



**Fife Health & Social Care  
Partnership**

Supporting the people of Fife together



**Fife Alcohol and Drug Partnership**

Promoting Recovery. Reducing Harm.

# **Fife ADP Annual Report 2021 – 2022**

## Fife Alcohol and Drug Partnership Strategic National Context

Fife Alcohol and Drug Partnership (ADP) is a strategic partner of the Health and Social Care Partnership. Its role is reducing the prevalence, impact and harms associated with problematic and dependent alcohol and drug use throughout Fife. Membership is drawn from senior officers of Fife Council, Fife Health and Social Care Partnership, NHS Fife, Fife Constabulary, HMP Perth Prison, Voluntary Sector alcohol and drug services, those with lived and living experience and Elected Member representation.

ADPs are required to report to the Scottish Government on progress and improvements achieved from the annual ring-fenced government alcohol and drugs allocation and partner agency contributions. This funding is routed through NHS boards to Integrated Authorities for onward allocation.

The Fife ADP Annual Report 2021/22 contains the format required by the Scottish Government with additional detail included to reflect performance against the five key themes indicated in the Rights Respect & Recovery National Strategy 2018. This includes the response of the ADP Committee and its operational services to the pandemic and lockdown and provides detail of service development and recommissioning occurring in the year to align with the Medication Assisted Treatment Standards and the Drug Mission Priorities as highlighted by the announcement by the Scottish Government in January 2021.

The National Strategy for Alcohol and Drug use “Rights, Respect, Recovery” was published in November 2018. The strategy reaffirms that individuals’ families and communities have the right to:

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

It is mapped against five key themes which were followed by the ADP Committee in the development of the Fife ADP Strategy for 2022/23. These themes are:

- Prevention of problematic substance use involving work with young people
- Early Intervention to prevent worsening or development of harms which will make recovery less challenging
- Recovery and treatment for those who have developed a physical and psychological dependence on substances
- Protection of children and young people affected by another’s use of substances
- Whole Population Approach with an aim of achieving and maintaining health supporting levels of alcohol consumption

**The Drug Mission priorities** were announced in January 2021 focused entirely on preventing the drug related deaths in Scotland, these are focused on:

- Whole Family Support and Development of Family Inclusive Practice
- Increase the capacity and access to Residential Rehabilitation for women, veterans, those with dual diagnosis and young people
- Fast and appropriate access to treatment in line with the Medication Assisted Treatment
  - People at high risk are proactively identified and offered support
  - Effective pathways between justice and community services are established
  - Effective near-fatal overdose pathways are established across Scotland
  - People are supported to make informed decisions about treatment options
  - People are supported to remain in treatment for as long as requested
  - People have the option to start MAT from the same day of presentation
  - People have access to high standard, evidence based, compassionate and quality assured treatment options
- Assertive Outreach
- Non-Fatal Overdose Pathways
- Lived Experience Panel

**The Medication Assisted Treatment Standards** were published in June 2021 by the Scottish Government with an expectation of full implementation in all ADP areas by the end of that financial year. The standards are part of the National Drug Mission policy response to address the high levels of drug related deaths in Scotland, declared a national public health crisis by the First Minister. In Fife drug related deaths have increased by 86% over the last ten years reaching 81 deaths in 2019 and 65 deaths in 2020 and increasing again to 70 deaths in

2021. Commitment to the implementation of the standards was adopted very early by the ADP and as such the standards aligned with work already underway to improve assertive outreach, harm reduction, advocacy and increasing participation and engagement with people with lived and living experience. They are also strategically aligned with early intervention and whole family support service redevelopment

The ten standards are simple statements intended to be understood by those who use the system of care and drug and alcohol services and presented with evidence and rationale for their inclusion in the framework. NHS Board, ADP and HSCP responsibilities for each standard are detailed with process, numerical and experiential measures required to be submitted to Public Health Scotland and Scottish Government on an annual basis. The MAT Standards are:

- **All people accessing services have the option to start MAT from the same day of presentation.**
- **All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.**
- **All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.**
- **All people can access evidence-based harm reduction at the point of MAT delivery.**
- **All people receive support to remain in treatment for as long as requested.**
- **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 connections.**
- **All people have the option of MAT shared with Primary Care.**
- **All people have access to independent advocacy as well as support for housing, welfare and income needs.**
- **All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.**
- **All people receive trauma informed care.**

From the start of 2020/21, Fife ADP and partners have commissioned and implemented improvements to the system of care which are compliant with the MAT standards. Drug Death Taskforce funding of £236k has been used to increase capacity in assertive outreach at custody suites, prisons and for those experiencing an NFO and also increase the reach of harm reduction advice and equipment. Funding has also been allocated to NHS Addictions Services for a test of change of next day prescribing in the Kirkcaldy area and a peer-to-peer advocacy service has been developed with the commissioning process due to start soon. This early investment and service development work has contributed greatly to the amber assessment. In December 2021, funding details were made available and based on the prevalence of drug related deaths in each ADP area. Fife was allocated a sum of £614k per annum for a five-year period for implementation of standards 1 to 5.

