

Annual Report 2015/16



A national resource of
expertise on drug issues

www.sdf.org.uk

Welcome to the Scottish Drugs Forum annual report



Scottish Drugs Forum is a membership organisation and was established in 1986 to represent the drugs sector and to improve Scotland's response to problem drug use.

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Chair's Report

George Allan

SDF Chair

Each death is a life wasted, a family bereaved and, in respect of overdose, is preventable.



SDF's thirtieth anniversary is an opportunity both to reflect on the organisation's past contribution to reducing drug-related harms in Scotland and to address the continuing challenges. First the challenges, of which three are priorities; drug related deaths, helping those who are 'stuck' to re-integrate more fully into society and funding issues.

The continuing rise in drug deaths is a national tragedy. Each death is a life cut short and a family and friends bereaved. Behind the headline statistics, we find an ageing population of opiate users facing increasing risks. This, along with issues such as the continuing HIV outbreak in Glasgow, demands new responses. One of the tasks undertaken by our national working group on older problem users was a survey of 129 people who were current or recent injectors. This work underscores starkly the difficulties this group is facing: multiple unmet physical and mental health needs, with the great majority living alone and facing social isolation and loneliness. The final findings of the working group will be published later, but it is clear that the challenge to front line agencies is to ensure that this vulnerable group is retained in treatment and that every effort is made to re-engage with them when they drop out. This will require structural reorientation.

New initiatives are needed too and we are heartened to see the progress Glasgow has made with a Supervised Injecting Facility and with Heroin Assisted Treatment. SDF has played an important role in encouraging a focus on new options and, through our media work, building wider public support

and reducing stigma. We hope the Scottish Government will encourage developments such as this elsewhere in Scotland. Bold leadership will be needed across all sectors if the tide of drug deaths is to be stemmed.

We remain concerned that too many people, having reached a certain point in their recovery, find it difficult to fully reintegrate. Our Addiction Worker's Training Project continues to demonstrate the positive impact gaining full time employment has on people who are putting their substance problems behind them. SDF intends to investigate models for access to employment beyond the social care field.

The initiatives, such as the ones I have outlined, will require additional resources at a time of severe financial restraints. The cut to Alcohol and Drug Partnership funding in 2015-16 will seriously impact on the work of community services in the coming financial year. At the time of writing, the Scottish Government's budget has still to be approved and it is hoped that a way will be found to ameliorate at least part of the reduction.

While space precludes doing justice to the wide range of SDF's work over the past thirty years, a number of areas where we have had a really significant impact stand out:

1986-1996

HIV was the national priority and SDF helped to lay the ground measures for harm reduction, thus ensuring that opiate replacement therapy and needle exchanges are accessible to all who need them.

1997-2006

This period was characterised by the need to develop and expand treatment and rehabilitation options. SDF lobbied for an increase in treatment funding through the 'spend a pound to save three' mantra; this involved direct approaches to Government, providing evidence to Holyrood committees and supporting the Parliament's Cross Party Group on Drug Misuse.

2007-2016

This era saw a growing focus on an ageing population of drug users and death prevention and the emergence of the recovery agenda. An indicator of the success of harm reduction and treatment has been the number of older people who have survived into later life which, as I have already said, is now bringing its own challenges. SDF is continuing to be at the forefront of the roll-out of Naloxone in Scotland and in driving initiatives regarding older users. The award winning Addiction Workers Training Project is an exemplar of the practical steps which can be taken to support full recovery.

What will SDF be looking back on in thirty years' time? It would be good to think that there will be less need for a service such as ours but, in the meantime, the challenges remain unabated.

I would like to finish by thanking all the staff and volunteers for their hard work and commitment and Board members for their sound governance of the organisation. SDF receives funding from a wide variety of sources and my thanks go to all the bodies which support our work.

CEO's Report

David Liddell

SDF Chief Executive Officer

Quality, in provision and the evidence for our practice, is key.

In the last year we have been reflecting somewhat on the thirty year history of Scottish Drugs Forum and drawing some learning in terms of planning for the future.

Personally, my reflections conclude with the thought that in a sometimes ideological and morally charged arena, holding the wider forum of the drugs field to two criteria – the quality of what we have to offer some of society's most vulnerable members and the quality of evidence for our practice - has stood both SDF and the field in good stead.

Alongside this, we have ensured that we do everything possible to narrow the gap between those in need of services and decision makers. In this role we have built strong alliances, some of them necessarily at times critical and challenging.

SDF will continue to evolve, as will the challenges we all face. This has been a

year of consolidating SDF's capacity and integrating activity. The aim has been to ensure that stakeholders have a clear understanding of what SDF offers and how they can engage to work together with SDF to improve Scotland's response to problem drug use.

The past year or so has seen an expansion in SDF's capacity. New posts in National Quality Development, e-learning and in volunteer co-ordination allow SDF to create more opportunities for stakeholders, whether they be people who have used services who are looking for work experience, frontline staff working with people with drug problems or service planners and commissioners seeking to improve local provision.

Our annual report can only give a snapshot of some of our activity, I hope that it inspires you to seek new ways to work together.



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Locality User Involvement



The SDF model of user involvement focuses on developing the capacity of volunteers to undertake social/peer research.

Significant progress has been made this year with the further development of SDF's User Involvement activity across the regions of East Ayrshire, East Dunbartonshire and Fife.

