

Stephen Brown (Chief Officer)

Orkney Health and Care

01856873535 extension: 2601

OHACfeedback@orkney.gov.uk



Agenda Item: 14.

Integration Joint Board

Date of Meeting: 30 June 2021.

Subject: Orkney Alcohol and Drugs Partnership Strategy 2021-26.

1. Summary

1.1. The Orkney Alcohol and Drugs Partnership (ADP) Strategy 2021-26 sets out the vision, outcomes and approach to the delivery whilst considering the local and national drivers that lead the direction of travel for Orkney ADP.

1.2. Orkney ADP is committed to reducing the harm related to alcohol and drugs in our community, working with the Scottish Government, local partners, and community members to reduce alcohol and drug related harm, providing accessible and effective services, and responding to the views of those with lived and living experience of alcohol and drug use in our community.

2. Purpose

2.1. This document sets out the strategic direction of the Orkney ADP for the period 2021 to 2026 for the Board's consideration.

3. Recommendations

The Integration Joint Board is invited to note:

3.1. That, on 10 February 2021, the Board agreed:

- That the Orkney ADP Strategy 2021-31, attached as Appendix 1 to the report circulated, be submitted to the Scottish Government in draft form, with a request that the timeframe be reduced from 10 years to 5 years.
- That, in the interim, the draft strategy be submitted to the relevant governance committees of NHS Orkney, as a matter of urgency, to enable further consultation and engagement, with a revised draft resubmitted to the Board in due course.

3.2. The additional consultation undertaken, as detailed in section 4 of this report, with the consultation feedback, attached as Appendix 2.

3.3. That, following discussions with the Scottish Government, the revised strategy, attached as Appendix 1 to this report, is now a five year document.

It is recommended:

3.4. That the Orkney ADP Strategy 2021-26, attached as Appendix 1 to this report, be approved.

3.5. That the ADP creates a delivery plan to take forward the actions contained in the Orkney ADP Strategy 2021-26.

4. Background

4.1. The Scottish Government through their annual allocation letter to ADPs state that each ADP should prepare and submit a local strategy in their response in delivering and responding to the national strategies Rights, Respect and Recovery and the Alcohol Framework.

4.2. Orkney ADP is accountable nationally to the Scottish Government and locally to the Integration Joint Board (IJB).

4.3. The progress of the local outcomes within the Orkney ADP Strategy and the national ministerial priorities are monitored via the annual report which is submitted to the Scottish Government and feedback is provided highlighting areas of good practice as well as areas for further development.

4.4. A Delivery Plan will be developed to monitor progress against local outcomes and monitored annually by the ADP Strategy Group.

4.5. Following agreement from ADP members at the ADP Strategy Group on 7 July 2020, the final draft of the Orkney ADP Strategy 2021-31 was issued for wider consultation following guidance from IJB's Communication and Engagement Strategy to the following:

- All ADP Members (Strategy Group, Commissioning Sub Group, Wider Services Sub Group, Drug Related Death Sub Group and ADP Commissioned Services).
- Living Well Delivery Group.
- Domestic Abuse Forum.
- Community Safety Partnership.
- Community Justice Partnership.
- Youth Workers Forum.
- Road Safety Forum.
- Orkney Opinions via OHAC.
- ADP Website and ADP Facebook page for Public Consultation.
- NHS Orkney Senior Management Team.

The consultation was open until 30 September 2020.

4.6. The draft strategy was presented to the IJB at the February 2021 meeting. the IJB Members asked that further, additional consultation with local medical committees and young people was undertaken, this included:

- Area Clinical Forum.
- GP Sub Committee.
- Hospital Sub Committee.
- Nursing and Midwifery Advisory Committee (NAMAC).
- Therapy, Rehabilitation Assessment and Diagnostic Advisory Committee (TRADAC).
- Youth Forum.
- Care Experienced Young People Panel.

4.7. The IJB members also requested that the strategy should be a five year document not 10; this has been revised in the latest draft following discussion with Scottish Government.

4.8. The comments received are included in the overall consultation feedback at Appendix 2 along with the action taken.

5. Contribution to quality

Please indicate which of the Orkney Community Plan 2019 to 2022 visions are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	No.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
Equality: To encourage services to provide equal opportunities for everyone.	Yes.
Fairness: To make sure socio-economic and social factors are balanced.	Yes.
Innovation: To overcome issues more effectively through partnership working.	Yes.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
Sustainability: To make sure economic and environmental factors are balanced.	No.

6. Resource implications and identified source of funding

6.1. The budget for ADP funded activities in Orkney is delegated to the IJB following receipt of the Scottish Government's annual allocation via NHS Orkney's baseline. For financial year 2021/22 the baseline budget is £448,396.

7. Risk and Equality assessment

7.1. An Equality Impact Assessment has been undertaken and is attached as Appendix 3 to this report.

8. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

9. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

10. Authors

10.1. Stephen Brown (Chief Officer), Integration Joint Board.

10.2. Lynda Bradford (Head of Health and Community Care), Orkney Health and Care.

10.3. Katie Spence (ADP Coordinator), Orkney Health and Care.

11. Contact details

11.1. Email: stephen.brown3@nhs.scot, telephone: 01856873535 extension 2601.

11.2. Email: lynda.bradford@orkney.gov.uk, telephone: 01856873535 extension 2601.

11.3. Email: katie.spence@nhs.scot.

12. Supporting documents

12.1. Appendix 1: Alcohol and Drug Partnership Strategy 2021-26.

12.2. Appendix 2: Strategy Consultation Comments Received.

12.3. Appendix 3: Equality Impact Assessment.



Orkney Alcohol and Drugs Partnership Strategy 2021-2026



“Our vision is to help create a supportive, positive environment in Orkney which reduces the harms of problematic substance use”



Contents

1. Background	5
1.1. Introduction	5
1.2. Purpose.....	5
1.3. Governance and Accountability.....	6
1.4. ADP Finances	7
2. National Policy Drivers, Context and Challenges.....	7
2.1. Rights, Respect and Recovery: Scotland’s strategy to improve health by preventing and reducing alcohol and drug use, harm, and related deaths.....	8
2.2. Alcohol Framework 2018: Preventing Harm – Next Steps on changing our relationship with alcohol	9
2.3. Public Health Priorities for Scotland.....	10
2.4. Drug Related Death Taskforce: Our Emergency Response.....	11
2.5. National Context and Challenges.....	13
2.6. Ministerial Priorities and National Deliverables	13
2.7. NHS Standards: 2020 Local Delivery Plan.....	14
2.8. Stigma and Discrimination.....	16
3. Local Policy Drivers, Context and Challenges	17
3.1. Planning for our future: Orkney Strategic Plan 2019-22.....	17
3.2. Orkney Community Planning Partnership – The Orkney Partnership	17
3.3. Orkney Domestic Abuse Forum (incorporating Violence Against Women) Local Plan	18
3.4. Local Context	18
3.5. Service Delivery in Orkney	21
3.6. Health Inequalities.....	23
3.7. Ageing Population	23
3.8. Mental Health	24
3.9. Adverse Childhood Experiences (ACEs) and Trauma	24
3.10. Housing and Fuel Poverty	25
3.11. Employment	25
3.12. Remote and Rural Context.....	25
4. COVID-19	26
5. Vision and Strategic Priorities	28
5.1. Mission Statement.....	28
5.2. Strategic Priorities Summary.....	28
5.3. Fewer people develop problem drug or alcohol use.....	29

5.4. People access and benefit from effective, integrated, person centred support to achieve their recovery	29
5.5. Children and families affected by alcohol and drug use will be safe, healthy, included and supported	30
5.6. Vulnerable people are diverted from the justice system wherever possible and those within justice settings are fully supported	30
6. References	31
6.1. National Documents	31
6.2. Local Documents	32
7. Glossary	33
8. Appendices	33
8.1. Background	34
9. Version Control	34

1. Background

1.1. Introduction

This document sets out the strategic direction of the Orkney Alcohol and Drugs Partnership (ADP) for the period 2021-2026.

The strategy sets out the vision, outcomes and approach to the delivery whilst considering the local and national drivers that lead the direction of travel for Orkney ADP.

Orkney ADP is committed to reducing the harm related to alcohol and drugs in our community, working with the Scottish Government, local partners, and community members to reduce alcohol and drug related harm, providing accessible and effective services and responding to the views of those with lived and living experience of alcohol and drug use in our community.

Recognising that issues of dependency and harm related to alcohol and drug use rarely occur in isolation, Orkney ADP needs to ensure that they are aware of co-morbidity factors such as stigma, inequalities, poverty and deprivation, adverse childhood experiences and trauma.

1.2. Purpose

The purpose of Orkney ADP is to achieve the priorities set both locally and nationally to improve the outcomes for individuals, families, and the wider community of Orkney in relation to the reduction of alcohol and drug related harm. This includes the provision and commissioning of treatment and support services.

Orkney ADP is a multiagency partnership which sits within the Integration Joint Board which aims to improve and develop social care and community health and wellbeing.

Orkney ADP is made up of the following members:

- Chief Officer; Integration Joint Board (Orkney Health and Care).
- Chief Finance Officer; Integration Joint Board (Orkney Health and Care).
- Non-Executive Board Member; NHS Orkney.
- Head of Health and Community Care Service; Orkney Health and Care.
- Public Health Manager; NHS Orkney.
- GP in Primary Care; NHS Orkney.
- Service Manager – Public Protection; Orkney Health and Care.
- Elected Member, Orkney Islands Council.
- Head of Housing, Homelessness and School care Accommodation Services; Orkney Islands Council.
- Education and Leisure Services; Orkney Islands Council.
- Environmental Health Manager (Licensing Standards Officer); Orkney Islands Council.

- 2 x Representatives elected from Third Sector Forum.
- Chief Inspector and Orkney Area Commander; Police Scotland.
- Orkney Station Commander; Scottish Fire and Rescue Service.
- Customer Services and Partnership Manager; Kirkwall Jobcentre Plus.

1.3. Governance and Accountability

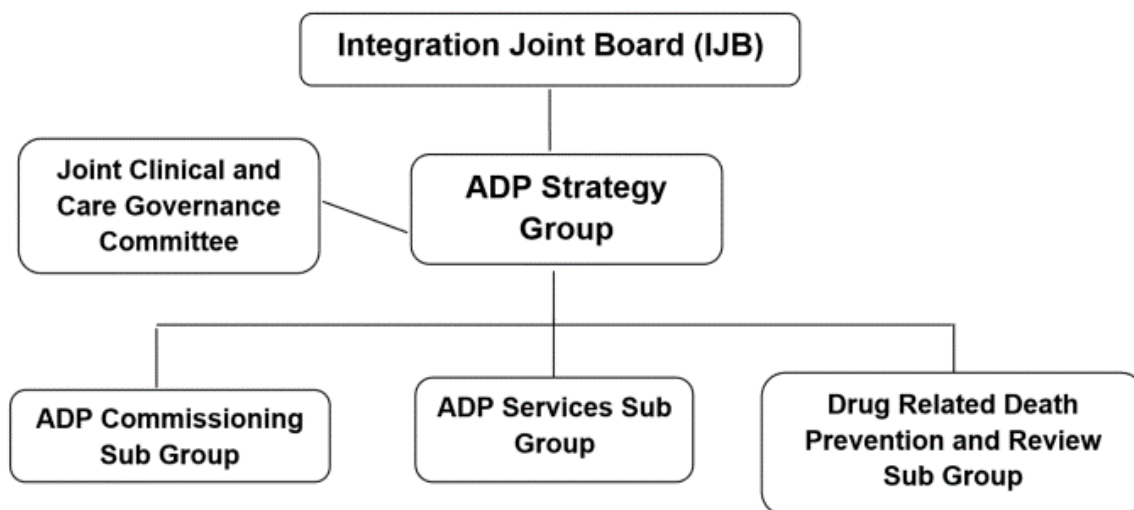
Orkney ADP is accountable nationally to the Scottish Government and locally to the Integration Joint Board (IJB).

The progress of the local outcomes within the Orkney ADP Strategy and the national ministerial priorities are monitored via the annual report which is submitted to the Scottish Government and feedback is provided highlighting areas of good practice as well as areas for further development.

As part of the local governance arrangements the annual report is also shared with the local Integration Joint Board (IJB) as well as the Joint Clinical and Care Governance Committee for local performance management and scrutiny.

Orkney ADP also submits data as part of Orkney Health and Care's Performance Management Report on the Local Delivery Plan Standards for Alcohol Brief Interventions and Treatment Waiting Times.

The Governance and accountability structure of Orkney ADP



Orkney ADP Strategy Group

The Strategy Group meet on a quarterly basis overseeing the strategic responsibilities of the Partnership including budget and performance management against the local strategy and the ministerial priorities set by the Scottish Government. In addition, this is the forum where local data trends and statistics are monitored as well as specific local issues relating to alcohol and drugs can be discussed.

Orkney ADP Commissioning Group

The ADP Commissioning Sub Group has devolved responsibility to lead on the local commissioning of services and the monitoring of the governance and accountability of those services. The process of commissioning follows NHS Orkney's Procurement process as a guideline for best practice. The minutes of the group are shared with ADP Strategy Group for scrutiny.

Orkney ADP Services Sub Group

The ADP Services Sub Group meets quarterly and is made up of frontline services, including commissioned services as well as those with an interest in alcohol and drugs. Those with lived and living experience are also included in this forum however it is recognised that due to the small community and to protect anonymity there also needs to be other innovative ways to include our community's voice. Feedback from frontline staff and those with lived and living experience are shared from the meeting to the ADP Strategy Group.

Orkney ADP Drug Related Death and Review Group

The Drug Related Death Prevention and Review Group meet at least once per year and thereafter following any drug related deaths that occurs in the County. The review group is mandatory as part of learning from drug related deaths to improve practice or prevent further deaths from occurring. Following a local review, recommendations and points of learning are shared with the ADP Strategy Group as well as the Chief Officer's Group to ensure that drug related deaths are considered at the highest level.

Reducing drug related deaths is a Scottish Government national priority and is further discussed in section 2.4.

On occasion due to the ever-changing landscape within the alcohol and drug field there may be a requirement to establish other short life working groups which would in turn be monitored by the ADP Strategy Group.

1.4. ADP Finances

The Scottish Government provides Orkney ADP with direct funding on an annual basis to support ADP projects; the allocation is transferred to NHS Orkney via their baseline allocation for onward delegation to Orkney Integration Joint Board. This allocation is not guaranteed, and the allocation can be subject to change. The total awarded to Orkney ADP for 2020/21 is £448,396.

2. National Policy Drivers, Context and Challenges

There are several national policy drivers that provide the national framework for delivering alcohol and drug prevention, treatment, and support in Scotland.

