



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	1 July 2025
<b>Report Title</b>	Alcohol & Drug Partnership Annual Report 2025
<b>Report Number</b>	HSCP.25.060
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<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	A Scottish Government Survey of ADPs
<b>Terms of Reference</b>	2). Any function or remit delegated under the Aberdeen City Integration Scheme, which is bound to be undertaken by the IJB itself

### 1. Purpose of the Report

This report provides information in relation to overall progress on the Alcohol & Drug Partnership Delivery Framework since 2019 and a specific update in relation to highlights from 2024 – 2025. Appendix A is a copy of a survey required by the Scottish Government in relation to Alcohol & Drug Partnership activity.

### 2. Recommendations

2.1. It is recommended that the Integration Joint Board:



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- a) Notes the detail contained within the report
- b) Notes the completed Scottish Government Survey at Appendix A

### 3. Strategic Plan Context

- 3.1. This report supports the work of the Aberdeen Health and Social Care Partnership (ACHSCP) Delivery Plan and specifically “Preventing Ill Health: Tackle the top preventable risk factors for poor mental and physical health including: - obesity, smoking, and use of alcohol and drugs”. It supports the work of the Alcohol and Drug Partnership and it supports the work within Community Planning Local Outcome Improvement Plan to reduce drug related deaths by 10% by 2026.

### 4. Summary of Key Information

- 4.1. The Aberdeen Alcohol and Drugs Partnership (ADP) is currently refreshing its current delivery framework. This work is taking place concurrently with Community Planning Aberdeen who are refreshing the Local Outcome Improvement Plan (LOIP), the ACHSCP are refreshing their Strategic Plan and the Scottish Government are planning to refresh their National Mission for post 2026.
- 4.2. This report provides information in relation to overall progress on the Delivery Framework since 2019 and a specific update in relation to highlights from 2024 – 2025.
- 4.3. The Aberdeen City Alcohol and Drug Partnership (ADP) continues to play a pivotal role in delivering the National Mission to reduce drug-related deaths and improve lives. This report outlines the ADP’s activities, achievements, and challenges during the 2024/25 financial year, reflecting a strong commitment to data-informed decision-making, workforce resilience, lived experience inclusion, stigma reduction, and holistic family support.
- 4.4. The Delivery Framework presents a comprehensive strategy structured around five strategic themes aimed at addressing substance use and its associated harms. Each theme includes detailed descriptions, key actions,



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and improvement aims aligned with the Local Outcome Improvement Plan (LOIP).

- 4.5.** Theme 1: Whole-Family Approach: This theme recognises that substance use affects not just individuals, but entire families. It aims to provide holistic, wraparound support that includes children, parents, carers, and extended family members. The approach is proactive and preventative, focusing on:

- Early identification of risk in children and young people.
- Strengthening family resilience and protective factors.
- Embedding substance use workers in family and children's services.
- Supporting families through psychological wellbeing services.
- Promoting rights-based approaches and trauma-informed care.
- Enhancing communication and education in schools and communities.

- 4.6.** Specific actions include:

### **Universal Prevention**

- Identified lead in education for substance education
- All schools delivering the same curriculum in relation to drug and alcohol harm as part of a wider context of personal and social education
- All schools stocking naloxone in First Aid kits and staff trained
- All schools offering pupils First Aid qualification including naloxone awareness

### **Selective Prevention**

- Establishment of Fit Like Hubs with drug and alcohol workers embedded

### **Indicated Prevention**

- Identified lead for substance use and vulnerable young people
- Commissioned Family Psychological Wellbeing Service



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- 4.7.** In addition to the above there is a joint thematic group between the ADP and the Child Protection Committee being formed. Shared work to date has included awareness sessions on Foetal Alcohol Spectrum Disorder, Sudden Unexpected Infant Deaths, Birth Parents Project and Hard Edges: Women with Multiple Complex Needs

