

A&B || Transforming
HSCP || Together
Argyll & Bute Health & Social Care Partnership



Argyll and Bute ADP Strategy 2025-2027

www.argyllandbuteadp.info



Contents

1	This Strategic Plan	01
2	Our Vision	02
3	Our Work as a Partnership	02
	National Policy Framework	03
	Audit Scotland Recommendations	05
	Links to Other Strategic Plans in Argyll and Bute	05
4	The Facts and Evidence	07
	Some of Our Recent Achievements	07
	Substance Use in Argyll and Bute	08
	Profile of Argyll and Bute	08
	Specific Challenges for Remote and Rural Populations: Argyll and Bute	09
	Lived and Living Experience	10
5	What Government Policy Tells Us	12
6	Priorities and Responsibilities 2025-27	13
7	Reviewing the Evidence and Learning	14
8	A Rights-based Approach	15



1 This Strategic Plan

This is a short-life, two year strategy reflecting a changing operating environment:

- funding for the ADP is largely in place until 2025-2026
- the National Mission to reduce drug-related deaths will be reviewed in 2026
- a new national specification is expected for drug and alcohol services
- a new monitoring and evaluation framework is also expected

In developing this strategy, we recognise that we are working in a challenging financial climate. People affected by the harms of alcohol and drugs need the best possible support. Statutory and third sector services are facing multiple difficulties. We must work together in partnership to deliver the best results for our communities.

As a result, **this strategy focuses on strengthening our partnership as the foundation of all our activities.**

We will:

- work closely with people with lived and living experience to find new solutions
- make sure our partnership brings together the right organisations (and people) at the right level
- work collaboratively with key strategic partners to strengthen and develop the alignment of drug and alcohol harms across broader Argyll and Bute strategic priorities
- strengthen our structures and accountability mechanisms
- build connections to key services like housing and homelessness, mental health, justice and children and families
- increase our use of evidence and shared data to inform our practice



2 Our Vision

Our vision is that Argyll and Bute is an area where “we live long, healthy and active lives regardless of where we come from” and where individuals, families and communities:

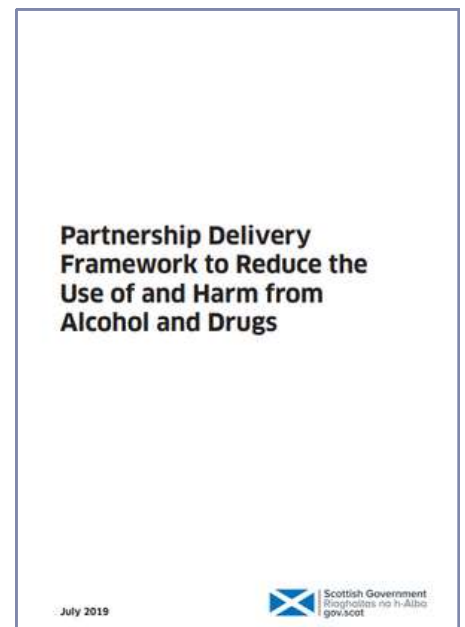
- have the right to health and a life free from the harms of alcohol and drugs
- are treated with dignity and respect
- are fully supported within communities to find their own type of recovery

3 Our Work as a Partnership

The Argyll and Bute Alcohol and Drug Partnership (ADP) works to prevent, and support recovery from, the harmful use of alcohol and drugs.



The partnership is made up of NHS Highland, Argyll and Bute Council, Police Scotland and a range of third sector organisations, meeting shared responsibilities set out in the Alcohol and Drug Partnerships [Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs](#) (Scottish Government, 2019).

