

Fife Alcohol and Drug Partnership Strategy Refresh 2024 – 2027 Engagement Report

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Introduction

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of Fife Health and Social Care Partnership. Its primary strategic aim is to reduce the prevalence, impact and harms associated with alcohol and drug use throughout Fife. This involves contributing to prevention approaches, commissioning early intervention services and maintaining a recovery based, trauma informed system of care and support for people, their families and community members.

The ADP provision is planned, delivered, and evaluated in a three-year strategic cycle. The 2020 – 2023 strategy will expire in 2023 and is due to be refreshed for the next cycle. This report provides a summary of findings from wider public engagement, carried out to help inform and shape the direction of the refreshed 2024 – 2027 Strategy.

Stakeholder Engagement

Designing the consultation

The Fife Health and Social Care Partnership's Participation and Engagement Team supported Fife Alcohol and Drug Partnership to plan, develop and deliver an engagement activity that aimed to gain an understanding of what is important and valuable to the wider public.

Purpose and objective

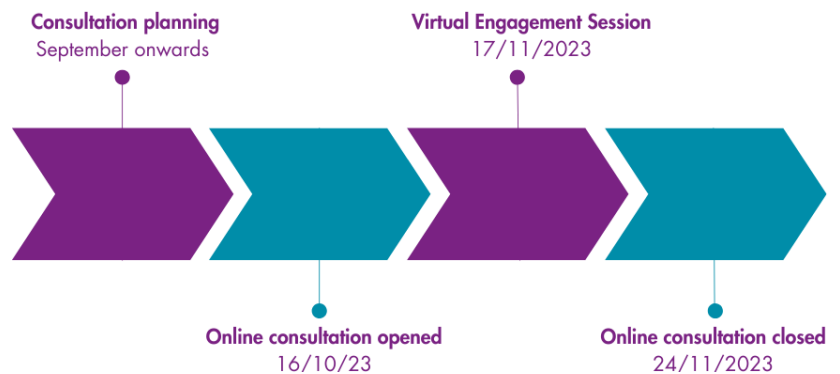
Our overall aim was to maximise the opportunity for all communities to contribute, to ensure we develop a strategy that is reflective of peoples' views, placing them at the start of its development.

The online consultation was designed to be accessible to the wider public. Questions led the respondent through the elements that make up the proposed strategy, to establish what is meaningful and valuable to individuals and the community.

To maximise the quantity and quality of responses, the consultation focused on the key areas of importance to the wider public. Additional questions for those who identified as Staff or Volunteers were asked to further build a picture of what the future strategy might look like. A copy of the consultation is available on request.

Engagement timeline

The timeline opposite shows key dates of the engagement, which took place over the months of October and November.



Engagement methods

Online Consultation

The Online Consultation was hosted on MS Forms and open for six weeks. The opportunity to complete the consultation was promoted via a variety of methods.

These include:

- Social Media
- Staff Virtual Noticeboards
- Regular Virtual group briefings
- NHS Fife – Participation and Engagement Directory
- Fife Council – People's Panel
- Group emails
- During meetings and network events

A full list of stakeholder distribution can be viewed in Appendix 1.

Virtual Engagement Sessions

Virtual Engagement Sessions for staff to give views directly to the ADP team were offered across three dates. Sessions were promoted via Staff portals, Group Communication, Direct Email and at scheduled meetings and events. One event went ahead with four attendees who found the event easily accessible, and an opportunity to share their views, which were listened to and understood.

Who did we engage with?

There were 138 responses to the online consultation. Responses came from a broad range of stakeholders. We collected data to give us an insight into who these stakeholders are, to better understand who we are engaging with.

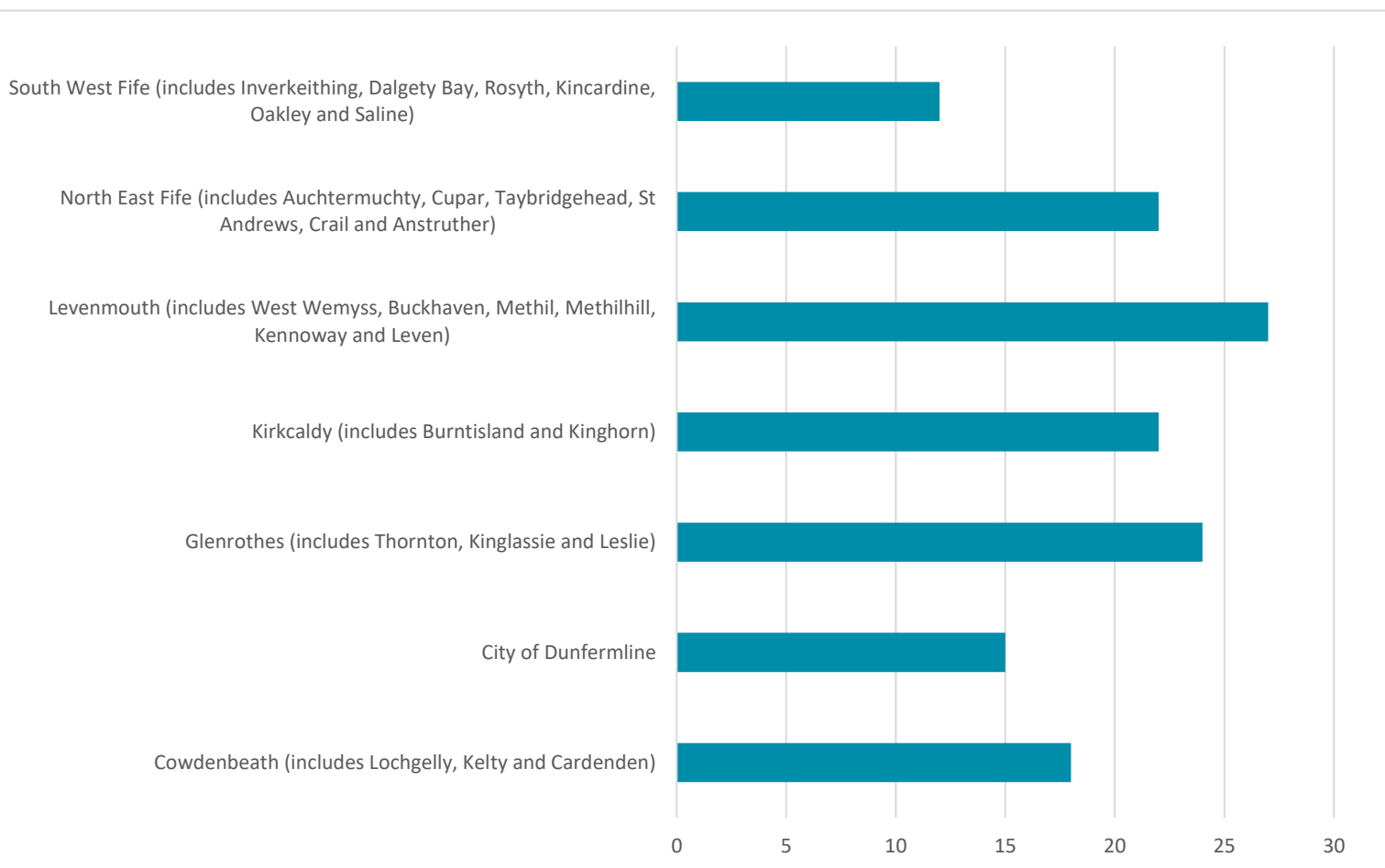
We asked people to select the category that best describes them. Responses came from a range of categories including:

- the wider public
- those who work or volunteer for the Third / Voluntary Sector or Organisation
- those work for Fife Health and Social Care Partnership, Fife Council and NHS Fife

Of the 138 who responded, 21% identified as needing support with substance use, or as a carer or family member of someone who needs support. This data shows we have managed to reach people who have been directly affected by substance use, and this demographic accounts for one fifth of responses made. For those who identified as an unpaid carer, they shared with us how difficult that can be and in an ideal world, what might make this easier. Suggestions included:

- knowing about support earlier on
- having more support to balance their own needs and the needs of those they care for
- having further support with their financial needs

The table shows responses given when people were asked which locality area they come from



Just below one third of the total 138 respondents completed the Equalities, Diversity, and Inclusion section. The majority of whom were aged between 45 and 64 and identified as a white Scottish; heterosexual woman who is married.

Consultation Summary

Wider public

A significant amount of feedback was gathered during the consultation period, with 138 respondents making 950 comments across the main body of questions.

Vision and Mission

We wanted to find out if people agreed with the proposed **Vision and Mission**

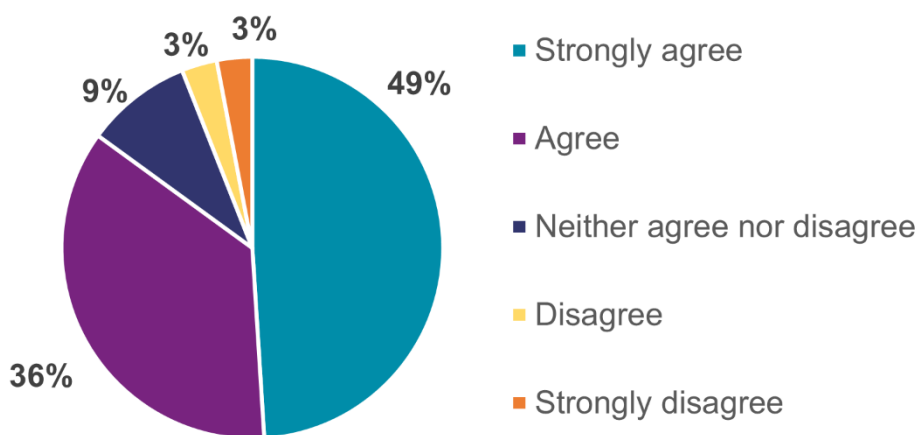
Proposed Vision

‘To enable ALL the people in Fife affected by substance use to have healthy, safe and satisfying lives.’

85% of people agreed with the proposed vision. Views expressed great support for the vision, that it was succinct, clear, laudable, person centred and inclusive of all.

Views were also expressed on how the partnership will achieve this vision and suggestions were given on ensuring it is clear and meaningful to everyone in Fife, not just those affected by substance use.

“I believe everyone should be treated with dignity and respect. People who find alternatives ways of coping with trauma, crisis or other challenges should still be supported to do so in a safe and healthy way and not stigmatised.”



“I might add the words 'free of stigma'”

“I believe a person-centred approach and the care it takes to see people as an individual is integral to making this a success and creating a healthier and happier community for the person and their circle.”

“Not sure what the Partnership could do in terms of enabling all Fife people affected by substance to have satisfying lives, since it would take more than just the Partnership to enable this. It takes many aspects of someone's life to be positive to be satisfying. I think "healthy and safe lives" would be more realistic and achievable.”

