

Fife Health
& Social Care
Partnership



Fife Alcohol and Drug Partnership

Prevention, Protection, Early Intervention, Treatment & Recovery



FIFE ALCOHOL & DRUG
PARTNERSHIP

Strategic Plan

2024 - 2027

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Appendices

It is a pleasure to present Fife's Alcohol and Drug Partnership Strategy 2024 – 2027 which represents our approach to addressing the needs of people and communities affected by alcohol and drugs. The Plan has been developed over several months with people with lived and living experience, our partners, and service providers and takes in to account a number of

local and national policies as well as our Public Health Needs Synthesis Assessment (2023). The strategy includes the current picture of where we are in Fife and the challenges we face to prevent harm and promote and support recovery for all individuals, their families including children and young people, and their wider communities.

Over the last year, in my position as Chair I have been impressed by the commitment and the partnership working, I have seen, not only at the committee but within ADP services. Across all sectors, we want to see the people of Fife affected by alcohol and drug issues get well, achieve their potential and live productive and enjoyable lives.

However, there are still very significant challenges which face us and the people of Fife. Firstly, the rate of drug and alcohol related deaths in Fife are a loss to us all. Across Scotland, long before Covid 19 or the cost-of-living crisis, Alcohol and Drug Partnerships have been attempting to reverse this public health crisis locally. Fife is no exception and for this reason, we will continue with our public health surveillance group to understand drug related deaths and where we can improve within our own system of care and where we can support and inform changes across the whole system. Locally in partnership we have commissioned research to understand better alcohol specific harm and deaths. That research has concluded and, supported by the people and their families with lived and living experience, we now have a clear set of recommendations to implement over the life of this strategy. More than ever, we will need our partners to work collaboratively with us across all sectors and develop innovative ways of working together making the most of our resources and the knowledge and experience we have gained. Crucially, we will continue to place people and families with lived and living experience at the start of decision making and the centre of service redesign

Secondly, we need to reemphasise our messages of prevention and early intervention and the recovery orientated system of care to services and partnerships across the NHS, Council, third and independent sectors. By doing this we hope to intervene earlier with people at risk, reduce barriers, promote awareness of our services, address stigma and create a much more tailored trauma informed response to those affected by alcohol and drugs wherever they need help.

Thirdly, the ADP will review how we work. This will involve changes to our structure and subgroups, scrutinising activity and its impact by continuing to build a performance monitoring framework and ensuring it achieves good outcomes for the targeted client groups, improving processes and procedures so we can respond quickly to emerging risks, changing our strategic approach if required.

The plan we have set for ourselves is ambitious but in my view, absolutely necessary, if we are to achieve our aims. I believe we have some strong assets in our capable, creative and knowledgeable ADP Committee, Support Team, Service Providers and those with lived experience and living experience and I am confident, we can deliver this strategy. I look forward to working together with you all over the next three years.

Introductory message from our chair



Nicky Connor

Nicky Connor

Chair: Fife Alcohol & Drug Partnership Committee

Introduction – Fife ADP

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of Fife Health and Social Care Partnership, and the ADP Strategy is one of its transformational strategies. It is also represented in the Communities and Wellbeing Partnership and through this, reports to the Fife Partnership Board.

The ADP's primary strategic aim is to reduce the prevalence, impact and harms associated with alcohol and drug use throughout Fife. This involves contribution to broad prevention approaches to reduce prevalence of drug and alcohol use, early intervention, protection through harm reduction approaches, and maintains and continuous improvement to the recovery based, trauma informed system of care and support for people, their families and communities affected by substance use. The ADP provision is planned, delivered, and evaluated in three-year strategic cycles.

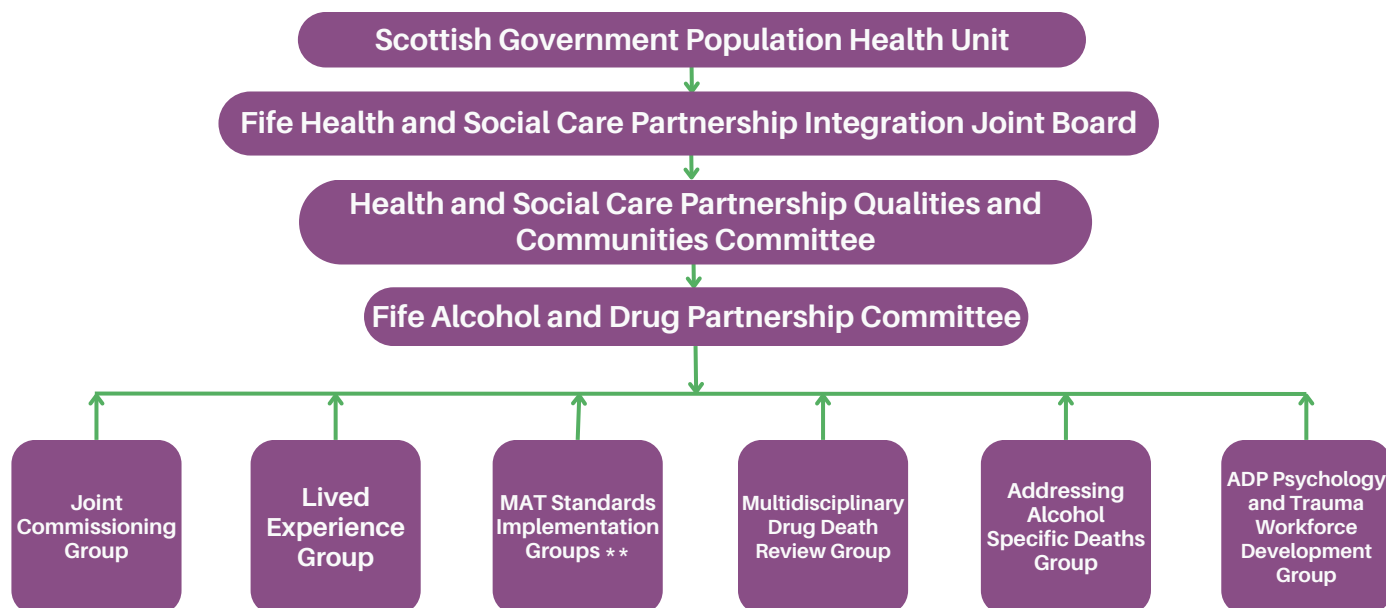
The ADP structure and governance involves an executive committee with delegated responsibility for strategic planning, financial governance, commissioning and implementing

national policy locally dependent on needs of the Fife population. It reports to the Qualities and Communities Committee of the Health and Social Care Partnership and onward to the Integration Joint Board. From here the ADP is required to submit its annual financial report to the Drug Mission Policy Division within the Population Health Unit of the Scottish Government.

Members of the ADP executive committee partnership are senior managers of statutory services and third sector agencies and representation from those with lived and living experience. All have an interest and/or shared responsibility for delivering the ADP strategic priorities and overseeing the annual delivery plan and report.

The ADP's internal structure currently consists of eight subgroups, each led by a member of the ADP Committee and by the ADP Support Team (see Appendix 1 for full list of membership). Each of these subgroups complete projects from the ADP Delivery Plan and submit a flash report to the ADP Committee on a quarterly basis for assurance and escalation purposes.

ADP Organisational Chart



** MAT Standards Implementation Groups now include:

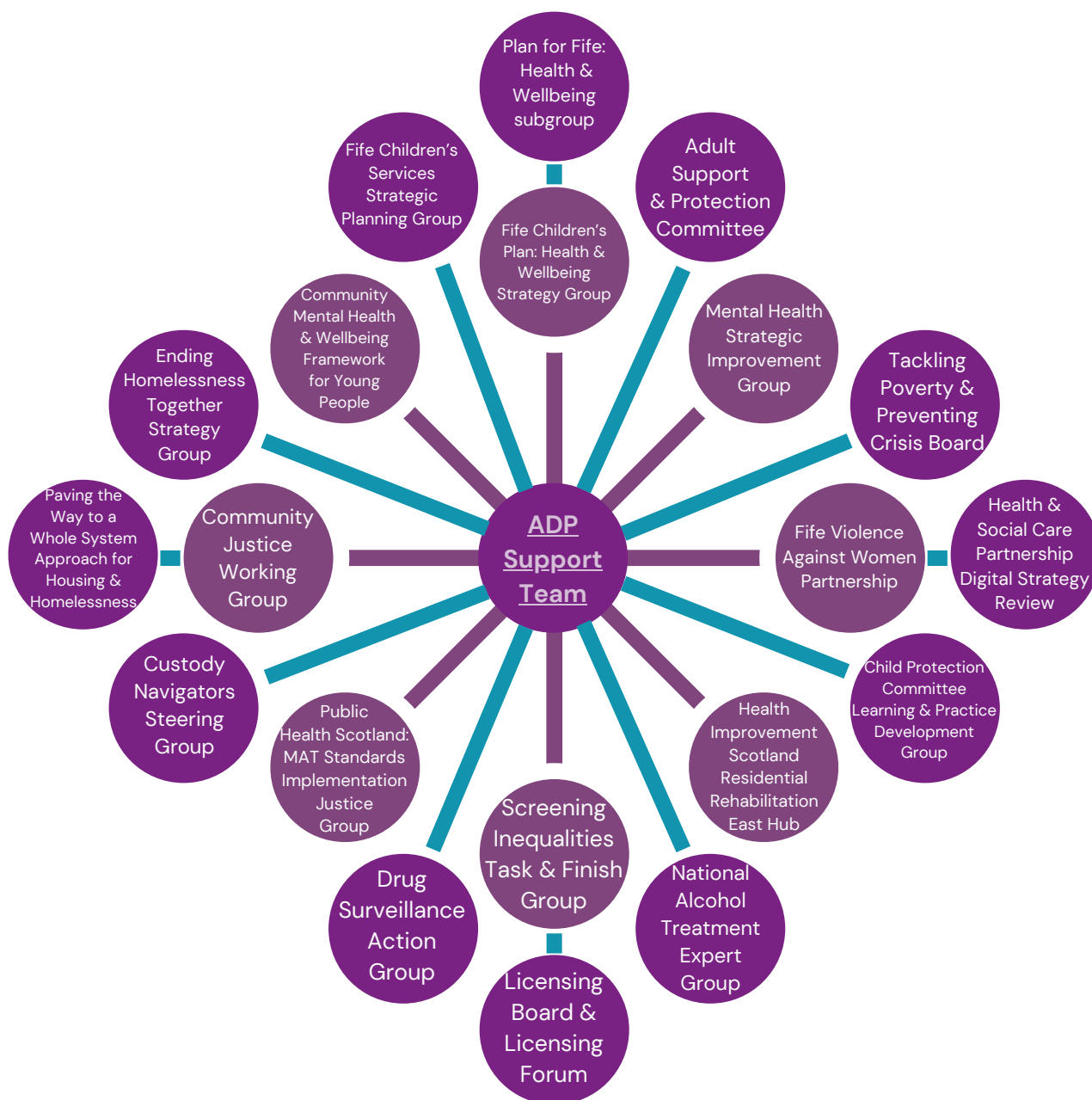
- MAT 7 - Primary Care Shared Model of Care
- MAT 9 - Mental Health and Substance Use Implementation Group

For completion of the strategy and its priorities over the next three years, the ADP Committee during 2024/25 will review its current structure ensuring that subgroups are still aligned with priorities and can be effective in their delivery. This will also include a review of the Executive Committee's terms of reference and all those of the current subgroups except the Lived Experience Group, an autonomous subgroup of the ADP Committee. New subgroups might need to form based on local research and changes in strategy direction. Similarly some subgroups will be dissolved as work has concluded. The ADP aims to complete this work within the first year of its new strategy.

The ADP Support Team has several short life working groups (SLWG) for the purpose of implementing learning from local or national standards and research. These are usually cross partnerships and report into an ADP subgroup, for example:

- **Multiple Drug Death Expert Group**
- **Living Experience Group Services and Management Group**
- **ADP Strategy Development Project Planning Group**
- **MAT 10 Operational Implementation Group**
- **Cowdenbeath Locality and Kirkcaldy Locality One Stop Shop Development Groups**
- **Localities Overdose Awareness and Take-Home Naloxone Group.**

The ADP aligns its support team with several other strategic partnerships mainly local and where there is joined accountability for outcomes to be achieved through synergy of resources and shared project planning and delivery. This involves strategic links to HSCP transformational and supporting strategies of the HSCP and where integration of delivery plans improves outcomes for the people of Fife.



Equality, Diversity & Human Rights

Fife Alcohol and Drug Partnership works in line with Health and Locally Authority policies on Equality and Diversity. The Health and Social Care Partnership are committed to providing fair and accessible services to all members of the community as outlined within the strategy.

The Equality and Diversity Outcomes (2021–2025) set out priorities in relation to all protected characteristics under the Equality Act 2010, on achieving positive outcomes for service users, staff and customers. By advancing equality of opportunity it is ensured that the community is able to access services in a way which meets their needs.

Given the remit and responsibilities of the Alcohol and Drug Partnership, the drivers of health inequalities have been recognised for some time. As has a commitment to be inclusive and strategically and operationally be diverse for all groups. People needing support for alcohol and drug use will face multiple health inequalities due to deprivation, poverty, stigma and access to services but there are additional unintended barriers created, if the strategy and services do not respond well to protected characteristics. The roll out of the National Collaborative Draft Charter of Rights for People affected by substance use (2023) when finalised, will enshrine an approach which protects and ensures people's human rights across multiple public service delivery

and locally the ADP will be required to lead on this work.

Both the EQIA completed as part of the development of this strategy has highlighted the consideration of this and the Public Health Needs Assessment Synthesis has developed a deeper recognition of the differing needs of people within the care group. This applies to understanding the increased risk of prevalence of problematic substance use for some groups and increased difficulties for access and retention in services. The needs assessment identified the groups below as requiring a specific focus over the course of the strategy:

- **Women**
- **Young People**
- **People who are trauma experienced**
- **People with a risk of homelessness and/or homeless**
- **People in the criminal justice system**
- **People with wider health needs**
- **People of an older age**
- **People with mental ill health**
- **People with a disability**

It is entirely incumbent on services for change and improvement and people must be viewed holistically and service delivery adjusted to meet their needs. The ADP will develop as part of its commissioning approach and improving how we work, a review of operational delivery in meeting the needs of these specific groups.

About Fife – The Challenges We Face

Drug Use Prevalence, Treatment Access, Hospital Stays and Drug Related Deaths

We are aware that the most recent prevalence data was produced in 2015/16 and is therefore considerably out of date. Public Health Scotland is due to publish up to date findings during 2024/25. This will be reviewed at that point to ensure that our strategy remains up to date with the most accurate figures available to Fife ADP. This will allow us to make fully informed and targeted representations.