### **Specific Improvement work has included**

- LOIP Charter #1 100% of schools have a progressive, cohesive and relevant substance misuse curriculum by 2021
- LOIP Charter #2 Increase the % of care experienced children and young people receiving educational support and input on alcohol and drugs issues by 2021
- LOIP Charter #3 Reduce the number of births affected by drugs by 0.6 %, by 2022
- LOIP Charter #4 Reduce the average age from 14 to 12 at which children are identified as requiring preventative support to mitigate the risk of future harm in relation to drug and alcohol use by 2026
- LOIP Charter #5 Reduce the % of 13-15 year olds reported as using each subgroup of drug by 50% and cannabis by 20% by 2026
- LOIP Charter #6 Decrease the number of women who are drinking in pregnancy in the 40% most deprived SIMD areas by 5% by 2026
- LOIP Charter #7 Reduce by 5% the no. of children aged 0-4 who are referred to Children's Social Work because of neglect arising from parental mental health, addiction and domestic abuse 2026

### **4.8. 2024–2025 Highlights**

- The ADP is working towards full implementation of the Whole Family Approach Framework, with activities including a commissioned Family Psychological Wellbeing Service and joint work with the Child Protection Committee. Plans are in place to conduct a needs assessment in 2025/26. Family-inclusive practices are embedded in commissioning and care planning.
- Information on treatment and support services is disseminated through online platforms and materials tailored for minority ethnic groups and people with learning difficulties. Prevention activities span all age groups and include harm reduction, mental wellbeing, pregnancy and parenting support.



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- We welcome that all secondary schools have staff members trained to administer naloxone and that from the 2024/25 school session all S4 pupils have been trained in administering naloxone, in addition to the Level 6 first aid course. This provides them with a qualification, as well as the ability to save someone's life. In addition, 88 staff were trained in naloxone in 2024.
- Through our 13-15 year old substance projects we have tested a range of mechanisms which are prevention focused and aim to both raise awareness of the harm from substance use and vaping but also provide support to stop using. A key area has been empowering young people to develop the material to ensure it has greatest chance of success.
- Pupils from Lochside Academy have started to develop a substance use social media awareness campaign focussing awareness, informed choice, harm reduction and support.
- The Aberdeen City Health and Wellbeing Survey undertaken across all schools in November 2024, data shows that compared to November 2023, shows signs of positive impact, with a 34.5% decrease from 136 to 89 in the number of 13-15 year olds reporting that they have used cannabis. There has also been a 20.8% decrease in the number reporting they have used ketamine from 24 to 19.

**4.9. Theme 2: Reducing Harm, Morbidity and Mortality:** This theme is focused on saving lives and reducing the immediate and long-term health impacts of substance use. It prioritises:

- Harm reduction strategies such as naloxone distribution and overdose prevention
- Increasing access to testing and treatment for Blood Borne Viruses (BBVs).
- Promoting responsible alcohol use and increasing alcohol brief interventions.
- Ensuring timely access to treatment and support for those at risk.
- Targeting interventions in communities with the highest levels of harm.

**4.10. Specific actions include:**

- Established Assertive Outreach Service.



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- Created dedicated Criminal Justice / ADP and Violence Against Women / ADP posts.
- Expanded naloxone distribution; Aberdeen City Council and North East College became corporate distributors.
- Developed the Aberdeen Protects Naloxone App.
- Ran three media campaigns on overdose and naloxone.
- Launched Sharp Response outreach harm reduction service (via Alcohol & Drugs Action / CORRA Foundation funding).
- Tested the Navigator Service and supported Drug & Alcohol Care Team at Aberdeen Royal Infirmary.
  - Piloted the Here 4U Scotland Digital Lifelines project.
  - Established Dry Blood Spot Testing (DBST) and mobile BBV testing.
- Developed rights-based work and led the National Charter of Rights.
  - Created emergency planning and local alert processes.
  - Commissioned the Try Dry app.
  - Recommissioned Tier 1 & 2 Direct Access Drug and Alcohol Harm Reduction Service and Injecting Equipment Provision.
  - Reviewing the Alcohol Brief Interventions offer.