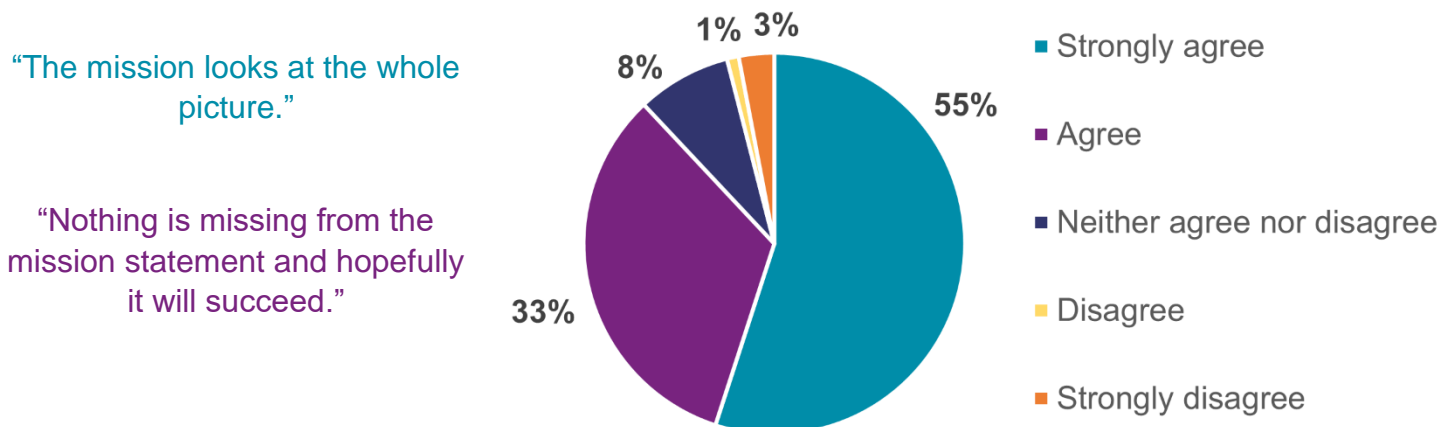
Proposed Mission

We are committed to:

- 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.
- 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.
- Providing early intervention in a holistic and integrated way with other services for children, young people, adults, families and communities at risk.
- Creating awareness with partners about the impact of stigma and 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.
- Supporting families and young people, including those who are carers and ensure services are more inclusive and family focused.

87% of people agreed with the proposed mission. People viewed it as being proactive rather than reactive, it looks at the whole picture and nothing is missing.

Views were also expressed that although they were conscious resources are not limitless, and there may be challenges within implementation, that the mission represented a positive aspiration for the future. Suggestions were given to ensure the mission is clearer and realistic.



“Proactive rather than reactive will always prove better value for money, and hopefully reduce drug and alcohol dependency and deaths.”

“The amount of support that the mission offers sounds wonderful as long as the funds are there, and produce positive outcomes.”

“It’s going to be incredibly expensive initially but will save money and societal cost in the longer term. So funding cannot be negotiated annually it needs to be a 10year + budget commitment.”

Themes

People were presented with a breakdown and examples of prior work under each theme contained within the Strategy. We asked if people thought this is a theme that we should continue to focus on and what the priorities of that theme should be.

ADP 2024 - 2027 Proposed Strategy Themes

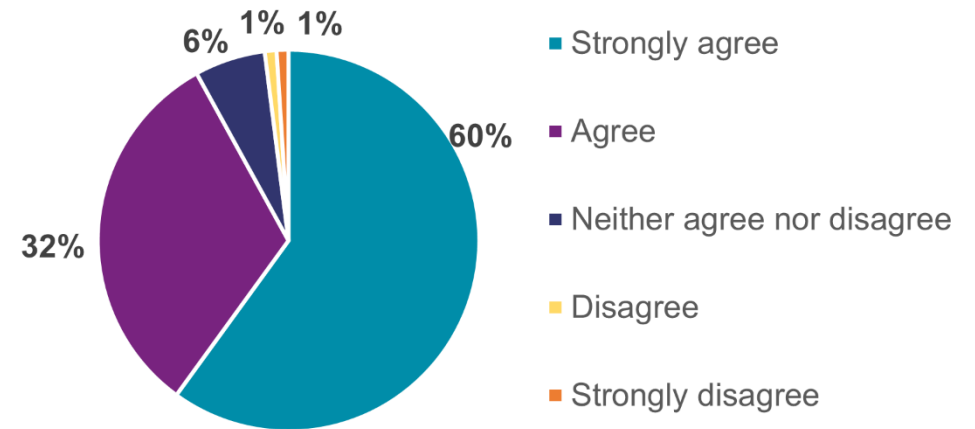
| | | | | |
|---|---|---|---|--|
| <p>Prevention and Early Intervention</p> <p>1</p> <p>Aim Fewer people develop problem drug use.</p> | <p>Protecting people</p> <p>2</p> <p>Aim Risk is reduced for people who use all substances.</p> | <p>Treatment and Recovery services</p> <p>3 & 4</p> <p>Aim People access and benefit from effective, efficient, high quality and integrated person – centred support and treatment to achieve their recovery.</p> | <p>Quality of life improved</p> <p>5</p> <p>Aim People’s needs are addressed including housing, physical health and mental health and wellbeing in addition to their treatment needs.</p> | <p>Support for all affected by substance use</p> <p>6</p> <p>Aim Supporting children, families and young people is part of prevention of, early intervention and recovery from substance use and we aim to do this within communities.</p> |
|---|---|---|---|--|

Theme 1

Prevention and Early Intervention

We asked if people felt this was a theme we should continue to focus on?

92% agreed that the work in this theme should continue.



We asked what they thought the priorities of this theme should be?

The main priority from the feedback was the importance of opportunities to develop skills to build resilience and gain knowledge about the risks of substance use and overdose.

People fed back the importance of:

- offering a chance to gain skills that support people to build resilience and self-efficacy.
- information being accurate and age appropriate across all life stages.
- approaches being trauma informed, person centred, and rights based.

A further priority from the feedback was support for children, young people, and families.

People fed back the importance of:

- ensuring support is visible and accessible.
- working in partnership to build on identifying and addressing needs early.
- helping family units to become strong and develop a support network.

“It may be helpful to focus on the different types of Prevention-prevention of use (one thing) & prevention of harm (one thing). These are very different things in terms of services and interventions.”

