

# Strategy Engagement

The aim of this survey is to gather comments on the proposed priorities for Dumfries and Galloway's Alcohol and Drug Strategy 2023-2026

There are 7 sections in this survey available for comment, many of which relate to the National Drugs and Alcohol strategy, Rights, Respect, Recovery and the National Mission priorities.

1. Role and Governance of ADP
2. Context and Challenges
3. Local Priorities
4. Values and Principles
5. Prevention and Targeted Early Intervention
6. Developing Recovery Oriented Systems of Care (ROSCs)
7. Public Health Approach to Justice

Following completion of the strategy, an action plan will be developed annually, to ensure progress is made against the priorities

The survey should take around 10 minutes to complete.

Closing date: 28th of February 2023

Your responses are completely anonymous.

If you have any questions about the survey or The Alcohol and Drug Partnership (ADP) Strategy, please email: [dg.adp@nhs.scot](mailto:dg.adp@nhs.scot)

**\*Required**

1. Are you \*

*Mark only one oval.*

- Family Member
- Person with Lived/Living experience
- Staff member working in drug and alcohol service
- Third Sector Staff member ( non drug and alcohol specific service)
- Statutory organisation member ( non drug and alcohol - NHS, Council, Police etc)
- Other: \_\_\_\_\_

## Role and Governance of ADP

The overarching aim of the ADP is to drive forward the alcohol and drugs agenda through the planning, design, commissioning of services and prevention initiatives that help to reduce the harm from alcohol and drugs.

The purpose of DGADP is therefore to achieve improved outcomes for individuals, families and communities.

It is the role of DGADP to:

- Implement an alcohol and drugs strategy informed by local voices
- Reduce inequality and harm via activity ranging from prevention through to recovery
- Deliver quality services that support recovery and involve people and families with personal experience of drug and alcohol problems and people currently using relevant services
- Direct funding towards agreed priorities, working within local commissioning frameworks
- Regularly report on performance and measure progress against a set of indicators

DGADP is accountable nationally to the Scottish Government and locally to the Integrated Joint Board (IJB), Community Planning Partnership and the Chief Officers Group - Public Protection by way of the [Partnership Delivery Framework](#)

### What we will do:

- **Implement the Scottish Governments [Partnership Delivery Framework](#)**
- **Develop a Risk Framework**
- **Develop a Strategic Risk Register**
- **Have identified roles and responsibilities for ADP members**
- **Support and Development for ADP members.**
- **Review the role of Sub Groups and Working Groups annually**
- **Complete an annual ADP Self Assessment.**

2. Do you have any comments or suggestions on what the Alcohol and Drug Partnership (ADP) will do regarding the Role and Governance for the ADP?

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**Context  
and  
Challenges**

There are a number of key challenges which Dumfries and Galloway and Scotland face today, many are interconnected and underpinned by the same socio-economic and demographic challenges. We have identified four challenges: drug deaths, poverty and the cost of living crisis, residential rehabilitation and increase in alcohol referrals into services.

**Drug Deaths**

Key challenge: engaging with drug users not in services to provide them with harm reduction messaging and resources such as Naloxone.

**Poverty and the Cost of Living Crisis**

Poverty impacts on every aspect of people's lives and life chances. The cost of living crisis has further exacerbated this, resulting in many more individuals and families living in or at risk of poverty.

**Residential Rehabilitation**

The referral pathway to residential rehabilitation requires to be clear, consistent and easy to navigate. Through Dumfries and Galloway's pathway, we are seeking to achieve the following aims:

- increased access to residential rehabilitation through ADP funding
- people feel more supported and have more choice in their treatment journey
- services are connected (e.g. NHS, third sector, housing, justice social work...) offering robust and person centred support

**Increase in Alcohol Referrals into Services**

Recently a significant increase in alcohol referrals has been noted across statutory and Third Sector drug and alcohol service providers.

3. What other challenges do you think there are around drugs and alcohol in Dumfries and Galloway?

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### **Drug Related Deaths**

Drug deaths have risen substantially in Dumfries and Galloway over the last few years in line with national trends. Each death has an impact on family members and friends and local communities. Long term problem drug use combined with often considerable mental health problems, housing issues and experience of social deprivation can lead to significant health problems and support needs.

### **Communication**

Communication has been identified as a priority by staff, people with lived/living experience and community members. It was also identified that communication was needed around purpose and goals of the ADP and what was happening nationally and the accessibility of local reports and documents.

