

## FIFE ALCOHOL AND DRUG PARTNERSHIP ANNUAL REVIEW 2020/21

### I. Delivery progress

This form is designed to capture your **progress during the financial year 2020/2021** against the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper](#) and the [Alcohol Framework 2018](#). We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2020/21. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

**NAME OF ADP:** Fife

**Key contact:**

**Name:** Elizabeth Butters  
**Job title:** ADP Coordinator  
**Contact email:** Elizabeth.butters@fife.gov.uk

### I. DELIVERY PROGRESS REPORT

#### 1. Representation

1.1 Was there representation from the following local strategic partnerships on the ADP?

Community Justice Partnership	<input checked="" type="checkbox"/>
Children's Partnership	<input checked="" type="checkbox"/>
Integration Authority	<input checked="" type="checkbox"/>

1.2 What organisations are represented on the ADP and who was the chair during 2020/21?

Chair:

Kathy Henwood

Head of Education and Children's Services (Children and Families/CJSW and CSWO)

:

**Representation**

*The public sector:*

Police Scotland	<input checked="" type="checkbox"/>
Public Health Scotland	<input checked="" type="checkbox"/>
Alcohol and drug services	<input checked="" type="checkbox"/>
NHS Board strategic planning	<input checked="" type="checkbox"/>



Integration Authority	<input checked="" type="checkbox"/>
Scottish Prison Service (where there is a prison within the geographical area)	<input type="checkbox"/>
Children's services	<input checked="" type="checkbox"/>
Children and families social work	<input checked="" type="checkbox"/>
Housing	<input checked="" type="checkbox"/>
Employability	<input type="checkbox"/>
Community justice	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>
Elected members	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/> Please provide details.....
Chair of the Lived and Living Experience Panel (a subgroup of the ADP Committee)	
Addition Psychology Lead Consultant	
<i>The third sector:</i>	
Commissioned alcohol and drug services	<input checked="" type="checkbox"/>
Third sector representative organisation	<input checked="" type="checkbox"/>
Other third sector organisations	<input type="checkbox"/> Please provide details.....
People with lived / living experience	<input checked="" type="checkbox"/>
Other community representatives	<input type="checkbox"/> Please provide details.....
Other	<input type="checkbox"/> Please provide details.....

1.3 Are the following details about the ADP publicly available (e.g. on a website)?

Membership

Papers and minutes of meetings

Annual reports/reviews

Strategic plan  <http://www.fifeadp.org.uk/>

The ADP Support Team has reviewed its website during 2020/21 as a means of keeping the public informed of service provision changes during the pandemic and lockdown and to share performance and planning reports. We now include the Fife ADP Strategy 2020/23, the ADP Annual Report 2019 and the DRD Annual Report 2019.

1.4 How many times did the ADP executive/ oversight group meet during 2020/21?

8 times plus one development day. The ADP normally meets quarterly but additional shorter meetings were scheduled to allow for a coordinated response for planning service provision during the three lockdowns and also to plan and allocate additional emergency spend provided by SG in March 2021.

1.5 Please give details of the staff employed within the ADP Support Team

Job Title	Whole Time Equivalent
1. ADP Coordinator	WTE
2. Policy Officer	WTE
3. Policy Officer	WTE
4. ADP Databased Support Coordinator	WTE

Total WTE = 4

## 2. Education and Prevention

2.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

*Please tick those that apply (please note that this question is in reference to the ADP and not individual services)*

Leaflets/ take home information

Posters

Website/ social media

Fife ADP Facebook page and Fife ADP Twitter, daily updates provided during the first lockdown

Accessible formats (e.g. in different languages)

Please provide details.....

Other

In partnership with the Adult Support and Protection Team, the ADP funded a “Support and Help Booklet” during Christmas and New Year to offer advice and support to people with alcohol and drug problems and associated difficulties. This provides information about opening times of key services including those funded by the ADP and others such as benefits agency, housing and food banks. Advice and guidance were of a general nature with a focus on maintaining people’s recovery, managing mental wellbeing and physical health during a difficult time of year when face to face help and support is often not as available. Last year there was more specific advice aimed at family members and friends of those at risk of alcohol and drug related death which was available on the both the ADP and ASP Team’s website as well as in print form to be distributed by the ADP and other services. In addition to this We Are With You provide an online webtool chat function accessible on Christmas and New Year’s Day for anyone in crisis and needing support.

2.2 Please provide details of any specific communications campaigns or activities carried out during 20/21 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk) (max 300 words).

Due to the pandemic and lockdown our usual campaigns during Alcohol Awareness Week and National Overdose Awareness Day did not occur physically. However, the ADP social media and those of our partners featured advice and guidance for those affected by these issues.

2.3 Please provide details on education and prevention measures/ services/ projects provided during the year 20/21 specifically around drugs and alcohol (max 300 words)

Due to the national directives regarding the spread of coronavirus, the Barnardos education team – funded by the ADP - ceased to deliver sessions during the first lockdown. This also happened again, at short notice as a result of lockdown 2.

During the first lockdown, the Barnardo’s education team refreshed their resources and completed a substantial development task (via remote working) of building a ‘web based’ teachers toolkit. This toolkit work took the bulk of the term to complete and was piloted with teaching staff.

Plans were also made to support ‘blended learning’ approaches upon schools’ return but these were no longer required as schools returned full time.

The team also worked on developing a service resumption route map and developed an associated supporting risk assessment. This was based upon the information at the time that suggested the forward



format would be part-time blended learning. The team had also started working up concepts and content for 'home working lesson plans' to continue delivering a service should another full school closure occur.

#### 2.4 Please provide details of where these measures / services / projects were delivered

Formal setting such as schools   
Youth Groups   
Community Learning and Development   
Other – please provide details

#### 2.5 Please detail how much was spend on Education / Prevention activities in the different settings above

Formal setting such as schools  
Youth Groups  
Community Learning and Development  
Other – please provide details

In 2020/21, Barnardos for delivered universal educational and prevention support for P7, S2 and S3 pupils across Fife. Delivery is primarily in schools but can reach into other settings as required to ensure all pupils in these years receive an input. Clued Up provided a young people's service and are partly funded by the ADP and Education & Children's Services and this included prevention and support work to young people using and at risk of using substances. This is an outreach and drop in service and engages with young people in schools, youth groups and in their communities and homes.

