



North Lanarkshire ADP Strategy

2021 – 2024





About this Strategy

This strategy has been co-developed through ongoing engagement with a broad range of stakeholders including people with lived experience across North Lanarkshire. It was vitally important to the success of any improvements we are trying to influence that individual voices and experiences were included in this process.

Our approach, coupled with the existing and emerging evidence base for tackling harms from problematic substance use offer a robust and ambitious way forward that will see us confidently lead the way in keeping people safe, well and thriving in North Lanarkshire.

This document sets out some of the challenges we face and how we intend to move forward. We have set out the appropriate Alcohol and Drug Partnership structures that will be tasked with implementing change and supporting more people to find their own type of recovery. A detail delivery plan will follow to support specific actions and outputs for the ADP sub-groups.

This strategy does not exist in isolation and is intended to link with other strategic plans focussed on identifying and protecting those at risk of harm from substance use. This includes but is not limited to:

- [North Lanarkshire Children's services plan](#)
- [Mental Health and Wellbeing Strategy](#)
- [Community Justice Improvement Plan](#)
- [Strategic Commissioning Plan](#)
- [VANL strategic plan](#)
- [North Lanarkshire Town Visions](#)
- [NL Housing Strategy & Rapid Rehousing Plan](#)

About North Lanarkshire ADP

North Lanarkshire Alcohol and Drug Partnership (NLADP) was established in 2019 as a multi-agency strategic partnership focused on understanding and mitigating the impact of problematic alcohol and drug use in the local area. The purpose of the ADP is to co-ordinate and lead a collective response to tackle harms and improve the lives of people who used alcohol and drugs and those around them. The ADP is made up of key agencies and stakeholders with an interest in tackling harms and improving lives. This includes the wider community and those who have lived experience (including families).

Much of our work involves bringing people together to plan and improve services whilst setting out what needs to be put in place to support change and keep people safe and well. We do this by reviewing, monitoring and evaluating the impact of investments targeted towards reducing substance-related harm and improving health and wellbeing.

Our Approach

North Lanarkshire Alcohol and Drug Partnership has drawn on the successes, challenges and learning from previously funded initiatives to form this strategy. In addition, we commissioned targeted scoping work through Scottish Drugs Forum and Scottish Families Affected by Alcohol and Drugs to give us direct insight from individual and family experiences. These offered first-hand accounts of the needs, challenges and innovative ideas for change from those living in North Lanarkshire, including many who have been in contact with services for support with substance-related issues. We've also drawn from the invaluable wealth of experience, skills and local knowledge within our workforce and volunteers working across our communities.

Policy Perspective

In 2018, Rights Respect and Recovery¹ and the Alcohol Framework² were published setting out the Scottish Government's commitment to reducing deaths from alcohol and drugs and tackling harms to individuals and those around them. For the first time there was direct recognition of the right to health for people who use alcohol and drugs and a focus on a wider approach moving beyond clinical services. This included a commitment to increasing harm reduction measures, tackling stigma, removing barriers to support, increasing community-based recovery opportunities, understanding the links to justice, tackling inequalities and offering direct support for the whole family. At the same time, in Scotland's Public Health Priorities, the focus on *reducing the use and harms from alcohol, tobacco and other drugs* and a focus on *good mental wellbeing* were reinforced taking a public health approach to improve the nation's health³.

Since the publication of Rights, Respect and Recovery and Scotland's public health priorities, further commitments have been made nationally, as part of the [Drugs Deaths Task Force](#), to refine the response in keeping the most up-to-date evidence-base for what works to support change. This includes the new priorities set out in the Partnership Delivery Framework⁴, the National Mission Priorities⁵, Tackling Stigma⁶ and implementation of the Medication Assisted Treatment (MAT)⁷ Standards. This document recognises the cross-cutting commitments, outcomes and priorities in each publication and sets out the role of the ADP in realising the whole systems approach required to achieve these.

