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# Item No: 9

Meeting Date: Wednesday 24<sup>th</sup> January 2024

# Glasgow City Integration Joint Board

- Report By: Jacqueline Kerr, Assistant Chief Officer (Adult Services)
- Contact: Gillian Ferguson, ADP Coordinator

Phone: 07770276127

#### Glasgow City Alcohol and Drug Partnership Strategy Refresh 2023-2026

|--|

| Background/Engagement: | The Scottish Government requires all ADPs to develop a local alcohol and drugs strategy to align local and national priorities, planning and investment. The Glasgow City ADP |
|------------------------|---|
|                        | Strategy Refresh 2023-2026 will align with both the   |
|                        | National Mission and the GCIJB Strategic Plan   |
|                        | timeframes.   |
|                        | All ADP partners contributed to the development of the  |
|                        | strategy. Consultation with people with lived and living  |
|                        | experience, families and carers has been embedded in the  |
|                        | partnership through the development of a reference group  |
|                        | structure.  |

| Governance Route: | The matters contained within this paper have been previously considered by the following group(s) as part of its development. |
|-------------------|---|
|                   | HSCP Senior Management Team   |
|                   | Council Corporate Management Team   |
|                   | Health Board Corporate Management Team  |
|                   | Council Committee   |
|                   | Update requested by IJB $\Box$  |
|                   | Other 🛛   |
|                   | Alcohol and Drug Partnership Strategic Group  |

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| Recommendations: | The Integration Joint Board is asked to:  |
|------------------|---|
|                  | a) approve the Glasgow City Alcohol and Drug<br>Partnership Strategy Refresh 2023-2026. |

#### **Relevance to Integration Joint Board Strategic Plan:**

The Glasgow City ADP Strategy Refresh aligns with the GCHSCP Strategic plan and vision. The ADP priorities contribute to all six of the Partnership priorities.

#### Implications for Health and Social Care Partnership:

| Reference to National Health & Wellbeing Outcome(s): | The proposed developments contribute to outcomes 1, 2,3,4,5, 6,7, 8 and 9   |
|--|---|
| Personnel:   | Recruitment and training across HSCP and third sector services will be required to deliver the strategic priorities.                      |
| Carers:  | Carers and families are key members of the Glasgow City<br>ADP. The identified priorities align with the Glasgow City<br>Carers Strategy. |
| Provider Organisations:                              | Third sector colleagues are key members of the Glasgow  |

| Provider Organisations: | Third sector colleagues are key members of the Glasgow         |
|-------------------------|--|
|                         | City ADP and their involvement is vital to the delivery of the |
|                         | priorities.  |

| Equalities: | An assessment of the impact of the ADP Strategy             |
|-------------|---|
|             | Refresh on protected characteristics has been carried out   |
|             | as part of the development of the strategy                  |
|             | https://glasgowcity.hscp.scot/publication/eqia-alcohol-and- |
|             | drug-partnership-strategy-2023-2026                         |

| Fairer Scotland Compliance: | The strategy refresh sets out the activity the ADP will carry |
|-----------------------------|---|
|                             | out, which will contribute to alleviation of the impact of    |
|                             | socio-economic disadvantage experienced by some within        |
|                             | the city.   |

| Financial: None. |
|------------------|
|------------------|

| Legal: | The planned implementation of the Safer Drug<br>Consumption Facility requires a statement of prosecution<br>from the Lord Advocate. Work is underway to meet the<br>requirements of the Lord Advocate as detailed in<br><u>https://glasgowcity.hscp.scot/publication/item-no-07-</u> |
|--------|--|
|        | implementation-safer-drug-consumption-facility   |

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| Economic Impact: | The strategic priorities and planned activity will have a |
|------------------|---|
|                  | positive economic impact, reducing harms to communities,  |
|                  | encouraging people into recovery and employment.          |

| Sustainability:             | None. |
|-----------------------------|-------|
| Sustainable Procurement and | None. |
| Article 19:                 | None. |

| Risk Implications: | The national public health crisis of drug related deaths is    |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|
|                    | an ongoing national priority. The priorities identified in the |  |  |  |  |  |
|                    | ADP strategy have been developed to reduce harm and            |  |  |  |  |  |
|                    | mitigate risk of death wherever possible.                      |  |  |  |  |  |

| Implications for Glasgow City Council: | None. |
|--|-------|
|  |       |

| Implications for NHS Greater<br>Glasgow & Clyde: | None. |
|--|-------|
|--|-------|

| Direction Required to Council, Health Board or Both     |             |  |  |
|---|-------------|--|--|
| Direction to:   |             |  |  |
| 1. No Direction Required                                | $\boxtimes$ |  |  |
| 2. Glasgow City Council                                 |             |  |  |
| 3. NHS Greater Glasgow & Clyde                          |             |  |  |
| 4. Glasgow City Council and NHS Greater Glasgow & Clyde |             |  |  |

#### 1. Purpose

1.1. To advise of and seek approval from the Integration Joint Board (IJB) for the Glasgow City Alcohol and Drug Partnership's (ADP) Strategy Refresh covering the period 2023-2026 (see Appendix 1).