Clued-Up is further funded by the ADP of offer an education and employability service to support young people – some in recovery from alcohol and drug use - into education, employment or training depending on the needs of the young person. The project aims to intervene as early as possible with young people creating opportunities for more positive life trajectories for young people by forging good relationships with other employability partners and reducing stigma for the care group. Of 111 young people discharged from this service over the year, 32 had made applications for jobs and 36 had attended group work programmes improving their employability.

#### 2.6 Was the ADP represented at the alcohol Licensing Forum?

Yes   
No

Please provide details (max 300 words)

The ADP policy officer attended a number of meetings. Paul Madill, Consultant in Public Health (who sits on the ADP) represented NHS Fife when available, but exceptional health protection workload meant that this was less frequent than in previous years. In previous years Paul and Rebecca have worked together to ensure that alcohol related harm was properly addressed by the forum, although this collaboration was necessarily reduced this year due to lack of capacity.

Expert advice was however given to the forum at a number of meetings, including on impact and monitoring of minimum unit pricing legislation, the rationale behind SG policies on COVID-19 management as they affect the licensing trade, and the primacy of population health as a consideration when deliberating on issues relating to alcohol licensing.



2.7 Do Public Health review and advise the Board on license applications?

- All   
Most   
Some   
None

Please provide details (max 300 words)

In previous years Public Health has reviewed all license applications, objecting when we judged, according to specific criteria, that approval of the application was inconsistent with the public health licensing objective. As the COVID-19 pandemic has required all public health staff to prioritise health protection work for the whole of this year, we have not had the capacity to review licensing applications. We keep this situation under regular review and are currently considering how we might return to this role in a proportionate way. At the moment in Fife there is not an Overprovision Policy, but there is a continued commitment both from Public Health and the ADP to continue to provide evidence to support its introduction.



### 3. RRR Treatment and Recovery - Eight point plan

People access treatment and support – particularly those at most risk (where appropriate please refer to the Drug Deaths Taskforce publication [Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland](#): priority 2, 3 and 4 when answering questions 3.1, 3.2, 3.3 and 3.4)

3.1 During 2020/21 was there an Immediate Response Pathway for Non-fatal Overdose in place?

Yes

No

In development

Please give details of developments (max 300 words)

During the course of the last financial year, the ADP support team with a third sector provider and Scottish Ambulance Service have continued to develop Non Fatal Overdose response team to meet the short term and longer-term needs of people who are using drugs in Fife. Evidence has proved that those who experience a non-fatal overdose are at greater risk of a Drug Related Death and that interventions such as psychosocial support, medical assisted treatment (methadone, buprenorphine) and support to address their broader needs such as housing can be a protective and preventative factor. During 2020/21, the project had engaged with approximately 357 individuals from supplying THN to 41 and providing harm reduction advice to over 227 people. The service triaged 22 individuals into the current system of care and a further 34 from this year and last continued to receive support in the community. During the most severe lockdown restrictions, the service continued to outreach via telephoned and assertive outreach into people's doorsteps and homes (using PPE) to ensure that people were afforded an opportunity to start their recovery and for the prevention of further harm and drug related deaths. The success of the project rests largely with the information sharing protocol and communication between the teams and an immediate assertive outreach element, responding within 48 hours of the non-fatal overdose. Below are further examples of the type of support the service has offered or helped the service user access over the last 12 months:

- Harm reduction advice and safer injecting including Injecting Equipment Provision (IEP) and assistance to access wound care
- Sexual health advice and referral
- Naloxone and Overdose Prevention Training
- Blood Borne Virus (BBV) referral and support to rapid anti body test and referrals
- Alcohol Brief Interventions and Drug Brief Interventions
- Access and support to Medication Assisted Treatment (MAT)
- Access and support to Housing and homelessness

This continuation of this assertive outreach service and support from its partners within the current ADP system of care has potentially contributed to the 20% reduction in DRDs in Fife from 2019 (81) to 2020 (65).

3.2 Please provide details on the process for rapid re-engagement in alcohol and/or drug services following a period of absence, particularly for those at risk and during COVID-19. Are services fully open at normal levels / blended services on offer? (max 300 words).

During the pandemic, all ADP services remained open to existing and new people accessing support. Operational teams led the way in maintaining support and provision to existing service users' whilst finding suitable ways to take referrals and keep the system of care working. Almost all services remained open in some capacity and creative ways were employed to maintain recovery communities. Prescriptions and food parcels deliveries were managed within the existing workforce, IT equipment and phones were provided by services and the ADP. In the initial first quarter



Fife ADP third sector services each vary in how they offer rapid re-engagement to their services. During the last year, service altered their discharge policies and engaged clients and patients were not discharged for disengagement reasons., Below are some examples of the work involved in reengagement:

- Assertive outreach to service users and their families to reengage to prevent early unplanned closure
- Allowing self-referral back to the service at any time
- Reopening their file within a short time frame and thus avoiding the reassessment process
- Offering triages at point of first contact, thus avoiding onward referral and support directly back into treatment if required
- Highlighting those most at risk such as experience of a non-fatal overdose and employing a system of prioritisation

The Non-Fatal Overdose project works out of hours in an attempt to re-engage service users back into the system of care. The ADP harm reduction service due to the nature of the work is anonymous but will telephone service users – if appropriate - if they have not been seen recently or make enquiries within communities.

Clued Up exhaust all options in attempting to engage young people who have not attended appointment and young people can reengage very easily through social media or at a community drop in. Fife ADP Psychology Service, through thorough assessment and risk management are able to tailor their response to lapses or relapses. Through risk assessment and a shared plan, the service is able to place therapy on hold or to discharge to the initial referrer for onward support with a view to re referral in the future.

During the pandemic and lockdown, the NHS Addiction Services adopted a no discharge policy for unplanned discharges and if a patient had not been able to comply with standards of safe prescribing and/or risk has increased, a review was offered immediately. Prior to lockdown, this would normally be face to face in a clinical setting, but in the year a virtual approach as adopted by the service, via telephone, use of Near Me, or home/doorstep visit if OFT testing was required to support this. It is estimated that a third of patients received home visits in order to support their retention in the service. Furthermore, in order to retain patients in the services, all were reviewed on a case by case basis at four-weekly intervals based on patient need, requests and safety. This involved varying medication, dosage, dispensing arrangements and frequency. For patients isolating and for shielders, the service developed protocols for home delivery of medication.

