoming year.

Appendix 1:

There are a number of services in Angus providing support to those affected by drug and alcohol use, including children, young people, families and carers. Angus Alcohol and Drug Partnership commission or contribute funding towards a number of third sector partners to meet the needs of those in Angus.

Angus Integrated Drug and Alcohol Recovery Service (AIDARS)

AIDARS is an integrated health and social work service providing a person-centred, whole family approach to assessment and intervention with adults who use drugs and alcohol.

Services provided include:

- motivational and enhancement therapy
- in-patient and community detox for alcohol, opiates and opiate replacement therapy
- recovery care planning and self-directed support
- overdose awareness (including Naloxone dispensing), harm reduction, and BBV testing and support
- relapse prevention in groups and one-to-one, supported by medication if required
- psychological interventions

Hillcrest Futures Community Recovery Service

Hillcrest Futures provide a number of services in the Angus area including the Community Recovery Service which is for adults using substances and families and significant others affected by substance use. The service works with people at all stages of recovery to enable them to have the information, advice, connection and support they need to recover and live a healthy and fulfilled life and be fully supported within communities to find their own type of recovery.

Hillcrest Futures Enhanced Harm Reduction and Injecting Equipment Provision

This is a Tayside service that responds to the needs of people who inject drugs, by providing assessment, harm reduction advice and interventions, dry blood spot testing, signposting to appropriate services and providing injecting equipment.

Hillcrest Futures Streets Ahead

This is a service for 14–25-year-olds who are at risk or are experiencing problems with drug or alcohol use.

Tayside Council on Alcohol Angus Connect

This is a service for young people under 25 living in Angus seeking an assessment and treatment service in relation to their own problematic use of alcohol and/or other substances in order to achieve their full potential and live healthy productive lives.

Tayside Council on Alcohol Counselling and Creative Therapies

This is a confidential counselling and advice service for adults and families in relation to their own alcohol/substance use or affected by another's use.

Services provided include:

- Structured 1:1 counselling for adults who feel that their own drinking is on some way a problem
- Counselling sessions to those affected by someone else's use
- Collaborative Routes to Recovery: working directly with individuals who are in the early stages of accessing or contemplating engagement with medically assisted treatment, or other forms of substance use/alcohol support, to create positive support networks and address wider issues that may impact on individual's ability to meaningfully engage with services and negotiate their recovery pathway.
- Peer support: this typically involves low level 1:1 support and having an involvement in the various recovery activities taking place across the locality

Angus Independent Advocacy (AIA)

As part of the wider services that AIA offer, ADP funding allows for support to those affected by substance use to have their voices individually and/or collectively heard about issues that affect them and being to influence the development of responsive supports and services that can support the whole family. 1:1 support for individuals and parents/families and collective advocacy type forums are offered, as well as supporting people to understand their rights around access to treatment and harm reduction.

Angus Carers Centre

As part of the wider services to support carers in Angus, ADP funding allows for those who are affected by someone who has issues with substance or alcohol use to be identified and receive support and guidance as required.

Havilah

Havilah is a drop in service open to anyone seeking company and a non-judgemental setting.

Breaking Free Online

This is a confidential online programme that can support people to reduce their alcohol and substance use or to stop using all together. It is accessible via the internet and makes Cognitive Behavioural Therapy available on demand to all people, empowering them to address their substance use issues and achieve their personal wellness goals.

Wellbean Cafes

There are a number of Wellbean Cafes across the Angus localities. The aim of the service is to promote health and wellbeing to individuals and families through social community cafes that are family friendly and inclusive to those in recovery from mental health and substance use issues.



Appendix 2: The Angus Psychostimulant Working Group – A Review.

Niki McNamee & Jennifer Breen

The Angus Psychostimulant Working Group (APSWG) commenced in January 2020, due to increased use of psycho-stimulants, mainly cocaine within toxicology reports (Stevenson, 2020).

APSWG Membership:

- Angus Integrated Drug and Alcohol Recovery Service (AIDARS) including Psychiatry, Psychology, Team Lead and Pharmacy;
- Hillcrest Futures (HF);
- Tayside Council on Alcohol (TCA);
- NHS Tayside Public Health (PH);
- Community Mental Health Team (CMHT).