“...it’s important children are taught emotion regulation skills (to help them understand their emotions and learn skills to manage them in a healthy way) and learn about the impact of trauma and potential buffers to this. With the aim of preventing the use of maladaptive coping strategies like drugs and alcohol to cope with emotional and challenging situations that come up, particularly in adolescent years.”

| We asked | What currently works well | What works less well | Are there any gaps or areas where improvement can be made? | What are your suggestions and ideas to make these improvements? |
|-----------------|---|---|--|--|
| You said | <p>Learning opportunities being available in schools and other settings including outreach</p> <p>The variety and quality of support available</p> <p>Working in partnership to support families</p> <p>Support being enhanced at times of transition</p> | <p>Barriers exist to accessing support and taking part in positive activities in the community</p> <p>It can take a long time to get support</p> <p>Gaps in staff knowledge and joined up working</p> | <p>Lack of alcohol and drug information and advice available – especially beyond opiates</p> <p>People do not know what support is available</p> <p>Not enough focus on addressing potential triggers to substance use like impact of poverty, unemployment, traumatic experiences</p> | <p>Development of support available e.g.: <i>More opportunities in community for young people</i> <i>Youth friendly information - session similar to ‘Safe Drive, Stay Alive’</i> <i>Ensure support available when transitioning to further learning or employment as adolescents</i></p> <p>Make support visible and help for staff learn what about support to encourage with signposting</p> <p>Build upon partnership working</p> <p>Work on addressing drivers and triggers e.g.: reducing poverty; supporting people to gain employability skills and take part in positive social activities; support to process experience of trauma</p> |

“... engage and occupy young people, through a range of activities & sport is paramount in dissuading them from considering resorting to use substance for excitement. Educating them of the harmful effects may help in shifting them from resorting to trying to find a source of excitement.”

“... additional resources or focus on ensuring that the most up to date information, advice and support is available for alcohol and all other drugs. Drug trends, know the score, basic advice & information. There are online resources/ websites/ phone lines that could help in this area (WithYou webchat, Know the Score & Drinkline)”

“Not just focus on opiate based harm reduction and prevention”

“To improve quality of life and remove barriers/stigma for people who use drugs-have services/community's working together to meet needs, reduce disadvantage and make sustainable changes.”

“Everything being joined up - dealing with everything to help reduce all issues! HUGE but employability to help improve income, dealing with MH, supporting stable/secure homes...”

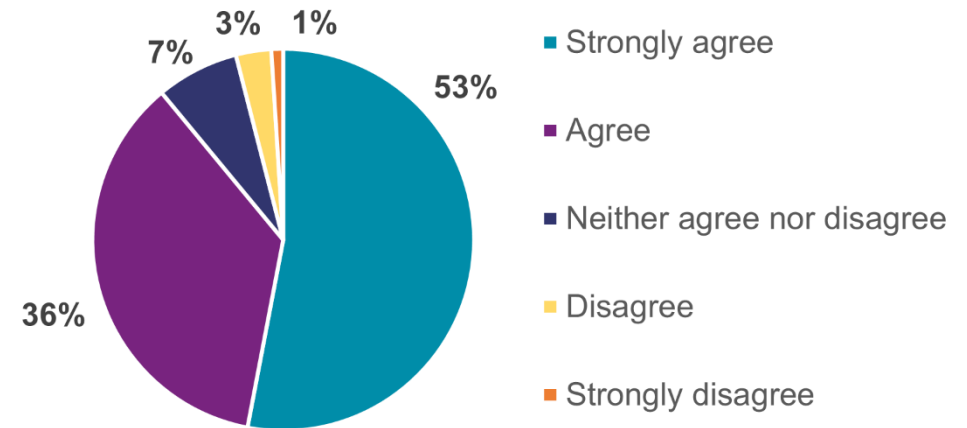
“There is not enough investment looking at drug and alcohol as a whole problem. Psychoeducation is limited and focus is currently aimed at recovery. Let's be the leading force inform, prevent, recovery”

Theme 2

Protecting People

We asked if people felt this was a theme we should continue to focus on?

89% agreed that the work in this theme should continue.



We asked what they thought the priorities of this theme should be?

The main priority from the feedback was ensuring support is visible and accessible to all in the right place, at the right time.

People highlighted the importance of ensuring:

- support is local and non-stigmatising.
- support is available to people affected by their own substance use and that of others.
- the safety of children and young people continue to be safeguarded.

“Local, accessible and non-stigmatising support centres where people who use substances and /or their family can get support and advice”

“Alcohol harms are increasing, so it is important to ensure that treatment and support options for people are available as easily as the MAT standards opiate treatments.”

A further priority from the feedback was the extension of harm reduction.

People fed back the importance of:

- developments being led by evidence.
- extending harm reduction beyond opiates.
- raise awareness of the risks of substance use.

| We asked | What currently works well | What works less well | Are there any gaps or areas where improvement can be made? | What are your suggestions and ideas to make these improvements? |
|-----------------|--|--|--|--|
| You said | <p>The variety and quality of support available</p> <p>The 'amazing' one stop shop model</p> <p>Naloxone programme</p> | <p>Transport and financial barriers to accessing support</p> <p>The group support available does not work for everyone</p> <p>It can take a long time to get support</p> | <p>Availability of support varies across localities</p> <p>Support often not accessible for those who work</p> <p>Limited Naloxone awareness across the wider public</p> <p>Lack of focus on substances other than opiates</p> <p>Knowledge of support available</p> | <p>Develop self-help resources, self-referral, peer support and advocacy services</p> <p>Ask people what they need and work on addressing stigma</p> <p>Promote services widely. Services should consider developing EasyRead materials</p> <p>Make support available in settings like workplaces or extend hours</p> <p>Campaign for Naloxone in First Aid boxes and extend Naloxone programme.</p> <p>Roll out one stop shops to other localities</p> <p>Extend support for other categories of drugs, poly drug use and alcohol use</p> |

“Drop in clinics/cafe’s in every Fife town and village would be a dream come true”

“Having the one stop shops are great not only for the user but family members as well”

“Increase number of ‘one stop shops’. Not sure people affected by drug / alcohol use will have the transport to go to these one stops if they are outside of their locality”

“Not enough support or awareness of alcohol addiction which affects more families than drugs do. As alcohol is legal and considered part of life, addiction creeps up on people. People make a decision to take an illegal drug, people don't take a decision to have a legal drink but the outcome is the same. Support is currently mainly focussed on drug addiction.”

“Improving services for Alcohol addiction, aftercare is not as good as that for drug addiction.”

“The One Stop Shop should be Fife Wide - equality is key”

Themes 3&4

Treatment and recovery services are easily accessed and high quality

We asked if people felt this was a theme we should continue to focus on?