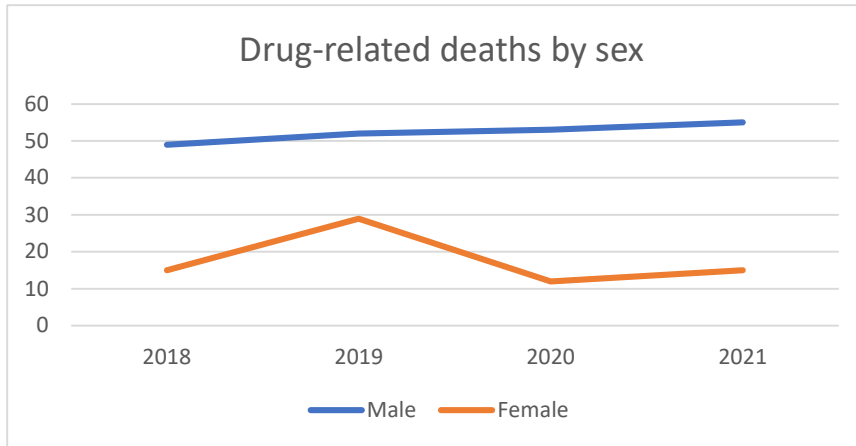
A project specification plan was submitted to Public Health Scotland and the Scottish Government on the basis of improving quality of the delivery and increasing the quantity of people receiving treatment and support. Specific deliverables were identified and agreed for each one of the standards. Fife ADP's plan aims to invest the majority of the funding with the NHS Addiction Service due to the focus of the first five standards on health board provision. The plan was approved by the ADP and by PHS and the Scottish Government and some funding was received in March 2021, though longer-term funding was not confirmed until July 2022, causing some delay to implementation and recruitment. An additional £204k from the ADP's drug mission funding was also allocated to the project to increase capacity in the service. This will be sufficient to achieve the numbers in opiate replacement treatment target linked to MAT Standards. This will be measured centrally by PHS and reported and published on a quarterly basis. The target will measure a planned and sustained increase in the numbers of people receiving opiate replacement in the area to improve the prevalence of problematic opiate dependent drug use/ people receiving OST treatment percentage. This is currently an estimation and thus all boards have been given a universal 9% target (154 patients for Fife) increase over the next 2 years.

Fife ADP have been externally assessed by Public Health Scotland and rated as amber in the first five standards. An improvement plan has been developed for further implementation of the standards during 2022/23 and this will be measured by process, numerical data and experiential evidence gathered from people with lived and living experience.