The APSWG group agreed the following aims:

- To understand the nature of problems associated with psychostimulant use;
- To understand the prevalence, different types and methods of psychostimulant use in Angus;
- To review evidence based treatment strategies for psychostimulants;
- To create psychostimulant pathways across Angus Recovery Oriented Systems of Care (ROSC), agreeing what interventions each service will offer and when;
- To agree communication plan which will cascade psychostimulant information across the ROSC in order to sign post effectively;
- To develop a workforce development strategy to support knowledge of psychostimulants and evidence based treatments.

Due to the Covid 19 pandemic, the working group adjourned in March 2020 and reconvened in April 2021. Thereafter, the group were able to progress these aims, meeting bi monthly until 2023.

Process

Established strategies across Angus were incorporated to support information gathering, training and treatment.

- **AIDARS Evening Clinics** - providing flexible and accessible clinical hours to meet the need of individuals who work 9-5 and find it difficult to attend day clinics.
- **Integrated Referral Hub (IRH)** – providing a central point for all referrals to substance use services in Angus to improve allocation to most appropriate service, strengthen partnership working between statutory and 3rd sector agencies through joint working and develop understanding between agencies regarding their service provision and approach, acknowledging strengths and expertise within each service. IRH feedback had noted that cocaine referrals coming through this pathway appeared to lie with service users who were already open to the services.
- **Overdose Prevention Group** – Identified cocaine prevalence in Angus and shared data with the group. Figures showed from oral fluid test samples that cocaine use over the last 3 years has increased within current AIDARS caseloads and 10% of new referrals to the service which mention cocaine use had remained steady despite the pandemic. TCA adult figures had remained average pre and post the integrated referral hub, however an increase in cocaine use within the 16-25 age range related to increase of alcohol use.

Aim 1: To understand the nature of problems associated with psychostimulant use.

NHS Tayside, Cocaine use in Tayside, Health Needs Assessment (Stevenson, 2020), and a systematic review of research literature provided in-depth information to the nature of problems associated with psychostimulant use (please refer to Appendice 1.0).

Cocaine use in Tayside Health Needs Assessment information is available on request.

Aim2: To understand the prevalence, different types and method of psychostimulant use in Tayside/ Angus.

A psychostimulant demographic survey and subsequent 'crib sheet' was developed as a means to understand the different types of psychostimulant use in Angus. Statutory and 3rd sector drug and alcohol recovery services agreed to screen for psychostimulant use at point of referral and assessment or at point of disclosure while in treatment (please refer to appendices 1 - psychostimulant demographic survey and appendices 2 – psychostimulant pathway). The demographic survey gathers detailed information which

includes biological, psychological and social information to build a 'profile' of psychostimulant users in Angus.

Psychostimulant Demographic Survey is available on request.

Completion Notes for Psychostimulant Demographic Survey is available on request.

Psychostimulant Demographics Update Report

First survey received: 10 October 2022

Most recent survey received: 06 March 2023

Total surveys received: 18

Total surveys received reporting stimulant use: 9

Total surveys received with no report of stimulant use: 9

Notes:

- All surveys received (as of 13 June 2023) have been sent via email by Ashton Julien, Tayside Council on Alcohol. No other organisations and/or services have sent surveys.
 - No surveys have been received in physical form (e.g. by mail).
- Seven (38.9%) surveys completed in full.
- Nine (50%) surveys received do not include any report of psychostimulant use.
 - Seven surveys report the only substance consumed as smoking cannabis
 - One survey reports oral benzodiazepines use and smoking cannabis.
 - One survey reports alcohol use and smoking cannabis.
- Cannabis is the most commonly reported substance used (features in 11/18 (61.1%) surveys; see Table 1).
- Snorting cocaine/other stimulants is the most common and only reported stimulant use (included in 9 (50%) of surveys received; Table 1).
 - One survey reports monthly use of snorted cocaine/other stimulants. Five report weekly use. Three report daily use.
 - Seven surveys report snorted cocaine/other stimulants as the only substance used.
 - Two surveys report alcohol and cannabis (smoking/edibles) use alongside snorted stimulant use
 - No other polysubstance use involving stimulants is reported.
- Males aged 25-34 are the most commonly reported demographic (see Table 2).

Table 1. Total number of surveys reporting specific substance used (total will be >18 as some surveys report polysubstance use).