¹ [Rights, Respect and Recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths \(www.gov.scot\)](#)

² [Alcohol Framework 2018 - gov.scot \(www.gov.scot\)](#)

³ [Scotland's public health priorities - gov.scot \(www.gov.scot\)](#)

⁴ [Alcohol and Drug Partnerships: delivery framework - gov.scot \(www.gov.scot\)](#)

⁵ [Drugs policy - update: statement by the First Minister - 20 January 2021 - gov.scot \(www.gov.scot\)](#)

⁶ <https://drugdeathstaskforce.scot/media/1111/stigma-strategy-for-ddtf-final-290720.pdf>

⁷ [medication-assisted-treatment-mat-standards-scotland-access-choice-support.pdf \(www.gov.scot\)](#)

Alcohol and Drug Use in North Lanarkshire

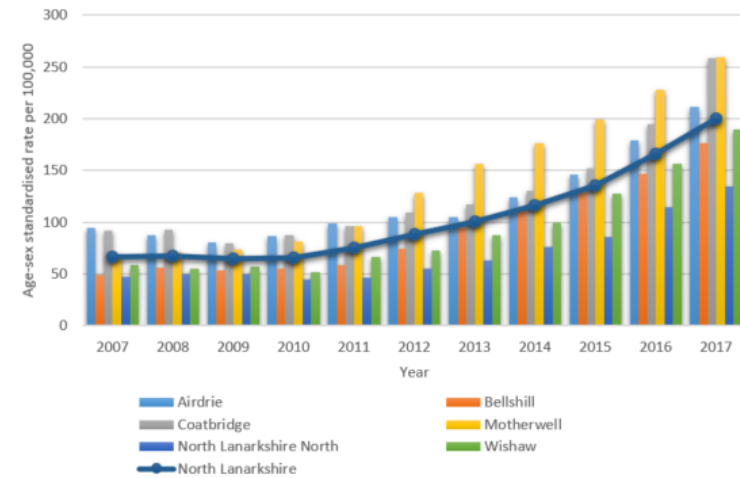
Drugs

North Lanarkshire has some of the highest levels of alcohol and drug related deaths in Scotland with 94 people dying from drug-related causes in 2020. Of these, 68% were male and 32% Female. Further analysis of the data shows 62% of all deaths in North Lanarkshire occurred in the 35 – 54 age group with 25- 34 olds and 45 and over age range falling not far behind.

Overall, 98% of DRDs were poly-drug deaths with 71% of deaths from drugs in 2020 having more than 5 substances named in the toxicology reports*¹. This represents a significant challenge in understanding and responding to the needs of people who use drugs in North Lanarkshire.

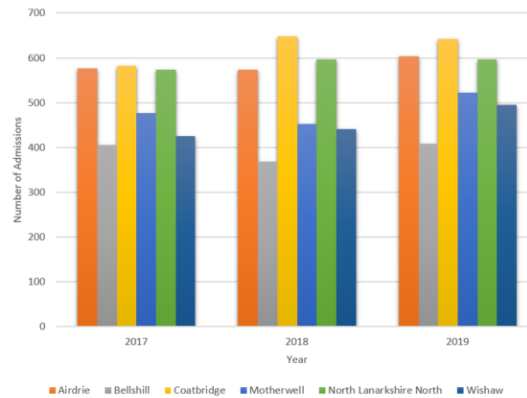
There were 2,812 drug related crimes in North Lanarkshire in 2019/20 [latest figure available]. This is a rate of 82.4 per 10,000 population share, this is contrasted to a rate of 64.6 across Scotland.

North Lanarkshire Drug Related Hospital Admissions: Age-Sex Standardised Rate per 100,000 by Locality and Year



Source: Public Health Scotland (SMR01) via https://scotland.shinyapps.io/ScotPHO_profiles_tool/

North Lanarkshire Alcohol Related Hospital Admissions: Number of Admissions by Locality and Year



Source: Public Health Scotland (SMRD1) via https://scotland.shinyapps.io/ScotPHO_profiles_tool/

Alcohol

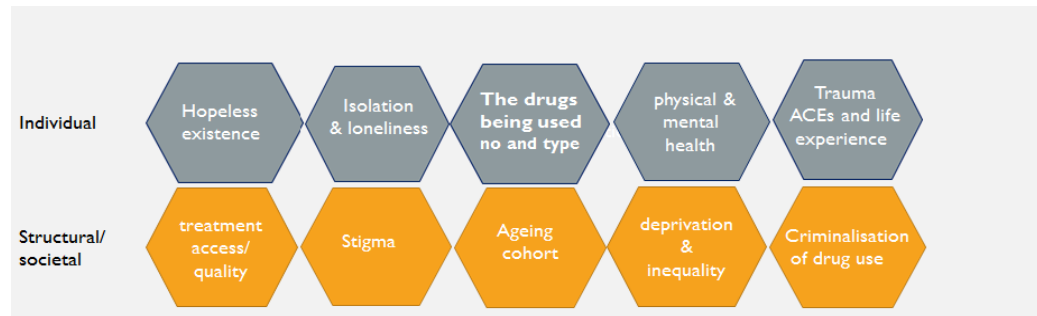
In 2020, 101 people died from alcohol-related causes in North Lanarkshire. Alcohol related hospital admissions were 3270 in 2019/20 [latest available figures]. There were 36,135 Alcohol related hospital admissions across Scotland. Age-sex standardised rate per 100,000 for North Lanarkshire in 2019/20 was 982.36 and 673.27 for Scotland.