## National & Local Picture/Performance

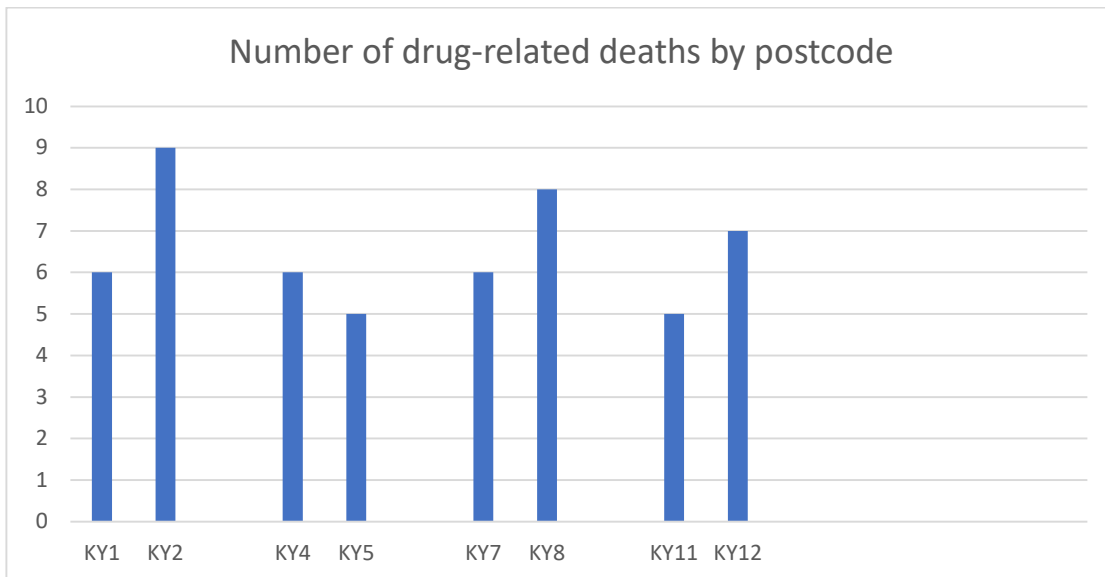
### Drug related deaths in Fife

- Drug death rates in Scotland overall have reduced from 1,339 in 2020 to 1,330 in 2021.
- There were 70 drug related deaths recorded in Fife during 2021 and an increase of 5 from the previous year.
- Opioid use remains high being responsible for 84% of drug related deaths in Scotland overall.
- In 2021, in Fife there were 55 male drug related deaths and 15 female drug related deaths, an increase in both genders from the previous year.

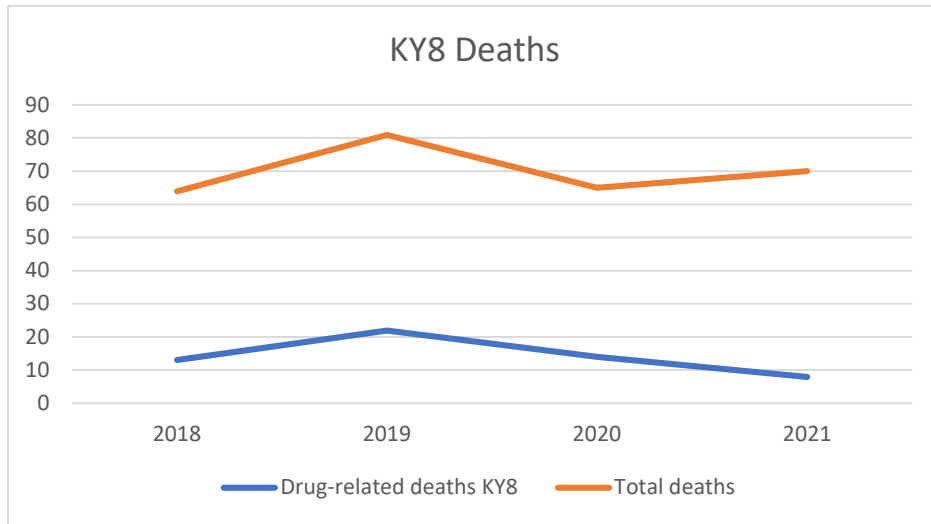


	2018	2019	2020	2021
Male	49	52	53	55
Female	15	29	12	15

### Drug-related Deaths by postcode



- The majority of Fife's drug related deaths happen in areas of high deprivation.
- The KY2 postcode had the largest number of drug-related deaths in 2021 with 9 overall.
- Since 2017, deaths in the KY8 postcode area account for between 20% - 27% of annual drug-related deaths in Fife.
- In 2021, there was a 42% decrease in drug related deaths in the KY8 postcode compared to the previous year.

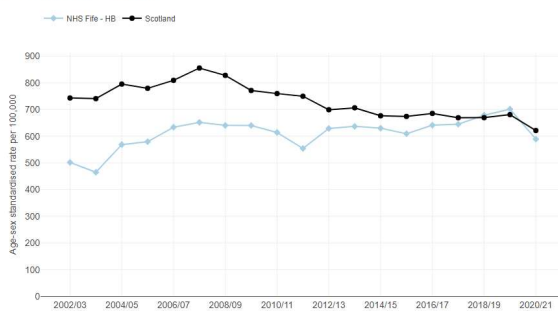


A fuller evaluation of drug-related deaths in Fife will be completed in due course.

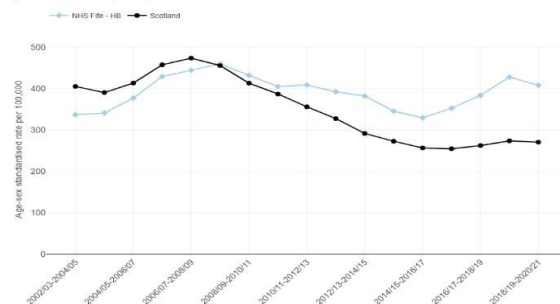
### Alcohol Profiles in Fife

- Fife alcohol-related hospital admissions for 2020/21 are similar to the national average. Where Fife is shown to have higher rates for alcohol-related hospital admissions is within the 11-25 year age category, where Fife admissions have been on the increase, though this interpretation must be treated with caution.