### 4.11. Specific Improvement work has included

- Increase the number of BBV testing and treatment opportunities by 2021.
- Increase the % of the population informed about responsible alcohol use by 2021.
- Reduce fatal drug overdoses by increasing naloxone distribution by 10% annually by 2021.
- Increase alcohol screening and support in priority neighborhoods by 10% annually by 2026.
- 80% of people closed from Assertive Outreach to be no longer at risk by 2026.
- Reduce drug-related deaths in priority neighborhoods by 20% by increasing naloxone distribution by 25% annually by 2026.

### 4.12. 2024–2025 Highlights



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- Aberdeen City ADP supports vulnerable groups through strategic partnerships, trauma-informed practices, and independent advocacy. Formal protocols support individuals with co-occurring mental health and substance use issues, and referral pathways are in place for undiagnosed mental health concerns.
- Harm reduction services are widely available across various settings, including community pharmacies, hospitals, justice services, and outreach programs. There is growing demand for services such as drug checking, and psychological support for young people affected by ketamine use
- Our partnership continues to prioritise reducing Drug Related Deaths (DRDs) through innovation and targeted intervention. Key achievements include:
  - 23% reduction in suspected DRDs from 2023/24 (73) to 2024/25 (56), though still 12% higher than 2022/23 (49) and an overall increasing trend
  - 45% of DRDs in 2024/25 occurred in priority neighbourhoods—a decrease from previous years.
  - A new data system now tracks overdoses, ambulance callouts, and outreach referrals by location and time, enabling more responsive, locality-based interventions.
- Expansion of Naloxone Access and Awareness
  - Public awareness and access to naloxone have been expanded through:
  - Aberdeen Protects app (launched Dec 2024) with 533 downloads to date.
  - Features include overdose response guidance, naloxone ordering, and real-time alerts.
  - Public access naloxone boxes to be installed at four strategic sites to be confirmed.
  - Community learning events and outreach, including International Overdose Awareness Day activities
- Alcohol Harm Reduction and Support Access
  - Despite efforts, alcohol-related support engagement has declined:
  - 36% drop in referrals to Alcohol and Drugs Action from 2023 to 2024.





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- 21% decrease in people starting alcohol treatment (337 in 2024/25 vs. 427 in 2023/24).
- 14% drop in treatment referrals overall, with a slight decline in priority area engagement.
- Targeted Interventions
  - A promotional campaign increased engagement with the 'Alcohol Aberdeen' online screening quiz (167 completions; 41% during Alcohol Awareness Week).
  - New self-referral pathway from the quiz led to 4 direct helpline contacts.
  - Alcohol Brief Interventions (ABIs) rose by 12% from 2022/23 to 2023/24, with 40% delivered in wider settings.
- Public Awareness Gaps
  - Survey data revealed that only 48.6% of City Voice respondents correctly identified the recommended alcohol limits, with nearly a third unclear on drink content—highlighting the need for continued education

**4.13. Theme 3: Service Quality Improvement:** This theme ensures that all services are accessible, high-quality, and person-centred. It is underpinned by the full implementation of the Medication-Assisted Treatment (MAT) Standards, which include:

- Same-day access to treatment.
- Informed choice and personalised care.
- Trauma-informed and psychologically informed practice.
- Integration with mental health, housing, and welfare support.
- Shared care with primary care providers.

**4.14. Specific actions include:**

- Fully implemented Medication-Assisted Treatment (MAT) standards:
  - Same-day access to MAT.
  - Informed choice on medication and dosage.
  - Proactive identification of high-risk individuals.
  - Harm reduction at point of MAT delivery.
  - Support to remain in treatment.





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- Psychologically informed system with low-intensity psychosocial interventions.
- MAT shared with Primary Care.
- Access to independent advocacy and support for housing, welfare, and income.
- Mental health care at point of MAT delivery.
- Trauma-informed care.
- Introduced long-acting Buvidal as a treatment option.
- Increased treatment service capacity.
- Established Occupational and Psychological Therapies within integrated services.
- Created Intensive Housing Support Service.
- Funded an independent Advocacy Service.
- Merged Marywell Medical Practice, Community Nursing Outreach, and Timmermarket.
- Made Health Needs Assessment a routine part of drug treatment intake.
- Developed a new Target Operating Model for Timmermarket.