32 peer research volunteers have been trained and supported to carry out a number of projects, including from within HMP Addiewell. Five volunteers have moved on into the Addiction Worker Training Project.

East Ayrshire peer researchers were involved in delivering an eight week peer research training programme for members of the West Lothian Drug and Alcohol Service (WLDAS) users' advisory group. This included supporting participants to design a telephone survey questionnaire and learn telephone call techniques in order to conduct surveys on behalf of WLDAS and West Lothian Alcohol and Drug Partnership (ADP).

East Ayrshire ADP and East Ayrshire Council invited the SDF peer researchers to deliver two workshops to people who use services at the Practitioner Research Conference 2016. The workshop explored the work that they carry out; explaining the skills, support and abilities gained through the peer research programme.

Volunteers are due to commence training with East Ayrshire Council as Quality Checkers in order to assist the Council's Tender Commissioning Group. They will then assist with the tendering process of the Adult Services Framework through interviewing care managers and organisations that submit tenders.

Fife volunteers' year of work started with research, carried out on behalf of NHS Fife Blood-Borne Virus (BBV) and Sexual Health, which looked at the needs of individuals requiring treatment for hepatitis C in Fife. Subsequently, volunteers worked with Fife ADP on a Naloxone Kit and Overdose Survey, in response to concern over drug-related deaths, and on a Service User Consultation initiative.

Peer researchers from each locality carried out field work, gathering data for SDF and University of Glasgow research on the use of new psychoactive substances among vulnerable groups in Scotland.

SDF thanks all of the peer researchers for their hard work and contributions that have been made over the last year. SDF also remembers fondly Zoe, a peer research volunteer, who sadly passed away last year.

"I can actually see my life going somewhere now and I have you to thank for a big part of that"

- Fife Peer researcher

1998

SDF first develops peer research capacity with volunteers.

2001

First User Involvement post at SDF - based in Glasgow

2008

Developing a model of user involvement and social research in Scotland published in partnership with European Correlation Network

2011

2015

SDF User Involvement work begins in Fife

SDF User Involvement work begins in East Dunbartonshire and East Ayrshire

Addiction Worker Training Project



The Addiction Worker Training Project (AWTP) has enjoyed considerable success this year on a number of fronts.

Nearly all of the 21 trainees recruited to the scheme in 2015 achieved Scottish Vocational Qualifications in Health and Social Care and graduated from the project, receiving certificates of completion at ceremonies held at the St Mungo Museum in Glasgow and the Scottish Parliament in Edinburgh. Councillor Frank McAveety (Leader of the Council) and MSP John Finnie presented the awards to the graduates.

In March 2016, the project secured a major boost thanks to a second four-year grant from Big Lottery Fund Scotland to continue the highly valued work of the Addiction Worker Training Project and expand the number of opportunities created for people with lived experience of problem substance use and recovery.

SDF has since created 27 trainee posts for the 2016 cohort and has expanded the geographical reach of the scheme, recruiting people to AWTP from the Borders, East Ayrshire, Edin-

burgh, Fife, Glasgow, Inverclyde, Renfrewshire, South Ayrshire, and West Lothian.

Whilst current funders, such as East Ayrshire and Fife Alcohol and Drug Partnerships, the Robertson Trust, and the Glasgow City Council Integrated Grants Fund, have all extended their investment in the scheme, the Henry Smith Charity has pledged new funding until 2019.

The project also achieved awards success this year, securing the prestigious Clydesdale Bank Spirit of the Community Award for Employment in June, swiftly followed by winning a Diversity Star Award at the inaugural Herald and GenAnalytics Diversity Awards in October.

Since 2004, out of the 199 people who have started on the course, 90% have completed it and 85% secured further employment, the majority to full time jobs in the social care field.



West of Scotland Graduates



East of Scotland Graduates

2004

AWTP established as a multi-agency partnership co-ordinated by SDF

2008

Wins 'Best Practice Initiative' at Herald Society awards

2012

AWTP expands to the East of Scotland after securing funding award from Big Lottery Fund Scotland

2016

Wins 'Spirit of the Community' and 'Diversity Star' awards

Bacterial, Viral Infection And Emergency Response



Bacterial and viral infection continues to cause harm to the health and wellbeing of people who use drugs in Scotland.

The 'Shooting Up' 2016 report stated that in Scotland, around 1 in 5 people who inject drugs have symptoms of bacterial infection (abscess, sores or open wounds) and that outbreaks such as those seen in 2015 (Botulism and Group A Streptococcus) continue to occur. It is believed that many of these infections could be prevented by reducing risky injecting practices which is the focus of the training delivered by the National Training and Development Officer (Harm Reduction and Emergency Responses).

In the last year, there has been a focus on the outbreak of HIV in people who inject drugs in NHS Greater Glasgow and Clyde (NHS GGC). The postholder's remit has been expanded to include this work, as a member of the incident management team. Working alongside the Public Health lead, SDF have developed a resource for professionals that has been disseminated across NHS Great Glasgow and Clyde, and nationally as an electronic resource.

SDF has delivered over 60 HIV briefings to over 700 staff/volunteers/peers and service users; delivered HIV peer training and is currently developing a resource for those at risk of HIV infection. Also, in partnership with SDF

colleagues working in sexual and reproductive health and blood borne viruses, training was delivered in NHS Orkney to launch 'The SDF Sexual Health and Blood Borne Virus Framework' roadshow, which will continue into 2017.