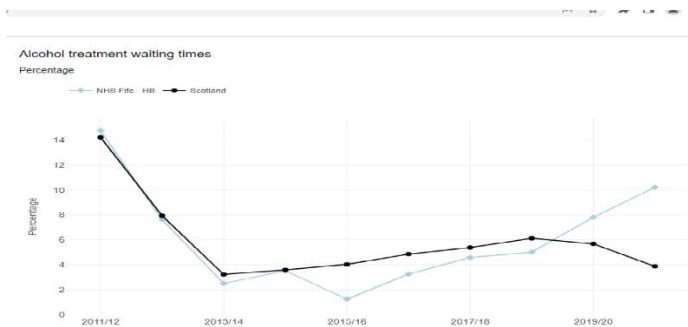
Alcohol-related hospital admissions  
Age-sex standardised rate per 100,000



Alcohol-related hospital admissions, aged 11-25 years  
Age-sex standardised rate per 100,000



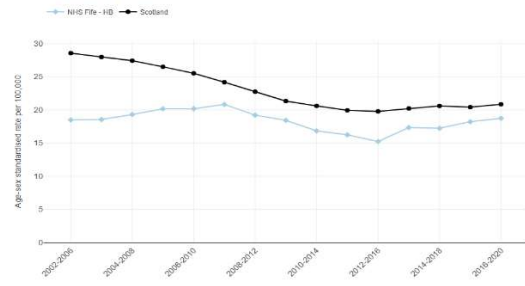
- Alcohol treatment waiting times within Fife were on the increase in Fife until 2020, while the Scottish average decreased from 2017/2018 to 2019/2020.



- Alcohol specific deaths in Fife on a whole have been lower than the Scottish average. The number of women dying from alcohol specific deaths is marginally higher than the Scottish average.

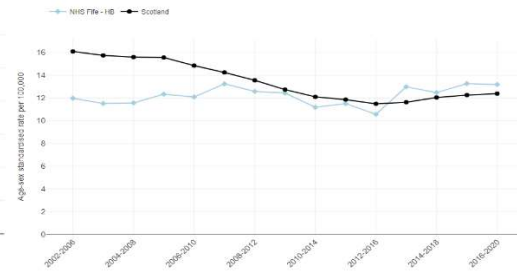
### Alcohol-specific deaths

Age-sex standardised rate per 100,000



### Alcohol-specific deaths, females

Age-sex standardised rate per 100,000



## Strategy and Governance Improvements

From January 2021, Fife ADP renewed its commitment to addressing the national Drug Related Death crisis and has worked closely with the national Drug Death Taskforce and Scottish Government Drug Mission Policy Unit to align provision to the new evidence-based recommendations. This realigned the approach across Fife to focus on its strategic priorities through the lens of delivering interventions to focus on addressing the drug related deaths crisis. Whilst DRDs have reduced by 20% in Fife from 2019 to 2020, rolling averages show 70 deaths per annum and an increase of 86% in Fife over the last ten years. Alcohol specific deaths have remained static over the last two years and increases in hospital stays also indicate unmet need.

In response to this, the ADP Committee following a review and consultation process with the full ADP Committee, subgroups, partners, services and those with lived and living experience has reconfigured its structure. This allows for a greater concentration on these priorities in line with the Scottish Government and COSLA Partnership Agreement refresh. Membership of the ADP has also changed and includes a greater representation from partners and services involved with the broader components MAT Standards' implementation and harm reduction and overdose awareness training.

There are three sub-groups focused on addressing harm caused by alcohol and drug including prevention of alcohol specific and drug related deaths. These groups work across partnerships and directorates within HSCP, Fife Council and NHS Fife and include relevant representation from the voluntary and independent sectors. There are clear remits with a focus on analysing and reviewing our current position and assessing options and opportunities to deliver improvements across the whole system, reporting back to the ADP Committee. Below is an outline of each subgroup.

- **Multiple-agency Drug Related Death Review Group** – A Public Health Surveillance Group focused on a full review and real time learning of each suspected drug related death to implement, immediate service to service improvements and highlight systematic gaps applicable to services and systems of care beyond the ADP, thus influencing whole system change.
- **Medication Assisted Treatment (MAT) Standards 1 to 5 Oversight Group** – To deliver the rights-based trauma informed framework for the safe and effective provision of opiate substitution therapy, psychosocial support and psychology interventions. This group project manages the implementation of the standards within the ADP system of care and works to influence provision in other interconnected strategy development and service delivery.
- **Addressing Alcohol Specific Deaths (ASD) Group** – To analyse and review all ASD in 2020 for the purpose of developing a profile of those at risk, identify points at which an earlier intervention could have contributed to prevention. This learning will be forming the basis of recommendations presented to the ADP Committee as part of its improvement-based action plan for policy and service delivery to address alcohol harm and alcohol specific deaths.
- **Medication Assisted Treatment (MAT) Standards 6 & 10** - Psychology based workforce development subgroup delivering a plan compliant with MAT standards to retain people in treatment improve the quality of psychosocial support trauma informed response within the current system of care.