### **Lived and Living Experience**

Lived/Living Experience is a key driver for change. The insights of people with lived/living experience is extremely valuable in many aspects of drug and alcohol issues. Their voices can be a catalyst for change around areas such as prevention, service improvement, strategy development and reducing drug deaths.

## **Local Priorities 1**

#### **What we will do:**

- **Work with key partners to raise awareness of the links between drug deaths, deprivation and inequalities.**
- **Support bereaved families including specific help for children and young people affected by a drug related death**
- **Increase Naloxone provision across Dumfries and Galloway.**
- **Raise overdose awareness risk through Social Media and other communication platforms.**
- **Develop a communications strategy**
- **Host ADP development days, encouraging engagement from a range of stakeholders including services, service users and families.**

- **Establish lived/living experience partners.**

4. Do you have any comments or suggestions on what the Alcohol and Drug Partnership (ADP) will do regarding local priorities 1?

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### **Workforce Development**

ADPs have to ensure that services are of high quality and meet quality standards in service delivery. It is recognised that those working with people who use alcohol and drugs need to have the knowledge and skills to ensure they meet the needs of their clients.

### **Prevention and Targeted Early Intervention**

Prevention and Early Intervention aims to reduce the number of people developing alcohol and/or drug problems. Much of this is aimed at educating young people in school, but it also includes addressing inequalities, discrimination and stigma, which are often barriers for people not to engage in community services and activities.

### **Whole Family Approach**

Whole Family Approaches build on the strengths within families which is essential to the wellbeing of children and adults affected by someone else's alcohol and/or drug use. The impact of alcohol and drug use on family members can be vast and these family members may be that persons only support, so it is vital that the entire family is included in treatment and recovery. Outcomes for each family member improves when the family is treated as a whole.

## **Local Priorities 2**

#### **What we will do:**

- **Facilitate Practitioner Forums to allow staff to discuss issues relevant to their working practice.**
- **Promote and support joint training between ADP partner organisations and agencies to**

**ensure the workforce has opportunities to develop knowledge and skills.**

- **Increase the focus on prevention, education and early intervention**
- **Ensure Services apply a whole family approach to treatment and recovery**

5. Do you have any comments or suggestions on what the Alcohol and Drug Partnership (ADP) will do regarding local priorities 2?

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## Values and Principles

DGADP's values and principles provide the foundations for partnership working and they describe the beliefs, ideals and priorities that all partners are committed and signed up to. They are the foundations that DGADP builds on to achieve its vision for Dumfries and Galloway communities and provides the basis for guiding all partnership activity. The values and principles are not set out in any particular order, but illustrate what partners have in common with each other with particular applications or combinations being weighted more toward the remit of certain agencies. To view all the values and principles please click here: [Values and Principles](#)

Two key areas of this are: tackling stigma and people first language.

### **Tackling Stigma:**

Viewing problem drug and alcohol use similarly to other health issues will help to address prejudice and marginalisation. Challenging discriminatory attitudes and practices is essential for building equality and tackling inequality.

### **People First Language:**

To tackle stigma, DGADP encourages the use of 'People First' language; language that focuses first on the person, not the behaviour (e.g. people who use drugs). People First language reminds us to be compassionate and that we are talking about human beings. People with Rights, who deserve Respect, and should be supported in their Recovery.

6. Do you have any comments or suggestions on what the Alcohol and Drug Partnership (ADP) will do regarding values and principles?

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**Prevention  
and  
Targeted  
Early  
Intervention**

Alcohol and drugs continue to cause significant harm to individuals and communities in Dumfries and Galloway.

DGADP's approach to prevention and early intervention seeks to reduce the impact of drug and alcohol use on the local population, as well as the impact on families, children and young people. It also aims to support children and young people most at risk of developing drug and alcohol problems, ensuring that there is a consistent and measurable approach to education and prevention activity.

**What we will do:**

- **Highlight interventions with specific individuals, groups, families or communities who are more likely to develop drug use or dependence**
- **Raise drug and alcohol education and awareness**
- **An Alcohol Death Review Group will be formed, in partnership with key stakeholders.**
- **Work with key stakeholders around licensing issues and overprovision.**
- **Review the delivery of Alcohol Brief Interventions (ABIs)**

7. Do you have any comments or suggestions on what the Alcohol and Drug Partnership (ADP) will do regarding prevention and targeted early intervention?