	Total number of surveys reporting...
Cocaine/other stimulants - Snorted	9
Cannabis - Smoked	11
Cannabis - Edibles	2
BZDs - Orally	1
Alcohol - Orally	3

Table 2. Demographics (age and gender)

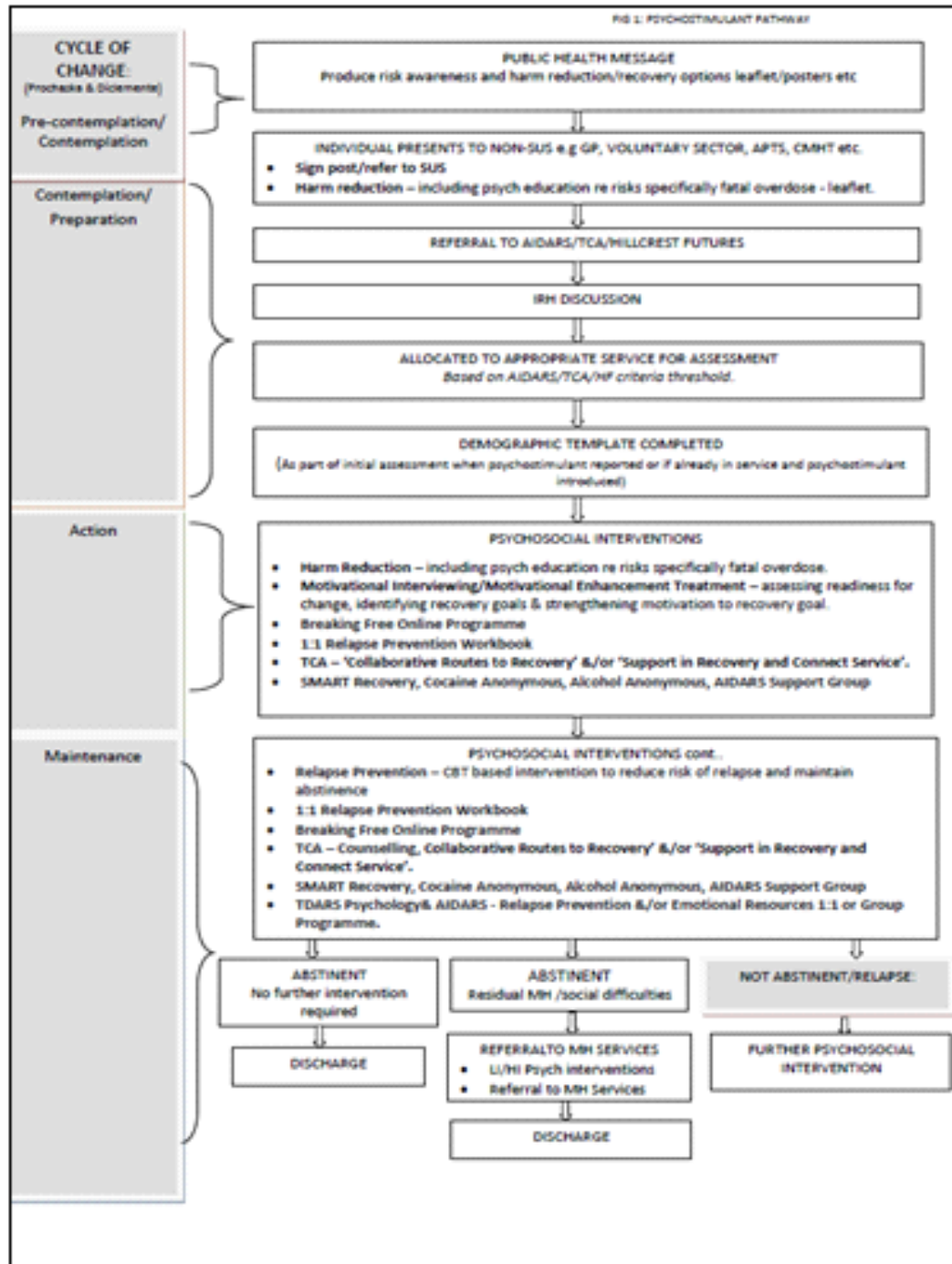
	Male	Female
Under 18	2	1
18-24	2	1
25-34	5	1
35-44	2	1
45-54	3	0
Total	14 (77.8%)	4 (22.2%)