The development of a Bacterial Infection and Drug Use e-learning module is underway and aims to deliver easy-to-understand information in a format that is accessible to all.

SDF's conference 'Ready Next Time - Outbreaks of infection in drug injectors in Scotland' (April 2016), was organised to share learning and encourage adoption of effective strategies for prevention and response.

The Scottish Needle Exchange Workers Forum met three times in 2016; helped develop the programme for the 2016 Scottish Needle Exchange Conference and gave feedback to the Injecting Equipment Provision Guidelines Development Group, which aims to review and update the 'Guidelines for services providing injecting equipment: Best practice recommendations for commissioners and injecting equipment provision (IEP) services in Scotland' (Scottish Government, 2010).

"I will discuss with my manager about developing a policy on bacterial infection and talk to service users about the potential harms"
- Training Participant

2014

SDF recruits National Training and Development Officer (Harm Reduction and Emergency Response)

Botulism outbreak across Scotland

Group A Streptococcus infection in Lothian

2015

Botulism and Group A Streptococcus outbreaks ends

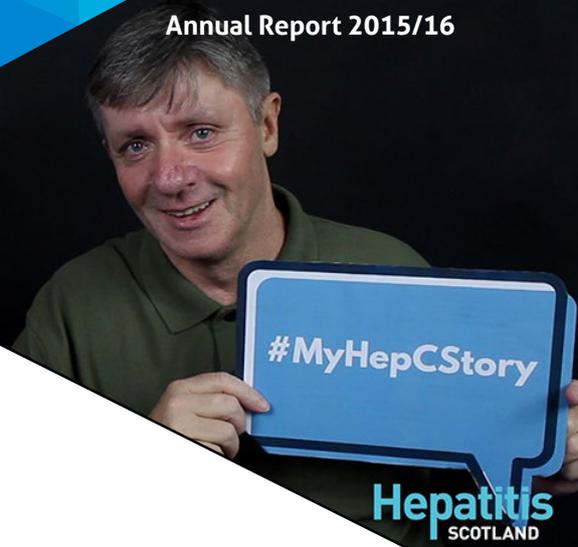
SDF 'Bacterial Infection and Drug Use' training delivery starts nationally

2016

SDF holds 'Ready Next Time' conference

HIV outbreak among people who inject drugs in Greater Glasgow and Clyde

Hepatitis Scotland



Viral hepatitis treatment has improved beyond measure, it is vital that it is now delivered to all those that need it.

Hepatitis Scotland helps improve prevention of viral hepatitis transmission and responses to hepatitis infection in terms of treatment and support.

Hepatitis Scotland training sessions have targeted a wide range of sectors, including addiction services, IEP providers, sexual health services, housing/homelessness, criminal justice, mental health, young people's services, ethnic minority groups and social care services.

In August, Hepatitis Scotland hosted the first National Hepatitis Workers Forum, providing a space to share good practice in viral hepatitis, from case-finding through to testing, treatment and post-treatment support.

A report was also published from the national series of events, '*Chemsex: Starting the Conversation*'. This work evaluated knowledge, practice needs and organisational responses and involved voluntary and statutory sector organisations.

Hepatitis Scotland produced video resources on people's experience of hepatitis C; from diagnosis, living with the virus, the possible complications and treatment. And, in cooperation with NHS Health Scotland and NHS Scotland, Hepatitis Scotland also published a patient booklet for people newly diagnosed

with hepatitis C.

With the Hepatitis C Trust, Hepatitis Scotland continues to facilitate and expand Hepatitis C Voices Involvement and Opinion Groups. These forums help patients to become actively involved, influencing policy and practice. Hepatitis Scotland also supported the University of Glasgow Centre for Virus Research in hosting a unique event where patients met with world-leading scientists working on hepatitis C research.

The focus of World Hepatitis Day 2016 activity in Scotland was finding people who are undiagnosed or 'lost-to-follow-up'. Hepatitis Scotland and Waverley Care developed a poster campaign.

We supported European HIV-Hepatitis Testing Week again this year and created an information booklet for the public, a guide to testing for staff and two posters for Scottish services to advertise the week.

Hepatitis Scotland has also been contributing to and bringing back learning beyond Scotland. Our Lead Officer spoke at international conferences in Oslo and Paris, and our National Development Officer visited Dublin to explore how Ireland has advanced their case for medically supervised injection facilities.