National Figures



Location Specific
Data

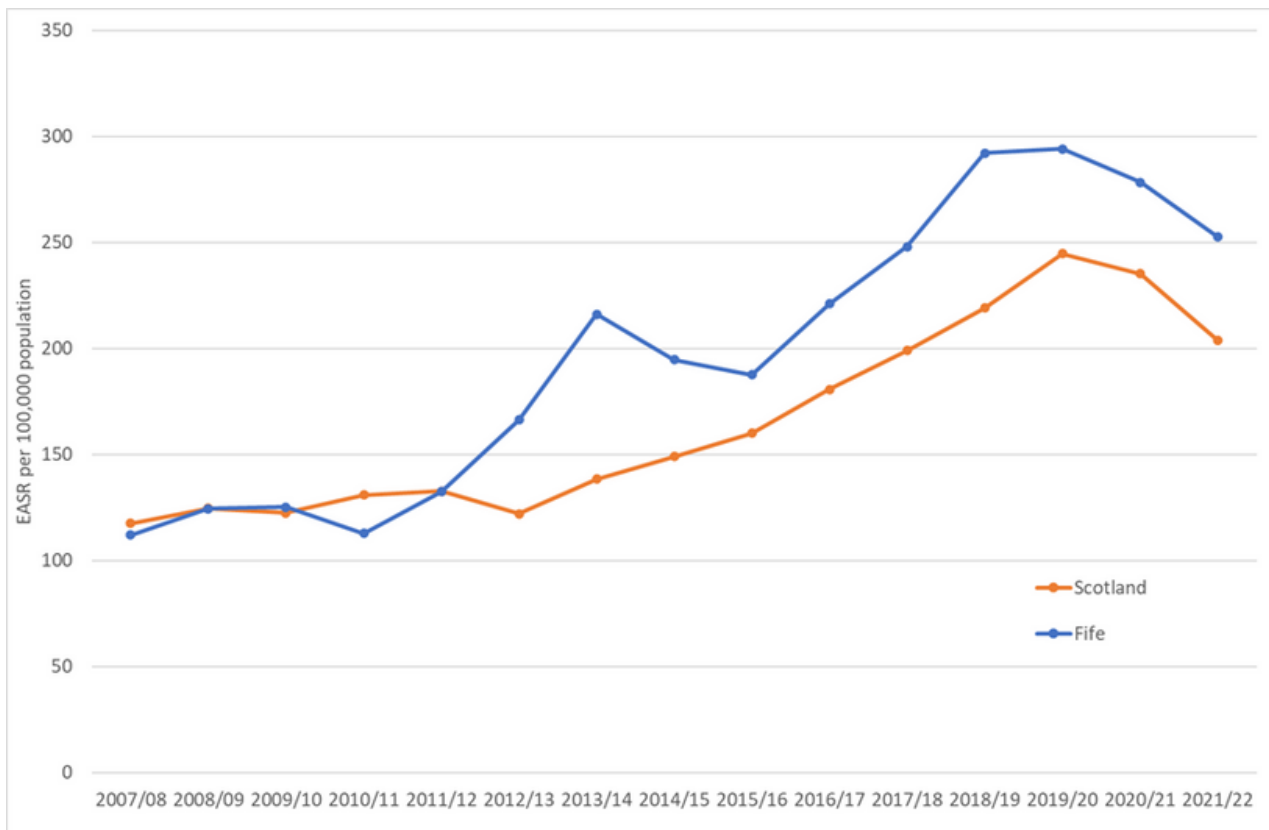


Reviewing Trends

More up to date information indicating use of services throughout can be provided by the Drug Alcohol Information System (DAISy) updated locally by tier 3 services. During 2022/23, 311 (30%) individuals referred to specialist tier three and four interventions were referred for treatment for drug use and 133 (13%) were referred for co-dependency. This compares with the Scottish average of 35% referred for drug use and 12% referred for co-dependency.

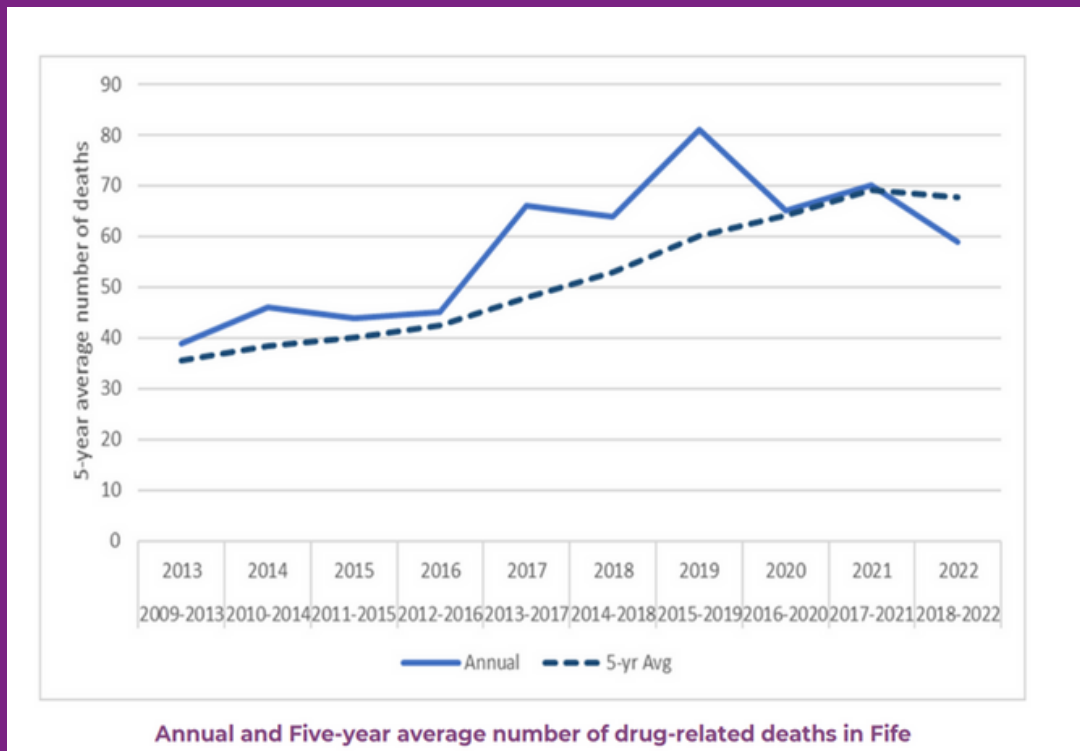
A total of 1,011 referrals for drug use were discharged in Fife, of which 446 (44.1%) were discharged before treatment. This compared nationally with a total of 12,620 referrals for drug use discharged over the year, of which 3,842 (30.4%) were discharged before starting treatment.

Drug related hospital stays involving Fife residents in acute hospitals



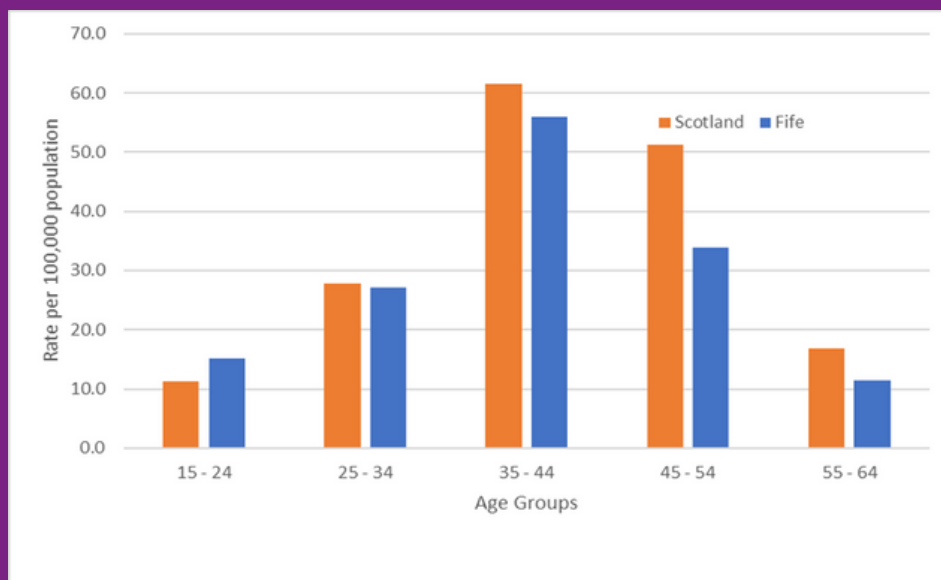
In 2021/22 there were 873 drug-related hospital stays involving Fife residents in acute hospitals. 98% of these stays were as a result of an emergency admission to hospital. In each of the last 10 years emergency admissions have accounted for more than 90% of drug-related stays and in the last five years more than 95%.

Although hospital stays fell in 2020/21 and 2021/22, which may have been expected due to impact of the COVID-19 pandemic, rates in Fife are currently more than double the rate reported in 2007/8 and 52% higher than the rate in 2012/13. (Please see table above for more details).



Sadly, in Fife, 59 people lost their lives to a drug related death in 2022. This was a decrease from the previous year of 70 in 2021 and the highest total recorded in Fife in 2019 of 81 deaths (as highlighted in the table above). Five-year averages show that an increasing trend in drug related deaths has stabilised and then slightly fallen for the first time since 2015.

The average age for drug related deaths in Fife was 42 in 2022 (please see table below). This is slightly higher compared to 40 in 2021. Across Scotland the age profile of drug-related deaths has become older. Since 2000 the average age of drug deaths has increased from 32 to 45. 63% of drug-related deaths were in those aged 35– 54 in 2022 compared to 29% on 2000. The below graph shows the age categories specifically in Fife compared to Scotland in 2022:



Five-year average age-standardised rates per 100,000 population of drug-related deaths by age group 2018-2022; Fife and Scotland

Five-year average age-specific rates for 2018–2022 show that the highest rates are seen in the 35–44 age groups for both Fife and Scotland. Over the same time period, Fife has a 15.1 per 100,000 population in the youngest age range (15 to 24 years old) compared to 11.2 for Scotland. Lower rates were seen in the 45–54 and 55–64 age groups in Fife compared to Scotland.

Overview – Drug Use in Fife

Opioids continue to be associated with significant harm in Fife. Between 2019 and 2022, opiates/opioids were implicated in the vast majority of drug related deaths in Fife (81% in 2022) and Scotland (82% in 2022). Methadone (prescribed and illicit) is implicated in more deaths than heroin/ morphine in Fife and Scotland in 2022, 2021 and 2020. 11% of drug related deaths in Fife involved prescribed opioids (excluding OST), these were dihydrocodeine, morphine and codeine. Opioids are the most common drug category recorded in mental and behaviour disorders stays and the second highest in overdose stays in Fife.

There are increasing harms associated with benzodiazepines as measured by drug related hospital admissions. After opioids, the most commonly implicated substance group in drug related acute hospital stays are sedatives/ hypnotics (benzodiazepines and z drugs) (29%). The rate of sedatives/hypnotics stays have increased significantly since 2015/16, more than for any other substance and Fife has higher rates than in Scotland. They were the most reported drugs associated with overdose stays in Fife in 2021/22. Benzodiazepines were the group of drugs most commonly implicated in drug related deaths after opioids, followed by gabapentinoids.

There is an increasing picture of harms associated with cocaine use in Fife. Cocaine was implicated in 41% of deaths in 2022. The proportion of deaths where cocaine was implicated was higher in 2022 and 2021 compared to recent years and compared to Scotland and has been increasing in Fife, whilst staying stable in Scotland. Few drug related deaths involve amphetamines.

Increasing harms are also seen in terms of increasing hospital stays/ overdose, particularly in the under 45s. A sixfold increase was seen in the rate of cocaine overdose stays between 2015/16 and 2020/21. There are also reports of emerging trends of ketamine and cocaine being used together by young people which increases the risk of harm of each substance.

Cannabis is rarely implicated in drug related deaths but cannabinoids are the third most commonly attributed drug in drug-related acute stays in Fife. Rates of cannabinoid-related acute hospital stays have been increasing and exceed those in Scotland. In 2021/22 the rate of cannabinoid stays was more than 4 times the rate in 2007/8 with increases particularly in the under 45s. Synthetic cannabinoids and increased complexity of patients due to co-morbidities and prolonged cannabinoid use may be contributing to this trend. People who use cannabis represent a larger proportion of people accessing tier 3 and 4 services in Fife compared to Scotland.

Overview – Alcohol Use in Fife

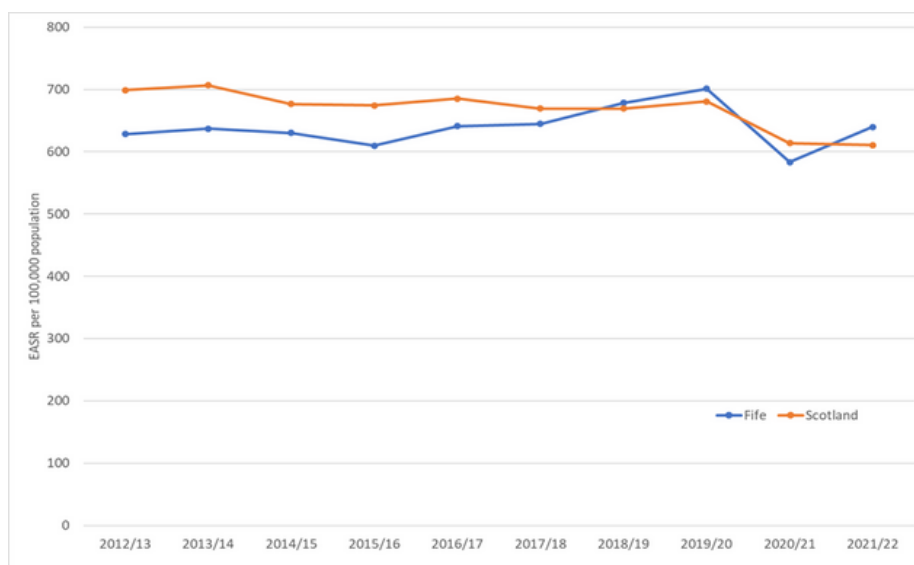
In the 2021 Scottish Health Survey, 1% of all respondents aged 16 and over were assessed as drinking alcohol at harmful levels. In Scotland, this would equate to 45,684 people drinking at harmful levels of which 9,266 (20.3%) were referred to specialist tier 3 and tier 4 services for alcohol use. Data is only available at the Scottish level but if the 1% is applied to the Fife population, this would equate to 3110 people drinking at harmful levels of which 620 (19.9%) were referred to specialist tier 3 and tier 4 services for alcohol use.

In Fife, 620 (59%) individuals referred to specialist tier three and four interventions were referred for treatment for alcohol use, 39% were discharged before starting treatment, higher than the Scottish average of 30%.

There is some evidence of increasing alcohol related harms as measured by alcohol hospital admissions prior to the pandemic. Acute alcohol related hospital stays had increased over time prior to the pandemic but since are lower and are currently slightly lower than in Scotland overall. There are considerably higher rates of alcohol related acute hospital stays in the 11-25 year age group, than in Scotland. In 2021/22 there were 2,370 alcohol-related hospital stays involving Fife residents in acute hospitals. Consistent with previous years more than 90% of these stays were as a result of an emergency admission to hospital.

Rates of alcohol-related acute hospital stays (please see table below) increased in Fife between 2015/16 and 2019/20 to a rate higher than Scotland which had seen rates remain fairly stable in that time. As a possible consequence of the COVID-19 pandemic stays fell sharply in 2020/21 and then increased in 2021/22, but to a level lower than seen in 2019/20, whilst Scotland experienced a further small decrease.