Aim 3: To review evidence based treatment strategies to support people who use psychostimulants

A systematic review of evidence based interventions identified harm reduction, motivational interviewing, Cognitive Behavioural interventions and Contingency Management (Ainscough et al, 2017). The APSWG agreed not to progress with Contingency Management (CM) due to ethical considerations of tokenistic rewards and withholding treatment should an individual be struggling to engage or relapse. This conceptualisation/perception of addiction appeared to jar with the current Drug and Alcohol Recovery Service values and current delivery of interventions such as harm-reduction/compassion-focussed/relapse prevention model which normalise lapses/relapse (Petry et al, 2017). The sustainability of CM was likely to be short lived therefore building upon established psychosocial interventions such as Harm Reduction, Motivational Interviewing (MI) and Cognitive Behavioural Therapy (CBT) seemed more feasible.

Aim 4: To create psychostimulant pathways across Angus Recovery Oriented Systems of Care (ROSC), agreeing what interventions each service will offer and when;

Figure 1: Angus Psychostimulant Pathway



The psychostimulant pathway reflects an example of an individual(s) recovery journey, aligning with the stages in the Cycle of Change model (Prochaska & Diclemente, 1983).

Public Health Message – Reaching those who are thinking of using/using but not aware of the risks/using and considering seeking support (pre-contemplative/contemplative stage).

To increase public awareness of the risks of psychostimulant use, the ADP and Hillcrest Futures have collaborated to create posters and beer mats which will be distributed in pubs and nightclubs in Angus. Included is a QR code which links to the Angus ADP website providing further information including referral information to Drug and Alcohol Recovery Services and online self help resources. Further consideration is required to place posters within other public areas such as, Public Transport, Schools, Community Centres, Pharmacies and GP Surgeries.

Entry Point into Pathway – (Contemplative/action stage)

In addition to Public Health Posters, a psychostimulant leaflet (still to be developed) will be distributed to primary care settings to support GP's and pharmacist to make referrals into Drug and Alcohol Recovery Services and sign post to online resources. The leaflet will contain succinct harm reduction messages as a brief intervention.

The referral criterion for each Drug and Alcohol Recovery Service has not changed but is streamlined via the Integrated Referral Hub (IRH). A forum which supports psychostimulant referral/transfer discussion by taking into consideration severity, frequency and complexity of substance use, mental health, risk and social difficulties in order to allocate the appropriate service. Please refer to Figure 1: Angus Psychostimulant Pathway.

Regardless of which services within IRH the individual is allocated to, as part of the assessment the demographic survey will be completed and collated.

Psychosocial Interventions – (Action/Maintenance stage)

The agreed psychosocial interventions align with the stages in the Cycle of Change model (Prochaska & Diclemente, 1983) and illustrate what psychosocial intervention should be used at what stage in recovery (please refer to Figure 1: Angus Psychostimulant Pathway). These interventions support services across the ROSC, to deliver consistent evidenced based care. The principle being, that regardless of an individual's entry point into the ROSC, there is information and deliverable resources available. Psychosocial Interventions include:

1. Harm Reduction includes established and formalised medical, psychological, social and risk assessment; Psych education of risk specifically fatal overdose; BBV testing.

- **A Harm Reduction Workbook** was developed to support staff to deliver harm reduction messages, with the aim to increase awareness of the risks when using psychostimulant use. Included in the booklet are Motivational Interviewing (MI) activities to encourage an individual using psychostimulants to consider changing drug use patterns and identify recovery goals. The Harm Reduction Workbook is recommended as collaborative intervention between individual and staff member.

Psychostimulants Harm Reduction Booklet is available on request.

2. Motivational Interviewing/Motivational Enhancement Treatment – Staff member uses a guiding style of communication, that sits between following (good listening) and directing (giving information and advice with the aim to empower individuals to make informed decisions about their readiness for change, identifying recovery goals and strengthening motivation meet those goals via health behavioural change (Miller and Rollnick, 2013).

3. Breaking Free Online Programme - Support individuals to use a digital programme which delivers confidential and support 24 hours a day, with the aim to increase people's access to psych education of substance use and explore effective behaviour change interventions through self-management.