#### 2. Background

- 2.1. The Scottish Government requires all ADPs to develop a local alcohol and drugs strategy to align local and national priorities, planning and investment. The Glasgow City ADP strategy refresh 2023-2026 will align with both the National Mission and the GCHSCP Strategic Plan timeframes.
- 2.2. The <u>National Mission</u> to reduce drug deaths and improve lives was launched in 2021 and a series of significant national workstreams have followed, including the implementation of the Medication Assisted Treatment Standards, residential rehabilitation developments and the non-fatal overdose pathways. These national requirements have driven the activity of the ADP and its partners.

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- 2.3. Whilst the majority of these national workstreams have aligned with the ADP Strategic priorities of the previous strategy 2020-2023, it was agreed that the National Mission will continue to drive the local work and therefore a Strategy Refresh, rather than rewrite, was most useful to the partnership.
- 2.4. All ADP partners contributed to the development of the strategy refresh via the subgroup structure, online events and in person events. Consultation with people with lived and living experience, families and carers has been embedded in the Partnership through the development of a reference group structure. These groups allow families, women and people with lived and living experience of drug/alcohol problems to engage in the ADP agenda, learning about the work, contributing to decisions and identifying gaps.

#### 3. Vision and Aims

- 3.1 Our vision is for the people of Glasgow to live free from the harms of alcohol and drugs.
- 3.2 We aim to:
  - Improve the quality of life for people suffering harm through alcohol and drug use
  - Intervene as early as possible to prevent alcohol and drug problems
  - Tackle stigma and health inequalities for those affected by alcohol and drug use
  - Reduce the harms caused by alcohol and drugs
  - Ensure a flexible, agile and effective response to emerging trends in alcohol and drug use.
- 3.3 We have developed a series of objectives that will deliver activity for both the National Mission priorities and our local aims, and we will maintain a delivery plan to monitor activity and share progress.
- 3.4 Whilst we await national indicators from the Scottish Government, the ADP will continue to develop quarterly, high level, infographic performance slides illustrating local activity from the range of partners, contributing towards national priorities.

#### 4. Recommendations

- 4.1. The Integration Joint Board is asked to:
  - a) approve the Glasgow City Alcohol and Drug Partnership Strategy Refresh 2023-2026.

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Appendix 1





# GLASGOW CITY ALCOHOL AND DRUG PARTNERSHIP STRATEGY REFRESH 2023- 2026



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Our vision is for the people of Glasgow to live free from the harms of alcohol and drugs.

# **Our Aims**

We aim to:

- Improve the quality of life for people suffering harm through alcohol and drug use.
- Intervene as early as possible to prevent alcohol and drug problems.
- Tackle stigma and health inequalities for those affected by alcohol and drug use.
- Reduce the harms caused by alcohol and drugs.
- Ensure a flexible, agile and effective response to emerging trends in alcohol and drug use.



Stock images used throughout, posed by models.

# Strategy Refresh

The Scottish Government requires all ADPs to develop a local alcohol and drugs strategy to align local and national priorities, planning and investment. **The National Mission Plan 2022**<sup>1</sup>, which as of 2023 includes an alcohol focus, runs until 2026. This Glasgow City ADP strategy refresh will align with this timeframe and the ambitious program of priorities that will improve the quality of life for people, families and communities in the city.

# **Glasgow City Population and Needs Profile**

Glasgow City has a population of 635,640 <sup>2</sup> and is the largest Health and Social Care Partnership area in Scotland, a city with wide and diverse social care needs.

- 19.3% of the Glasgow population (122,000) live in an income deprived area <sup>2</sup>
- Life expectancy is lower in Glasgow than the Scottish average <sup>2</sup>
  - Males 73.1 years (Scottish average is 76.8 years)
  - Females 78.3 years (Scottish average is 81 years)
- Over a fifth (21%) of adults are estimated to drink harmful levels of alcohol <sup>2</sup>
- Glasgow has more than 18,000 people (estimate) who use drugs problematically (3.4% of the city, compared to 2% national average)<sup>2</sup>
- In 2022 196 people died of a drug related death <sup>3</sup>
- In 2022 202 people died of an alcohol specific death <sup>4</sup>

All of these challenges will inform the ADP planning and development over the life of this strategy.



# The Glasgow City Alcohol and Drug Partnership

The Glasgow City Alcohol and Drug Partnership (GCADP) was established in 2010 by the Scottish Government and tasked with tackling alcohol and drug issues for the individuals, families and communities of Glasgow through partnership working.