3.3 What treatment or screening options were in place to address drug harms? (mark all that apply)

- |  |   |
|--|---|
| Same day prescribing of OST                    | <input type="checkbox"/>  |
| Methadone                                      | <input checked="" type="checkbox"/>                             |
| Buprenorphine and naloxone combined (Suboxone) | <input checked="" type="checkbox"/>                             |
| Buprenorphine sublingual                       | <input checked="" type="checkbox"/>                             |
| Buprenorphine depot                            | <input checked="" type="checkbox"/>                             |
| Diamorphine                                    | <input type="checkbox"/>  |
| Naloxone                                       | <input checked="" type="checkbox"/>                             |
| BBV Screening                                  | <input checked="" type="checkbox"/>                             |
| Access to crisis support                       | <input checked="" type="checkbox"/>                             |
| Access to detox from opiates/benzos – rehab    | <input checked="" type="checkbox"/>                             |
| Other non-opioid based treatment options       | <input checked="" type="checkbox"/> Please provide details..... |



In December 2020, NHS Addictions Service added Buprenorphine to the prescribing formulary and 16 people – during the final quarter of the year - had commenced or transferred from existing medication and other people liberated from prisons and returning to Fife were also continued on these prescriptions in the community as per normal protocol.

The service provides detoxifications from benzodiazepines and this continued during lockdown with a small majority of these on a slow detox having transferred from primary care.

Access to crisis support is available but not on a routine basis and is typically available to people fleeing domestic violence. The service offered food parcels and mobile phones specifically to those leaving prison and to anyone who did not have access to one, as did other services.

### 3.4 What measures were introduced to improve access to alcohol and/or drug treatment and support services during the year, particularly for those at risk 20/21 (max 300 words).

Home visits performed routinely as standard by most Tier 3 services including NHS Addiction Services who needed to maintain people on their prescriptions and Barnardos, offering support to families and children.

Blended service delivery for all services. Third sector services offered telephone, zoom and TEAMS appointments and contact through WhatsApp and other social media platforms. Services actively encouraged self-referrals from individuals and families and friends and accepted referrals from new routes. Almost all services offered food and medication deliveries, equipment provision and doorstep support to their service users to prevent early unplanned discharge and prevent lapses/relapses and deterioration in emotional wellbeing caused by isolation.

Due to COVID restrictions in hospital sites, the REACH (hospital liaison) service model was redeveloped over the year to focus on alternative referral pathways as ADP staff could not be situated in nor attend wards. This remote access model featured a third sector organisation with NHS teams offering support and advice remotely and proved to be successful in inpatient wards especially for those with alcohol problems.

In 2020/21, 373 patients were assessed and offered support into the ADP system of care, 44% of these required help for alcohol use, 55% for opiate related issues and 1% for dual use.

New patients of the NHS Addiction Services, were given telephone appointments and attended a virtual drop in clinic using Near Me and discussed with medics and a home visit of OFT was completed at the home/doorstep, all prescribers were also available to complete home visits. As a result of this, time to prescriptions dramatically reduced to 10 working days with some parts of the service achieving 5 days towards the end of the year. This service provided over 50 telephone to early release prisoners and other high-risk individuals who did not have a phone. This ensured improved access and continuity of service.

During the first quarter of the year and working closely with pharmacy colleagues NHS Addictions distributed Take Home Naloxone Kits to every patient receiving ORT an approximate 1,550 patients. A team of staff from other services (ADAPT, FASS, ADP support team, Barnardos, Clued Up, FIRST, Restoration and Phoenix Futures) volunteered every afternoon to deliver prescriptions and THN kits to pharmacies throughout Fife for the first two quarters of the year, with a Fife council service taking over in September.

We Are With You set up a helpline and delivery number phone number injecting equipment, take home naloxone and harm reduction advice and this was delivered to home addresses often with food parcels. This approach ensured that 229 take home naloxone kits were delivered to those at high risk over the year. This was a partnership approach between We are with you staff and NHS Sexual Health and BBV Team and included mobile unit provision





In 2020/21, Frontline Fife became a delivery partner with the national programme for digital inclusion for homelessness services – Connect 100. As part of this development, Frontline Fife are now engaging with a cohort of clients to support them accessing Near Me and other digital support. Client outcomes from this service aim to increase and sustain engagement and include access to mobile phones, laptops and top up cards, and dedicated support to increase skills for digital inclusion thereby increase the client's choice to engagement. This work will be further developed in the next financial year.

3.5 What treatment or screening options were in place to address alcohol harms? (mark all that apply)

- Fibro scanning
- Alcohol related cognitive screening (e.g. for ARBD)
- Community alcohol detox
- Inpatient alcohol detox
- Alcohol hospital liaison x
- Access to alcohol medication (Antabuse, Acamprase etc.)
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangements of the delivery of ABIs in non-priority settings
- Other – Please provide details

NHS Addictions patients requiring support for alcohol use, were also offered home and doorstep visits. Community alcohol detoxification reduced during the most severe lockdown measures (as daily visits to manage the detox would not have been possible) but recommenced when restrictions eased. Alternative support was based on managing risk including prescribing acamprosate to reduce cravings. Inpatient detoxification (Fife NHS uses beds in Tayside) was closed but patients' referrals were still received and patients supported with advice and psychosocial support. Again, alternative medication was prescribed as the team reviewed their guidance to support patients. Alcohol hospital liaison support was offered to staff on wards through the hospital sites including prescribing guidance.

ABI delivery in primary care, A&E and maternity services greatly reduced due to a lack of face to face opportunities but delivered over the telephone and in person when restrictions would allow.

*People engage in effective high-quality treatment and recovery services*

3.6 Were Quality Assurance arrangements in place for the following services? (examples could include review performance against targets/success indicators, clinical governance reviews, case file audits, review against delivery of the quality principles):

	<i>Adult Services</i>	<i>Children and Family Services</i>
Third sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Public sector	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

The NHS Addiction Service has quarterly clinical governance meetings in place with an emphasis on the application of the nine pillars of clinical governance across the full service. This includes adherence to mandatory training, case file audits, registration and risk assessments. Programme Case File audits are completed based on learning from internal drug death cluster reviews supported by prescribing audits and overdose risk assessment reviews. Clinical meetings are provided for all staff on a weekly basis to review high risk co-morbid patients. Managerial supervision and case load supervision are regularly conducted as part of the service delivery model.