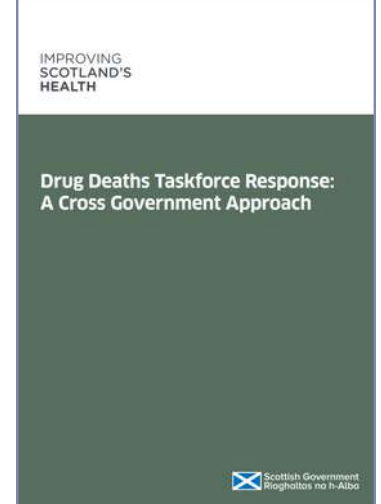
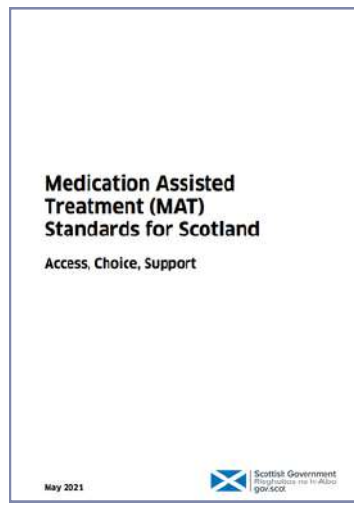
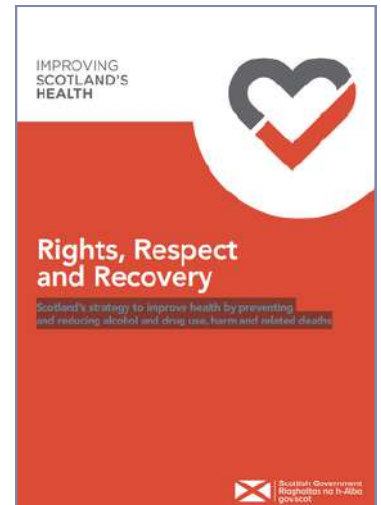
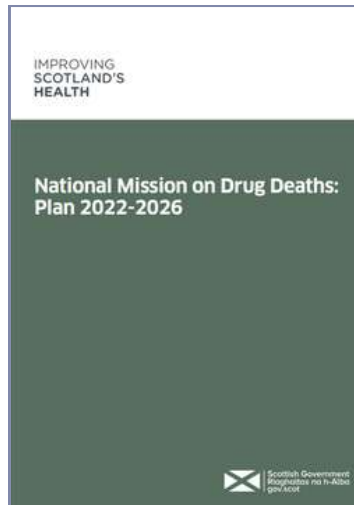
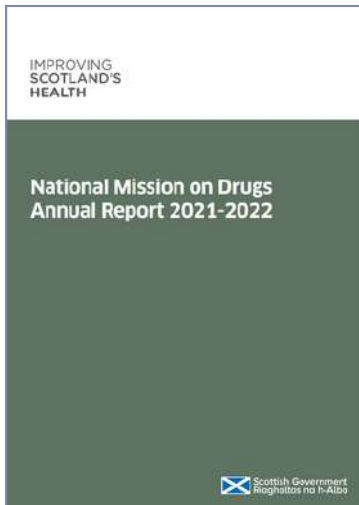




'Our Work as a Partnership' (continued)

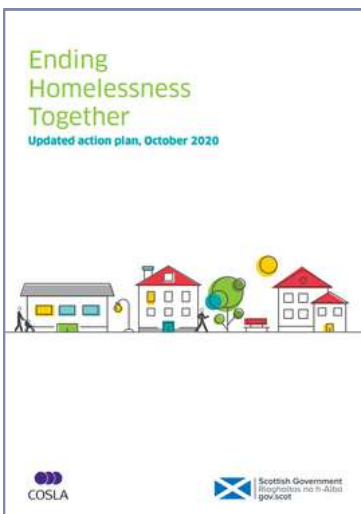
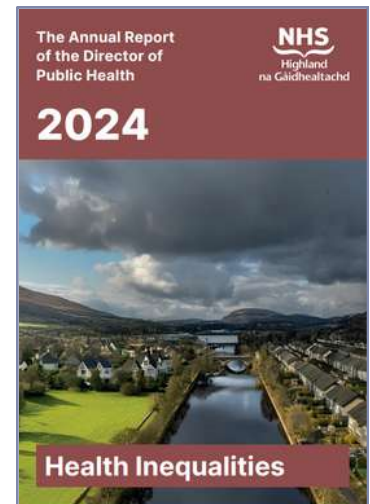
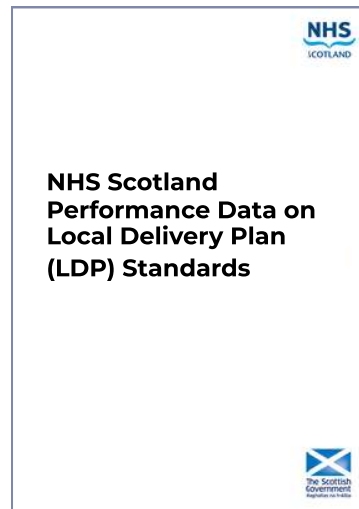
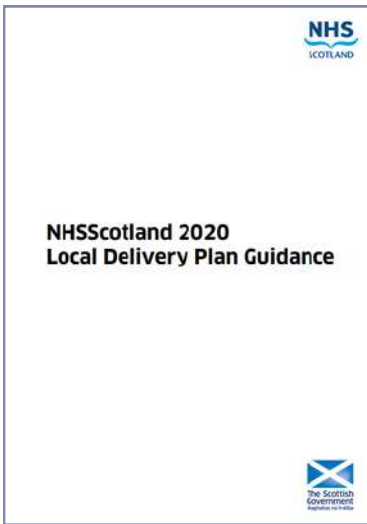
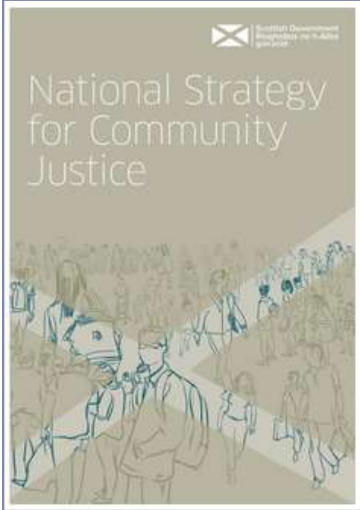
National Policy Framework