Figure 1: Alcohol-related acute hospital stays; Fife and Scotland 2012/13 to 2021/22



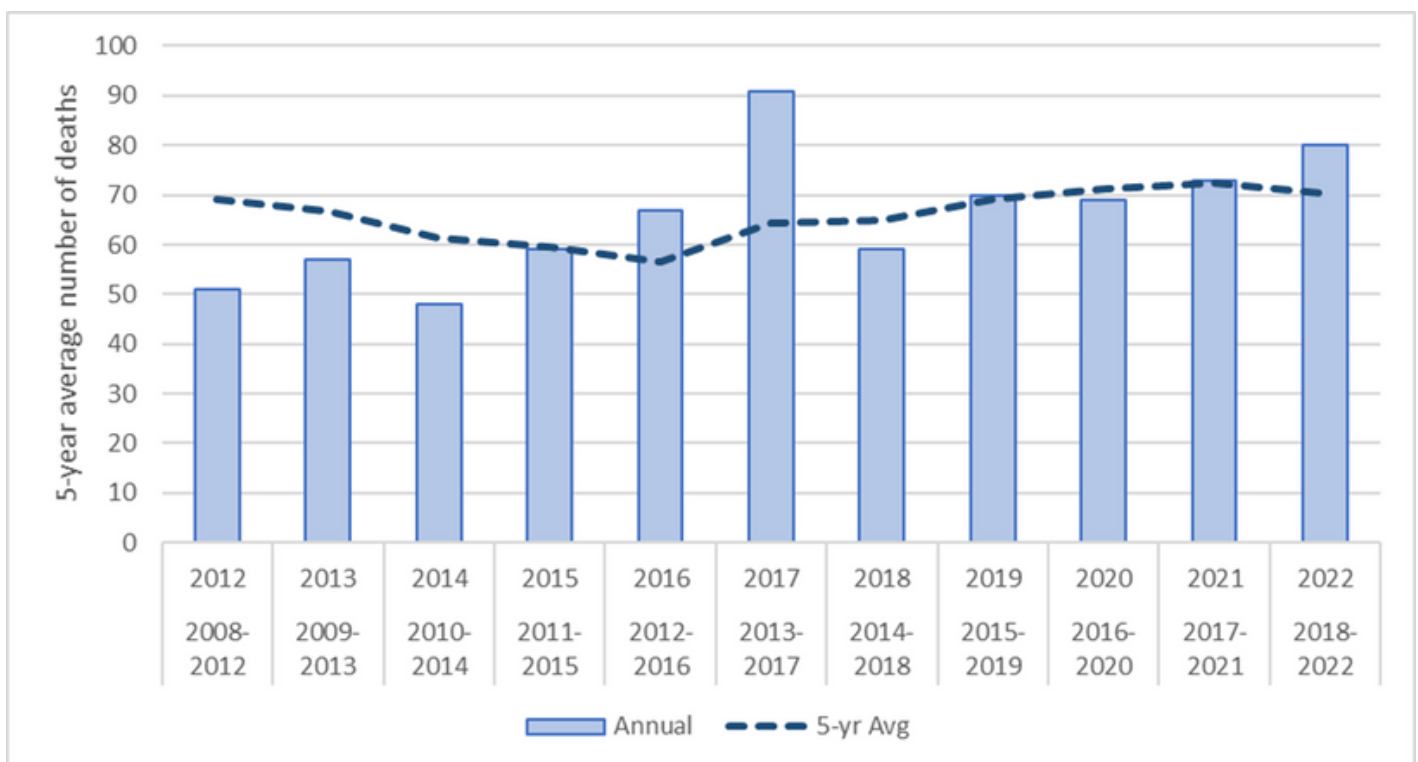
*Source: Public Health Scotland

At a population level alcohol use is also causing significant harm with an estimated 6.5% of all deaths among adults aged 16 and over across Scotland in 2015 attributable (wholly and partly) to alcohol use. Among adults aged 16–44 years just under 1 in 5 (19%) deaths were attributable to alcohol use. Harms associated with alcohol use are expected to increase significantly due to the impact of COVID-19. Particularly due to levels of drinking in people already drinking at harmful or hazardous levels.

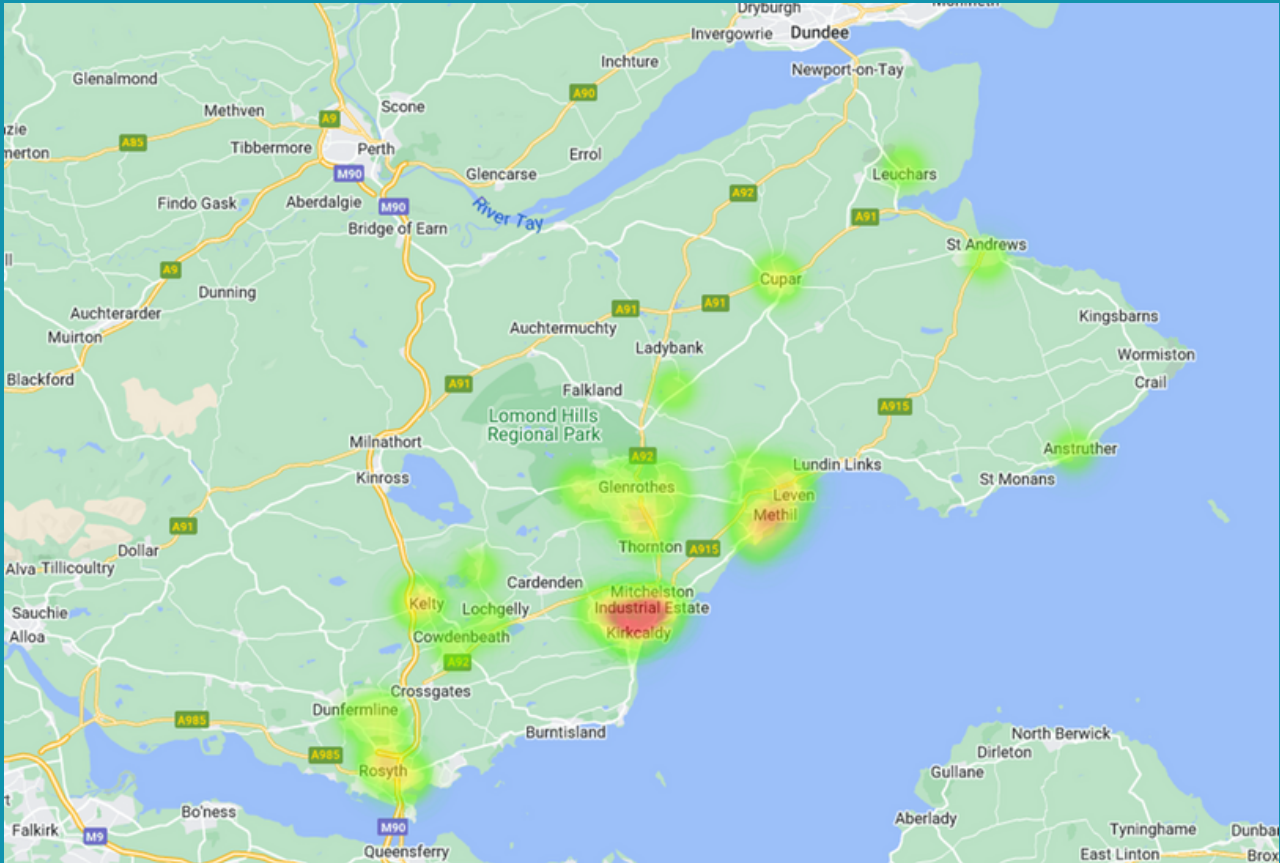
In 2022 there were 80 alcohol-specific deaths in Fife. This was an increase from the 73 deaths in 2021 and the third highest annual number of alcohol-specific deaths in the last 10 years.

Annual numbers of alcohol-specific deaths in Fife fluctuate year on year. Five-year averages are used to smooth out some of this fluctuation (please see table below). The five-year averages of alcohol-specific deaths in Fife have generally risen since 2012–2016 following a period of declining numbers. Scotland has seen a general increase in numbers since 2012.

Figure 2: Annual and five-year average alcohol-specific deaths in Fife (Source: NRS)



Localities Alcohol & Drug Use Harm



Heatmap showing the locations where a drug related death has occurred in Fife in 2022.
Note that this is by location and not by population as stated above.

Some localities have higher rates of harm. Levenmouth, Glenrothes and Kirkcaldy, Cowdenbeath have consistently had higher rates of alcohol related acute hospital stays and deaths compared to the other localities. Over the same period, the same HSCP localities also had higher rate of drug-related hospital stays compared to the other HSCP localities. In the recent past, Levenmouth locality has had higher rates of alcohol –specific deaths, alcohol-related acute hospital and drug related hospital stays than the other localities.

Strategy Review & Development

Over the course of 2023, the ADP Support Team led a review and development process to produce a new three-year strategy for 2024 – 27 reflective of the needs of the people of Fife. The strategy is based on continuous improvement of the current delivery started within the previous strategy and creating new work to fill gaps in provision or address needs in more innovative and better ways.

The strategy is informed by the Needs Assessment Synthesis requested by the Scottish Government in the refresh of the Partnership Delivery Framework (2021) and completed by NHS Fife Public Health in December 2023. The HSCP participation and engagement survey completed in November 2023 has also been a significant driver of the strategy themes and improvement work.

The new HSCP Strategic Plan for 2023 to 26 and provides a strong basis for the development of the new ADP Strategy. There is cognisance of the key themes of local, sustainability, outcomes, wellbeing and integration threaded throughout the improvement within this strategy and thus is naturally reflective of the National Wellbeing Outcomes and the Public Health Priorities for Scotland. Strategic alliances with other supporting HSCP strategies including Mental Health, Advocacy and Primary Care are also included within the improvement tables and reflect that the

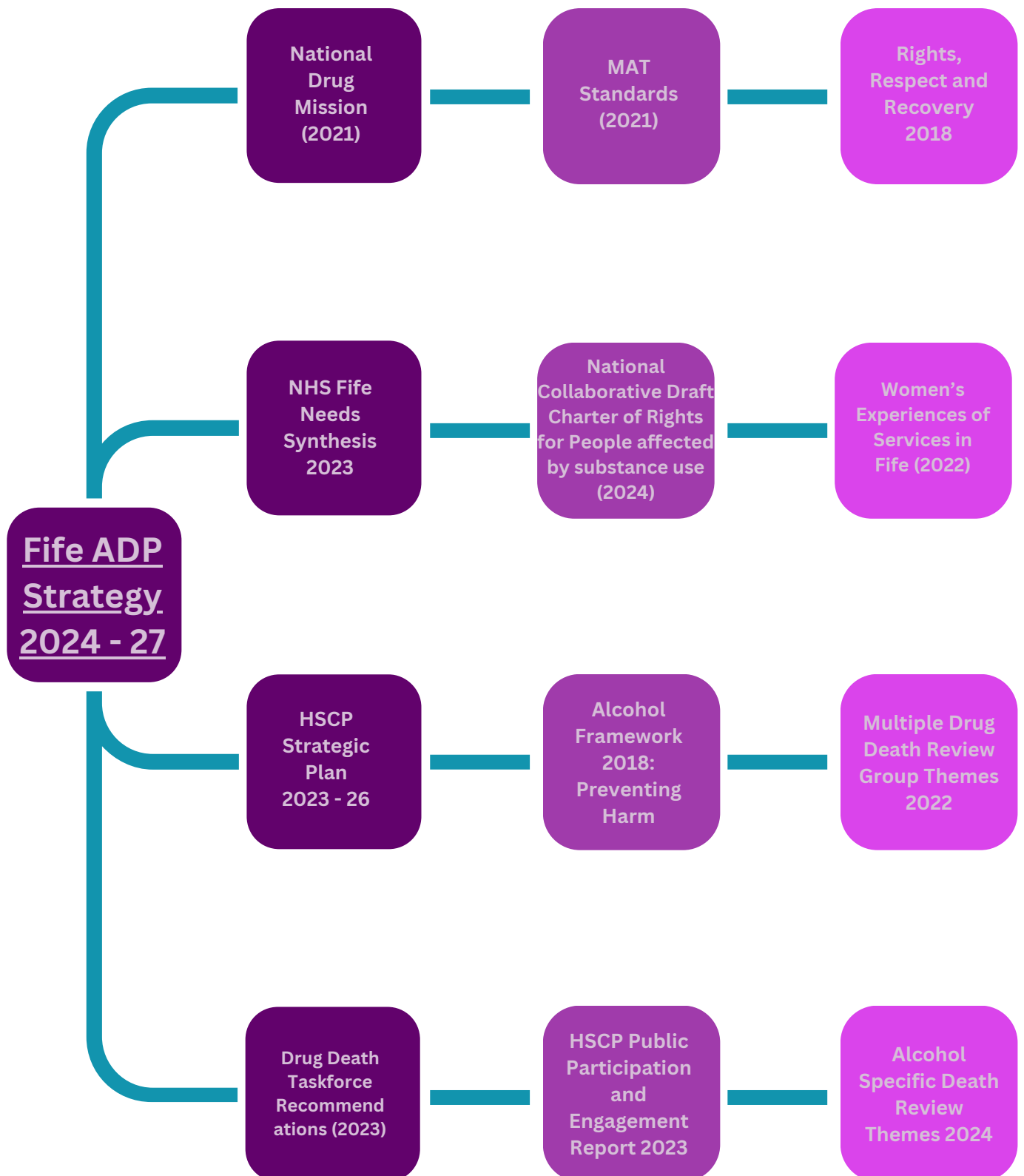
vision and mission of the ADP cannot be achieved without collaboration and coproduction with other transformative strategies.

The Process:

The ADP Support Team developed a project plan (Appendix 2) for the production of the strategy. Several new national strategies, guidelines and research are drivers for the new Fife ADP Strategy, including Drug Death Taskforce Recommendations (2023), Drug Mission Policy (2021), MAT Standards (2021), National Collaborative Draft Charter of Rights for People affected by substance use (2023), Alcohol Framework 2018: Preventing Harm and Rights, Respect and Recovery 2018.

There are also national policies based on improvements for residential rehabilitation pathways, lived and living experience and support for family members including whole family support and family inclusive practice framework. Local research and evaluations in particular the Women's Experiences of Services in Fife (2022), the Multiple Drug Death Review Group findings and the quantitative and qualitative research led by Public Health and SDF overseen by the ADP Addressing Alcohol Specific Deaths subgroup are all key components of the review of the current strategy and the improvements needed for the redevelopment.

The Process – Driver Diagram



ADP 2020 – 2023 Summary of Achievements

The 2020 – 2023 ADP Strategy was reviewed during six focus groups with services delivering the current strategy, two sessions with the lived experience panel and the living experience group and four sessions with family members attending Scottish Families Affected by Alcohol and Drugs (SFAD) support groups in Fife. This review provided a reflection of the work achieved throughout the previous strategy and this is summarised below under the previous themes:

1

Theme 1 – Prevention and Early Intervention

Outcome: Fewer People develop problem drug and alcohol use

- Commissioned and worked with partners in schools to review the substance use education provided to children and young people
- Commissioned youth friendly services to outreach to young people offering support for those – affected by substance use – either their own use or within their family and increasing provision up to 26 linked with employability services.
- Provided whole family support for all members of the family where there are young children to help them first prevent crisis and manage it if, and when, it does.
- Provided additional support to children and their families affected by substance use as they transition from primary to secondary school.

2

Theme 2 – Developing a Recovery Orientated System of Care

Outcome: People access and benefit from effective integrated person-centred support to achieve their recovery

- Extended our overdose awareness and THN training programme to communities, via pharmacies, services, families and businesses in contact with people at risk.
- Created one stop shops in some localities (Kirkcaldy, Levenmouth & Cowdenbeath) for drop in, same day prescribing and support.
- Embedding MAT Standards into the system of care, creating pathways to treatment and support and improving access to residential rehabilitation.
- Improved services to facilitate same day prescribing for opiate replacement therapy and ensuring people continue to have choice about treatment and support and built a MAT Standards performance framework that measures impact on people in Fife.
- Increased THN distribution by developing a peer to peer model and a Fife wide training programme including overdose identification and awareness.
- Improved and extended pathways to residential rehabilitation for people affected by alcohol and drug use.
- Extended our services to engage with people at points of crises for example A&E, hospital wards, custody suites and prisons.
- Invested more in our recovery community service ensuring that people affected by alcohol and drugs have access to activities with others, preventing isolation and promoting wellbeing.
- Created a dedicated independent advocacy service which supports people's rights and helps their voices to be heard.
- Developed and commissioned a four-services partnership model for hospital liaison in reaching into hospital wards and A&E to offer treatment and support and providing community follow up and relapse prevention support once discharged.
- Developed and commissioned a social work team to work with people with severe alcohol and drug dependency and co-morbidities where an intensive and frequent level of support will improve personal outcomes.