All third sector organisations report on a six monthly and annual basis to the ADP and the Fife Council and Contract Monitoring team on their performance on activity, outputs and outcomes as part of their SLA commitments. Statutory provision in the last two years has also been required to follow this process. Third Sector organisations conduct performance and evaluation reviews on a routine basis as part of their commitment to continual improvement and outcomes and impact of this is reported to the ADP. Most of these reviews place the experiences of the service user at the centre of the process.

3.7 Please give details on how services were Quality Assured including any external validation e.g. though care inspectorate or other organisations? (max 300 words)

Below are examples of type of external validation ongoing within services in Fife.

FIRST and Frontline Fife are both registered and inspected by the Care Inspectorate. The latter's workers are registered with SSSC and formal observations of practice are carried out in line with CI/SSSC standards

FASS and DAPL are both members of counselling governing bodies, COSCA (Counselling and Psychotherapy in Scotland) and BACP (British Association for Counselling and Psychotherapy) and these counselling services including those provided by ADAPT are audited/assessed annually by COSCA's Recognition Scheme for Counselling Services. The scheme addresses organisational standards and practices including recruitment and training, Continuous Professional Development and Practice/Clinical Supervision, and systems for appropriate referral, record keeping and feedback from service users.

The ADP Psychology Services' psychologists are governed by the standards and the ethical guidelines of the Health & Care Professional Council.

Thank you for completing the recent Scottish Government ADP Pathways Survey, which gathered data for 2019/20. The following questions look to gather the same data for 2020/21.

3.8 Were there pathways for people to access residential rehabilitation in your area in 2020/21?

Yes   
No

Please give details below (including referral and assessment process, and a breakdown between alcohol and drugs referrals) (max 300 words)

Fife's FIRST service has delivered a successful service since 2014 and this has been highlighted in the Dundee Drug Commission Report. This has been largely due to four features of the model

- (a) robust assessment
- (b) extensive preparatory work
- (c) ongoing liaison with the client in rehab and their family for the duration of their stay
- (d) immediate support from the community rehabilitation service linking the clients into recovery supports on discharge from the residential unit. The Family Support element has proved to be of huge benefit to the client and their family members as a whole.

In more detail, FIRST's Residential Rehabilitation programme is for individuals with substance issues and is funded to provide assessment, preparatory work and ongoing support. Referrals can be made through attending the Fife-wide triage drop-in clinics or through other appropriate services. Those applying for residential rehabilitation are required to meet the referral criteria and be prepared to engage in a structured and intense programme of preparatory work. To meet the criteria for this service a client must have:

- Had a drug and/or alcohol issue for a considerable period of time (years rather than months).
- Previously tried and exhausted drug and alcohol services in the community.
- Not benefitted from previous formal community-based detoxification.
- Evidence of willingness to change and to see change as a personal responsibility.



- A commitment to engage in a structured and intense programme of preparatory work prior to detoxification followed by residential rehabilitation.
- A willingness and understanding of the need to continue to engage with services after returning to the community.
- Been assessed as capable of achieving abstinence and is prepared to do so.

There are three elements to the service:

- 1) Assessment and preparatory stage where FIRST will look at current and historic drug and alcohol use, criminal activity, housing issues, social circumstances, family networks and support, involvement with other services and assess motivation for change. Inpatient residential detoxification for six weeks followed by a twenty-week residential rehabilitation programme with places purchased from one of four external providers selected on the particular needs of the individual.
- 2) Structured community-based rehabilitation with suitable housing and housing support as key components as well as a comprehensive package of aftercare services and continuing follow up for a sustained period of time will follow after this twenty-six-week period.
- 3) On completion of the programme the client will receive ongoing support from one of FIRST's Rehabilitation Workers and have access to a range of aftercare both from FIRST and provided by other services in the system of care.

3.9 How many people started a residential rehab placement during 2020/21? (if possible, please provide a gender breakdown)

19 people went into rehab (14 males and 5 females)

15 clients fully completed the programme (10 males and 5 females with 4 males partially completing the programme)

This FIRST service was provided with 65% of the emergency funding allocated to ADPs in March 2021 but due to the lateness of the allocation, they were not able to purchase residential rehabilitation places in that year. These funds will be used in this financial year.



*People with lived and living experience will be involved in service design, development and delivery*

3.10 Please indicate which of the following approaches services used to involve lived / living experience / family members (*mark all that apply*).

*For people with lived experience:*

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups / panels
- Lived/living experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other  Please provide details.....

Please provide additional information (optional)

During the initial lockdown, DAPL - a counselling service funded by the ADP offering support to young people, adults, families and those affected by someone else's substance use – regularly surveyed their full client caseload about their experience of the lockdown service and adapted their delivery on a weekly basis. The results have formed the basis of their new blended delivery approach, as face to face appointments return whilst allowing a preference for online and telephone-based service delivery models for those who need it. Frontline Fife have also conducted services, to ensure any upcoming needs for support can be considered and to allow for forward planning of service resources.

Generally services have discovered that telephone and online support has increased attendance in the early stages of engagement and reduced the attrition rate, therefore a blended model includes offering different types of appointments to service users during their time with the service and being adaptable enough to respond to changes in cases of child care issues ensures that engagement is longer, more meaningful and prevents unplanned discharge. It has in some regards, provided a more convenient service for those in remote areas of Fife too.

Both DAPL and FIRST have board members with lived experience. Clued Up's young people service have a Young Persons' Gathering (YPG) group, which feeds into the Board of Directors. This group is an evolving and integral part of service delivery and evaluation as young people move on with their lives, others are encouraged to become involved.

During the summer of 2020, Fife ADP commissioned Scottish Drugs Forum to conduct independent peer to peer analysis of service provision during lockdown. This will inform future strategy and service delivery ensuring that innovative and creative aspects of delivery liked by service users is maintained post lockdown. (see 3.14 for more details)

*For family members:*

- Feedback/ complaints process
- Questionnaires/ surveys
- Focus groups / panels
- Lived/living experience group/ forum
- Board Representation within services
- Board Representation at ADP
- Other  Please provide details.....