We are working within a highly developed and interconnected national policy framework which seeks **to reduce deaths and harms from alcohol and drugs and to promote recovery**. Informed by:





'Our Work as a Partnership; National Policy Framework' (continued)



'Our Work as a Partnership' (continued)

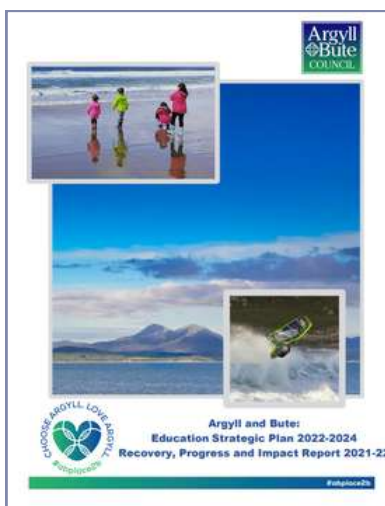
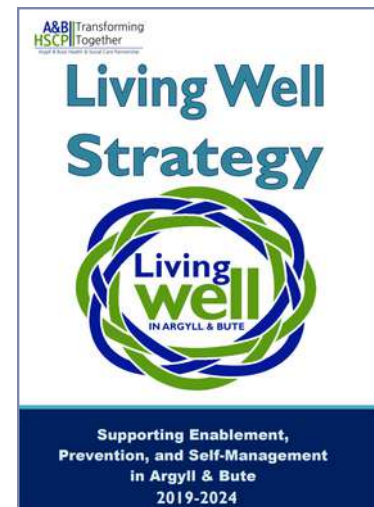
Audit Scotland Recommendations

We recognise the conclusions drawn by **Audit Scotland** in its recent report on Alcohol and Drugs Services (October 2024), and have sought to integrate its **recommendations** into this strategy.



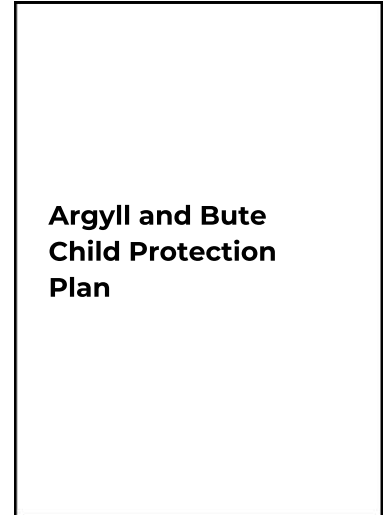
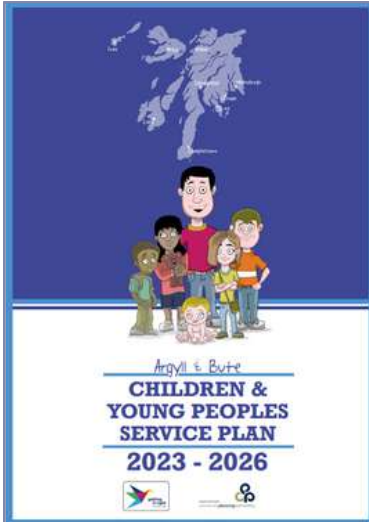
Links to Other Relevant Plans in Argyll and Bute

Our strategy does not exist in isolation and is intended to link with other strategic plans in Argyll and Bute which will help achieve our goals. These include:

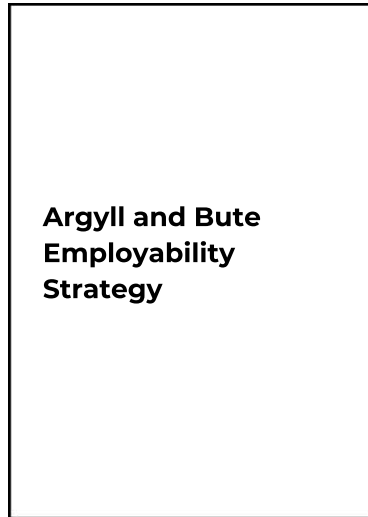
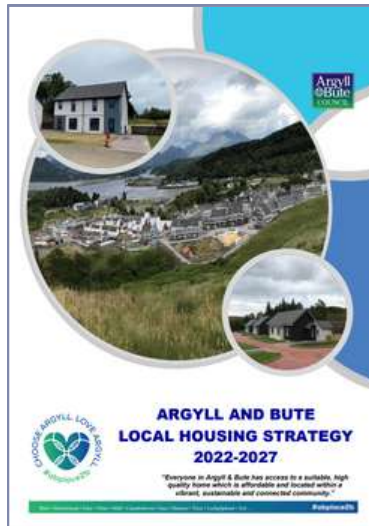




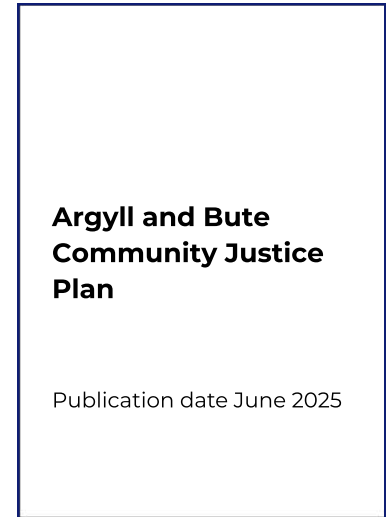
'Our Work as a Partnership: Links to Other Strategic Plans in Argyll and Bute' (continued)



**Argyll and Bute
 Child Protection
 Plan**



**Argyll and Bute
 Employability
 Strategy**



**Argyll and Bute
 Community Justice
 Plan**

Publication date June 2025



**Argyll and Bute
 Alcohol And Drug
 Partnership (ADP)
 Health Needs
 Assessment**

2025



4 The Facts and Evidence

Some of Our Recent Achievements

Strengthening prevention work with young people through **Planet Youth**, a school based programme based on the Icelandic model. In 2023, five secondary schools signed up. The ADP supported theatre programmes and implementation of additional support for schools and pupils.

Making **grants available to community groups** to support early intervention and prevention activities.

Piloting the implementation of the Medication Assisted Treatment (MAT) standards in Cowal, using experiential research to inform our MAT improvement plan and the wider work of the ADP.

Funding third sector organisations to provide: wrap-around care during alcohol and drugs recovery; independent advocacy; to map and strengthen support for families affected by alcohol and drugs.

Funding two people within Argyll and Bute in 2023 and 2024 to participate **in the Scottish Drugs Forum Support Worker Training Programme**.

Providing **an effective multi-agency residential rehabilitation pathway**. 14 people provided with Residential Rehabilitation placements in 2023-2024.

Putting in place **an early warning system (RADAR group)** to share local information about new and emerging harms; strengthening our group which reviews all drug related deaths.



'The Facts & Evidence' (continued)

Substance Use in Argyll and Bute

22

people died due to alcohol use*

16

people died due to drug use*

488

drug related crimes recorded in year 2023/24

Alcohol and drug-specific deaths are more likely to be recorded in men than women and are most likely in people aged over 50.

Alcohol deaths nearly **40% higher** than drug related deaths, in 2023

On average, **11** people are affected around each person using alcohol or drugs

Source: Source: *Argyll & Bute ADP 2023 ** Scottish Families Affected by Alcohol and Drugs (SFAD).

This evidence shows we must strengthen our efforts to reduce the harms and deaths caused primarily by alcohol but also by drugs in Argyll and Bute.

Profile of Argyll and Bute

88,000

population of Argyll and Bute

17%

live on an island

Average gross weekly **PAY** is substantially **LOWER** than Scottish average

13 zones

of multiple deprivation (all located in towns - Helensburgh, Dunoon, Rothesay, Campbeltown and Oban)

Population projected to **↓ by 6%** (to 81,200) over period 2018 to 2028

47%

live in settlements with pop'n <3,000, or outwith settlements altogether

691,000

hectares (9%) of the total land area of Scotland

An **AGEING** population

Source: Argyll and Bute Public Health Intelligence.