3

Theme 3 – Getting it Right for Children and Young People

Outcome: Children and families affected by drug and alcohol use will be safe, healthy, included and supported

- Jointly commissioned with Education and Children's Services a whole family support for families with young children at intensive and additional level.
- Created and sustained a lived experience panel with family members included.
- Invested in a family support and carers' service specifically for adult family members or those viewed as family and built a network of support across Fife.
- Invested in additional support with the Social Work Kinship Carers Team for families affected by substance use to assist family recovery and maintain the family.

5

Theme 5 – Alcohol Framework 2018

Outcome: A Scotland where less harm is caused by alcohol

- Continued collaboration with Public Health and provided evidence of alcohol harm throughout Fife linked to availability of alcohol.
- Targeted awareness days focused on raising awareness of alcohol specific harm.
- Established an addressing alcohol specific death group and commissioned research from public health and SDF to understand the demographic profile of who is at risk in Fife and identify whole system and service improvements to prevent harm and death.

4

Theme 4 – Public Health Approach for Criminal Justice

Outcome: Vulnerable people are diverted from Justice System, wherever possible and those in the justice system are fully supported

- Developed a custody suite navigation service from all police custody suites in Fife to support people affected by alcohol/drug use and mental health into community based support.
- Developed a prison in reach peer coaching and mentoring model for people liberated from prison returning to Fife to maintain their recovery in the community.



Wider Consultation

Further consultation occurred during two events, one with the Health and Social Care Extended Leadership Team and a Wider Stakeholder Consultation Event in August 2023 (see appendix 3 for summary). The Public Health Needs Synthesis 2023 (appendix 4) analysed national and local data based on use of opioids and benzodiazepines, alcohol, depressants, stimulants and cannabinoids and took a focus on groups experiencing additional needs or vulnerabilities with a focus on development of the six strategic themes. Its research included relevant local and national policy and a synthesis of five previous service user and people with lived and living experiences independent evaluation commissioned by the ADP and undertaken by Scottish Drugs Forum (SDF) using their peer research model.

In partnership with HSCP Participation and Engagement Team a consultation plan was developed and executed bringing the views of communities, the general public and people with lived experience of substance use or working in services. This focused co-production work enabled the ADP to develop the vision, mission themes, six strategic themes and the principles and values underpinning how the strategy is delivered and implemented. (see page 20).

Existing commissioning arrangement with statutory services and third sector were mapped against the new strategic themes and more detail is provided on page 21.

Finally an Equalities Impact Assessment Children's Rights and Wellbeing Impact Assessment was completed to consider those with protected characteristics and people marginalised and subject to harassment, discrimination or victimisation. A summary of this is available on the ADP website. The Needs Assessment Synthesis considered the needs of many distinct groups and this has informed the developed of the strategy particularly within strategic theme 5 people experiencing multiple disadvantage and 6 Children, Families and Young People affected by substance use.



Vision, Mission, Themes & Values

THE FIFE ADP STRATEGY 2024 - 27

LOCAL, SUSTAINABLE, WELLBEING, OUTCOMES & INTEGRATION

VISION



MISSION



HSCP & ADP THEMES



VALUES



“To enable ALL the people in Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma.”



Increase opportunities for people with lived/living experience to co-produce and contribute to strategy, policy & service development - placing this at the start of all work we do.

Prevent the people of Fife from developing problems with alcohol/drugs by addressing root causes/ drivers, such as poverty, deprivation, mental health and early traumatic experiences.

Provide holistic early harm reduction and early intervention in an integrated way with other services for children, young people, adults, families and communities at risk.

Create awareness with partners about the impact of stigma & other barriers, and provide education & training on issues impacting our communities.

Build & enhance services that support & protect the rights of all people affected by alcohol/drug use and respect their recovery and treatment choices.

Support families and young people (inc. carers) and ensure services are more inclusive and family focused.

- **WELLBEING** - Prevention and early intervention
- **LOCAL** - Protecting People
- **INTEGRATION** - Services Access and Quality.
- **OUTCOMES** - Quality of Life
- **SUSTAINABLE** - Families, Children, Young People and Communities



- Trauma informed
- Person at the start
- Improvement driven
- Inclusive
- Human rights based approach
- Integrity
- Compassionate
- Respectful
- No closed door
- Continuous improvement



ADP Current Operational Delivery under the Strategic Themes

Theme 1 Prevention & Early Intervention	Theme 2 Protecting People	Theme 3 and 4 – Treatment and Recovery Services are easily accessed and high quality	Theme 5 – Quality of life is improved	Theme 6– Children, families and communities are supported
<p><u>Commissioned:</u> Barnardo's Education Service</p> <p>Clued Up Whole Family Transitional Support</p>	<p><u>Commissioned:</u> ABI Delivery (primary care, maternity, A&E and ADP services)</p> <p>WAWY Harm Reduction Service, Peer Service and Training Programme</p> <p>NHS Pharmacy Services Harm Reduction Service</p> <p>ADAPT Non-Fatal Overdose Service</p> <p>We Are With You Take Home Naloxone Distribution Programme</p>	<p><u>Commissioned:</u> NHS Fife Addictions Core and MAT Standards Provision</p> <p>NHS Fife Addictions Psychological Therapies Service</p> <p>FIRST Community & Residential Rehabilitation</p> <p>DAPL Psychotherapy and Counselling Service</p> <p>Restoration Recovery Communities</p> <p>Compass Adult Social Work Service</p> <p>Circles Advocacy Service</p> <p>Phoenix Futures Recovery through nature Service</p> <p>Phoenix Futures Communities of Recovery Fife service</p> <p>ADAPT Triage service</p>	<p><u>Commissioned:</u> NHS Fife Addictions ARBD Service</p> <p>NHS Fife Psychological Interventions Workforce Development</p> <p>ADAPT One Stop Shop (KY Clubs)</p> <p>Frontline Fife Recovery Service</p> <p>Hospital Liaison Service NHS Addiction Service NHS Pharmacy Services ADAPT WAWY</p> <p>SACRO Custody Navigation Service</p> <p>Phoenix Futures Peer and Prison Mentoring Service</p>	<p><u>Commissioned:</u> Barnardos & Clued Up Whole Family Support and YP Service</p> <p>Social Work Kinship Care</p> <p>SFAD Adult Family and Carers Support Service</p>

These services provide key working, whole family support, counselling, psychosocial support, medication assisted treatment, psychological and pharmacological interventions, impatient and community-based detox, housing support, social work support, community-based rehabilitation, harm reduction, peer mentoring, recovery activities, education and information, one stops shops and recovery community development and networks.

Financial & Commissioning Position

ADPs continue to operate in a challenging climate with significant budget restraints and pressures. ADP core funding originates from two sources: the Scottish Government and Fife Health and Social Care Partnership. In recent years, additional non-recurring funding from Scottish Government has also been provided, to support specific new initiatives within a given timeframe. It is critical that our resources are used effectively to ensure sustainability. The IJB have developed the Medium-Term Financial Strategy (MTFS) which sets out the resources available and ensures that they are directed effectively to help deliver the outcomes identified in the Strategic Plan 2023-2026. The Alcohol and Drug Strategy is one of the HSCP transformation strategies and part of the annual delivery plans as such service provision will be delivered in accordance with the MTFS, and the funds that are made available.

Funding has become increasingly complex in recent years. New investment funding from Programme for Government was provided over the three years from 2017-18 to 2019-20. Two-year funding of for the Drug Death Taskforce was provided over 2020-2022. Drug Mission Priorities funding and MAT Standards initiative also provided additional ring-fenced monies for specific improvements and commissioning. The ADP Committee has an income of £7.539m from ringfenced Scottish Government Funding and the Health and Social Care Partnership and this is distributed across the six strategic themes to achieve our outcomes. Funds have been made available from the CORRA Foundation directly to any alcohol and drug service operating in Fife and third sector and statutory services have applied and been awarded investment for three-to-five-year periods.

These additional funds presented great opportunities for quality improvement and allow the ADP and its services to develop innovative approaches for service redesign without decommissioning or disinvestment. As a result the

ADP has been able to commission new service provision, all of which is detailed in the summary of achievements 2020 -23 (page 17).

The Joint Commissioning Group with support from finance colleagues has commenced work on the financial plan to support the ADP's strategic priorities and affordability of delivering these within the three year cycle. The ADP budget has been set for 2024/25. This includes planning for the use of both core and non-recurring specific funding. This plan will require to align with the resources provided in the MTFS, and the identified efficiencies will be achieved. The ADP and its partners must improve its data gathering and surveillance and evaluation of projects/services to support the development of the plan. A robust approach assessing all expenditure, will ensure that effective and evidence-based project/services are continued. This process will be informed by the MTFS and adhere to the following principles:

- **Ensuring Best Value** – ensure the best use of resources
- **Whole system working** – building strong relationships with our partners
- **Prevention and early intervention** – supporting people to stay well and remain independent
- **Technology first approach** – to enhance self-management and safety
- **Commissioning approach** – developing third and independent sectors

Clearly the demand for ADP services will not reduce, in fact the strategic vision and specifically theme three focus on increasing the reach of services and engaging people affected by substance use in treatment and support. It is imperative that the ADP and its services work smarter and more efficiently by combining resources and integrating with partners within the ADP and those closely linked to the ADP. This will involve a review of the commissioning approach taking into account ethical commissioning, preference for local providers and building wealth and sustainability across our communities.. Specifically the ADP want to build stronger alliances between statutory and third sector services.

Fife ADP – Theme 1: Prevention and Early Intervention

Fewer people develop problem drug and alcohol use

- Preventing all the people of Fife from developing problems with substances by addressing the root causes and drivers, such as poverty, deprivation, mental health and early traumatic experiences.
- Increasing the opportunities of people with lived and living experience to co-produce and contribute to strategy, policy and service development – placing this at the start of all work we do.

Why is it important?

Fife ADP recognises the four types of prevention and early intervention identified in national strategies Rights, Respect and Recovery (2018), Alcohol Framework: Preventing Harm 2018 and further emphasised in Drug Mission Policy 2022 –2026 published in August 2022. These are further endorsed from the evidence within local sources and policy across the Health and Social Care Partnership, local authority and NHS.

Clued Up's Youth Forum has indicated that all prevention services should be youth friendly, flexible and have a high tolerance for the difficulties young people often experience in engaging with services. They should be community based, careful not to stigmatise in service targeting and ensure equity of provision across Fife by outreaching to children and young people not attending school.

Environmental – contributing strategically and operationally to addressing environment and social inequalities including childhood trauma, poverty and deprivation, social exclusion and isolation, poor access to services leading to early onset of alcohol and drug use.

Targeted - specific intervention with a focus on families, children, young people or communities where there are vulnerabilities increasing the risk of alcohol and drug use and dependency.

Education - drug and alcohol awareness and education aimed at and directed by children and young people of school age reflective of their community and their school environment.

Availability - raising awareness and providing evidence of the link between availability of alcohol and harm.

Fife Health and Social Care Partnership (FHSCP) has prioritised prevention and early intervention in its strategic aims over the next three years with a separate supporting strategy reflecting the importance of this work across the whole partnership. This is linked to national wellbeing indicators and also public health priorities for Scotland, in particular priority 4 “A Scotland where we reduce the use of harm from alcohol, tobacco and other drugs”. In the FHSCP Strategy Theme wellbeing “Wellbeing – A Fife where we will support early intervention and prevention”, the ADP Committee has already made commitments reflective of the national priorities. These are detailed below and set the plans for how this work will be enhanced over the life cycle of this strategy.

In delivering these the ADP has two distinct roles first to lead on specialised projects where there is ADP investment and specialised expertise and secondly to provide a contribution and a representation of the care groups’ needs to other preventative work delivered by partners across the Health & Social Care Partnership and in other directorates. This prevents siloed approaches to and duplication of effort for the same people at risk from multiple health and social harms.

Environmental

Strategically the ADP is aligned with the Tackling Poverty and Preventing Crisis (TPPC) Board and will provide specialised input into general initiatives and interventions to ensure these reach people affected by alcohol and drug use. Within the TPPC delivery plan, the ADP will assist in developing targeted adaptations to tackle barriers to access services for individuals and families affected by substance use thus enhancing inclusiveness of this care group.

ADP services and their workforces have engaged with the NES trauma informed training for children and young people delivered by Fife Child and Family Psychology service as part of the roll out in schools. Our young people service has also benefit from specialist trauma training, supervision and coaching delivered as part of the MAT Standard Programme.

Targeted & Education

Fife ADP’s Strategy 2020 – 23 indicated a plan to conduct “an evidence-based review of the educational input required with consideration of the universal and targeted provision undertaken with relevant partners” with an expectation that this would lead to a revision of the current education prevention service. This review commenced in December 2022 with a focus on what are children and young people’s substance education needs using a literature review of the evidence base, education stakeholder views from school staff and pupils, contributions from the service delivery staff, analysis of the needs of schools as part of the community, quantitative data about drug and alcohol use prevalence.



The review concluded in July 2023 and four key improvements have been identified and will be incorporated within a test of change in three secondary schools:



Additional P7 to S1 Transition Support

Though transition approaches provided throughout Fife for most children in most settings work well, some children will require a longer, more intensive and more whole family focused additionality to achieve a settled and undisruptive induction to their new school. Clued Up will deliver an intensive transitional service to children in P7 and their families during the transitional year to S1.

The ADP is a key partner of the Health and Wellbeing priority within the Children Services' Strategic Plan and aims to work within existing resource identify opportunities to intervene earlier to prevent harm caused to children and young people. The ADP is also involved in to supporting Education's Community Mental Health Framework, recognising that supporting mental wellbeing and health is a preventative factor against development of problematic substance use.

Availability

Alcohol is a leading cause of ill-health and early death and it contributes to considerable social and economic harm in Fife communities. Alcohol use and alcohol-related harm are shaped by a wide range of inter-related factors including the availability, accessibility, and affordability of alcohol; socioeconomic factors that affect the conditions that people live and work in, as well as differences between individuals.

To prevent and reduce alcohol related harm in Fife a wide range of interventions are recommended locally, in combination with national policy and legislation. The influence of Fife Licensing Board on alcohol availability and in turn alcohol-related harms is considerable through, the setting of Licensing Policy, including license conditions; the assessment of overprovision; and the review of individual licenses.

Over the last 6 months NHS Fife Public Health team and Fife ADP Support Team have produced evidence of the harms associated with alcohol use and its availability in Fife to the Licensing Board. Two evidence-based documents: an analysis and recommendations relating to availability and harm in Fife have been produced during the previous strategy to inform the overprovision statement; and make suggestions to strengthen the public health objective within the Licensing Policy.