2.1. Rights, Respect and Recovery: Scotland’s strategy to improve health by preventing and reducing alcohol and drug use, harm, and related deaths

Rights, Respect and Recovery was published in 2018 with the over-arching vision of:

Scotland is a country “where we live long, healthy and active lives regardless of where we come from” and where individuals, families, and communities:

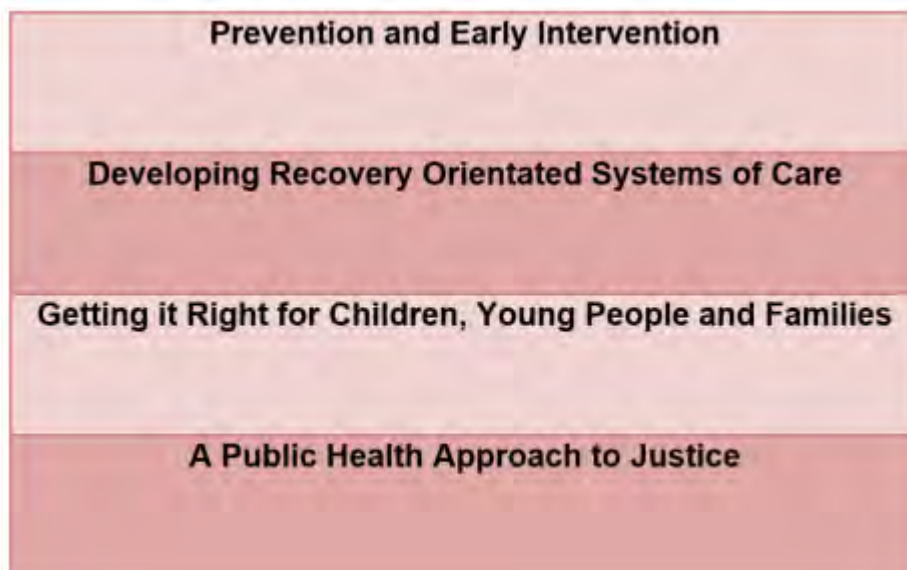
- Have the right to health and life – free from the harms of alcohol and drugs.
- Are treated with dignity and respect.
- Are fully supported within communities to find their own type of recovery.

Whilst there is not a specific timeline for delivery against this strategy, it can be assumed that it is a ten-year strategy following on from the previous national strategy ‘The Road to Recovery’ which was published in 2008.

Many commitments in this strategy are not in themselves detailed actions, however a separate local action plan has been produced to review and monitor progress. ADPs will report on their progress towards the national strategy through their annual reports.

Public Health Scotland will lead on the evaluation of this strategy, through an evaluation framework. The framework will be used to monitor and evaluate progress against the commitments and outcomes from Rights, Respect and Recovery on an ongoing basis. This will sit alongside the existing evaluation framework for the Alcohol Prevention Framework; Monitoring and Evaluating Scotland’s Alcohol Strategy (MESAS).

There are four key priorities in the strategy which are:



2.2. Alcohol Framework 2018: Preventing Harm – Next Steps on changing our relationship with alcohol

The Alcohol Framework was published in 2018 updating on the 2009 alcohol strategy the Framework for Action. Many of the original actions have been completed with others continuing and evolving. It continues to take an evidence-based approach and has three central themes, which are:

Reducing Consumption
Positive attitudes, positive choices
Supporting families and communities

This document sets out our national prevention aims on alcohol: the activities that will reduce consumption and minimise alcohol-related harm arising in the first place. This is consistent with the Public Health Priorities for Scotland.

The Framework aims to be delivered with the following approaches:

A balanced approach: The Scottish Government’s focus is on preventing and reducing alcohol-related harm. Tackling higher-risk alcohol use forms a significant part of reducing alcohol-related harm. Higher-risk alcohol use is defined as drinking above the lower-risk maximum amounts advised in the UK Chief Medical Officers’ (CMO) guidelines of a maximum of 14 units of alcohol per week for both men and women to keeps risk low, preferably spread over three or more days, with no drinking at all in pregnancy.



A whole population approach: The framework aims to take a whole population approach which aims to reduce alcohol consumption and the risk of alcohol-related harms across a population, because Scotland's consumption remains too high. Alongside, a whole population approach Alcohol Brief Interventions are continued to be progressed targeted to those most at risk.

A well-connected approach: It is crucial for the Government to understand people's motivations for drinking particularly recognising that some cultural norms around drinking have become so deeply embedded that they cannot be turned around through short-term action. Two consistent threads run through this document: (i) our actions must reduce health inequalities; and (ii) our actions must protect children and young people.

2.2.1. Measuring Progress

The Scottish Government continues to use a range of targets and indicators to measure health outcomes, including a Local Delivery Plan (LDP) standard for Alcohol Brief Interventions. Alcohol consumption within the population is monitored via the Scottish Health Survey; Public Health Scotland will track affordability and availability of alcohol as it is directly linked to consumption and alcohol-related harms and finally monitoring of alcohol-related statistics arising from the criminal justice system will inform the ongoing tailored approach.

MESAS: Monitoring and Evaluating Scotland's Alcohol Strategy

In 2016, NHS Health Scotland (now Public Health Scotland) published the final in a series of independent assessments from the MESAS programme – Monitoring and Evaluating Scotland's Alcohol Strategy – which together evaluated the impact of the 2009 alcohol strategy. Following the evaluation, a number of recommendations were made and these have been incorporated into the 2018 Framework.

For further information on local trends in relation to alcohol, please see section 3.2.

2.3. Public Health Priorities for Scotland

In 2018 the Scottish Government and COSLA developed the Public Health Priorities for Scotland; the priorities are inter-related and interdependent, reflecting the complexity of Scotland's health challenges and the effort needed nationally, regionally and locally to make a difference. There are six priorities and priority four specifically focuses on alcohol and drugs:

- Priority 4: A Scotland where we reduce the use of and harm from alcohol, tobacco and drugs.

As the Public Health Priorities all have relevance to holistically impacting on the population's health and reducing the harms from problematic drug and alcohol use, the rest of the priorities are listed below:

- Priority 1: A Scotland where we live in vibrant, healthy and safe places and communities.
- Priority 2: A Scotland where we flourish in our early years.

- Priority 3: A Scotland where we have good mental wellbeing.
- Priority 5: A Scotland where we have a sustainable, inclusive economy with equality; outcomes for all.
- Priority 6: A Scotland where we eat well, have a healthy weight and are physically active.

This strategy will contribute to achieving these priorities by linking into the Orkney Community Planning Partnership's (The Orkney Partnership) Local Outcomes Improvement Plan (LOIP). The current strategic priorities for The Orkney Partnership are:

- Strong Communities.
- Living Well.
- Vibrant Economy.

The above strategic priorities are being progressed by three Delivery Groups, and their developments of the outcomes are regularly reviewed. Orkney ADP is part of the Living Well Delivery Group (please see section 3).

2.4. Drug Related Death Taskforce: Our Emergency Response

2.4.1. National Context:

Scotland faces a crisis from the continued rise in drug related deaths. Whilst Scotland is not alone in this upward trend it is unparalleled elsewhere. The latest figures show that there were 1,187 drug-related deaths in 2018 (up 27% from 2017 and more than double the total in 2008).

In 2018 Scotland's rate of drug-related deaths per 100,000 of population was the highest in Europe and around 3 times the rate of the UK as a whole.

Three quarters of deaths were in people aged 35 and over.

Opiates were implicated in, or potentially contributed to 86% of deaths – nearly always alongside other drugs and / or alcohol.

2.4.2. Local Context

In Orkney, we are fortunate to have the lowest drug related death prevalence rates in Scotland. Our annual statistical data varies from year upon year however consistently remains very low; therefore, actual numbers cannot be published due to the risks of individual identification. We recognise that all drug related deaths are preventable and regardless of the small numbers, every effort must be made to reduce the associated harms and deaths caused by drugs and the huge impact that this can have on a small community such as ours.

2.4.3. Drugs Death Taskforce

In response to this crisis the Scottish Government set up a Drug Related Death Taskforce to co-ordinate and drive action to improve the health and wellbeing

outcomes for people who use drugs, reducing the risk of harm and death. The Drugs Deaths Taskforce was established in 2019 by the Minister for Public Health and Sport, supported by the Cabinet Secretary for Justice to tackle the rising number of drug deaths in Scotland. The work of the Taskforce will focus specifically on drug related deaths enhancing the evidence base and making recommendations to the Scottish Government to inform practice linking back into the national strategy, Rights, Respect and Recovery.

In early 2020, the Taskforce published their strategy 'Our Emergency Response' which highlights effective evidence-based strategies for ADP's to adopt in response to the drug crisis.

They are:

1. Targeted distribution of Naloxone.
2. Implement immediate response pathway for non-fatal overdose.
3. Optimise the use of Medication-Assisted Treatment.
4. Target the people most at risk.
5. Optimise Public Health Surveillance.
6. Ensure Equivalence of Support for People in the Criminal Justice System.

Local Context: Implementation:

To complement this work, Orkney ADP will use the Scottish Drugs Forum's 'Staying Alive in Scotland' Good Practice Indicators which allows the ADP to undertake a self-assessment against the indicators to monitor progress. The areas to be considered by the ADP are:

- Drug Related Death Monitoring and Learning.
- Access to Services.
- Opioid Substitution Therapy and Low Threshold Prescribing.
- Retention in Services, Continuity of Care, Trauma and Assertive Outreach.
- Information sharing.
- High Risk Injecting, Wound Care and Bacterial Infections.
- Blood Borne Virus Testing and Treatment.
- Naloxone.
- Prison Throughcare and Police Custody.
- People aged 35 and Over Who Use Drugs.
- Dual Diagnosis and Suicide.
- Homelessness, Housing and Rough Sleeping.
- Women who use drugs.
- Poly-drug Use and Prescribed Medications.

Following a local stakeholder session facilitated by Scottish Drugs Forum in January 2020, the ADP will update the self-assessment by March 2021 and monitor the

performance against the good practice indicators via the Drug Related Death Prevention and Review Sub Group.

The original comprehensive ‘Staying Alive in Scotland’ Good Practice indicators assessment carried out in 2016 by Orkney ADP will provide a baseline for the planned reassessment.

2.5. National Context and Challenges

There are several key challenges which we face today, many are interconnected or underpinned by the same socio-economic and demographic challenges (Scottish Government, 2018) including:

<p>High-risk alcohol and problematic drug use remains high</p>	 <p>Drug related deaths and hospital admissions are increasing and remain too high for alcohol</p>	<p>Problematic alcohol and drug use disproportionately impacts deprived communities</p>
 <p>Complex needs of an ageing population</p>	<p>More needs to be done to protect those most at risk of harm and death</p>	 <p>Dynamic and changing drugs market and challenges</p>
<p>Stigma remains a significant barrier</p>	<p>Services need to be person-centred, trauma-informed and better integrated</p> 	 <p>The whole family needs support</p>
 <p>Respect, diversity and ensure equity</p>	<p>Fewer people (including young people) are using drugs and drinking alcohol</p>	<p>Recovery communities are flourishing</p> 
 <p>Information and evidence is vital</p>	 <p>The Justice System has a role to play</p>	<p>Need to build on Partnership working</p> 

Source: Scottish Government.

2.6. Ministerial Priorities and National Deliverables

Orkney ADP is tasked with delivering on the Scottish Government’s ministerial priorities and national deliverables which are outlined in the Scottish Government’s annual financial allocation letter; accountability for progress on these priorities and deliverables are via the annual reporting process. The annual report is published on the ADP website following submission to the Scottish Government and is authorised by the Integration Joint Board (IJB) and following endorsement from the Joint Clinical and Care Governance Committee and the ADP Strategy Group.

The Ministerial Priorities and National Deliverables are:

- A recovery orientated approach which reduces harms and prevents alcohol and drugs deaths.
- A whole family approach on alcohol and drugs.
- A public health approach to justice for alcohol and drugs.
- Education, prevention and early intervention on alcohol and drugs.
- A reduction in the attractiveness, affordability, and availability of alcohol.

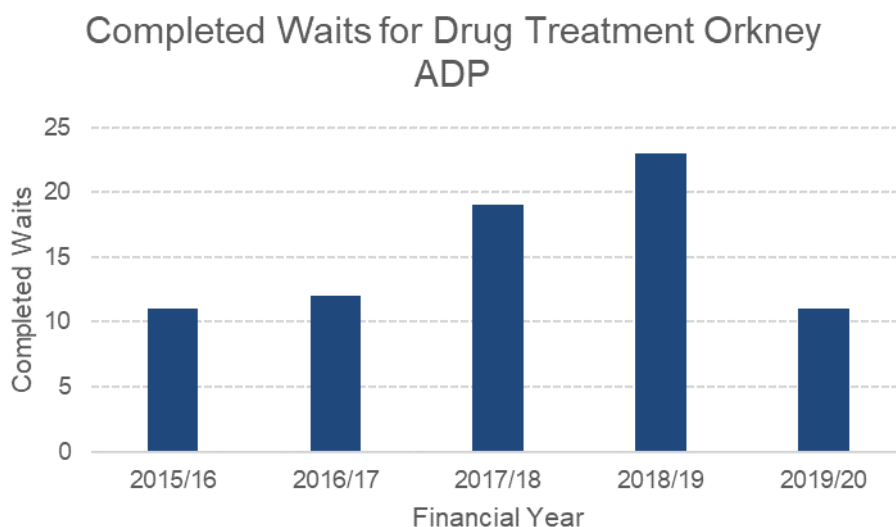
2.7. NHS Standards: 2020 Local Delivery Plan

The Local Delivery Plan is the delivery ‘contract’ between Scottish Government and NHS Boards in Scotland. Local Delivery Plans focus on the priorities for the NHS in Scotland and support delivery of the Scottish Government’s national performance framework. There are two LDP Standards that Orkney ADP must report and deliver on:

- **Drug and Alcohol Treatment Waiting Times:** 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.
- **Alcohol Brief Interventions:** NHS Boards and Alcohol and Drug Partnerships (ADPs) will sustain and embed alcohol brief interventions (ABI) in the three priority settings (primary care, A and E, antenatal), in accordance with the SIGN74 Guideline. In addition, they will continue to develop delivery of alcohol brief interventions in wider settings.

Local Context: Drug and Alcohol Treatment Waiting Times

During 2018/19 Orkney saw the highest number of patients completing waits for Drug Treatment since data became available in 2011/12. A third of non-anonymous patients starting drug treatment were Female and two thirds were Male. At no point during the year did any completed wait breach the waiting time standard of 3 weeks. There was a reduction of individuals completing waits for drug treatment in 2019/20, it is unclear whether the COVID-19 pandemic made an impact on referrals at that stage.