It became the strategic planning group for addiction of the Glasgow City Health and Social Care Partnership (GCHSCP) in 2016.

Organisational membership includes Glasgow City Council, NHS Greater Glasgow and Clyde (NHSGGC), Police Scotland, lived experience representatives, carers' representatives and voluntary sector representatives.

A schematic diagram of the ADP can be found at Appendix I

The ADP will continue to develop shared arrangements to support the



delivery of common priorities with stakeholders reflecting and incorporating local and national strategic frameworks and service arrangements, including;

#### National Priorities and Frameworks

Rights Respect Recovery 2018 <sup>5</sup>

The Alcohol Framework 2018 <sup>6</sup>

Partnership Delivery Framework 2019<sup>7</sup>

Scotland's Public Health Priorities 2018 <sup>8</sup>

Creating Hope Together (Suicide Prevention) 2022 - 2032 <sup>9</sup>

UN Convention on the Rights of the Child <sup>30</sup>

Drug and Alcohol Services - Improving Holistic Family Support  $^{\rm 31}$ 

#### Local Priorities and Frameworks

Glasgow City HSCP Strategic Plan 2023-26<sup>10</sup>

Glasgow City Carers Strategy 2022-25<sup>11</sup>

Community Justice Outcomes Improvement Plan 2018-23<sup>12</sup>

Children and Young People's Integrated Service Plan<sup>13</sup> Family Support Strategy<sup>14</sup>

Glasgow HSCP Rapid Rehousing Transition Plan<sup>15</sup>

NHS Greater Glasgow and Clyde Mental Health Strategy <sup>16</sup>

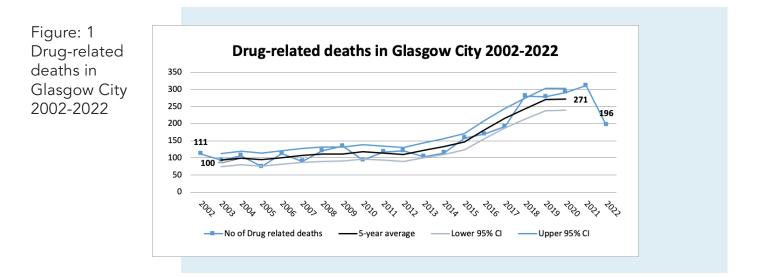
Police Scotland Greater Glasgow Division Local Policing Plan 2023-26  $^{\rm 17}$ 

NHS Greater Glasgow and Clyde Drug Harms Framework<sup>18</sup> Public Health Strategy, Changing the Tide<sup>19</sup> Glasgow Begging Strategy<sup>32</sup>

# **Drug Related Deaths**

Drug-related deaths have been and remain a significant public health concern across Scotland, in Glasgow City, and are a Public Health priority for NHSGGC, Police Scotland and all ADP partners. Police Scotland's G Division Local Policing Plan <sup>17</sup>, and the NHSGGC Drug Harms Prevention Framework <sup>18</sup> are examples of the focus being given to preventing DRD's and working in partnership to explore different approaches to reducing drug and alcohol harms and deaths.

In Glasgow City and elsewhere, drug-related deaths are strongly linked to deprivation. Approximately 78.6% of drug related deaths in NHSGGC in 2021 were among those living in areas of greatest deprivation (SIMD 1) <sup>3</sup>. Poverty and deprivation are the most significant drivers of the drug related deaths crisis in the city <sup>3</sup>.



The graph above indicates a substantial (37%) decrease in the number of drug-related deaths in Glasgow City, the first observed since 2013 <sup>3</sup>.

Glasgow City has a large number of deaths in comparison to other smaller local authorities. Understanding the prevalence rate of substance use in the community, scanning for emerging trends, collecting and analysing data is a significant challenge, but essential for the GCADP to respond most effectively.

Developing an effective method of reviewing all drug deaths ensuring consistent standards of analysis across Scotland is an area that is being looked at nationally <sup>20</sup> and GCADP will work to ensure that our structures are able to meet the required demands.



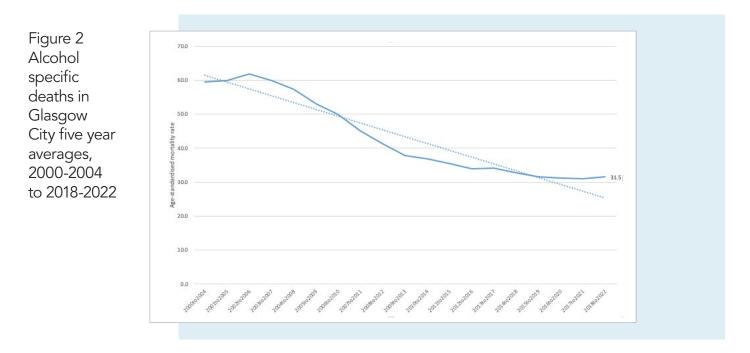
## Safer Drug Consumption Pilot

On 11th September 2023, the Lord Advocate made an announcement that it would not be in the public interest for people using a pilot Safer Drug Consumption room to face prosecution for possession within the facility. Glasgow City HSCP welcomes the position from the Lord Advocate and the positive response on plans for a Safer Drug Consumption Facility to operate in Glasgow. A large body of evidence already exists from around the world which demonstrates that Safer Drug Consumption Facilities can save lives, as well as reducing the spread of bloodborne viruses and cutting levels of publicly discarded injecting equipment.