The age-standardised death rates for alcohol-specific deaths in the most deprived 20% of areas in Scotland has been consistently higher than the rest. The death rate in the most deprived areas is 4.3 times the rate in the least deprived areas in 2020 (41 deaths per 100,000 compared to 10). Since 2001 the death rate in the most deprived areas has remained the highest of all five SIMD quintiles although the gap has narrowed slightly.

*1 Not from the full sample of 94 deaths as at the time of analysis we did not have the toxicology reports for all 94 deaths therefore this percentage is from the available data set (61 of 94 deaths)

SIMD and DRD

Across Scotland in 2020, 1339 drug-related deaths occurred. Seven hundred and seven (53%) were in SIMD quintile 1 and three hundred and sixteen were in quintile 2 (24%) therefore 77% in quintiles 1 and 2. This is most significant if we consider the population of North Lanarkshire where 59% (32% SIMD 1; 27% SIMD 2) of the population is in SIMD quintile 1 or 2*.



The strong links between drug and alcohol related harms and poverty⁸, inequality and trauma are widely acknowledged. Deprivation has been linked as a significant factor⁹ in drug and alcohol problems developing.

⁸ [Hard Edges Scotland | The Robertson Trust](#)

⁹ [Staying-Alive-in-Scotland-Digital.pdf \(sdf.org.uk\)](#)

What we see in North Lanarkshire is not unique and reflects a national picture where data trends are synonymous with the wider evidence base on substance-related harms¹⁰.

It is vital we have the most relevant data and evidence available to us to target the response needed to tackle the root causes of problematic substance in a holistic way. This includes using tried and tested approaches and targeting specialist responses across key localities. This will help to improve links to universal services and support the right investment in initiatives that can influence change and prevent deaths at the earliest opportunity.

Support for Families

In the Scottish Families report 'Hidden in Plain Sight' commissioned by NLADP in 2020, the vast majority of community survey respondents (9 in 10 people) felt their community had an issue with alcohol or drug use, with just 7% believing this not to be the case.

Levels of support across communities were significantly below the level of prevalence, with just over 13% feeling their community was supportive of those living with drug or alcohol addiction, rising to 19% who felt their community was supportive of families affected. For both of these statements, just over a third did not express a view (remaining neutral) but even taking this into account this indicates:

- Very high levels of substance-related issues for communities (89%)
- Very low community support for people living with addiction (13%), or for their families (19%).

A strong message from the study was families in North Lanarkshire were hidden in plain sight. *'There are thousands of families affected by substance use in the area but a tiny number reaching support'*. Yet there was a significant number of community *'touchpoints'* where families were engaging providing key routes for awareness-raising and links to early support. These include schools, churches/ faith communities, financial/ advice services and workplaces.

There was widespread recognition of the impact of stigma, shame and secrecy on families. This often prevents families coming forward for support. Tackling stigma is not just about the media and communities, but also about those closest to families (wider family, friends, workplaces).

* See appendix 1 for fuller data

¹⁰ [Problem drug use in Scotland \(parliament.uk\)](https://www.parliament.uk/publications/2020/11/11-12-scotland-problem-drug-use)

COVID19

Covid19 has had a significant impact on the lives of many people living in North Lanarkshire and the services that provide for them. In some cases, this may have led to an increase in drug and alcohol consumption and increased risk and harm within the home¹¹ Drug services and prescribing arrangements were adapted with some innovative practice offering realistic solutions for fast access to treatment and support including; electronic prescribing, distanced check-ins with people who use services, wider Naloxone distribution and wider choices in OST (including Buvidal). These were options not previously possible or permitted due to legislation but now offer learning that should be considered in our plans moving forward.

What currently exists in North Lanarkshire

NLADP Support staff team is made up of a Strategic Lead, Development Officer x 2, Information and Research Officer, Administrator and Clerical Support. The ADP directly funds over 30 programmes and initiatives across North Lanarkshire aimed at reducing harms, providing recovery-focussed activities and improving lives. We still have much work to do to get it right and reach those in need of support who are still not known to our services. Moving forward we will place more focus on getting what people need, where they need it most whilst making it as easy as possible to access.