3 Year Delivery Plan

The Changes We Need to Make	Drivers & Evidence	What Will Success Look Like?	Where Do We Want to Be in 2027?
<p>Improve our drug and alcohol education in schools across Fife reflective of the community issues and the needs of children, young people and the staff within schools</p>	<p>Fife Education's Health and Wellbeing Survey</p> <p>ADP Strategy 2020 – 23</p>	<p>An improvement in the knowledge of young people of the risks for substance use reflective of their community Teachers and school-based staff confident and knowledgeable to support young people and children's drug and alcohol education needs</p>	<p>Delivery of integrated drug and alcohol education age and stage appropriate throughout the full school life by school-based staff and specialist support from ADP commissioned services.</p>
<p>Improve our harm reduction knowledge, provision and coverage for stimulant use with young people and build better pathways and raise awareness across the whole system about physical and behavioural indicators of hidden use amongst the population.</p>	<p>Multiple Drug Death Review Group learning report</p> <p>PH Needs Assessment Synthesis 2023</p>	<p>Establishment of a multi-strategic taskforce group linked to Health Promotion's suicide, self harm and mental health groups, Child Protection Committee and Fife's Children Services.</p>	<p>An ADP and a whole system workforce knowledgeable about changes in drug use and availability within the different localities and in Fife, capable of educating in supportive and engaging ways to children, young people and families at risk. This will mainstream improvement approaches across whole systems including development of skills and knowledge within a</p>

			<p>broad workforce.</p> <p>Awareness campaign of ketamine use at primary care, further and higher education establishments and other possible presentation sites and build in access to existing referral pathways to treatment and support.</p>
<p>Provide additional whole family transitional support for children moving from primary into secondary school affected by substance use, childhood trauma and mental health and other associated difficulties within their family</p>	<p>The Promise 2021 -2024</p> <p>ADP contractual monitoring 2023</p> <p>HSCP Extended Leadership Team Consultation</p>	<p>Developing positive relationships in their new school and in its community and improving attendance – at school and in class – family members and linking to other supports to address their needs. Family and adults accessing the support needed to prevent crises and create a supportive home environment.</p>	<p>Completed the two-year pilot in Levenmouth delivered by Clued Up fully evaluated (including the voice of families, children and young people) and opportunities to roll out project or mainstream into localities and communities where there is identified need.</p>
<p>Strengthen and improve the evidence provided to the Fife Licensing Board for the causal dependable link between alcohol harm and alcohol availability</p>	<p>Alcohol Framework: Preventing Harm 2018</p>	<p>Developing our policy on responding to individual licence requests in areas of high harm in the absence of an overprovision assessment. Working in co-production with localities most affected by high harm which may in turn also offer an opportunity to influence future overprovision policy. Influencing members of the licensing forum to identify areas where we can work more closely to mitigate the impact of alcohol provision in communities, which may in turn also offer an opportunity to influence future overprovision policy. Consult on the Scottish Government ongoing review of the licensing system.</p>	<p>A locality specific overprovision policy developed and implemented to contribute towards a reduction in alcohol specific harm</p>
<p>Collaborate with Tackling Poverty and Preventing Crisis Board to on general initiatives and interventions to ensure these reach people affected by alcohol and drug use.</p>	<p>ADP Needs Assessment Synthesis 2023</p> <p>HSCP Participation and Engagement</p>	<p>More people will have access to benefit checks from ADP staff at a range of places which will reduce underclaiming of benefits in Fife and maximise people's and families' income. The ADP will contribute to the Rowntree review to establish if there are gaps in provision addressing needs of people affected by substance use Within the TPPC delivery plan, the ADP will support targeted adaptations to tackle barriers to access services for individuals and families affected by substance use thus enhancing inclusiveness of this care group</p>	<p>Fewer families and people affected by alcohol and drug use will be as severely impacted by the cost of living crisis</p>

This table is for the three year delivery plan and a more detailed delivery plan for year 1 2024/25 will be produced

Fife Alcohol and Drug Partnership – Theme 2

Risk is reduced for people who take harmful substances

- **Provide early intervention and harm reduction in a holistic and integrated way with other services for children, young people, adults, families and communities at risk.**
- **Increasing the opportunities of people with lived and living experience to co-produce and contribute to strategy, policy and service development – placing this at the start of all work we do.**

Why is it important?

Our first commitment to anyone affected by drug and alcohol use is to protect their life and safeguard them from harm. Effective harm reduction includes evidence based and non-stigmatising information, advice and support as well as providing harm reduction training and equipment. This should happen in multiple settings, across the full ADP and ancillary services and be offered and continued at any time or any point in the person's recovery journey. It should be provided without expectation of recovery or engagement with treatment and support and be offered to people in the community and to family members as part of family inclusive practise. The ADP has endorsed the MAT Standards evidence and the findings of the Drug Death Taskforce and recognises harm reduction is entirely complementary with treatment and support they should be delivered simultaneously dependent on need and neither should be withdrawn or assumed unnecessary at any point in a person's life.

Traditionally harm reduction interventions were mostly developed in relation to the use of drugs, particularly injecting use. In this case, the key aims are to reduce risks of overdose, blood borne virus transmission and other harms to health. However, the principles are also applicable to use of alcohol and of non-injected drugs. As outlined with the PH Needs Synthesis report, Fife ADP need to respond to the increasing diversity of substances being used by the population as well as frequent poly drug use as seen in the analysis of DAISy data and in the MDDRG reviews. This includes rising levels of stimulant (crack and other cocaine) and benzodiazepines and the impact that this polysubstance use is having on increasing hospital admission and substance related death rates. Harm reduction in these

circumstances should be based on current knowledge of harms associated with use. Our workforce needs the capacity to develop its learning on specific risks and the advice we need to share with the people and communities to help keep them safe.

Harm-reduction should not be considered incompatible with the commitments of each ADP partner to individual strategic goals such as Police Scotland’s role enforcing drugs law or treatment services’ ambition to support the goal of abstinent recovery for those who seek it. The overarching purpose of this strategy is to minimise the harm caused by the use of alcohol and other drugs on the people of Fife.

3 Year Delivery Plan

The Changes We Need to Make	Drivers & Evidence	What Will Success Look Like?	Where Do We Want to Be in 2027?
<p>With support from Public Health Scotland RADAR team maintaining and refreshing a whole system substance use alert and early warning programme for both public and services this should be community specific</p>	<p>Drug Death Taskforce Recommendation Final Report</p>	<p>Improved gathering of intelligence Supported by an integrated communication strategy inclusive of the voices of people including young people with lived and living experience</p>	<p>New risks identified through this surveillance by urgently convening incident meetings to evaluate the risks and agreeing shared actions. The results of these meetings can be quickly cascaded to networks of people who are able to intervene – frontline workers, peer networks and individual people who use drugs can be provided with information on the risks and advice on how to keep as safe as possible.</p>
<p>Increase people at risk having THN kits and access to IEP. Extended our overdose awareness and take-home naloxone training programme to communities, services, families and businesses in contact with people at risk.</p>	<p>PH Needs Assessment 2023 Drug Death Taskforce</p>	<p>Increases in numbers of people trained and numbers of THN kits distributed. Fife kits per person is closer to Scottish average</p>	<p>Improvements in coverage and distribution of THN and IEP from Community Pharmacy Harm Reduction Service Full implementation of MAT standard 4 (all those on ORT– wound care; assessment of injecting risk, risk reduction advice and injecting equipment; testing and treatment for blood borne viruses; take home naloxone. it requires that all services providing ORT have availability and offer this support regularly.</p>
<p>Review alcohol screening in all settings and ABI delivery with ADP services and in priority settings (A&E, maternity, primary care)</p>	<p>NHS Fife Public Health Report 2023 AASDG Alcohol research report</p>	<p>Develop use of screening tool Continuation of meeting target and in priority settings Targeted delivery of ABIs in communities where alcohol harm (hospital rates/alcohol deaths) are highest</p>	<p>ABI coverage is fully preventative and delivered throughout Fife in communities and with people at risk of alcohol specific harm People at risk in various settings (not just ADP services) are offered screening using validated tools and are supported towards treatment</p>
<p>Full ADP workforce Harm reduction training for those in setting where people, families and communities are at risk for all substances including alcohol across the reflective of the poly substance use picture in Fife and Scotland</p>	<p>ADP Workforce Development (skills, knowledge) ADP PH Needs Assessment</p>	<p>Training needs survey and full review of harm reduction approached needed with universal approach agreed for substances based on current evidence</p>	<p>Number of staff completing harm reduction training for stimulant and benzo use</p>

This table is for the three year delivery plan and a more detailed delivery plan for year 1 2024/25 will be produced

Fife Alcohol and Drug Partnership – Theme 3 and 4

Treatment and recovery services are easily accessed and high quality

- **Creating awareness with partners about the impact of stigma and other barriers providing education and training on issues impacting our communities in Fife.**
- **Building and enhancing services that support and protect the rights of all people affected by substance use and respect their choices about recovery and treatment.**
- **Increasing the opportunities of people with lived and living experience to co-produce and contribute to strategy, policy and service development – placing this at the start of all work we do.**

Why is it important?

If people develop problems with substances, they and their families want firstly to get good advice and information to support making choices and secondly easy and quick access to their preferred support and treatment. They want kindness, compassion, understanding and most importantly to get the right support, at the right time, in the right place and from the right people. They want their care to be safe, coordinated and integrated, as local as possible and focused on their wellbeing and recovery, all themes within the Health and Social Care Partnership.

As a strategic partnership if we are to meet our whole population aims within this theme, it requires increases in quantity of people accessing treatment and support especially those who are at the highest risk of the most harm. Interdependent to this is improving the quality of the system ensuring that people get what they want from treatment and support and are motivated to stay within it until they've reached their goals, their outcomes etc. For this purpose the ADP and its services are continually improving and this is recognised as a key value within the strategy.

The ADP's treatment and recovery services need to achieve and maintain four specific improvements, increasing quality, choice, access and retention. . These are:

- **Continuing to implement the MAT Standards**
- **Implement improvements from the joint ADP and Health Improvement Scotland audit and assessment for residential rehabilitation**
- **Implement the recommendations from NHS Fife Public health alcohol specific death research and Scottish Drug Forum lived experience evaluation report.**

These are likely to have a positive impact on quantity of people accessing the system of care.

The ADP needs to make four system based improvements:

01

Throughout both the PHS needs assessment and the engagement and participation consultation report, ADP workforce development has been indicated as a strong area for improvement pertaining the knowledge and skills and ability to respond to existing and also emergent harms for substances specific new benzodiazepines, synthetic opioids and stimulants.

02

Secondly the lived experience panel and Scottish Family Support groups indicate strongly that services are not visible in their communities, there is a lack of awareness about support available and this impacts significantly on accessibility. This requires an overarching communication strategy led by the ADP and brings visibility to the fore.

03

Interdependent on the above is work on pathways into treatment and support and a need to review and potentially redevelop these addressing any potential barriers including stigma, locality and communication and information sharing between services in the system of care. This is supported by evidence in the wider stakeholder event and also within the participation and engagement consultation. The quality of individual services is good and can be assured but how they work together needs to be improved and stronger operational alliances and partnerships are required.

04

Finally, improving data and surveillance gathering is essential to make realistic assessments of progress and ultimately be assured of impact from improvements on the systems of care and for the people who need and use it. The Scottish Government national recording database DAISy (Drug and Alcohol Information System) has a significant role here and data is currently being produced for Fife by Public Health Scotland providing intelligence on demographical and locality profiles on those who use the system, indicators of demand for services and on personal outcomes following engagement with services within the system.

3 Year Delivery Plan

The Changes We Need to Make	Drivers & Evidence	What Will Success Look Like?	Where Do We Want to Be in 2027?
Continue MAT Standards implementation for statutory and third sector services	<p>National Drug Mission Priorities</p> <p>DDTF Final Report Recommendations (action 24, 34) Lived Experience Panel</p>	MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this	A review of services providing MAT 3 support including pathways concluded PHS assessment supports full implementation of standards MH and Substance use treatment/support is fully integrated Graded model of care between substance use and primary care is in place dependent on locality need and choice A well trained, coached/supervised and supported workforce delivers psychological care and at all tiers improving trauma treatment and trauma informed delivery Numbers in treatment target achieved and maintained
Increase access to and aftercare/support from Residential Rehabilitation	<p>ADP and Health Improvement Scotland Assessment</p> <p>2023 National Drug Mission Priorities</p>	High percentages of people accessing/attending residential rehab from targeted groups Generally higher number of people attending residential rehabilitation Increase in attendance and completion for people affected by alcohol	People able to access and consider residential rehabilitation as standard and part of their treatment and support options at the start of their engagement with ADP services with corresponding pathways
Develop a recovery orientated alcohol and treatment support system of care	<p>NHS Fife Public Health Alcohol Specific Death Research</p> <p>SDF Lived Experience Evaluation Report</p> <p>New UK Clinical Guidelines for Safe and Effective Treatment for alcohol dependency</p>	Increase initial assessments for alcohol in DAISy Fewer hospital stays for alcohol related illness Fewer alcohol specific deaths Consistently meeting waiting times target for people in treatment/support for alcohol across all Tier 3 services	ADP to have implemented and led on quality improvement recommendations made in from the local research via a cross partnership implementation subgroup using learning and QI approaches from MAT Standards implementation approach

<p>Pathways and integration of treatment and care including use of technology and digital solutions to delivering care and support</p>	<p>NHS Fife Public Health Needs Assessment Synthesis</p>	<p>Review of all pathways including assertive outreach and those for specific groups identified in the needs assessment and from key communities and ancillary workforces Development a Fife ADP app with Digital Lifelines Scotland to aid the public in finding the right service at the right time Consider integrating digital enablement approaches within services. To support/understand the work of Reducing Drug Death Innovation Challenge which, aims to develop innovative technologies that help to reduce drug-related harms and save lives.</p>	<p>Improved levels of digital equality and opportunities for people across all communities in Fife.</p>
<p>Service visibility, awareness and access through our enhanced communication strategy</p>	<p>Scottish Drugs Forum Alcohol Evaluation and MAT Standards Evaluation 2022, 2023 & 2024</p> <p>Participation and Engagement Consultation</p>	<p>Communication Strategy in place</p>	<p>People with lived experience and their families have easier and more accessible means of getting the right support for them when it is needed.</p>
<p>Amplify the voice of lived and living experience and build a right based approach in the ADP Service and within the whole system approach to better understand how both institutional and individual stigma impacts on those affected by alcohol and drug use and mental health and their families.</p>	<p>MAT Standards 2022 Fife ADP Lived Experience Panel Plan</p> <p>National Collaborative</p>	<p>Continue to develop the independent advocacy service applying learning from the pilot as the service is mainstreamed Continued development of the living group and Lived Experience Panel Develop an strategy/charter with support from Fife ADP LEP Promote the National Collaborative Charter for the rights of people affected by substance use in Fife</p>	<p>A rights based approach understood and implemented within the full ADP. A scoping and feasibility study completed to consider further implementation of the rights based approach into ancillary services used by people and their families affected by alcohol and drugs supported by those with Lived Experience.</p>
<p>Development and progression of recovery-based communities in Fife to support people needing mutual aid</p>	<p>ADP Participation and Engagement Report</p> <p>Lived Experience Panel</p>	<p>Qualitative and quantitative review with lived experience panel and support provided by them to implement improvements across the ADP recovery network</p>	<p>A greater depth and volume of choice across Fife for people in recovery ensuring that people affected by alcohol and drugs have access to activities with others, preventing isolation and promoting wellbeing and are educated and trained in skills to maintain their own recovery</p>

This table is for the three year delivery plan and a more detailed delivery plan for year 1 2024/25 will be produced

Fife Alcohol and Drug Partnership – Theme 5

Quality of life is improved to address multiple disadvantages

- **Building and enhancing services that support and protect the rights of all people affected by substance use and respect their choices about recovery and treatment.**
- **Increasing the opportunities of people with lived and living experience to co-produce and contribute to strategy, policy and service development – placing this at the start of all work we do.**

Why is it important?