'The Facts and Evidence' (continued)

Specific Challenges for Remote and Rural Populations: Argyll and Bute

Rural communities are resourceful, resilient and innovative in meeting the needs of community members, as are the services that support them. However, **remoteness brings specific challenges:**

There are particular barriers in **access to services**, including to primary health care and education services or legal advice, for remote and rural populations. **Transport** availability, accessibility and cost is a major issue.

Access to **affordable housing** is limited, and many households face **high energy costs**. Innovative solutions are required, but these also need to be locally sensitive.

Staffing of rural services can be limited. There is an ongoing challenge for services in **recruiting and retaining staff** in remote and rural areas – this creates **capacity challenges** for delivery.

There is **limited data on the particular needs of key groups** in the community, including people from deprived areas, women and girls, people from minority communities and people with other protected characteristics.

However, all people affected by substance use can experience stigma and many have been affected by trauma. There is an **interconnection between mental and physical health and substance use which is particularly relevant for people experiencing inequalities.**



'The Facts and Evidence' (continued)

Lived and Living Experience

Scottish Drugs Forum staff and peer researchers have gathered **perspectives from service users on our implementation of the MAT standards**. In 2023-24 they spoke to or surveyed 46 people:

19 of 31

people using MAT reported same-day or next day prescribing

89%

reported a positive or very positive relationship with their worker

20

reported they had not received psychosocial interventions

30

felt their service was fully or mostly trauma-informed

30 people on MAT said they would feel somewhat/fully comfortable making a complaint to their service if needed, but none reported having done this.

MOST PEOPLE said they had other emotional support outside the service, usually family or friends

40 attendees participated in a **strategic planning day in Arrochar in February 2023**. Participants included service representatives, partner organisations and people with lived and living experience. Together they developed the 2023-25 strategic plan, and we have drawn on their discussions in refreshing this plan.

Scottish Families Affected by Alcohol and Drugs have been **raising awareness of the Whole Families Approach** by engaging with stakeholders and identifying opportunities to implement a Whole Family Approach tailored to local need.

37 family members and service managers attended a **Scottish Families conference in Inverary in September 2024** as part of **mapping a Whole Family Approach for Argyll and Bute**. Following the conference there was further engagement in design events and follow up meetings, where **priority areas have been identified for a local plan**.

'The Facts and Evidence: Lived and Living Experience' (continued)

In developing this strategy, we spoke to people with **lived experience** of drug and alcohol use and with **frontline workers** in Inverary, Helensburgh and Dunoon. They shared what they would like to see in the ADP strategy, what they see as the key issues and barriers they face in Argyll and Bute. We would like to thank them for their time **helping to shape this strategy**.

Some things we've heard from them:

“

Families need a voice and need to be listened to

”

“

Services need to know what each other do. They need to see what difference working together can make

”

“

There's a real challenge around stigma in this area. No one wants to see what's really happening here

”

“

We really struggle to get access to services, whether that's medication, rehab, housing or just things to do locally

”

“

Community-led initiatives can be unsustainable. People get burned out

”

“

Isolation, loneliness and mental health are a big part of the story

”

“

Small pockets of community funding - and connections - make a big difference

”

“

We need a place where we feel safe and listened to

”



5 • What Government Policy Tells Us

Key themes which underpin the policy frameworks we are working to include:

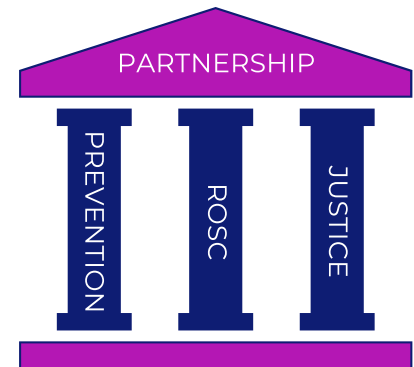
- Putting lived and living experience at the heart of what we do
- Preventing harm and deaths through awareness raising, diversion and early intervention
- Promoting a recovery-orientated system of care and supporting more people into treatment and recovery
- Reducing the harm of substance use e.g. through the distribution and availability of naloxone, needle exchange and medication assisted treatment
- Addressing the inequalities and discrimination people face to improve quality of life, taking a rights-based approach and addressing the social determinants of problem substance use (connecting to housing, mental health, justice, employability)
- Taking a trauma-informed approach which builds in psychosocial support
- Working with families, including young people, keeping The Promise and Getting It Right For Every Child (GIRFEC).
- Ensuring robust governance structures, good partnership working, transparent funding and accountable data gathering

6 Priorities and Responsibilities 2025-27

Our aim is to strengthen our partnership so that we can prevent alcohol and drug dependency and improve care in Argyll and Bute.