Please provide additional information (optional)

The Lived Experience Panel (a subgroup of the ADP) currently has core attendance of 10 individuals, some of which have family lived experience of substance use.



3.11 Had the involvement of people with lived/ living experience, including that of family members, changed over the course of the 2020/21 financial year?

- Improved   
Stayed the same   
Scaled back   
No longer in place

Please give details of any changes (max 300 words)

Yes, improved LEP set up in December 2020. Fife ADP has had a lived experience panel since the end of last year and it is a subgroup of the ADP. It is chaired by an SRC staff member (who attends the ADP Committee meetings to represent the views of the panel) and supported by an ADP Policy Officer. It has met several times and has a core group attendance of about 10 individuals. The ADP support team required a direct reach to and independent relationship with people with lived and living experience to foster a co-productive approach in strategy, policy development and commissioning. In the last quarter of the year, the panel has been involved in a few projects, mainly on how to invest the emergency funding allocated by SG in February 2021 and the development of a peer to peer advocacy service.

3.12 Did services offer specific volunteering and employment opportunities for people with lived/ living experience in the delivery of alcohol and drug services?

- Yes   
No

Please give details below (max 300 words)

During 2020/21, the Addiction Worker Training Programme was funded for two positions in Fife during the year though both learning and placements occurred remotely. The DAPL service and NHS Addiction Service provides placements locally.

FIRST (community and residential rehabilitation service) have a Peer Leader and Volunteer programme so clients can transfer seamlessly across the service after being successfully closed as a client of FIRST and become a Peer Support Worker. FIRST also has three members of staff with lived experience from a staff team of 16. Current clients can, if they wish become part of the peer leader programme following discharge from the service and can undertake the volunteer training programme.

Restoration (recovery communities service) continued to offer employment opportunities to those with lived experience of substance use and have a team of staff and sessional workers who are involved in the development and growth of the recovery communities in Fife.

WAWY has a well-developed Community Engagement policy that provides a process for service users to engage in volunteering opportunities and a structure to move through this process and onto employment in many instances. WAWY in Fife has a history of providing volunteering opportunities that have developed into sessional and then salaried positions. Currently 40% of operational staff in Fife have gone through this process.

Phoenix Futures is commissioned to deliver a lived experience peer mentoring service both in the community and in prisons. During the year, they recruited and supported 22 people as mentors sharing their experience of recovery with over 50 mentees receiving support.



**People access interventions to reduce drug related harm**

3.13 Which of these settings offered the following to the public during 2020/21? (mark all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drug services 3rd Sector	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness services	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	x	<input type="checkbox"/>	x	<input type="checkbox"/>
GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&E Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's support services	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	x	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	x	x	x	<input type="checkbox"/>
Other ... (please detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note that there aren't Council drug services.

NHS Addictions are provided with details from hospital wards regarding patients with SAB and offer follow up support including wound care. They are also pursuing a PGD for antibiotic prescribing to provide seamless continuation of treatment to patients from hospital into the community.

During 2020/21, NHS Pharmacy Services delivered an enhanced IEP and Take-Home Naloxone service across Fife. An additional five community pharmacies commenced IEP in key high-risk areas identified by DRD and NFO data. For Take-Home Naloxone, there was an increase from 8 pharmacies providing kits and advice to 37, with the specific objectives of increasing coverage in remote areas, increasing times that THN is available and creating a direct and local access point for families, friends and members of the community to access this life saving medication. There are plans to consider further roll out of this provision with opportunities to increase wound care and Hep C testing from community pharmacy sites.

**A person-centred approach is developed**

3.14 To what extent were Recovery Oriented Systems of Care (ROSC) embedded across services within the ADP area? ROSC is centred around recognising the needs of an individual's unique path to recovery. This places the focus on autonomy, choice and responsibility when considering treatment.

- Fully embedded
- Partially embedded
- Not embedded

Please provide details (max 300 words)





For several years, the ADP has used the Quality Principles Standard Expectation in Care and Support (2014) as its benchmark for assessing implementation of the principles of a Recovery Orientated Systems of Care within and between services. This is monitored via the Service Level Agreements in place with Fife Council's Contract Team. To supplement this, Fife ADP commissioned Scottish Drugs Forum to conduct a peer research service user questionnaire. The survey interviewed 37 people who used or using services in Fife during 2019/20. This concluded that services are of a good quality and areas of good practise were: Some key areas of good practice were:

- 3 week waiting times are mostly being met from referral time to being seen by the service
- Good worker relationship - being treated fairly, respectfully and with dignity
- Majority of workers are using a person-centred approach
- Recovery goals and plans were effective
- Service users being aware that a family member can be involved in their recovery plan upon the service users request.

During the COVID 19 pandemic an independent, lived experience led, service user evaluation was conducted by the Scottish Drug Forum requested by the ADP to ascertain if the above findings were still the case during the pandemic/lockdown. A further aim was to ascertain how innovative and creative ways of working might be developed and maintained in a blended model delivery ensuring we maintain our ROSC. Below are the main recommendations:

- A blended approach to support from drug and alcohol services going forward with both face to face and phone/ zoom appointments being made available to service users would be of benefit to increase engagement.
- Maintaining changes to OST provision, including less frequent daily pickups, where desired by clients and is appropriate would be beneficial to consider.
- Communications with service users should be maintained and further increased about changes to prescribing and/or service delivery and the rationale for these changes.
- Targeted messaging and interventions for covid-19 prevention for people using substances would be beneficial

These findings have been shared with services where appropriate and will be adopted and inform quality improvement work

3.15 Are there protocols in place between alcohol and drug services and mental health services to provide joined up support for people who experience these concurrent problems (dual diagnosis)?

- Yes
- No

Please provide details (max 300 words)

During 2020/21 NHS Addiction Services and Mental Health Services have revised and developed new protocols. The work is guided by a Framework based on supporting the patients' full needs and limiting occurrences of these being unmet within a "no wrong door" approach. This has evolved into specific pathways for at risk population groups overseen by four short life working groups with a focus on pathways between learning disabilities, CAMHS, in inpatient and community mental health and primary care. This work will encompass all forms of drug use and not focused on those who are just dependent and will be inclusive of the third sector organisations offering support to those affected by dual diagnosis. This work is based on learning from NHS Addiction Services drug death cluster reviews and is compliant with the MAT standards.