# **Alcohol Specific Deaths**

Glasgow City has the second highest local authority age-standardised mortality rate in Scotland at 31.5 per 100,000 population (Inverclyde has the highest at 32.8 per 100,000) <sup>4</sup>

The profile of those who die of an alcohol specific death in Glasgow City remains largely male (over 70%) and disproportionally affects those in the most deprived areas of Scotland, NHS GG&C and the city. The greatest number of deaths are due to alcohol related liver disease <sup>4</sup>.



Treatment and care initiatives need to be increasingly creative in engaging people who are drinking to harmful levels. The public health approach adopted by partners, including Police Scotland <sup>17</sup> and NHSGGC <sup>18</sup> is also key to reducing alcohol harm by addressing licensing over provision and Minimum Unit Pricing.

GCADP was early in identifying the need to routinely review alcohol specific deaths and use the analysis to inform our strategic responses. GCADP will continue to contribute to the national work seeking a consistent standard of analysis across Scotland.

## Communications

The Glasgow City ADP Strategy 2020-2023 <sup>22</sup> highlighted the importance of developing a Communications Strategy for the city.

The complex nature of alcohol and drug problems in the city requires partners to share information, collaborate, support and join forces. Unfortunately, information often shared online and in the media is incorrect or includes language that perpetuates the stigmatisation of people who use alcohol and drugs and treatment and care services, creating further barriers to accessing support.

Our communications vision is:

Glasgow City Alcohol and Drug Partnership will encourage constructive communication with the aim of increasing the awareness and visibility of our services, tackling the stigma felt by service users and families and promoting the success of recovery communities.

#### **Communications Objectives**

We have developed a set of communications objectives to describe what we are seeking to achieve in our communications. We will use communications to:

- Raise awareness of the partnership working and initiatives across Glasgow City to tackle the harms caused by alcohol and drug use, including prevention and education initiatives, harm reduction interventions and recovery communities.
- Promote new support services for individuals and their families.
- Provide accurate information to services provided by partner organisations to potential service users, their families and loved ones.
- Share the success of services and individuals in Glasgow City, particularly the outcomes of the Recovery Communities.
- Share significant policy developments and funding opportunities.
- Work with partners to share and promote campaigns to ensure the greatest opportunity for wider engagement.
- Challenge any stigmatising language used across mainstream media, promoting a compassionate response to substance use disorder issues and championing a public health approach.

# **Changing Landscape**

Although only 3 years old, the GCADP Strategy 2020-2023 <sup>22</sup> covered a period of global, national and local change; changes in policies and strategies of governments, the changing digital world, Brexit, the COVID-19 pandemic, increasing focus on climate change, the draw of the city from across Scotland and beyond, the changing population profile and the cost of living crisis. All these elements and more have impacted on, and will continue to impact on, the health and wellbeing of the population of Glasgow.

The life expectancy of the people of Glasgow continues to be lower than the average for Scotland with those in the most deprived areas suffering the shortest life expectancy <sup>2</sup>. There is significant concern that post-pandemic, the current cost of living crisis and budget cuts across public services will lead to further detriment to people's health and wellbeing.

In 2022, approximately 79% of drug related deaths in Glasgow City were among those living in areas of greatest deprivation (Scottish Index of Multiple Deprivation rank 1) <sup>3</sup>.

# **Drug and Alcohol Trends**

Remaining vigilant to new and emerging trends in alcohol and drug use is key to informing our strategic responses. Local health intelligence from our partners in all front facing services allows the GCADP to proactively plan for new harms associated with changing patterns of behaviour.

Our local Drug trend Monitoring Group will work closely with the new Public Health Scotland RADAR project and ensure that the Alert system is used appropriately and backed up with harm reduction information that will support front facing staff.

The well documented dangers of synthetic opioids are of significant concern, and we will continue to work closely with Scottish Police Authority forensic toxicology partners to ensure that colleagues receive the correct and timely information to mitigate harms.







# Scottish Government Call for UK Drug Law Reform

#### <sup>4</sup><u>A Caring, Compassionate and Human Rights</u> Informed Drug Policy for Scotland' was

published by the Scottish Government in July 2023. This paper <sup>23</sup> argues that the reform of the UK's drug laws offers an opportunity to contribute to a public health approach. It summarises how drug laws can affect drug harms and calls for immediate legislative changes to support harm reduction measures. The report argues for decriminalisation for possession of personal supply and examines the opportunities for a future debate on strict regulated markets.