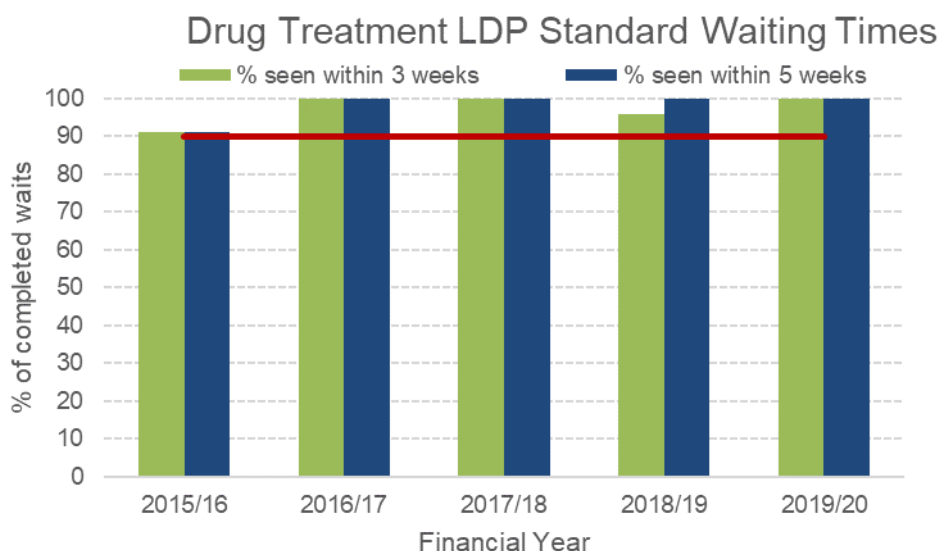


Source: Public Health Scotland.

The diagram above shows the numbers of people who have waited from referral to first treatment, the term is classed as a 'completed wait'.

Whilst numbers of people in drug treatment remain low in Orkney there has been a gradual increase in the number of referrals into drug treatment over the years. Orkney has been successfully meeting the LDP Standard ensuring that everyone referred into drug and alcohol treatment wait no longer than 21 days from referral.

Due to a small workforce in this area, meeting the standard could be problematic if staff are absent from work for example.



The diagram above (Source: Public Health Scotland) shows the percentage of people who wait no longer than the target of 21 days from referral to first treatment appointment (green). The blue column shows those that were seen within 5 weeks (this indicator is used where the target of three weeks is not met).

Local Context: Alcohol Brief Interventions

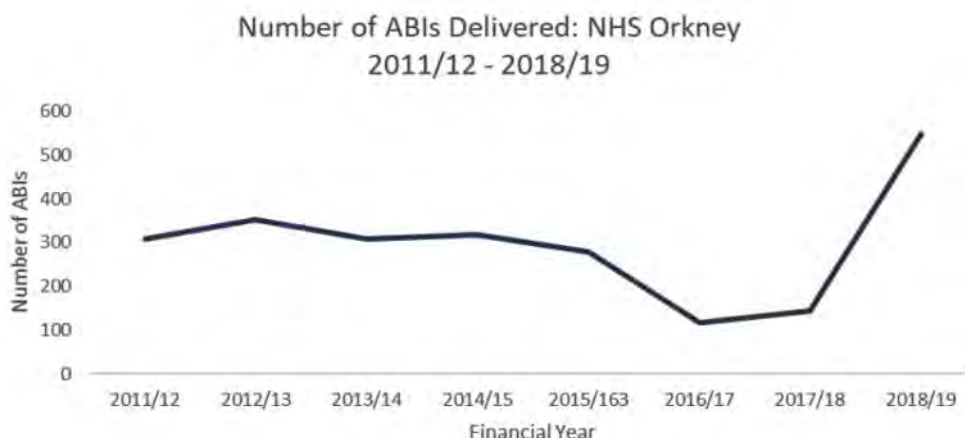
Since the introduction of Alcohol Brief Interventions in 2008, NHS Orkney and Orkney ADP have been tasked with meeting the annual target of 249 ABIs to be delivered, with 80% of those delivered within the priority settings.

Between 2011/12 and 2017/18 the number of ABIs delivered reduced by 62% from 388 to 144 and by the end of 2018/19 there was a high increase of 280% to 549 ABIs delivered following the introduction of a targeted implementation plan. By the end of 2018/19 the Orkney ADP surpassed the LDP target of 249 Alcohol Brief Interventions by 220%. Moreover, 98% of ABIs were delivered in a priority setting.

Orkney ADP is committed to delivering the evidence-based Alcohol Brief Interventions to try to reduce hazardous or harmful levels of drinking in the community. Over the years there have been fluctuations in the delivery of ABIs however more recently the target has been met and exceeded. Delivery in a small

area like Orkney can be challenging as it is often reliant on specific post holders to undertake ABIs therefore issues like illness, post holder changes, for example can have a big impact upon delivery. In addition, concerns have been expressed by practitioners about ‘delivery fatigue’ fearing that individuals may be offered ABIs multiple times if engaged with several services.

COVID-19 has had an impact on delivery of ABI, particularly in the wider settings due to suspension of face-to-face services. The ADP Support Team continue to provide support and training to practitioners to deliver ABIs and have been able to offer online training via Microsoft Teams in addition to the NHS e-learning module for health-based practitioners.



Source: Public Health Scotland.

Actual Totals for ABIs delivered per year

Year.	2011 / 12.	2012 / 13.	2013 / 14.	2014 / 15.	2015 / 16.	2016 / 17.	2017 / 18.	2018 / 19.	2019 / 20.
Total.	308.	353.	308.	317.	278.	118.	144.	549.	437.

2.8. Stigma and Discrimination

Orkney ADP is committed to reducing stigma and challenging discriminatory attitudes and practices. Encouraging the public and professionals to view drug and alcohol problems as akin to other health issues will in the longer-term help to address prejudice as well as build greater equality. Stigmatising people can result in difficult situations becoming worse, and make it much harder to access help. Reducing stigma is also a priority as it hampers policy initiatives that aim to achieve improvements in public health, tackle inequality and increase inclusion.

Orkney ADP will continue to challenge negative attitudes that are discriminatory to those affected by alcohol and drugs by promoting national guidance such as Scottish Drugs Forum’s Moving Beyond ‘People-First’ Language and following the Scottish Drugs Death Taskforce ‘Strategy to address the Stigmatisation of People and Communities Affected by Drug Use’.

3. Local Policy Drivers, Context and Challenges

3.1. Planning for our future: Orkney Strategic Plan 2019-22

The Strategic Plan sets out the ambitions for health and social care in Orkney for those functions and services delegated to Orkney Health and Care by Orkney Islands Council and NHS Orkney. The focus is on innovation and continual improvement of the health and wellbeing of all living in Orkney.

Vision: Getting it right for Orkney.

Values: Caring, Enabling, Empowering and Person Centred.

3.2. Orkney Community Planning Partnership – The Orkney Partnership

Community planning is about public service providers working together, and with communities to improve the quality of people's lives.

Community Planning is a statutory duty placed on a number of organisations and came into force on 1 April 2003. Its powers were updated under the new Community Empowerment (Scotland) Act 2015.

In 2015, Orkney Community Planning Partnership underwent a major reconfiguration and streamlining exercise, designed to simplify the core structure of the Partnership and enable it to focus on its strategic priorities for Orkney.

To reflect its new configuration and focus, Orkney Community Planning Partnership has been renamed The Orkney Partnership.

The Orkney Partnership's current strategic priorities are:

- Strong Communities.
- Living Well.
- Vibrant Economy.

Each strategic priority is the responsibility of a Delivery Group to plan, progress and report back to the Board. The Delivery Groups may include representatives of any organisations in Orkney which can help to achieve their outcomes. Orkney ADP is a member of the Living Well Delivery Group.

The Orkney Community Plan is reported annually to the Scottish Government. Under the new Community Empowerment (Scotland) Act 2015, each community planning partnership must prepare and publish a Local Outcomes Improvement Plan (LOIP). Local Outcome Improvement Plans are rolling plans and are updated each year.

Through the Community Planning Partnership's Delivery Group, Living Well, a new short-term group has been established as part of the remobilisation plans post COVID-19 called Care for People. Orkney ADP is part of this group providing information on local and national data regarding the impact of COVID-19 across drug and alcohol services in both the statutory and voluntary sector.

3.3. Orkney Domestic Abuse Forum (incorporating Violence Against Women) Local Plan

The Orkney Domestic Abuse Forum is established to contribute to the reduction and prevention of incidents of domestic abuse through effective co-operation between the private, public and voluntary sectors in the provision of high-quality appropriate services and the protection of adults and children experiencing, affected by or at risk of suffering domestic abuse.

The Forum is tasked with implementing Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence against Women and Girls.

Orkney ADP is a member of the Forum and contributes to the local action plan in specific areas such as 'Routine Enquiry', routinely screening women for domestic violence within drug and alcohol services and supporting promotional campaigns such as the 'White Ribbon' campaign.

3.4. Local Context

The most recent Orkney ADP Needs Assessment (2018/19) was undertaken by the local intelligence support team via NHS National Services Scotland reported the following:

3.4.1. Harmful Alcohol Use (Adults)

The proportion of people in Orkney considered to be drinking above twice the daily recommended limits of 14 units has remained stable at just under a fifth of the population.

In Orkney, the proportion of males drinking over twice the daily recommended was 15% higher than females (11%).

3.4.2. Alcohol Related Hospital Stays

Between 2009/10 and 2013/14 the Alcohol related Hospital Stay rate per 10,000 people per head of population in Orkney was significantly higher than the Scottish Rate. However, over the past decade Alcohol Related stays declined by 78% and since 2014/15 the Orkney Hospital stay rate remained below the national rate. 2017/18 seen the lowest rate of Alcohol related Hospital Stays in Orkney over the past 20 Years however, the partnership ranked 4th nationally for the rate of stays per head of the population.

A key trend locally is that on average half of patients admitted each year were patients with previous Alcohol related admission. 2017/18 saw a reduction in this trend where 40% of patients admitted had had a previous Alcohol related admission. In terms of diagnosis over the past decade, the average annual proportion of Alcohol related hospital stays linked to Mental and Behavioural disorders due to alcohol misuse was 86.7%.

Furthermore, in Orkney, 85% of new patients each year were admitted due to Mental and Behavioural conditions. An additional key point to note is that over three quarters (77.6%) of stays during 2017/18 were emergency admissions. Therefore,

what characterises Alcohol related hospital activity in Orkney is a broadly equal split between repeat and new patient emergency admissions related to Mental and Behavioural conditions due to Alcohol use.



Source: Public Health Scotland.

3.4.3. Young People and Alcohol

In the most recent Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) (2018) found that 62% of 13-year olds in Orkney thought it was 'ok' for someone their age to 'try drinking alcohol to see what it is like' which was 12% higher than the national average and an increase of 13% from the previous SALSUS report.

However, only 3% of 15 year olds in Orkney reported that they had managed to buy alcohol, a 2% reduction and 7% under the national average; and 100% of 13 year olds and 97% of 15 year olds said they 'had not / never tried' to buy alcohol.

3.4.4. Estimated Problem Drug Use (Adults)

It is estimated that 0.22% of the Orkney adult population used drugs problematically (Information Services Division, 2019). This rate is extremely low in comparison to the Scottish average which is estimated to be around 55,800-58,900 people and 1.62% of the adult population however this figure is potentially linked with the number of people who are in opiate replacement therapies and not necessarily representative of other substances which are being used such as cannabinoids, stimulants and prescription medication for example, therefore there could be an issue of underreporting actual numbers of those who have problematic drug use.

The recent Needs Assessment undertaken by the ADP demonstrated that there is a strong gender split where males represented over two thirds of this estimate at 66.67% compared to a third of females at 33.3%. Continually 50% of users were estimated to be aged 25 – 34 and the other half aged between 35-64. Considering age and gender, Males represented the same overall age split between age groups however, female problem drug users were only estimated to be aged 35 – 64. This study suffered from being purely based on data from people that had accessed services, it did not account for potential hidden populations that do not access services.

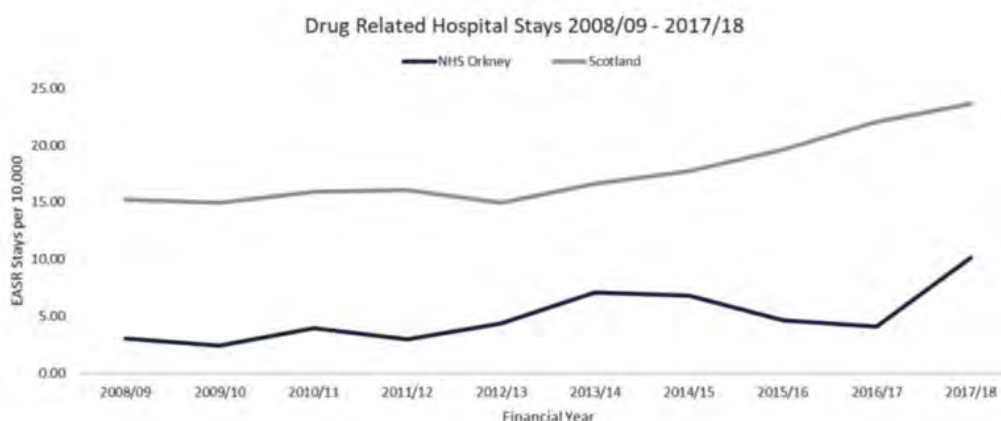
From those engaged in treatment services, the most commonly reported drugs are cannabinoids, benzodiazepines and opioids. Most drugs are available and used in Orkney however issues around availability and supply can have direct impact upon usage. High volumes of drugs are supplied from dealers or via the 'dark web' on the internet through the Royal Mail post service.

3.4.5. Drug Related Hospital Stays

Orkney ranked second lowest for drug related hospital stays per 10,000 people in the population during 2017/18 and was 126% lower than the national rate. The average hospital stay rate in Orkney between 2008/09 and 2016/17 was 4.38 stays per 10,000 people in the population. This increased significantly between 2016/17 and 2018/19 by 146% to 10.15 stays per 10,000 people in the population. In terms of numbers by the end of 2017/18 there were 21 hospital stays linked to Drug misuse, thus the figures are relatively small but no less serious than Alcohol related admissions. The vast majority of these stays were diagnosed as Mental and Behavioural conditions due to the use of drugs. In 2017/18 71% of hospital stays were associated with this diagnostic category compared to 29% associated with drug overdose. Year on year since 2008/09 patients admitted for the first time within the year represented a high proportion of all patients. The average proportion of new patients admitted per year over the past decade was 72.6% and in 2017/18 60% of patients were new which is slightly below the period average.

In terms of gender, the total Male admission rate was 2.7 times higher than the Female rate. The average Male annual hospital stay rate over the past 10 years was 6 per 10,000 compared to the Female rate of 2 per 10,000 per head of the population. Female admissions are additionally much more variable over the period, where there were 5 years out of the 10 that seen Female admissions in Orkney. Males on the other hand consistently represented admissions over the period. Furthermore, the Male admission rate continuously increased by 53.5% between 2008/09 and 2016/17 followed by an additional 53.6% increase over 2016/17 to 2017/18.

Given that there is an upward trend in drug related hospital stays, a priority for the ADP will be ensuring the development and implementation of a Non-Fatal Overdose Protocol to ensure that those hospitalised with drug related issues are offered appropriate treatment as appropriate including Take Home Naloxone.



Source: Public Health Scotland.

3.4.6. Impact of COVID-19 Upon Drug Taking and Supply in Scotland

In a recent report prepared by Crew in May 2020, 64% of respondents noted changes to the market due to the outbreak of COVID-19 in Europe. The most commonly reported drugs were cannabis, cocaine, alcohol, heroin and MDMA powder. 30% of respondents reported taking different drugs from those they would usually take.