Is staff training provided (dual diagnosis)?

- Yes
- No



Please provide details (max 300 words)

Within the NHS, workforce development and training have defined roles more clearly and indicated where work can be merged and where specialisms and dual working are required. A model of nurse liaison is in place with the unscheduled care team so people in crisis do not fall through gaps. This model can be extended to mental health and primary care.

Have mental health services requested Naloxone following updated guidelines from the Lord Advocate?

Yes

No

Forensic mental health team have also requested training and supply of kits.

### *The recovery community achieves its potential*

3.16 Were there active recovery communities in your area during the year 2020/21?

Yes

No

3.17 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes

No

3.18 Please provide a short description of the recovery communities in your area during the year 2020/21 and how they have been supported (max 300 words)

Restoration provides community-based activities and low threshold support in Fife for those affected by alcohol and drug use. Activities during the year included:

- regular online meetings and workshops;
- exercise focused outdoor (face to face) groups;
- employability and educational pathways;
- door to door deliveries / interventions;
- referrals to NHS, 3rd sector services, fellowships and community groups.

The organisation sought and was awarded funding to provide technology and support continued online involvement with recovery activities for their members. When restrictions would allow and recognising the needs of their service users, IT training was provided to build confidence and prevent further isolation. Until December 2020, Phoenix Futures offered a Recovery Café in Lochgelly twice a week and an outdoor Recovery Café twice a week in Kirkcaldy, now based within the YMCA. From August 2020, Phoenix Futures commenced a recovery/support café in James Bank Hostel in Dunfermline, offering mentoring and lived experience support to residents with active linkage employed to engage people in Tier 3 support and treatment and links for people to the community based projects offered from the Recovery Through Nature programme.

### *A trauma-informed approach is developed*

3.19 During 2020/21 have services adopted a [trauma-informed approach](#)?

All services

The majority of services



- Some services
- No services

Please provide a summary of progress (max 300 words)

Fife ADP has supported the Addiction Psychology Services' development of a workforce delivery plan focused on improving the whole system approach to trauma and aligning our recovery orientated system of care with the MAT standards in particular 6 (upskilling for tier 1 and 2 psychosocial interventions) and Tier 10 (creating a fully informed system of care). The overall aim is to have a fully trauma informed and psychologically responsive system of care that recognises the difficulties of the care group to engage and be retained in services and minimising the impact of stigma on delivery.

In 2020/21, the Addiction Psychology Service conducted a training needs assessment across the full partnership's workforce. From this a competence framework has been developed detailing interventions, training, coaching and mentoring including group and individual supervision to increase sustainability over the longer term. In the last year, NHS Addiction Services engaged with programme of activity including trauma informed practises, training, supervision, formulation training and group supervision and coaching and mentoring to improve delivery of psychosocial support. Training included, formulation, safety and stabilisation, managing disclosures, boundaries and endings. FIRST (community and residential rehab service) with the support of NHS Psychology Services have undertaken intensive work in this area with all staff completed trauma informed training, core skills, formulation and motivational interviewing training. All frontline staff participate in monthly Coaching Sessions to further enhance their practice when working with client and as a result staff are very clear on what their role and remit is when working with clients, and when a client should be managed by an addictions psychologist and not by a FIRST member of staff. FIRST also deliver emotional resources groups in conjunction with NHS Fife Addictions Psychological Therapies Service (APTS) to clients as part of their care package with FIRST.

Over the next three years, it is expected that all ADP services will be fully involved and committed to this shared workforce delivery plan.

Services are aware of the impact of trauma on the care group and have undertook their own awareness and skill development training. Counselling and therapeutic services (DAPL and FASS) are delivered in Fife and are involved in offering direct trauma support to people affected by traumatic experiences in childhood and adulthood.

### *An intelligence-led approach future-proofs delivery*

3.30 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? (mark all that apply)

- Alcohol harms group
- Alcohol death audits (work being supported by AFS)
- Drug death review group
- Drug trend monitoring group
- Other  Please provide details.....

As indicated in the Fife ADP Strategy 2020-23, the ADP subgroups were reviewed, and new groups established to focus on current priorities. In February 2021, the Multiple Drug Death Review Group (MDDRG) commenced – chaired by Public Health - to review and analyse suspected drug related deaths in year to support learning and improvements within the ADP System of Care and in other services and directorates. This provides a more dynamic and urgent response to trends.

The group is attended by representatives from ADP Support Team, Fife NHS Addiction Service, Public Health, A&E department, Criminal Justice Social Work, Police Scotland Fife Division, Pharmacy, Adult Support and Protection and Third Sector organisations (WAWY and ADAPT) involved in harm reduction and access support provision.

In December 2020, the Lived Experience Panel was established based on fully including people with lived and living experience during the development of the strategy. The ADP support team required a direct and independent relationship with people with lived and living experience to foster a co-productive approach in strategy, policy development and commissioning. It is chaired by a Scottish Recovery Consortium staff member (who attends the ADP Committee meetings to represent the view of the panel) and supported by an ADP Policy Officer. It has met monthly and has a core group attendance of 10 people with both lived experience of substance use and recovery as an individual and part of a family and community. Individual support is offered to each member of the group to sustain their engagement.

3.21 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

The ADP also supported the introduction of an Addressing Alcohol Specific Death Group, though this did not commence last year due to delays in completing the planned alcohol specific deaths research and an inability to access current alcohol specific deaths data. The group has, however, commenced in 2021/22 and Public Health have offered their full support to complete research on last year's alcohol specific deaths. This should support learning, service quality improvement and interservice communication and planning. NHS Addictions Service also planned for an alcohol death cluster review group but this did not commence due to operational pressures caused by the pandemic and lockdown

3.22 Please provide a summary of arrangements which were in place to carry out reviews on drug related deaths and how lessons learned are built into practice (max 300 words)

In addition to information provided in 3.30, in its first six months, the MDDRG has completed 32 in depth and reviews on suspected drug related deaths. Any findings pertinent to ADP organisations or partners are shared immediately and improvements are supported.