1989

Hepatitis C virus (HCV) discovered

2011

Sexual Health and Blood Borne Virus Framework launched

Hepatitis Scotland launched

2012

Hepatitis Scotland coordinates World Hepatitis Day celebrations across Scotland

2013

'Ever Injected, Get Tested' campaign launched

2016

'Staying Alive in Scotland' report published to help combat drug-related deaths

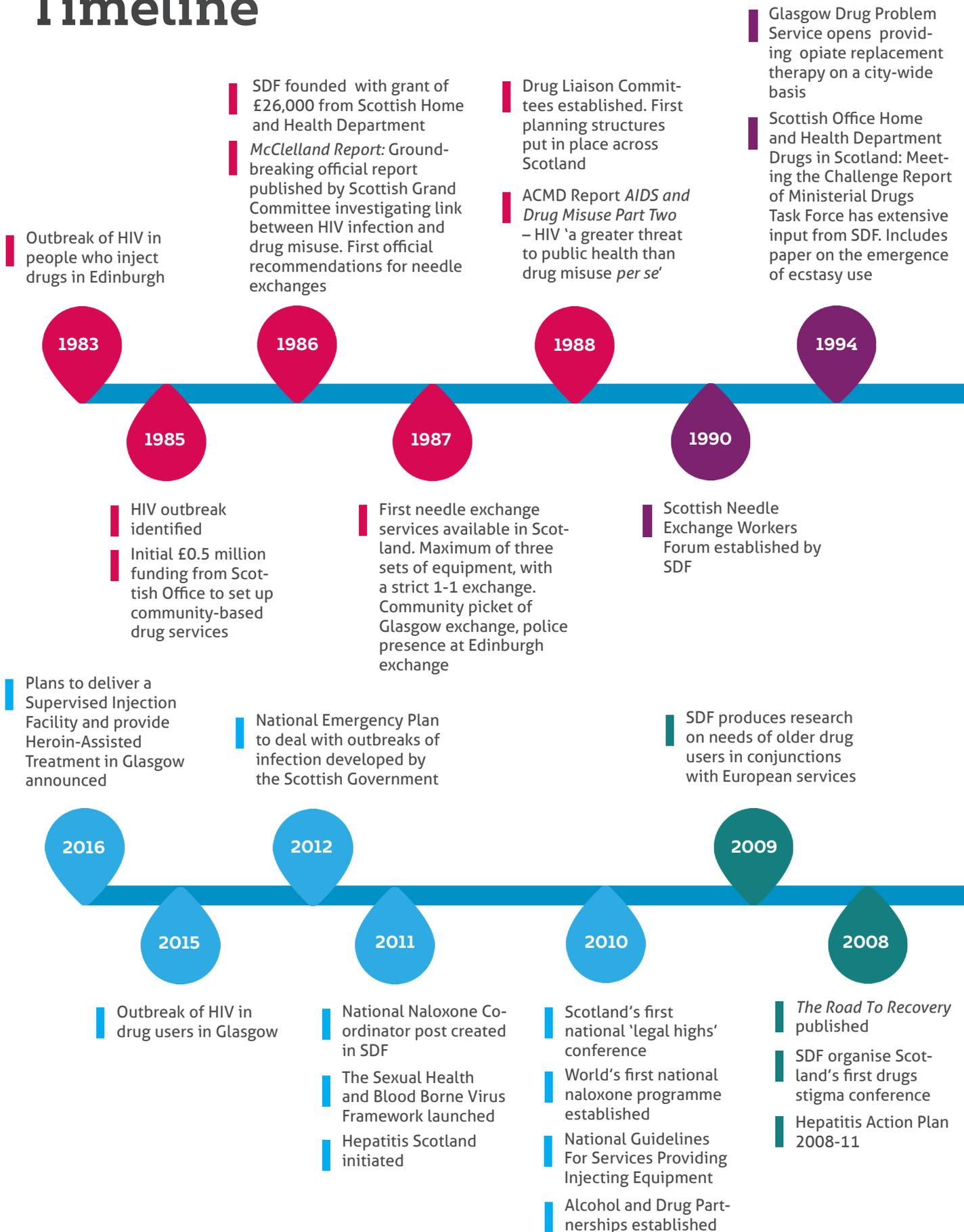


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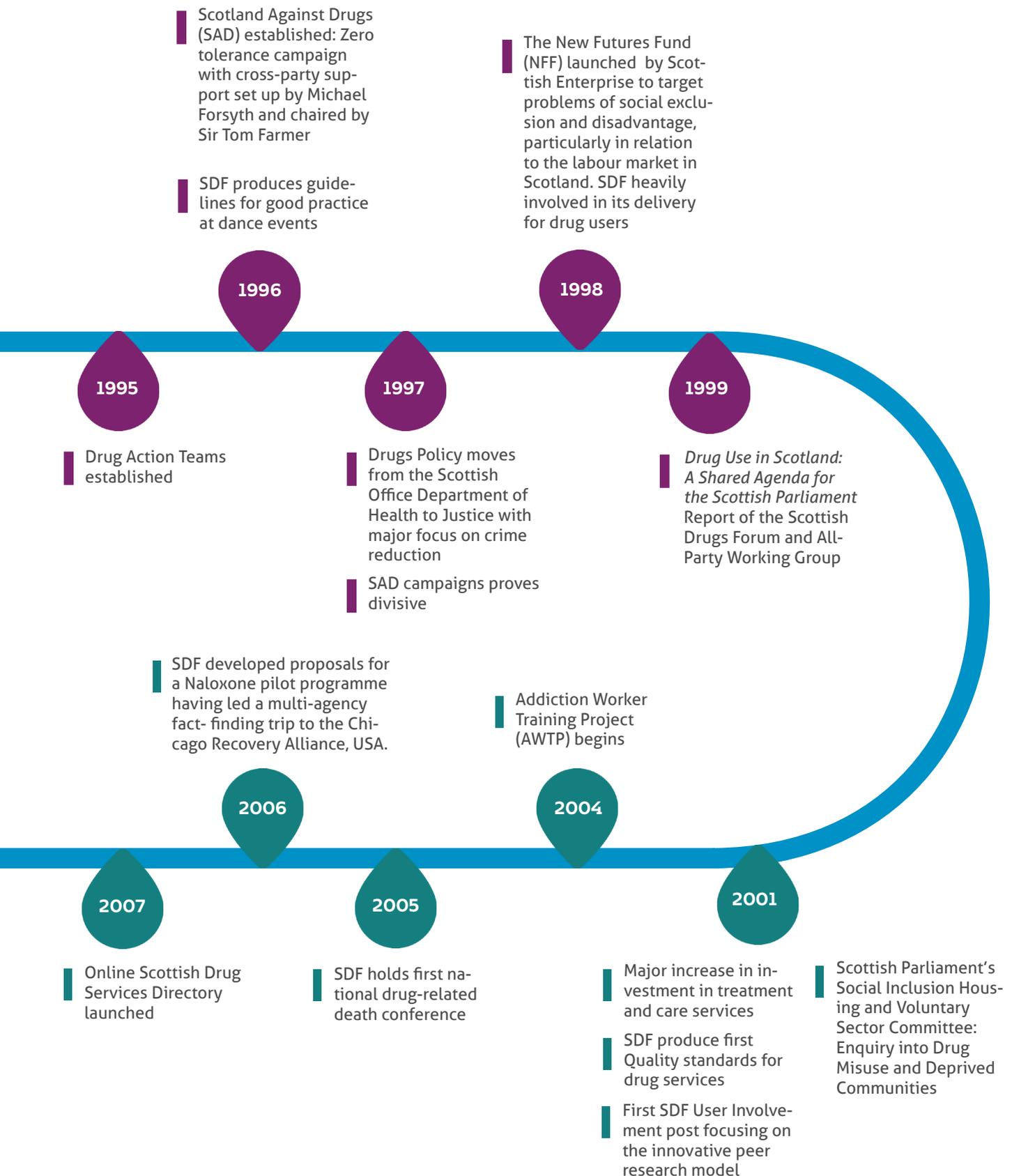