The percentage of people in Scotland reporting benzodiazepine use decreased from 26% in April to 11% in May. This may partly be due to the fact that almost all Scottish services reported the use of benzodiazepines and the number of reports from services fell from 25% in April to 15% in May. The percentage of people reporting cannabis use increased from 55% in April to 68% in May.

52% reported taking drugs more often and 52% reported taking a larger quantity of drugs, reinforcing concerns around an increase in tolerance, dependence, spending, physical harms, and mental health harms.

The most common reasons for this were due to stress, boredom and a lack of support, but there were also reports of people taking more due to them not getting the same effect as before. This may be due to their increased tolerance to the drug, or the drugs being of poorer quality, however without national drug checking in real time, we do not have quantitative insights into fluctuations in drug quality.

13% reported taking drugs less often and 16% reported taking a smaller quantity of drugs.

3.4.7. Young People's Drug Use

Drug prevalence rates amongst young people in Orkney remain low with 90% of 15 year olds reporting that they had never tried any drugs (11% better than the Scottish average) and 3% of 13 year olds and 10% of 15 year olds reporting that they had used drugs in the last year.

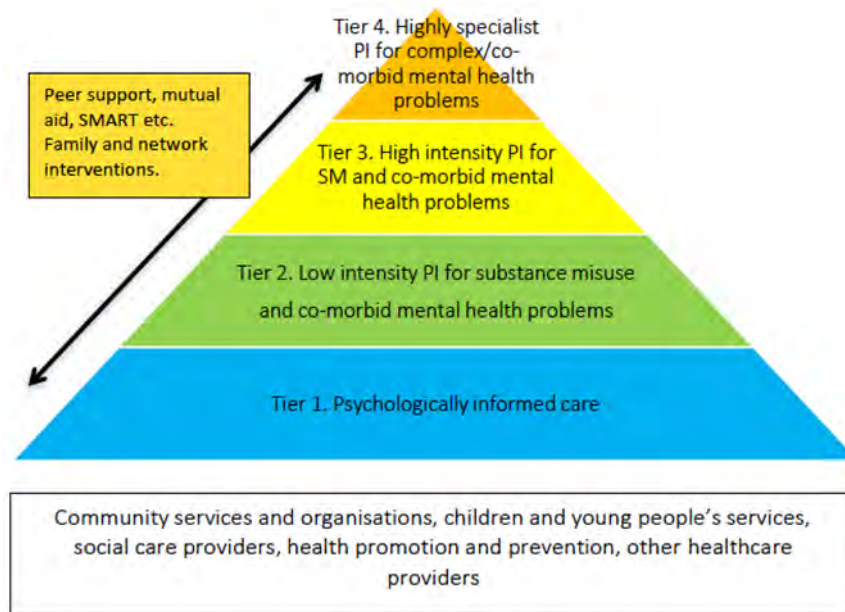
In the most recent Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) (2018) it was reported that 26% of 15 year olds felt it was 'ok' for someone their age to 'try taking cannabis to see what it's like' an increase of 19% from the previous SALSUS report. However, it can be assumed that the availability of drugs in Orkney to young people could be increasing with 51% of 15 year olds having reported that it would be 'very' or 'fairly' easy to get illegal drugs if they wanted to (an increase of 18% and 1% higher than Scottish average).

3.5. Service Delivery in Orkney

Drug and alcohol treatment services in Orkney are provided across both the statutory and voluntary sectors. Orkney ADP follows the Scottish Government's 'matched-care' model of service delivery based on the Psychological Therapies Matrix, which outlines evidence based psychological interventions for alcohol and drug problems. This model offers 'tiers' of care: each step-up leads to more intensive

interventions for service users with more complex needs. There are four tiers of drug and alcohol treatment services which is a nationally recognised structure, they are:

- Tier 1: Universal provision i.e. Police, Housing, Primary Care, Education.
- Tier 2: Low threshold substance misuse specialist interventions i.e. drop in centres, harm reduction, injecting equipment exchange, counselling.
- Tier 3: Care planned interventions including substitute prescribing, psychodynamic interventions, and recovery support.
- Tier 4: Inpatient treatment including detoxification, recovery programmes and rehabilitation.



Treatment may also be understood to move in 'phases' of care, recognising that different interventions may be more appropriate at different times in an individual's treatment journey. Interventions always should be based on assessment and review of service users' changing needs and motivations throughout the recovery journey.

There are no Tier 4 services within Orkney, residential detoxification services must be accessed via The Scottish Mainland following a comprehensive referral pathway.

NHS Orkney's Drug and Alcohol Team provide the Tier 3 service which includes specialist interventions, hospital alcohol detoxification and home detoxification as well as substitute prescribing.

Tier 1 and 2 services are commissioned services from across the voluntary and statutory sector providing low level therapeutic treatment services including counselling, needle exchange and alcohol brief interventions.

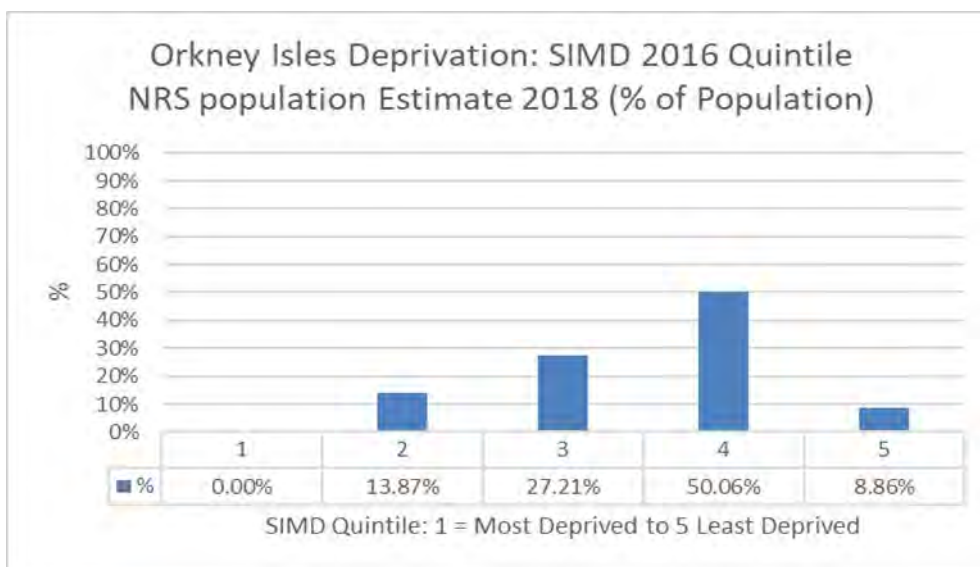
The majority of services are located within the main town, Kirkwall however where possible services try to be flexible to meet the demands of individuals who are unable to access or travel to the service location. Practitioners often travel to people's homes or appointments via telephone or other digital means can be offered.

3.6. Health Inequalities

Alcohol related ill health and mortality is higher among people in poverty and those living in deprived communities, albeit this differs in rural areas where deprivation can be more scattered. It is therefore essential to improve our understanding of the pathways that connect poverty and problem drug and alcohol use so the workforce in Orkney is better equipped to tackle inequalities.

Orkney ADP will therefore produce an inequalities report and action plan to improve strategies and interventions. Maximising income and securing a well-paid job can provide a route out of poverty for many people, particularly for those in recovery who may struggle to secure work due to discriminatory practices or lack of employment history. Orkney ADP will therefore collaborate with relevant partners to increase volunteering, training, and employment opportunities for people at risk of drug or alcohol problems and those in recovery.

The table below shows the distribution of population by deprivation. Noticeably, this distribution puts no Orkney population into the most deprived quintile. Classifying deprivation using indicators within a geographic area masks the often-severe deprivation experienced within small, scattered communities such as those in Orkney. So, whilst over 13% are placed in the second most deprived quintile, rural families and households experiencing extreme deprivation will not be captured in aggregated statistics in the sparsely populated communities across Orkney.



Source: Public Health Scotland.

From Public Health Scotland’s Burden of Disease study, we know that the disease burden of drug use disorders is 17 times higher and alcohol 8.4 times higher in the most deprived areas compared with the least deprived areas and hospital admissions are higher also.

3.7. Ageing Population

Orkney alongside Scotland has an ageing population; over the last decade there has been a decline in births, with an increase in the life expectancy of the older

generation, this equating to an increasing imbalance in the population between births and deaths. It is projected that by 2028 the shift in the following age ranges will be:

- 0 -15 will decrease by 11.5%.
- 16 - 64 will decrease by 10%.
- 65 - 74 will increased by 10.2%.
- 75+ will increase by 37.4%.

An ageing population of higher risk alcohol and problematic drug users bring with it complex additional health challenges, national evidence shows that there has been a steep rise in drug related deaths in recent years and in addition, harmful use of alcohol is increasing in older adults. Older service users are more likely to present with complex multi-morbidities often having used drugs and alcohol for many years.

Orkney ADP will ensure that when commissioning for services, the needs of the older population are evidenced to ensure that local services are tailored to the requirements of its population.

3.8. Mental Health

The links between problematic alcohol and drug use and poor mental health are well documented and can lead to individuals facing barriers to treatment for both issues.

Many people attending alcohol and drug services are thought to have a history of trauma (as well as being particularly vulnerable to experiencing further trauma). Studies have shown a high prevalence of comorbidity of mental disorders in people who have problems with alcohol and drugs and clear connections with homelessness and interactions with the criminal justice system. The most frequent psychiatric comorbidities among people who use drugs are depression, anxiety, and personality disorders.

Alcohol and drug use by a loved one can cause trauma and distress for their families, often leading to relationship breakdown and increased caring responsibilities. Family members can play an important role in supporting the recovery of a loved one but also need support in their own right.

Orkney ADP are committing to ensuring that a whole family approach is taken when supporting someone with alcohol and drug issues and that there is adequate support for those providing caring responsibilities. We are aware that there will be many families supporting a loved one who is not accessing treatment.

3.9. Adverse Childhood Experiences (ACEs) and Trauma

Having multiple ACEs is a key risk factor for problematic alcohol and drug use and many people who access treatment and recovery services will have had an experience of trauma, as an adult or a child or both. Many will have used alcohol and / or drugs as a means of coping with and managing the stress of these experiences.

In February 2021, NHS Orkney's Board, Orkney Islands Council and the Integration Joint Board approved 'The Trauma Informed Pledge' demonstrating their ongoing

commitment to embedding trauma informed principles and practice across the workforce and services provided.

3.10. Housing and Fuel Poverty

Settled housing plays an important role in the prevention of, and recovery from, problematic alcohol and drug use; Orkney ADP acknowledge the commitments from the Scottish Government to ending rough sleeping and homelessness.

Whilst homelessness levels are relatively low in Orkney there are a number of factors that should be considered by the ADP with regards to homelessness. People finding themselves homeless or threatened with homelessness do not always present themselves to the local authority and so often this population can be described as 'hidden'.

Orkney has a higher-than-average rate of houses classed as 'below tolerable standard', partly because of the varying types of properties that are spread across the islands.

Orkney has a maritime climate which brings often harsh conditions. The best estimate of fuel poverty in Orkney according to the Scottish House Condition Survey (Scottish Government, 2019) which reports on data from 2016-2018, is that 30% of households are fuel poor, one of the five highest of local authority areas in Scotland. This same survey suggests that 22% of households in Orkney are extremely fuel poor, which is only behind the Western Isles. This suggests that there are more households in Orkney in fuel poverty than households in other areas of Scotland.

In addition to these factors, it must also be recognised that COVID-19 will also have a significant impact with more people having to stay at home and heat their homes.

3.11. Employment

Following the publication of No One Left Behind: Next Steps for the Integration and Alignment of Employability Support in Scotland 2018 which describes the next steps for the integration and alignment of employability support with a particular focus on health, justice and housing services.

As a result of this, Orkney ADP has established a close working relationship with the local Job Centre Plus team who have pulled together a local strategy and action plan to implement local pathways that are person-centred, and trauma informed.

3.12. Remote and Rural Context

Orkney ADP and its services have additional challenges to delivery due to their remote and rural location, many of these have been captured in the national report 'Rural Matters'. Scottish Health Action on Alcohol Problems (SHAAP) report 'Rural Matters' published in September 2020 highlighted the challenges facing rural communities including:

- Alcohol and Social Norms

Alcohol use is part of daily life and social activities in rural areas, as in the rest of Scotland. However, responses within the report suggested that the importance of

alcohol is disproportionate in rural communities, given the lack of alternative recreational activities, particularly in winter. The significance of alcohol is entrenched in cultural and social norms due to traditions, hospitality and economic dependence on tourism and alcohol production. The research argued that non-drinkers often feel ostracised from social gatherings and few alcohol-free spaces, if any, exist within their communities.

- Challenges

People who need alcohol-related support services, their family members and service providers face unique challenges in rural areas. Expensive, lengthy, and infrequent public transport links and limited internet service provide further challenges.

Healthcare and service providers reported challenges in accessing networking and professional development opportunities and difficulty in recruiting and retaining staff. Service providers also described the challenge of funding models often being related to population size, which does not consider the added costs of providing services in a rural population of fewer, harder to reach people.

- Stigma

Stigma in the community, healthcare settings, media and online was also found to be a significant barrier to accessing services and support for alcohol problems. Research participants argued that stigma was made worse if living in a small community where privacy is difficult if not impossible to maintain. Participants expressed fears of social, professional, or family consequences (such as having children removed) if they were found to be seeking assistance. Stigma in healthcare settings was also described by research participants, who spoke about what they felt were judgmental or unhelpful attitudes of General Practitioners (GPs) and Accident and Emergency (A and E) staff when seeking support for alcohol-related problems.

- Recovery

Several research participants with lived experience of alcohol-related problems emphasised the importance of peer support, mutual aid groups, recovery communities and twelve-step programmes such as Alcoholics Anonymous (AA) and Al-Anon in their recovery or while supporting a loved one. Recovery communities offer opportunities for social interaction, support and provision of safe, alcohol-free spaces and activities for people in recovery.

4. COVID-19

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness (World Health Organisation, 2020).

The first COVID-19 diagnosis in Scotland was notified on the 1 March 2020. WHO declared COVID-19 a global pandemic on 11 March 2020. On 23 March 2020,

lockdown measures for Scotland and the rest of the UK were implemented. A number of potential impacts on the health and wellbeing of people who use drugs have been identified, including an increased risk from COVID-19 infection due to existing co-morbidities, negative impact of control measures and physical distancing on access to services and subsequent risk of broader health harms.

Whilst positive cases of COVID-19 have remained lower in Orkney compared to other areas of Scotland and the United Kingdom, the impact of the virus has been no less.