### 4.15. Specific Improvement work has included

- Increase uptake of drug treatment, especially in Locality Areas, by 10% annually by 2021.
- Ensure 80% of individuals in the justice system with substance use concerns are offered or accessing support by 2026.

### 4.16. Spotlight for 2024 – 2025

- There are many barriers to people engaging with drug services and we know that a range of interventions and approaches based in the heart of our communities are required to ensure people, particularly in our priority neighbourhoods, have access to the support they need and that any potential harm is reduced. Through a range of outreach interventions, we aim to support individuals in accessing the services they need.
- Assertive Outreach (AO) is a crucial approach for engaging individuals who are at high risk of substance use harm. The approach provides targeted support to those most at risk, helping



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to reduce harm by enhancing their existing support or accessing appropriate drug and alcohol services to meet their needs. Through our Assertive Outreach project, we have focused on the outcomes of people engaged with service and aiming to increasing the number of people closed who are no longer classed at risk. We have seen a 15% increase in the percentage of people closed from Assertive Outreach no longer considered at risk, with 71% (404) of people closed no longer considered at risk, compared to 56% (291) in 2023/24.

- The project has introduced:
  - Individualised Approach/ Shared Safety and Care Plans
  - Tailored multi-agency interventions and outreach efforts, and
  - Process for responding to patterns and risk factors associated with fatal overdoses to enable individuals referred to be supported in their community
- As well as positive outcomes for people referred, we've also seen a 10% increase in the number of referrals to Assertive Outreach from 523 in 2023/24 to 573 in 2024/25. This is the highest they've been since April 2021 and shows that the referral pathways and awareness across our partners is impactful. In 2024/25, 54% of Assertive Outreach referrals were from priority neighbourhoods, this is an 8% increase from 46 % in 2023/24.
- Barriers to residential rehabilitation include limited detox and stabilisation services, funding challenges, and transportation issues. Pathways have been revised following the opening of Rae House in Aberdeenshire. Certain groups, including women, people on OST, and those with co-occurring mental health issues, face unmet needs.
- Challenges in implementing MAT standards include insufficient staffing, funding, and psychological support. These issues have been escalated through national monitoring channels

**4.17. Theme 4: Supporting Recovery** This theme promotes visible, inclusive, and sustainable recovery pathways. It values lived experience and community-based support, and includes:

- Funding and supporting recovery communities like Aberdeen In Recovery.



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- Reducing stigma through public campaigns and awareness events.
- Expanding peer support, fellowships, and recovery groups.
- Creating pathways from recovery into employment and housing.
- Establishing residential rehabilitation options in the North East.

### 4.18. Specific actions include:

- Continued funding for Aberdeen In Recovery.
- Secured permanent premises for Aberdeen In Recovery.
- Embedded lived experience in ADP governance, service management, and design.
- Led International Overdose Awareness Day.
- Delivered a 2023 anti-stigma campaign focused on substance use.
- Hosted lived experience engagement events.
- Employed four additional recovery workers.
- Supported the establishment of North East residential rehab.
- Developed a Recovery to Employment Pathway with ABZ Works.

### 4.19. Specific Improvement work has included

- Increase by 10% the number of people in active recovery from drugs and alcohol by 2025.

### 4.20. Spotlight for 2024 – 2025

- Efforts to reduce stigma include workshops and the development of a local charter of rights aligned with the national charter. Stigma reduction is embedded in strategic documents such as the ADP strategy, MAT standards delivery plan, and harm prevention action plans.
- Over the past 18 months Public Health and Alcohol and Drug Partnership colleagues have been facilitating a Grampian-wide Working Group to support the implementation of the [National Charter of Rights](#) with a Grampian voice. The work has focussed on the lived experiences of those people coming into service and



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opening a dialogue with senior decision makers to make improvements.