In addition, Fife ADP has a Lived Experience subgroup for people with experience of alcohol and drug use and recovery to add their voice to development of strategy and service design and its Joint Commissioning Group.

## Commissioning and Improvement Work

This learning gained from the above groups and in conjunction with the existing strategy and guidance from the Scottish Government has informed the investment and allocation £250m per annum allocated to all HSCPs for a 5-year period from the Scottish Government.

Fife ADP were awarded a £1.3 million per annum across six new priorities and immediately took the view that given the high number of alcohol specific deaths in the area, any additional investment would consider this local priority too. Additional funding for MAT Standards implementation has also been awarded following the development of a project specification plan. Below is a summary of improvement work funded from these additional investments:

### Children, Young People, Whole Family and Adult Family Members Carers Support

- Joint strategic planning and commissioning as part of Children Services Planning to create the Whole Family Support and Young Person's Service. Barnardo's and Clued Up will provide whole family support at additional level for other referrers – out with the ICSP - and provision for YP up to the age of 26.
- Adult family support provision across Fife co located with Tier 3 alcohol and drug services but mainly NHS Addictions to provide key working, CRAFT based support and group working to any adult family member affected by another's substance use. The service was commissioned by ADP and will be provided by Scottish Families Affected by Alcohol & Drugs and will take a carers' based approach with an aim of providing support to carers to improve their own wellbeing. A further aim is to improve access to services for the member of the family using alcohol or drugs by providing family members with knowledge, tools and techniques to improve motivation and support recovery. Take Home Naloxone/overdose awareness training and general harm reduction advice for alcohol are also provided as part of the approach for the prevention of substance use deaths
- Additional capacity created by ADP funding allocated to Kinship Care Social Work Team for two social work positions to focus on family intervention/support and management and prevention of trauma within the family.

### Increase Access to Residential Rehabilitation

- New budget placed with FIRST who provide thorough and robust preparation support, placements in any rehabilitation centre within Scotland thus allowing the service user choice of intervention, location and length of stay. Family support whilst the placement is ongoing and referral into community based rehabilitation on return. Work is underway to improve the referral pathway to focus on priority groups – women, people with dual diagnosis, young people, veterans - outlined by the Scottish Government.

### Medication Assisted Treatment Improvement Plan & Increase of Assertive Outreach, Non-Fatal Overdose Response and Harm Reduction

- Non-Fatal overdose assertive outreach, information shared from Scottish Ambulance Service to third sector and a 48-hour response occurs to support the individual and prevent further overdoses which may result in deaths. The ADAPT service with support of the ADP has received additional funding to respond to non-fatal overdoses occurring outwith of this pathway.
- Annual budget provided by Public Health Scotland to services to deliver MAT Improvement Plan developed by the ADP and its delivery partners. This is a rights-based approach for safe delivery of OST medication (methadone, buprenorphine, buvidal) and psychosocial support and is underpinned by a requirement to increase percentage of people (9%, n=154) in the system of care by end of March 2024. The main deliverables of the plan are:
  - To provide same day prescribing across the full service building on the success of the same day prescribing clinic based in Kirkcaldy. This approach reduces attrition rates at start of treatment thus increases the likelihood of good outcomes for the service user, their family and community.
  - To increase the provision of buvidal (long acting injectable buprenorphine) prescribing where it is safe to do so thus respecting the choice of those within the treatment system and allowing for a recovery based approach to this aspect of the model of care.
  - All services have adopted an assertive outreach-based retention policy especially when people are in crisis or lapsing/relapsing as maintaining people in support preventing further harm and protecting people's recovery. In addition to this, ADAPT provide a separate retention service when some services do not have the capacity to provide outreach and follow up. This is focused on both those experiencing alcohol and drug problems.