Following a six-month impact report undertaken by the ADP, data shows that the number of referrals to local drug and alcohol services both statutory and voluntary was significantly reduced immediately after the lockdown was imposed however there has been a steady increase in referrals since restrictions have been lifted. Service providers have had to make adaptations to provide delivery of treatments in new ways to ensure that COVID-19 prevention measures are adhered to such as physical distancing. This has included utilising digital means for delivering therapeutic treatment where possible, call and collect services at pre-arranged times rather than drop-in clinics, daily pick-ups for prescribed medications and 'doorstep' titrations for example.

It is recognised that the changes in delivery have had an impact on services that must be acknowledged for future planning by the Alcohol and Drugs Partnership; this includes an increased workload with an anticipated increase in referrals as restrictions continue with individuals reporting the pandemic having a negative impact on their mental health and an increase in consumption of alcohol and drugs as a coping mechanism.

Services have reported that making changes to their delivery has had an impact on the number of clients they are able to support, for example some of the therapeutic session may involve getting familiar to the new means of support and for those who are being seen on a face-to-face basis additional time for cleaning is required therefore we know that the numbers of people being seen by a practitioner will be reduced. The ADP and service providers must also have contingency planning for staff that may be required to self-isolate and the impact that this will have upon caseloads and waiting times for referrals as well as the overcoming backlog from the initial lockdown where many services were temporarily suspended.

The impact of COVID-19 on services has not all been negative; the new way of working has also encouraged the ADP, practitioners and service providers to develop new ways of working, introducing new services which have enhanced delivery for clients and this is set to stay post COVID-19.

Going forward, whilst new data and research emerges with regards to the impact of COVID-19 and emerging new trends in both alcohol and drug consumption, sales, secondary harms and access to treatment this strategy may be required to be updated and adapted to ensure it remains current.

5. Vision and Strategic Priorities

“Our vision is to help create a supportive, positive environment in Orkney which reduces the harms of problematic substance use”.

5.1. Mission Statement

“Orkney ADP is committed to promoting positive change by working to improve the lives of those suffering from problematic substance misuse. Through effective partnership working we will focus on providing early interventions for individuals, their families, and communities.

We will provide increased support for children and young people affected by problematic substance use within our community.

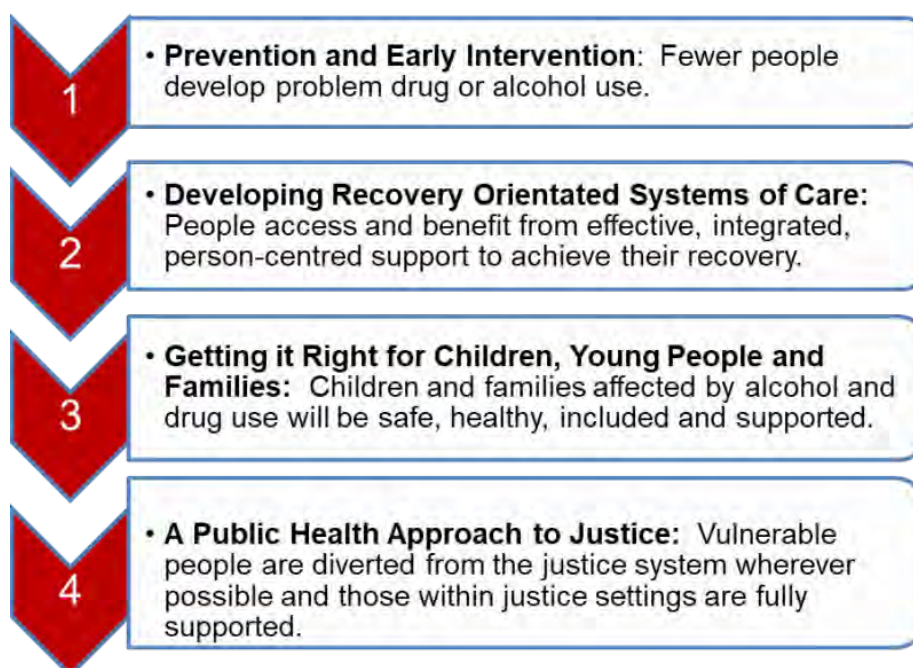
We will champion the human rights of those who use substances within our community.

We will work together in acknowledging and addressing the underlying causes of problematic substance misuse such as poverty, trauma and Adverse Childhood Experiences.

We will campaign to challenge and reduce stigma faced by problematic substance users and their families so that they can move forwards in their recovery to lead safe, healthy and meaningful lives as members of our community”.

5.2. Strategic Priorities Summary

Orkney ADP bases its strategic priorities on those set by the Scottish Government in their national strategy, Rights, Respect and Recovery. Following two local consultation events with stakeholder partners, frontline services, and those with lived and living experience it was agreed to use the strategic priorities and translate these into outcomes within the local context.



The local outcomes agreed by Orkney Alcohol and Drugs Partnership are detailed within this section of the strategy. A separate Action Plan will be prepared to accompany this strategy to monitor the progress made against local outcomes. The Action Plan will be updated annually and reviewed by the ADP Strategy Group.

5.3. Fewer people develop problem drug or alcohol use

“We understand the clear links between problem drug use, health and other inequalities. Our approach to prevention is framed within the wider context of tackling these broader inequalities including improving people’s quality of life, access to housing and employment. This will have the most significant impact on reducing problematic drug use in the longer term. (Scottish Government, Rights, Respect and Recovery, 2018:18).

Orkney ADP’s Local Outcomes to meet the Strategic Priority are

- Ensure that those with lived and living experience of alcohol and drug issues who wish to have their voices heard can do so in a meaningful way.
- Early identification of those individuals at high risk of alcohol and drug dependence and employ a holistic approach (not focussing solely on substance misuse but the whole needs of the person) recognising other aspects (social, emotional, physical) not just exclusively on their substance use.
- Employ and invest in a trauma-informed workforce across the whole of Orkney ADP, who have the skills to recognise and tackle stigma experienced by people affected by substance misuse.
- Building resilience into the local community to challenge detrimental embedded culture of problematic alcohol consumption.
- Invest through both monetary and time in education and ensure that our children and young people have access to evidence based, appropriate and informative education and harm reduction inclusive all of settings acknowledging that some of our young people may not be in education, training, or employment.

5.4. People access and benefit from effective, integrated, person centred support to achieve their recovery

“We know that quick access to treatment is crucial and that, for the huge majority, being in treatment has a protective effect. It is, therefore, important that we have a range of services for different people with different needs – from harm reduction measures which can help the most vulnerable through to treatment and recovery services that support not only individuals, but also their children and families” (Scottish Government, Rights, Respect and Recovery, 2018:3).

Orkney ADP’s Local Outcomes to meet the Strategic Priority are

- Commission services that are appropriate for the needs of the local population and remove barriers to treatment by piloting other treatment models including assertive outreach.
- Services commissioned by the ADP are needs led for those who are accessing them.

- Adopt a Recovery Orientated System of Care (ROSC) throughout both the statutory and third sectors providing alcohol and drug treatment services.
- Individuals returning to Orkney from residential rehabilitation and / or custody settings are provided with appropriate and seamless transition of through-care and after-care where possible.
- Services in the remote and outlying islands of Orkney are delivered with equity of access where possible.
- Alcohol and drug treatment services provide access to treatment within 21 days of and individual's referral to the service.
- Clear and easily accessible routes for those who require opiate prescribing therapies and provision of the opiate reversal drug, Naloxone.

5.5. Children and families affected by alcohol and drug use will be safe, healthy, included and supported

Problem alcohol and drug use amongst family members can have a devastating impact on the lives of children and other adults in the family. This includes health and wellbeing impacts, financial worries, and social isolation.

Alcohol and drug use by a loved one can also cause distress and trauma for their children and families. Often leading to relationship breakdown and increased caring responsibilities.

Orkney ADP's Local Outcomes to meet the Strategic Priority are

- Ensure that families affected by a loved one's alcohol or drug use have access to support in their own right and can be involved in their loved one's treatment and support where appropriate.
- Identify and provide person-centred services specifically for young people who are affected by parental or familial substance misuse.
- Ensure that a multi-agency response to supporting children and families is undertaken and information is shared appropriately and in a timely manner to support those most at risk.
- Develop and maintain a competent workforce that is able to recognise the impact of Adverse Childhood Experiences (ACEs) and are trauma-informed.
- Provide training to develop and maintain a workforce that routinely undertake screening for domestic violence, sexual abuse and sexual exploitation so that services are not drawn to collude with perpetrators in further coercion of the most vulnerable and those experiencing sexual violence and domestic abuse should have their safety and wellbeing needs met through early identification.

5.6. Vulnerable people are diverted from the justice system wherever possible and those within justice settings are fully supported

People with alcohol and drug problems are far more likely than average to come into contact with our justice system. In addition, they typically have high rates of mental health problems and other long-term conditions, as well as problematic alcohol and

drug use and many have experienced trauma as children or adults (Scottish Government, 2018:48).

Orkney ADP's Local Outcomes to meet the Strategic Priority are

- Ensure that liaison between Scottish Prison Service and local Criminal Justice Service occurs to provide the best possible care for those during arrest, police custody, sentencing and prison.
- Support the development of community justice pathways which utilises local and national support networks that allows the inclusion of family members of loved ones in community based support.
- Local alternatives to prosecution including therapeutic services, diversionary activities, educational support and employment opportunities are developed and how best to facilitated to access to services, as well as rehabilitation once people are released from custody who require alcohol and drug treatment and support.

6. References

6.1. National Documents

Alcohol Framework 2018: Preventing Harm – Next steps on changing our relationships with alcohol:

<https://www.gov.scot/publications/alcohol-framework-2018-preventing-harm-next-steps-changing-relationship-alcohol/>.

Crew: COVID-19 Drug Market Survey Summary:

<https://mk0crewscotb6dvcp91y.kinstacdn.com/wp-content/uploads/2020/06/Crew-COVID-19-Drugs-Market-Survey-Month-2-Summary-May-2020.pdf>.

Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence against Women and Girls:

<https://www.gov.scot/publications/equally-safe-scotlands-strategy-prevent-eradicate-violence-against-women-girls/>.

National Trauma Training Programme – 'Trauma Informed Pledge':

<https://transformingpsychologicaltrauma.scot/working-together/pledge-for-partners/>.

NHS Scotland Information Services Division: Prevalence of Problem Drug Use in Scotland:

<https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-03-05/2019-03-05-Drug-Prevalence-2015-16-Report.pdf>.

NHS Scotland 2020 Local Delivery Plan Guidance:

<https://www.gov.scot/publications/nhsscotland-2020-local-delivery-plan-guidance/pages/2/>.

Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy:

<https://www.gov.scot/publications/rights-respect-recovery/>.

Public Health Priorities for Scotland:

<https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2018/06/scotlands-public-health-priorities/documents/00536757-pdf/00536757-pdf/govscot%3Adocument/00536757.pdf>.

Scottish Drug Deaths Taskforce: A Strategy to Address the Stigmatisation of People and Communities Affected by Drug Use – We all Have a Part to Play:

<https://drugdeathstaskforce.scot/news-information/publications/policy-and-strategy/stigma-policy-and-strategy/>.

Scottish Drugs Forum 'Moving Beyond People-First Language: A Glossary of contested terms in substance use':

<http://www.sdf.org.uk/wp-content/uploads/2020/10/Moving-Beyond-People-First-Language.pdf>

Scottish Government: No one Left Behind:

<https://www.gov.scot/publications/one-left-behind-next-steps-integration-alignment-employability-support-scotland/>.

Scottish Health Action on Alcohol Problems: 'Rural Matters':

<https://www.shaap.org.uk/downloads/reports-and-briefings/278-rural-matters.html>.

Scottish Schools Adolescent Lifestyle and Substance Use Survey – Orkney (2018):

<https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2019/11/scottish-schools-adolescent-lifestyle-substance-use-survey-salsus-national-overview-2018/documents/summary-findings-orkney-council/summary-findings-orkney-council/govscot%3Adocument/summary-findings-orkney-council.pdf?inline=true>.

6.2. Local Documents

Planning for our future: Orkney Strategic Plan 2019-22:

https://www.orkney.gov.uk/Files/OHAC/IJB/Strategic_Plan_20192022_OHAC.pdf.

Orkney Local Policing Plan:

<https://www.scotland.police.uk/assets/pdf/392813/392817/orkney-local-policing-plan-2017-2020?view=Standard>.

7. Glossary

Assertive Outreach	An alternative approach to engaging with individuals who don't engage effectively in traditional services, by meeting them in their own environment (e.g. own home or in an environment familiar to them).
Benzodiazepine	The most commonly prescribed minor tranquilisers, known as anxiolytics (for daytime anxiety relief) and hypnotics (to promote sleep). Includes diazepam (Valium), lorazepam, librium, nitrazepam, temazepam.
Holistic Approach	To provide support that looks at the whole person, not just their alcohol and drug needs, focuses on the person's wellness not just their illness or condition.
Lived Experience.	Personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people.
Opioid.	A drug containing opium or its derivatives, used in medicine for inducing sleep and relieving pain. Includes heroin (diamorphine), morphine, methadone, opium, codeine, pethidine, dihydrocodeine
Problem drug use.	The problematic use of opioids (including illicit and prescribed methadone use) and/or the illicit use of benzodiazepines and implies routine and prolonged use as opposed to recreational and occasional drug use.
Recovery Orientated System of Care.	A Recovery Orientated System of Care or ROSC is a co-ordinated network of community based services and supports that is person-centred and builds on strengths and resilience of individuals, families and communities.
Take-Home Naloxone.	Naloxone is an emergency antidote to opiate overdose. It blocks opioid receptors to counteract the effects of opioid drugs such as heroin, methadone, fentanyl and morphine. It reverses the life-threatening effects of an overdose such as depressed breathing. Naloxone itself has no psychoactive properties and has "no intoxicating effects or misuse potential". It is injected directly into the body so is quick to take effect.

8. Appendices

8.1. Appendix 1: Feedback from the 'Rights, Respect and Recovery' Local Public Event on 12 December 2018.

8.1. Background

Following the publication of the national Strategy Rights, Respect and Recovery in November 2018 Orkney ADP facilitated a session on 12 December 2018 in which three of the national strategic outcomes were discussed. A total of 55 people from across the Orkney workforce attended and the notes have been summarised under each strategic outcome for consideration at today's event.

Fewer people develop problematic alcohol and drug use.	
<ul style="list-style-type: none"> • Reduce Stigma. • Employ a set of local Standards of Services' across all organisations e.g. person centred, accepting, respectful and non-judgemental. • Getting people into services / treatment. 	<ul style="list-style-type: none"> • Seeing this as a family and community issue (not just as individual level). • Early identification and intervention. • Prevention. • Education. • Sustainable services.
People access and benefit from effective, integrated person-centred support to achieve their recovery.	
<ul style="list-style-type: none"> • Trauma Informed. • Realistic outcomes and targets. • Workforce Development and support and supervision. • Improve confidentiality / data sharing where appropriate. • Preparing people for treatment. 	<ul style="list-style-type: none"> • Currently no system or forum in place to allow lived experience to allow influence of service design, development and delivery. • More support for family members to support loved ones.
Children and families affected by alcohol and drug use will be safe, healthy, included and supported.	
<ul style="list-style-type: none"> • Children being treated with the same respect as adult family members. • Individual support and counselling for children and young people who experience parental substance misuse. • Practical supporting within family for long term – harm reduction to child and substance user. 	<ul style="list-style-type: none"> • Discussing opening issues of drug and / or alcohol misuse with families in a non-blaming, non-shaming way. • Getting anonymous feedback from children and young people about what support they might need around their own and their family's drug and alcohol use. • Mentoring

9. Version Control

Version.	Status.	Date.	Amended by.	Reason / Overview.
7.	Draft.	01.09.20.	Katie Spence.	Final draft to ADP Strategy.
8.	Final.	27.01.21.	Katie Spence.	Final for Approval at IJB.
9.	Final.	19.05.21.	Katie Spence.	Final for Approval at IJB.