However, due to the breadth of the information gathered as part of each review, some of the learning is applicable to services and systems of care beyond alcohol and drug services and thus has a potential relevance for statutory organisations and voluntary and independent sector. Learning has been categorised into key areas to aid understanding and highlight significant quality improvement developments. These could have an impact on how universal services are planned, adapted and delivered for those who are most at risk of harm due to substance use. There are seven learning and improvement categories:

- 1) Access to services
- 2) Lack of Communication and information sharing across multiple agencies
- 3) Lack of Case Management approach and additional support during high risk times
- 4) Potential Adult protection concerns
- 5) Lack of overdose awareness within services and families
- 6) COVID Affecting service response/engagement

A summary report of the learning has been produced to be shared with Fife's Chief Officers Group.



#### 4. Getting it Right for Children, Young People and Families

4.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

Yes

No

Please give details (E.g. type of support offered and target age groups)

Fife ADP commissions a young person's outreach service provided by Clued Up. This service provides a comprehensive "youth friendly" substance use support and information service for young people under-25 in the Fife area, also providing active linkage to other services including mental health/housing/primary care to improve successful engagement and resolutions of problems. The project provides education, prevention, early intervention and diversion for young people affected by their own or someone else's substance use. Over the year Clued Up supported

DAPL provides counselling and therapeutic engagement to children and young people with substance use problems in either their school or alternative environment. This work is linked with mental health and wellbeing of school children throughout Fife as part of the Our Mind's Matter initiative.

NHS Addiction Service does provide support and treatment to young people under the age of 25 but there were no referrals for anyone under the age of 16 during 2020/21. All other ADP services provide person centred support to 16 – 25-year olds as part of their current delivery.

4.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

Yes

No

Please give details (E.g. type of support offered and target age groups)

In addition to the service provided by Clued Up see 4.1, the ADP commissions a CAPSU (Children Affected by Parental Substance Use) service provided by Barnardos. The service is a whole family support provision delivered throughout Fife to families, children and young people affected by parental substance use. The service has evolved to respond to the needs of local families and is featured on the Fife's Children's Wellbeing Pathway at the intensive level.

The CAPSU service works with parents and children 0-12 and any older siblings within the family who are affected by parental substance use. This service provides intensive support to families and focuses on reducing the impact of the parental substance use, improving parent confidence, resilience and health, improved family relationships increased resilience in the children and family has access to support services. The support offered is very practical as well as more therapeutic 1:1 sessions with children and parents to address the various issues impacting on family life. The service focuses on individual sessions with parents which explore their adult attachment strategies around their lived experiences and how that informs their parenting styles with their children. During the lockdown this service continued to visit families in their home and provided extensive support.

The CAPSU service also provide group work for the children engaged with their service.





4.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes

No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The Chair, Children and Families Service Manager and the HSCP Partnership representative on the ADP also attends the Child Protection Committee and updates are provided from the ADP. Third Sector services commissioned by the ADP have representatives involved in the Children's Services Partnership structure e.g Child Protection Committee and the Children's Services Partnership group and feedback is given by the third sector representative on the ADP Committee.

4.4 Did services for children and young people, with alcohol and/or drugs problems, change in the 2020/21 financial year?

Improved

Stayed the same

Scaled back

No longer in place

Please provide additional information (max 300 words)

Services did not change albeit the adapted delivery models as a result of the pandemic and lockdown. Please see 4.1 & 4.2 for more detail.

4.5 Did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2020/21 financial year?

Improved

Stayed the same

Scaled back

No longer in place

Please provide additional information (max 300 words)

In May 2020 – as part of a wider review - a mapping exercise of commissioned services took place across Education and Children's Services and all related partnerships and directorates. During this process two Alcohol and Drug Partnership funded services, Barnardo's CAPSU (Children Affected by Parental Substance Use) service and Clued Up Young People's Outreach and Support service were identified due to a shared responsibility – between the ADP and Education and Children's Services – of improving outcomes for children and young people and their families. This process and the ADP intention to redevelop their service briefs presented a clear opportunity to strategically and operationally revise in partnership the service model, activities and outcomes required for a whole family support service working across Fife.

Between October and December 2020, a new brief was developed, and a grant application process was undertaken with support of Fife Voluntary Action.

A more formalised partnership model now exists between Barnardos and Clued Up to bring together their specialisms and create a more joined up approach in supporting families, children and young people affected by substance use. The new model features:

- More support at the additional level of need, working earlier with families to prevent crisis and harm





- Offering support to Young People's families as a means of improving their experiences of family life whilst still respecting their rights for a discrete service
- Increasing the age range of support to all young people up to the age of 26
- Better active linkage between whole family support and adult alcohol and drug treatment services
- Links to the specialism of therapeutic engagement for parents, children, young people and families offered by DAPL

This will be closely monitored over the next to ensure its compliance with the Scottish Government Framework for Whole Family Support and Family Inclusive Practice.

4.6 Did the ADP have specific support services for adult family members?

Yes

No

Please provide details (max 300 words)

Family support is offered as part of the counselling and therapeutic service delivered by DAPL and FASS and will have changed to online and telephone support during the last financial year. This is support offered to family members to sustain them in their caring role. In addition, almost all services offered family inclusive support when opportunities arose though this would have been on an opportunistic basis rather than specifically targeted and planned, largely due to most service delivery occurring online or on the telephone and not in person appointments where a family member would be likely to attend.

4.7 Did services for adult family members change in the 2020/21 financial year?

Improved

Stayed the same

Scaled back

No longer in place

Please provide additional information (max 300 words)

NHS Addiction Services in partnership with Scottish Families Affected by Alcohol and Drugs applied for some emergency funding at the end of year to establish a CRAFT based family support worker embedded within this service to offer direct support to family members over the age of 16. This service did not commence until 2021/22 but was planned and supported within this year. ADP in partnership with Education and Children's Services recommissioned provision for whole family support including CAPSM, Young people and support to adults in the family not using substances. This has included an additional as well as intensive level of support ensuring that families – including adult members – are offered support earlier avoiding crisis, potential family breakdown and sustaining the adults within the family unit to continue in their supportive and caring role. Secondly, combining of ADP and ECS resources, has also enabled an increase in capacity meaning more families will be offered support if they are affected by substance use and its associated issues. This service commenced in 2021/22.

OOor Space an independent grass roots community group based in the East Neuk of Fife offering support both to those affected by their own use and family members were offered training and workforce development from Phoenix Futures on naloxone and overdose prevention and educational support from ADAPT.