- Harm reduction (needle exchange, take home naloxone, wound care, testing for BBV) provided by services at point of need. Additionally, planned and funded by the ADP, the pharmacy network has increased HR reach to remote communities, family members and those that need out of hours access. This prevents BBV exposure and contraction decreasing risks of Drug Related Deaths.
- Hospital Liaison Service – The ADP will continue to redevelop this in reach and outreach partnership – provided by NHS Fife Addiction Service, We are With You and ADAPT – to support people whose alcohol and drug use has reached crisis point and who are not getting a service, or the service provided has not yet been beneficial.
- COMPASS Social Work Service – This project is due to be operational in the summer of 2022 and will provide support to adults affected by alcohol or drug use who have complex, severe additional needs which make it difficult to access and engage in treatment and support and/or be retained in services. This will provide additionality to people supported through the Hospital Liaison Service whose needs include social care and support.
- Increased assertive outreach approaches for those in custody and in prison, delivering harm reduction and providing active linkage into universal and specialised alcohol and drug supports.

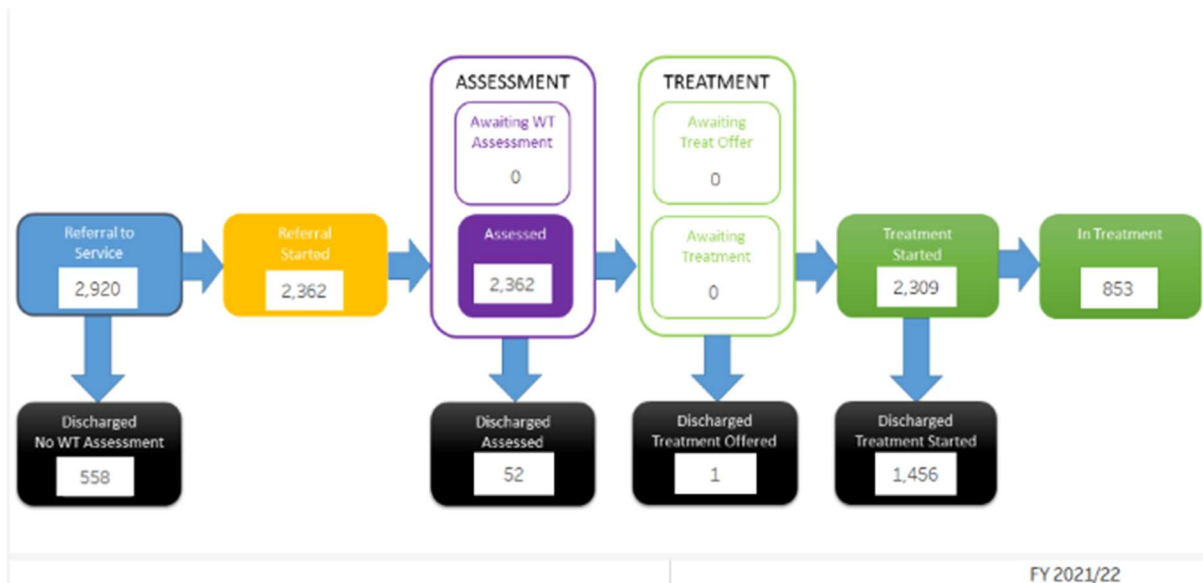
### Lived Experience Panel & Advocacy

- Fife ADP has developed an autonomous Lived Experience Panel recognised as a subgroup of the ADP with the same rights and responsibilities as other subgroups to develop policy, strategic direction and contribute to improvements of service delivery. This group is afforded latitude to set its own remit and focus.
- Commissioning of an independent advocacy service, delivered by Circles to work with adults with alcohol and drug problems
- Completion of a lived experience led evaluation of women’s experience of alcohol and drug services in Fife in partnership with Fife Violence Against Women Partnership. This should form the basis of an improvement approach across FVAWP, SW, NHS HSCP & ADP to engage more women in support and treatment earlier and retain in provision use and a co-production approach will be undertaken with women with lived experience to deliver the recommendations.

## Service and System Performance

### Nationally Reported Fife Tier 3 Performance

#### DAISy Referrals and Assessments



From April 2021-March 2022 Fife Tier 3 adult services received 2,920 referrals. 2,309 of the referrals started treatment and 853 remained in treatment after March 2022.

### Waiting Times

The Scottish Government set a standard that 90 percent of people who are referred for help with problematic drug or alcohol use will wait no longer than 3 weeks for specialist treatment that supports their recovery. For the year April 2021-March 2022, across all services Fife had 94.1 percent of people in specialist treatment before 3 weeks, and 99% of people were in treatment before 5 weeks.

### DAISy Compliance

Within Quarter 4 of 2021/2022 three Fife ADP services were listed as non-compliant due to issues with a minimal number of specific records. These services were FIRST, Addiction Services and FASS. NHS Addictions ARBD service was listed as non-compliant due to not inputting records in DAISy and it appears that this has occurred as a result of an error in definition of eligibility. All services are now working towards being fully compliant for the next quarter reporting of 2022/23.