- In addition, the Working Group co-designed a reporting tool to provide evidence on the implementation of the Charter of Rights to Scottish Government and supplementary data in line with Medically Assisted Treatment Standards. It resulted in Grampian being heralded as an example of good practice by leading national policy makers with aspirations to embed the practice across the rest of Scotland. Grampian colleagues have had the opportunity to challenge current reporting procedures to apply in future a Rights-based approach. This enables a holistic submission on the Substance Use landscape across an Alcohol and Drug Partnership and its community.
- Promotional materials have been developed locally in Grampian to promote the local voice alongside the National Charter of Rights.
- Recovery from drug and alcohol-related harm is crucial for creating healthier communities. We know that each person's recovery journey is unique, and that providing a range of supportive opportunities helps sustain their recovery, reduce stigma, and increase resilience. Through our recovery project we are committed to building on the treatment, support and community peer led initiatives available and providing recovery support at the individual, family, and community levels to help people live free from the potential harm of alcohol and drugs.
- One of the initiatives we have piloted is the co-design of an employability pathway with ABZ Works which aims to support people in recovery into employment through support provided by employability keyworker. When people are work-ready, a paid work experience placement with ongoing employability keyworker is provided. Weekly employability drop-ins at Waterloo Quay started on 6 June 2024, and as at 30 March 2025, 22 individuals (12 males and 10 females) have been referred and 45% (10) have either moved into employment or training/work placement/volunteering.
- **Aberdeen In Recovery (AiR)** are now running sessions on Sundays and Alcohol and Drugs Action open on Saturdays and Sundays, to ensure that when people need support, they can access it. There were 144 members of Aberdeen In Recovery during 2024/25. Of which 41% were from the Central locality, 19% South and 18% North locality. On average Aberdeen In Recovery are running 14 different groups per week with the aim of providing a variety of options to meet the individual's interest



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and needs. Through **Aberdeen In Recovery** activities, there were 18,229.5 SAFE (Stable Addiction-Free Engagement) hours which equates to 2430.6 days.

**4.21. Theme 5: Intelligence-Led Delivery:** This theme ensures that all actions are informed by data, evidence, and lived experience. It includes:

- Learning reviews for every drug- and alcohol-related death.
- Mapping service engagement to identify missed opportunities.
- Developing performance dashboards and risk matrices.
- Embedding a Human Learning System approach to service design.
- Using data to drive continuous improvement and innovation.

**4.22. Specific actions include:**

- Established a learning review process for all drug and alcohol-related deaths.
- Developed a Risk Matrix to support proactive intervention.
- Funded a dedicated data analyst.
- Mapped service engagement of 251 individuals in the 12 months prior to drug-related death.
- Created performance dashboards.
- Implemented the Human Learning System.
- Piloted Community Appointment Days, GIRFE, and the Liberated Method to improve engagement and service delivery.

**4.23. Specific Improvement work has included**

- Reduce the rate of both alcohol-related and drug-related deaths by 10% by 2026.

**4.24. Spotlight for 2024 – 2025**

- Aberdeen City ADP has robust structures in place for monitoring alcohol and drug harms, including an independently chaired Substance Death Review Group, and mechanisms to monitor drug trends. This information feeds into a wider emergency



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resilience plan that includes benchmark thresholds for emerging threats such as novel synthetics.

- In response to emerging threats, protocols are being revised to address issues related to nitazines, ketamine, crack cocaine, and safe sleep practices.
- We know that local data suggests that people in our most deprived communities are 7.66 times more likely to die from substance use than those living in least deprived areas. Over the 18 months, work has been done to understand opportunities to reduce harm. This has included the use of data and learning from 251 drug related deaths, resulting in a profile of risk factors and the testing of a different approach with 'liberated' teams who wraparound high-risk individuals. Developments in operational practice include the introduction of outreach services operating in priority neighbourhoods and routine health needs assessments which has highlighted a high incidence of underdiagnosed and under treated comorbidities. As reported in the Daily Brief about the community appointment day approach that is being trialled with people in Torry where the risk is known to be higher. The focus on high risk, high need individuals is at the heart of these developments and in doing so, working with people to address what matters to them, not just dealing with substance use.