ADP Strategy 2021-26 Consultation Comments Summary

Background

Following agreement from ADP members at the last ADP Strategy Group on 7th July, the final draft of the OADP Strategy 2021-31 (as it was presented then) was issued for wider consultation to the following:

- All ADP Members (Strategy Group, Commissioning Sub Group, Wider Services Sub Group, Drug Related Death Sub Group and ADP Commissioned Services).
- Living Well Delivery Group.
- Domestic Abuse Forum.
- Community Safety Partnership.
- Community Justice Partnership.
- Youth Workers Forum.
- Road Safety Forum.
- Orkney Opinions via Orkney Health and Care.
- ADP Website and ADP Facebook page for Public Consultation.
- NHS Orkney Senior Management Team.

Following recommendations from the last meeting of the Integration Joint Board on 10th February 2021 to do further engagement with local medical committees on consultation of the Draft ADP Strategy, the following committees were consulted with the comments in the summary below:

- Area Clinical Forum – comments received and within summary box below.

- Nursing and Midwifery Advisory Committee (NAMAC) – comments received and within summary box below.
- GP Committee received and circulated but no comments.
- Therapy, Rehabilitation Assessment and Diagnostic Advisory Committee (TRADAC) – received and circulated but no comments.
- Hospital Sub Committee – sent to administrator for wider circulation to group – no confirmation of receipt or comments received.

In addition, further consultation was also undertaken with young people via the Youth Forum and the Care Experienced Young People Panel.

From Whom.	Comments.	Actioned / Response.
Police Scotland.	<p>Endorsed by Police Scotland</p> <p>The new Police Plan won't be formally released until august/sept so here is the link to the 2017-2020 one;</p> <p>Updated link (received: 8/9/20).</p> <p>https://www.orkney.gov.uk/Council/C/police-and-fire-sub-committee-1-september-2020.htm.</p>	Link to new Policing Plan added into strategy.
Scottish Fire and Rescue Service.	<p>The strategy reads very well and clearly points out where the direction comes from nationally and where you have developed this to consider local outcomes and rationalised how these may be achieved. I certainly can offer no changes to the document as I believe it comfortably achieves its objectives.</p> <p>On a tiny point we have had a rebranding and we are now referred to as Station Commanders, replacing Station Managers (page 5 of the document).</p>	Amendment made as recommended.
<p>██████████</p> <p>██████████</p> <p>██████████████████</p> <p>██████████</p>	<p>In relation to the draft ADP Strategy, a few comments:</p> <ul style="list-style-type: none"> • Overall this is a really good and clear document. It is particularly good to see the focus on prevention, recovery-oriented and person-centred approaches, a holistic approach including working with affected families and positive ideas for engaging with those in the justice system 	<p>'Timely' added into document as recommended.</p> <p>Expanded section on trauma following comment.</p>

From Whom.	Comments.	Actioned / Response.
	<ul style="list-style-type: none"> • The document refers to effective multi-agency working and appropriate information sharing - it may be helpful also to refer to timely information sharing to enable those most at risk to be supported effectively? • Experience among our practitioners is that individuals who are involved in the justice system often experience stigma and trauma and become caught in the 'revolving door'. Exploring alternatives to prosecution and how best to facilitate access to services, as well as rehabilitation once people are released from custody, is an approach we would welcome. 	
Orkney Rape and Sexual Assault Services.	<p>ORSAS welcomes that the Orkney ADP Draft Strategy will use the Scottish Drugs Forum's 'Staying Alive in Scotland' Good Practice Indicators which allows the ADP to undertake a self-assessment against the indicators to monitor progress. In particular the good practice indicators for "Women who use drugs". It would be helpful to link these indicators to actions to the following suggested amendments.</p> <ul style="list-style-type: none"> • At 3. Consider inclusion of Orkney Domestic Abuse Forum (Inc. Violence Against Women Group) local plan • Inclusion of Scottish Government's "Equally Safe" Strategy https://www.gov.scot/publications/equally-safe-scotlands-strategy-prevent-eradicate-violence-against-women-girls/ in references. • p30 of the Equally Safe document links directly to the good practice indicator on improving and increasing services for women, children and young people. • While all the references and actions relating to family involvement and support are to be commended there also needs to be an undertaking to screen for domestic abuse, sexual abuse and sexual exploitation so that services are not drawn to collude with perpetrators in further coercion of the most vulnerable. The "Equally 	Domestic Abuse Forum added. Equally Safe Strategy added and referenced.

From Whom.	Comments.	Actioned / Response.
	<p>Safe” performance indicators state that early identification of perpetrators means that they should be sanctioned and held to account and receive support to change their behaviour. Those experiencing sexual violence and domestic abuse should have their safety and wellbeing needs met through early identification. https://www.gov.scot/publications/equally-safe-delivery-plan-scotlands-strategy-prevent-violence-against-women/pages/6/</p> <ul style="list-style-type: none"> • We welcome the recognition of the importance of trauma informed practice acknowledged in the strategy. We believe that it is vital that organisations integrate trauma informed practice at all levels in the way they operate internally as well as externally. This goes some way to alleviating stigma which currently inhibits staff in Orkney seeking support from the organisations they work for or alongside. • We know that a lot of people experiencing and perpetrating sexual violence may use substances to cope and manage traumatic emotional overwhelm and disassociation. We welcome the focus on prevention in the strategy. We believe that ORSAS’ sexual prevention programme fits with an early intervention strategy before people perpetrate or experience sexual violence and develop problematic substance misuse. In particular our COMET+ project, for looked after, vulnerable children and YP with learning difficulties has been very well received by YP and support workers alike in providing tailored prevention for those most vulnerable to CSE & sexual violence. My point is that early, age-appropriate, prevention sessions targeted at areas such as sexual violence, positive relationships, attachment and wellbeing will reap rewards long term in community resilience and reduce reliance on substances taken for emotional regulation. • In the last 2 years there has been the opportunity in Orkney to gain more awareness of issues relating to Perinatal Mental Health and to 	

From Whom.	Comments.	Actioned / Response.
	<p>FASD. ORSAS believes that sexual violence may be a contributing factor in both these concerns. We certainly receive a number of referrals from maternity staff and health visitors for support for women & men where pregnancy and parenthood has been a triggering factor related to sexual violence. It would be good to include FASD and Perinatal Mental Health specifically in targeted programmes.</p>	
<p>Community Mental Health Team.</p>	<p>Page 2: Adopting a Recovery Orientated System of Care throughout both statutory and third sectors and exploring other recovery focused initiatives; Harm Reduction message here as well? Not everyone ready to stop using or may be on their recovery journey. Provide appropriate and seamless transitioning of through-care and after-care for individuals returning to Orkney from residential rehabilitation or custody settings. This is happening if someone is in treatment. Applications are dealt with on a case by case basis through NAMAC for residential detox / rehabilitation.</p> <p>Page 3: Consider and pilot new ways of delivering services for individuals in the more remote and outlying isles of Orkney to ensure equity of access; Due to pandemic addiction services have had to adapt working practices to suit the needs of clients – i.e. NHS Near Me, telephone consultations, etc. This offers an opportunity to continue to develop alternative outreach and engagement strategies, under review with clients as to what is working and</p>	<p>Inclusion of harm reduction into the strategy. Added specific section on COVID-19 to include comments. Expanded section on local context of estimate drug prevalence to include recommendations. Further expansion of Chief Medical Officer’s alcohol guidelines to make clear whilst using the correct terminology.</p>

From Whom.	Comments.	Actioned / Response.
	<p>what is not. We are already adapting services to suit the needs of the client base and the geographical necessities of working within a small island health board. Can be built upon.</p> <p>Page 9: Priority 4: A Scotland where we reduce the use of and harm from alcohol, tobacco and drugs.</p> <p>No presence of Addiction specific workers in the balfour or in primary care, responsibility sits in secondary care with CMHT. Optimise the use of Medication-Assisted Treatment.</p> <p>Neglected area – primary care this happens but limited resources for Secondary Care (CMHT) with only 2 prescribing nurses within this area, fragile service and one nurse is leaving the service so will be more stress put upon remaining staff</p> <p>Also broaden the language to include medical based treatments around alcohol – use of Antibus, Pabrinex etc – language needs broadening wider than just OST.</p> <p>Page 12: NHS Boards and Alcohol and Drug Partnerships (ADPs) will sustain and embed alcohol brief interventions (ABI) in the three priority settings (primary care, A&E, antenatal), in accordance with the SIGN74 Guideline. In addition, they will continue to develop delivery of alcohol brief interventions in wider settings.</p> <p>What is the pathway for referral to support services if there is a positive ABI result? Struggle to get A&E / Maternity to undertake these interventions.</p> <p>Page 13: Estimated Problem Drug Use.</p>	

From Whom.	Comments.	Actioned / Response.
	<p>It is estimated that 0.22% of the Orkney adult population used drugs problematically. This rate is extremely low in comparison to the Scottish average.</p> <p>Suggest that this % is currently people who are on OST – not representative of the other substances which are being used, stimulants, cannabinoids, depressants. Prescription medication. 3 drugs deaths in last 12 months none of whom were known to addiction services prior to death.</p> <p>0.22% does not represent true nature of problematic substance use in Orkney if the focus is just on those receiving OST.</p> <p>Harmful Alcohol Use</p> <p>The proportion of people in Orkney considered to be drinking above twice the daily recommended limits of 14 units has remained stable at just under a fifth of the population.</p> <p>In Orkney the proportion of males drinking over twice the daily recommended was 15% higher than females (11%).</p> <p>1/5th of the Orkney population is drinking at a harmful level – harden the language here to reflect the severity of the situation. Over 35 units is dangerous drinking.</p>	
<p>██████ ██████████ ██████████████</p>	<p>Having read through the document there is a lot in there that we aspire to but I am not sure how we will achieve some of these objectives and it would be good to be able to identify how these are taken forward.</p> <p>As a member of the substance misuse team, I feel there is perhaps a bit of a disconnect between all the services which we could do with working on -it would also be helpful to have referral and support pathways (perhaps these exist?) . Further integration of multidisciplinary teams and the various support networks out there would be really useful so that we are all aware of each other's place in</p>	<p>Responded to include these points within the local Delivery Plan to run alongside the Strategy.</p>

From Whom.	Comments.	Actioned / Response.
	<p>that network and whom to refer onto for what etc. I also feel that we need to make sure we link in with our GP colleagues more in order that our services provide a truly holistic approach, including in terms of medical treatment and we can support our clients to identify and seek help for their various medical needs in addition to ORT.</p>	
<p>██████████ ██████████ ██████████</p>	<p>Thank you for the opportunity to comment on your strategy, ██████████ ██████████ its useful to have sight of a key services future plans.</p> <p>1. Do you feel that the content accurately reflects the current position in Orkney?</p> <p>I think the proposed strategy vastly underestimates the functioning drug and alcohol users that in a less stable environment would be unable to sustain a coherent lifestyle. The strategy does make reference to domestic violence but the interlinks between poverty and the specific challenges related to COVID and its subsequent damage to the economy do not appear to have been fully considered</p> <p>I am also concerned that the strategy doesn't reflect the impact of the previous strategic aims and impact the D&AP has had within Orkney</p> <p>2. Do you feel that the local response to each strategic priority is appropriate? (section 4).</p> <p>I would disagree that the proposed strategic priorities are correct mainly because the impact of the previous aims haven't been evaluated.</p> <p>There is insufficient focus on education be that prevention, safe use (good decision making) and a recovery pathway looks like in Orkney</p> <p>There is a vast array of evidence of strategies that can be deployed to manage the risks surrounding drugs and alcohol, the current strategy doesn't appear to be based on best practice or available evidence.</p>	<p>Specific sections on health inequalities added and further expansion within domestic violence section.</p> <p>Inclusion of Covid-19 section as a single chapter.</p> <p>The strategic priorities are the national priorities which were agreed to be supported by the ADP Strategy Group.</p> <p>Further expansion of harm reduction and education included in the strategy and more detail to be captured within the Delivery Plan.</p> <p>The ADP does not 'donate' to services there is a clear commissioning process in place and detailed within the ADP Strategy.</p> <p>Accountability for each commissioned service is undertaken to ensure that the outcomes set within the service specification are met.</p>

From Whom.	Comments.	Actioned / Response.
	<p>I am unclear if decisions such as donating to Orkney Drugs Dogs charity has actually achieved anything, by the information available on the relevant website very few “successes” are evident and personally I believe funding what should be a public police service runs at odds to acceptable use of public funds – in essence the public are paying twice</p> <p>3. Is there anything that needs to be added to the Draft Orkney ADP Strategy 2020-25?</p> <p>A specific youth component that engages early to talk about drugs and alcohol and acknowledges that use will occur and how to manage the risks surrounding this</p> <p>4. Do you have any comments on the usability of the document – accessibility, clarity, layout, diagrams etc.</p> <p>Formatting is off in a number of places</p> <p>5. Any other comments you might like to make.</p> <p>More than happy to work with the OA&DP now and in the future but I would recommend further consideration is made to this strategy</p>	<p>To be captured within the Delivery Plan.</p> <p>Formatting changes actioned.</p> <p>Discussion held, comments considered and amendments made.</p>
<p>██████████</p>	<p>Thanks for sight of the draft strategy which I found comprehensive and readable. I welcome the broad approach which has clearly been informed by the multi-agency and community approach to strategy development.</p> <p>My only question is where the Strategy links to the Community Plan and Local Outcomes Improvement Plan 2019 to 2022 – I do feel there should be reference to this overarching plan?</p>	<p>Strategy updated to include.</p>
<p>NHS Senior Management Team.</p>	<p>Excerpt from NHSO SMT of 14.9.20 for noting for the ADP members and taking account of in final draft of Strategy:</p> <p>LW presented the Orkney Alcohol and Drugs Partnership (OADP) Strategy to members for comment.</p>	<p>Noted by ADP Strategy Group and agreed re-draft document.</p>