4. Relapse Prevention – A Cognitive Behavioural Therapy (CBT) based intervention providing evidence based to reduce risk of relapse and maintain substance related recovery goals. Upon achieving abstinence an individual can be referred to a 12 week group programme occurring twice a year in North and South Angus. Or individuals can collaboratively work through a Relapse Prevention Workbook with a DARS Key Worker.

Substance Misuse Relapse Prevention Workbook is available on request.

5. TCA – ‘Collaborative Routes to Recovery’ (CRR) - A service for people who are having difficulty engaging with counselling due to a life problem or crisis and are in need of more practical hands-on support. TCA help clients to identify and voice their difficulties and help them to access the most appropriate service(s) needed to resolve their situation. Clients experience a wide variety of life issues that could relate to housing, benefits, finances, medical difficulties or applications. Some clients may also feel anxiety about accessing services and we can support them with this, for example accompanying them to appointments. When clients reach a point where they have overcome their difficulties, they will move on to counselling support within TCA. Sometimes clients will participate in counselling at the same time as accessing the CRR service, depending on what is right for them and their individual situation.

6. TCA Support in Recovery Service (SiR) - Seeks to provide training, development, and practical opportunities to those in Angus’s recovery community and works towards the following specific objectives:

Build a sustainable peer network for Angus

Support individuals on their recovery journey

Support a functioning recovery for individuals

Support individuals to be able to take control of their own care

SiR matches those in recovery with appropriate training and opportunities based on individual wishes and ability. At the lower end of the scale is basic skills training to undertake lower-level volunteering opportunities, with more advanced levels offering accredited SQA Customised Award in Peer Mentoring and Support.

7. Connect Service - A support service for young people aged 10-25 who are affected by their own or someone else’s alcohol/substance use (including peers, parents or carers). Young people receive support from a TCA Resource Worker in the form of meetings in a confidential setting, most often within the school premises.

8. SMART Recovery - (Self-Management and Recovery Training) is a programme that provides training and tools for people who want to change their problematic behaviour, including addiction to drugs, alcohol, cigarettes, gambling, food, shopping, Internet and others. Guided by trained facilitators, participants come to help themselves and help each other using a variety of cognitive behaviour therapy (CBT) and motivational tools and techniques. The Arbroath SMART group takes place on Mondays from 10am – 12 noon at TCA Arbroath office.

9. Cocaine Anonymous and Alcohol Anonymous – A Twelve Steps Of Recovery. A fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from their addiction. The only requirement for membership is a desire to stop using alcohol/cocaine and all other mind-altering substances.

Various Locations throughout Tayside.

10. AIDARS Support Group AIDARS Recovery Group - A Weekly Drop In group located in the North and South Angus area for individuals who wish to informally discuss their difficulties with alcohol use and other substance use such as psychostimulants.

11. Hillcrest Futures Psychostimulant Group - A Community Recovery Breakfast to provide a community-based support to individuals affected by the use of Drugs and Alcohol. The Drop In was originally created to encourage and promote wider community involvement, as individuals attended the group, we found an increase in the use of stimulant drugs. Discussion topics have included - Harm reduction, poly drug use, risks, drugs and mental health, overdose and Naloxone, finances and responsibilities, what is Recovery?

Hillcrest Futures Psychostimulant Group information is available on request.

Aim 5: To develop a workforce development strategy to support knowledge of psychostimulants and evidence based treatments;

Psychostimulant Training and Training for Trainers (T4T) developed by Sarah Donaldson, Specialist Pharmacist, initiated training in Autumn 2022 to support Drug and Alcohol Recovery Staff to confidently know and consistently communicate accurate information about psychostimulant use. Psychostimulant Training for Trainers allowed for wider cascading of training staff across Angus.

Sarah Donaldson, AIDARS Community Pharmacist delivered T4T on 15th May in Angus House and trained 12 staff.

Training session delivered-

- 4th of July for Alcohol Awareness Week. East and Old church Forfar. Eight people attended, including one Well-Bean café volunteer and one public member. Maureen McGinlay and Sonya from Hillcrest Futures delivered the training.
- 26th July Angus Carers Group (Closed Group) Six carers attended. Maureen McGinlay and Amanda McDonald from Angus Carers delivered the session.
- 7th July Angus Carers Centre 12 people attended. Maureen McGinlay and Laura Scott from Angus Carers delivered.
- 19th Sept Angus Carers (Open Group) had 17 people attend. 2 family members who had seen the advert on the Recovery Month awareness-raising information online and dropped by on the off chance they could attend, and they did.