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Timeline



Key milestones in the drugs field in Scotland



National Naloxone Programme



NALOXONE CAN BE A LIFESAVER

Community-based Naloxone is the frontline defence against overdose deaths and is a means to engage isolated drug users.

Scotland's National Naloxone Programme was initiated by the Scottish Government following small scale pilots in Glasgow, Lanarkshire and Inverness at the recommendation of the National Forum on Drug-Related Deaths

In the five years of the national programme (April 2011 – March 2016) a total of 29,309 naloxone kits have been supplied to people in the community, and via the prisons, likely to witness an overdose, with the aim of contributing to a reducing of fatal opioid overdoses.

By 2015, 4.7% of all opioid-related deaths occurred in people who had been released from prison in the previous four weeks. This was significantly lower than the 9.8% observed before the programme and is significant proof of National Naloxone Programme's effectiveness.

The discontinuation of Scottish Government funding for payment for kits has been a test of the sustainability of provision in local areas. However, due to good work embedding naloxone in services over the duration of the programme, no contraction has occurred. However, the development of third sector distribution following 2015 legislative changes has been hindered.

Encouragingly some areas - Grampian, Fife, Borders, to name a few - very quickly took advantage of the legislative change to enhance the provision of naloxone. Also, there have been early discussion in Glasgow about pioneering peer distribution which holds real promise.

2016 also saw an agreement with the Scottish Prison Service to train Prison Officers in the use of naloxone, which will allow them to administer it in emergency situations. This training is due to commence early 2017. This is part of the process of having the provision of take-home naloxone prioritised and normalised within services.

SDF has identified encouraging a more active role in the programme among General Practitioners, Police Scotland and the Scottish Ambulance Service as a priority.

Whilst providing take-home naloxone is not the only thing we can do to reduce drug-related deaths, which remain among the highest rates in Europe, it is certainly an essential component of any overdose death prevention strategy.

2010

Scottish Government launches the National Naloxone Programme

National Naloxone Advisory Group (NNAG) established. Suitably qualified staff can distribute take-home naloxone readily

SDF launches the take-home naloxone training programme

2012

First two Naloxone Peer Education Networks trained in Glasgow and Fife

2015

NNAG concludes its work and responsibility for national oversight transferred to the Partnership for Action on Drugs Scotland (PADS) Harms Group

2016

New legislation allows wider access to naloxone - any drug service staff is now able to provide the medication

National Quality Development



The quality of services is key to improved responses to problem drug use in Scotland.

This year SDF's National Quality Development (NQD) has worked with The Care Inspectorate on the Scottish Government's programme of Validated Self Evaluation of Alcohol and Drug Partnerships (ADPs) using the Quality Principles.

The team contributed to site visits in 29 out of 30 ADPs, facilitating or recording focus groups and presentations, and providing notes for the production of reports for each ADP. NQD is part of the steering group which will launch a national report which will help to shape our future work.

The priorities for NQD continue to be around supporting ADPs in development of their Recovery Orientated Systems of Care (ROSC) and tools to help monitor and evaluate it. Further links with SDF's Workforce Development Programme (WDP) can ensure that staff are adequately trained to understand recovery and their responsibilities within the system.

Local activity included work with Dumfries and Galloway ADP to support the implementation of a strategic approach to user involvement across eight local services. This will ensure that user experience helps inform service reporting requirements within the local performance framework as suggested in

"We are very grateful for the expertise and resources NQD has been able to offer to help us develop one of our strategic priorities"

- Alcohol and Drug Partnership

the Quality Principles. Argyll and Bute ADP continues to be supported towards the development of ROSC in the area. WDP has also contributed to the partnership approach employed. Aberdeenshire ADP continues to be supported through evaluation of community forum meetings, which inform future development. This process will involve a peer research element. Work continues in Borders to assist Quality Principles implementation and the further development and implementation of their quality improvement action plan.