From Whom.	Comments.	Actioned / Response.
	<p>GM, Chair of the OADP Committee would welcome attendance from Public Health at future statutory meetings. It was acknowledged that meetings had been less frequent due to the absence of a Chief Officer and the ongoing challenges presented by COVID-19.</p> <p>LW appreciated the importance of Public Health representation however due to workload pressures within the department, it was unlikely that the service could provide an office bearer but attendance could be arranged.</p> <p>Upon reading the strategy, MD felt there was a lack of reflection on past events and risk mitigation.</p> <p>GM would ensure comments were fed back to K Spence.</p>	
Public Health.	<p>Public Health welcomes the opportunity to respond to the consultation of the draft Orkney Alcohol and Drugs Partnership Strategy.</p> <p>While we recognise that the strategy was written as a requirement to evidence how OADP was going to achieve the priorities, set both locally and nationally, to improve the outcomes for individuals, families and the wider community of Orkney in relation to the reduction of alcohol and drug related harm. The strategy was written prior to the COVID19 pandemic. Our major concern is that the landscape globally, nationally and locally has now changed and that this could have an impact on the relevance and efficacy of the draft strategy.</p> <p>We feel it would be inappropriate, and potentially a missed opportunity, to continue with publication of the strategy in its current form as it may no longer fully reflect the current situation in Orkney. We would, therefore, recommend that further analysis of the impact of COVID19, in relation to problematic substance misuse in Orkney, is required. We would further recommend that the revision should include a consultation with stakeholder partners, frontline services and those with</p>	<p>A Covid-19 Chapter included in revised version.</p> <p>Revision made to the wording of the local outcomes and a Delivery Plan will be prepared to provide more detail.</p> <p>Timeline and dates revised and updated.</p> <p>2.1. Updated.</p> <p>2.2. Updated.</p> <p>Other Public Health Priorities included and section updated.</p> <p>Full title included as per recommendation. Further explanation on the Drugs Deaths Taskforce and local data expanded upon where allowed.</p>

From Whom.	Comments.	Actioned / Response.
	<p>lived and living experience, and that the strategy should be re-written to reflect this.</p> <p>Some suggested questions to ask are –</p> <ul style="list-style-type: none"> • What impact has the pandemic had on substance use in Orkney, has it made it harder for people who are living with substance abuse to access services? • Has the pandemic had an impact on individual’s mental health and wellbeing and resilience, which may contribute to increased substance abuse? • What impact will the pandemic have on delivering this strategy, in terms of the resources, staff time, multi agency working and are there financial implications, should local remobilisation plans be taken into account? • Have local priorities and plans changed due to the pandemic? • What impact has the pandemic had on the wider determinants of health of the population of Orkney? In particular how this has impacted on inequalities? • What are the implications of catching the virus on people who have problematic alcohol or drug use? Should there be additional actions to protect this population? <p>Putting aside our concerns above, we have outlined our response to the content of the current draft below.</p> <p>Vision – The vision is different to but does reflect some of the aspects of the vision of the Scottish strategy Rights, Respect and Recovery. We feel it is positive that the local vision was developed during the strategy development day and had the buy in of partners, which made it local to Orkney. The vision focuses on positive outcomes, is values</p>	<p>2.4. Section updated. Revised date included.</p> <p>Section 3. Update and included as per recommendation. Updated terminology as per request and expanded inclusion of local performance in relation to the target. Noted and further information included in revised version.</p> <p>More graphs included as per recommendation.</p> <p>3.2.3. Updated. Updated information on problematic drugs. Updated information on problematic alcohol usage. Updated information on wider determinates of health. Updated information on inequalities. A section on finance has been added. A glossary has been added.</p>

From Whom.	Comments.	Actioned / Response.
	<p>based and challenging, however it is not very specific, is quite long and may be difficult to measure.</p> <p>Strategic Priorities – We note that these have understandably been taken directly from the Scottish strategy Rights, Respect and Recovery. In this strategy we feel that the OADP has an opportunity to "go beyond" just focusing on these priorities an additional priority to reduce inequalities in particular to those living with problematic substance abuse should be added.</p> <p>National Outcomes - We recognise that these have understandably been taken directly from the Scottish strategy Rights, Respect and Recovery that the ADP is tasked to deliver on and that these priorities were agreed by stakeholder partners, frontline services and those with lived and living experience. We note and welcome that section 2 describes further national priorities and drivers.</p> <p>Local Outcomes – We are concerned with the overall wording used in the outcomes. The majority have been written as actions and not outcomes and require re written. The wording of the outcomes could be improved to be more specific and the outcomes could be written with more clarity in how they are to be achieved. We recognise that an outcomes focused plan or action plan has not yet been developed to detail how the local outcomes will be implemented but we feel in their current form they are too vague. The outcomes should be specific, relevant and time-bound which are achievable through activities which could be measured.</p> <p>It is not clear in the strategy how the local outcomes tie into the other national policy drivers E.g. the public health priority. There is no local outcome that addresses the ministerial priority of ‘A reduction in the attractiveness, affordability and availability of alcohol’. There is no local outcome that addresses the LDP ABI target.</p>	

From Whom.	Comments.	Actioned / Response.
	<p>We have included a SMART analysis of the outcomes as an appendix to this response.</p> <p>Section 1, Background – The strategy has a specific timeline which is helpful, however should this be adjusted as we are now almost through 2020 which makes the timeline unrealistic? There is no reference in the strategy of how the time period was agreed, is the strategy period of 5 years long enough to achieve the long term outcomes?</p> <p>We recognise and welcome that the strategy is multi agency and focuses strongly on partnership working.</p> <p>We welcome that the strategy recognises that there are co morbidity factors in relation to substance addiction. However we feel that this is a sweeping statement and there needs to be more focus and detail of this somewhere in the strategy in particular in relation to the specifics and demographics relevant to the Orkney population.</p> <p>Purpose – Well laid out and relevant.</p> <p>Governance and Accountability - The strategy clearly lays out the ADP governance and accountability structure. In the table re governance there is a bit missing in 'other committees of the?' The breakdown of the ADP structure and groups is helpful.</p> <p>Section 2, National Policy Drivers, Contexts and Challenges – Overall this section is well written and helpful. It is clear without being too complicated; however more detail on the national policies and their implementation may be helpful.</p> <p>In section 2.1 there is no reference to the implementation of this strategy, national timelines and measurable outcomes.</p> <p>In section 2.2 there is no reference to the implementation of this strategy, national timelines and measurable outcomes.</p> <p>In section 2.3 the strategy only highlights priority 4, which is specific to alcohol and drugs. It may be beneficial to include all 6 priorities as they</p>	

From Whom.	Comments.	Actioned / Response.
	<p>all have relevance to holistically impacting on the wider determinants which ultimately impact on population health and reducing drug and alcohol abuse. There is no reference as to how this strategy is going to contribute to achieving these priorities.</p> <p>In section 2.4 the use the full title Drug Related Deaths would be preferable instead of DRD, it may also be helpful to explain where the task force comes from and its relationship to the national strategies. There is no reference to the local statistical context in relation to the national statistics on drug related deaths; we recognise this may be due to the risks of individual identification due to small numbers.</p> <p>There is no reference in the section to the original assessment carried out in 2016 of the ‘Staying Alive in Scotland’ Good Practice Indicators. This assessment provides a baseline that should help to measure impact and challenges, which would be helpful to the planned reassessment.</p> <p>It is unclear in the strategy when the ADP will undertake the ‘Staying Alive in Scotland’ Good Practice Indicators assessment.</p> <p>In section 2.6 it may be helpful to explain that the Scottish Government’s ministerial priorities and national deliverables are outlined in the ADP annual funding letters.</p> <p>In section 2.7 it is our understanding that the term LDP standards have now replaced the term HEAT targets. There is no reference in the strategy of local historical performance in meeting these targets what actions may be required and what the challenges may be.</p> <p>There is no reference in the strategy to wider national strategies that are not drug and alcohol based, but have relevance to this strategy, for example Scotland’s National Performance Framework.</p>	

From Whom.	Comments.	Actioned / Response.
	<p>Section 3 Local Policy Drivers, Contexts and Challenges – This is a useful section, there could be more detail as to how this strategy will help to deliver the aims of the Orkney Health and Care Strategic Plan.</p> <p>There is no mention in this section of the Community Planning partnership and its 3 delivery groups and how this strategy ties into the aims of those groups. This section could contain information of the remobilisation plans post COVID and the implication these have on the delivery of this strategy.</p> <p>In the local context has there been a missed opportunity to give more information from the 2018/19 needs assessment?</p> <p>The data in this section is useful, the use of graphs maybe helpful in making it more reader friendly.</p> <p>In 3.2.3 this paragraph is hard to understand, it would be helpful to include the Scottish average. Is the paragraph trying to say that there could be an issue of underreporting?</p> <p>There is no information in this section on what drugs are problematic in Orkney.</p> <p>There is no information in this section of the provision of alcohol in Orkney and if there are any associated factors to provision and problematic usage.</p> <p>There is no information in this section on how services are delivered in Orkney, what good practice there is and possible challenges, for example what are the issues for people living on the outer isles to access services?</p> <p>There is no information in this section of what the issues are on Orkney of the wider determinants of health, for example mental health and wellbeing in the Orkney population.</p>	

From Whom.	Comments.	Actioned / Response.
	<p>There is no information in this section on inequalities in Orkney and what the implications this may have on this strategy.</p> <p>Section 4 Vision and Strategic Priorities – The mission statements include values, purpose and action, they are well worded and relevant in the context of when this strategy was written. There may be amendments or additional statements required after the recommended further analysis of the impact of COVID19, in relation to problematic substance misuse in Orkney has been undertaken.</p> <p>We would recommend a mission statement on the wider determinants of health and reducing inequalities should be included.</p> <p>The rest of this section has been covered in the comments on priorities and outcomes sections above.</p> <p>Possible missing information/suggestions –</p> <p>There is no reference in this strategy of how the ADP is financed, how this strategy is going to be financed and what financial implications there might be. The levels of the annual ADP funding streams are not guaranteed – will this impact on commissioning and delivery of the strategy?</p> <p>There is a lot of complicated terminology and specific terms used in the strategy for example ‘those with lived experience’, a glossary may be helpful in the strategy.</p>	
Orkney Opinions	<p>Introduction</p> <p>The Orkney Opinions Group was asked to comment on the draft Orkney Alcohol and Drugs Partnership Strategy.</p> <p>The Group is currently undergoing a refresh of membership and, as a consequence, the normal complement of 100 members is heavily depleted; there are currently less than 30 members.</p>	<p>Inserted more explanation and a glossary to explain terminology.</p> <p>Expanded on local section where data allowed.</p>

From Whom.	Comments.	Actioned / Response.
	<p>In addition, the current profile is heavily biased towards older members. This situation is being addressed; however, the current membership is all over 50 years of age. As a consequence, the responses received should be viewed within the context of the age demographic of respondents, i.e. there are no responses from younger middle-aged and young people.</p> <p>Overview</p> <p>A total of 12 responses were received. All 12 respondents answered Question 1; 11 answered Question 2; 8 answered Question 3; 12 answered Question 4, and 5 answered Question 5.</p> <p>Responses</p> <p>Question 1: Do you feel that the content accurately reflects the current position in Orkney?</p> <ul style="list-style-type: none"> • No, in this one respect. There is talk of removing the 'stigma' associated with addiction but as far as this relates to alcohol abuse, I would say there is no stigma attached to that in Orkney Elsewhere the document refers to 'entrenched cultural norms.' and the need for these to be addressed. This is more accurate as far as I can see. There is an attitude that drinking too much is perfectly normal, and that although it leads to violent criminal behaviour, frequently manifested as assaults on other people, that such criminal behaviour is 'less serious' because it has been alcohol influenced or induced. There seems to be little or no recognition that criminality should not be excused on the grounds of being alcohol related. I was actually appalled to see that one fifth of the population here regularly takes more than twice the daily recommended limit of alcohol. One in every five people. That s not normal. And it shouldn't be considered so. • Yes. 	

From Whom.	Comments.	Actioned / Response.
	<ul style="list-style-type: none"> • Yes. • More use and abuse in Orkney than is reflected in the document and school children very vulnerable. • Very comprehensive...all ambitions are stated clearly and presented for easy reference. • Yes. • I cannot speak for Orkney mainland or other islands, but only for the island where I have lived for the past 27 years. I do not feel that the present island population is as dependent on alcohol as it was 20 years ago. Regarding drugs, it seems that there is not much change. A few people still use them. • Sadly I am not in a position to pass personal comment on this document as I have no experience fortunately in my long life of having to deal with or have association with any drug or alcohol use or mis-use. So any comments are objective. • Quite unable to comment. • Should focus more on tackling hard drugs like heroin and cocaine which appear to be increasing here. Residential rehab should always be first choice to prison for first offenders. • If I could find the current position in this waffle I would! • I hope so I don't really have any way of knowing. <p>Question 2: Do you feel that the local response to each strategic priority is appropriate (section 4)?</p> <ul style="list-style-type: none"> • Yes. • Yes. • Yes. • As far as I can see priority are focused and relevant. 	

From Whom.	Comments.	Actioned / Response.
	<ul style="list-style-type: none"> • Yes. • Yes, the aims of Orkney ADP are right and good, though putting them into practice may not always be easy as drug users are usually secretive. Production of alcoholic drinks in Orkney for sale, such as gin production, seems to be encouraged. I question the wisdom of this. • As of above the dealing dealt with in section 4, if possible to carry out with the inevitable lack of money following covid-19 expenditure, seems a good response to government guidelines laid out before. • Seems good to me. • Reduce 21 day waiting period to 7 days - time is important when an addict decides to seek help. Should be doable in this tiny community. • No, as the local dimension is lost in the national picture. • Yes. <p>Question 3: Is there anything that needs to be added to the Draft Orkney ADP Strategy 2020-25?</p> <ul style="list-style-type: none"> • No. • Nothing I would feel qualified to add. • Do teachers need to be involved? • Generally I think it is well put together. I hope it can be put into practice. • My opinion of such is that a very much stream-lined version which could be possible as minimal, when finances are extremely restricted, would be a better approach and give some kind of support to those in the greatest need. • No. 	