DAPL provided online family support via the SMART Families group work delivered online, this is the first time this support has been offered in Fife.



4.8 Did the ADP area provide any of the following adult services to support family-inclusive practice?  
*(mark all that apply)*

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	x
Personal Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other <i>(Please detail below)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional information (max 300 words)

All ADP services would offer family support and there are carer's services and advocacy services commissioned by Fife Health & Social Care Partnership in the area to offer support to any family member affected by the substance use within their family.



## 5. A Public Health Approach to Justice

5.1 If you have a prison in your area, were arrangements in place and executed to ensure prisoners who are identified as at risk left prison with naloxone?

- Yes
- No
- No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)

5.2 Has the ADP worked with community justice partners in the following ways? *(mark all that apply)*

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Upon release, is access available to non-fatal overdose pathways?
- Other  Please provide details

Please provide details (max 300 words)

The ADP reinvested in its Prison Peer Mentoring Service provided by Phoenix Futures to actively link to those liberated from prison and provide intensive support during the first 72 hours of release. This work reaches into prisons, to establish early relationships with people intended to be liberated and offers support on immediate and post release. In particular, offering housing support, access to primary care and welfare/benefits. In addition to this offering access to community/recovery café, facilitating the re-establishment of support and social networks for individuals and access to the alcohol and drug system of care if required. In the year, the service has worked with 28 individuals referred from HMP Perth, Glenochil, Huntly, Polmont and Edinburgh. As restrictions eased, gate picks ups recommenced ensuring that people made it back to their communities safely and with support.

The NHS Addictions Service has well established links, processes and agreements in place for the continuation of treatment once a person is released from prison and returns to Fife. This supports the continued care and recovery of individuals. Over lockdown, this was adapted to respond to the number of early release prisoners returning to Fife prescribed Buprenorphine.

5.3 Has the ADP contributed toward community justice strategic plans (E.g. diversion from justice) in the following ways? *(mark all that apply)*

- Information sharing
- Providing advice/ guidance
- Coordinating activities



- Joint funding of activities   
Other  Please provide details

Please provide details (max 300 words)

Fife ADP is an active member and contributes fully to the Community Justice Outcome Improvement plan and recorded activity and outcomes relevant for the "Local Area Annual Return 2020-21". This contribution has led to joint collaboration to develop and fund a 12-month pilot with Violence Reduction Unit based in one of Fife's custody suites the project will follow a navigator model delivered by SACRO to engage with people who have both alcohol and drug problems which have led to their arrest and continual re-arrest. The project aims to divert service users from future contact with the criminal justice system by connecting to various services within Fife to help meet their needs and improve their individual outcomes and have a wider impact on community safety objectives.

5.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families. (max 600 words)

a) Upon arrest

As indicated in 5.3, a new arrest navigation project was due to commence in 2020/21 funded by the Violence Reduction Unit and delivered by SACRO. Details of this service include:

- Workers based in Kirkcaldy Police Custody Suite able to engage with people directly who experience alcohol and drug problems
- Intensive, frequent and motivational work aimed at diverting people from the criminal justice system
- Overall the service expects to engage with 80 individuals per annum with up to 10 individuals per worker for a 12-week period (although this may vary depending on service user need)
- Streamline triage assessments to engage those requiring Tier 3 support quickly.
- The project workers will also be trained in Take Home Naloxone (THN) and overdose prevention which will further reduce the risk of drug related death for people who are in police custody suites.

In December 2020, the service commenced but was met with various difficulties including recruitment and access to the custody suites given the lockdown restrictions. The service adapted with the use of technology and changed the model to respond to people after release rather than attendance at the custody suites. This was executed swiftly enough to still meet the objectives of the service provision, though the service did not commence formally until April 2021.

b) Upon release from prison

Fife NHS Addictions Service have a well-established pathway and protocols in place with all prisons where those who are liberated might return to Fife and their care and treatment needs to continue in the community. The service responded quickly to support the needs of early release prisoners. See 5.2 for a fuller answer on third sector involvement.



## 6. Equalities

Please give details of any specific services or interventions which were undertaken during 2020/21 to support the following equalities groups:
6.1 Older people ( <i>please note that C&amp;YP is asked separately in section 4 above</i> ) Use of home visits. Family members / carers attending appointments online and in person to offer additional support.
6.2 People with physical disabilities Use of Near Me and online and telephone support
6.3 People with sensory impairments Hearing loop used by some services,
6.4 People with learning difficulties / cognitive impairments. Fife ADP services are compliant with EQIA assessment and this is ensured annually by the Fife Council Contract and Monitoring Process. Use of home visits. Family members / carers attending appointments. Front Line Fife's continued to offer bespoke approaches to those with autism, who are at much greater risk of homelessness and the root causes of homelessness e.g. addictions, poverty. One of the roles of the psychology service involves carrying out neuropsychological assessment to identify cognitive impairment/assist with diagnosis of ARBD to aid identification of barriers to change and/or engage with treatment. The service offers support to services regarding ways of adapting materials/communication for service users with identified cognitive impairments
6.5 LGBTQ+ communities Fife ADP services are normally involved with Fife Pride, this has not been possible due to the pandemic and lockdown.
6.6 Minority ethnic communities Fife ADP services are compliant with EQIA assessment and this is ensured annually by the Fife Council Contract and Monitoring Process.
6.7 Religious communities Fife ADP services are compliant with EQIA assessment and this is ensured annually by the Fife Council Contract and Monitoring Process.
6.8 Women and girls (including pregnancy and maternity) In response to the sharp rise (93%) increase in Drug Related Deaths of women in partnership with Fife Violence Against Women Partnership and Criminal Justice Service for Women, Fife ADP have planned an evaluation of women's experiences of alcohol and drug service. This will be qualitative research conducted by Scottish Drug's Forum using peer researchers with lived and living experience engaging with women currently receiving support and those who have attempted to receive support. The focus is to explore access and retention in treatment and support for women to uncover improvements needed either to the existing system of care and/or its services to ensure an equity of service provision for women in Fife.



As part of the Vulnerable pregnancy service, Fife NHS provides specialist midwifery support to women affected by alcohol and drug use. There are close links with this team and the NHS Addiction Service and the Barnardos' intensive CAPSM service.