## Homelessness

The modification of the local connection power within the Housing (Scotland) Act 1987, which came into force in November 2022, will likely place increased pressures on GCHSCP homelessness services. The removal of the local connection power means that the local authority has a duty to secure settled accommodation for any unintentionally homeless household. This change will place additional pressure on homelessness services and the additional support services required to meet the needs of a complex population with multiple disadvantages, including alcohol and drug use.

The HSCP continues to engage with the Scottish Government to highlight and seek additional support to reflect the impact of the policy change.

## **Global Partners**

Glasgow City has been invited to lead on work with the Global Commission on Drug Policy in developing a Cities Initiative that will assist in influencing global drug policy. This will align with our membership of the Eurocities Working Group on substance abuse prevention and our participation in the sharing and learning from harm reduction and prevention activity across Europe.

# **Reference Group Structure**

Ensuring the voices of lived experience are heard and included is a key priority for the National Mission and Glasgow City ADP.

Glasgow City ADP actively supports the work of the **National Collaborative**<sup>24</sup> to integrate human rights into drug and alcohol policy development, implementation, monitoring and evaluation. The national development of a Charter of Rights for people affected by substance use will set out how the new Human Rights Bill can be effectively implemented to improve the lives of people affected by drugs and / or alcohol. The GCADP Reference Groups are key partners in the National Collaborative Network.

Glasgow City ADP has developed 4 unique Reference Groups with membership from across Glasgow City partners including the Recovery Communities, family support groups, kinship care groups, the City Centre Engagement Group, statutory services and third sector services. They consist of

- ADP Lived & Living Experience Reference Group (mixed).
- ADP Women's Lived & Living Experience Reference Group.
- ADP Families Reference Group.
- ADP Staff Reference Group.

The groups have developed over the last 3 years to allow people to learn, participate and contribute to the work of the GCADP, by giving the time and space to discuss and debate constructively with one another and keys leads from across the system. It is acknowledged that their experience and knowledge base is invaluable in strategic and policy making decisions and the GCADP will continue to maximise their input.

The Reference Groups are supported by the GCADP Support team and report directly to both the ADP Strategic Group meetings & Glasgow Alcohol & Drug Recovery Service Senior Management Team.



## **Treatment and Care**

Glasgow City ADP is committed to developing treatment and care services that meet the needs of the local community.

The review of Glasgow Alcohol and Drug Recovery services (GADRS) made a number of recommendations, and these are being progressed in consultation with front facing staff, service users and their families.

The Medication Assisted Treatment Standards outline the standards of care expected from services when supporting someone with an opiate problem. Glasgow City has implemented Standards 1-5 and will continue to work on the implementation plan for standards 6-10 <sup>25</sup>

The Public Health Scotland annual benchmarking report can be found here:

<u>National benchmarking MAT report 22/23</u><sup>26</sup>. There is an acknowledged need to respond with the same standard of care regardless of substance used, and GCADP is hopeful that the Scottish Government will support the implementation of such standards with the required investment.

#### **Third Sector Investment**

In 2021 the Scottish Government announced an additional £50 million per year in funds to support the **National Mission**<sup>1</sup> to tackle drug-related deaths.

£65 million has been awarded through the Corra Foundation across Scotland over the duration of the National Mission to support third sector and grassroots organisations **www.gov.scot**<sup>27</sup>

Glasgow City ADP supports the coordination of services awarded National Mission funding through Corra in the city <sup>28</sup>. Partnership applications from organisations looking to provide services that meet outstanding needs in the city are encouraged. The GCADP works to ensure the joint working of successful applications to avoid duplication



and endeavours to add value to any new investment in the city. All new projects are invited to take part in Glasgow City's Recovery Orientated System of Care events where they can network, share and learn.

Glasgow City ADP will continue to work closely with the Voluntary Sector Drug and Alcohol Agencies (VSDAA) group <sup>29</sup>, a forum for third sector purchased services in the city. VSDAA membership is threaded throughout the GCADP subgroup structure, giving the voluntary sector a significant voice in strategic planning.