We will work to strengthen the partnership, building upon 'the three pillars' of:

- Prevention and supporting young people
- Strengthen recovery-orientated systems of care (ROSC)
- Public health approach to justice



Strengthen Our Partnership

Led by the ADP support team and ADP Chair

We will know we have been successful when we have:

- Updated our pathways and ADP membership to connect with the right structures at ADP level
- Significantly increased and supported involvement of people with Lived Experience in ADP decision-making
- Reinforced the collaborative relationships across the partnership, taking a whole team approach building from each partner's strengths
- Built a human rights-based approach into our work and raised awareness of the Charter of Rights among people affected by alcohol and drugs
- Strengthened our reviews of drug-related deaths and used the learning to review alcohol-related deaths
- Strengthened and clarified lines of accountability and transparency of funding decisions and reporting
- Used data from across our partnership to inform our work and monitor our delivery plan as well as develop our next strategy e.g. from our Health Needs Assessment, MAT standards reporting, experiential data and Whole Family Approach audit.

7 Reviewing the Evidence and Learning

Using data better – and sharing it where we can – is a key part of our new strategy. **Better quality data** will strengthen future strategies as well as helping us to learn from the implementation of this one.

We will provide data from our work to support learning and accountability at national and partnership levels:

- A **Health Needs Assessment** has been completed and will help inform our future strategic needs
- We have commissioned Scottish Families Affected by Drugs to **audit** provision **and propose a plan** for implementing **a whole family approach**
- Drug and alcohol service data is submitted to the national **DAISy** database
- We report to the Scottish Government on the **National Mission Outcomes Framework indicators**
- We provide **data on MAT Standards** process indicators and work with commissioned partners who collect experiential data from service users
- We contribute to the **National Drug Related Deaths Database and RADAR** (Rapid Action Drug Alerts and Response)
- We plan to **monitor and evaluate people's experiences** of residential rehabilitation **and their outcomes** to inform our Residential Rehabilitation Action Plan
- We will complete an **Equality Impact Assessment** to better understand how to respond to the needs of different population groups
- Where we can, we will **connect our work** to other datasets (for example, high level data on child protection, adult support and protection, or multi-agency public protection, and drug harms) **to learn at a whole population level**
- We are expecting **a new monitoring and evaluation framework** to be developed by the Scottish Government and Public Health Scotland, and will use this **as the foundation for our own accountability and learning** once it is available
- We will explore ways in which we can **share learning and evidence across strategic partners** within the Health and Social Care Partnership

8 A Rights-based Approach

Recognising the importance of the new Charter of Rights, we have sought to take a rights-based approach to the development of this strategy.

In addition to the Charter of Rights, we have considered children and young people's rights under the United Nations Convention on the Rights of the Child (UNCRC) and key Scottish Government strategies for children and young people – The Promise and Getting It Right For Every Child (GIRFEC).

The **key rights** summarised in the Charter of Rights which services and policy-makers should ensure people affected by substance use can realise include:

- The right to life (including overdose prevention)
- Right to the highest attainable standard of physical and mental health (including accessible treatment and support services)
- Right to an adequate standard of living
- Right to private and family life (respect for privacy and dignity, best interests of the child are central)
- Right to a healthy environment
- Freedom from torture and other cruel, inhuman, or degrading treatment or punishment (including access to medicines and pain treatments, access to care while in detention)
- Freedom from arbitrary arrest or detention (including diversion from arrest and non-custodial measures at sentencing).

Particularly relevant rights for children and young people **within the UNCRC:**

- The right to be heard (UNCRC Article 12)
- The right to protection from violence, abuse or neglect (UNCRC Article 19)
- The right to an education, including health and wellbeing education (UNCRC Article 28)
- The right to a decent standard of living (UNCRC Article 27)

Contact us:

If you require this document in an alternative format please contact us in one of the following ways:

Email: nhsh.argyllandbuteadp@nhs.scot



<https://www.facebook.com/ArgyllandButeADP>



@ArgyllADP

In writing: The Argyll and Bute
Alcohol and Drug Partnership,
Comraich, Blarbuie Road,
Lochgilphead, PA31 8LB