**4.25. Next Steps:** A detailed refresh of the ADP Delivery Framework is being developed and will include the following elements:

- **Elevate Primary Prevention**
  - **Why:** While the current plan includes universal and selective prevention efforts, a more explicit and structured focus on primary prevention can help reduce the overall incidence of substance use in the long term.
  - **Recommendations:**
  - **Develop a City-Wide Primary Prevention Strategy** that aligns with the LOIP and includes clear, measurable outcomes.





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- **Use data to identify emerging trends** (e.g., vaping, online drug markets) and proactively design prevention campaigns.
- **Deepen the Whole-Family Approach with Intergenerational Support**
  - **Why:** Strong progress has been made embedding substance use workers in family services and schools. However, long-term resilience requires sustained, intergenerational support.
  - **Recommendations:**
    - Expand trauma-informed family therapy and parenting programmes.
    - Introduce intergenerational mentoring schemes involving people in recovery.
    - Evaluate long-term outcomes of Fit Like Hubs and scale successful models.
- **Strengthen Alcohol Harm Reduction Strategies**
  - **Why:** Despite progress in drug-related harm reduction, alcohol-related support engagement has declined significantly.
  - **Recommendations:**
    - Reassess and redesign alcohol referral pathways and outreach strategies.
    - Launch a targeted alcohol harm awareness campaign, especially in priority areas.
    - Expand Alcohol Brief Interventions (ABIs) into non-traditional settings (e.g., workplaces, sports clubs).
- **Expand Assertive Outreach and Community-Based Interventions**
  - **Why:** Assertive Outreach has shown strong results, especially in priority neighbourhoods.
  - **Recommendations:**
    - Scale Assertive Outreach to cover more localities and include weekend/evening services.





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- Integrate mental health and housing support more deeply into outreach teams.
- Use real-time data from the new overdose tracking system to dynamically deploy outreach resources.
- **Advance Data-Driven, Rights-Based Service Design**
  - **Why:** The Human Learning System and Charter of Rights work has positioned Aberdeen as a national leader.
  - **Recommendations:**
    - Institutionalise the Charter of Rights reporting tool across all services.
    - Expand the use of predictive analytics to identify at-risk individuals earlier.
    - Continue to pilot and scale innovative models like Community Appointment Days.
- **Address Health Inequalities and Comorbidities**
  - **Why:** Data shows a stark disparity in substance-related deaths in deprived areas.
  - **Recommendations:**
    - Embed routine health needs assessments in all frontline services.
    - Develop integrated care pathways for individuals with comorbid physical and mental health conditions.
    - Target health literacy and access campaigns in the most deprived SIMD areas

### 5. Implications for IJB

#### 5.1. Equalities, Fairer Scotland and Health Inequality

There are no direct implications arising from the recommendations set out in the report.



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### 5.2. Financial

There are no direct implications arising from the recommendations set out in the report.

### 5.3. Workforce

There are no direct implications arising from the recommendations set out in the report.

### 5.4. Legal

There are no direct implications arising from the recommendations set out in the report.

### 5.5. Unpaid Carers

There are no direct implications arising from the recommendations set out in the report.

### 5.6. Information Governance

There are no direct implications arising from the recommendations set out in the report.

### 5.7. Environmental Impacts

There are no direct implications arising from the recommendations set out in the report.

### 5.8. Sustainability

There are no direct implications arising from the recommendations set out in the report.

### 5.9. Other

There are no direct implications arising from the recommendations set out in the report.

## 6. Management of Risk



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The ADP will monitor progress towards mitigating the areas of risk closely and will provide further detail to the IJB should this be necessary.

### **6.1. Identified risks(s)**

There are no identified risks arising from the recommendation at this stage