NQD continue to support individual services and one of the highlights has included working with Change Is A Must, using Small Tests of Change funds from the Scottish Government programme to evaluate improvements in their assessment tool, designed to assess parenting motivation.

NQD and WDP held a Reference Group meeting in partnership with the Scottish Government which was attended by 26 ADPs and representatives of all national commissioned organisations, Scottish Prison Service, NHS Education Scotland and Care Inspectorate. This will inform workforce development and training over the next year and will also help prioritise the work of the NQD team.

NQD support major Care Inspectorate assessment of ADPs self-evaluation against Quality Principles

2009

Big Lottery Fund and Scottish Government funding enables first phase of NQD

2014

Final report of phase one submitted surpassing all targets

Scottish Government Quality Principles launched

2015

Big Lottery Fund and Scottish Government award second round of funding over five years for second phase of NQD

2016

Workforce Development and Training



The Workforce Development Programme encompasses 'off-the-shelf' and bespoke training; e-learning and strategic work.

There have been several highlights in terms of achievement this year.

A total of 153 courses have been delivered, which were attended by 1992 participants.

Our funding means there is free training in Introductory and Intermediate Motivational Interviewing, Stigma, Working With People Who Use Alcohol and Other Drugs, and The Recovery Outcomes Web (ROW).

The New Psychoactive Substances e-learning course has been completed by 258 participants and an online version of ROW training is in development.

Bespoke training has been developed and delivered on Understanding and Supporting People With Alcohol-Related Brain Damage, Parental Capacity and Substance Using Families and Introduction to Behavioural Couples Therapy. 14 Getting Our Priorities Right courses were attended by 217 staff from a range of services in Forth Valley.

The training element of Addaction's Big Lot-

tery funded Drink Wise Age Well programme has been developed and is being delivered in Glasgow and other pilot sites across the UK. Feedback on the course content and delivery has been very good and SDF continues to support this major initiative.

The strategic workforce development work helps Alcohol and Drug Partnerships (ADPs) to develop clear and deliverable workforce development plans either in the form of a logic model or through carrying out a full Training Needs Analysis.

Two ADPs have developed logic models to define their systems of care and support and five have been supported to carry out training needs analyses across the range of services involved in treatment, care and support.

These have identified many common areas of workforce development required to support staff in services including, child protection, drug and alcohol skills and awareness, improved partnership working, trauma, involvement of peers, volunteers and others.

"I feel I will be more confident talking with a client, being able to offer advice through the knowledge I have gained on the course"

- Training Participant

2015

Parts of Scottish Training on Drugs and Alcohol (STRADA) becomes part of SDF as the Workforce Development Programme (WDP)

2016

New Psychoactive Substances e-learning course launched

'Understanding Stigma' training course developed and available nationally

'What's this thing called workforce development? A Scottish perspective' published

ADP reference event held in conjunction with the Scottish Government

Sexual and Reproductive Health



The Sexual and Reproductive Health (S&RH) project is now in its second phase.

The high profile, innovative approach and recognised expertise offered by SDF has resulted in continued engagement with Managed Care Networks, ADPs and national and local providers of drug, alcohol and sexual health services. The demand has meant that the service continues to offer S&RH training across Scotland - 30 events were held across the country with 300 participants from a wide variety of services including social work, housing, harm reduction and sexual health.

The reach of this training has been extended with the benefit of additional funding and a 'Training for Trainers' initiative has been developed to train and support trainers throughout Scotland to provide training thus fostering sustainability through current service provision. 16 people have been trained and are currently being supported to deliver training across Scotland.

While exploring S&RH needs of the prison population, we discovered that there were a number of people with autism being convicted of sexual offences and being listed on the sexual offences register or being imprisoned

because of inappropriate sexual contact. This led to the planned production of materials for use with people on the autistic spectrum and easy-read materials for use more generally in prison. SDF is working with Scottish Autism Network and Common Knowledge UK to develop an app that will help people with decisions around safe sex, consent, etc.

SDF held the 'Vulnerable Young People, Sexual and Reproductive Health and Substance Use' conference in September 2016 to improve skills, knowledge and confidence in relation to sexual health for looked-after and accommodated children.

Work has also focused on reducing the risk of infection with HIV and other BBVs and sexually transmitted infections for people involved in chemsex, primarily men who have sex with men. SDF has been building partnerships with NHS Boards, Hepatitis Scotland, HIV Scotland, Waverley Care, Gay Men's Health and Terrence Higgins Trust and joint events were held in Aberdeen, Dundee, Glasgow and Edinburgh in November to gain an understanding of this issue.

"I now feel more confident about discussing sexual health, passing on accurate information to colleagues and patients and signposting people to services"
- Training participant

SDF host 'Vulnerable Young People, Sexual Health and Substance Use' conference

2016

SDF host 'Listening to woman' conference

2014

2011

Sexual Health and Blood Borne Virus Framework launched

2012

SDF appoint National Training and Development Officer (Sexual and Reproductive Health)

2013

SDF host 'Let's talk about Sex and Drugs in Scotland' conference



New Psychoactive Substances Research



Understanding the patterns of use, motives and harms of New Psychoactive Substances (NPS) in Scotland.