Our vision

A North Lanarkshire where individuals and families experience less harm from the effects of problematic alcohol and drug use. People are safer, healthier and treated with dignity to make informed choices around their own care and empowered to find their own type of recovery.

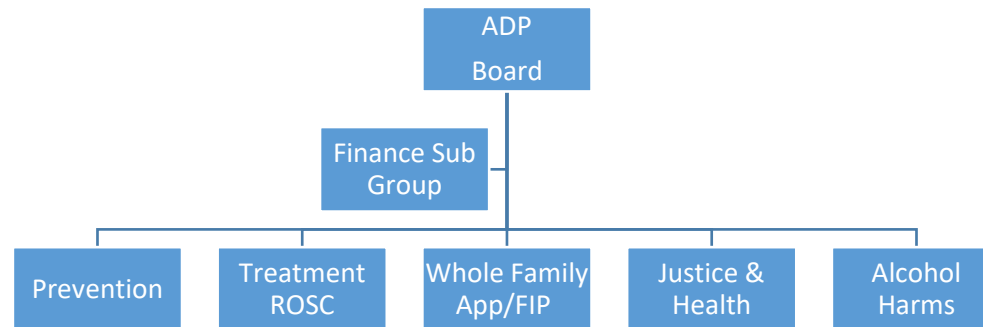
¹¹ [Changes in alcohol consumption in Scotland during the early stages of the COVID-19 pandemic: Descriptive analysis of repeat cross-sectional survey data \(publichealthscotland.scot\)](https://publichealthscotland.scot)

The way forward

Actions will be centred on **improving quality, offering choice and creating more of the connections** to keep people safe, well and thriving. Realising a North Lanarkshire where:

1. Fewer people develop problem drug and alcohol use
2. People access and benefit from effective, integrated person-centred support to achieve their own type of recovery
3. Children and families affected by alcohol and drug use will be safe, healthy, included and supported.
4. Vulnerable people are diverted from the justice system wherever possible, and those in the system are fully supported.
5. Less harm is caused by alcohol.

NLADP Structure



ADP Strategic Framework

National Outcomes	Prevention and Early Intervention	Developing Recovery Oriented Systems of Care	Getting it Right for Children, Young People and Families	Public Health Approach & Justice	An Alcohol Framework for North Lanarkshire
Priority Area	Fewer people develop problem alcohol & drug use.	People access and benefit from effective, integrated person-centred support to achieve their recovery.	Children and families affected by alcohol and drug use will be safe, healthy, included and supported.	Vulnerable people are diverted from the justice system wherever possible, and those in the system are fully supported.	A Scotland where less harm is caused by alcohol.
Sub-Group	Prevention, Early Intervention, & Education	Treatment, Care & Recovery Development	Whole Family Approach /Family Inclusive Practice	Justice, Health and Care public health to improve links to community	Reducing alcohol harm and improving treatment pathways
Cross-cutting Objectives	Embedding a Whole Systems Approach via Workforce development, collaboration & learning	Partnership Work & Collaboration Lived experience, co-production & active participation.	Ongoing evaluation, quality assurance and performance monitoring	Communication, transparency & good governance are key	Focus on the right to health, choice, fairness & equitable opportunities free from stigma