Fife ADP recognises that people with alcohol and drug problems, will also be experiencing poor physical and mental health, poorer housing situations, lack of access to universal support and services, involvement with the criminal justice system and will be more severely impacted by the cost-of-living crisis. Combined these needs and other disadvantages make access to the support and recovery – as it is structured and offered currently – more difficult and challenging. The Needs Assessment Synthesis 2023 indicates that overlapping needs require an integration of care and support, clearer and robust referral pathways and better coordination between services. This report has identified specific care groups for focus within this strategy and this is reflected in all improvement work detailed in the improvement tables.

The participation and engagement consultation indicated two priorities for the ADP:

- **Reviewing and enhancing recovery communities for people to sustain their recovery and address stigma in localities**
- **To invest in wellbeing and mental health support ensuring that there is a greater level of integration between services in substance use and mental health**

It's therefore incumbent on the ADP, its services and universal and other specialist services – primary care, mental health services, housing services and justice services – to be agile and responsive in their delivery to ensure (service) equity and increase the reach and retention of people with complex needs. The wider stakeholder event and the participation and engagement consultation indicated that services need to communicate better, strengthen their partnership approaches and integrate aspects of delivery to truly improve outcomes for people. This public health approach

needs to be focused on addressing health and social inequalities with strong commitments to the HSCP themes in making services local, focused on outcomes for people not services, improve wellbeing and integrate approaches and services wherever possible.

3 Year Delivery Plan

The Changes We Need to Make	Drivers & Evidence	What Will Success Look Like?	Where Do We Want to Be in 2027?
<p>Provision of targeted support to people and communities at risk of harmful substance use by listening carefully to those communities and building responses and service provision together</p>	<p>Health and Social Care Partnership Strategy Drug Death Taskforce report 2023</p>	<p>Develop and maintain an integrated community drop-in model provided by specialist Alcohol and Drug Teams and community services and partners. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development.</p>	<p>Explored extension for one stop shop drop-ins (KY clubs) in the heart of communities where the prevalence/need is high and access to support and treatment is low. Women only one stop shops in localities where there is high prevalence and need</p>
<p>Redevelop assertive outreach and retention approaches and improve follow up protocols and pathways into treatment from hospital wards and A&E and housing services.</p>	<p>Health and Social Care Partnership</p>	<p>Improving access to residential rehabilitation provision by promoting new pathway developments with priority groups in partnership with ADP commissioned services, statutory services and Health Improvement Scotland. Increased use of residential rehabilitation places for those in priority groups. Fully embedded and integrated Hospital Liaison Service across all sites</p>	<p>See a reduction in the number of people affected by drug related, and alcohol specific, harm and death.</p>
<p>Building on the ADP third sector services commissioned in custody and prison to enhance individuals' early and successful access to health and social care and continuity of care following release from prison and custody by improving the sharing of information and partnership-working between relevant partners at the pre-release stage.</p>	<p>Justice Strategy and Fife Local Plan (Mar 2024) Justice Social Work Fife improvement plan 23/24 Safer Communities Priorities – reducing unintentional harm National Community</p>	<p>An ADP led multidisciplinary meeting for each person on a remand or short team sentence returning to Fife from custody. Resulting in a more joined up approach to individual's needs.</p>	<p>Fewer people in Fife leaving custody with no throughcare support. Fewer people leaving custody experiencing a non fatal overdose People receive appropriate support for substance use, housing, therapeutic support and benefits and housing at the point of leaving custody.</p>

<p>Develop integrated and coordinated models of shared care and support between ADP Services and mental health and ADP Services primary care for people affected by alcohol and drug use</p>	<p>Medication Assisted Treatment Standards (7 and 9)</p> <p>Drug Death Taskforce Report 2023 PH Alcohol research</p>	<p>People in Fife experiencing substance use dependency or problematic use and emotional wellbeing and mental health problems are supported at the earliest opportunity and deliver in integrated models of care to support personal self-management and recovery sustainability</p>	<p>Documented service implementation and integration of care plans in place based on the 4-quadrant model this includes differing severity both of mental health needs and substance use including joint working arrangements for dual diagnosis</p>
<p>Consider gender differences in the provision of services including trauma informed approaches</p>	<p>Criminal Justice Social Work Local Priorities</p> <p>Public Health Synthesis of Needs 2023</p>	<p>Review existing services and ensure these continue to be best practice approaches. Have new bespoke services operating to the same standard.</p>	<p>Have developed bespoke women's projects. Secure premises to deliver gender specific interventions. Services will have a meaningful input from those with lived experience.</p>
<p>One stop shop locality model</p>	<p>Drug Death Taskforce Final Report Recommendations</p>	<p>Develop and maintain a community drop-in model provided by specialist Alcohol and Drug Teams. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development.</p>	<p>More 'one stop shop' drop-ins in the heart of communities where the prevalence/need is high and access to support and treatment is low Evaluation and audit of model completed.</p>

This table is for the three year delivery plan and a more detailed delivery plan for year 1 2024/25 will be produced

Fife Alcohol and Drug Partnership – Theme 6

Children, families and communities affected by substance use are supported

Supporting families and young people, including those who are carers and ensure services are more inclusive and family focused.

Increasing the opportunities of people with lived and living experience to co-produce and contribute to strategy, policy and service development – placing this at the start of all work we do.

Why is it important?

Fife ADP acknowledges the current and long term impact alcohol and drug use has on children, young people and families. The NHS Fife’s Director of Public Health Annual Report 2023 emphasised a focus on the needs of children, young people and families affected by substance use and impact on child development and long-term health and the building blocks needed for health across the life course. “Providing early intervention in a holistic and integrated way with other services for children, young people, adults, families and communities at risk.”

These are three care groups identified within all research undertaken by the ADP during the development of this strategy and are reflected in the ADP Mission Statements where it’s strategic implementation can make significant difference in preventing harm causes by substance use and mitigating its impact in the longer term.

Adult Family Members

Need carers and specialist family support to assist them in supporting their loved ones into recovery but they also a need for support in their own right which is not dependent on service engagement of their loved one.



SUPPORT



CARE



FAMILY



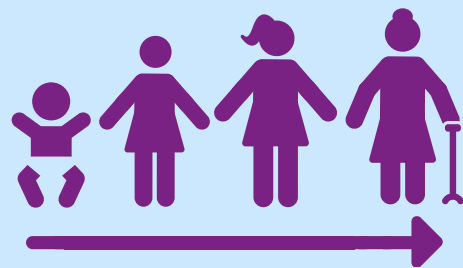
RECOVERY

Families and children affected by parental substance use:

Require dedicated, holistic whole family support based on their needs delivered sustainably and locally within their own communities. That support needs to be integrated, delivered at the earliest opportunities, coordinated and built on hearing and listening to what matters to each family. This must be routed and coordinated with Children's Services Partnership Plan and aligned with the United Nations Rights of the Child, the Promise, The Whole Family Wellbeing Fund and Getting It Right For Every Child. Over the course of the previous strategy working closely with partners, the ADP has commissioned services and reported progress locally and nationally in line with the principles within the "Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice". This framework brings together the current evidence, national policy and best practise to supporting families affected by substance use and associated problems. The Framework approach will remain a priority to the ADP as is our joint commissioning and strategic alliance with Children Services Plan for Fife over the next ADP commissioning cycle. Improvements developed to intervene early with children at risk of developing substance use problems are interdependent with preventative approaches outlined in theme 1,

preventing fewer people from developing problems with substance use. The ADP's family support service addressing current inequalities can be an effective preventative measure for future generations by improving family life and reducing the risk of childhood adverse experiences.

The ADP contributes to work directed by the Whole Family Wellbeing Fund. Potential service development is directed towards high intensity and early intervention whole family support to prevent crises (requiring more intensive support) and enable families to engage with universal family services delivered by health and ultimately transition into universal support and benefit from what is available and delivered at a grassroots level in their community.

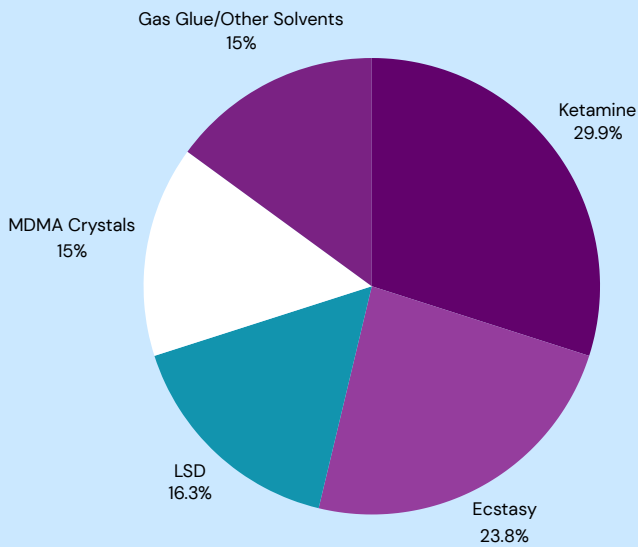


Young People affected by substance use:

Require effective, integrated and responsive services delivered in youth friendly ways to support them when they are using substances problematically or struggling with other issues or difficulties that are an early indicator for future problematic substance use.

During 2023, there were 4 drug related deaths in children and young people

aged 18 and under in Fife. This is an extremely unusual and unprecedented situation. Nationally there has only been around 2% of confirmed drug related deaths over the last 10 years in this age group. Locally in Fife, after cannabis and cocaine, the most commonly reported drugs used by pupils in S4 who reported having ever used drugs in Fife were:

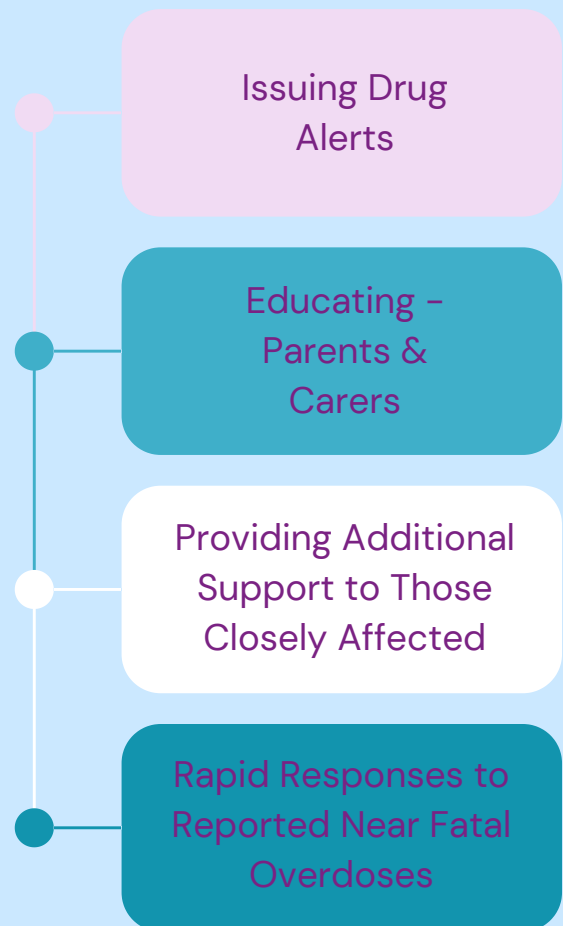


These were all reported to be at lower rates than are reported in Scotland overall, but the methodologies used at Fife and Scotland level differ. It is difficult to understand trends, as there is no data from earlier years to compare this directly.

Within Fife multiple partners and commissioned agencies are involved in prevention, early intervention and supporting young people in Fife. However, prevention with young people in Fife aims to encourage young people not to use substances and early intervention aims to prevent the development of psychological and physical dependence whilst also

providing protection from harms if children and young people are already experimenting with substances. Support for young people will now need to develop to address the new risks and this must include harm reduction and alert messaging about risks. A new cross partnership group within the HSCP will take this work forward.

Immediate effective responses, for example:



Though these have been employed, a broader longer term multiagency and action-based response is required to understand the problem, address the risks fully and prevent further harm to children and young people in Fife.

3 Year Delivery Plan

The Changes We Need to Make	Drivers & Evidence	What Will Success Look Like?	Where Do We Want to Be in 2027?
<p>Preventing alcohol specific and drug related harm and death affecting children and young people</p>	<p>NHS Fife PH Needs Synthesis Report 2023</p> <p>PHS hospital rates</p> <p>Drug Harm Assessment Review</p> <p>Fife Children's Plan Health and Wellbeing Strategy</p>	<p>Fewer drug related deaths in 15 – 24 age group in Fife</p> <p>Fewer alcohol and drug hospital stays for children and young people in Fife</p>	<p>Completed Public Health Needs assessment for children and young people incorporating an evidence review of treatment and support intervention models for young people.</p> <p>Incorporate a whole system alert and drug harm communication process with young people. Implement a coordinated multi-agency system strategy response for the needs of young people in relation to their substance use and other associated high-risk situations (mental health, suicide and self harm).</p>
<p>Recommissioning in partnership with Education and Childrens Services the whole family support and young people's service for families affected by substance use</p>	<p>ADP Wider Stakeholder Report</p> <p>HSCP Extended Leadership Team Consultation</p> <p>Fife Children's Plan Commissioning Plan</p> <p>UNCRC The Promise GIRFEC</p>	<p>More families and young people are supported at the intensive level and crises are managed.</p> <p>More families and young people are supported at the additional level and crises are prevented and averted</p> <p>Families achieve their personal and sustainable outcomes.</p> <p>Collaborative and seamless recovery support between ADP adult treatment and children and young people's services.</p>	<p>New community based, holistic and sustainable services delivered at intensive and additional levels reflective of family and young people's needs and underpinned by Children's Rights.</p>
<p>Implement Scottish Government Young People Services Best Practice Standards (yet to be published)</p>	<p>Drug Mission Priorities 2022 –26</p> <p>PH Needs Assessment Synthesis 2023</p>	<p>ADP complete a benchmarking exercise of current young people services against the new standards and have an improvement plan in place if required</p>	<p>A coordinated system of support for young people affected by alcohol and drug use responsive and agile to their needs working preventatively.</p> <p>Consideration given to a young people's substance use treatment service or an adapted and integrated approach based on evidence of what works with young people to treat problematic or dependent use of substances</p>
<p>Better support for adult family members affected by substance use and make more use of universal support from Carers Services available in Fife.</p> <p>Improve family inclusive practice in the system of care.</p>	<p>Drug Mission Priorities 2022 –26</p> <p>PH Needs Assessment Synthesis</p> <p>2023 Participation and Engagement Consultation</p> <p>2023 ADP Wider Stakeholder Event Report (Aug 2023)</p>	<p>Family members affected by substance use feel supported in their own right and can access universal provision including carer's services.</p> <p>Family members are represented on the Lived Experience Panel</p>	<p>Family members affected by substance use are incorporated fully into adult treatment and support services.</p> <p>Families are considered equal partners in care and ADP services are adopting family inclusive practises within their models of support.</p>

This table is for the three year delivery plan and a more detailed delivery plan for year 1 2024/25 will be produced

How We Will Measure Success & Impact

The ADP will measure its success based on achieving milestones contained within subgroup or project action plans and track progress against timelines for each milestone. This is based on progression of activity and assumes that actions undertaken are evidence based, well researched and achieve improvement. This will be detailed in the ADP annual delivery plan and reported quarterly to the ADP Committee. This is entirely focused on output and outcomes but does not provide assurance of the benefits of such improvements nor the impact on a personal, service/stakeholder or strategic basis and does not provide reassurance that such projects are making a real and meaningful difference for the people of Fife.