The research, undertaken by Scottish Drugs Forum and The University of Glasgow and commissioned by The Scottish Government, was the first of its kind in Scotland.

Gathering information both from people who worked in services and people who used services, the study aimed to explore use across vulnerable populations, including people who inject drugs, mental health service users, vulnerable young people, people affected by homelessness and men who have sex with men. Part of this research was undertaken by SDF's Peer Research Volunteers, people who have had their own history of substance use or who were otherwise peers of the target group.

The findings identified some key areas. In terms of patterns of use, the most commonly used NPS were synthetic cannabinoids and benzodiazepine-type NPS. Poly-substance use was very high with 99% of NPS users also re-

porting use of 'traditional' drugs. The key motives related to ease of access, curiosity and influence of peers, pleasure and lastly, price and potency. Legal status did not appear to be a key motivator for use, indeed more than half of people said the new legislation covering NPS would have no impact on their use and over a quarter said they would move or return to using 'traditional' drugs.

The consequences of use in terms of the key health harms identified were mental health harms such as anxiety or depression and sleep problems. Social harms included missing appointments, struggling with caring commitments and loss of tenancy.

The report is now published and SDF will be supporting services, service planners and commissioners to respond to the findings through our ongoing training and quality development work.

2009

'Legal highs' raised as an issue at SDF 'Trends' conference

2010

SDF organise Scotland's first 'legal highs' conference

2013

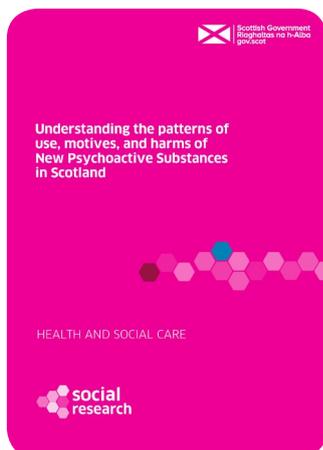
First Ministerial Summit on New Psychoactive Substances held in Edinburgh

2016

'Psychoactive Substances Act' bans supply

2014

Bacterial infection outbreak in people who inject ethylphenidate in Lothian



Download report at:
goo.gl/IVbD56



Vulnerable Young People and Older Drug Users

Several pieces of SDF's work this year raise concern and begin to describe future challenges we face in Scotland.

Vulnerable young people were amongst the identified populations of concern in the research on the use of new psychoactive substances and were also the subject of a conference which focussed on sexual and reproductive health and substance use.

The connection between adverse childhood experiences (ACEs) and problem drug use is clearly demonstrated in the research around ACEs. Mostly undertaken in the USA, this research is only now being more widely considered in Scotland. It should come as no surprise that disruption in a child's life whether through abuse or violence or through bereavement or other factors is strongly correlated with problems in adulthood. A presentation on this created great interest at an SDF event this year.

The Expert Working Group on Older Drug Users continued its work and will report in the coming year. The themes of trauma, mental and physical health problems and precarious housing somehow mirror the issues facing vulnerable young people but are more complicated and exacerbated by the ageing process and social isolation. This group is familiar to, but often not fully engaged with services.

Services, planners and commissioners have some work to undertake in preparing for the size and the scale of need in this population in the future

In planning our work, SDF will continue to focus on these two groups as key stakeholders.

Death Prevention Strategies

In 2014, Scotland saw the highest ever number of drug-related deaths and in 2015 this rose again to 706.

Hepatitis Scotland and SDF's drug death prevention work aims to reduce drug-related death by supporting Alcohol and Drug Partnerships (ADPs) to develop and implement drug death prevention strategies that seek to adopt a wider and more holistic view of drug-related death.

The 'Staying Alive in Scotland' report was launched in June following extensive consultation with ADPs on current practice. The report aims to stimulate actions which will help reduce the current high mortality rate. Prior to its launch SDF facilitated three regional events for ADPs and members of drug death review groups to discuss how the plan could be used in their area.

Since publication, SDF and Hepatitis Scotland have supported ADPs to continue to develop and

strengthen local action plans to address local key priorities. We have also worked with voluntary sector service providers, including Crossreach and Turning Point Scotland, to explore how they can embed death prevention in service delivery. Other national work on crosscutting policies such as health assessments and data sharing agreements continues to be developed.

The National Officer (Harm Reduction and Death Prevention) represented Voluntary Sector Drug and Alcohol Agencies (VSDAA) in Glasgow on the short life working group developing the case for safer consumption facilities and heroin-assisted treatment for this target group. The outline business case was accepted by the Integrated Joint Board and a full case is now being developed.

Understanding Stigma



Interview with Michelle O'Loughlin

SDF National Training and Support Officer

Q How did SDF's 'Understanding Stigma' training come about?

A The work is rooted in a long-term interest SDF has in this issue. But the immediate link is with training originally commissioned by Argyll and Bute ADP. This came out of the ADPs work with National Quality Development. The Scottish Government were keen that the training be more widely available and that we work on this agenda and so we made this part of SDF's core training activity. It is now available free of charge across Scotland.

Q For the purpose of this training, what is your definition of stigma?

A Through the training we draw upon sociologist Irvine Goffman's definition of stigma which proposes that stigma results from negative and often unjust attitudes or beliefs about a group or person resulting in a loss of status for those individuals. Goffman stated that the stigmatised individual is reduced in the minds of wider society from a whole and usual person to a tainted, discounted one. Essentially stigma creates an "us & them" dynamic and functions to keep some people in society out, keep them away and keep them down.