Feedback from sessions-

How would you describe your experience of this training?

'Very informative and good discussions.' 'Very informative. Also informal, which was helpful to aid discussions.' 'Relaxed, informative, beneficial for added knowledge,' 'Trainers were very welcoming and happy to answer questions' 'Interesting, learned more on harm reduction'. 'The experience was great. I was different from the majority; my career doesn't come face to face with anybody facing those certain challenges in life. For me, it was a completely new understanding and a knowledge session! Most attendees had certain stories and knowledge to share as well, which I found great. It was very open yet relaxed, making it feel more enjoyable, rather than a typical classroom session!' 'I attended the session and enjoyed it. It was informative and gave me relevant information regarding harm reduction/how to support someone using cocaine.'

What could we improve on-

'Would be beneficial to touch more on how to support this use.' 'Table layout and Noise' 'Noise in the background off-putting' 'good information that was shared, an open space and conversations with other group members' 'maybe a quieter room' 'All good' ' PowerPoint presentation given out beforehand with space for notetaking' 'Discuss different drugs' 'I honestly don't think you could change anything, it was a good afternoon.' 'I don't think there's anything you missed...thanks.'

Recommendations

Trainers were asked to commit to deliver a minimum of 2 sessions per year. To date, training has been delivered by a limited number of trainers and to widen this, the ADP Support Team could collate the training as part of the wider ADP Learning and Development Framework. This would also include the standard evaluation of sessions offered.

Further information on other types of drugs has been suggested, which was included ad-hoc within sessions that have been delivered recently. Resources have also been distributed during sessions such as the drugs wheel and cocaine booklets.

It is recommended that further resources are included within the training; in particular the Language/Stigma video and the PPA Culture of Kindness video when this is finalised.

Future considerations

- Expanding Psychostimulant Training to include high risk substances that are emerging in Angus. Or create similar 1 hour training bites to Learn Pro and Turas. Training likely to sit under the ADP Learning and Development Framework.
- Broadening Hillcrest Futures Psychostimulant Group to include other high risk substances that are emerging in Angus and consider twilight group work to support engagement of those who may be in full time employment and only available in evenings.
- **Prevention** – in schools to reach teens that may experiment or have experimented with psychostimulants. Liaise with Planet Youth Coalition. The ADP strategy Group have agreed discuss at the Integrated Children's Services for a wider discussion.
- **Prevention** – in wider population of primary and secondary care setting and public setting across Angus.
- **Community Engagement** – A Prevention of Risk Event which includes psychostimulant use but also emerging substance use in the Angus Area. Involving, patients, parents, families, and carers. Move APSWG into the ADP Protecting People Prevention Group to maintain focus and momentum of psychostimulant pathway/interventions but to begin to address other high risks substances that are emerging in Angus while consider NFOD and Suicide.

Psycho stimulant Group Future

TBC.

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Appendix 3

TCA Connect Case Study

KB was referred to the Connect service by his criminal justice social worker in May 2023. KB found it difficult to control his alcohol use, and when he did drink, it often led to anti-social behaviour and noise complaints from his neighbours and police involvement. At the time of referral KB had recently been arrested for the third time for assault whilst intoxicated. KB was awaiting sentencing for this and had no recollection of the events.

KB was keen for this referral to be made as he felt embarrassed by his behaviour and was keen to make changes surrounding his alcohol use.

From the initial assessment meeting, KB was open to supporting his mental health and alcohol use and the impact this had on his life. Staff encouraged KB to explore why he drank alcohol and what his behaviours were surrounding this. Throughout sessions there was a lot of focused work looking at his drinking patterns and possible triggers to periods when he drank heavily.

Staff also encouraged KB to identify what he enjoyed about drinking alcohol and what the negatives were for him. Over this time KB acknowledged that he was unhappy with how he was living his life, and although he only drank heavily on 3 or 4 occasions per month, he did not feel happy with the people he was choosing to do this with and how he changed as a person when he was drunk.

This led to KB assessing his friendship groups and making the changes he felt necessary to allow him to gain control of his alcohol use and limit the negative behaviours such as fighting, noise complaints and blacking out.

Staff supported KB to identify and understand his emotions that allowed him to develop more positive ways to cope with situations in his daily life.