From Whom.	Comments.	Actioned / Response.
	<ul style="list-style-type: none"> • No, reduce, clean it up. • Don't know enough to say. <p>Question 4: Do you have any comments on the usability of the document - accessibility, clarity, layout, diagrams, etc?</p> <ul style="list-style-type: none"> • It's fairly inaccessible isn't it? It's so jargon heavy. What is 'lived and living experience'. I mean, I get the 'living experience'. But lived? is this experience from dead people? I assume it's from recovering/recovered addicts but honestly that would be covered by 'living experience' in my book. <p>It's obviously a document written by management for management and as such I don't know that comments from lay people who don't understand the jargon (trauma informed is another good one in this document and not one I've come across before) can be honestly asked for. If you want people to comment on proposals then those proposals should be written in a way which informs them about what putting them into practice will actually mean on the ground. If you want people to understand and respond accurately and intelligently to what you think should be done then translate the jargon, or better yet produce material that is written in terms everyone can understand. A few concrete examples rather than generalities in management speak would be a good start.</p> <ul style="list-style-type: none"> • very good. • No. • All looks good. outcome will be dependant on appropriate funding to deliver. • The document outlines main targets and strategies clearly and, as far as I can asses, quite succinctly. Diagrams as ever are helpful - in the current covid situation the general public, are, I think becoming 	

From Whom.	Comments.	Actioned / Response.
	<p>familiar with graphs, pie charts etc but this is used in the document very sparingly which may be the right approach.</p> <ul style="list-style-type: none"> • Good - it helped me understand a complicated problem. • Reading through it, it becomes difficult to recall what has been seen on the previous pages. • My only comment on this is that on the two introductory pages the printing is far too small. Why not use the whole pages! The diagram on page 11 misses many of the salient points by misuse of colour and white writing - bad on any colour even black! • A few minor points: Page 6, diagram - other communities of the what? <p>Page 7, line 9 from end "and also following each drug-related death" (I take it)</p> <p>Page 8, line 7 "Scotland as a country"</p> <p>Page 9, line 14 paralleled</p> <p>Page 13, line 10, from end I think you mean "recommended (15%) are higher than from ? (11%)</p> <p>Page 10, line 7 "families, often leading to"</p> <ul style="list-style-type: none"> • Perhaps separate children/family section to its own document as this section should be standalone rather than mixed into the general alcohol/drugs strategy • Doubt if any of the "target market" would understand a word. Very repetitive. Old fashioned document. <p>Question 5: Please use this space for any other comments you might like to make</p> <ul style="list-style-type: none"> • Thank you for sending it to me, I hope the members of ADP can sustain their efforts to reduce alcohol and drug use on Orkney. 	

From Whom.	Comments.	Actioned / Response.
	<ul style="list-style-type: none"> • A lot of work has obviously been put into the compilation of this document which in an ideal world is exactly what is needed. We do not live in an ideal world and will be paying for covid-19 expenditure (in the billions) for many years to come past 2025. So the cloth will have to be cut to the availability of resources. Keep it realistic and tight. Please. • I know you can only work within the constraints of government, but the truly shocking state of affairs in Scotland calls for a total rethink of our approach to drugs, learning from the experience of them continues to adopt a more enlightened and progressive approach. • Sadly, alcohol is too ingrained in normal society for too long so this will never be controlled. Early prevention in the same context as with illegal drugs is the wrong approach as the best scenario is damage control after addiction to alcohol occurs. • Vision - "the harms of...." No plain English. The whole document is written in management speak. The layout is the same, pages of waffle. Full of information on Scotland yet the document title is Orkney. 	
NAMAC.	<ul style="list-style-type: none"> • Not my area of expertise but reads fine apart from a wrong word on P23! I think that should say serious. Not a very exciting comment!" "146% to 10.15 stays per 10,000 people in the population. In terms of numbers by the end of 2017/18 there were 21 hospital stays linked to Drug misuse, thus the figures are relatively small but no less series than Alcohol related admissions." • "It does make me wonder if it would be good to meet the team that provide Level 3 interventions- I know nothing about the service." 	<p>Typo amended ('serious'). ADP Co-ordinator informed Service Manager of Drug and alcohol Team (Tier 3 Service) of comment for future action.</p>
Area Clinical Forum.	Thank you for the opportunity to provide feedback. Overall a well thought out strategy and well done to all involved. I've included some	The ADP will produce a Local Delivery Plan to run alongside the

From Whom.	Comments.	Actioned / Response.
	<p>comments below. A final reflection: Does the strategy clearly reflect where we will be in 2031 and how we will know that we got there? 10 years is a long time and maybe a timeline or milestones at intervals along the decade might make this clear and guide us back on course along the way.</p> <p>Thank you for the opportunity to provide feedback. Overall a well thought out strategy and well done to all involved. I've included some comments below. A final reflection: Does the strategy clearly reflect where we will be in 2031 and how we will know that we got there? 10 years is a long time and maybe a timeline or milestones at intervals along the decade might make this clear and guide us back on course along the way.</p> <p>Thank you for the opportunity to provide feedback. Overall a well thought out strategy and well done to all involved. I've included some comments below. A final reflection: Does the strategy clearly reflect where we will be in 2031 and how we will know that we got there? 10 years is a long time and maybe a timeline or milestones at intervals along the decade might make this clear and guide us back on course along the way.</p> <p>Section 3.7: NHSO Board (in Feb) approved the Trauma-Informed Pledge.</p> <p>Local Context: ABI (P18) Including this data point which spans 3 years where the other points are one year only is misleading, Suggest the graph starts at 2011/12 if the breakdown of the previous 3 years is not available and the narrative can cover the detail.</p> <p>P23 typo "series".</p> <p>Section 4.5: Have we reached out and sought the views of the children and young people of Orkney on this strategy, this section in particular?</p>	<p>Strategy which will focus on performance monitoring and include milestones.</p> <p>The ADP Strategy Group approved to reduce the timeline to 5 years.</p> <p>Re-worded this section to demonstrate reducing drug related deaths is a national priority of which Orkney ADP will be contributing whilst being aware of the local trends in Orkney.</p> <p>Noted and an additional paragraph included in chapter 4 (COVID-19).</p> <p>Noted. Additional paragraph entered on NHS Orkney's Trauma Informed Pledge.</p> <p>Amended and revised graph inserted to reflect current breakdown.</p> <p>Amended.</p> <p>The Strategy was given to the Youth Forum and the Care Experienced Young People Panel.</p>

From Whom.	Comments.	Actioned / Response.
Youth Forum.	<ul style="list-style-type: none"> • Easy enough to read • The diagrams are helpful. 	Youth Forum thanked for their comments.
<p>█████ ██████████ ██████████████ ███████ ██████████ ███████ ██████████ ██████████████</p>	<p>Thank you for the work on the ADP Strategy and for the invitation to comment.</p> <p>I have looked at the strategy and can see at a glance the appropriate linkages with national policy and the Scottish Government direction of travel which is all very positive and to be commended. It is really well laid out and presented. It flows well, is articulate and professional in appearance.</p> <p>For me, I am struggling to see how we “measure” progress. There is a great deal on vision and priorities but I cannot see a measurable “Action Plan”. While there are some baseline data I would comment that it needs to be pulled into meaningful action planning to address the “so what” question. I see mention of the separate local action plan related to the national strategy the Road to Recovery and for me the strategy should have an overall action plan attached and not separate. For example, I have not been able to reference it in providing this feedback. Perhaps it addresses the “so what” question I raise here, in which case I look forward to seeing it. I know this has been a real challenge Katie in many other places too and I am not sure from the document what benchmark work has been undertaken.</p> <p>With specific regards to children and you people there are only 2 paragraphs addressing their specific circumstances as disadvantaged groups. I am not sure if consideration was given to have a “strategy within the strategy” to specifically address their needs. I understand we received views from young people in the consultation and perhaps they are to be included.</p> <p>The SALSUS method has come under criticism elsewhere in Scotland and some children’s partnerships have steered away from it in favour</p>	<p>Response provided explaining the development of the local Delivery Plan (at request of Scottish Government) which will run alongside the strategy and be monitored by ADP Strategy Group at quarterly meetings with annual updates being submitted to the IJB and Scottish Government via the annual reporting structures.</p> <p>Comments sought from young people including Youth Forum (as above) and Care Experienced Group but agendas full and response minimal.</p> <p>SALSUS is a national recording system encouraged by Scottish Government for use as part of data recording. ADP could be open to look into other systems providing finances allow.</p>

From Whom.	Comments.	Actioned / Response.
	<p>of more effective methods of gathering baseline information and plotting progress against baseline data.</p> <p>I appreciate the considerable effort and work which has gone into the draft strategy and hope my small contribution and I do feel we need to strengthen the children and young people aspects.</p>	

▪



Equality Impact Assessment

The purpose of an Equality Impact Assessment (EqIA) is to improve the work of the Integration Joint Board (Orkney Health and Care) by making sure it promotes equality and does not discriminate. This assessment records the likely impact of any changes to a function, policy or plan by anticipating the consequences, and making sure that any negative impacts are eliminated or minimised and positive impacts are maximised.

1. Identification of Function, Policy or Plan	
Name of function / policy / plan to be assessed.	Orkney Alcohol and Drugs Partnership Strategy 2021-26.
Service / service area responsible.	Orkney Alcohol and Drugs Partnership (ADP).
Name of person carrying out the assessment and contact details.	Katie Spence, ADP Coordinator.
Date of assessment.	02 June 2021.
Is the function / policy / plan new or existing? (Please indicate also if the service is to be deleted, reduced or changed significantly).	New.

2. Initial Screening	
What are the intended outcomes of the function / policy / plan?	To provide a strategic plan for Orkney Alcohol and Drugs Partnership for 5 years from 2021 – 2026.
State who is, or may be affected by this function / policy / plan, and how.	Individuals, families, the wider community who are affected by alcohol and drugs and practitioners and service providers who work within alcohol and drug services across Orkney.
Is the function / policy / plan strategically important?	It is important as it sets the strategic direction for Orkney Alcohol and Drugs Partnership for the next 5 years.
How have stakeholders been involved in the development of this function / policy / plan?	Two stakeholder engagement sessions have been held prior to the draft of the strategy being prepared which included service providers, practitioners, people with lived / living experience and family members, ADP

	<p>Commissioned Services, ADP Strategy and Wider Services Sub Group Members.</p> <p>A consultation of the draft Strategy ran from 1 August to 30 September with comments collated and actioned accordingly. The consultation included access via the ADP Website, Facebook page, Orkney Opinions and via various multi-agency groups in Orkney.</p> <p>Further consultation was undertaken with medical committees and young people in March 2021.</p>
<p>Is there any existing data and / or research relating to equalities issues in this policy area? Please summarise.</p> <p>E.g. consultations, national surveys, performance data, complaints, service user feedback, academic / consultants' reports, benchmarking (see equalities resources on OIC information portal).</p>	<ul style="list-style-type: none"> • Rights, Respect and Recovery (Scottish Government: 2018). • The Alcohol Framework (Scottish Government: 2018). • Internal data relating to alcohol and drug treatment services. • Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence against Women. • Public Health Priorities for Scotland. • Scottish Drug Deaths Taskforce: A Strategy to address the Stigmatisation of People and Communities affected by drug use. • Scottish Government – No One Left Behind. • Scottish Health Action on Alcohol Problems: Rural Matters. • Orkney Mental Health Strategy. • Orkney Strategic Plan. • Orkney Policing Plan.
<p>Is there any existing evidence relating to socio-economic disadvantage and inequalities of outcome in this policy area? Please summarise.</p> <p>E.g. For people living in poverty or for people of low income. See The Fairer Scotland Duty Interim Guidance for Public Bodies for further information.</p>	<p>It is evidenced that people living in poverty are more likely to experience substance misuse or dependency issues in relation to alcohol and drugs.</p>

Could the function / policy have a differential impact on any of the following equality strands?	No.
1. Race: this includes ethnic or national groups, colour and nationality.	No. Alcohol and Drug Treatment Services are available to all community members. This strategy seeks to strengthen access to communication and information relating to this service provision and will likely improve any differences experienced due to language barriers or cultural norms.
2. Sex: a man or a woman.	No. The strategy however recognises the gender variation in the impact of those accessing alcohol and drug treatment services in that men are less likely to engage with services. National data provides evidence that men are more likely to die from a drug related death than women.
3. Sexual Orientation: whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	No. National evidence however indicates that there are higher rates of people within the LGBTQ+ population using alcohol and / or drugs at problematic levels but less likely to access services for support. In turn suicide and poorer mental health experiences are more prevalent for those in the LGBTQ+ population.
4. Gender Reassignment: the process of transitioning from one gender to another.	No. National evidence indicates however that people who identify as transgender can experience stigma when it comes to accessing drug and alcohol treatment and support.
5. Pregnancy and maternity.	No. The strategy recognises the specific needs of women who are pregnant and need to access alcohol and drug treatment during pregnancy and after childbirth.
6. Age: people of different ages.	No. The strategy seeks to recognise the differences in experiences across all age sectors and the requirement for designated services to meet the needs of young people, adults and older adults.
7. Religion or beliefs or none (atheists).	No.
8. Caring responsibilities.	No. The strategy recognises that often those who are performing caring responsibilities for those affected by alcohol and drugs are not always recognised or face other factors

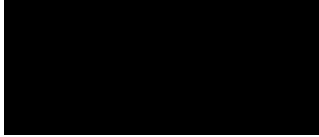
	including stigmatisation.
9. Care experienced.	No. National evidence suggests that care experienced people are more likely to consume alcohol and / or drugs at problematic levels than their comparators.
10. Marriage and Civil Partnerships.	No.
11. Disability: people with disabilities (whether registered or not).	<p>No. The strategy recognises the differences in lived and living experience of alcohol and drug dependency for those with disabilities whether registered or not.</p> <p>National evidence indicates that people with an alcohol and / or drug dependency alongside a mental health condition (dual diagnosis) often experience more challenges in gaining diagnosis and treatment.</p> <p>Research suggests many people with alcohol and drug issues / dependency will have experienced trauma and / or Adverse Childhood Experiences.</p> <p>People with more mild learning disabilities who are most likely to misuse alcohol or drugs.</p> <p>Overall, the evidence indicates that people with learning disabilities are less likely to misuse substances than the general population. However, some people believe that when people with learning disabilities do drink alcohol, there's an increased risk that they will develop a problem with it.</p> <p>Research suggests that children with learning disabilities are more likely to experiment at an early age with potentially harmful levels of alcohol.</p>
12. Socio-economic disadvantage.	No. Research indicates however that those experiencing socio-economic disadvantage are more like to experience issues and / or dependency to alcohol and / or drugs.
13. Isles-Proofing	<p>No. Commissioning of alcohol and drug treatment services on the outer-isles of Orkney do not occur separately but all services commissioned are expected to be inclusive of the outer islands.</p> <p>The adoption of the use of digital health options such as Near Me enables improved service delivery and accessibility.</p>

	There are no residential detoxification services available in Orkney and those needing these services are required to leave Orkney to access them in the Mainland.
--	--

3. Impact Assessment	
Does the analysis above identify any differential impacts which need to be addressed?	No.
How could you minimise or remove any potential negative impacts?	N/A. The strategy seeks to address differential impacts of alcohol and / or drugs on those with protected characteristics by aiming to provide a range and choice of alcohol and drug treatment and support services that are person-centred, strength-based, prevention and recovery orientated. Development to improve access to information and communication relating to alcohol and drug treatment provision will be inclusive and accessible for all community groups.
Do you have enough information to make a judgement? If no, what information do you require?	Yes.

4. Conclusions and Planned Action	
Is further work required?	Yes.
What action is to be taken?	Delivery plan to support implementation process.
Who will undertake it?	Alcohol and Drugs Partnership Co-ordinator. Alcohol and Drugs Partnership Chair. Alcohol and Drugs Partnership Strategy Group.
When will it be done?	The Delivery Plan will be created by August 2021 and then ongoing for the duration of the ADP Strategy.
How will it be monitored? (e.g. through service plans).	Progress monitored annually for the duration of the ADP Strategy by the ADP Strategy Group and via the ADP Annual Report to both the IJB and Scottish Government.

Signature:



Name: Katie Spence.

Date: 02.06.21.