Q What are the impacts of stigma upon people through their journey from problem use, treatment and recovery?

A The impact of stigma upon people who use substances, and people who used substances, is profound and can permeate many facets of their lives.

Stigma is complex and multi-layered phenomenon. For example, a substance user can experience stigma from wider society through a personal, cultural and structural lens but the same individual can also experience stigma within communities of substance users due to the perceived hierarchy of drugs and routes of administration. In turn, stigma can have a complex and multi-layered impact upon numerous aspects of a person's life such as their physical health, mental wellbeing, relationships, education and employment prospects and socioeconomic status.

Q What work has been done by SDF on stigma over last year?

A This year we have been delivering the training (to over 220 staff in the first three months) and working with the Partnership for Action on Drugs in Scotland (PADS) Communities Group on stigma, as well as working with partners around HIV stigma.

Q What are the benefits to staff in revisiting stigma through the training?

A The three most common benefits participants highlighted were - developing a more empathic approach to people that use substances or people with historical use; enhanced confidence in challenging stigma in both their professional and personal lives and developing an awareness of the role of language and how this can be stigmatising or de-stigmatising.

Even language used "in the field" that, although is not used with the intent, can be inherently stigmatising. For example, some language used within services such as "clean" which has negative implications for people who use substances. These are real challenges for some of the people who participate in the training and it is useful to open up this thinking.

Visit www.sdfworkforcedevelopment.org.uk for details of future courses.

Financial Statement

Summary of accounts - Year to March 2016

	2016 General Funds £	Designated Funds £	Restricted Funds £	Total £	2015 £
Income	463,035	43,160	1,615,138	2,121,333	1,729,575
Expenditure	-335,932	-28,849	-1,501,137	-1,865,918	-1,709,733
Transfers	-94,380	146,850	-52,470	-	-
Increase/Decrease	32,723	161,161	61,531	255,415	19,842
Funds at start of year	398,853	171,288	362,931	933,072	913,230
Funds at end of year	431,576	332,449	424,462	1,188,487	933,072

The General Fund represents the free reserves of the charity, which are available for the immediate support of the organisation. These funds are held to protect the organisation against future financial risks. These currently stand at £431,576, SDF's long term aim is that the General Fund should broadly equate to three months' running costs for the organisation (currently £466,000).

Scottish Drugs Forum would like to thank the following organisations for their financial support during the year:

- Big Lottery Fund
- Borders Alcohol & Drug Partnership
- East Ayrshire Alcohol & Drug Partnership
- East Ayrshire Council
- East Dunbartonshire Alcohol & Drug Partnership
- East Dunbartonshire Council
- Glasgow City Council Integrated Grants Fund
- Inverclyde Council
- Fife Alcohol & Drug Partnership
- Fife Council
- NHS Borders
- NHS Greater Glasgow and Clyde
- NHS Lanarkshire
- R B Pharmaceuticals
- Robertson Trust
- Scottish Government
- Shaw Trust
- SODEXO
- West Lothian Partnership

Staff and Board Members

SDF Staff

At December 2016

Adrienne Hannah	George Hunter	Lauren Johnston
Alan McRobbie	George Waddell	Leon Wylie
Amy Kirkpatrick (on leave)	Janet Hamill	Lesley Bon
Andrew McCourt	Jason Wallace	Lisa Bradley
Andy Coffey	Jen Upson	Louise Bowman
Austin Smith	Joan Currie	Marie Meechan
Bruce Thomson	John Honey	Michael Griffin
Carissa Chan	Karolina Kuczynska	Michelle O'Loughlin
Cat Forrest	Katerina Vourlakos	Neil Stewart
Chris Messenger	Katharine Ronald	Patricia Tracey
David Liddell	Katy MacLeod	Sean McCollum
Emma Hamilton	Kirsten Horsburgh	Suzanne Davidson
	Ken Butler	Tricia McCabe

SDF Board Members

2015/16

George Allan - Chair	George Webster (appointed during year)
Jim Stephen - Vice Chair	Mark McCann (appointed during year)
John Preston - Treasurer	
Ali Gilmour	
April Adam	
George Thomson	Liam Wells (term completed)
Hazel Robertson	Audrey Park (resigned during year)
John Budd	Sandra Wallace (resigned during year)
Mary Hepburn	
Peter Kelly	
Stephanie Morrison	

Addiction Worker Training Project

West of Scotland

Alan Daly	Jean Hamilton	Nicola McLelland
Alex McNally	John Doorly	Nicola Middleton
David McAllister	Kelly Haveron	Pauline Farrow
Ged Kelly	Lea-anne Smith	
Gerry Duffy	Louise Aitken	

East of Scotland

Derek Ward	Kirsten Holland
Jamie Kelly	Marlene Millar
Julie Reid	
Katie Herd	
Katie Hutchison	

Scottish Drugs Forum

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- youtube.com/user/scottishdrugsforum

Hepatitis Scotland

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www.hepatitisscotland.org.uk

- [@hepscotland](#)
- facebook.com/hepatitisscotland
- youtube.com/user/hepatitisscotland

Naloxone

www.naloxone.org.uk

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Find help from a service in your area

www.scottishdrugsservices.com

Scottish Drugs Forum (SDF) is a company limited by guarantee, registration no. 106295 with charitable status and is also a registered Scottish charity registered SC 008075.