82% agreed that the work in this theme should continue.

We asked what they thought the priorities of this theme should be?

The main priority from the feedback was increasing the capacity of services in and across Fife.

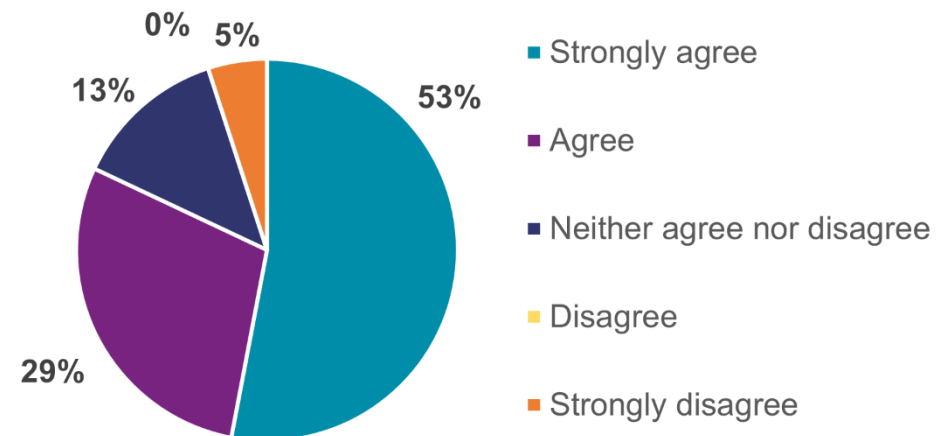
People fed back the importance of:

- ensuring robust and swift referral pathways are in place.
- ensuring services are visible and accessible
- increase options/choice

A further priority under this theme was developing approaches to treatment and recovery across substances.

People highlighted:

- using evidence-based research to identify tests of change
- including those with lived experience in developments
- build on skill and knowledge of staff across all settings where people receive support and treatment for substance use



“As a person with living experience of drug addiction the impact of working with people who have similar experiences is majorly affective there more open and willing to share”

“There is an excellent provision of different services in Fife but who does what, where and when can be confusing to both clients and service providers.”

| We asked | What currently works well | What works less well | Are there any gaps or areas where improvement can be made? | What are your suggestions and ideas to make these improvements? |
|-----------------|--|---|--|--|
| You said | <p>Some good partnership working</p> <p>MAT Standards implementation driving improvements</p> <p>Treatment access points have increased</p> <p>Inreach work in A&E, wards, prisons, and custody suites</p> <p>Same day prescribing</p> | <p>Opportunities often missed when clear pathways are not in place or visible</p> <p>Communication between acute and community services</p> <p>Not all staff working in universal services demonstrate ADP value base</p> | <p>Alcohol harms are increasing</p> <p>Substance use has changed and support should too</p> <p>Measurements of effectiveness</p> <p>Availability of rehabilitation facilities</p> <p>Oversight of care and follow up</p> | <p>Expand and extend services for alcohol and drugs other than opiates.</p> <p>Focus on methadone reduction rather than maintenance</p> <p>Improve communication between services; consider introducing 'key workers'; build the skills and knowledge of staff supporting and treating substance use</p> <p>Measure effectiveness and look at trends or different strategies to identify tests of change</p> <p>Swift access to support</p> <p>Create a database of service providers staff can access</p> |

“...progress has been made there is a long way to go. Access to residential rehabilitation is available to Fife residents and we have a clear pathway for this in Fife however, residential services are only needed by a minority of people, with many achieving abstinence working with community services. Ensuring all services are trauma informed is crucial and this needs to remain a priority.”

“...we need to measure effectiveness more and change services based on the feedback where required...is our after care good enough?”

“If getting a facility isn't possible opening a ward that can accommodate detox and get help in place before discharge to improve chance of successful recovery”

“Priorities should also be ensuring that any services offering support for those who are affected by drugs are educated, empathic and aware of trauma. This includes those who are on receptions, admin and any other staff who may not be offering therapy etc. Offering a full staff who can provide empathy and understanding from the first moment they walk in to the moment they leave could make the difference!”

“I believe that a&e, clinical wards, and other hospital departments should have someone with lived experience...there a few times per week to engage with people living with substance use. This would also help nursing staff gain knowledge on addiction as I'm very aware addiction is stigmatised in the hospital setting where patients have been mistreated and put out the door quicker than they arrived all because they are in active addiction.”

Theme 5

Quality of life is improved to address multiple disadvantages

We asked if people felt this was a theme we should continue to focus on?

85% agreed that the work in this theme should continue.

We asked what they thought the priorities of this theme should be?

The main priority from the feedback was continuing to invest in recovery services delivered in the community, ensuring these are visible and accessible.

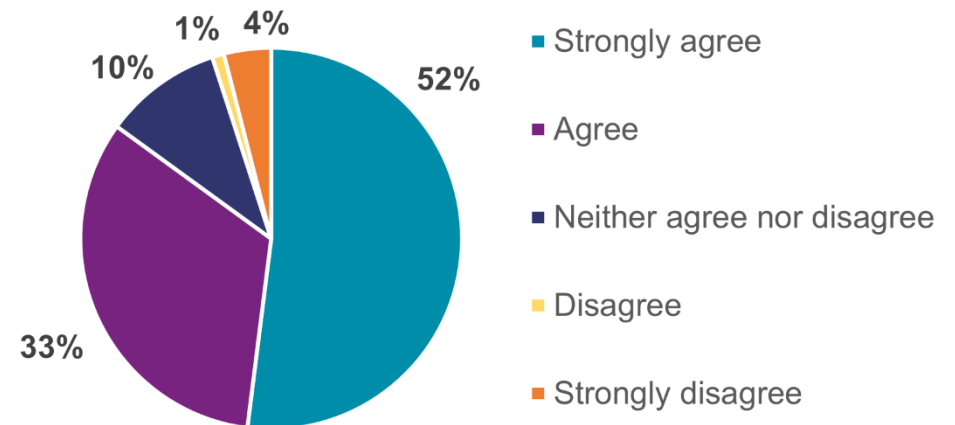
People fed back the importance of:

- ensuring support to sustain recovery is of high quality
- services are visible and accessible
- addressing discrimination and stigma being a barrier to recovery

A further priority from the feedback was investment in wellbeing and mental health support.