Key Priorities & Actions 2021 – 2024

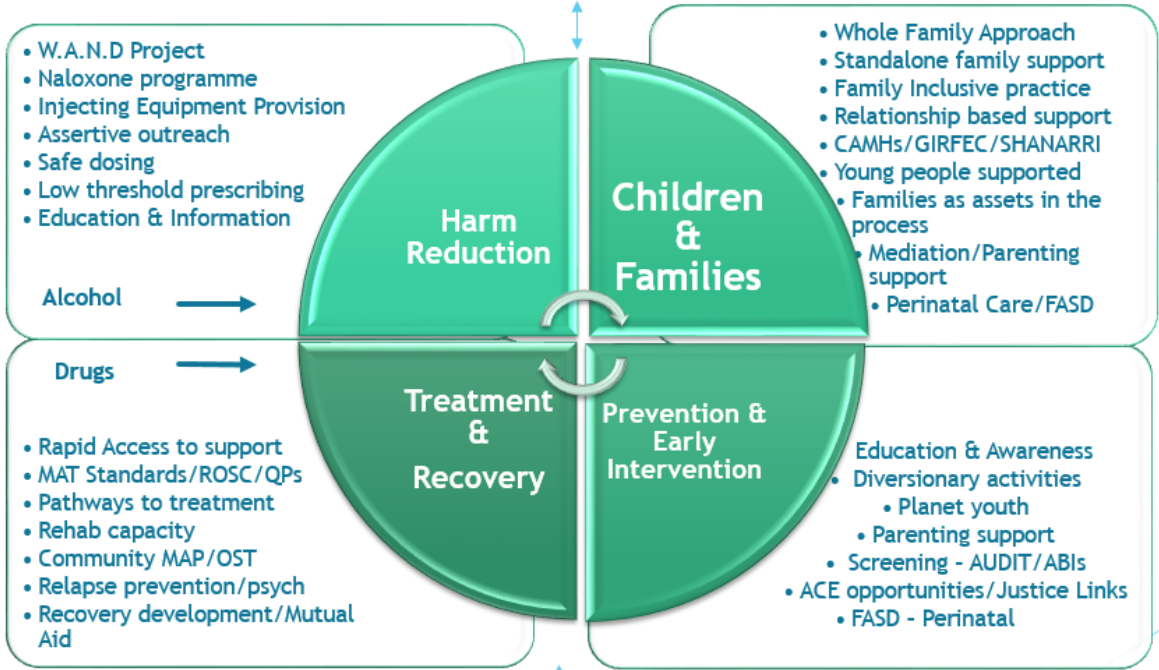
NLADP Strategic Lead and the support team will develop the structures and process required to deliver the programme of work set out including establishing the appropriate sub-groups tasked with leading the work. It is expected these groups will take a lead in informing the finance arrangements and facilitating wider stakeholder engagement. A delivery plan and commissioning strategy will be developed in the first six months with progress linked to the following priorities:

1. People have early access to support for problem substance use –early intervention strategies will be put in place to prevent problem use with support offered through a range of community-based responses.
2. NLADP will facilitate efforts to embed a Whole Systems Approach – including families and a broader range of stakeholders to reach those not already known to services.
3. Strengthen the links between physical/mental health & substance use taking a 'No wrong door approach' focussed around the needs of the individual and not solely focussed on the substance use or disorder/s.
4. Young people and families receive evidence based, effective education on substances, harm reduction and how to access help when problems develop. Through the provision of effective, evidence-based education both within and beyond school.
5. Workforce capability is increased through learning via a strategic workforce development plan including needs analysis to identifying gaps and opportunities to strengthen the workforce knowledge, skills and confidence to respond. Drawing on local experience, knowledge and assets to support quality Improvement and best value.
6. People are supported to make informed decisions about their own care through a range of treatment options including residential rehab for all those who will benefit. Including all those who want, and for whom it is deemed clinically appropriate, to access residential and/or community rehabilitation.
7. People are supported to remain in treatment for as long as requested – MAT standard 5, individuals are supported to remain in the treatment that is right for them, for as long as they want or need.
8. Improved early identification, assertive outreach & increased engagement (MAT standards – opiate/benzo with rapid access) so people at high risk are proactively identified and offered support – MAT standard 3 targeting at-risk groups.
9. Overdoses are prevented from becoming fatal – increasing provision of naloxone, strengthening proactive outreach for at-risk groups improving near fatal overdose pathways.
10. All people are offered evidence based harm reduction – MAT standard 4. Provision of harm reduction materials such as injecting equipment, BBV and wound care for those who need it.
11. People who use drugs have access to information about risks and harm reduction – in person, digital and via phone information on drugs and harm reduction including WAND, EIP and DBST.

12. More families are involved in the care and treatment of their loved ones with access to support in their own right – even where their loved one is not engaged with treatment. This includes choice and wider access to opportunities locally for adult family members, young adults as well as children and young people.
13. Effective pathways between justice and community services are established including prison through-care and diversion pathways. This will take account of housing, advocacy and connections to the community.
14. Less harm is caused by stigma for people who use alcohol and drugs and their families in North Lanarkshire. NLADP will lead on a local stigma plan recognising individuals, families and communities should have access to a range of opportunities to support improved well-being, resilience and reduced feelings of isolation caused by stigma.
15. NLADP will develop an alcohol specific framework recognising the impact alcohol has on individuals, families and communities implementing targeted interventions to reduce harm, change attitudes to alcohol consumption and improve health & wellbeing.
16. NLADP Drug-Deaths Prevention Action Plan is refined and linked with key outcome areas from DDTF priorities using evidence of based practice whilst targeting those most at risk.



Regional approach



- Partnership
- Leadership
- Right to Health
- Justice & Advocacy
- Person Centred
- Trauma Informed
- Asset-Based
- Workforce Development
- Choice & Quality Care
- Whole Systems Approach

Baseline Data - Monitoring - Evaluation - Accountability

Locality Based