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**Prevention and Targeted Early Intervention - Reducing Stigma**

People who experience alcohol or drug problems, either through use or by association, often experience the most stigma in our society. Negative attitudes from society, from professionals, and self-stigma can be one of the biggest barriers to accessing treatment, community services and other forms of support. Stigma needs to be challenged across sectors and society.

**What we will do:**

- **Identify stigma training needs for health and social care services and key stakeholders.**
- **Increase awareness of the issues faced by people with alcohol and drug problems and their families to the wider community.**
- **Encourage and support partners to offer voluntary, training and employment opportunities to people in recovery.**
- **Celebrate positive recovery initiatives and stories on a regular basis.**
- **Implement a “people first language” across the Partnership and our communities.**

8. Do you have any comments or suggestions around Reducing Stigma?

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Alcohol and drug services should be accessible and deliver high quality services to people regardless of age, gender, disability, ethnicity, sexual orientation, religion, nationality or socioeconomic status.

### **Human Rights Approach**

DGADP will ensure that human rights are at the very centre of policies and practice. Everyone has a right to life and health and we need to ensure this is the case for people who experience alcohol and drug problems.

### **Treatment and Recovery**

DGADP aim to build on existing work to further strengthen the ROSC, as well as ensure any gaps and emerging challenges will be met.

### **What we will do**

- **Embed the Involving People Toolkit across all drug and alcohol service providers to improve service quality.**
- **Work with Violence against Women and Girls Partnership, Community Justice and Sexual Health to ensure services meet the general needs of women with alcohol and drugs issues.**
- **Invest and promote a local advocacy service to people using alcohol and drug services.**
- **Take a strategic approach to Recovery Communities which will be person centred.**
- **Enhance and strengthen the Housing First options.**

### **Developing Recovery Oriented Systems of Care (ROSC)**

9. Do you have any comments or suggestions on what the Alcohol and Drug Partnership (ADP) will do regarding developing recovery oriented systems of care?

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As part of Dumfries and Galloway's Recovery Oriented Systems of Care the implementation of the MAT Standards will ensure that individuals have quick access to quality treatment and support.

MAT is the use of medications, such as methadone or buprenorphine (including Buvidal) in combination with counselling and behavioural therapies which are effective in the treatment of substance use disorders and can help some people sustain recovery. The ADP is required to take forward a substantial change programme to implement and embed the MAT Standards within services over a five-year period to March 2026. Ten standards have been developed to ensure same day access to Opiate Replacement Therapy (ORT).

**ROSC -  
Medication  
Assisted  
Treatment  
(MAT  
Standards)**

1. [All people accessing services have the option to start MAT from the same day of presentation.](#)
2. [All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.](#)
3. [All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.](#)
4. [All people are offered evidence based harm reduction at the point of MAT delivery.](#)
5. [All people will receive support to remain in treatment for as long as requested.](#)
6. [The system that provides MAT is psychologically informed \(tier 1\); routinely delivers evidence-based low intensity psychosocial interventions \(tier 2\); and supports individuals to grow social networks.](#)
7. [All people have the option of MAT shared with Primary Care.](#)
8. [All people have access to independent advocacy and support for housing, welfare and income needs.](#)
9. [All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.](#)

10. [All people receive trauma informed care.](#)

**What we will do:**

- **Provide same day prescribing of MAT for those most at risk of harm.**
- **Continue to implement and strengthen standards 1-5.**
- **Plan and implement MAT standards 6 -10.**
- **Listen, learn from, and where possible, act on the experiences of people who use services, their families and carers.**

10. Do you have any comments or suggestions on what ADP will do regarding MAT Standards?

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People with lived and living experience have a wealth of knowledge on experiences of services, stigma, criminal justice services, housing issues and barriers to employability. Recovery Communities are currently evolving in D&G, driven by the experience and energy of those with lived experience.