People highlighted the importance of

- integrating services to meet people's needs
- approaches being trauma informed, person centred, and rights based
- tackling stigma and building support in community from wider public



“There are now a lot more services in Fife which offer various types of support to meet the individual needs of each person and I feel they all communicate relatively well which is important when providing trauma informed care.”

“I agree that there is more to helping people with addiction than just being cured of the addiction. Helping with housing, a job, etc will help to stop them from relapsing.”

| We asked | What currently works well | What works less well | Are there any gaps or areas where improvement can be made? | What are your suggestions and ideas to make these improvements? |
|-----------------|--|--|--|--|
| You said | <p>Some good partnership working is already taking place</p> <p>Work begun on supporting carer's</p> <p>Training offer</p> <p>Variety of support available</p> | <p>Reports of discrimination being displayed by health professionals when treatment is being sought from universal services</p> <p>Wait times are often too long</p> | <p>Lack of mental health support available</p> <p>Further integration of services needed</p> <p>Lack of support for emotional wellbeing and reducing isolation</p> <p>Stigma remains prevalent</p> | <p>Build on the examples of good practice and develop strong partnership working and integrated approach to providing quality housing, physical health services and mental health and wellbeing</p> <p>Consider introduction of wellness indicators to work to across partnership – such as SHANARRI</p> <p>Further education and training to professionals offering support – possible e-module</p> <p>Co-produce developments to tackle issues like stigma</p> <p>Continue to develop advocacy services to tackle discrimination and help people access their rights</p> |

“Over the past 12 months the core ADP team has been working really hard to raise the profile of alcohol and drug issues and to link in with other strategic workstreams and services. The September ADP Event was excellent and brought key partners and stakeholders together.”

“Everyone deserves a place of safety, and their health and wellbeing being at the forefront of their recovery journey”

“Care and support of mental health services should be prioritised as it is the first thing that affects people when they are trying to get better. Then befriending & engagement as the risk is there if they feel isolated & lonely they will go back to what they were doing, consistency too.”

“It would be great for people on the road to [recovery] gain work related skills. Having a sense of achievement and skills that will help them into work and look to see that future can be good might be beneficial.”

“I would hope to see people with lived experience being at the heart of the changes and supports put in place“

“Often feel services consider drug and alcohol users as a lost cause and not enough is offered as an alternative to a prescription. Not referred onto mental health services which may be appropriate and sometimes mental health services not accepting referrals as already lumped in a different category.”

Theme 6

Children, families, and communities affected by substance use are supported

We asked if people felt this was a theme we should continue to focus on?

85% agreed that the work in this theme should continue.

We asked what they thought the priorities of this theme should be?

The main priority from the feedback was overwhelmingly support to families.

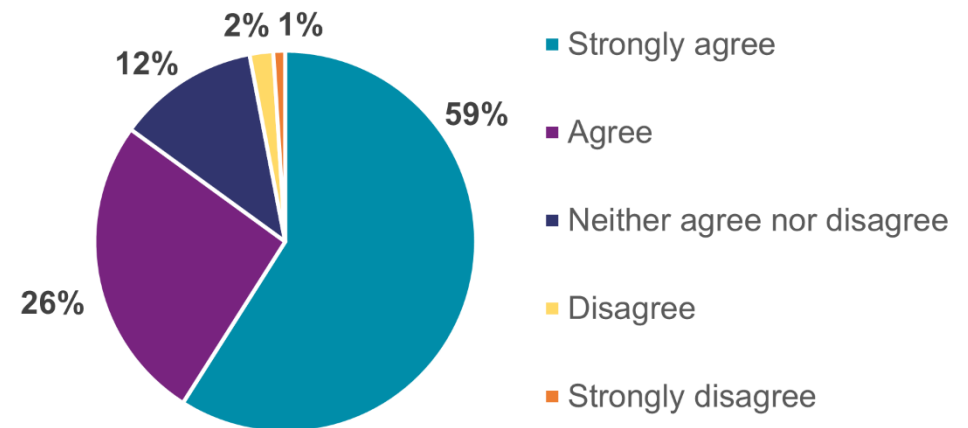
People fed back the importance of:

- the needs of family members being met in diverse ways
- support should be non-stigmatising, person centred and use the right approach
- making support accessible

A further priority from the feedback was support to children

People fed back the importance of:

- safeguarding children
- providing support and counselling



“Work with other services and care providers to promote early intervention in family and community contexts, particularly to reduce/remove some of the triggers that might lead to further substance use.”

“I’d be lost without the one-to-one support and groups I attend for support with drug addictions in my family. It gives me a place to talk to others who understand.”

| We asked | What currently works well | What works less well | Are there any gaps or areas where improvement can be made? | What are your suggestions and ideas to make these improvements? |
|----------|--|--|--|---|
| You said | <p>There are long standing grass roots services who have lots of experience and good reputations</p> <p>Services available in the community – recovery cafes and services in community centres and public spaces</p> | <p>There is still a lot of stigma around caring for someone with a drug or alcohol issue seeking support</p> | <p>Support options and capacity limited – particularly for emotional and psychological support – wait times can be long,</p> <p>The voices of family, children and carers are not always heard</p> <p>Barriers to accessing support include stigma, travel, finances and knowing what is out there</p> | <p>Use a strength-based approach</p> <p>Using methods such as co-production and peer support to encourage positive change</p> <p>Offer a menu of options including counselling</p> <p>Out of hours number for times of crisis</p> <p>Further developing accessible support for families</p> <p>Satellite access to support or home visits</p> |

“it is only right that the whole family is supported as substance use affects the whole family, this might also prevent relapse”

“Family support is crucial however the individual members of families may need very different things. We need a menu of services and options to support change and effectively breaking transgenerational traumas.”