# **ADP Intelligence Hub**

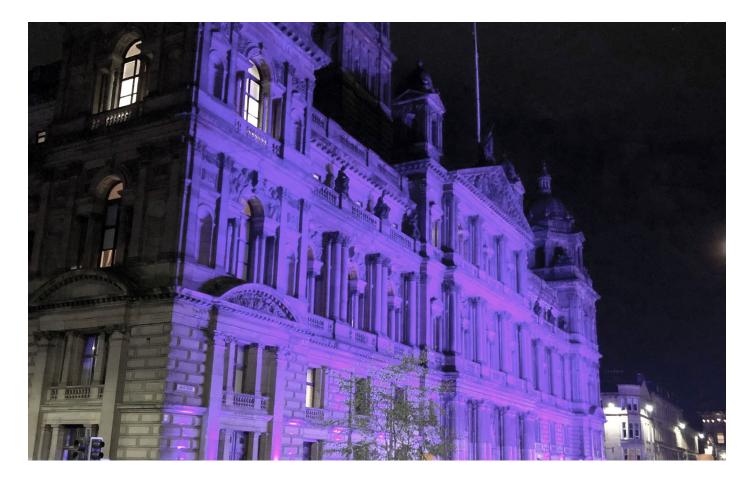
Developing our understanding of the difficulties faced by vulnerable groups in their communities is a challenge that the city is seeking to tackle using public health surveillance. Partnership data sharing agreements will allow analytical tools to be developed that will assist GCADP in gaining a clearer understanding of how individuals navigate a complex and ever-changing landscape of services and barriers to engagement.

Identifying emerging trends in the drug market, health implications and responses, and building connectivity between statutory and third sector partners is vital to reducing and preventing death or serious harm from substance use issues.

We will seek to broaden on our Intelligence Hub work to expand the comprehensive public health surveillance tool and better understand the changing landscape of alcohol and drug harms and deaths across Glasgow.

## Pathways to mental health support

GCADP is working with Health Improvement Scotland to address the longstanding need for mental health services, substance use services and social services to work jointly in a holistic manner to improve access to care for those with co-occurring mental health conditions and substance use problems. This work will result in improved access, quality of support and outcomes for individuals and their families



# **Performance Monitoring**

In June 2022, the Scottish Government shared the new National Mission <sup>1</sup> outcomes framework Appendix II. There are a number of wide-ranging activities across the city designed to contribute to national and local outcomes, delivered by statutory and third sector ADP partners. The scale of the activity and complexity of the outcomes cannot be fully represented by a standard performance report. Whilst we await national indicators from the Scottish Government (expected late 2023) an ongoing, quarterly mapping of activity illustrating the six priority areas of the National Mission, their outcomes, local indicators and local performance has been developed. These are high-level infographics designed to be easily and quickly understood.

# National And Local Priorities

Whilst the National Mission <sup>1</sup> priorities are clear and focused on delivering the vision 'Reduce deaths and improve lives', the ADP has engaged in a local consultation process with key stakeholders to ensure that local priorities are captured in our plans.

A series of inclusive events have been coordinated over 2022/23 capturing the local intelligence and expertise of our communities and colleagues. We have aligned Glasgow City ADP's aims with the National Mission- **Figure 3** 



# Lived experience at the heart

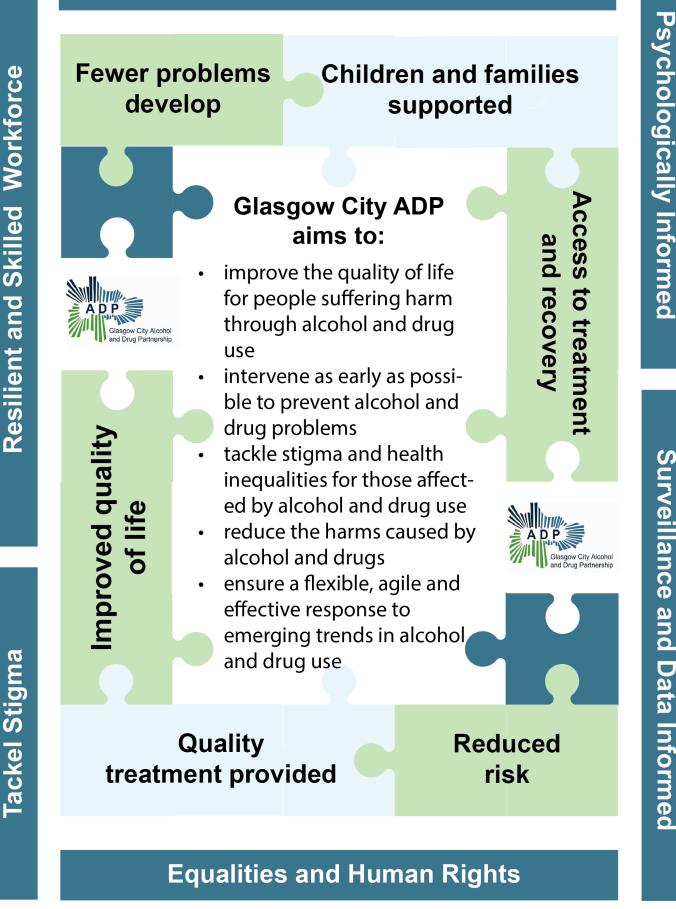


Figure 3 – Glasgow City ADP Aims, National Mission alignment and cross cutting themes