**What we will do:**

- **Engage with people with lived and living experience to develop initiatives and services based on their experiences.**
- **Involve people with lived and living experience in the design, delivery and evaluation of a Peer Naloxone programme.**
- **Provide opportunities for people with lived experience, including families to tell their stories.**
- **Develop and support a partnership of people with Lived and Living Experience who will play an integral role advising the ADP Board, offering a variety of means for them to engage.**

**ROSC -  
Lived and  
Living  
Experience**

11. Do you have any comments or suggestions around Lived and Living Experience?

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People with alcohol and drug problems are more likely to come into contact with the justice system. In addition, they can experience high rates of mental health problems and other long term conditions, and may have experienced trauma as children or adults. Furthermore, they disproportionately come from the most disadvantaged communities. In many instances the criminalisation of this group of people only presents further challenges and can increase the risk of harm and premature death.

### **Public Health Approach**

A public health approach means focusing the community justice response on improving health and wellbeing, reducing inequalities and reducing crime. This means that, where appropriate, services should focus on diverting vulnerable people away from the justice system and into treatment and support. Applying a public health approach involves providing opportunities for diversion from prosecution, harm reduction, treatment, recovery and behaviour change at key points along the community justice pathway including; those at risk of offending/who have offended/on community payback orders, in police custody or on remand whilst serving a sentence, and upon liberation into the community.

### **What we will do:**

- **Ensure Arrest Referral is available in custody suites.**
- **Ensure Naloxone is available to prisoners on liberation.**
- **Ensure recovery communities are available within the prison setting and promote community recovery groups that are available on liberation.**
- **Implement MAT standards in a justice setting.**
- **Maximise the opportunities for health and wellbeing within diversion and non-custodial services.**
- **Develop our existing Throughcare services.**
- **Revise DTTOs.**

**Public Health  
Approach to  
Justice**

12. Do you have any comments or suggestions on what the Alcohol and Drug Partnership (ADP) will do regarding developing a public health approach to justice?

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<b>Equality Monitoring Form</b>	<p>We need this information to make sure we are treating you fairly and with respect, and delivering the services you need.</p> <p>We will keep your information confidential. We will make sure that you cannot be identified through reports on the results of this survey.</p> <p>Please tick the relevant box in each section, or fill in the details as appropriate.</p>
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13. Where do you live? Please give the first three letters and numbers of your postcode. If you don't know your postcode, write the name of your nearest town or village.

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14. What is your gender?

*Mark only one oval.*

- Male
- Female
- Intersex
- Prefer not to say
- My gender is not represented here

15. If your gender is not represented in the previous question, please give brief details below.

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16. Have you ever identified as a transgender person?

*Mark only one oval.*

- Yes
- No
- Not sure
- Prefer not to say

17. What is your age?

*Mark only one oval.*

- 0 to 15
- 16 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 84
- Over 85
- Prefer not to say

18. Do you consider yourself disabled?

*Mark only one oval.*

- Yes
- No
- Not sure
- Prefer not to say

19. If you answered yes to the previous question, please tell us which of the following affect you:

*Tick all that apply.*

- Physical disability
- Deafness or partial hearing loss
- Learning difficulty (eg, dyslexia)
- Blindness or partial sight loss
- Long-term illness, disease or condition
- Mental health condition
- Learning disability (eg, Down's Syndrome)
- Developmental disorder (eg, Autistic Spectrum Disorder or Asperger's Syndrome)
- Prefer not to say
- My condition is not represented here.

20. If your condition was not represented in the previous question, please give brief details below.

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21. What is your sexual orientation?

*Mark only one oval.*

- Bisexual
- Gay or Lesbian
- Heterosexual (Straight)
- Prefer not to say
- My sexual orientation is not represented here

22. If your sexual orientation was not represented in the previous question, please give brief details below.

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23. What is your ethnic group? Tick one box that best describes your ethnic group or background.

*Mark only one oval.*

- White Scottish
- White English
- White Welsh
- White Northern Irish
- White Irish
- White Gypsy or Traveller
- White Polish
- Mixed or multiple ethnic group
- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Arab, Arab Scottish or Arab British
- Prefer not to say
- My ethnic group was not represented here

24. If you chose "mixed or multiple ethnic group" in the previous question, please write in.

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25. If your ethnic group was not represented in the previous question, please give brief details below.

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26. What is your religion or belief?

*Mark only one oval.*

- Atheist or none
- Christian: Church of Scotland
- Christian: Roman Catholic
- Other Christian
- Baha'i
- Buddhist
- Hindu
- Humanist
- Jewish
- Muslim
- Pagan
- Sikh
- Prefer not to say
- My religion or belief is not represented here

27. If your religion or belief is not represented in the previous question, please give brief details below.

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