“Not everyone can get to the place and some people might be unsure of technology. Is there additional help for those who aren't good with mobiles or video calls. Letting them know from the start they won't miss out. Maybe be able to meet in the comfort of their own home if possible.”

“Probably should be some focus on supporting general communities and continued development of strong recovery communities. Movement away from acute models of care.”

“The problem needs support from the community, not folks thinking that those affected are somehow second class citizens. This just aggravates the problem.”

“Making sure that the family members don't feel guilty or to blame. Explain the illness and teach coping skills as soon as possible.”

“[receiving group support] has done absolute wonders for me and the relationship I now have with my son is so much better. I have a place to speak and be heard. I am very grateful for all the services and what they are trying to achieve. Thank you each and everyone of you.”

“Having [support] in my life has been amazing...knowing that no matter what there is always someone to talk to. The amazing people you meet who are going through the same as you and the love and understanding you get from everyone”

Staff and Volunteers

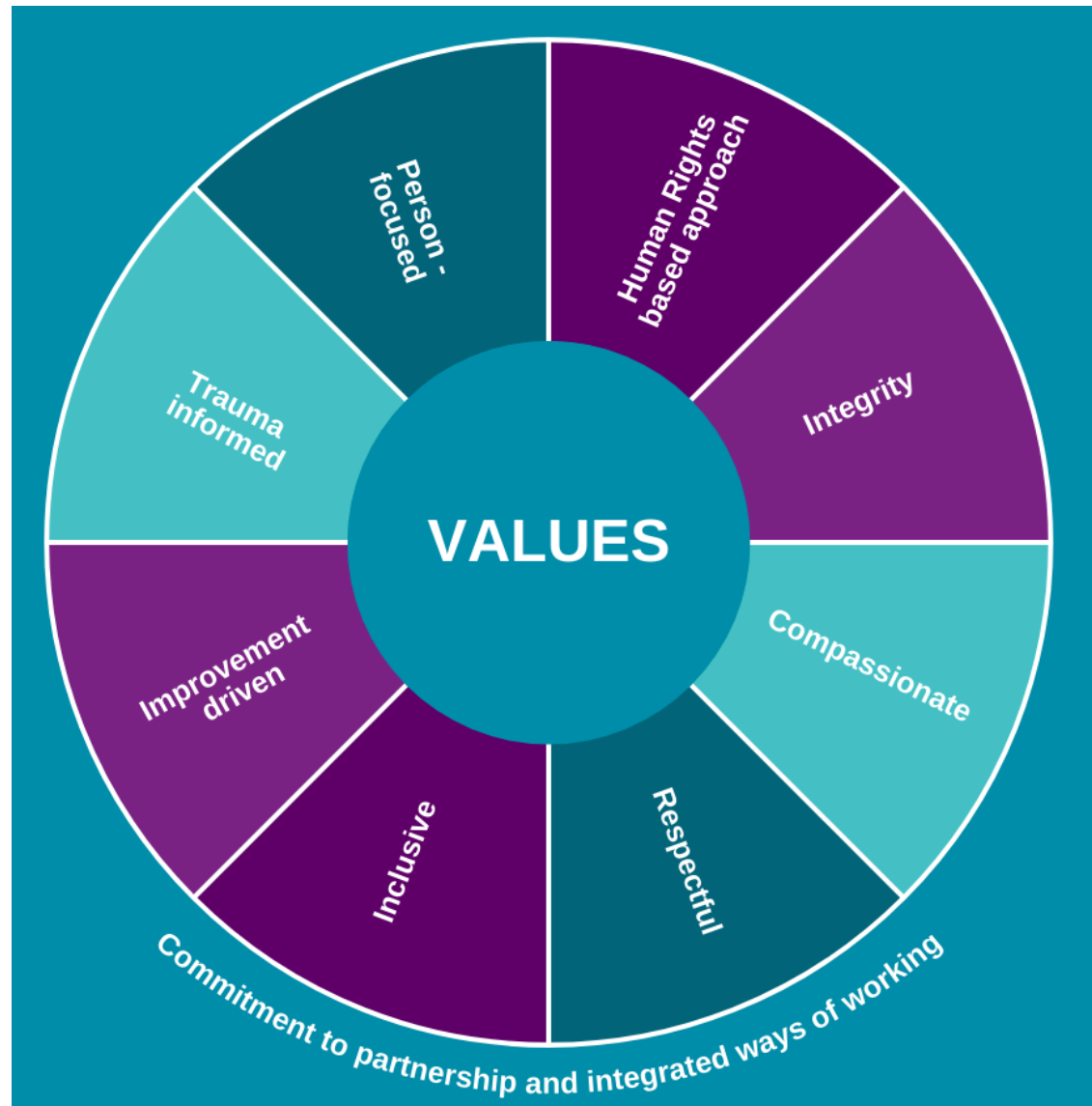
ADP Values

We wanted to find out what staff and volunteers thought about the proposed ADP Values.

96% of people agreed. Views expressed great support for the values, describing them as motivational and inspiring, family centred and inclusive and respectful of all.

We asked staff what they would change about these values and why?

Suggestions were given that the values could be combined or refined or that values such as non-judgemental could be included.



Supporting future development

People were asked how they could contribute to improvements highlighted in the consultation, either as an individual or organisation. Suggestions were:

- Continuing to support, champion rights and advocate on behalf of the community
- A commitment to continue building on partnership working
- A commitment to be involved in consultation and development of strategy
- Access opportunities to build knowledge of support available to people and the issues the community face as well as undertaking training with specific mention of trauma informed
- Working toward expansion or extension of services where possible

"I would actively support a steering think tank development group to generate ideas challenge bias for a proactive approach to identify the best options for residents of Fife to improve their life chances."

"I facilitate triage clinics throughout east Fife, I always educate clients on all services available, not just the ADP referral services, for them and their families."

Hopes for the future

We asked people what working toward supporting people in Fife affected by substance use to have healthy, safe, and satisfying lives would look like in 2040?