# The National Mission Vision - Reduce Deaths and Improve Lives

| National Mission Cross<br>Cutting Priority | Glasgow City ADP Objectives   |  |
|--|---|--|
| Lived experience at the heart              | Develop and sustain LLE Mixed Reference group   |  |
|  | Develop and sustain LLE Women's ref group   |  |
|  | Develop Families Ref group  |  |
|  | Grow engagement with people who are using drugs and alcohol   |  |
| Equalities and human rights                | Engage with the National Collaborative and align development with the Human Rights bill   |  |
|  | Develop work with specific populations to identify<br>opportunities for prevention activity, barriers and challenges to<br>engaging with support services and mitigations |  |
|  | Apply a gendered lens to our planning and developments,<br>acknowledging the additional barriers to engagement and<br>stigma for women                                    |  |
|  | Work with fora across Glasgow City and Scotland, supporting regenerative programmes tackling the challenge of poverty and deprivation driving drug and alcohol harms      |  |
| Tackle stigma                              | Develop stigma action plan with colleagues across NHSGGC  |  |
|  | Develop Glasgow City stigma programme with the LLE<br>Women's Reference group   |  |
|  | Deliver ADP Communications strategic priorities   |  |
| Surveillance and data informed             | Develop and share the work of the ADP Intelligence Hub  |  |
|  | Develop robust incident management and alerts process   |  |
| Resilient and skilled workforce            | Develop and sustain the ADP Staff Reference group   |  |
|  | Grow the training opportunities for front facing staff  |  |
|  | Develop staff opportunities to engage with the wider ADP agenda   |  |
| Psychologically informed                   | Trauma trained workforce  |  |
|  | Psychologically supported work force  |  |

| National Mission<br>Priorities                                    | GCADP's Aims  | Glasgow City ADP Objectives   |  |
|---|---|---|--|
| Fewer people develop<br>problem alcohol and<br>drug use           | Intervene as early as<br>possible to prevent<br>alcohol and drug<br>problems                        | Grow our work supporting young children in families affected by alcohol / drug use              |  |
|   |   | Develop a service for young people that<br>enhances the Whole Families Approach for<br>the city |  |
|   |   | Align developments with the Carers strategy, with focus on support for young carers             |  |
|   |   | Challenge the culture of alcohol and drug use norms   |  |
| People receive high<br>quality treatment and<br>recovery services | Improve the quality<br>of life for people<br>suffering harm<br>through alcohol and<br>drug use      | Embed MAT 1-5 and implement MAT 6-10  |  |
|   |   | Deliver recommendations of the GADRS review   |  |
|   | Ensure a flexible, agile<br>and effective response<br>to emerging trends in<br>alcohol and drug use | Grow connections into independent advocacy support  |  |
|   |   | Develop pathways between prison, justice, treatment and recovery support                        |  |
|   |   | Develop BBV testing and treatment processes that encourage uptake                               |  |
|   |   | Develop pathways with Primary Care colleagues that supports treatment and recovery developments |  |
|   |   | Develop and improve pathways to residential services  |  |
| Children, families and communities affected                       | Intervene as early as<br>possible to prevent  | Develop pilot models for innovative harm reduction services                                     |  |
| by substance use are supported                                    | alcohol and drug<br>problems  | Develop harm reduction responses using local public health intelligence                         |  |

| National Mission<br>Cross Cutting Priority   |   | Glasgow City ADP Objectives  |  |  |
|--|---|--|--|--|
| People at most<br>risk have access<br>to treatment and<br>recovery                   | Reduce the harms<br>caused by alcohol and<br>drugs  | Ensure that people with alcohol problems<br>receive the same standard of care as those<br>with drug problems   |  |  |
|  | Tackle stigma and<br>health inequalities<br>for those affected by<br>alcohol and drug use | Monitor new referrals into treatment   |  |  |
|  |   | Embed MAT 1-5 and implement MAT 6-10   |  |  |
|  |   | Ensure specific populations are supported to navigate barriers and engage with services  |  |  |
| Quality of life is<br>improved for people<br>who experience<br>multiple disadvantage | Reduce the harms<br>caused by alcohol and<br>drugs  | Develop low threshold pathways through<br>harm reduction support to treatment and<br>recovery  |  |  |
|  |   | Support the Complex Needs Service to<br>deliver treatment and support to those<br>with multiple disadvantages and develop<br>pathways to and from treatment and care<br>services |  |  |
|  |   | Intervene as early as possible to prevent alcohol and drug problems  |  |  |
|  |   | Work with Mental Health services to identify opportunities to improve pathways to and from treatment and care services   |  |  |
|  |   | Work with Justice services to identify opportunities to improve pathways to and from treatment and care services   |  |  |