### Take Home Naloxone (THN)

Since the roll out of THN between April 2011 and March 2021 Fife has distributed 4,893 naloxone kits, with a further 810 being distributed between April 2021 and March 2022. Fife has distributed the 6<sup>th</sup> highest number of naloxone kits per local authority, with Glasgow City ADP having the highest distribution.

### ADP Contract Reporting – Tier 3 Services

Tier 3 services are defined as services delivering a specialist intervention as part of a recovery/care or treatment plan. They are linked to the improving our recovery system of care theme but do undertake harm reduction and other early intervention and prevention support in the community.

In Fife continued to operate throughout the pandemic. In April 2021, DAISy was introduced and services have complied well with the first three quarters of the year. Services are monitored on their waiting times by the Fife ADP support team. ABI delivery has continued with services reporting their figures directly to Addictions Services. Below is a brief summary of our tier 3 services and their performance based on reports submitted to the ADP support team. From those who provided figures, the engagement rate is sitting between 55 and 60 percent after referral. One concern from reporting, is the reduction in take home naloxone now being distributed from tier 3 services and an audit is underway with a need to identify remedial actions.

**NHS Addictions Services** - Addiction Services reported that 27% of referrals came from the Kirkcaldy area and that they had a retention rate of 98-99 percent 3 weeks after referral. Due to recording constraints the service was only able to advise of outcomes for alcohol detox from October 2021-March 2022, where 14 patients completed a full detox. Full year figures will be available for the next report. The service provided detail on discharges which showed 37% were discharged due to care complete, 6% discharged to another professional service and 1.5% were discharged due to goals being achieved. Other discharge reasons included person not attending, incorrect referrals and person deceased. From the Treatment Outcomes Profile outcomes provided there was a reduction in number of days patients used cocaine or amphetamines from their first to their last assessment. There was an increase in the number of days patients used alcohol, opiates, crack cocaine and cannabis from first to last assessment, this may be in part due to not achieving full follow up at regular intervals of the service users' recovery journey. Injecting risk behaviour decreased for those engaged with the service and psychological and physical health rating increased over the year.

**NHS Psychology** - Psychology have submitted a report on targets, which indicates all targets are being met apart from developing a comprehensive service for assessment of ARBD. This will be reviewed for the next cycle of monitoring. The target for evidence-based group interventions fell slightly low, however this was explained due to the pandemic and a limit on group work within this time. Staff feedback from training was also provided, showing 57.1% responded after training that the sessions had very much increased their understanding of psychological case formulation and goal setting.

**FIRST** - This service has exceeded its ADP targets and demonstrated good outcomes for those engaged with the service. The highest referral rate has come from Kirkcaldy area, and 25-40 year age group. The engagement rate from referral is 57% which is quite standard across services. A lower level of Take Home Naloxone was distributed from the previous year. SMART groups have also ceased but other group work including online activities have continued.

**DAPL** - This service provided a comprehensive ADP report return, which showed targets were met for counselling, ABI's, DBI's and provision of out of hours service. The SMART recovery attendance was not quite met, but the service believes this may be due to the sessions being online. Two SMART groups continued per week, and 58 naloxone kits were offered, however only 12 were given out. The engagement rate was 59% from referral, which is quite standard currently across services. Outcomes were also provided, with almost 80% achieving abstinence when this was their goal.

### **ADP Contract Reporting – Tier 2 Services**

Tier 2 services are defined by the delivery of support on ADP strategic themes around prevention, early intervention, whole family support and a focus on creating parity in service provision by those affected by the criminal justice system. The work offered can often be outreach, sometimes to high volumes of people and brief in nature based on actively linking service users to Tier 3 provision. This can evolve and will change dependent on the needs of the service user. These services continued to work throughout the pandemic, with many meeting their ADP targets. Naloxone supply was low for a number of services, and some have not resumed SMART meetings. Again, further analysis of this is needed with remedial action required to improve for 2022/23.

**ADAPT** - All targets for this service were met and the report was fully completed. The service had 1016 attend the drop-in clinics and provided counselling to 180 individuals. ABI targets were also met, and 225 naloxone kits were distributed. 32% of those working towards abstinence achieved this, whilst 72% made progress towards improvement in physical and psychological health.

**Barnardo's Education** - A full report was provided from Barnardo's for Education with the majority of pupils/staff fully achieving or making progress of increased knowledge at exit. Q1 and Q2 saw no specialist input due to the pandemic, but this resumed in Q3 and Q4. The school inputs continued to be given to P7, S2, and S3 and 9 priority groups were identified and received input from the service. Due to the pandemic some of these sessions for teachers and pupils were conducted online, but feedback showed this did not impact the delivery of the information.