Suggestions focused on:

- A reduction in experiences of harm and an improvement in quality of life
- Needs being met by the right services being available in the right place at the right time, in an equitable way
- Needs being met by holistic support delivered in an integrated way via a strong partnership network of support
- An increase in available choices around lifestyle and support or treatment
- A culture shift where stigma is reduced

“We live in a community that cares about the WHOLE community, particularly the most vulnerable. We ALL take a public health responsibility to fight for the poor and the marginalised, so we can ALL live healthy, safe, satisfying lives 🤝”

“Accessible, free at point of use, trauma informed and stigma free. Integrative services that wrap around the individual to effect the greatest change.”

“There is a larger team, with a lot of outreach work and virtual support available 24/7 to support those affected by substance use. There are more 'safe use' places that have helped to reduce the deaths by overdose. Alcohol % has been reduced in all products and there are a greater number of non-alcoholic options e.g., non-alcoholic wines, gin, etc to offer a better choice for those not wanting the alcohol but enjoying a 'drink' whether at home or when out.”

“Understanding the root causes behind people using substances, and addressing that in a compassionate, non-judgmental way.”

“Enough resources to allow space for those with lived experience to drive creative, grassroots approaches according to their goals and ambitions.”

“People with addiction deserve the right to be healthy, respected, listened to, happy. They deserve the right to receive treatment for their addiction if and when desired, help and support to achieve this desire. They also have the right to be educated in the ways they can receive the help and support that is available “

Potential barriers

As can be seen throughout the analysis, there was significant mention of what people view as being **potential barriers** to embedding this approach across Fife. The themes emerging across the data, were concerns regarding:

- availability of the required resources to meet level of need
- the capacity of ADP and services to implement the strategy in full
- the ways in which success can be measured
- the culture change required to achieve these aims, including the need to address stigma and discrimination people currently face

Conclusion

In conclusion, the feedback from the consultation process for the proposed Alcohol and Drug Partnership Strategy has 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 this 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'.

Next Steps

1. The feedback contained within this report will be presented to the Joint Commissioning Group in February.
2. Feedback, cognisant of the identified potential barriers, will then be used to shape and inform the refresh of the ADP strategy, on balance with other sources including: input from those with Lived and Living Experience, the ADP Wider Stakeholder Event Report; and the Needs Assessment Synthesis led by public health in Fife.
3. The refreshed strategy will inform development of the delivery plan.
4. Use mechanism again to review strategy development including reporting on you said, we did.

Fife Health and Social Care Partnership would like to thank everyone who has responded to this consultation for their time, and for sharing their views on the Alcohol and Drug Partnership Strategy Refresh 2024 – 2027

Appendices

Appendix 1 - Stakeholder Distribution List

| | | |
|--|---|---|
| HSCP Staff and Partners | Fifes Women's Aid | Heat UK |
| Director's Weekly Briefing | Saje Scotland | Diabetes UK |
| Fife Council Intranet and NHS Fife StaffLink | Veterans First Point | Juvenile Diabetes Research Foundation |
| Localities Partnership Network | Talk Matters | Diabetes Scotland |
| Protected Characteristics | Self-Harm Project Fife - Penumbra | Access Therapies Fife- Silvercloud |
| Fife Centre for Equalities | Fife Bipolar Group | Fife Sports and Leisure Trust & Independent gyms |
| Al-Anon Family Groups | Beating Eating Disorders | Fife Pride |
| Bluelight | SupportED - The community Eating Disorder Charity | Transgender Fife |
| Care And Share Companionship | Cruse Bereavement Care Scotland | Veterans First Point |
| Dunfermline Camera Club | Andys Man Club | A Veterans Best Friend |
| Fife Breastfeeding Mums | Curnie Clubs | Fife International Forum |
| Fife Gingerbread | Express Group Fife | Community Panels |
| Fife Women's Aid | Fife Boomerang | Fife Council People's Panel |
| Impact Funding Partners | FRASAC | NHS Fife – Participation and Engagement Directory |
| Kindred Advocacy (Fife) | Fife Carers Centre | Third and Independent Sector |
| Lead Scotland | Carers Income Maximisation Project | Localities Partnership Network |
| Leonard Cheshire Services (Fife) | Macmillan Fife Welfare Benefits Partnership | FVA Distribution |
| Pink Saltire | Kindred Fife | Carers Representative |
| Restoration Fife | Alzheimer Scotland | ADAPT |
| Victim Support Fife And Central | Public Guardian - Scotland | Barnardo's |
| People First | Carers Advice - Deafblind Scotland | DAPL |
| Access Therapies Fife | British Lung Foundation (BLF) | FIRST |
| Link Living | Breathe Easy Fife | Clued Up |
| SAMS Cafe | Chest Heart & Stroke Scotland | FASS Action |
| Support in Mind | My Lungs, My Life | We Are With You |
| Kingdom Abuse Survivors Project | Stop Smoking Service Fife | Scottish Families Affected by Alcohol & Drugs |

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|------------------------------------|--|
| Circles Network | Police Scotland |
| Frontline Fife | Clinical Forensic Team |
| Restoration | Scottish Prison Service |
| Scottish Recovery Consortium | Fife Council |
| Phoenix Futures | Family Support Service |
| Scottish Drugs Forum | Housing Access Service |
| SACRO | Community Development Service |
| Fife Voluntary Action | Children and Families Team |
| Elected Members | Organisational Development and Culture |
| Elected Member's Briefing | Area Community Payback Team |
| IJB | Local Development Service |
| SLT | Welfare Support |
| ADP Committee and Subgroups | Localities and Community Led Support |
| NHS Fife Public Health | Improving Outcomes Team |
| Deputy Director - Public Health | Scottish Government |
| Community Children Services | CORRA Foundation |
| Clinical Services | Lived and Living Experience |
| Health Promotion Service | Via Scottish Drugs Forum |
| Psychology Department | Lived Experience Panel |
| Compass | SFAD Locality Groups |
| District Nursing Team | Community Cafes |
| Tobacco Support | Lived Experience Lead |
| Addiction Services | |
| Child and Adolescent Mental Health | |
| Community Forensic Mental Health | |