Working on KB's emotional regulation and self-esteem resulted in him making the decision to stop drinking altogether. He made changes in his friendship group and felt equipped to not need to use alcohol as a coping mechanism for his feelings and situations in his life.

He is no longer on a community supervision order and has had no police involvement since being referred to the service. At the time of referral KB made a comment, stating that he could not see anything good in his future as he had not passed exams at school and had been going from job to job, all of which he did not enjoy. Staff introduced KB to the community engagement officer at D&A college, which led him to apply for an accounting course, he has now nearly successfully completed this course and has applied for the next level. KB has acknowledged that he feels like a different person compared to where he was in his life early last year. He is feeling positive about what he can achieve in his future.

Staff had planned to close KB due to the positive changes he had made and maintained, and the goals he had identified and achieved, but throughout the last 2 meetings KB spent a lot of time chatting about his Mum's alcohol use. This was something never mentioned often, but throughout discussion KB seemed difficult to navigate how he feels about his Mum's alcohol use throughout his childhood and into adulthood. He is struggling with feelings of guilt at present as he has taken a step back from their relationship to protect his own wellbeing. At the most recent meeting KB thanked staff for giving him the time to open up about this and he felt like a weight had been lifted from him speaking out loud about the situation. Staff discussed the possibility of continuing support with KB as a significant other, which he was keen to do.

KB has now been closed as a primary client and re-opened to the service as a secondary client. Staff will continue to support him to understand the impact of his Mum's alcohol use throughout his life and how he can process these feelings and work on his relationship at present whilst protecting his own recovery journey.

Angus Independent Advocacy Case Study

Sophie* was referred to Angus Independent Advocacy as she was subject to Adult Support and Protection (ASP) legislation due to substance use and concerns about her and her child's safety during her pregnancy. She felt she needed independent support to share her views regarding ongoing ASP and child protection issues. At the time of referral, Sophie had been told that her baby would not be returning home with her.

Her advocate supported her with:

- ASP process and Pre-Birth meetings
- Preparing for and attending Child Planning meetings and Children's Hearings following the birth of her baby.

Due to her positive engagement with social worker and other supportive agencies, Sophie is no longer supported by ASP legislation and her child is no longer subject to any orders and is in her fulltime care. Sophie is pregnant again and is voluntarily engaging with social work.

"If I didn't have you, I wouldn't have spoken up and I wouldn't be where I am now" (Sophie)

Hillcrest Futures Young Person's Drug and Alcohol Service

Molly* was referred to Hillcrest Futures Young Person's Drug and Alcohol Service by school due to concerns that she was becoming mixed up with the "wrong crowd". School had a concern that Molly may be smoking cannabis and felt she needed support with this.

During our sessions, which started as a group session, we worked on the drug and alcohol booklet. After the initial block of sessions, Molly was provided with further one to one support with the main focus being why she smoked cannabis.

We discovered Molly's mental health was very poor, and she sometimes felt isolated from her peers: she would get into arguments and often change peer friendship groups.

Molly accessed twenty-three one-one supports over fourteen months, all of which were very positive and engaging sessions. Drugs were not the main concern through these sessions, and it was established that Molly had smoked cannabis only occasionally. The main concern was her poor mental health, her inability to sustain peer friend groups and her sexualised behaviours.

Together we worked on building Molly's resilience and emotional wellbeing. There were some concerns around self-harming and signs of a potential eating disorder.

In terms of the potential eating disorder, we spoke about healthy meals and how not eating regular meals was potentially having an adverse effect on her heavy painful periods; she took this advice on board and started to go home for lunch as she disliked eating in front of large crowds. We also had our sessions over lunch occasionally, which enabled the worker to consider if there was something more concerning going on around food; thankfully this was a short lived concern.

Molly's mental health was a more pressing concern in terms of self-harm and her romantic/sexual relationships, and we worked on safety plans for her self-harming.

We explored healthy relationships and ways to become more resilient in life and how to deal with emotions appropriately. Molly worked hard on this, and she is progressively getting better in dealing with her emotions and putting herself first. We introduced Molly to the values booklet to help her better understand what kind of person she was and what she could work on herself to improve things.

When Molly exited the service she was doing really well; she had secured a part time job with a family member, and was making better informed choices in her relationships.

***names have been changed**