**Barnardos and Clued Up Whole Family support service** – This service commenced in the third quarter of the year. Referrals were on target for young people provision with the new referral target of 79 people engaging in support exceeded each quarter. Outcomes for young people show positive change in key areas including reduction in substance use and improved lifestyle choices with very few leaving support having not benefitted in some capacity.

For intensive whole family provision, 14 families were support and some outcomes recorded for improvement in safety for the families and relationships. However, over the six months, Barnardos could not provide details for the whole family support additional level activity caused by recruitment challenges. This also impacted on

the operational partnership model and no families or young people were supported by both services during the first six months of delivery.

**Frontline Fife** -This service is currently not meeting its ADP targets. The service has a target of 80 individuals receiving one to one support across the year, for this reporting period 43 individuals received one to one support. The ADP support team will review this target and work on solutions with the provider. There were 12 ABI's were provided, which exceeded the target of 10. This service distributed 10 naloxone kits, which whilst low exceeded the number provided by many other services. The engagement rate was recorded as 46% which is similar to other services. Kirkcaldy was the main area for referrals, with the most referrals coming from the 35-44 year age group. From the outcomes, the outcome with the biggest success was 'improvement in social functioning and life context' and 'reduction in alcohol use'.

**Clued-Up Employability Service** – This service has been working towards outcomes for young people to gain employment, volunteer, develop positive routines and access further education. 17 men and 11 women developed positive routines, 6 engaged in volunteering opportunities, 14 entered further or higher education and 3 men and 8 women secured employment.

**Hospital Liaison Service** - ADAPT saw 124 individuals. Whilst Addiction Services had 354 referrals, with 133 open cases within Addiction Services. Both Addictions Services and ADAPT saw predominantly alcohol referrals. Both services referred onto other services and provided support to the individuals engaged. NHS Pharmacy services are still to recruit to their role due to the temporary nature of the funding and WAVY whilst working as part of the team, have only been allocated a very low number of referrals. This has since improved during the first half of 2022/23 following intervention from the ADP support team.

**ADAPT NFO** - This service saw 294 individuals throughout the reporting period. The main support offered was the giving of information and receiving of ongoing support for those referred to the service. Over 50 naloxone kits were distributed.

**Phoenix Peer Mentoring** - This service has provided Fife ADP annual report showing targets and engagement, however outcomes were not reported in the usual format. Targets for volunteer opportunities and mentee engagement were met, and the target for engagement in wider community development was missed slightly but this may be due to the pandemic. There were 32 referrals to this service, with a high engagement rate of 92%. No naloxone kits were issued or offered. Kirkcaldy was the main area of referral and 35-44 years was the main age range. Outcomes will be reported in the usual format for the next cycle of monitoring.

**Restoration**- This service has reported on targets with advocacy being provided for 135 people, 46 received interventions to reduce isolation and 55 received interventions to reduce digital isolation. There were 38 cafes sessions offered, along with 11 men's groups and 30 women's groups. Referrals continued to other services when required.

**Phoenix Futures Return to Nature** - A full report was provided from the service. Targets were not met last year, it is unclear if this is due to the pandemic. Some 24 people completed the RTN programme, with a target of 30 to complete. There were 5 volunteer opportunities, half of the expected target. Celebration days and recovery cultural events were also low but this may have been due to lack of large gatherings being allowed. No naloxone was offered, Phoenix advised this was due to asking another service to come in to provide naloxone on their behalf. There was a high engagement rate from referral of 92%. Of those who did complete the RTN programme, the outcomes were not as high as expected. 20 percent made progress in improvement in social functioning and life context and 8 percent became abstinent.

**SACRO** - This service completed a full report detailing ADP targets. Most targets were met with the service receiving 169 referrals to the service within the year, and 77 service users engaging over a period of 3-12 weeks. The target for service users having increased motivation to decrease substance use fell slightly low at 37, with a target of 40 and staff are still awaiting ABI training and the delivery of naloxone kits. There was a reduction of 76% in reported criminal activity which exceeded the target of 60%.

**WAVY** - A full report was returned for targets, however there were no outcomes listed-this may be due to the nature of this service. The number of drop ins fell slightly below target, but the numbers increased in Q3 and Q4 which suggests this may be due to the pandemic. The number of interventions provided still however exceeded the target. 290 naloxone kits were issued which was also above target, and overdose prevention coordination also exceeded target. Engagement rate was low at 18% but this service often works on an anonymised basis to ensure distribution of safer injecting equipment. Levenmouth was the highest referral area, with 41-50 years being the highest age range for referrals.