# **Delivery Plan**

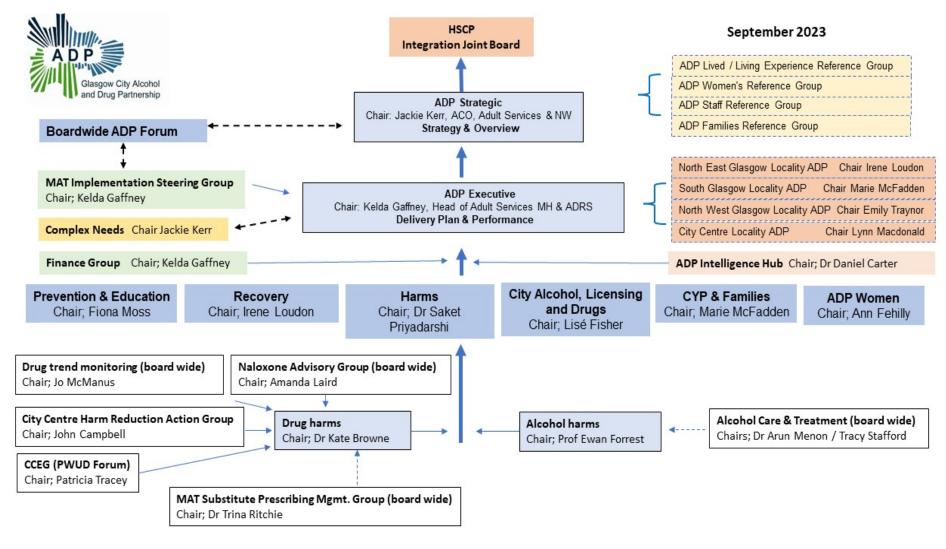
A local delivery plan accompanies the ADP Strategy 2023-2026 and is a living document that will allow us to monitor activity, update developments and share progress towards achieving the local objectives.

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# Appendix 1



OFFICIAL

# Appendix 2

Cross-Cutting Priorities

#### **Reduce Deaths** and Improve Lives

|                                      | 01   | 02  | 03  | 04  | 05  | 06   |
|--------------------------------------|--|---|---|---|---|--|
| Lived<br>Experience<br>at the Heart  | Fewer people<br>develop<br>problem                         | Risk is reduced<br>for people who<br>take harmful   | People at<br>most risk<br>have access to  | People receive<br>high quality<br>treatment   | Quality of life<br>is improved<br>by addressing   | Children,<br>families and<br>communities   |
| Equalities<br>and Human<br>Rights    | drug use   | drug use drugs treatment and recovery   | and recovery<br>services  | multiple<br>disadvantages   | affected by<br>substance use<br>are supported   |  |
| Tackle<br>Stigma                     | people receive are<br>evidence fro<br>based, effective fat | <ul> <li>are prevented<br/>from becoming<br/>fatal</li> <li>b) All people<br/>are offered<br/>evidence based<br/>harm reduction<br/>and advice</li> <li>b) All people<br/>are offered<br/>evidence based<br/>harm reduction<br/>and advice</li> </ul> | a) People at<br>high risk are<br>proactively<br>identified and<br>offered support | a) People are<br>supported to<br>make informed<br>decisions about<br>treatment<br>options                                   | a) All needs<br>are addressed<br>through joined<br>up, person<br>centred<br>services  | a) Family<br>members are<br>empowered to<br>support their<br>loved one's<br>recovery |
| Surveillance<br>and Data<br>Informed | to prevent<br>problem drug<br>use                          |   | <b>b)</b> Effective<br>pathways<br>between justice<br>and community               | <b>b)</b> Residential rehabilitation is available for all   | <b>b)</b> Wider health<br>and social<br>care needs  | <b>b)</b> Family<br>members are<br>supported to                                      |
| Resilient                            | <b>b)</b> People have early access                         |   | services are established  | those who will<br>benefit   | are addressed<br>through<br>informed,<br>compassionate<br>services<br><b>c)</b> Advocacy<br>is available<br>to empower<br>individuals | achieve their<br>own recovery  |
| and Skilled<br>Workforce             | to support<br>for emerging<br>problem drug<br>use          |   | c) Effective<br>bblem drugc) Effective<br>Near-Fatalc) People are<br>supported    | supported   |   | <b>c)</b> Communities<br>are resilient<br>and supportive                             |
| Psychologically<br>Informed          | <b>c)</b> Supply of<br>harmful drugs<br>is reduced         |   | Pathways are<br>established<br>across Scotland                                    | treatment for<br>as long as<br>requested  |   |  |
|                                      | IS reduced   |   |   | d) People<br>have the<br>option to start<br>medication-<br>assisted<br>treatment from<br>the same day<br>of presentation    | Inuividuais   |  |
|                                      |  |   |   | e) People<br>have access to<br>high standard,<br>evidence<br>based,<br>compassionate<br>and quality<br>assured<br>treatment |   |  |

options