The ADP has commenced with support from HSCP Strategic Planning and Performance Team development of a performance outcome framework improving their data gathering and surveillance. Some of this work has already commenced with Medication Assisted Treatment Standards measurements. The diagram below provides detail of how the local approach will be developed:

THE LOCAL APPROACH

Developing Local ADP Measures
(what matters to all of our stakeholders)

- Statistical information
- Capturing qualitative information

Develop Greater Insight

- Projecting where we are heading
- Identify where improvement needed
- Localities
- Demographics

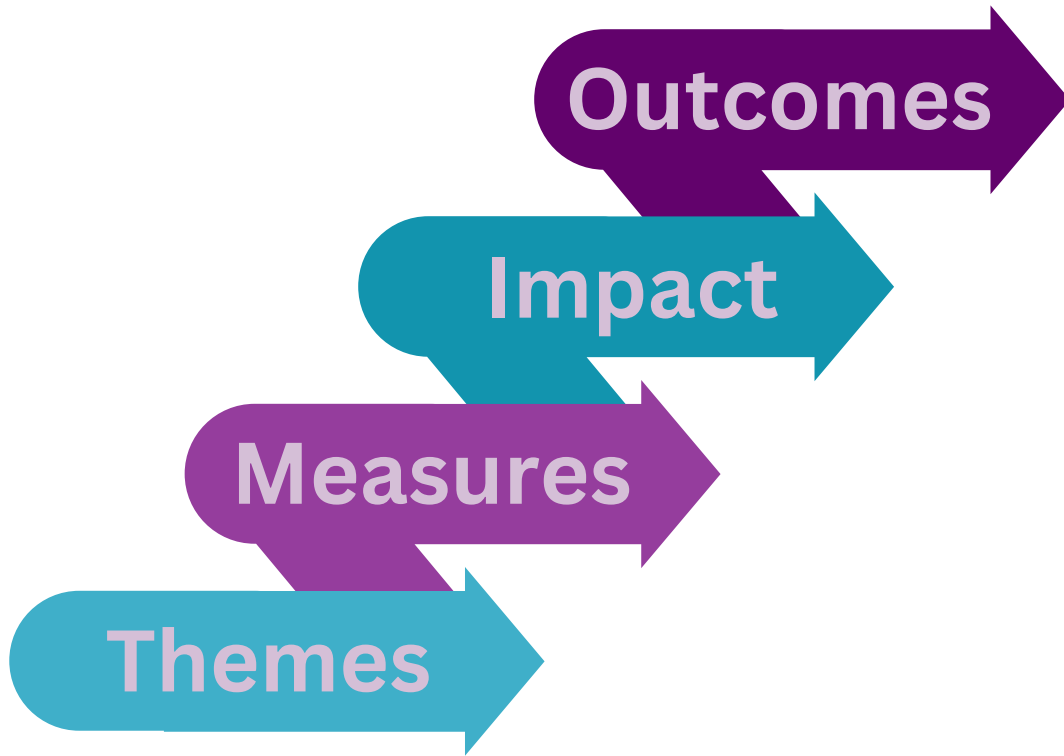
Path to Continuous Improvement

- Reporting arrangements
- Scrutiny
- Improvement Planning

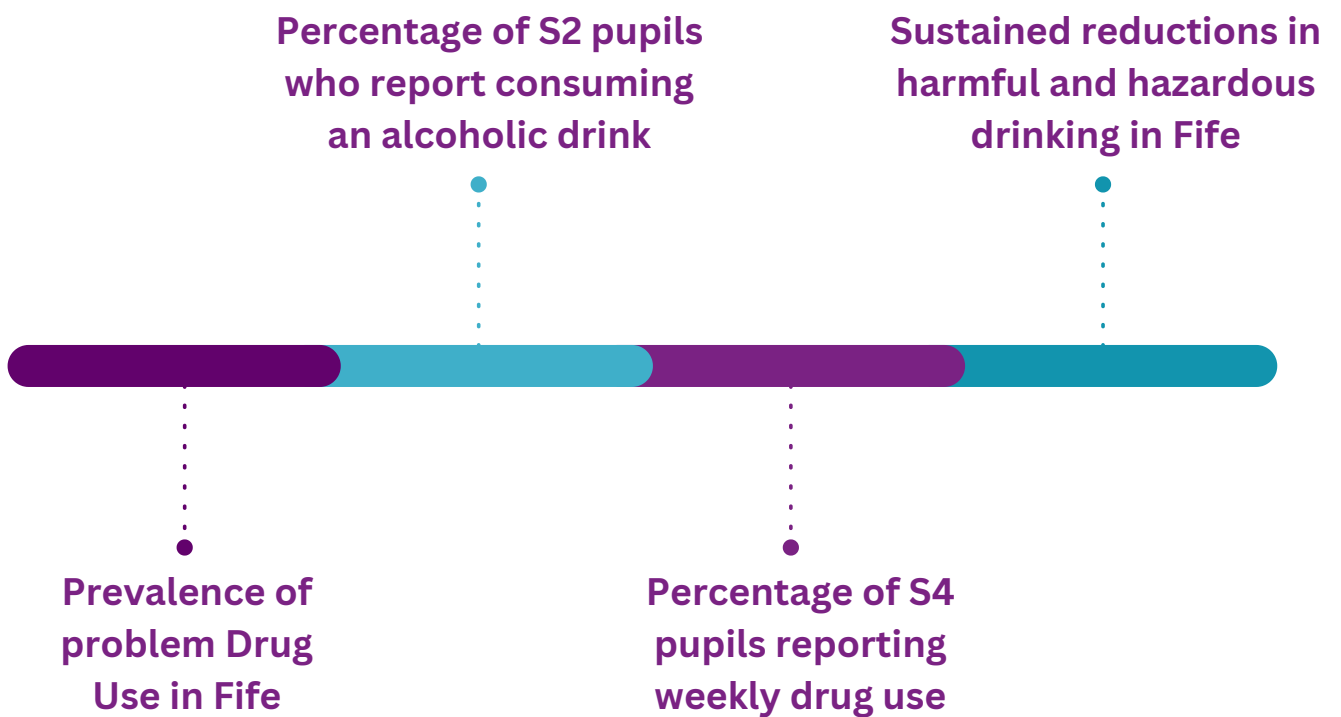
Developing Data Automation

- More efficient reporting
- Focus on ADP requirements

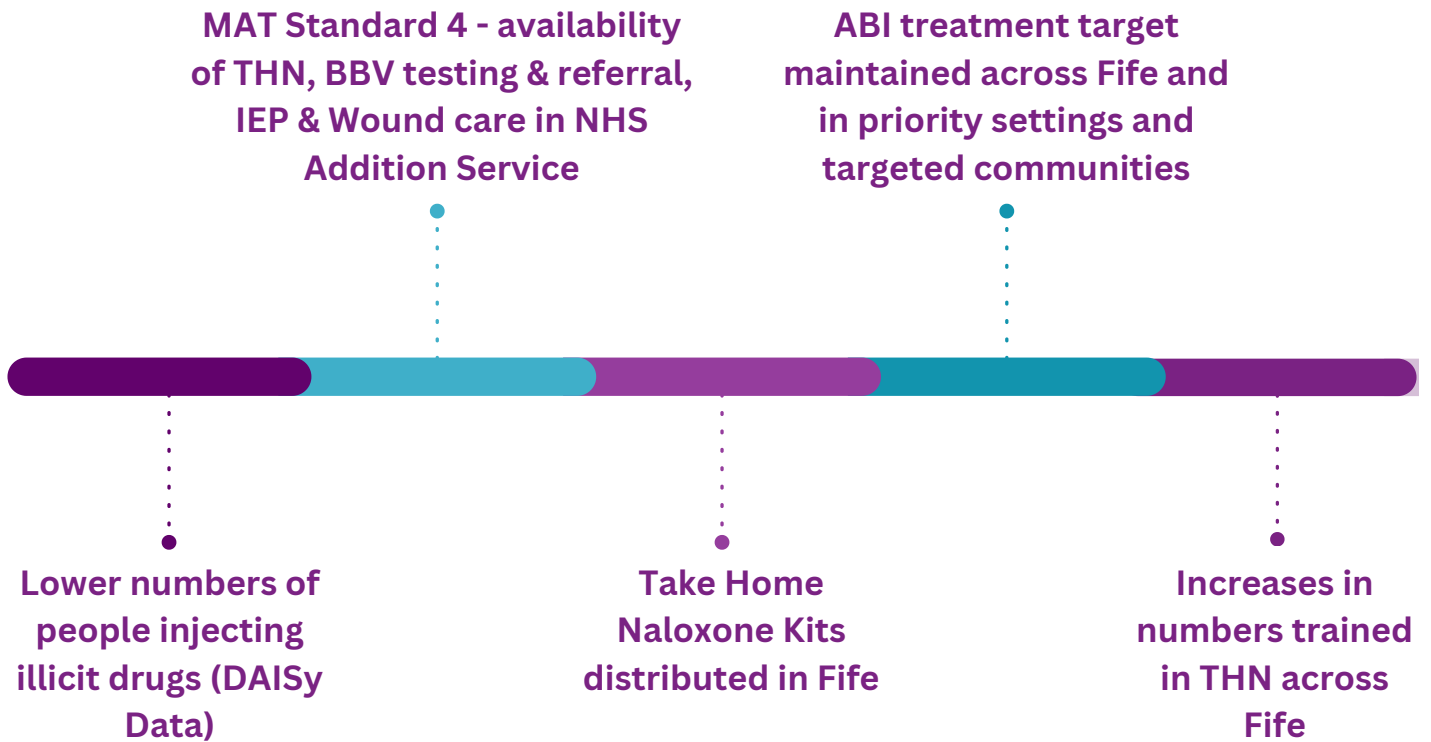
Impact Measures



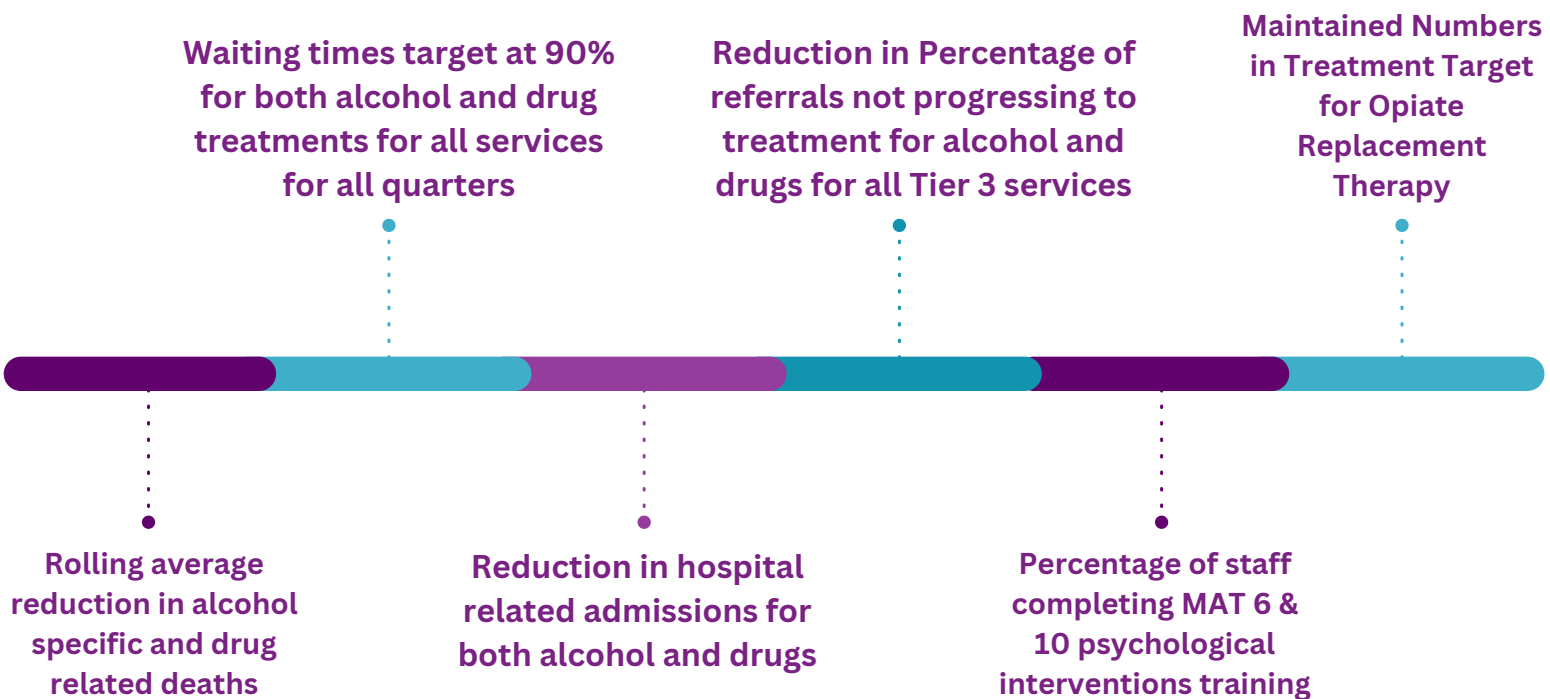
Theme 1 – Outcome Indicators:



Theme 2 – Outcome Indicators:



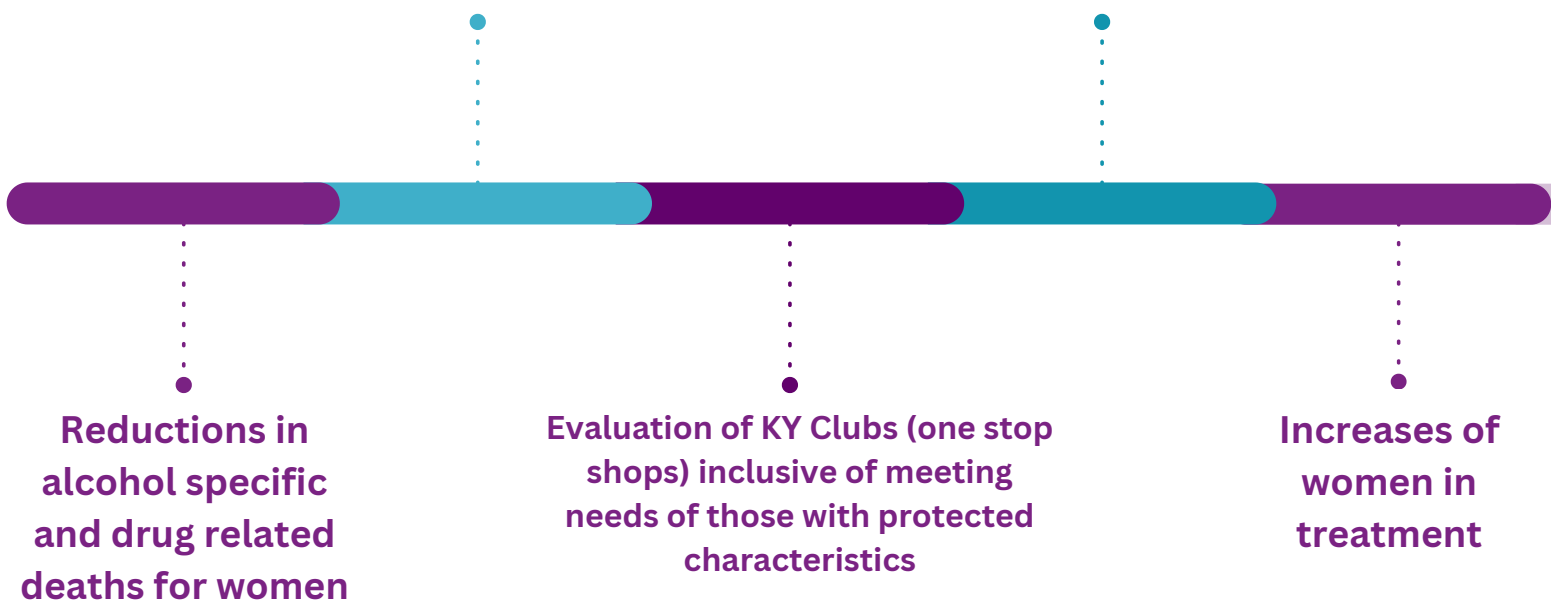
Themes 3 & 4 – Outcome Indicators:



Theme 5 – Outcome Indicators:

Increases in access to and completion of residential rehabilitation including from the priority groups

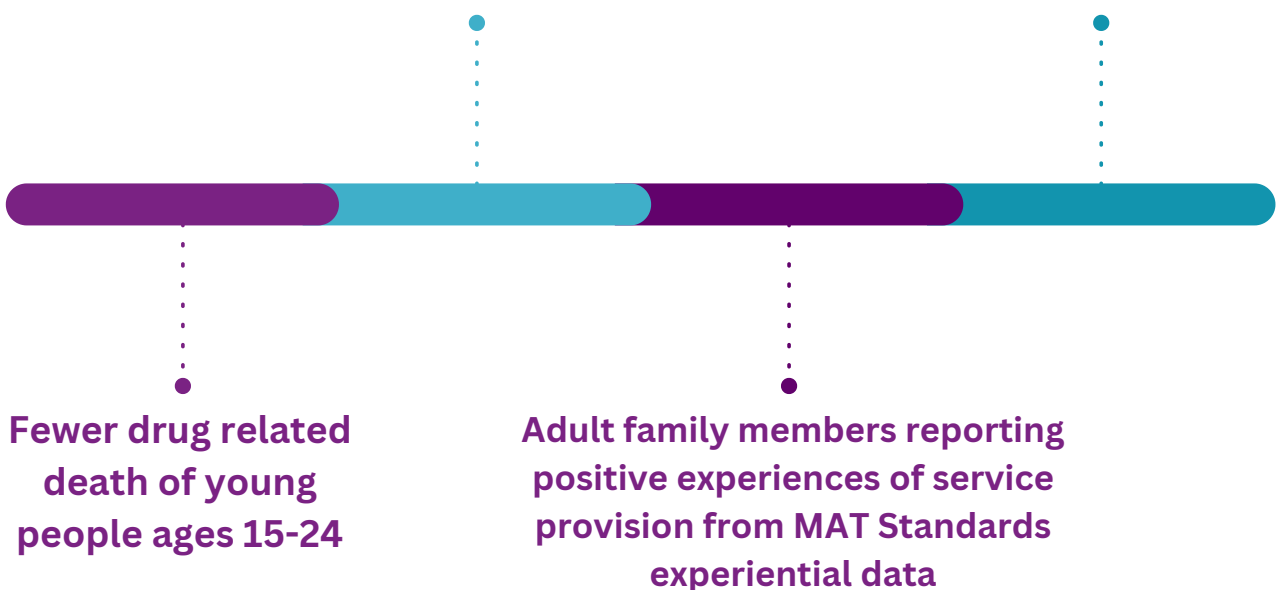
Increase referrals for independent advocacy from the ADP System of Care



Themes 6 – Outcome Indicators:

Increase in age first used substances (DAISy data)

Fewer hospital related admissions for alcohol and drugs for 15 to 24 year-olds



Glossary of Terms

- AASDG** – Addressing Alcohol Specific Death Group, a subgroup of the ADP
- ABI** – Alcohol Brief Intervention, a short, structured screening and intervention delivered to people at risk of alcohol related harm
- ADP** – Alcohol and Drug Partnership
- APTS** – Addiction Psychology Therapy Service, an NHS Fife Psychology Service
- ARBD** – Alcohol Related Brain Damage
- Compass** – ADP funded Social Work Team
- DAISY** – Drug and Alcohol Information System, a national database for recording waiting times for treatment for Tier 3 services.
- DAPL** – Drug and Alcohol Psychotherapies Limited
- DBI** – Drug Brief Intervention, a short, structured intervention delivered to people at risk of drug related harm
- FIRST** – Fife Intensive Rehabilitation Substance use Team.
- GIRFEC** – Getting it Right For Every Child
- JCG** – Joint Commissioning Group, a subgroup of the ADP
- LEP** – Lived Experience Panel, a subgroup of the ADP.
- MAT** – Medication Assisted Treatment, a framework for the safe, consistent and effective delivery of care for people who can benefit from opiate replacement therapy.
- MDDRG** – Multi-agency Drug Death Review Group, a subgroup of the ADP
- OST/ORT** – Opiate Substitute Therapy or Opiate Replacement Therapy
- RADAR** – Rapid Action Drug Alerts and Response, Public Health Scotland Team
- SACRO** – Scottish Association for the Care and Resettlement of Offenders
- SFAD** – Scottish Families Affected by Alcohol and Drugs
- SLA** – Service Level Agreement
- THN** – Take-Home Naloxone, a medication that can reverse the effects of an opioid overdose.
- UNCRC** – United Nations Convention on the Rights of the Child
- WAWY** – We Are With You, an ADP harm reduction service

Appendices

01

ADP Subgroups
Membership

02

Fife ADP Strategy 2024 - 27
Project Development Plan

03

Fife ADP
Stakeholder
Event Summary

04

Needs Assessment
Synthesis 2023
Summary Findings

05

Participation and
Engagement Summary

Appendix 1:

Joint Commissioning Group	Lived Experience Group	MAT Standard Implementation Group	Multi-disciplinary Suspected Drug Death Review Group	Addressing Alcohol Specific Deaths Group	Psychology and Therapy Workforce Development Group (MAT 6&10)	MAT 7 – Primary Shared Model of Care	MAT 9 – Mental Health and Substance use Implementation
<p>Chair – Head of Strategic Planning Performance and Commissioning ADP Service Manager HSCP Chief Finance Officer</p> <p>Representative from Third Sector</p> <p>Representative from Health and Social Care Partnership</p> <p>Representative from Public Health</p> <p>Representative from Housing</p> <p>Representative from Education and Children Services</p> <p>Rep from Senior Manager - Mental Health, Learning Disabilities and Addictions Services</p>	<p>Chair – Scottish Recovery Consortium (Rep) ADP Policy Officer</p> <p>Public with lived and living experience including family members</p>	<p>Chair – Clinical Lead NHS Addiction Services ADP Service Manager Rep from H& SCP ADP Service Manager Third Sector Tier 3 rep Third Sector NFO project rep MH representative Primary Care Representative NHS Pharmacy Services rep NHS BBV&SH Team rep Third Sector HR service and AO rep Rep from LEP Rep from housing and homeless services</p>	<p>Chair – Public Health Rep Rep from Adult SW ADP Coordinator Clinical Lead NHS Addiction Services Rep from Police Scotland Rep from housing and homeless services Nursing rep from NHS Addictions Services NHS third sector reps NHS Pharmacy Services Rep from Harm Reduction Service Rep from Assertive Outreach Service Rep from Emergency Care Directorate C&F SW rep</p>	<p>Chair – Director of Pharmacy ADP Policy Officer Manager FASS Rep for CJ SW Rep from SW Adult Services Rep from LEP Rep from NHS Hepatology Rep from community pharmacy Rep from primary care NHS Addictions Clinical Lead Rep Public Health Rep NHS Health Promotion Rep from Emergency Care Directorate Rep YP and Children</p>	<p>Chair – Head of Addiction Psychology ADP Policy Officer</p>	<p>Chair – Head of Service, Primary and Preventative Care Programme Director, Primary and Preventative Care Pharmacist, Public Health and Community Pharmacy Lead Clinical Pharmacist (General Practice) Clinical Director Head of Nursing Primary and Preventative Care Head of Nursing Complex and Critical Care NHS Addictions Clinical Service Manager NHS Addictions Clinical Lead ADP Commissioned Third Sector re ADP Lived Experience Panel GP Cluster Lead</p>	<p>Chair – Interim Clinical Director, Complex and Critical Care Services NHS Addictions Clinical Lead NHS Addictions Clinical Service Manager NHS Adult Mental Health Clinical Service Manager NHS Adult Psychiatry Clinical Lead NHS Specialisms Clinical Lead ADP Commissioned Third Sector ADP Service Manager Principal Data Analyst Quality Improvement Practitioner Lead Nurse Under 65 Inpatients Lead Nurse Under 65 Community Lead Nurse Specialisms Lead Nurse Addictions Consultant Psychologist, Addictions Consultant Psychologist, Adult Mental Health and Learning Disability Service Administration Lead NHS Addictions Information Manager</p>

Appendix 3:

Event Programme: Presentations



Setting the Scene:

Nicky Connor (ADP Chair & HSCP Director): Opens the event and gives welcome and Purpose of event (ADP position in HSCP strategy, structure, reporting and National and Local Context)



Fiona McKay (Head of Strategic Planning, Performance & Commissioning): Continues with a review of the previous ADP Strategy highlighting areas that have performed well and areas that continue to require development.



Children/Young People and Family Support:

Laura Crombie (Clued Up Service Manager & young person): Provide overview of the organisation and the Young People Service including the young person's lived experience .



Kirsten Holland (Scottish Families Affected by Alcohol and Drugs & Family Member Family Support Development Officer): Gave an overview of the Family Support Service and supported a family member to discuss their lived experience.



Rebecca Shovlin (Fife ADP Policy Officer) & Catherine Jeffery-Chudleigh (NHS Fife Public Health Consultant): Discussed addressing Alcohol Specific Deaths and gave an overview of research carried out.

Event Programme: Presentations



Treatment System Improvements :

Susanna Galea-Singer (NHS Fife Addiction Services Clinical Lead & Consultant Psychiatrist): Gave an overview of NHS Addictions services along with the MAT Standards and the Hospital Liaison Service.



Jamie Steele (ADAPT FASS Action Service Recovery Specialist): Gave an overview of ADAPT Methil One Stop Shop as well as the Non-Fatal Overdose project run in partnership with Fife ADP and NHS Fife.



Liz Nardone (FIRST for Fife Residential Rehabilitation Co-ordinator & Lauren Murphy FIRST for Fife representing lived experience): Discussed topics around their Residential Rehabilitation Service and different pathways and routes to and from residential rehabilitation.



Harm Reduction and Lived/Living Experience

Marisa Bruce (Fife ADP Policy Officer), Danielle Wong (We Are With You Specialist Recovery Worker and Naloxone Coordinator-Fife) and Matthew Kent (We Are With You Specialist Harm Reduction Worker): They presented detailed information on Take Home Naloxone, harm reduction and overdose awareness.

Market Place: Stall Holders

Prior to the event starting and during scheduled breaks, the following services had market stalls and actively engaged with those attending the event to show case their services, work being done and current issues:

1. **Restoration Fife**
2. **Scottish Recovery Consortium**
3. **Scottish Families Affected by Alcohol & Drugs**
4. **DAPL**
5. **ADAPT**
6. **SACRO**
7. **We Are With You**
8. **Barnardo's**

Main Themes Identified



- Communication pathways - wider strategy



- Accessibility - statutory and commissioned services



- Embedding meaningful lived experience



- Raising awareness - publicly and for service users



- Whole family approaches

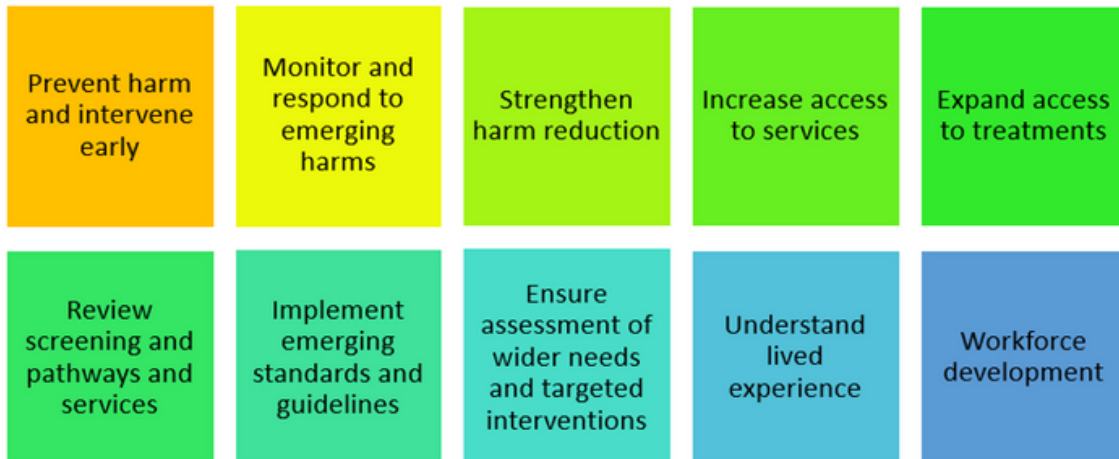


- Joint working and whole systems approach

Appendix 4:

The Needs Assessment Synthesis identifies many needs associated with substance use in Fife and makes recommendations to address these needs. A summary of priority areas are summarised below:

Common themes across the recommendations relate to:



Areas of concern are:



The full report is published on the ADP website.

Appendix 5:

Over September a Stakeholder Analysis was completed to identify who will be informed and consulted to ensure all key stakeholders are involved and engaged with in a timely and appropriate manner.

These will include:

- Lived Experience Groups
- Service Users/Families and Carers
- General public
- Protected characteristic groups within Fife
- Third sector and independent sector organisations
- Fife HSCP Locality Planning Groups (staff delivering services across Fife)

The feedback from the consultation process for the proposed Alcohol and Drug Partnership Strategy was completed in December 2023. This highlighted a **shared understanding** of the vital components necessary to create a **meaningful and impactful approach**, cognisant of the varied needs of those affected by substance use directly, or indirectly.

The collective **vision and mission** that emerged from this process both **resonate deeply**, emphasising the significance of prevention, early intervention, and accessible high-quality treatment and recovery services.

The strategy's **six themes**, which revolve around protecting individuals, addressing multiple disadvantages, supporting children, families, and affected communities, **reflect a holistic commitment to nurturing well-being within Fife's communities**. The alignment of **values** between the partnership and its staff and volunteers stands as a testament to the **shared dedication** towards these priority themes.

The identification of potential **barriers** to implementing the strategy highlights areas the ADP can be **cognisant** of when moving into the 'Next steps' of the strategic cycle.

Through the consultation, it is evident the proposed direction of the strategy **reflects the aspirations, concerns, and hopes of the people and communities** who took part in the engagement process. The strategy **offers clear relevance and direction** to meet the immediate needs but also aims to ensure long term positive change. As the partnership moves forward, guided by the insights from this consultation, it **stands poised to deliver on the proposed vision** 'To enable all the people in Fife affected by substance use to have healthy, safe and satisfying lives'.

The full report is published on the ADP website.]

Prevention, Protection, Early Intervention, Treatment & Recovery

Acknowledgements

This strategy was developed in by the Fife Alcohol and Drug Partnership in collaboration with the Health and Social Care Partnership, our commissioned services, individuals with lived/living experience and their family/support networks. Below, details those that have had a significant input to reviewing and creating the Fife ADP Strategy 2024/27:

Concept and coordination: ***Elizabeth Butters***

Researchers: ***Sharon Barr, Marisa Bruce, Rebecca Shovlin & Lynda Reid-Fowler***

Writer: ***Elizabeth Butters***

Document designer: ***Lynda Reid-Fowler***

Our colleagues from Local & Partner Organisations.

Contributors: ***Catherine Jeffery-Chudleigh & Pauline Rettie***

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